



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

PROPERTY ADDRESS (BRT Address Required) 2600 S BROAD ST
PHILADELPHIA, PA 191454616

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 Charlie

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: Star / central No. of Dry Systems: 0 Make: NA

Model: D/ 90 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 Before: 50 Flow: 40 Size: 2" After: 50	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 4 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?				77. Were pump controllers functioning properly and left in automatic mode?			
71. Did fire pumps operate per specification at churn, 100% and 150% flow?				78. Were batteries and cables in good condition?			
72. Were all relief valves functioning properly?				79. Were fuel tanks full?			
73. Were packing glands adjusted?				80. Was pump room ventilation operating properly?			
74. Were motor and pump bearings lubricated?				81. Were exhaust systems in good condition and properly insulated?			
75. Were pump alarms functioning properly?				82. Where the fire pump is connected to standby power, was the automatic transfer switch tested			
76. Were engine coolant systems operating satisfactorily?							

COMMENTS:

ATTACH ADDITIONAL SHEETS IF NECESSARY, INCLUDE FIRE PUMP TEST RESULTS

WERE HYDRAULIC NAMEPLATES IN PLACE ON RISERS? - **NO VISIBLE CALC PLATES.**

CUSTOMER MUST PROVIDE SPRINKLER SYSTEM CALCULATION DATA PLATES TO BE PLACED @ RISERS OR HIRE A SPRINKLER ENGINEER T

O DUE SO.

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

EMAIL ADDRESS _____

TEST DATE 3/27/2024

PHONE NUMBER _____

CERTIFICATE NUMBER _____



**CITY OF PHILADELPHIA
DEPARTMENT OF LICENSES AND INSPECTIONS
ANNUAL CERTIFICATION FOR SPECIAL HAZARD SYSTEMS**

PROPERTY ADDRESS (BRT Address Required)	2600 S BROAD ST PHILADELPHIA, PA 191454616
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TESTING CONTRACTOR (Name and Address)	CINTAS FIRE PROTECTION 1030 CONSHOHOCKEN RD CONSHOHOCKEN, PA 19428	License No. 000175
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ANNUAL CERTIFICATIONS MUST BE KEPT ON SITE FOR A PERIOD OF THREE YEARS

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		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 special hazard systems in the building?		X	
4. Are test reports and Annual Certifications kept on site?		X					

OWNER/AGENT SIGNATURE *Charlie* PRINT NAME Charlie

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

B. SYSTEM INFORMATION:

System: Special Hazard (Skip Section D) Range Hood (Skip Section C)

System ID Number: 84889 Location: Kitchen HOOD

Suppression System Manufacturer: PROTEX II Model Number: L3000

System Type: Carbon Dioxide Halon Dry Chemical Other _____

Foam Clean Agent Wet Chemical

C. SPECIAL HAZARD FIRE EXTINGUISHNG SYSTEM INSPECTION RESULTS

		Y	N			Y	N
8. Was the system in service with no impairments?				16. Were manual release / abort switches unobstructed?			
9. Were all control valves open?				17. Were manual release / abort switches in place and operational?			
10. Was the Special Hazard (releasing) Control Panel in normal mode, not in alarm or trouble?				18. Were protected areas not compromised (lack of door closers, dampers or HVAC shut-down or auxiliary function failure)?			
11. Were all initiating devices operational?				19. Did protected areas have appropriate notification devices (audible / visual)?			
12. Were the primary agent supply and expellant pressures within acceptable range?				20. Was secondary power operational?			
13. Was the agent tank within hydro test period?				21. Was the special hazard system interconnected to the building's fire alarm system (if present)?			
14. Were agent hoses within hydro test period?				22. Other? (write in)			
15. Were agent hoses in good condition?				-			X

