

## Annual Fire Alarm Report

Report # FAI - 1004062

### General Information

Service Provider:	Guardian Alarm Company	SP ID:	SP11183
Customer Account #:			
Address:	20800 Southfield Rd Southfield MI 48075		
Phone:	248-233-1613-	Fax:	--
General Email:	gpayne@guardianalarm.com		
Report Entered By:	Jonathan Fishpaw	User's Email:	jfishpaw@guardianalarm.com
SP Lead Technician:	Jonathan Fishpaw	Date Inspection Completed:	2024-07-09
Lead Tech Nicet #:	--		
Other License #:	--	Other License Type:	--

Primary AHJ's Name:	Macomb Township Fire Department	Primary AHJ ID:	MIA11492
Primary AHJ Phone:	586-286-0027	Primary AHJ Email:	phillipsr@macomb-mi.gov

PO ID:	--		
Business Occupant:	Praet Tool & Engineering		
Region:	--	Location:	51214 - Industrial Dr
Number:	51214	Street Prefix:	--
Street Name:	Industrial Drive	Unit #:	--
City:	Macomb	State:	MI
Zip:	48042-4025		
Contact Name:	Liz Pendleton		
Contact Phone:	586-677-3800	Contact Email:	lpendleton@praettool.com
PIN#:	--	Classification:	--

### Attach Report

Report Status:	Critical Deficiency
Report:	FAI - Fire Alarm
Frequency:	Annual
Attachment:	There is a supplemental file for this report that is not available in PDF view. Please visit <a href="http://inspectionreportsonline.net">inspectionreportsonline.net</a> to access that file.
Next Inspection Due Date:	2025-07-09
Report Completed By:	Jonathan Fishpaw
Email Sent To:	--

### Notes

Entered By	Note Type	Date	Note
Jonathan Fishpaw	New Deficiency	2024-07-16	Waterflow switch not sending signal , sent service out found its a faulty switch informed customer Sprinkler Co needs to replace

### Supplemental Attachments

None
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Test performed in accordance with the following code or standard: NFPA 72

# SYSTEM RECORD OF INSPECTION AND TESTING

This form is to be completed by the system inspection and testing contractor at the time of a system test.  
It shall be permitted to modify this form as needed to provide a more complete and/or clear record.  
Insert N/A in all unused lines.

Attach additional sheets, data, or calculations as necessary to provide a complete record.

Inspection/Test Start Date/Time: 7/9/2024 Inspection/Test Completion Date/Time: 7/9/2024

Supplemental Form(s) Attached: \_\_\_\_\_ (yes/no)

## 1. PROPERTY INFORMATION

Name of property: Praet Tool & Engineering Inc

Address: 51214 Industrial Dr Macomb Township MI 48044

Description of property: \_\_\_\_\_

Name of property representative: \_\_\_\_\_

Address: 51214 Industrial Dr Macomb Township MI 48044

Phone: 586-677-3800 Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

## 2. TESTING AND MONITORING INFORMATION

Testing organization: Guardian Alarm

Address: 26711 Northwestren Hwy Southfield MI 48033

Phone: 248-423-1000 Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Monitoring organization: Guardian Alarm

Address: 26711 Northwestren Hwy Southfield MI 48033

Phone: 248-423-1000 Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Account number: 5601-0685 Phone line 1: \_\_\_\_\_ Phone line 2: \_\_\_\_\_

Means of transmission: Digital

Entity to which alarms are retransmitted: Guardian Alarm Phone: 248-423-1000

## 3. DOCUMENTATION

On-site location of the required record documents and site-specific software: \_\_\_\_\_

## 4. DESCRIPTION OF SYSTEM OR SERVICE

### 4.1 Control Unit

Manufacturer: Radionics Model number: 2071

### 4.2 Software and Firmware

Firmware revision number: \_\_\_\_\_

### 4.3 System Power

#### 4.3.1 Primary (Main) Power

Nominal voltage: 120 vac Amps: 20 Location: \_\_\_\_\_

Overcurrent protection type: Breaker Amps: 20 Disconnecting means location: Breaker

**SYSTEM RECORD OF INSPECTION AND TESTING (continued)**

**4. DESCRIPTION OF SYSTEM OR SERVICE (continued)**

**4.3.2 Secondary Power**

Type: Battery Location: Control

Battery type (if applicable): 12v DC Sealed Acid

Calculated capacity of batteries to drive the system:

In standby mode (hours): 24 In alarm mode (minutes): 5

**5. NOTIFICATIONS MADE PRIOR TO TESTING**

Monitoring organization	Contact: <u>GAC</u>	Time: <u>1224</u>
Building management	Contact: <u>Office / Manager</u>	Time: <u>1224</u>
Building occupants	Contact: _____	Time: _____
Authority having jurisdiction	Contact: _____	Time: _____
Other, if required	Contact: _____	Time: _____

**6. TESTING RESULTS**

**6.1 Control Unit and Related Equipment**

Description	Visual Inspection	Functional Test	Comments
Control unit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Lamps/LEDs/LCDs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Fuses	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Trouble signals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Disconnect switches	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Ground-fault monitoring	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Supervision	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Local annunciator	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Remote annunciators	<input type="checkbox"/>	<input type="checkbox"/>	
Remote power panels	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	

**6.2 Secondary Power**

Description	Visual Inspection	Functional Test	Comments
Battery condition	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12v 7amp - pass
Load voltage	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Discharge test	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Charger test	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Remote panel batteries	<input type="checkbox"/>	<input type="checkbox"/>	

**SYSTEM RECORD OF INSPECTION AND TESTING (continued)**

**6. TESTING RESULTS (continued)**

**6.3 Alarm and Supervisory Alarm Initiating Device**

Attach supplementary device test sheets for all initiating devices.

**6.4 Notification Appliances**

Attach supplementary appliance test sheets for all notification appliances.

**6.5 Interface Equipment**

Attach supplementary interface component test sheets for all interface components.

*Circuit Interface / Signaling Line Circuit Interface / Fire Alarm Control Interface*

**6.6 Supervising Station Monitoring**

Description	Yes	No	Time	Comments
Alarm signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>		written for service
Alarm restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Trouble signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1234	
Trouble restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1235	
Supervisory signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1234	
Supervisory restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1234	

**6.7 Public Emergency Alarm Reporting System**

Description	Yes	No	Time	Comments
Alarm signal	<input type="checkbox"/>	<input type="checkbox"/>		
Alarm restoration	<input type="checkbox"/>	<input type="checkbox"/>		
Trouble signal	<input type="checkbox"/>	<input type="checkbox"/>		
Trouble restoration	<input type="checkbox"/>	<input type="checkbox"/>		
Supervisory signal	<input type="checkbox"/>	<input type="checkbox"/>		
Supervisory restoration	<input type="checkbox"/>	<input type="checkbox"/>		

SYSTEM RECORD OF INSPECTION AND TESTING (continued)

7. NOTIFICATIONS THAT TESTING IS COMPLETE

Monitoring organization	Contact: <u>GAC</u>	Time: <u>1300</u>
Building management	Contact: <u>Office / Manager</u>	Time: <u>1300</u>
Building occupants	Contact: _____	Time: _____
Authority having jurisdiction	Contact: _____	Time: _____
Other, if required	Contact: _____	Time: _____

8. SYSTEM RESTORED TO NORMAL OPERATION

Date: 7/9/2024 Time: 1300

9. CERTIFICATION

This system as specified herein has been inspected and tested according to NFPA 72, 2013 edition, Chapter 14.

Signed: \_\_\_\_\_ Printed name: Jonathan Fishpaw Date: 7/9/2024  
Organization: Guardian Alarm Title: Inspector Phone: 248-423-1000  
Qualifications (refer to 10.5.3): \_\_\_\_\_

10. DEFECTS OR MALFUNCTIONS NOT CORRECTED AT CONCLUSION OF SYSTEM INSPECTION, TESTING, OR MAINTENANCE

written for service no trip from waterflow. Service out on 7/10/2024 found bad waterflow switch informed customer to have  
Sprinkler Co replace  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10.1 Acceptance by Owner or Owner's Representative:

The undersigned accepted the test report for the system as specified herein:

Signed: \_\_\_\_\_ Printed name: \_\_\_\_\_ Date: 7/9/2024  
Organization: \_\_\_\_\_ Title: Property Manager Phone: \_\_\_\_\_

Inspection/Test Start Date/Time: \_\_\_\_\_ Inspection/Test Completion Date/Time: \_\_\_\_\_

Number of Supplemental Pages Attached: 1







