

11/02/2018

Donna Ortelle, R.N., M.S.N.
Public Health Services Manager
Facility Licensing and Investigations Section
DPH
410 Capitol Avenue, P.O. Box 340308
Hartford, CT 06134-0308

OK
HAE
11/22/19

Dear Ms. Ortelle,

This letter is in reference to the violations letter dated 10/22/18 for the visit to Planned Parenthood of Southern New England's Hilda Standish Center on June 29, 2018. Please see the information listed below which will address each violation individually.

1. a. b. Autoclave log documentation and follow up:

Measures to prevent recurrence:

- On 7/13/18 the West Hartford staff who run the autoclave were retrained on how to complete the autoclave log. Also discussed the rationale for each entry and importance of filling in each entry on the log. Reviewed the autoclave policy including procedures to follow when a load fails. Staff members stated that they always put an indicator in each load and always check the indicator when removing the load but sometimes forget to document completely on the log. The staff member who documented the load failure and the staff members who didn't document pass or fail both stated that they have no recollection of a load ever failing. They stated that they would check the policy, notify the center manager and call Sally Hellerman, Dir of Medical Services immediately if a load failed.
- Donna Nucci, RN, Infection Control Consultant recommended several sterilization continuing education modules for staff. We are in the process of implementing a course from Steris University.

Date corrective measure was effective:

Initial corrective measures were implemented on June 28, 2018 after receiving feedback from Pamela Beebe, RN on the date of the inspection. Additional training was done on 7/13/18 at the staff meeting.

Plan to monitor quality assessment and performance improvement:

To ensure compliance, the West Hartford site is faxing their autoclave logs every Friday afternoon for the next 3 months to Sally Hellerman, Director of Medical Services. The logs are being assessed for completeness. If any load fails, the West Hartford center's plan of remediation will be included with the faxed autoclave log. Logs faxed since this was implemented have been complete with no failures.

Once a quarter, every PPSNE health center will be asked to fax their autoclave logs that include two randomly selected dates chosen by the Director of Medical Services from the past quarter. Logs will be reviewed for completeness and for any Failed loads.

Review of autoclave logs is also on the PPSNE Annual Health Center Compliance Audit Checklist which is done at least annually at each health center.

Compliance will be ensured by:

The health center manager, Sally Hellerman, MS, FNP-BC, Director of Medical Services and Susan Hitt, MS, Regional Director for West Hartford's health center. ✓

1.c. Recovery room chairs

Measures to prevent recurrence:

The PPSNE staff are now aware that recovery room chairs must be covered with vinyl covering which can be sanitized. All future renovations and furniture replacements will include infection control review as part of the planning process. Disinfection of the chairs was reviewed at the staff meeting on 7/13/2018.

Date corrective measure was effective:

New vinyl covered chairs were received on 7/2/18. See attached photo. The old chairs are no longer at the site. ✓

Compliance was ensured by Jane Yousman, Center Manager and Frank O'Connor, Facilities Manager. Sally Hellerman, Director of Medical Services and Linda Cote, VP for Finance will ensure that this does not recur at any PPSNE health centers.

1.d. Pillow case and hand washing

Measures to prevent recurrence:

- The one cloth pillow case was removed from patient care and put in the trash as soon as staff were aware of the issue.
- The volunteer who was observed not washing her hands after removing gloves was retrained on 6/29/18 regarding use of disposable items, handwashing and how to clean rooms.
- The training process for volunteers who clean rooms during surgical abortion clinic is under review with PPSNE's Volunteer Coordinator to ensure that the training includes OSHA and infection control education. All centers were asked to retrain volunteers who work in patient care areas with the September 10th follow up communication.
- Disposable paper pillow cases were already in use at the center and will continue to be used. Proper use of the paper pillow cases was reviewed at the staff meeting on 7/13/18. Pillows will only be used for surgical procedures going forward. ✓
- All other PPSNE health center managers were asked to survey their centers for cloth pillow cases and to discard any if found.
- Hand washing was a highlighted topic at this summer's Risk Management trainings for all PPSNE health centers. The West Hartford staff reviewed this training at their risk management staff meeting on 6/28/18.
- In addition, proper techniques for cleaning patient care areas was discussed at the 7/13/18 West Hartford staff meeting.

Date corrective measure was effective:

The cloth pillow case was removed from the health center on 6/29/18. The volunteer was retrained on 7/13/18.

Plan to monitor quality assessment and performance improvement:

Sites will be checked for the use of proper pillow cases as part of PPSNE's Annual Health Center Compliance Audit Checklist which is done at least annually at each health center.

Compliance will be ensured by

Molly Martino, Lead RN and Sally Hellerman, Director of Medical Services will ensure training of volunteers and staff and will monitor appropriate use of pillow cases and hand hygiene.

2. Evacuation Plans

Measures to prevent recurrence:

All center managers were reminded of the importance of keeping evacuation plans posted all the time including when renovations are being done at the center. The PPSNE Facilities Manager, Frank O'Connor has also been notified.

Date corrective measure was effective:

Evacuation plans were re-posted on 7/11/18. On 8/21/18 they were updated and reposted showing 2 evacuation routes.

Plan to monitor quality assessment and performance improvement:

Evacuation routes are on the Annual Health Center Compliance Audit Checklist.

Compliance is ensured by:

Center managers and Regional Directors are responsible for ensuring that evacuation routes are posted at all times.

3. Fire drill and fire emergency

Measures to prevent recurrence:

Center managers were informed of the need to have fire drills twice a year at their center where the fire alarm is actually activated. This has been added to the center manager's Quarterly Compliance Checklist.

Date corrective measure was effective:

PPSNE staff participated in a 1030 New Britain Avenue building-wide fire drill on 7/10/18 where the alarm was activated.

On June 14th a full security/safety drill was performed under the guidance of Samuel Brown, PPSNE Director of Security. On 8/16/18, medical emergency drills were done under the guidance of Molly Martino, RN, Lead RN.

Plan to monitor quality assessment and performance improvement:

This was added to the Annual Health Center Compliance Audit Checklist

Compliance is ensured by:

Each center manager is responsible for ensuring that fire drills are done quarterly. Each center manager is responsible for ensuring that the alarm is actually activated as part of a drill ~~twice a year~~ *quarterly*.

Overall PPSNE compliance is monitored by the Regional Director.

5. Sprinkler system inspection, testing and maintenance

Measures to prevent recurrence:

The Property Manager at 1030 New Britain Avenue is now aware of the requirement to inspect, test and maintain the sprinklers and gauges. This requirement has been added to the Annual Health Center Compliance Audit Checklist

Date corrective measure was effective:

The sprinkler company was in the health center on 8/22/18 as an initial follow up and returned on 8/30/18. They removed 5 sprinkler heads for testing. All sprinkler heads passed inspection. See attached. A representative from Connect Systems spoke to David Kromas and states that he now understands what is expected by DPH. ✓

Plan to monitor quality assessment and performance improvement:

The sprinkler system and gauges have been added to the Annual Health Center Compliance Audit Checklist

Compliance will be ensured by:

The Center Manager and the Regional Director.

5. Fire alarm maintenance

Measures to prevent recurrence:

The Property Manager at 1030 New Britain Avenue is now aware of the requirement to maintain the fire alarm system and that he must provide documentation of maintenance to the health center manager. The center manager is now aware that she must keep documentation of fire alarm maintenance. The requirement to ensure documentation of maintenance of the fire alarm system has been added to the Annual Health Center Compliance Audit Checklist. ✓

Date corrective measure was effective:

On 7/10/18, Connected Systems serviced the fire alarm system. A copy of the report was provided to Jane Yousman, Center Manager. See attached: Connected Systems.

Plan to monitor quality assessment and performance improvement:

This will be monitored annually when each health center has their annual health center compliance audit.

Compliance is ensured by:

The Health Center Manager and Regional Director

Sincerely,

Sally Hellerman MS, FNP-BC

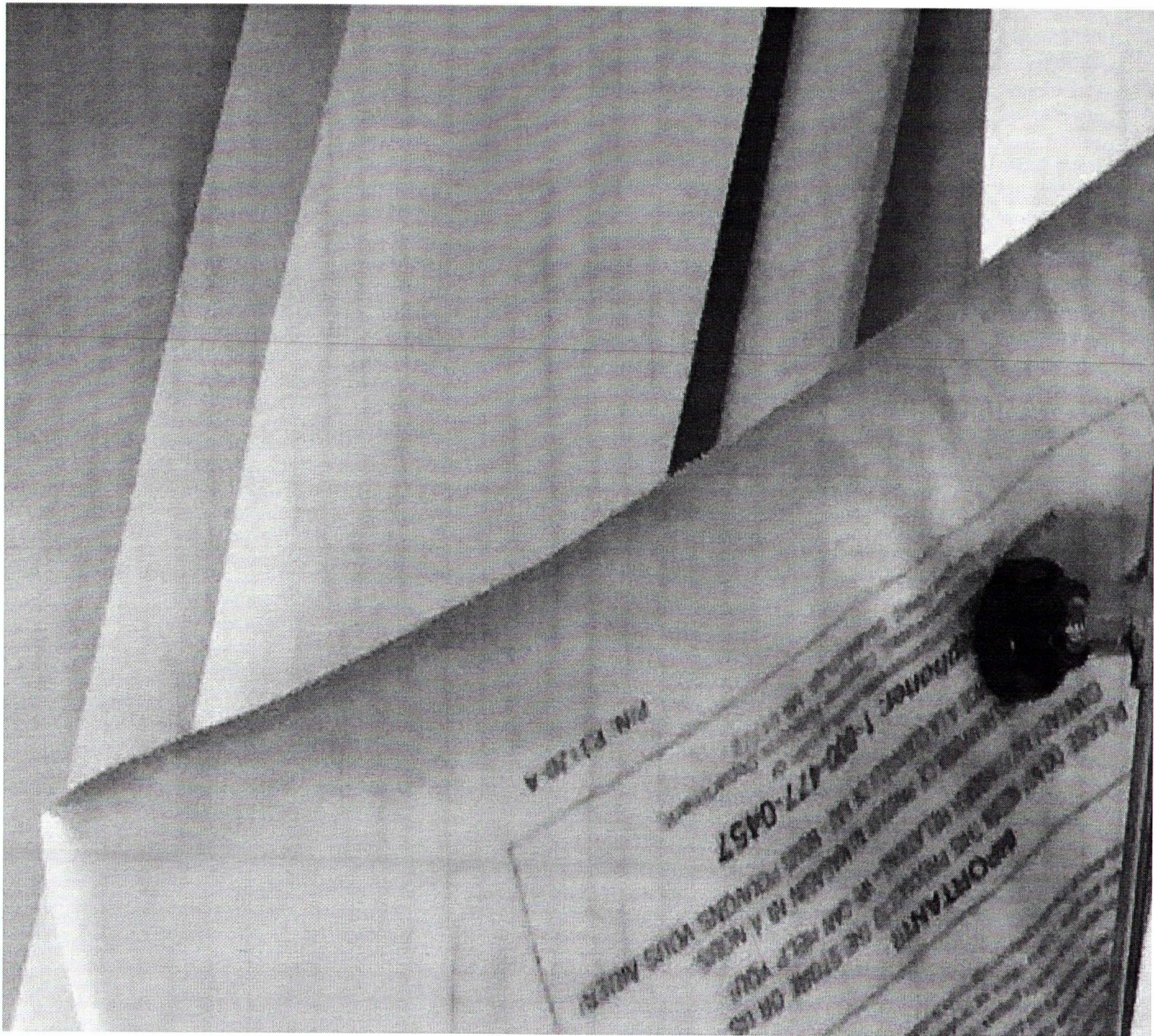
Sally Hellerman, MS, FNP-BC
Director of Medical Services

Jane Yousman,
Center Manager, West Hartford

Jane Yousman 874

Caron, Heidi

From: Sally Hellerman <sally.hellerman@gmail.com>
Sent: Friday, November 2, 2018 3:01 PM
To: Hellerman, Sally



FIRE SPRINKLER TEST RESULTS

Report for:	Job Name:	
Tri-City Fire Protection LLC	Planned Parenthood	Job Number: 104600
Dave Fusco	1030 New Britain Ave	Number of Sprinklers 6
67 Meadowood Rd	West Hartford CT 06110 United States	Date Received: 09/04/2018
Tolland CT 06084		Report Date: 09/07/2018
PO# Planned Parenthood/CC	For Service Call: 860-872-3473	Page: Page 1 of 6

Sprinkler Information

Location: Planned Parenthood Bathroom

Year Marking: 1956	Dry Sprinkler: No
Manufacturer: Reliable	Additional Attribute: Not Specified
Identifier (Series, Model or SIN): C	Coverage Type: Standard Spray
Orientation: Upright	Response Type: Standard Response
Decorative Attribute: Not Specified	Water Seal Config: Copper Gasket
Nominal K-Factor (US): Not Specified	Releasing Mechanism: Fusible Link
	Temp Rating (*F/*C): 160 / 71

Test Results

Fulfills NFPA 25 2017 Ed. 5.3.1.1

Sprinkler Number: 1

Test	Method	Test Value	Specification	Test Result
Appearance	NFPA 25 2017 Ed. 5.2.1.1	Determined During Floor Level Inspection		
Response Time, Sec.	LBTR-3404	48.3	25.5 - 132.8	Pass

Comments:

Pictures of these sprinklers, including an image of the waterway post testing, were made available via a link (active for 90 days) in the results email and are also available upon request. Dyne does not identify any appearance or waterway issues.

For a further explanation about results, see LBTR-4402 (Sprinkler Testing Explanation).

Kayla Kuhlman

Kayla Kuhlman, Quality Manager

It is the responsibility of the property owner or designated representative to correct or repair deficiencies or impairments according to NFPA 25 4.1.5. This includes identifying and replacing or remedying any recalled products. Dyne Technologies does not identify recalled products. Dyne shall be alerted of any incorrect or missing sample information. The results relate only to the sprinkler tested and do not guarantee the system will operate properly. This report shall not be reproduced except in full, without the written consent of Dyne Technologies, LLC.



FIRE SPRINKLER TEST RESULTS

Report for:	Job Name:	
Tri-City Fire Protection LLC	Planned Parenthood	Job Number: 104600
Dave Fusco	1030 New Britain Ave	Number of Sprinklers: 6
67 Meadowood Rd	West Hartford CT 06110 United States	Date Received: 09/04/2018
Tolland CT 06084		Report Date: 09/07/2018
PO# Planned Parenthood/CC	For Service Call: 860-872-3473	Page: Page 2 of 6

Sprinkler Information		Location: Planned Parenthood Clean Room	
Year Marking:	1956	Dry Sprinkler:	No
Manufacturer:	Reliable	Additional Attribute:	Not Specified
Identifier (Series, Model or SIN):	C	Coverage Type:	Standard Spray
Orientation:	Upright	Response Type:	Standard Response
Decorative Attribute:	Not Specified	Water Seal Config:	Copper Gasket
Nominal K-Factor (US):	Not Specified	Releasing Mechanism:	Fusible Link
		Temp Rating ("F/"C):	160 / 71

Test Results

Fulfills NFPA 25 2017 Ed. 5.3.1.1

Sprinkler Number: 2

Test	Method	Test Value	Specification	Test Result
Appearance	NFPA 25 2017 Ed. 5.2.1.1	Determined During Floor Level Inspection		
Response Time, Sec.	LBTR-3404	65.5	25.5 - 132.8	Pass

Comments:

Pictures of these sprinklers, including an image of the waterway post testing, were made available via a link (active for 90 days) in the results email and are also available upon request. Dyne does not identify any appearance or waterway issues.

For a further explanation about results, see LBTR-4402 (Sprinkler Testing Explanation).

Kayla Kuhlman

Kayla Kuhlman, Quality Manager

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FIRE SPRINKLER TEST RESULTS

Report for:	Job Name:	
Tri-City Fire Protection LLC	Planned Parenthood	Job Number: 104600
Dave Fusco	1030 New Britain Ave	Number of Sprinklers: 6
67 Meadowood Rd	West Hartford CT 06110 United States	Date Received: 09/04/2018
Tolland CT 06084		Report Date: 09/07/2018
PO# Planned Parenthood/CC	For Service Call: 860-872-3473	Page: Page 3 of 6

Sprinkler Information		Location: Planned Parenthood Recover	
Year Marking:	1956	Dry Sprinkler:	No
Manufacturer:	Reliable	Additional Attribute:	Not Specified
Identifier (Series, Model or SIN):	C	Coverage Type:	Standard Spray
Orientation:	Pendent	Response Type:	Standard Response
Decorative Attribute:	Not Specified	Water Seal Config:	Copper Gasket
Nominal K-Factor (US):	Not Specified	Releasing Mechanism:	Fusible Link
		Temp Rating (°F/°C):	160 / 71

Test Results
 Fulfills NFPA 25 2017 Ed. 5.3.1.1
 Sprinkler Number: 3

Test	Method	Test Value	Specification	Test Result
Appearance	NFPA 25 2017 Ed. 5.2.1.1	Determined During Floor Level Inspection		
Response Time, Sec.	LBTR-3404	45.7	25.5 - 132.8	Pass

Comments:

Pictures of these sprinklers, including an image of the waterway post testing, were made available via a link (active for 90 days) in the results email and are also available upon request. Dyne does not identify any appearance or waterway issues.

For a further explanation about results, see LBTR-4402 (Sprinkler Testing Explanation).

Kayla Kuhlman

Kayla Kuhlman, Quality Manager

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FIRE SPRINKLER TEST RESULTS

Report for:	Job Name:	
Tri-City Fire Protection LLC	Planned Parenthood	Job Number: 104600
Dave Fusco	1030 New Britain Ave	Number of Sprinklers: 6
67 Meadowood Rd	West Hartford CT 06110 United States	Date Received: 09/04/2018
Tolland CT 06084		Report Date: 09/07/2018
PO# Planned Parenthood/CC	For Service Call: 860-872-3473	Page: Page 4 of 6

Sprinkler Information		Location: Planned Parenthood Room 3	
Year Marking:	1956	Dry Sprinkler:	No
Manufacturer:	Reliable	Additional Attribute:	Not Specified
Identifier (Series, Model or SIN):	C	Coverage Type:	Standard Spray
Orientation:	Upright	Response Type:	Standard Response
Decorative Attribute:	Not Specified	Water Seal Config:	Copper Gasket
Nominal K-Factor (US):	Not Specified	Releasing Mechanism:	Fusible Link
		Temp Rating (*F/*C):	160 / 71

Test Results

Fulfills NFPA 25 2017 Ed. 5.3.1.1

Sprinkler Number: 4

Test	Method	Test Value	Specification	Test Result
Appearance	NFPA 25 2017 Ed. 5.2.1.1	Determined During Floor Level Inspection		
Response Time, Sec.	LBTR-3404	47.7	25.5 - 132.8	Pass

Comments:

Pictures of these sprinklers, including an image of the waterway post testing, were made available via a link (active for 90 days) in the results email and are also available upon request. Dyne does not identify any appearance or waterway issues.

For a further explanation about results, see LBTR-4402 (Sprinkler Testing Explanation).

Kayla Kuhlman

Kayla Kuhlman, Quality Manager

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FIRE SPRINKLER TEST RESULTS

Report for:	Job Name:	
Tri-City Fire Protection LLC	Planned Parenthood	Job Number: 104600
Dave Fusco	1030 New Britain Ave	Number of Sprinklers: 6
67 Meadowood Rd	West Hartford CT 06110 United States	Date Received: 09/04/2018
Tolland CT 06084		Report Date: 09/07/2018
PO# Planned Parenthood/CC	For Service Call: 860-872-3473	Page: Page 5 of 6

Sprinkler Information		Location: Planned Parenthood Room 1	
Year Marking: 1956	Dry Sprinkler: No	Additional Attribute: Not Specified	Coverage Type: Standard Spray
Manufacturer: Reliable	Response Type: Standard Response	Water Seal Config: Copper Gasket	Releasing Mechanism: Fusible Link
Identifier (Series, Model or SIN): C	Temp Rating (*F/*C): 160 / 71		
Orientation: Upright			
Decorative Attribute: Not Specified			
Nominal K-Factor (US): Not Specified			

Test Results

Fulfills NFPA 25 2017 Ed. 5.3.1.1

Sprinkler Number: 5

Test	Method	Test Value	Specification	Test Result
Appearance	NFPA 25 2017 Ed. 5.2.1.1	Determined During Floor Level Inspection		
Response Time, Sec.	LBTR-3404	48.9	25.5 - 132.8	Pass

Comments:

Pictures of these sprinklers, including an image of the waterway post testing, were made available via a link (active for 90 days) in the results email and are also available upon request. Dyne does not identify any appearance or waterway issues.

For a further explanation about results, see LBTR-4402 (Sprinkler Testing Explanation).

Kayla Kuhlman

Kayla Kuhlman, Quality Manager

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FIRE SPRINKLER TEST RESULTS

Report for:	Job Name:	
Tri-City Fire Protection LLC	Planned Parenthood	Job Number: 104600
Dave Fusco	1030 New Britain Ave	Number of Sprinklers: 6
67 Meadowood Rd	West Hartford CT 06110 United States	Date Received: 09/04/2018
Tolland CT 06084		Report Date: 09/07/2018
PO# Planned Parenthood/CC	For Service Call: 860-872-3473	Page: Page 6 of 6

Sprinkler Information		Location: Planned Parenthood Break Room	
Year Marking:	1956	Dry Sprinkler:	No
Manufacturer:	Viking	Additional Attribute:	Not Specified
Identifier (Series, Model or SIN):	C	Coverage Type:	Standard Spray
Orientation:	Pendent	Response Type:	Standard Response
Decorative Attribute:	Not Specified	Water Seal Config:	Copper Gasket
Nominal K-Factor (US):	Not Specified	Releasing Mechanism:	Fusible Link
		Temp Rating (*F/*C):	160 / 71

Test Results
 Fulfills NFPA 25 2017 Ed. 5.3.1.1
 Sprinkler Number: 6

Test	Method	Test Value	Specification	Test Result
Appearance	NFPA 25 2017 Ed. 5.2.1.1	Determined During Floor Level Inspection	25.5 - 132.8	Pass
Response Time, Sec.	LBTR-3404	51.3		

Comments:

Pictures of these sprinklers, including an image of the waterway post testing, were made available via a link (active for 90 days) in the results email and are also available upon request. Dyne does not identify any appearance or waterway issues.

For a further explanation about results, see LBTR-4402 (Sprinkler Testing Explanation).

Kayla Kuhlman

Kayla Kuhlman, Quality Manager

It is the responsibility of the property owner or designated representative to correct or repair deficiencies or impairments according to NFPA 25 4.1.5. This includes identifying and replacing or remedying any recalled products. Dyne Technologies does not identify recalled products. Dyne shall be alerted of any incorrect or missing sample information. The results relate only to the sprinkler tested and do not guarantee the system will operate properly. This report shall not be reproduced except in full, without the written consent of Dyne Technologies, LLC.



TRI-CITY FIRE PROTECTION, LLC

67 MEADOWOOD RD. TOLLAND, CT. 06084

OFFICE : 860-872-3473 F1-40324

Office : 860-872-3473

FAX: 860-926-4346

CELL: 860-836-8194

FIRE SPRINKLER 5 YEAR INTERNAL INSPECTION REPORT

SERVICE LOCATION

NAME: PLANNED PARENTHOOD
 ADDRESS: 1030 NEW BRITAIN AVE
 CITY, STATE, ZIP: W. HTFD CT
 SERVICE DATE: 8-30-18
 INSPECTOR: DAVID FUSCO
 WORK ORDER #: F1-40324
 ACCESS NOTES: _____

OWNER/AGENT CONTACT INFO

NAME: HERSHFIELD PROPERTIES
 ADDRESS: 1030 NEW BRITAIN AVE
 CITY, STATE, ZIP: W. HTFD CT
 CONTACT: CHRIS STAR
 PHONE: _____
 FAX: _____
 EMAIL: _____

ALARM VALVE INTERNAL INSPECTION: ALL NEW GAUGES

	YES	NO	N/A
1. VERIFIED THAT ALL COMPONENTS INCLUDING STRAINERS, FILTERS, AND RESTRICTION ORIFICES OPERATE, MOVE FREELY AND ARE IN GOOD CONDITION PER NFPA 25 13.4.1.2.	X		
2. INTERNAL COMPONENTS CLEANED/REPAIRED AS NECESSARY IN ACCORDANCE WITH THE MANUFACTURERS INSTRUCTIONS PER NFPA 25 13.4.1.3.1	X		

CHECK VALVE INTERNAL INSPECTION:

	YES	NO	N/A
1. VERIFIED ALL COMPONENTS OPERATE PROPERLY, MOVE FREELY AND ARE IN GOOD CONDITION PER NFPA 25 13.4.2.1	X		
2. INTERNAL COMPONENTS CLEANED/REPAIRED AS NECESSARY IN ACCORDANCE WITH THE MANUFACTURERS INSTRUCTIONS PER NFPA 25 13.4.2.2	X		

INTERNAL INSPECTION OF PIPING PER NFPA 25 2011 EDITION 14.2.1:

	YES	NO	N/A
1. OPENED A FLUSHING CONNECTION AT THE END OF MAIN AND REMOVED SPRINKLER TOWARD END OF ONE BRANCH LINE FOR PURPOSE OF INSPECTING FOR THE PRESENCE OF FOREIGN ORGANIC AND INORGANIC MATERIAL	X		
NOTE			
SYSTEM VALVES:	PASS: X	FAIL: _____	N/A: _____
CROSS MAIN:	PASS: X	FAIL: _____	N/A: _____
RISER:	PASS: X	FAIL: _____	N/A: _____
BRANCH LINE:	PASS: X	FAIL: _____	N/A: _____

OBSTRUCTION INVESTIGATION AND PREVENTION PER NFPA 25 2011 14.3.1:

	YES	NO	N/A
1. THE DISCHARGE OF OBSTRUCTIVE MATERIAL DURING ROUTINE WATER TESTS		X	
2. FOREIGN MATERIALS IN FIRE PUMPS, IN DRY PIPE VALVES, OR IN CHECK VALVES			X
3. FOREIGN MATERIAL IN WATER DURING DRAIN TESTS OR PLUGGING OF INSPECTORS TEST CONNECTIONS		X	
4. PLUGGED SPRINKLERS		X	
5. PLUGGED PIPING IN SPRINKLER SYSTEM DISMANTLED DURING BUILDING ALTERATIONS			X

6" VIKING MOD-E STATIC = 95
 RESIDUAL = 70

OBSTRUCTION INVESTIGATION AND PREVENTION PER NFPA 25 2011 14.3.1: COUNTINUED

	YES	NO	N/A
6. FAILURE TO FLUSH YARD PIPING OR SURROUNDING PUBLIC MAINS FOLLOWING NEW INSTALLATIONS OR REPAIRS			X
7. ABNORMALLY FREQUENT FALSE TRIPPING OF A DRY PIPE VALVE(S)			X
8. A SYSTEM THAT IS RETURNED TO SERVICE AFTER AN EXTENDED SHUTDOWN (MORE THEN 1 YR)			X
9. PINHOLE LEAKS			X
10. A 50% INCREASE IN THE TIME IT TAKES WATER TO TRAVEL TO THE INSPECTORS TEST CONNECTION FROM THE TIME THE VALVE TRIPS DURING A FULL FLOW TEST OF A DRY PIPE SPRINKLER SYSTEM WHERE COMPARED TO THE ORIGINAL ACCEPTABLE TEST			X

COMMENTS & DEFICIENCIES

REMOVE 6 SPRINKLER HEADS FOR 50+ YEAR OLD TESTING. RESULTS PENDING. SENT TO INDEPENDANT TESTING LAB FOR SPRINKLER HEAD TESTING. ALL INTERNAL PIPE WAS IN GOOD STANDARD. NO SLUDGE OR SCALE IN MAINS, ALARM VA OR BLANCH LINES. NO SLUDGE IN 1" PIPE @ PENDANT HEADS

IT IS THE RESPONSIBILITY OF THE PROPERTY OWNER OR DESIGNATED REPRESENTATIVE THAT REQUESTED THIS INSPECTION TO REVIEW REPORTS AND CORRECT DEFICIENCIES NOTED

WATER FLOW SWITCH ACTIVATES FIRE ALARM PANEL

SIGNATURE & ACKNOWLEDGEMENT:

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.

INSPECTOR:

[Signature]

OWNER:

DATE:

8-30-18

