11/02/2018

6K 141e 1122/10

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

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:

17

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.

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,

Suls Affellerne MS, FNP-bc

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

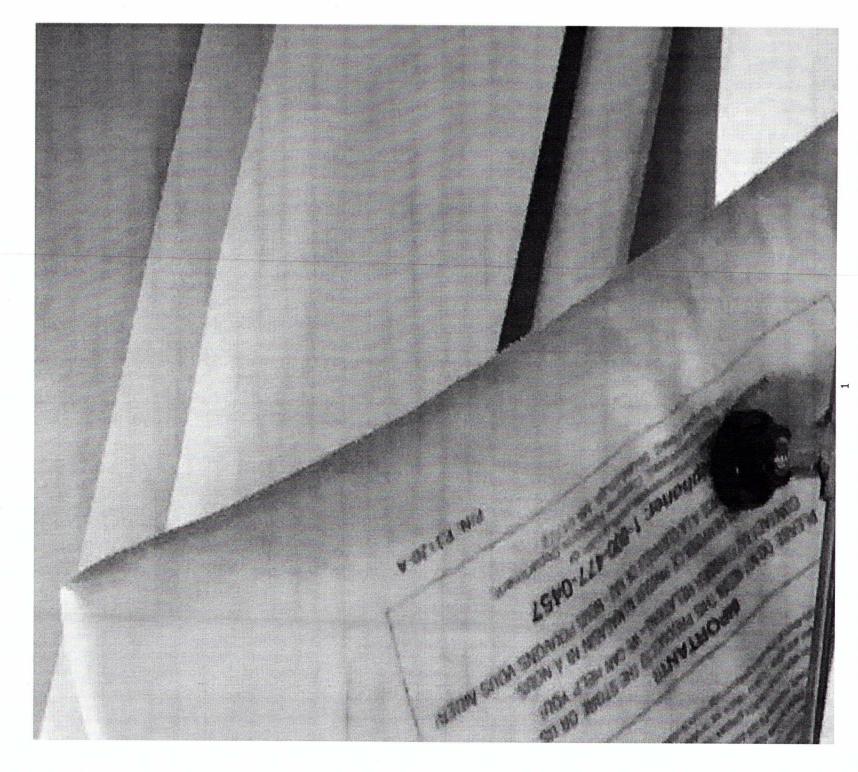
Jane Yousman, Center Manager, West Hartford

fave Yousine

Caron, Heidi

From: Sent: To:

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



Report for:		Job Name:				
Tri-City Fire Protection LLC		Planned Parentho	od		Job Number:	104600
Dave Fusco	•	1030 New Britain			Number of Sprinklers	
67 Meadowood Rd		West Hartford CT	06110 United State		Date Received:	09/04/2018
Tolland CT 06084				-	Report Date:	09/07/2018
PO# Planned Parenthoo	od/CC	For Service Call:	860-872-3473		Page:	Page 1 of 6
Sprinkler Informati	on		Location: Planned	Parenthood	l Bathroom	
Year Marking:	1956	Dry S	Sprinkler:	No		
Manufacturer:	Reliable	Addi	tional Attribute:	Not Specific	ed	
Identifier (Series, Mod	el or SIN): C	Coverage Type: Standard Spr Response Type: Standard Res Water Seal Config: Copper Gask Releasing Mechanism: Fusible Link				
Orientation:	Upright			esponse		
Decorative Attribute:	Not Specified			iket		
Nominal K-Factor (US)	: Not Specified			(
		Tem	p Rating (°F/°C):	160 / 71		
· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		••••••••••••••••••••••••••••••••••••••			······
Test Results						
Fulfills NFPA 25 201	L7 Ed. 5.3.1.1					
Sprinkler Number: 1						
Test	Method	Test V	/alue		Specification	Test Result
Appearance Response Time, Sec.	NFPA 25 2017 E LBTR-3404	Ed. 5.2.1.1 Deten 48.3	nined During Floor L	evel Inspection	n 25.5 - 132.8	Pace

Comments:

Pictures of these sprinklers, including an image of the waterway post lesting, 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 Huhlaran

Kayla Kuhiman, 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 elerted 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.



Report for:	Job Name:			
Tri-City Fire Protection LLC	Planned Parenthoo	od	Job Number:	104600
Dave Fusco	1030 New Britain A	ve	Number of Sprinklers	6
67 Meadowood Rd	West Hartford CT 0	6110 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, M	todel or SIN): C	Coverage Type:	Standard Spray	
Orientation:	Upright	Response Type:	Standard Response	
Decorative Attribut	e: Not Specified	Water Seal Config:	Copper Gasket	
Nominal K-Factor (US): Not Specified	Releasing Mechanism:	Fusible Link		
		Temp Rating (°F/°C):	160 / 71	
Fest Results				
ulfills NFPA 25 2	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 Kuhlaran

Kayla Kuhlman, Quality Manager



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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 Inform	ation	Location: Plann	Location: Planned Parenthood Recover		
Year Marking:	1956	Dry Sprinkler:	No		
Manufacturer:	Reliable	Additional Attribute:	Not Specified		
Identifier (Series, N	lodel or SIN); C	Coverage Type:	Standard Spray	/	
Orientation:	Pendent	Response Type:	Standard Resp	onse	
Decorative Attribut	e: Not Specified	Water Seal Config:	Copper Gasket		
Nominal K-Factor (US): Not Specified		Releasing Mechanism	Releasing Mechanism: Fusible Link		
		Temp Rating (*F/*C):	160 / 71		
Test Results Fulfills NFPA 25 2 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

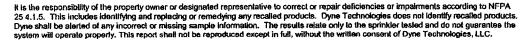
Comments:

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 Huhlman

Kayla Kuhiman, Quality Manager





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Report for:		Job Nam	ie:			
Tri-City Fire Protection LLC		Planned P	Planned Parenthood Jo			104600
Dave Fusco		1030 New	Britain Ave		Number of Sprinklers	10-1000
67 Meadowood Rd		West Hart	ford CT 06110 United S		Date Received:	09/04/2018
Tolland CT 06084					Report Date:	09/07/2018
PO# Planned Parenthoo	d/cc	For Service	e Call: 860-872-34		Page:	Page 4 of 6
Sprinkler Informatio			Location: Plan	ned Parenthood	Room 3	
Year Marking:	1956		Dry Sprinkler:	No		
Manufacturer:	Reliable		Additional Attribute	: Not Specific	ed	
Identifier (Series, Mode	el or SIN): C		Coverage Type:	Standard Sp	oray	
Orientation:	Upright		Response Type:	Standard R	esponse	-
Decorative Attribute:	Not Specified	l	Water Seal Config:	Copper Gas	ket	
Nominal K-Factor (US):	Not Specified	l	Releasing Mechanis	m: Fusible Link		
			Temp Rating (*F/*C)	: 160 / 71		
	.			1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 -		
Test Results						1
Fulfills NFPA 25 201	7 Fd 5 3 1	1				
Sprinkler Number: 4	/ Lu. 5.5.1,.	•				
Test	M	ethod	Test Value		Specification	Test Result
Appearance		PA 25 2017 Ed. 5.2.1.1	Determined During Flo	or Level Inspection	n	
Response Time, Sec.	LB	TR-3404	47.7		25.5 - 132.8	Pass

Comments:

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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 Kuhiman, 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 property. This report shall not be reproduced except in full, without the written consent of Dyne Technologies, LLC.



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 Inform	ation	Location: Planne	Location: Planned Parenthood Room 1		
Year Marking:	1956	Dry Sprinkler:	No		
Manufacturer:	Reliable	Additional Attribute:	Not Specified		
Identifier (Series, N	Aodel or SIN): C	Coverage Type:	Standard Spray		
Orientation:	Upright	Response Type:	Standard Response		
Decorative Attribute: Not Specified Nominal K-Factor (US): Not Specified		Water Seal Config:	Copper Gasket		
		Releasing Mechanism:	Fusible Link		
		Temp Rating (*F/*C):	160 / 71		
Test Results Fulfills NFPA 25	2017 Ed. 5.3.1.1		· .		
Sprinkler Number:	5				
Test	Method	Test Value	Specification	Test Resul	
Appearance	NFPA 25 2017 Ed. 5.2.1	.1 Determined During Floor L	aval Inspection	·····	

48.9

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).

LBTR-3404

Kayla Kuhlman

25.5 - 132.8

Pass

Kayla Kuhiman, 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 property. This report shall not be reproduced except in full, without the written consent of Dyne Technologies, LLC.



•••

Response Time, Sec.

Comments:

Report for:	Job Name:			
Tri-City Fire Protection LLC	Planned Parenthoo	d	Job Number:	104600
Dave Fusco	1030 New Britain A			104600
67 Meadowood Rd	West Hartford CT 0		Number of Sprinklers	6
Tolland CT 06084	HOUTAI GOLD	orro onneo states	Date Received:	09/04/2018
PO# Planned Parenthood/CC			Report Date:	09/07/2018
com rianieu ratenui000/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	
Identífier (Series, Mo	del 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:	••	
		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	T	
Response Time, Sec.	LBTR-3404	51.3	25.5 - 132.8	Pass
Commenter			· · · · · · · · · · · · · · · · · · ·	

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).

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Kayla Kuhlman

Kayla Kuhlman, Quality Manager

It is the responsibility of the property owner or designated representative to corract 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 eleried of any incorrect or missing sample information. The results relate only to the sprinkler tested and do not guarantee the system will operate property. 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									
	<u>FIRE </u>	SPRINK	LER 5 YEAR	INTERNAL IN	ISPECTION R	REPORT			
SERVICE LOCATION	Ð			<u>OWNER/A</u>	GENT CONT	ACT INFO	Ģ		
NAME: PLAHHE	O PA	LEH	THOUS?	NAME:		HFIELD			
ADDRESS: 1030 M	EHBR	ITIAN	AVE	ADDRESS:		NEWB			AVE
CITY, STATE, ZIP: W.	HTFD	, CI		CITY, STAT	E, ZIP:	4. HTFT.) c	7	
SERVICE DATE: 8-		i E.		CONTACT	CHRIS	<u>STR</u>	R		
INSPECTOR: DAVI	DF	vsec	>	PHONE:					
WORK ORDER #: F1-	403	324		FAX:					
ACCESS NOTES:				EMAIL:					
ALARM VALVE INTERNA		TION:	ALL	HEW	GAUGE	=5			
1. VERIFIED THAT ALL COMPO							YES	NO	N/A
OPERATE, MOVE FREELY AND							X		
2. INTERNAL COMPONENTS C					E WITH THE		YES	NO	N/A
MANUFACTURERS INSTRUCT							X		
			<u></u>				- (
CHECK VALVE INTERNAL		FION:							
1. VERIFIED ALL COMPONENT			LY, MOVE FREE	ELY AND ARE IN	GOOD CONDIT	ION	YES	NO	N/A
PER NFPA 25 13.4.2.1							<u> </u>		
2. INTERNAL COMPONENTS C	LEANED/RE	PAIRED	AS NECESSARY	IN ACCORADA	NCE WITH THE		YES	NO	N/A
MANUFACTURERS INSTRUCTI							×		
								- 7	
INTERNAL INSPECTION	OF PIPIN	g per n	IFPA 25 201	1 EDITION 1	4.2.1:		YES	NO	N/A
1. OPENED A FLUSHING CON						ARD	<u>×</u>		
END OF ONE BRANCH LINE FO									
ORGANIC AND INORGANIC M							Hon		
SYSTEM VALVES:	PASS:X	FAIL:	N/A:	CROSS MAI	<u>N:</u>	PASS: X_ FAI	.:N//	A:	
RISER:	PASS:X	FAIL:	N/A:	BRANCH LI	VE:	PASS: FAII	.:N//	<u>A:</u>	
						,	r	.	
OBSTRUCTION INVESTI	GATION /	AND PR	EVENTION	PER NFPA 25	2011 14.3.1	L:	YES	NO	N/A
1. THE DISCHARGE OF OBSTR	UCTIVE MA	ATERIAL C	URING ROUTI	NE WATER TEST	rs			X	
2. FOREIGN MATERIALS IN FI	RE PUMPS,	IN DRY P	IPE VALVES, O	R IN CHECK VAL	VES		ļ		×
3. FOREIGN MATERIAL IN WA	TER DURIN	IG DRAIN	TESTS OR PLU	GGING OF INSP	ECTORS TEST			X	Ļ
CONNECTIONS				<u></u>			ļ		
4. PLUGGED SPRINKLERS								X	
5. PLUGGED PIPING IN SPRIN	KLER SYSTE	M DISM	ANTLED DURIN	IG BUILDING AL	TERATIONS		L	<u> </u>	LX_
					51	ATIC =	95		•

6" VIKING MOD-E ROSDUAL = 95

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		<u>† </u>	X
INSTALLATIONS OR REPAIRS		1	x
7. ABNORMALLY FREQUESNT FALSE TRIPPING OF A DRY PIPE VALVE(S)		1	\mathbf{x}
8. A SYSTEM THAT IS RETURNED TO SERVICE AFTER AN EXTENDED SHUTDOWN (MORE THEN 1 YR)			X
9. PINHOLE LEAKS		f	X
10. A 50% INCRESE IN THE TIME IT TAKES WATER TO TRAVEL TO THE INSPECTORS TEST			Ŕ
CONNECTION FROM THE TIME THE VALVE TRIPS DURING A FULL FLOW TEST OF A DRY PIPE			x
SPRINKLER SYSTEM WHERE COMPARED TO THE ORGINAL ACCEPTABLE TEST			X

COMMENTS & DEFICIENCIES

REMOVE & SPRINKLER HEADS FOR SON YEAR OLD TESTING. RESULTS PENDING. SENT TO INDEPENDANT TESTING LAB FOR SPRINKLER HEAP TESTING. ALL INTERMAL PIRE WAS IN GOOD STANDARD NO SLUDGE OF SLALE IN MAINS, ACAKIN UN OL BLANCH LINES. NO SLUDGE IN 1" PIRE C PERDANT 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 ACTIONTES FIRE ALARA PAREL

SIGNATURE & ACKNOWLEDGEWIEN

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.

INSPECTOR: 8.30-18 DATE:

OWNER:

SPRINKLER INSPECTION REPORT

:	SPRINKI	ER INSPECTION REPORT	PAGE 1 OF 2						
Report To: PLANNED PARENTHOOD									
STREET 1030 NEW BRITAIN AVE		1030 NEW BRITAIN AVE	INSPECTO	DAVE FUSCO					
CITY, S	TATE, ZIP	WEST HARTFORD CT	DATE	8/30/2018					
2 3 4	b. Is occup c. Are all s d. Are all f e. Is hazar f. Are all n g. Is all sto h. Was pro i. In areas CONTROL a. Are all s b. Are all o c. Are all c WATER S a. Was a w TANK, PU	uilding occupied? bancy same as previous inspection? systems in service? ire protection systems same as last inspection rd completely sprinkled? ew additions and building changes properly pr ck or storage properly below sprinkler piping? operty free of fires since last inspection? (Expla protected by wet system, does the building ap VALVES prinkler system main control valves open? ther valves in proper position? ontrol valves in good condition and sealed or s	otected? hin any fire o opear to be h supervised?	eated in all areas?	Yes N/A No X				
	 b. Are fire WET SYS a. Are cold b. Have an 	department connections in satisfactory condit	ion? ? actory condi	tion?					
	 b. Is air pr c. Is air cc d. Were k e. Are Qu f. Has pip g. Has pip h. Have d f. Are Dry j. Valve h 	TEMS alve in service and in good condition? ressure and priming water level normal? ompressor in good condition? ow points drained during fall and winter inspectick of Opening Devices in service? oing been checked for stoppage within the pas oing been checked for proper pitch within the pas oing been checked for proper pitch within the pas of valves been trip tested satisfactory as requity availy valves adequately protected from freezing? oouse and heater condition satisfactory? SYSTEMS	t 10 years? ast 5 years?		X X X X X X X X X X X X X X X X X				
7	a. Were v b. Were a	alves tested as required? Il heat responsive systems tested and results upervisory features tested and results satisfac		,	X X X				
	a. Water i b. Electric c. Superv	motor and gong test satisfactory? alarm test satisfactory? isory alarm test satisfactory?			X X X				
9	a. Are all b. Are all	ERS - PIPING sprinklers in good condition, not obstructed, a sprinklers less than 50 years old? ra sprinklers readily available?	nd free of co	rrosion?	X X X X				

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								_	Yes	N/A	No		
	d. Is condition of piping, drain valves, check valves, hangers, pressure gauges, open sprinklers								X				
	& strainers satisfactory?												
	e. Are all sprinklers of proper temperature? f. Are Fire Hoses in satisfactory condition?								X				
									X				
10	g. Is hand held hose o DATE DRY SYSTEM V							ł	X				
								-					
	DATE DRY SYSTEM WAS LAST CHECKED For PROPER PITCH:												
13	DATE DRY PIPE VALVE WAS LAST TRIP TESTED:												
14											018		
15		No?	Make and			6"	VIKING						
16		No?	Make and			V	VIIIIIO	WODLL	L				
	SPECIAL SYSTEMS:		Make and			·······							
	ALARM MONITORING			modell									
	ALARM COMPANY PI		1.		<u></u>								
	ALARM ACCOUNT NU		PASS CO	DES:									
					······································					· · · · · · · · · · · · · · · · · · ·			
	Control Valve		No?	Turo?	Open?	Secured?	Closed?	Signo		Condit	lion		
	City Connection Control	-		Type?		Y	N	Y					
	City Connection Contro	n valve		USU				'			SED AND		
	Tank Control Valves			1	1	1				<u> </u>	Binon		
				<u> </u>									
	Pump Control Valves												
	Sectional Control Valve) \$											
	System Control Valves		Y	0S&Y	Y	Y	N	Y	OTEL				
										OD CON	SED AND		
			1				ł	· · · · · · · · · · · · · · · · · · ·					
21	Water Flow Test												
	a. Water Pressure?	City		PSI	Tank		PSI	Fire Pu	Pump				
	b. Water Flow Test?				(If none m	ade, why?)							
	D. WEICHTIOW TOSt:			-	(<u> </u>			
	Test Diss Lessted	Test P	ina Siza	Procesu	ure Before Flow Pressure			Pressure After					
	Test Fipe Located	Test Pipe Located Test Pipe Size		riessu	IE Deloie								
	BACK WALL 2"			95 9		0		95					
	·					1							
22	Explanation of Any "	NO" Answ	er:	S	PRINKLER	HEADS AR	E BEING	SENT F	OR T	ESTIN	G		
						·							
~~								т.					
23	RECENT CHANGES I				INE PRUI	LUTION EG		••					
			····								_		
24	ADJUSTMENTS OR (ORRECT	ONS MAD	E:									
	5 YEAR INTERNAL INSPECTION COMPLETED W/ NEW GAUGES INSTALLED												
25	DESIRABLE IMPROVEMENTS:												