



Appendix 8: Fire Inspection Certificate

Office of the State Fire Marshal  
Fire Protection System(s)  
Annual Certificate of Inspection



**OWNER OF THE PROPERTY**

**Name:** MOT Charter **Owner's Address:** 1275 Cedar Lane  
Middletown De 19709

**BUILDING/FACILITY**

**Name:** MOT Charter **Address of the Building** 1275 Cedar Lane  
Middletown De 19709

**TENANT / OCCUPANT**

**Name:** MOT Charter **Address:** 1275 Cedar Lane **Phone:** 302-740-0062  
Middletown De 19709 **Contact:** Al Husni

**Annual Certificate of Inspection**  **Report of a MAJOR deficiency (other than Annual Inspection)**

**DATE OF INSPECTION** 5-11-20

**FIRE PROTECTION SYSTEM INFORMATION**

**Licensed Company Name:** Anaconda Protective Concepts **License #:** FAL0252 / FSL0163

(for Water- Based systems) **Inspector's Name:** EJB **Certificate #:** WBC -2053

**SYSTEM TYPE:**

- Fire Alarm
- Automatic Sprinkler:
  - Wet Sprinkler  Dry Sprinkler  Pre-Action  Deluge  Water Spray  Other
- Commercial Cooking
- Special Hazard:
  - HALON, Clean Agent, INERGEN, FM-200  Carbon Dioxide  Dry Chemical  Foam  Other
- Standpipe:
  - Wet Standpipe  Dry Standpipe  Other

**SYSTEM ID:** Main Wet **SYSTEM LOCATION:** Side Sprinkler Room

**MAJOR DEFICIENCIES IDENTIFIED DURING INSPECTION?**  YES (if so, describe below)  NO

**COMMENTS/DEFICIENCY DESCRIPTION**

5 Year Internal Inspection Due

The State Fire Prevention Regulation 703, Chapter 1, §4.1.5 mandates that Annual Certificates of Inspection be submitted to the Office of the State Fire Marshal by the licensed company within thirty (30) days of the completion of the required annual inspection.



**Office of the State Fire Marshal  
Fire Protection System(s)  
Annual Certificate of Inspection**



**OWNER OF THE PROPERTY**

Name: MOT Charter School Owner's Address: 156 Levels RdMiddletownDE19709

**BUILDINGS/ FACILITY**

Name: MOT Charter School Address of the Building: 156 Levels RdMiddletownDE19709

**TENANT / OCCUPANT**

Name: MOT Charter School Address: 156 Levels RdMiddletownDE19709 Phone: 1-302-376-6125

Contact:

Annual Certification of Inspection

Report of a MAJOR deficiency (other than Annual Inspection)

**DATE OF INSPECTION** 4/3/2020

FIRE PROTECTION SYSTEM INFORMATION	
Licensed Company Name:	<u>SimplexGrinnell / Johnson Controls Fire Protection LP</u> License #: <u>0036</u>
(for Water-Based system) Inspector's Name:	Certificate #:
<b>SYSTEM TYPE:</b>	
<input checked="" type="checkbox"/> Fire Alarm	
<input type="checkbox"/> Automatic Sprinkler:	
<input type="checkbox"/> Wet Sprinkler <input type="checkbox"/> Dry System <input type="checkbox"/> Pre Action <input type="checkbox"/> Deluge <input type="checkbox"/> Water Spray <input type="checkbox"/> Other	
<input type="checkbox"/> Commercial Cooking	
<input type="checkbox"/> Special Hazard:	
<input type="checkbox"/> HALON, Clean Agent, INTERGEN, FM-200 <input type="checkbox"/> Carbon Dioxide <input type="checkbox"/> Dry Chemical <input type="checkbox"/> Foam <input type="checkbox"/> Other	
<input type="checkbox"/> Standpipe:	
<input type="checkbox"/> Wet Sprinkler <input type="checkbox"/> Dry Sprinkler <input type="checkbox"/> Other	
SYSTEM ID:	<u>107-4779</u> SYSTEM LOCATION: <u>Electrical/Mechanical Rm in Multipurpose Rm</u>

**MAJOR DEFICIENCIES IDENTIFIED DURING INSPECTION?**     Yes (if so, describe below)     NO

COMMENTS/DEFICIENCY DESCRIPTION

1. 6-Pull stations need to be re labeled in FACP (Description doesn't match locations.)
2. 5- Horn/Strobes or Strobes, need labels, no labels on devices
3. 1-Strobe--Room 16 (S4-16) has a bad strobe- flashes inconsistently- out of sync.
4. Batteries in NAC panel for voice evac - Batteries tested low/ need to be replaced (10%) (2-12V/12ah)

All work completed and/or corrections made. Invoices for services rendered on file.