



Bear Industries, inc.

FIRE PROTECTION SYSTEMS

P.O. Box 9174 • Newark, DE 19714-9174
(302) 368-1311 • Fax (302) 368-9217

NY 84908



JOB # _____

JOB NAME Protonic Cook Academy DATE OF ORDER 6-15-2020

JOB LOCATION 307 372 379 Club Creek Rd

JOB CONTACT: Protonic PHONE # 652-6276

BILL TO: _____ MECHANIC: SES, VNS

APPRENTICE: _____

- CONTRACT
- CHANGE ORDER
- SERVICE QUOTED
- TIME & MATERIAL
- EMERGENCY SERVICE
- INSPECTIONS
- DEFICIENCY REPAIR

DESCRIPTION OF WORK

Commercial fire alarm system inspection

SYSTEM TYPE:	<input checked="" type="checkbox"/> WET	<input type="checkbox"/> DRY	<input type="checkbox"/> PRE ACTION	<input type="checkbox"/> DELUGE	<input type="checkbox"/> FIRE PUMP	<input type="checkbox"/> STANDPIPE
SYSTEM LEFT:	<input checked="" type="checkbox"/> INSERVICE	<input type="checkbox"/> IMPAIRED	<input type="checkbox"/> OUT OF SERVICE	SERVICE COMPLETE:	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO

QUANTITY	MATERIAL	UNIT COST	TOTAL	QUANTITY	MATERIAL	UNIT COST	TOTAL
				1	Annual		
				5	CHINA FILE		

LABOR	HOURS	AT	TOTAL
MECHANIC			
APPRENTICE			
TECHNICIAN			
MECH. OT			
APPR. OT			

VISA _____ EXP DATE _____
 MASTERCARD _____ EXP DATE _____

OVERTIME	
<input type="checkbox"/> SATURDAY	<input type="checkbox"/> SUNDAY
<input type="checkbox"/> EVENING	<input type="checkbox"/> HOLIDAY

TOTAL MATERIAL	
TOTAL LABOR	
TAX	
TOTAL AMOUNT	

ARRIVED _____ DEPARTED _____

GC OWNER AUTHORIZED PERSON AM / PM _____ AM / PM _____

RINT NAME Ken Smith TITLE _____ PO# _____

SIGNATURE [Signature] DATE 6-15-20 CONTRACT# _____

WHITE - OFFICE YELLOW - OFFICE PINK - PURCHASING GOLD - CUSTOMER

**FIRE SUPPRESSION SYSTEM
CERTIFICATE OF INSPECTION**

PROTECTED PROPERTY		ORIGINAL SYSTEM INSTALLER	
Name: <u>Providence Creek Academy</u> Physical Address: <u>267 373 379 Duck Creek RD</u> <u>Clayton, DE</u> Contact: <u>Facilities</u> Phone: <u>657-6276</u>		Date: <u>6-15-2020</u> Name: <u>Bear Ind.</u>	
INSPECTION COMPANY		SYSTEM OWNER	
Name: <u>Bear Industries Inc.</u> Address: <u>15 Albe Drive</u> <u>Newark, DE</u> Contact: <u>SERVICE DEPARTMENT</u> Phone: <u>302-368-1311</u>		Name: _____ Address: _____ Contact: _____ Phone: _____	
FIRE SUPPRESSION SYSTEM COMPANY'S LICENSE			
Company Name: <u>Bear Industries Inc.</u>		License #: <u>FSL0007</u>	
The fire suppression system company certifies that the feature so the system, as indicated herein, were tested, inspected, and/or maintained in accordance with the adopted NFPA standards and local codes.			
Print Name: <u>MVS</u>		Title: <u>Test</u>	
Signature: <u>[Signature]</u>		Date: <u>6-15-2020</u>	
FIRE SUPPRESSION SYSTEM OWNER'S ACKNOWLEDGEMENT			
The fire suppression system owner acknowledges having reviewed this certificate and confirms that any deficiencies and/or failures noted will be corrected forthwith.			
Print Name: <u>RSL Smith</u>		Title: _____	
Signed: <u>[Signature]</u>		Date: <u>6-15-2020</u>	
FIRE SUPPRESSION SYSTEM TYPE			
System ID #: <u>System #1 Wet system Protecting Cave</u> <input checked="" type="checkbox"/> NFPA 13 <input type="checkbox"/> NFPA 13R <input type="checkbox"/> NFPA 13D <input type="checkbox"/> NFPA 14 <input type="checkbox"/> NFPA 15 <input type="checkbox"/> NFPA 18 <input type="checkbox"/> NFPA 231 <input type="checkbox"/> NFPA 231C <input type="checkbox"/> Other (Specify): _____			
FIRE SUPPRESSION SYSTEM CLASSIFICATION			
<input checked="" type="checkbox"/> Wet <input type="checkbox"/> Dry <input type="checkbox"/> Preaction <input type="checkbox"/> Deluge <input type="checkbox"/> Combined <input type="checkbox"/> Other (Specify): _____			
FIRE SUPPRESSION SYSTEM OCCUPANCY HAZARD CLASSIFICATION			
<input type="checkbox"/> Light Hazard Ordinary Hazard: <input checked="" type="checkbox"/> Group 1 <input type="checkbox"/> Group 2 <input type="checkbox"/> Group 3 Extra Hazard: <input type="checkbox"/> Group 1 <input type="checkbox"/> Group 2			
FIRE SUPPRESSION SYSTEM DEFICIENCIES			
Any deficiencies from NFPA Standards: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, See Comments Page (MUST be Attached)			

**ALL DEFICIENCIES MUST BE FULLY EXPLAINED, SEE COMMENTS PAGE
A COPY OF THIS FORM MUST BE MAINTAINED ON SITE**

FIRE SUPPRESSION SYSTEM ANNUAL CERTIFICATE OF INSPECTION

Protected Property: Kimberly Creek Academy

GENERAL INFORMATION	YES	NO*	N/A
1. Is the building occupied & the same occupancy the last inspection?	/		
2. Is the building fully sprinklered & the entire system in service?	/		
3. Is the system unchanged (no modifications) since the last inspection?	/		
4. Is all stock/storage a minimum of 18" below sprinkler heads?	/		
5. Are all gauges in good condition & showing normal pressures?	/		
6. If the system is wet, is the building adequately heated in all areas?	/		
VALVES	YES	NO*	N/A
7. Are all main control valves open and in good condition?	/		
8. Are valves in proper position and identified?	/		
9. Are control valves locked, sealed or supervised?	/		
10. Did the alarm check valve(s) pass internal inspection?	/		
WATER SUPPLY	YES	NO*	N/A
11. What are the water flow test and pressure results? Static <u>165</u> Resid <u>50</u>			
12. Are the results comparable to results from last test?	/		
13. Are all fire department connections visible, accessible, and in good condition?	/		
14. Are all fire department connections equipped with listed caps or plugs?	/		
15. Are all fire department connections identified with signs or plaques?	/		
16. Are fire pumps and/or water storage tanks inspection reports provided with this form?			/
17. Are standpipes and/or hose station inspection reports provided with this form?			/
SPRINKLER & PIPING	YES	NO*	N/A
18. Are all sprinklers in good condition and unobstructed?	/		
19. Are all sprinklers less than 50 years old?	/		
20. Are spare heads and wrench available?	/		
21. Are all sprinklers of proper temperature rating?	/		
22. Is the riser(s) in good condition and unobstructed?	/		
23. Is the hydraulic dataplate/nameplate in place, firmly attached, and legible?	/		
24. Are all hangers in good condition and firmly attached?	/		
25. Are the remote pull releases unobstructed?	/		
ALARMS	YES	NO*	N/A
26. Did the water motor gong test O.K.?			/
27. Did the electric alarm test O.K.?	/		
28. Did the supervisory alarm test O.K.?	/		
DRY PIPE SYSTEMS	YES	NO*	N/A
29. Are all dry pipe valves in service and in good condition?	/		
30. Are all air pressure and priming water levels normal?	/		
31. Are all air compressors in good working order and tested O.K.?	/		
32. Were low points drained during fall and winter inspections?	/		
33. Are quick opening devices and/or accelerators in good condition?	/		
34. Has piping been checked for stoppage within the last 10 years?			/
35. Has piping been checked for proper pitching within the last 5 years?			/
36. Have all dry pipe valves been tripped and tested O.K.?	/		/
37. Are all dry pipe valves adequately protected from freezing?	/		
38. Are all valve houses and heater conditions O.K.?	/		
ANNUAL INSPECTIONS	YES	NO*	N/A
39. Are all sprinklers free of corrosion, foreign materials, paint and physical damage?	/		
40. Is all piping in good condition, free of mechanical damage, and not leaking?	/		
41. Is all piping free of corrosion and free of any external loads?	/		
42. Is all piping properly aligned?	/		
5TH YEAR INSPECTIONS	YES	NO*	N/A
43. Did all alarm valves (and the associated strainers, filters, and restriction orifices) pass internal inspection?			/
44. Did all check valves pass internal inspection and do all parts operate properly, move freely, and are in good condition?			/

*ALL DEFICIENCIES MUST BE FULLY EXPLAINED, SEE COMMENTS PAGE

A COPY OF THIS FORM MUST BE SUBMITTED TO THE STATE FIRE MARSHAL ANNUALLY

FIRE SUPPRESSION SYSTEM ANNUAL CERTIFICATE OF INSPECTION

Protected Property: Providence Creek Academy

ANNUAL TESTS	YES	NO*	N/A
45. Are all sprinklers in service dated 1920 or later?	/		
46. Have all fast response sprinklers been in service for less than 20 years?	/		
47. Have all standard sprinklers been in service for less than 50 years?	/		
48. Is the specific gravity of the antifreeze solution correct? Tested To _____			
49. Have all the devices passed both the back flow and full flow tests?			
50. Have backflow devices passed both the back flow and full flow tests?			
51. Have all sprinkler pressure regulating control valves passed full flow tests?			
5TH YEAR TESTS	YES	NO*	N/A
52. Have extra high, very high, and ultra high temperature sprinklers been tested?			
53. Have all gauges been checked against a calibrated gauge or replaced?			
DRY PIPE, PREACTION, AND DELUGE SYSTEMS ANNUAL INSPECTIONS (or every 5th year for valves which can be reset without opening)	YES	NO*	N/A
54. Has the interior of all dry pipe, preaction, and/or deluge valves passed internal inspection?	/		
DRY PIPE, PREACTION, AND DELUGE SYSTEMS 5TH YEAR INSPECTIONS	YES	NO*	N/A
55. Did all alarm valves (and the associated strainers, filters, and restriction orifices) pass internal inspection?			
56. Did all check valves pass internal inspection and do all parts operate properly, move freely, and are in good condition?			
57. Did all strainers, filters, restricted orifices, and diaphragm chambers on dry-pipe, preaction, and/or deluge valves pass internal inspection?			
DRY PIPE SYSTEMS ANNUAL TESTS	YES	NO*	N/A
58. Were all dry pipe valves partially flow trip tested? Initial Air Pressure: _____ psi. Initial Water Pressure: _____ psi. Tripping Air Pressure: _____ psi. Tripping Time: _____ seconds.	/		
59. Were all the results comparable to last year's tests?			
60. Were all dry pipe valves fully flow trip tested? Initial Air Pressure: _____ psi. Initial Water Pressure: _____ psi. Tripping Air Pressure: _____ psi. Tripping Time: _____ seconds.			
61. Was water delivered to the inspectors test connection? Time to LT. _____ seconds			
62. Were all the results comparable to last year's tests?			
PREACTION AND DELUGE SYSTEMS ANNUAL TESTS	YES	NO*	N/A
63. Were all preaction and deluge valves fully flow trip tested?			
64. Was water discharging from all nozzles unimpeded?			
65. Pressure reading at the hydraulically most remote nozzle:			
66. Residual pressure reading at valve:			
67. Was water flow observed?			
68. Were all the results comparable to last year's tests?			
69. Did all manual activation devices pass testing?			
70. Did all automatic air pressure maintenance devices pass testing?			
DRY PIPE, PREACTION, AND DELUGE SYSTEMS ANNUAL MAINTENANCE	YES	NO*	N/A
71. Were the interior of all dry-pipe, preaction, and/or deluge valves cleaned?	/		
72. Were all the low points drained prior to the onset of freezing weather?	/		
73. Are all dry pipe systems being maintained in dry condition?	/		

Page 4

***ALL DEFICIENCIES MUST BE FULLY EXPLAINED, SEE COMMENTS PAGE
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FIRE SUPPRESSION SYSTEM ANNUAL CERTIFICATE OF INSPECTION

PROTECTED PROPERTY:

System ID# _____	Fire Suppression System Type
<input checked="" type="checkbox"/> NFPA 13 <input type="checkbox"/> NFPA 13R <input type="checkbox"/> NFPA 13D <input type="checkbox"/> NFPA 14 <input type="checkbox"/> NFPA 15 <input type="checkbox"/> NFPA 18 <input type="checkbox"/> NFPA 231 <input type="checkbox"/> NFPA 231C <input type="checkbox"/> Other (Specify) _____	

Fire Suppression System Classification	
<input type="checkbox"/> Wet <input type="checkbox"/> Dry <input type="checkbox"/> Preaction <input type="checkbox"/> Deluge <input type="checkbox"/> Combined <input type="checkbox"/> Other (Specify) _____	

Fire Suppression System Occupancy Hazard Classification	
<input type="checkbox"/> Light Hazard Ordinary Hazard: <input checked="" type="checkbox"/> Group 1 <input type="checkbox"/> Group 2 <input type="checkbox"/> Group 3 Extra Hazard: <input type="checkbox"/> Group 1 <input type="checkbox"/> Group 2	

System ID# _____	Fire Suppression System Type
<input checked="" type="checkbox"/> NFPA 13 <input type="checkbox"/> NFPA 13R <input type="checkbox"/> NFPA 13D <input type="checkbox"/> NFPA 14 <input type="checkbox"/> NFPA 15 <input type="checkbox"/> NFPA 18 <input type="checkbox"/> NFPA 231 <input type="checkbox"/> NFPA 231C <input type="checkbox"/> Other (Specify) _____	

Fire Suppression System Classification	
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Fire Suppression System Occupancy Hazard Classification	
<input type="checkbox"/> Light Hazard Ordinary Hazard: <input type="checkbox"/> Group 1 <input type="checkbox"/> Group 2 <input type="checkbox"/> Group 3 Extra Hazard: <input type="checkbox"/> Group 1 <input type="checkbox"/> Group 2	

System ID# _____	Fire Suppression System Type
<input checked="" type="checkbox"/> NFPA 13 <input type="checkbox"/> NFPA 13R <input type="checkbox"/> NFPA 13D <input type="checkbox"/> NFPA 14 <input type="checkbox"/> NFPA 15 <input type="checkbox"/> NFPA 18 <input type="checkbox"/> NFPA 231 <input type="checkbox"/> NFPA 231C <input type="checkbox"/> Other (Specify) _____	

Fire Suppression System Classification	
<input type="checkbox"/> Wet <input type="checkbox"/> Dry <input type="checkbox"/> Preaction <input type="checkbox"/> Deluge <input type="checkbox"/> Combined <input type="checkbox"/> Other (Specify) _____	

Fire Suppression System Occupancy Hazard Classification	
<input type="checkbox"/> Light Hazard Ordinary Hazard: <input type="checkbox"/> Group 1 <input type="checkbox"/> Group 2 <input type="checkbox"/> Group 3 Extra Hazard: <input type="checkbox"/> Group 1 <input type="checkbox"/> Group 2	

System # Protects	Dry Pipe Valve Trip Test(s)			
	<input type="checkbox"/> Full <input checked="" type="checkbox"/> Partial	<input type="checkbox"/> Full <input checked="" type="checkbox"/> Partial	<input type="checkbox"/> Full <input checked="" type="checkbox"/> Partial	<input type="checkbox"/> Full <input checked="" type="checkbox"/> Partial
Water (psi)	180	180	180	180
Initial Air	39	39	39	39
Air Trip (psi)	35	35	35	35
Trip Time	15	15	15	15
Water to I.T.	7	7	7	7
Q.O.D.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
D.P.V. size	1 1/2	1 1/2	1 1/2	1 1/2
Make	Tappan	Tappan	Tappan	Tappan
Model	1000	1000	1000	1000
Year	2000	2000	2000	2000
Full Trip Due	3-2-01	3-2-01	3-2-01	3-2-01

FIRE SUPPRESSION SYSTEM ANNUAL CERTIFICATE OF INSPECTION

PROTECTED PROPERTY:

Fire Suppression System Type	
System ID# _____	_____
<input type="checkbox"/> NFPA 13 <input type="checkbox"/> NFPA 13R <input type="checkbox"/> NFPA 13D <input type="checkbox"/> NFPA 14 <input type="checkbox"/> NFPA 15 <input type="checkbox"/> NFPA 18 <input type="checkbox"/> NFPA 231 <input type="checkbox"/> NFPA 231C <input type="checkbox"/> Other (Specify) _____	

Fire Suppression System Classification	
<input type="checkbox"/> Wet <input type="checkbox"/> Dry <input type="checkbox"/> Preaction <input type="checkbox"/> Deluge <input type="checkbox"/> Combined <input type="checkbox"/> Other (Specify) _____	

Fire Suppression System Occupancy Hazard Classification	
<input type="checkbox"/> Light Hazard Ordinary Hazard: <input type="checkbox"/> Group 1 <input type="checkbox"/> Group 2 <input type="checkbox"/> Group 3 Extra Hazard: <input type="checkbox"/> Group 1 <input type="checkbox"/> Group 2	

Fire Suppression System Type	
System ID# _____	_____
<input type="checkbox"/> NFPA 13 <input type="checkbox"/> NFPA 13R <input type="checkbox"/> NFPA 13D <input type="checkbox"/> NFPA 14 <input type="checkbox"/> NFPA 15 <input type="checkbox"/> NFPA 18 <input type="checkbox"/> NFPA 231 <input type="checkbox"/> NFPA 231C <input type="checkbox"/> Other (Specify) _____	

Fire Suppression System Classification	
<input type="checkbox"/> Wet <input type="checkbox"/> Dry <input type="checkbox"/> Preaction <input type="checkbox"/> Deluge <input type="checkbox"/> Combined <input type="checkbox"/> Other (Specify) _____	

Fire Suppression System Occupancy Hazard Classification	
<input type="checkbox"/> Light Hazard Ordinary Hazard: <input type="checkbox"/> Group 1 <input type="checkbox"/> Group 2 <input type="checkbox"/> Group 3 Extra Hazard: <input type="checkbox"/> Group 1 <input type="checkbox"/> Group 2	

Fire Suppression System Type	
System ID# _____	_____
<input type="checkbox"/> NFPA 13 <input type="checkbox"/> NFPA 13R <input type="checkbox"/> NFPA 13D <input type="checkbox"/> NFPA 14 <input type="checkbox"/> NFPA 15 <input type="checkbox"/> NFPA 18 <input type="checkbox"/> NFPA 231 <input type="checkbox"/> NFPA 231C <input type="checkbox"/> Other (Specify) _____	

Fire Suppression System Classification	
<input type="checkbox"/> Wet <input type="checkbox"/> Dry <input type="checkbox"/> Preaction <input type="checkbox"/> Deluge <input type="checkbox"/> Combined <input type="checkbox"/> Other (Specify) _____	

Fire Suppression System Occupancy Hazard Classification	
<input type="checkbox"/> Light Hazard Ordinary Hazard: <input type="checkbox"/> Group 1 <input type="checkbox"/> Group 2 <input type="checkbox"/> Group 3 Extra Hazard: <input type="checkbox"/> Group 1 <input type="checkbox"/> Group 2	

	Dry Pipe Valve Trip Test(s)			
	<input type="checkbox"/> Full <input type="checkbox"/> Partial	<input type="checkbox"/> Full <input type="checkbox"/> Partial	<input type="checkbox"/> Full <input type="checkbox"/> Partial	<input type="checkbox"/> Full <input type="checkbox"/> Partial
System # _____	_____	_____	_____	_____
Protects _____	_____	_____	_____	_____
Water (psi) _____	_____	_____	_____	_____
Initial Air _____	_____	_____	_____	_____
Air Trip (psi) _____	_____	_____	_____	_____
Trip Time _____	_____	_____	_____	_____
Water to I.T. _____	_____	_____	_____	_____
Q.O.D. <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
D.P.V. size _____	_____	_____	_____	_____
Make _____	_____	_____	_____	_____
Model _____	_____	_____	_____	_____
Year _____	_____	_____	_____	_____
Full Trip Due _____	_____	_____	_____	_____



Bear Industries, inc.
FIRE PROTECTION SYSTEMS



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

OWNER OF THE PROPERTY

Name: Delaware Creek Academy Owner's Address: 273 W. Dewey Creek Rd
Clayton, DE 19938

BUILDING/FACILITY

Name: Same Address of the Building: Same

TENANT / OCCUPANT

Name: Same Address: Same Phone: 603-602-740
Contact: _____

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

DATE OF INSPECTION 6 15 2020

FIRE PROTECTION SYSTEM INFORMATION

Licensed Company Name: Bear Industries, Inc. License #: 0007

(for Water-Based systems) Inspector's Name: [Signature] Certificate #: WBC-2114

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: System #1 Civic Bldg SYSTEM LOCATION: Mountain View

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

COMMENTS/DEFICIENCY DESCRIPTION

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.



Bear Industries, inc.
FIRE PROTECTION SYSTEMS



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

OWNER OF THE PROPERTY

Name: Roundtree Creek Academy Owner's Address: 463 W. Duck Creek Rd

Wilmington, DE 19837

BUILDING/FACILITY

Name: same Address of the Building: same

TENANT / OCCUPANT

Name: same Address: same Phone: 603-60376
Contact: _____

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

DATE OF INSPECTION 6/15/2020

FIRE PROTECTION SYSTEM INFORMATION

Licensed Company Name: Bear Industries, Inc. License #: 0007

(for Water-Based systems) Inspector's Name: [Signature] Certificate #: WBC-2124

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: System # 2 Upper level SYSTEM LOCATION: _____

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

COMMENTS/DEFICIENCY DESCRIPTION

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Bear Industries, Inc.
FIRE PROTECTION SYSTEMS



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

OWNER OF THE PROPERTY

Name: Ponchartraine Creek Academy Owner's Address: 5107 W. Quik Creek Rd

Clayton, DE 19938

BUILDING/FACILITY

Name: Same Address of the Building: Same

TENANT / OCCUPANT

Name: Same Address: Same Phone: (253) 627-7100

Contact: _____

Annual Certificate of Inspection

Report of a MAJOR deficiency (other than Annual Inspection)

DATE OF INSPECTION 6-15-2020

FIRE PROTECTION SYSTEM INFORMATION

Licensed Company Name: Bear Industries, Inc. License #: 0007

(for Water- Based systems) Inspector's Name: M. J. [Signature] Certificate #: WBC-2184

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: System #3 [unclear] Address SYSTEM LOCATION: _____

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

COMMENTS/DEFICIENCY DESCRIPTION

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Bear Industries, Inc.
FIRE PROTECTION SYSTEMS



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

OWNER OF THE PROPERTY

Name: Pennington Creek Academy Owner's Address: 2750 Lee Road, Newark, NJ

BUILDING/FACILITY

Name: Same Address of the Building: Clayton, DE 19938

TENANT / OCCUPANT

Name: Same Address: Same Phone: 610-627-740
Contact: _____

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

DATE OF INSPECTION 6-15-2020

FIRE PROTECTION SYSTEM INFORMATION

Licensed Company Name: Bear Industries, Inc. License #: 0007

(for Water-Based systems) Inspector's Name: [Signature] Certificate #: WBC-2184

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: System # 4 - Pennington Creek Academy SYSTEM LOCATION: Clayton, DE

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

COMMENTS/DEFICIENCY DESCRIPTION

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.



Bear Industries, inc.
FIRE PROTECTION SYSTEMS



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

OWNER OF THE PROPERTY

Name: Frederick Cook Academy Owner's Address: 209 W. D. Smith Road

BUILDING/FACILITY

Name: Same Address of the Building: Same

TENANT / OCCUPANT

Name: Same Address: Same Phone: 653-6276
Contact: _____

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

DATE OF INSPECTION 6-15-2022

FIRE PROTECTION SYSTEM INFORMATION

Licensed Company Name: Bear Industries, Inc. License #: 0007

(for Water-Based systems) Inspector's Name: [Signature] Certificate #: WBC-204

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: System 5, Lower School SYSTEM LOCATION: _____

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

COMMENTS/DEFICIENCY DESCRIPTION

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.

INSPECTION DEFICIENCIES / COMMENTS

DATE OF INSPECTION: 6-15-2017

PROTECTED PROPERTY
NAME: PRISONERS INCAL
ADDRESS: _____

OWNER/SEND QUOTE TO:
NAME: _____
ADDRESS: _____

PHONE: _____

PHONE: _____
FAX: _____

ITEMS NOTED DURING INSPECTION
(C = Comment D = Deficiency)

- ITEM#
1. C D WALLS & CEILING MISSING ADRAIN 30/40
PLEASE CONTACT 40/45
 2. C D CONCRETE 30/50
 3. C D _____
 4. C D _____
 5. C D _____
 6. C D _____
 7. C D _____
 8. C D _____
 9. C D _____
 10. C D _____

MATERIAL:



OFFICE OF STATE FIRE MARSHAL



2307 MacArthur Road
New Castle, DE 19720-2426
Phone: 302-323-5365
Fax: 302-323-6366

Technical Services
1537 Chestnut Grove Road
Dover, DE 19904-1594
Phone: 302-739-4394
Fax: 302-739-3696

22705 Park Avenue
Georgetown, DE 19947-6303
Phone: 302-856-6288
Fax: 302-856-6800

FIRE PROTECTION PROJECT APPROVAL

Plan Review Number 2008-03-0176-BLD-02 Tax Parcel Number KN-04-018,06-01-65,00-000
Review Status APPROVED Inspection Date 07/15/2009

PROJECT

PROVIDENCE CREEK CORE BUILDING
PROVIDENCE CREEK ACADEMY SCHOOL
Phase# _____ Building # CORE Unit # _____
355 W DUCK CREEK RD
CLAYTON, DE 19938

SCOPE OF PROJECT

Project Type BLD New Building
Number of Stories 1 Occupant Load 1879
Square Footage 41100 Occupancy Code 9620
Construction Class II (000) NON-COMBUSTIBLE Fire District 45

APPLICANT

OWNER

INTEGRATED CONSTRUCTION SERVICES LLC/ICS

2 PENNS WAY
STE 405
NEW CASTLE, DE 19720

PROVIDENCE CREEK SERVICES LLC

CHARLES TAYLOR
355 W DUCK CREEK RD
CLAYTON, DE 19938

This office has reviewed the plans and specifications of the above described project for compliance with the Delaware State Fire Prevention Regulations, in effect as of the date of this review.

A Review Status of "Approved as Submitted" or "Not Approved as Submitted" must comply with the provisions of the attached Plan Review Comments.

Any Conditional Approval does not relieve the Applicant, Owner, Engineer, Contractor, nor their representatives from their responsibility to comply with the plan review comments and the applicable provisions of the Delaware State Fire Prevention Regulations in the construction, installation and/or completion of the project as reviewed by this Agency.

This Plan Review Project was prepared by:

GARY LONG, SR. FIRE PROTECTION SPECIALIST



OFFICE OF STATE FIRE MARSHAL



2307 MacArthur Road
New Castle, DE 19720-2426
Phone: 302-323-5385
Fax: 302-323-5366

Technical Services
1637 Chestnut Grove Road
Dover, DE 19904-1544
Phone: 302-739-4394
Fax: 302-739-3686

22705 Park Avenue
Georgetown, DE 19947-6303
Phone: 302-856-6298
Fax: 302-856-5800

FIRE PROTECTION PROJECT APPROVAL

Plan Review Number 2008-03-0175-BLD-02 Tax Parcel Number KN-04-018.06-01-65.00-000
Review Status APPROVED Inspection Date 07/15/2009

PROJECT

MIDDLE SCHOOL PROVIDENCE CREEK ACADEMY SCHOOL
PROVIDENCE CREEK ACADEMY SCHOOL
Phase# _____ Building # _____ Unit # _____
267 W DUCK CREEK RD
CLAYTON, DE 19938

SCOPE OF PROJECT

Project Type BLD New Building
Number of Stories 1 Occupant Load 494
Square Footage 14050 Occupancy Code 9667
Construction Class V (000) WOOD FRAME Fire District 45

APPLICANT

OWNER

INTEGRATED CONSTRUCTION SERVICES LLC/ICS

2 PENNS WAY
STE 405
NEW CASTLE, DE 19720

PROVIDENCE CREEK SERVICES LLC

CHARLES TAYLOR
355 W DUCK CREEK RD
CLAYTON, DE 19938

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OFFICE OF STATE FIRE MARSHAL



2307 MacArthur Road
 New Castle, DE 19720-2428
 Phone: 302-323-6365
 Fax: 302-323-6366

Technical Services
 1537 Chestnut Grove Road
 Dover, DE 19904-1544
 Phone: 302-739-4394
 Fax: 302-739-3808

22705 Park Avenue
 Georgetown, DE 19947-6303
 Phone: 302-856-5296
 Fax: 302-856-5900

FIRE PROTECTION PROJECT APPROVAL

Plan Review Number 2008-03-0174-BLD-03 Tax Parcel Number KN-04-018,06-01-65.00-000
 Review Status APPROVED Inspection Date 07/15/2009

PROJECT

ELEMENTARY SCHOOL PROVIDENCE CREEK ACADEMY
 PROVIDENCE CREEK ACADEMY SCHOOL
 Phase# _____ Building # _____ Unit # _____
 279 W DUCK CREEK RD
 CLAYTON, DE 19938

SCOPE OF PROJECT

Project Type BLD New Building
 Number of Stories 1 Occupant Load 1001
 Square Footage 24460 Occupancy Code 9666
 Construction Class V (000) WOOD FRAME Fire District 45

APPLICANT

OWNER

INTEGRATED CONSTRUCTION SERVICES LLC/ICS

 2 PENNS WAY
 STE 405
 NEW CASTLE, DE 19720

PROVIDENCE CREEK SERVICES LLC

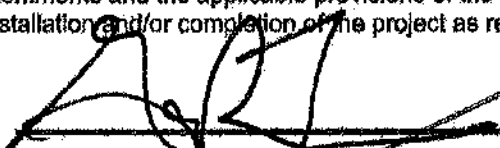
 CHARLES TAYLOR
 355 W DUCK CREEK RD
 CLAYTON, DE 19938

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