UNITED
FIRE & SECURITY SYSTEMS, INC.

3000 Gateway Drive ▪ Pompano Beach ▪ FL ▪ 33069
Telephone: (954) 785-7800 ▪ (800) 372-2770 ▪ Fax (954) 785-7804 ▪ www.bassunited.com
State Licenses: EF-0000084 ▪ CC-2051600012010 ▪ FPC13-000043

Work Order # _____
Problem ID # _____
PO # _____
Quote # _____

Facility Name: **ENGLISH CENTER**   Bill To: **MDCPS**

Address: **3501 SW 28th STREET**   Address: _____

City: **MIAMI**   State: **FL**   Zip: **33133**   City: _____   State: _____   Zip: _____

Contact/Phone/Region: _____   Contact/Phone: _____

Email: **REGION 2**   Email: _____

Panel Type: **FARADAY MPC 2000**   Sys Rev Info: _____

Problem Reported: **QUARTERLY INSPECTION**

Services Rendered: _____

Conducted Quarterly Inspection of FIRE ALARM SYSTEM

Check all that apply:
- ☑ Fire Alarm
- ☐ Fire Sprinkler
- ☐ Construction
- ☐ Quote
- ☐ Time / Material
- ☐ Full Service
- ☐ Warranty
- ☐ C.O.D.
- ☐ New
- ☐ Add
- ☐ Repair
- ☐ Emergency Call
- ☑ Inspection
- ☐ Intermittent
- ☐ Ground fault
- ☐ Vandalism
- ☐ Water damage
- ☐ Lightning/Surge
- ☐ Unwarranted
- ☐ Due to others

Must Check One: ☑ Completed   ☐ Status   Return to: _____

PARTS USED

Qty	Part #	Description	Manufacturer
1	QUARTERLY	INSPECTION	

PARTS REQUIRED FOR RETURN

Qty	Part #	Description	Manufacturer

DATE: 05/25/2021

TECHNICIANS	RT	OT
DAVID	1	

TRUCK # _____

TRIP CHARGE: _____

I agree to the terms and conditions on the reverse side of this document.

X _____
SIGNATURE

_____
PRINTED SIGNATURE

05/25/2021
DATE

FIRE ALARM INSPECTION AND TESTING FORM

To be completed by the system inspector or tester at the time of the inspection or test. Insert N/A in all unused lines.
Attach additional sheets, data, or calculations as necessary to provide a complete record.

Date of Inspection: 05/25/2021   Time of Inspection: _____

SERVICE ORGANIZATION:

Name: BASS UNITED FIRE & SECURITY SYSTEMS, INC.

Address: 3000 GATEWAY DRIVE, POMPANO BEACH, FL 33069

Representative: DAVID GONZALEZ

License No.: EF-0000084

Telephone: (954) 785-7800 / (800) 372-2770

MONITORING ENTITY:

Contact: DCPS ALARM DESK

Telephone: 305)995-1550

Monitoring Account Ref.No.: 1048

PROPERTY NAME (USER):

Name: ENGLISH CENTER

Address: 3501 SW 28th STREET

Owner Contact: _____

Telephone: _____

APPROVING AGENCY:

Contact: MDCPS

Telephone: _____

TYPE TRANSMISSION

- [ ] McCulloh
- [ ] Multiplex
- [x] Digital
- [ ] Reverse Polarity
- [ ] RF
- [ ] Other (Specify) _____

SERVICE

- [ ] Weekly
- [ ] Monthly
- [x] Quarterly
- [ ] Semiannually
- [ ] Annually
- [ ] Other (Specify) _____

Control Unit Manufacturer: FARADAY   Model No. MPC 2000

Circuit Styles: 4 - Y

Number of Circuits: 22

Software Rev.: _____

Last Date System Had Any Service Performed: SEE LOG BOOK

Last Date That Any Software or Configuration Was Revised: _____

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity of Devices Installed	Circuit Style	Quantity of Devices Tested	Model:	
N/A				Manual Fire Alarm Boxes
N/A				Ion Detectors
N/A				Photo Detectors
N/A				Duct Detectors
N/A				Heat Detectors
N/A				Waterflow Switches
N/A				Supervisory Switches
N/A				Other (Specify): P.I.V.

Alarm Verification feature is disabled _____ enabled _____

EMERGENCY COMMUNICATIONS EQUIPMENT	Visual	Functional	Comments
Phone Set	☐	☐	N/A
Phone Jacks	☐	☐	N/A
Off-Hook Indicator	☐	☐	N/A
Amplifier(s)	☐	☐	N/A
Tone Generator(s)	☐	☐	N/A
Call-in Signals	☐	☐	N/A
System Performance	☐	☐	N/A

	Visual	Device Operation	Simulated Operation
COMBINATION SYSTEMS			
Fire Extinguisher Monitoring Device/System	☐	☐	☐
Carbon Monoxide Detector/System	☐	☐	☐
(Specify)	☐	☐	☐
INTERFACE EQUIPMENT			
(Specify) AHU	☑	☐	☐
(Specify)	☐	☐	☐
(Specify)	☐	☐	☐
SPECIAL HAZARD SYSTEMS			
(Specify) N/A	☐	☐	☐
(Specify)	☐	☐	☐
(Specify)	☐	☐	☐

Special Procedures: _____

Comments: _____

SUPERVISING STATION MONITORING	Yes	No	Time	Comments
Alarm Signal	☐	☐	_____	N/A
Alarm Restoration	☐	☐	_____	N/A
Trouble Signal	☐	☐	_____	N/A
Trouble Signal Restoration	☐	☐	_____	N/A
Supervisory Signal	☐	☐	_____	N/A
Supervisory Restoration	☐	☐	_____	N/A

NOTIFICATIONS THAT TESTING IS COMPLETE	Yes	No	Who	Time
Building Management	☐	☐	_____	_____
Monitoring Agency	☐	☐	_____	_____
Building Occupants	☑	☐	OFFICE	_____
Other (Specify)	☐	☐	_____	_____

The following did not operate correctly: SYSTEM PASSED QUARTERLY INSPECTION.

System restored to normal operation: Date: 05/25/2021 Time: _____

THE TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.

Name of Inspector: DAVID GONZALEZ Date: 05/25/2021 Time: _____

Signature: _____

Name of Owners Representative: _____ Date: _____ Time: _____

Signature: _____

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