



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:

Address: 3501 SW 28 TH STREET

Address:

City: MIAMI State: FL Zip: 33133

City: State: Zip:

Contact/Phone/Region: REGION 2

Contact/Phone:

Email:

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				DATE: 06./ 04. / 2024		
Qty	Part #	Description	Manufacturer	TECHNICIANS RT OT		
1	QUARTERLY	INSPECTION		MANTILLA	1	
PARTS REQUIRED FOR RETURN				TRUCK # 1151		
Qty	Part #	Description	Manufacturer	TRIP CHARGE:		
				I agree to the terms and conditions on the reverse side of this document.		
				X		
				SIGNATURE		
				PRINTED SIGNATURE		
				06. 04. 2024		
				DATE		



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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: 06. 04. 2024 Time of Inspection:

SERVICE ORGANIZATION:
Name: BASS UNITED FIRE & SECURITY SYSTEMS, INC.
Address: 3000 GATEWAY DRIVE, POMPANO BEACH, FL 33069
Representative: MANTILLA
License No.: EF-0000084
Telephone: (954) 785-7800 / (800) 372-2770

PROPERTY NAME (USER):
Name: ENGLISH CENTER
Address: 3501 SW 28 TH STREET
Owner Contact:
Telephone:

MONITORING ENTITY:
Contact: DCPS Alarm Desk
Telephone: 305 995 1550
Monitoring Account Ref.No.: 1048

APPROVING AGENCY:
Contact: DCPS
Telephone:

TYPE TRANSMISSION
☐ McCulloh
☐ Multiplex
☒ Digital
☐ Reverse Polarity
☐ RF
☐ Other (Specify)

SERVICE
☐ Weekly
☐ Monthly
☒ Quarterly
☐ Semiannually
☐ Annually
☐ Other (Specify)

Control Unit Manufacturer: FARADAY Model No. MCP 2000
Circuit Styles: 4Y
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:
			Manual Fire Alarm Boxes
			Ion Detectors
			Photo Detectors
			Duct Detectors
			Heat Detectors
			Waterflow Switches
			Supervisory Switches
			Other (Specify): PIV

Alarm Verification feature is disabled enabled



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ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Qty. / Appliances Installed	Circuit Style	Quantity of Devices Tested	Model:	
				Bells
				Horns
				Chimes
				Strobes
				Speakers
				Other (Specify):

No. of alarm notification appliance circuits: 6
Are circuits monitored for integrity: ☒ Yes ☐ No

SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity of Devices Installed	Circuit Style	Quantity of Devices Tested	
			Building Temp.
			Site Water Temp.
			Site Water Level
			Fire Pump Power
			Fire Pump Running
			Fire Pump Auto Position
			Fire Pump or Pump Controller Trouble
			Fire Pump Running
			Generator in Auto Position
			Generator or Controller Trouble
			Switch Transfer
			Generator Engine Running
			Other (Specify):

SIGNALING LINE CIRCUITS

Quantity and style of signaling line circuits connected to system (see NFPA 72, Table 6.6.1)
Quantity: 16 zones Style(s): 4

SYSTEM POWER SUPPLIES

(a) Primary (Main) Nominal Voltage: 120 Amps: 20
Overcurrent Protection Type: CIRCUIT BRAKER Amps: 20
Location (of Primary Supply Panel board): ELECTRICAL ROOM AUDITORIUM
Disconnecting Means Location: PANEL EAL BREAKER # 27

(b) Secondary (Standby):
2 x 12 V Storage Battery: Amp-Hr Rating 18
Calculated capacity in Amp-Hrs to operate system for 24 hours
Engine driven generator dedicated to fire alarm system:
Location of fuel storage:

TYPE BATTERY

<input type="checkbox"/> Dry Cell	<input type="checkbox"/> Lead-Acid
<input type="checkbox"/> Nickel-Cadmium	<input type="checkbox"/> Other (Specify):
<input checked="" type="checkbox"/> Sealed Lead-Acid	

(c) Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:
N/A Emergency system described in NFPA 70, Article 700
N/A Legally required standby described in NFPA 70, Article 701
N/A Optional standby system described in NFPA 70, Article 702, which also meets the performance requirements of article 700 or 701

NOTIFICATIONS ARE MADE

Monitoring Entity

Building Occupants

Building Management

Other (Specify)

AHJ Notified of Any Impairments

PRIOR TO ANY TESTING

Yes

No

Who

Time

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☐

☐

☐

☐

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☐

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OFFICE

SYSTEM TEST AND INSPECTIONS

TYPE

Control Unit

Interface Equipment

Lamps/LEDs

Fuses

Primary Power Supply

Trouble Signals

Disconnect Switches

Ground-Fault Monitoring

Visual

Functional

Comments

PASS

PASS

PASS

PASS

SECONDARY POWER

TYPE

Battery Condition

Load Voltage

Discharge Test

Charger Test

Specific Gravity

Visual

Functional

Comments

PASS

TRANSIENT SUPPRESSORS

☐

REMOTE ANNUNCIATIONS

☐

NOTIFICATION APPLIANCES

Audible

Visible

Speakers

Voice Clarity

☐

☐

☐

☐

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☐

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INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

Loc. & S/N

Device Type

Visual Check

Functional Test

Factory Setting

Measured Setting

Pass

Fail

Comments:

NFPA 72, 2007 (Page 3 of 4)

ELC AGENCY COMMUNICATIONS EQUIPMENT

	Visual	Functional	Comments
Phone Set	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Phone Jacks	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Off-Hook Indicator	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Amplifier(s)	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Tone Generator(s)	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Call-in Signals	<input type="checkbox"/>	<input type="checkbox"/>	N/A
System Performance	<input type="checkbox"/>	<input type="checkbox"/>	N/A

COMBINATION SYSTEMS

	Visual	Device Operation	Simulated Operation
Fire Extinguisher Monitoring Device/System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carbon Monoxide Detector/System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

INTERFACE EQUIPMENT

	Visual	Device Operation	Simulated Operation
(Specify) AHU	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SPECIAL HAZARD SYSTEMS

	Visual	Device Operation	Simulated Operation
(Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Special Procedures: _____

Comments: _____

SUPERVISING STATION MONITORING

	Yes	No	Time	Comments
Alarm Signal	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Alarm Restoration	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Trouble Signal	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Trouble Signal Restoration	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Supervisory Signal	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Supervisory Restoration	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

NOTIFICATIONS THAT TESTING

IS COMPLETE	Yes	No	Who	Time
Building Management	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Monitoring Agency	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Building Occupants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	OFFICE	_____
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

The following did not operate correctly: SYSTEM PASSED QUARTERLY INSPECTION

System restored to normal operation: Date: 06/04/2024 Time: _____

THE TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.

Name of Inspector: MANTILLA Date: 06/04/2024 Time: _____

Signature: _____

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

Signature: _____