



LOS ANGELES FIRE DEPARTMENT  
FIRE PROTECTION EQUIPMENT PERFORMANCE REPORT  
Fire Alarm - Initial Test

Test Report Number  
2197663

Page 1 of 11

TEST SITE INFORMATION

TEST SITE ADDRESS: (STREET) 5800 FULTON AVE	(CITY) VAN NUYS	(STATE) CA	(ZIP) 91401	TEST SITE PHONE:
OCCUPANCY TYPE: E	NUMBER OF STORIES: 1	YEAR BUILT: 1999	CONSTRUCTION TYPE: Type II	SQUARE FOOTAGE: 100000

RESPONSIBLE PARTY

NAME: (LAST, FIRST, MI) VITONE, FRANK	TITLE: RESPONSIBLE PERSON	FIRM OR D.B.A.: L.A. VALLEY COLLEGE		
MAILING ADDRESS: (STREET) 5800 FULTON AVE	(CITY) VAN NUYS	(STATE) CA	(ZIP) 91401	PHONE: (818) 781-1200

TEST INFORMATION

INITIAL TEST DATE: 01/18/2021	TESTING AGENCY: GFP GUARD FIRE PROTECTION SERVICES, INC	PHONE: (818) 201-7099	
MAILING ADDRESS: (STREET) PO BOX 17742	(CITY) ENCINO	(STATE) CA	(ZIP) 91416-7742

TEST RESULTS

PASS  FAIL

All sections below shall be found in the following pages of this report.

SECTIONS:

- I. BUILDING DESCRIPTION
- II. SYSTEM DESCRIPTION
- III. FINDINGS
- IV. TESTING PROCEDURES/WORKSHEETS

I HEREBY CERTIFY THAT THE FIRE PROTECTION EQUIPMENT LISTED ABOVE HAS BEEN FULLY TESTED IN ACCORDANCE WITH THE CHIEF'S REGULATION NO. 4 OF THE LOS ANGELES FIRE CODE AND THAT THE RESULTS ARE ACCURATELY LISTED ABOVE AND THE EQUIPMENT IS FULLY OPERABLE EXCEPT AS NOTED.

TESTER'S NAME: Enriquez, Francisco	CERTIFICATE #: R4440	EXPIRATION DATE: 09/30/2021	SIGNATURE:
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REPAIR AND RETEST: IF DEFECTS ARE FOUND IN EQUIPMENT TESTED, CORRECTION OF SUCH DEFECTS SHALL COMMENCE FORTHWITH AND SHALL BE COMPLETED AS SOON AS POSSIBLE, BUT IN EVERY CASE WITHIN 30 DAYS OF INITIAL TEST. THE F-340RT SHALL BE USED TO DOCUMENT THE RETEST OF DEFECTS FOUND IN SECTION III. A COPY OF SECTION III OF THIS REPORT SHALL BE ATTACHED TO THE F-340RT PRIOR TO SUBMITTING TO THE FIRE DEPARTMENT.

REPORT SUBMITTAL INFORMATION:

ALL REPORTS ARE REQUIRED TO BE SUBMITTED TO THE LOS ANGELES CITY FIRE DEPARTMENT VIA THE COMPLIANCE ENGINE WITHIN 7 DAYS OF TEST COMPLETION.

ENTERED BY: Enriquez, Francisco	ENTERED DATE: 01/21/2021	ENTERED TIME: 8:40 PM
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EQUIPMENT TESTED:  
**Fire Alarm - Initial Test**

**Section I - Building Description:**

**CHARACTERISTICS**

<b>PRIMARY OCCUPANCY TYPE</b> <u>E</u>  <b>SECONDARY OCCUPANCY TYPE</b> <u>E</u>  <b>TYPE OF BUSINESS CONDUCTED</b> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <input type="checkbox"/> Apartment/Condo  <input type="checkbox"/> Bar/Restaurant  <input type="checkbox"/> Church  <input checked="" type="checkbox"/> Schools  <input type="checkbox"/> Day Care  <input type="checkbox"/> Detention Facility  <input type="checkbox"/> Group Home  <input type="checkbox"/> Hospital  <input type="checkbox"/> Hotel/Motel  <input type="checkbox"/> Medical Office/Clinic         </td> <td style="width:50%; border: none; vertical-align: top;"> <input type="checkbox"/> Museum  <input type="checkbox"/> Parking Structure  <input checked="" type="checkbox"/> Office Space  <input type="checkbox"/> Repair Garage  <input type="checkbox"/> Retail  <input type="checkbox"/> Skilled Nursing  <input type="checkbox"/> Telecommunications  <input type="checkbox"/> Theatre  <input type="checkbox"/> Warehouse  <input type="checkbox"/> Other:         </td> </tr> </table>	<input type="checkbox"/> Apartment/Condo <input type="checkbox"/> Bar/Restaurant <input type="checkbox"/> Church <input checked="" type="checkbox"/> Schools <input type="checkbox"/> Day Care <input type="checkbox"/> Detention Facility <input type="checkbox"/> Group Home <input type="checkbox"/> Hospital <input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Medical Office/Clinic	<input type="checkbox"/> Museum <input type="checkbox"/> Parking Structure <input checked="" type="checkbox"/> Office Space <input type="checkbox"/> Repair Garage <input type="checkbox"/> Retail <input type="checkbox"/> Skilled Nursing <input type="checkbox"/> Telecommunications <input type="checkbox"/> Theatre <input type="checkbox"/> Warehouse <input type="checkbox"/> Other:	<b>FIRE CONTROL ROOM:</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO  <b>ELEVATOR INFORMATION:</b> <b>CARS</b> <b>BANKS</b> <b>PASSENGER</b> <u>2</u> <u>2</u> <b>FREIGHT</b> <b>PARKING</b>  <b>NUMBER OF STAIRWAYS:</b> <u>4</u> <b>FIRE PUMP(S):</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO  <b>LOCATION:</b>  <b>EMERGENCY GENERATOR(S):</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO  <b>LOCATION:</b>  <b>PARKING STRUCTURE:</b> <input type="checkbox"/> UNDERGROUND <input type="checkbox"/> DETACHED <input type="checkbox"/> ATTACHED  <b>NUMBER OF LEVELS BELOW GROUND:</b>  <b>TYPES OF OCCUPANCIES BELOW GROUND:</b>  <u>N/A</u>
<input type="checkbox"/> Apartment/Condo <input type="checkbox"/> Bar/Restaurant <input type="checkbox"/> Church <input checked="" type="checkbox"/> Schools <input type="checkbox"/> Day Care <input type="checkbox"/> Detention Facility <input type="checkbox"/> Group Home <input type="checkbox"/> Hospital <input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Medical Office/Clinic	<input type="checkbox"/> Museum <input type="checkbox"/> Parking Structure <input checked="" type="checkbox"/> Office Space <input type="checkbox"/> Repair Garage <input type="checkbox"/> Retail <input type="checkbox"/> Skilled Nursing <input type="checkbox"/> Telecommunications <input type="checkbox"/> Theatre <input type="checkbox"/> Warehouse <input type="checkbox"/> Other:		
<b>UNIQUE PROPERTY FEATURES:</b>  <u>SYSTEM SERVES MULTIPLE BUILDINGS, Library, Student Services Annex, Student Services Center, North Gym, South Gym, Maintenance &amp; Operation, AHS, Community Services Center, Monarch, Child Development Center, Planetarium, Central Plant, Administration &amp; Career Advancement, Theaters.</u>			





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EQUIPMENT TESTED: <b>Fire Alarm - Initial Test</b>			
<b>All testing procedures below were performed in accordance with the Los Angeles Fire Department Chief's Regulation No. 4 requirements, applicable sections of N.F.P.A. 72 and other approved publications.</b>			
<b>ITEM #</b>	<b>DESCRIPTION</b>		
<b>SECTION II - SYSTEM DESCRIPTION: FIRE ALARM</b>			
Fire Alarm Control Unit (F.A.C.U.) Information. Manufacturer: <u>Simplex</u> Model #: <u>4100</u> Location: <u>M&amp;O SERVER ROOM</u> Fire Alarm Annunciator Panel Location(s) (FAAP): <u>Each Building</u> Fire department connection (FDC) locations:  Fire Alarm Serves: <input checked="" type="checkbox"/> Entire Building <input type="checkbox"/> Multiple Buildings <input type="checkbox"/> Partial Areas If the Fire Alarm serves multiple buildings, give addresses: <u>Entire Campus</u> Emergency Voice/Alarm Communication: <u>No</u> Built-in Supervising Station Communicator? (If yes, see Item #12) <u>No</u> Type of Supervising Station: <input type="checkbox"/> Central Station <input checked="" type="checkbox"/> Proprietary Supervising Station Account Information Account #: <u>N/A</u> Phone #: <u>N/A</u> Address: <u>N/A</u> City: <u>N/A</u>			
TESTER'S NAME: <b>Enriquez, Francisco</b>	CERTIFICATE #: <b>R4440</b>	EXPIRATION DATE: <b>09/30/2021</b>	PHONE NUMBER OF TESTING AGENCY: <b>(818) 201-7099</b>



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EQUIPMENT TESTED: <b>Fire Alarm - Initial Test</b>			
<b>ITEM #</b>	<b>DESCRIPTION</b>		
State: <u>N/A</u>			
Zip code: <u>N/A</u>			
Type of Communication Pathway(s): (Check all that apply)			
<input checked="" type="checkbox"/> Digital Alarm Communicator Transmitter (D.A.C.T.)			
<input type="checkbox"/> Digital Cellular (Global Ssystem for Mobile /GSM)			
<input type="checkbox"/> Internet Protocol (I.P. D.A.C.T.)			
<input type="checkbox"/> Other			
Two-Way Telephone Communication (Firefighter Phones):			
<input type="checkbox"/> Sound Powered			
<input type="checkbox"/> Amplified			
Types of Initiating Devices:			
<input checked="" type="checkbox"/> Smoke Detector			
<input checked="" type="checkbox"/> Heat Detector			
<input type="checkbox"/> Beam Detector			
<input checked="" type="checkbox"/> Duct Detector			
<input checked="" type="checkbox"/> Manual Pull			
<input checked="" type="checkbox"/> Water Flow			
<input checked="" type="checkbox"/> Tamper Switch			
Types of Notification Appliances:			
<input checked="" type="checkbox"/> Strobes			
<input checked="" type="checkbox"/> Horns			
<input type="checkbox"/> Bells			
<input checked="" type="checkbox"/> Horn/Strobe			
<input type="checkbox"/> Speaker/Strobe			
<input type="checkbox"/> Speaker			
<input type="checkbox"/> Chimes			
<input type="checkbox"/> Mini Horn			
<input type="checkbox"/> Chime/Strobe			
Fire Alarm Control Auxiliary Function(s):			
TESTER'S NAME: <b>Enriquez, Francisco</b>	CERTIFICATE #: <b>R4440</b>	EXPIRATION DATE: <b>09/30/2021</b>	PHONE NUMBER OF TESTING AGENCY: <b>(818) 201-7099</b>



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EQUIPMENT TESTED: <p align="center"><b>Fire Alarm - Initial Test</b></p>					
<b>ITEM #</b>	<b>DESCRIPTION</b>				
	<input checked="" type="checkbox"/> Elevator Recall <input type="checkbox"/> Fan Shutdown <input checked="" type="checkbox"/> Heating/Ventilation/Air Conditioning (HVAC) Shutdown <input checked="" type="checkbox"/> Magnetic Door Hold Open Device Release <input type="checkbox"/> Stairwell Pressurization <input type="checkbox"/> Smoke Management <input type="checkbox"/> Activation of Stairwell Door(s) <input type="checkbox"/> Activation of Other Automatic Closing Fire Assemblies tied to Fire Alarm <input checked="" type="checkbox"/> Special Extinguishing Systems <input type="checkbox"/> Foam Systems <input type="checkbox"/> Other Systems  Automatic Closing Fire Assemblies Type(s) & Locations: <u>N/A</u>  Special Extinguishing Systems Types & Locations: <u>N/A</u>  Foam Systems Type & Locations: <u>N/A</u>  Other Systems Type and Locations: <u>N/A</u>				
<b>1.0 NOTIFICATION</b>			<b>PASS</b>	<b>FAIL</b>	<b>N/A</b>
1.1	Fire Department dispatch, supervising station, & building occupants notified prior to the start of the test. <p align="center"><u>Yes</u></p>				
<b>2.0 INSPECTION - If item 2.3 indicates "fail", the test shall not be performed</b>			<b>PASS</b>	<b>FAIL</b>	<b>N/A</b>
2.1	An Accurate Sequence of Operation Matrix is provided at the Fire Control Panel.		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2.2	Fire alarm operating instructions within 3 feet of FACP/FACU.		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2.3	Fire alarm control panel free of troubles OR the trouble condition is known.		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>3.0 POWER SUPPLIES</b>			<b>PASS</b>	<b>FAIL</b>	<b>N/A</b>
	Total Amount: <p align="center"><u>15</u></p>				
	Amount Tested: <p align="center"><u>15</u></p>				
3.1	Batteries are free of physical damage, leaks, loose connection, and corrosion.		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.2	Battery replacement date is less than 5 years from the date of manufacturer.		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.3	All batteries labeled with manufacture date.		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.4	Approved artificial LOAD TESTER may be used. Make:				
TESTER'S NAME: <b>Enriquez, Francisco</b>		CERTIFICATE #: <b>R4440</b>	EXPIRATION DATE: <b>09/30/2021</b>		PHONE NUMBER OF TESTING AGENCY: <b>(818) 201-7099</b>



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<b>ITEM #</b>	<b>DESCRIPTION</b>		
	<u>Act Chrome</u>		
	Model: <u>2004021</u>		
3.5	System was tested on secondary battery power in general alarm for 5 minutes at full load or 15 minutes at full load for systems with voice evacuation. An approved battery load tester may be used instead of testing the system on secondary battery.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.6	Primary power disconnected and trouble signal verified for loss of power.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.7	Dedicated fire alarm circuit verified and identified.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.8	Dedicated fire alarm circuit locked or in a secured room.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>4.0 CONTROL PANEL(S)</b>		<b>PASS</b>	<b>FAIL</b>
4.1	The correct identification and location indicated for alarms, supervisory, & trouble signals.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.2	Correct receipt of power supply supervision (AC power loss and secondary power loss).	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.3	Correct receipt of subsequent alarms.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.4	Signals at remote annunciator panel consistent with the fire alarm panel.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.5	Other Panel Functions: Panel Silence, Lamp test, Signal Silence, Etc.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>5.0 INITIATING DEVICES TESTED - Initiating devices shall be tested as intended to operate.</b>		<b>PASS</b>	<b>FAIL</b>
	Any devices not tested requires an explanation at the end of Section IV. (Minimum of 90% required)		
5.1	Manual Pull Stations	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.2	System Smoke Detectors	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.3	Duct Detector(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.4	Air Sampling Detectors	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.5	Projected Beam Detectors	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.6	Heat Detector: Restorable	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.7	Heat Detector: Non Restorable	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.8	Water Flow Devices	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.9	Valve Supervisory Switches	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.10	Water Flow (interior audible) within 20-60 seconds.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.11	Outside Electric Sprinkler Bell Within 90 Seconds.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>6.0 AUDIBLE AND VISUAL NOTIFICATION APPLIANCES TESTED</b>		<b>PASS</b>	<b>FAIL</b>
	Any devices not tested requires an explanation at the end of Section IV. (Minimum of 90% required).		
	Prior to 1993 - 10 dba above ambient sound level in the area.		
	1993 to 2000 - 15 dba above ambient (minimum 75 dba, maximum 120 dba).		
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<b>ITEM #</b>	<b>DESCRIPTION</b>		
	2001 and later - 15 dba above ambient (minimum 75 dba, maximum 110dba).		
	Non-ADA strobes installed prior to 1998 may not have the capability to b synchronized.		
6.1	Bells	<input type="checkbox"/>	<input type="checkbox"/>
6.2	Chimes	<input type="checkbox"/>	<input type="checkbox"/>
6.3	Speakers	<input type="checkbox"/>	<input type="checkbox"/>
6.4	Horns	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6.5	Horn/Strobes	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6.6	Speaker/Strobes	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6.7	Mini Horns	<input type="checkbox"/>	<input type="checkbox"/>
6.8	ADA Strobes flashed in synchronization when more than 2 are visible in the field of view.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6.9	Non-ADA Strobes	<input type="checkbox"/>	<input type="checkbox"/>
6.10	Other	<input type="checkbox"/>	<input type="checkbox"/>
6.11	Flash rate between 60 and 120 times per minute.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>7.0 EMERGENCY VOICE/ALARM COMMUNICATIONS FUNCTION/EQUIPMENT</b>		<b>PASS</b>	<b>FAIL</b>
7.1	Required Voice communication is clear in all occupiable areas within the structure.	<input type="checkbox"/>	<input type="checkbox"/>
7.2	Elevator Lobbies	<input type="checkbox"/>	<input type="checkbox"/>
7.3	Elevators	<input type="checkbox"/>	<input type="checkbox"/>
7.4	Storage Areas	<input type="checkbox"/>	<input type="checkbox"/>
7.5	Mechanical Rooms	<input type="checkbox"/>	<input type="checkbox"/>
7.6	Electrical Rooms	<input type="checkbox"/>	<input type="checkbox"/>
7.7	Conference Rooms	<input type="checkbox"/>	<input type="checkbox"/>
7.8	Restrooms	<input type="checkbox"/>	<input type="checkbox"/>
7.9	Balconies & Patios above 1st floor	<input type="checkbox"/>	<input type="checkbox"/>
7.10	When microphone is activated voice communications overrides fire alarm audible signals.	<input type="checkbox"/>	<input type="checkbox"/>
7.11	A.D.A. Strobes (continue or discontinue) to flash when audible signals are silenced in accordance with approved sequence of operation.  <input type="checkbox"/> Continue <input type="checkbox"/> Discontinue	<input type="checkbox"/>	<input type="checkbox"/>
7.12	Selective Paging Function	<input type="checkbox"/>	<input type="checkbox"/>
7.13	All Call Function	<input type="checkbox"/>	<input type="checkbox"/>
<b>8.0 TWO-WAY TELEPHONE COMMUNICATION SERVICE (FIREFIGHTER PHONES)</b>		<b>PASS</b>	<b>FAIL</b>
TESTER'S NAME: <b>Enriquez, Francisco</b>	CERTIFICATE #: <b>R4440</b>	EXPIRATION DATE: <b>09/30/2021</b>	PHONE NUMBER OF TESTING AGENCY: <b>(818) 201-7099</b>



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<b>ITEM #</b>	<b>DESCRIPTION</b>	<b>PASS</b>	<b>FAIL</b>	<b>N/A</b>
8.1	Minimum six (6) handheld phones.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8.2	Five (5) amplified telephone stations were operated simultaneously in common talk mode, voice quality and clarity verified.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8.3	"Off-Hook" condition initiated a notification signal at the command center.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8.4	Selective Talk Telephone initiated a distinctive visible indicator for each selectable circuit.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8.5	Three (3) sound powered telephone stations were operated simultaneously in common talk mode, voice quality and clarity verified.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>9.0 TWO-WAY TELEPHONE COMMUNICATION SERVICE (TELEPHONE JACKS)</b>		<b>PASS</b>	<b>FAIL</b>	<b>N/A</b>
9.1	In each enclosed stairway at entry-level.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9.2	Is the exterior of enclosed exit stairway exiting to a public way.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Total # of Elevator Cars.			<input checked="" type="checkbox"/>
9.3	Total # of the elevator car jacks tested.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9.4	In elevator machine room.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Total # of elevator lobbies.			<input checked="" type="checkbox"/>
9.5	Total # of elevator lobby jacks tested.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9.6	In each lobby exiting to a public way.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9.7	In the Fire Control Room.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9.8	At the Fire Pump Room.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9.9	At the Generator Room.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>10.0 LIFE SAFETY CONTROL FUNCTIONS</b>		<b>PASS</b>	<b>FAIL</b>	<b>N/A</b>
10.1	Elevator lobby smoke detector recalled elevator.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.2	Elevator recalled to the predetermined primary & alternate recall floors.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.3	Elevator machine room smoke detector recalled elevator.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.4	Elevator machine room shunt trip reported back to fire alarm panel.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.5	Elevator hoist-way smoke detector recalled elevator.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10.6	Stairwell pressurization activated.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10.7	Smoke control system activated.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10.8	Heating, ventilation, and air conditioning system and damper control activated.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10.9	Fan control activated.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10.10	Stairwell doors unlocked.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TESTER'S NAME: <b>Enriquez, Francisco</b>	CERTIFICATE #: <b>R4440</b>	EXPIRATION DATE: <b>09/30/2021</b>	PHONE NUMBER OF TESTING AGENCY: <b>(818) 201-7099</b>	



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<b>ITEM #</b>	<b>DESCRIPTION</b>			
10.11	Magnetic door holders released.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10.12	Other activating devices & control functions.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>11.0 SUPERVISORY SIGNAL INDICATION</b>		<b>PASS</b>	<b>FAIL</b>	<b>N/A</b>
11.1	Fire pump not in automatic mode.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11.2	Water tank level indicator switch.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11.3	Water tank temperature indicator switch.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11.4	Air pressure switch(s).	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11.5	Valve supervisory switch(s) within 2 turns or 1/5 travel.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.6	Special extinguishing system(s).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.7	Emergency generator not in automatic mode.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>12.0 INTEGRATED COMMUNICATOR TRANSMITTER</b>		<b>PASS</b>	<b>FAIL</b>	<b>N/A</b>
Do Not Use This Section For Separate Supervising Station Alarm Control Panels.				
12.2	Is Tester certified in supervising station fire alarm. <p align="center"><u>Yes</u></p>			
12.2	Two (2) means of transmission verified at test site.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12.3	Signals sent separately via primary and secondary means of transmission.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12.4	Activation and restoration of each type of initiating and supervisory devices verified on-site and at the supervising station within 90 seconds.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.5	Primary communication signal was disconnected and trouble signal indicated on-site and at the supervising station within 200 seconds (4 minutes for DACTS).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.6	Secondary means of communication disconnected and a trouble signal indicated on-site and at the supervising station within 200 seconds (4 minutes for DACTS).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.7	Primary and secondary power loss and restoration indicated a trouble signal within 200 seconds at the test-site.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.8	An open circuit connection to one initiating device and one notification appliance (when applicable) was opened and indication and restoration was verified on-site and at the supervising station within 200 seconds.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>AREAS/DEVICES/APPLIANCES NOT ACCESSIBLE FOR TESTING:</b>				
A minimum of 90% of testing is required. If less than 90% testing is conducted, DO NOT SUBMIT THIS REPORT. Description:				
<b>END OF REPORT</b>				
ALL FINDINGS INDICATING "FAIL" ARE LISTED IN SECTION III (YELLOW SECTION) AND HAVE BEEN POPULATED WITH THE ITEM DESCRIPTION, NUMBER AND LOCATION.				
TESTER'S NAME: <b>Enriquez, Francisco</b>	CERTIFICATE #: <b>R4440</b>	EXPIRATION DATE: <b>09/30/2021</b>	PHONE NUMBER OF TESTING AGENCY: <b>(818) 201-7099</b>	



**LOS ANGELES FIRE DEPARTMENT**  
**FIRE PROTECTION EQUIPMENT PERFORMANCE REPORT**  
THIS PAGE BY ITSELF IS NOT A COMPLETE REPORT

Test Report Number  
**2197663**

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INITIAL TEST DATE: 01/18/2021	TEST SITE ADDRESS: (STREET NUMBER AND STREET NAME) 5800 FULTON AVE		
EQUIPMENT TESTED: Fire Alarm - Initial Test			
<b>ITEM #</b>	<b>DESCRIPTION</b>		
I HEREBY CERTIFY THAT THE FIRE PROTECTION EQUIPMENT HAS BEEN FULLY TESTED IN ACCORDANCE WITH THE CHIEF'S REGULATION NO. 4 OF THE LOS ANGELES FIRE CODE AND APPLICABLE SECTIONS OF THE NFPA 72 AND OTHER APPROVED PUBLICATIONS. THE RESULTS ARE ACCURATELY LISTED AND THE EQUIPMENT IS FULLY OPERABLE EXCEPT AS NOTED. YOU ARE A CERTIFIED REGULATION NO. 4 TESTER WITH A VALID CERTIFICATION OR HAVE BEEN AUTHORIZED TO SUBMIT THE INFORMATION ON BEHALF OF A CERTIFIED CHIEFS REGULATION NO. 4 TESTER.			
I ACCEPT <input checked="" type="checkbox"/> Yes			
TESTER'S NAME: Enriquez, Francisco	CERTIFICATE #: R4440	EXPIRATION DATE: 09/30/2021	PHONE NUMBER OF TESTING AGENCY: (818) 201-7099