PRINTED: 11/01/2017 FORM APPROVED

Division	of Health Service Re	egulation				
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE COMP	SURVEY LETED
		HAL092088	B. WING 10/			1/2017
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
MORNINGSIDE OF RALEIGH 801 DIXIE RALEIGH		TRAIL NC 27607				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
C 000	Initial Comments		C 000		. •	
	Frank Strickland and This facility was first One hundred ten (1	on Biennial Survey report by ad Billy Bryant on 10/11/2017: at licensed on 10/25/1991 for 10) residents, including		Motoringtide of Ratingh Construction Survey 10/11/17 Plan of Correction Tag CLI Most Harve Correct Ban. & Fire Safety Reports Correction: Correct Fire Marked I Impection croppet, Fire Marin Teating in Testing Report are substanted. Place planed sealables and fire selely report for translated availability. Correction date in 10/4/17.		
	on this information meet the 1991 Rule Domiciliary Homes	ecial Care Residents. Based we are requiring the facility to es for the Licensing of and the 1991 North Carolina Section 409- Institutional		Ting CT-64 Histonibus-ping and Furnishings-Clean, Reported Correction: All of the following areas have been consisted in the following attent have been consisted in the following them the control of the control probability of the receipt by the Food and Revenue of Intesias. The Assisted Living Baskit the following demange of the court of the control	(privant on the floor, (c)) p on the floor under foo kitchen staff and will be took 203 has been app seen and missing, (b) T	Delard (bugs) if peop Third (based
-	Occupancy; and the	e applicable portions of the It care Home of Seven or		pheningly walfs are damaged due to water regulator. This scall located openings and private atting and the affect managed and Convection data is 16/6/617. Tag 0162 Hossekbergly-fidinfusined Pleas of Hozards. Convection: The contents like flooring has become unlesseled due to floor area from the Applicate Living Drilling Hell and a 160 lecated in proceed. In a conference to level the Book in USE state, on 11/20/17. The fallowing are Educid Inseling this research inches a front of the flooring the part of World Inseling the post of agrees. (c) [-united and located as dispery and Monthly the post of agrees. (c) [-united and located as the section of in agreement inchange and on the bestders of places 166 (pix) for section of the part of the part of the section of the section of the part of the process.	nelitément as fhé Kliche fhís la schedulad to be as have all been course	on entry vigourned by Notice)
	Deficiencies have be Correction.	een cited and a Plan of		performed by ED or higher designes to moviler and comed if recovery weekly for two meetins. Correction date to \$122417.	ses. Weekly rounds so y the stove-mentioned	lbs areas
C 111	Must Have Current	San. & Fire Safety Reports	C 111	Twp CH66 Fire Softly-Rehearsals on Each Shift Connection: Current creates it the drill rehearsal documentation is stach Community will Regal for drill enhanced documentation on site for interes. Connection date in 1104417, Top C 166 Building Equipment Maintained Sele, Operating	ed and is now on site to disjo review.	e raviose.
	fire and building sa	02 DESIGN AND	. [Gemerkon: The initian consecuted magnetic hold open devices for the Christifetenary Casin raze reliases as sequined offer regalit. The over-spect following locations now Reminister when bested as ringsined effect repair is energiate; mode: (a) Conting Half adjacent to Nichton (b) Memory Care Living Room (c) Memory Care Living Room (d) Methody Case Countyand	y wali lishis that are loc	whed at the
	review. This Rule is not me 1-Based on observe			The sendor barrier sedi construction after the cross-confeir doors in the project has possettations and electrical condition with open ends that are the sendors burrier sed construction above the larger color to tage in the project of the condition of the condi	not live protected effer p as purvications that one b) Room 206 (c) Recen dish that are now lebels it panels are now lebels on 256. The story—ne	physicism. not fire 207. the Math d
	Findings on 10/11/2 This facility does no safety inspection re (a) Fire Marshal (b) Fire Alarm Testi	2017: of have the following current		Tag O 169 Talhoust Versibelice Coincider: The mechanical soluted system has been compaled in the finishment placetime to all the billinoing bootiers: (g) 100 FMLE (g) 200 FMLE (h) 200 FM	AU.(a) Moreovy Care U: d have been corrected (nt. The to heat-
Division of H	ealth Service Regulation					

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE SIGNATURE

LABORATORY DIRECTOR'S DIR

TITLE

(X6) DATE

FORM APPROVED Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 B. WING __ HAL092088 10/11/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

801 DIXIE TRAIL

MORNIN	GSIDE OF RALEIGH 801 DIXIE RALEIGH	TRAIL , NC 27607		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 164	Continued From page 1	C 164		
C 164	Housekeeping and Furnishings-Clean, Repaired	C 164		
	SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing facilities.			
	This Rule is not met as evidenced by: 1-Based on observation, this facility has failed to keep clean all surfaces in food preparation areas,			
	Findings on 10/11/2017: The Main Kitchen has not kept the following surfaces clean: (a) Grease build-up around the sides the cooking appliances. (b) Grease build-up under all kitchen equipment on the floor. (c) Dead bugs and grease build-up behind refrigeration appliances. (d) Grease build-up on the floor under food prep islands.			
	2-Based on observation, this facility has falled to keep clean and in good repair the surfaces in all bathing areas.			
	Findings on 10/11/2017: The Assisted Living Bath/Room 203 has the following damage: (a) The ceramic tile on the walls and floors are broken and missing. (b) The sheetrock walls are damaged due to			

6BXR21

(X3) DATE SURVEY

Division of Health Service Regulation
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: 01		COMP	LETED
.,		HAL092088	B. WING		10/11/2017	
MORNINGSIDE OF RALEIGH 801 DIXIE				STATE, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRIED TO THE	D BE	(X5) COMPLETE DATE
C 164	water migration. 3-Based on observateep all exterior horepair. Findings on 10/11/2 The soffit located the openings and a broomer.	ation, this facility has failed to rizontal surfaces in good	C 164			
	FURNISHINGS (a) Adult care home (5) be maintained i orderly manner, fre hazards;	06 HOUSEKEEPING AND				
		ation, this facility has failed to faces that are free of				
	due to floor settlem	2017: oring has become unleveled ent at the Kitchen entry area iving Dining Hall and a trip				
		ation, this facility has failed to of egress from the facility that ions and hazards.				
	Findings on 10/11/2 The Lower Level W	2017: /est exit has the following				

(X2) MULTIPLE CONSTRUCTION

Division of Health Service Regulation

PRINTED: 11/01/2017 FORM APPROVED Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 B. WING HAL092088 10/11/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 801 DIXIE TRAIL MORNINGSIDE OF RALEIGH RALEIGH, NC 27607 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) C 166 Continued From page 3 C 166 exterior restrictions preventing safe egress passage: (a) Exterior landing has several inches of mud that has created a slippery walking surface. (b) Wood pallets are blocking the path of egress. (c) Furniture is blocking the path of egress. 3-Based on observations, this facility has failed to store gas cylinders in a orderly manner to be free of hazards. Findings on 10/11/2017: Oxygen bottles are not secured in approved holding racks at the locations: (a) Room 146 (b) Room 204 (c) Room 213 (d) Room 241 C 185 Fire Safety-Rehearsals on Each Shift C 185 SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F ,0309 PLAN FOR EVACUATION (b) There shall be rehearsals of the fire plan quarterly on each shift in accordance with the requirement of the local Fire Prevention Code Enforcement Official. (c) Records of rehearsals shall be maintained and copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, the shift, staff members present, and a short description of what the rehearsal involved.

Division of Health Service Regulation

facilities.

(f) This Rule shall apply to new and existing

1-Based on observation, this facility has failed to

This Rule is not met as evidenced by:

6BXR21

Division of Health Service Regulation

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE COMP	SURVEY LETED
		HAL092088	B, WING		10/1	1/2017
MORNINGSIDE OF RALEIGH 801 DIXIE			. ,	STATE, ZIP GODE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
C 185	provide documental drills. Findings on 10/11/2	tion of the rehearsals of fire 017: I rehearsal documentation	C 185			
C 189	Building Equipment	Maintained Safe, Operating	C 189		· · · - · · - · · · · · · · · · · · · ·	
	10A NCAC 13F .03 REQUIREMENTS (a) The building an mechanical, and plucare home shall be operating condition. (k) This Rule shall facilities with the exception in the exceptio	11 OTHER d all fire safety, electrical, imbing equipment in an adult maintained in a safe and				
		ation, this facility has failed to ety systems in a safe and				
	inter-connected mag	017: Fire Alarm System, the gnetic hold open devices for in the West Hall/Memory Care				
		ation, this facility has falled to and operating condition the				
,	Findings on 10/11/2 The emergency wall following locations of	017: I lights that are located at the lid not illuminate when tested				

Division of Health Service Regulation

PRINTED: 11/01/2017 FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 B. WING HAL092088 10/11/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 801 DIXIE TRAIL MORNINGSIDE OF RALEIGH RALEIGH, NC 27607 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID ID. PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) C 189 Continued From page 5 C 189 in the emergency mode: (a) Dining Hall adjacent to Kitchen (b) Memory Care Living Room (c) Memory Care Courtyard 3-Based on observation, this facility has failed to provide a safe condition for the smoke-barrier wall construction. Findings on 10/11/2017: The smoke barrier wall construction above the cross corridor doors in the Upper Level West Hall has penetrations and electrical conduits with open ends that are not fire protected. 4-Based on observation, this facility has failed to provide a safe condition for the smoke-barrier wall construction. Findings on 10/11/2017: The smoke barrier wall construction above the lay-in ceiling has penetrations that are not fire protected at the following locations: (a) Room 203 (b) Room 206 (c) Room 207 5-Based on observation, this facility has failed to maintain the fire protection for all ceiling penetrations through the fire rated roof/ceiling assemblies. Findings on 10/11/2017:

MDF.

There are electrical conduit ceiling penetrations that have incomplete fire protection that are located in the Main Electrical Room above Panel

6-Based on observation, this facility has failed to identify electrical components in a safe and

PRINTED: 11/01/2017 FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 B. WING HAL092088 10/11/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **801 DIXIE TRAIL** MORNINGSIDE OF RALEIGH RALEIGH, NC 27607 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) DATE CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) C 189 l Continued From page 6 C 189 operating condition. Findings on 10/11/2017: The following rooms have electrical panels that have mislabeled electrical circuits: (a) Room 171 (b) Room 248 (c) Room 254 (d) Room 258 C 199 Exhaust Ventilation C 199 SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (g) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces: soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms: (4) housekeeping closets; and (5) laundry area. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by:

Division of Health Service Regulation

(a) 100 HALL

1-Based on observation, this facility has failed to provide an interior environment, by not providing

exhausting interior air at the following locations:

ventilation where odors are generated.

The mechanical exhaust system is not

Findings on 10/11/2017:

PRINTED: 11/01/2017 FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 HAL092088 B, WING 10/11/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **801 DIXIE TRAIL** MORNINGSIDE OF RALEIGH RALEIGH, NC 27607 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) C 199 Continued From page 7 C 199 (b) 200 HALL (c) Memory Care Unit 2-Based on observation, this facility has failed to provide exhaust ventilation where odors are generated. Findings on 10/11/2017: The Public Restrooms that are located outside the Assisted Living Dining Hall do not have mechanical ventilation.

Division of Health Service Regulation

Morningside of Raleigh

Construction Survey 10/11/17

Plan of Correction

Tag C11 Must Have Current San. & Fire Safety Reports

Correction: Current Fire Marshall inspection report, Fire Alarm Testing Report and Sprinkler System Testing Report are attached. Required sanitation and fire safety reports will be kept onsite at community for immediate availability.

Correction date is 11/24/17.

Tag C164 Housekeeping and Furnishings-Clean, Repaired

Correction: All of the following areas have been corrected in the kitchen:(a) Grease build-up around the sides the cooking appliances, (b) Grease build-up under all kitchen equipment on the floor, (c) Dead bugs and grease build-up behind refrigeration appliances, (d) Grease build-up on the floor under food prep islands. These areas have been added to the cleaning schedule for the kitchen staff and will be monitored weekly by the Food and Beverage Director. The Assisted Living Bath/Room 203 has been repaired from the following damage:(a) The ceramic tile on the walls and floors are broken and missing, (b) The sheetrock walls are damaged due to water migration. The soffit located the Kitchen's Loading dock's openings and broken strip soffit vent has been repaired. Correction date is 11/24/17.

Tag C166 Housekeeping-Maintained Free of Hazards

Correction: The ceramic tile flooring has become unleveled due to floor settlement at the Kitchen entry area from the Assisted Living Dining Hall and a trip hazard is present. This is scheduled to be repaired by a contractor to level the floor in this area on 11/20/17. The following areas have all been corrected:(a) Exterior landing has several inches of mud that has created a slippery walking surface. (b) Wood pallets are blocking the path of egress. (c) Furniture is blocking the path of egress. Oxygen bottles are now secured in approved holding racks at the locations:(a) Room 146 (b) Room 204 (c) Room 213 (d) Room 241. Training has been provided to staff regarding above mentioned areas. Weekly rounds will be performed by ED or his/her designee to monitor and correct if necessary the above-mentioned areas weekly for two months.

Tag C185 Fire Safety-Rehearsals on Each Shift

Correction: Current quarterly fire drill rehearsal documentation is attached and is now on site for review. Community will keep fire drill rehearsal documentation on site for immediate review. Correction date is 11/24/17.

Tag C 189 Building Equipment Maintained Safe, Operating

Correction: The inter-connected magnetic hold open devices for the Cross-corridor in the West Hall/Memory Care now release as required after repair. The emergency wall lights that are located at the following locations now illuminate when tested as required after repair in the following areas in the emergency mode:

- (a) Dining Hall adjacent to Kitchen
- (b) Memory Care Living Room
- (c) Memory Care Courtyard

The smoke barrier wall construction above the cross-corridor doors in the Upper Level West Hall no longer has penetrations and electrical conduits with open ends that are not fire protected after correction. The smoke barrier wall construction above the lay-in ceiling no longer has penetrations that are not fire protected at the following locations, after being repaired: (a) Room 203 (b) Room 206 (c) Room 207. The electrical conduit ceiling penetrations now have complete fire protection that are located in the Main Electrical Room above Panel MDF. The following rooms electrical circuit panels are now labeled correctly, after repair: (a) Room 171 (b) Room 248 (c) Room 254 (d) Room 258. The above-mentioned areas will be monitored for compliance by ED or his/her designee monthly for 3 months. Correction date is 11/24/17.

Tag C 199 Exhaust Ventilation

Correction: The mechanical exhaust system has been corrected in the following areas and is now exhausting interior air at the following locations: (a) 100 HALL (b) 200 HALL(c) Memory Care Unit. The Public Restrooms that are located outside the Assisted Living Dining Hall have been corrected to have mechanical ventilation. The above-mentioned areas will be monitored by the ED or his/her designee for compliance monthly for three months.

Correction date is 11/24/17.

Print Page | X Close Window

INSTRUCTIONS

Morningside of Raleigh - Raleigh, NC 27607-4156

Fire Drills: Perform a fire drill during 1st shift- (Upload copy of drill

with signature sheet to TELS when complete)

Was Due by: October 31, 2017

SUPPLY, Tels.

Completed By:	Date:	
Steps:		
atopo.		

Perform a fire drill

- Drills are to be no closer than two hours apart from the last time recorded and not in the same hour during the year for any shift.
- 2. Inform fire station / monitoring company of the test
- 3. Place commonly recognized fire indicator in the zone of the trigger device that will be activated
- 4. Rescue resident, check bathroom if door is closed. Close room door when exiting
- 5. Test the system by activating a smoke detector, pull station, or other trigger in the proper zone
- 6. Maintenance staff should verify activation at the fire department / monitoring company
- Staff in the zone of origin should systematically inspect each room to find the fire and ensure doors are closed
- Notify residents of the drill, if applicable document who the residents were that were involved in the evacuation, and where they were evacuated to.
- Staff in other zones should calm residents, let them know it's only a drill, and close the doors until the drill is over
- After fire is located, suspend the drill, silence the alarms, and notify the facility that the test is concluded
- 11. Have maintenance staff reset the alarm system
- 12. Call fire station / monitoring company and let them know the test is concluded

Verify operation of the alarm system (during drill)

- 1. Confirm that annunciator panel(s) indicated the proper zone of the fire
- 2. Conduct a walk-through inspection checking the following items
- 3. Magnetic outside courtyard gate releases
- 4. Magnetic over ride button operates properly
 - Strobes and alarms can be seen and heard in all areas of the building
 - Areas of the building will include:
 - Dining Rooms
 - Kitchen
 - Laundry
 - 4. Shower Rooms
 - Therapy/Gym
 - Magnetically operated smoke doors closed and latched with no gaps
 - Magnetic door locks disengaged with Wanderguard to allow egress

File written documentation in the safety binder

- 1. Ask staff for feedback on drill
- 2. Note time of drill and staff involved
- Note any problems or discrepancies (keep in mind that the primary purpose of the drill is to find flaws and make improvements)
- 4. List recommendations for future drills and training

Steps:

 If you are in the state of Texas, Complete TX Department of Aging Fire Drill Form 4719 Dated September 2013

Date:	10/5/2017
Start Time:	1000 AM
End Time:	1030 AM
Location in Building:	room 221
Drill Initiated By (Name & Position):	torricelli
Participants (Names & Positions):	APRIL DOMESTIC AND ADMINISTRATION OF THE PARTY OF THE PAR
Response Time:	120 seconds
911/Monitoring Company Follow-up Call By (Name & Position):	No. a
Resident Head Count:	59
Staff Head Count:	12
Visitor Head Count;	
All Fire Equipment Functional? (if "No," please describe in the Remarks Section):	Yes
Visible/Audio Devices Checked?:	Yes
Fire Panel Performed Properly? (if "No," please describe in the Remarks section):	Yes
Fire/Smoke Damper Performed Properly? (if "No," please describe in the Remarks section):	Yes
Ventilation System Shut-Down? (if "No," please describe in the Remarks section):	Yes
Follow-Up Corrective Action - Employee Education/Training (if "Yes," please describe in the Remarks section):	No
Follow-Up Corrective Action - Disciplinary Action (if "Yes," please describe in the Remarks section):	No
Follow-Up Corrective Action - Repair/Replace Defective Equipment (if "Yes," please describe in the Remarks section):	No
Follow-Up Corrective Action - Install/Modify Safety Device (if "Yes," please describe in the Remarks section):	No
Follow-Up Corrective Action - Modify Environment (if "Yes," please describe in the Remarks section):	No
Follow-Up Corrective Action - Other (if "Yes," please describe in the Remarks section):	No
Was the building evacuated?;	No
•	

External Weather Conditions:	:	good
Remarks of Person Holding Drill:		

Print Page | X Close Window

INSTRUCTIONS

Morningside of Raleigh - Raleigh, NC 27607-4156
Fire Drills: Perform a fire drill during 2nd shift - (Upload copy of drill with signature sheet to TELS when complete)

Was Due by: August 31, 2017

Completed By:	Date:

Completed By	y:		Date:	

Steps:

Perform a fire drill

- Drills are to be no closer than two hours apart from the last time recorded and not in the same hour during the year for any shift.
- 2. Inform fire station / monitoring company of the test
- 3. Place commonly recognized fire indicator in the zone of the trigger device that will be activated
- Rescue resident, check bathroom if door is closed. Close room door when exiting
- 5. Test the system by activating a smoke detector, pull station, or other trigger in the proper zone
- 6. Maintenance staff should verify activation at the fire department / monitoring company
- Staff in the zone of origin should systematically inspect each room to find the fire and ensure doors are closed
- Notify residents of the drill, if applicable document who the residents were that were involved in the evacuation, and where they were evacuated to.
- Staff in other zones should calm residents, let them know it's only a drill, and close the doors until the drill is over
- After fire is located, suspend the drill, silence the alarms, and notify the facility that the test is concluded
- 11. Have maintenance staff reset the alarm system
- 12. Call fire station / monitoring company and let them know the test is concluded

Verify operation of the alarm system (during drill)

- 1. Confirm that annunciator panel(s) indicated the proper zone of the fire
- 2. Conduct a walk-through inspection checking the following items
- Magnetic outside courtyard gate releases
- Magnetic over ride button operates properly
 - · Strobes and alarms can be seen and heard in all areas of the building
 - Areas of the building will include:
 - Dining Rooms
 - Kitchen
 - Laundry
 - 4. Shower Rooms
 - Therapy/Gym.
 - · Magnetically operated smoke doors closed and latched with no gaps
 - Magnetic door locks disengaged with Wanderguard to allow egress

File written documentation in the safety binder

- Ask staff for feedback on drill
- Note time of drill and staff involved
- Note any problems or discrepancies (keep in mind that the primary purpose of the drill is to find flaws and make improvements)
- 4. List recommendations for future drills and training

Steps:

If you are in the state of Texas, Complete TX Department of Aging Fire Drill Form 4719 Dated September 2013

pers		
	Date:	10/11/2017
	Start Time:	1130 AM
	End Time:	1200 PM
	Location in Building:	lobby
	Drill Initiated By (Name & Position):	torricelli
	Participants (Names & Positions):	faxed list
	Response Time:	30-seconds
	911/Monitoring Company Follow-up Call By (Name & Position):	amanda
	Resident Head Count:	61
	Staff Head Count:	14
	Visitor Head Count:	4
	All Fire Equipment Functional? (if "No," please describe in the Remarks Section):	Yes
	Visible/Audio Devices Checked?:	Yes
	Fire Panel Performed Properly? (if "No," please describe in the Remarks section):	Yes
	Fire/Smoke Damper Performed Properly? (if "No," please describe in the Remarks section):	Yes
	Ventilation System Shut Down? (if "No," please describe in the Remarks section):	Yes
	Follow-Up Corrective Action - Employee Education/Training (if "Yes," please describe in the Remarks section):	No
	Follow-Up Corrective Action - Disciplinary Action (if "Yes," please describe in the Remarks section):	No
	Follow-Up Corrective Action - Repair/Replace Defective Equipment (if "Yes," please describe in the Remarks section):	No
	Follow-Up Corrective Action - Install/Modify Safety Device (if "Yes," please describe in the Remarks section):	No
	Follow-Up Corrective Action - Modify Environment (if "Yes," please describe in the Remarks section):	No
- 1	-	

Follow-Up Corrective Action - Other (if "Yes," please describe in the Remarks section):	No
Was the building evacuated?:	No
External Weather Conditions:	hot, humid
Remarks of Person Holding Drill:	

Fire Safety Inspection Invoice

City of Raleigh Fire Department

Office of the Fire Marshal P.O. Box 30213 Raleigh, NC 27622 (919) 996-6392 Fax (919) 831-6180

Invoice Number: _4UR0NN18U

Inspection Performed at:

MORNINGSIDE ASSISTED LIVING

801 DIXIE TRL

RALEIGH, NC 27607

Phone OFFC 919-828-5557

FAX 919-828-7252

Responsible Party:

FIVE STAR QUALITY

VINCENT TORRICELLI

400 CENTRE ST

Apt/Room

NEWTON, MA 02458

Inspection Type

1YR Inspection - Yearly

Inspection Date

Inspection Completed By

08/08/2017

Landen, Jonathan A.

Inspection Fees

Inspection Fee Total:

\$336.00

Citation Fee:

\$0.00

Permit Fee Total:

\$0.00

Grand Total:

\$336.00

Please detach the bottom of the invoice and return it with your payment of \$ 336.00 by Thursday September 7, 2017 Failure to comply with this requirement will constitute a misdemeanor charge under the North Carolina Fire Prevention of Raleigh Ordinance.

Make Checks Payable to: City of Raleigh

Include Business Name and Invoice Number on check.

Mail Payment and Application to: City of Raleigh

Office of the Fire Marshal

P.O. Box 30213

Raleigh, NC 27622

Inspection Performed at:

MORNINGSIDE ASSISTED LIVING

801 DIXIE TRL

RALEIGH, NC 27607

Invoice Number: _4UR0NN18U

Total:

\$336.00

Enclosed:__

Payment by Credit Card call (919) 783-0680

Responsible Party:

FIVE STAR QUALITY VINCENT TORRICELLI 400 CENTRE ST NEWTON, MA 02458

FIRE SAFETY INSPECTION REPORT

City of Raleigh Fire Department

Office of the Fire Marshal P.O. Box 30213 Raleigh. NC 27622 (919) 996-6392 Fax (919) 831-6180

Property Address 801 DIXIE TRL RALEIGH, NC 27607			Inspection Date: <u>08/08/2017</u> Completed By: <u>Landen, Jonathan A.</u>
Building Class	INGSIDE ASSISTED LIVIN Ip Homes, Social Rehab	Stories 2	Type: Inspection - Yearly Phone OFFC 919-828-5557
Construction Type Max Occupancy 8 Unprotected 110		Square Foot 53167	FAX 919-828-7252
	our care Nursing homes, 4 of Violations Are Indicat		de Reference

604.6 Inspection/testing of emergency lighting units

Remarks: Violation carried over from inspection on 11/16/2015

Emergency lighting unit equipment, including means of egress illumination and exit signs, not covered by NFPA 110 and NFPA 111 shall be inspected and tested in accordance with this section.

SERVICE EMERGENCY LIGHTS & EXIT SIGNS THROUGH OUT THE BUILDING.

605.1 Abatement of electrical hazards

Remarks: Violation carried over from inspection on 11/16/2015

Identified electrical hazards shall be abated. Identified hazardous electrical conditions in permanent wiring shall be brought to the attention of the responsible code official. Electrical wiring, devices, appliances and other equipment that is modified or damaged and constitutes an electrical shock or fire hazard shall not be used.

PROVIDE BLANK IN THE FOLLOWING ELECTRICAL PANELS:

1) GROUND FLOOR PANEL J



- Telgian Corporation

Date:

03/02/2017

To:

Facility Manager

Customer Name:

Five Star Quality Care, Inc.

Location:

Raleigh, NC

Re:

Fire Protection System Inspection Report

Telgian Corporation recently performed a fire protection system inspection at your location. This inspection service has been performed in accordance with the contracted scope of work and conditions agreed upon by your corporate office. Attached is a copy of the inspection report for your review and for you to have on file at your location.

Proper and regular inspection services keep your location in compliance with regulatory authorities so you can focus on serving your customers without violations or other disruptions to your business. Fire protection testing also helps to ensure that your fire protection systems will operate as designed in the event of a fire to protect your customers, employees and property.

As a result of this testing and inspecting process deficiencies may have been found that are causing your fire protection system to be out of compliance with regulatory requirements. Any deficiencies found during the inspection are noted on the inspection report.

Thank you for your cooperation during the inspection process. We appreciate this opportunity to be of service for your fire protection needs.

Service Ticket / Work Order Number: 5147178311

Date the inspection was set up with manager: 03/02/2017

Name of the manager called to setup the inspection: Vince Torricelli

Location: Morningside of Raleigh_NC_Raleigh_61020

TELGIAN CORPORATION

10230 South 50th Place, Suite 100

Phoenix, AZ 85044

Tel. (480) 753-5444

				Inspectio	_	ian Annu	_			25	Inspector Lice Company Lice	-		
ustomer	: Five Sta	r Quality	Care, Inc.		Locat	ion: Mornin	gside of Ral	eigh_NC	_Raleigh_6	1020	0.	Insp	John Hul	1
Contact P	erson:	ince Torr	icelli			Title:	BSS				Tel	ephone	919-828-	5557
Address:	801 Dis	ie Trail			City: I	Raleigh					State:	NC	Zip:	27607
NSPEC	TION STAR	т тіме:	07:25 A	M	PDI	E-TEST VI	ISHAT. AC	TIONS						
OTIFIC	CATIONS	·		YES	1	NO I	N/A	_	ME		PERS	ON OI	ERATOR	₹
	AL BOX				 		Z							
OTIFIC	CATIONS OT	HER				Ø								
TRE P	ROTECTI	N SYST	EM					· '						
WET S	YSTEMS													
Sys#	I	ocation		andlord aintained?		te Last pection	Date Last		Riser Si	ze	Static Pressure		esidual ressure	Return Static
1	In the boi	er room b dock	y rear	No	4/	5/2016	Unkno	wn	4		90		75	85
Associa Riser	ted ITV I	ocation D	escription											
1	Stair 3	Level 1,												
DRY SY	STEMS													
Ø Y	□ N	Is	there a dry p	ipe system pr	resent?									
Ø Y	□ N □	N/A W	ere auxiliary	drains opene	d durir	g this inspec	ction?							
Sys#	Make		Model	Ris	er Loc	ation	Riser Size		t Air ssure		art Water Pressure		of Last ection	In Service (Y/N)
1	Victaulic Firelock	. 1	NXT S/768	In the bo	iler roc dock	om by rear	4		20		85	4/4	/2016	Yes
Sys#	Air Pressure Open			emote Test I		Min I	evels Meet	device(ck openin s) operate N,N/A)		Did dry va operate wid minimum standard (Y,N,N//	hin n s?		system valv (Y,N,N/A)
1	. 10		P	artial Trip		Y	es		No		Yes			Yes
Associa Riser	ted ITV I	ocation D	escription											
. 1	Gu-ži, 2	Level 1,												

Service Ticket / Work Order Number: 5147178311

TELGIAN CORPORATION

Date the inspection was set up with manager: 03/02/2017

Name of the manager called to setup the inspection: Vince Torricelli

10230 South 50th Place, Suite 100

Phoenix, AZ 85044

Tel. (480) 753-5444

Location: Morningside of Raleigh_NC_Raleigh_61020

Inspector: John Hull

ALARMS ØΥ \square N Is there an alarm panel? Did water flow Landlord Is the fire Is the alarm system Last alarms operate Tied to a Monitoring Company system Inspection Date acting Addressable / Maintained Panel Type within 90 seconds mall (Y/N) monitored? (Y/N) Conventional of water flow? 4/5/2016 Yes Yes Security Central Addressable/Intelligent No No Fire SYSTEM COMPONENTS Do sprinklers appear free from corrosion, loading or obstruction to spray pattern development? Y D N Y D N/A Is there a minimum of 18" clearance between top of storage and sprinkler deflector? Y D N D N/A Are fire department connections accessible and in good working order with protective caps in place? Y N N N No visible sprinkler system components appear to be free of corrosion, leakage and mechanical damage? □ Y □ N ☑ N/A Is there sprinkler coverage in the trash compactors? Specifically record any/all painted taped, or blocked sprinkler heads in the comment section HOSE STATIONS □ Y □ N ☑ N/A Are hose stations unobstructed and accessible? □ Y □ N ☑ N/A Were hoses removed, inspected and reloaded? Number of units: ☑ N/A Are hose valves and piping free from leaks and signs of corrosion? □ Y □ N ☑ N/A Are approved nozzles present, gasketed, and in good repair? CONTROL VALVES ☑ Y ☐ N ☐ N/A Are sprinkler system control valves in the appropriate open or closed position? □ N □ N/A Are control valves locked, sealed, or electronically monitored? ☑ Y ☐ N ☐ N/A Do sprinkler system control valves have proper signage? ☑ Y □ N □ N/A Were all sprinkler system control valves operated through their full range of motion, & returned to their normal position? EXTINGUISHERS 6/2016 Date extinguishers were last serviced: Name of contractor who last serviced extinguishers; Camden Fire OTHER EQUIPMENT Is there a backflow at this location □ N M Y MONITORING COMPANY OPERATOR NAME/NUMBER TIME ALL SIGNALS RECEIVED YES NO N/A Shelly N/A GENERAL ALARM 図 Shelly

Ŋ

M

 \square

Ø

N/A

N/A

N/A

02:25 PM

Page 2 of 3	

Shelly

Shelly

Shelly

SUPERVISORY

ALL SIGNALS CLEAR

NOTIFY TESTING COMPLETE

TROUBLE

Service Ticket / Work Order Number: 5147178311

Date the inspection was set up with manager: 03/02/2017

Name of the manager called to setup the inspection; Vince Torricelli

Location: Morningside of Raleigh_NC_Raleigh_61020

Inspector: John Hull

TELGIAN CORPORATION

10230 South 50th Place, Suite 100

Phoenix, AZ 85044

Tel. (480) 753-5444

Deficiencies

Qty	Component	Subcomponent	Report Comment	Location	Inspector Comment
-1	Escutcheon Ring	N/A	Missing escutcheon ring - Replace the missing escutcheon ring(s).	Oakwood Nurse's Station	Replace the missing chrome semi-recessed escutcheon, 4' ladder required.
. 1	Escutcheon Ring	N/A	Missing escutcheon ring - Replace the missing escutcheon ring(s).	Laundry 159	Replace the missing chrome semi-recessed escutcheon, 4' ladder required.
1	Escutcheon Ring	N/A	Missing escutcheon ring - Replace the missing escutcheon ring(s),	Hallway at Room 115	Replace the missing chrome semi-recessed escutcheon and center piece for I/2" sprinkler, 4' ladder required.
1	Dry Riser	QOD Accelerator	Quick Opening Device beyond repair - Replace the dry system accelerator that is dysfunctional beyond repair.	Dry Riser - Boiler Room	The Victaulic, Firelock S/746 accelerator did not operate during the inspection, Repair/replace defective accelerator.
1	Escutcheon Ring	N/A	Missing escutcheon ring - Replace the missing escutcheon ring(s).	2nd fl Salon	Replace the missing chrome semi-recessed escutcheon. 4' ladder required.
1	Escutcheon Ring	N/A	Missing escutcheon ring - Replace the missing escutcheon ring(s).	Closet behind Reception	Replace the missing chrome semi-recessed escutcheon. 4' ladder required.

INSPECTION END TIME:	03:00 PM			
Vince Torricelli			John Hull	
Manager's Name			Inspector's Name	
Vant Donice		03/02/2017	De A	03/02/2017
Manager's Signature		Date	Inspector's Signature	Date

INSP	ECTION CONT	RACT#	5	147178311		DATE:	3/2/20	17			FACP - F	Page 4	
INTE	RFACE EQUIPM	MENT			Visual	Devic Operat		Simulated Operation	. (Commer	nts		
	c	Spedfy)	Door	Holders	ж	. x .		23.7	<u> 1886</u>			14043	
	(:	Spedfy)	Duct	Detectors	×	X		100		y 449	11 (200 m) 200 200 m) 200 m) 2	9830	
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	(:	Spedfy)	100 m	Marija karija da kar	58	180			200	184		10.00	
		Specify)	5343		15-5 38-5	30		787. EV	18.3			BEST V	
	· t	Specify)	650 Kg			- 13 - 12 - 12 - 13 - 13 - 13 - 13 - 13 - 13 - 13 - 13		EA-TO	295.40 620.00	7			
SPEC	IAL HAZARD S	YSTEMS			Mount	Devic		Simulated					
	15	Specify)	54999	di Maria di Salatana da Sa	Visual	Operat	ion	Operation	45,5743	ommer	its 	laneerii in ta	
		Specify)	9301 462	<u>Principal Marchiae.</u> Waliozala da Nasariae	£5			657484	4000 CF (m.24.25) eCF(eF)	Barrio II. Turk		SECTION AND A	
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Com			Testing	Confirmed smoke de	tector/fire	alarm contro	unit arrar	11.00	-	noke de	BEACAMADA C	e a signal a	t the fire.
alarm				ty is outside its listed									
				d properly. The duct d									
	SUPERVISING						OTIFICATION	ONS THAT TE	STING IS C	OMPLET	E		
	Alassa Classal	Yes	No	Comments	Time	.			Yes	No	Who		Time
	Alarm Signal	38	1934		nunu		ullding Mg		×	壓	Vince Torn		MM###
1	Alarm Rest.	*	n dat		Mana	·] [Aonitoring /		X	鏗	Shelly	44110	Hillian
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100000		LAPAGO:			332596						30/8/E/8-144-1	CYCALLS	
Syste	m restored to	normal			Yes x	<u> </u>	No	Date:	3/2/17	Self-resident	E FF VIII	Time:	2105 PM
					82.				STATES.	. Syscolia	#082 F 7.10 L		STREET COMP.
			T	HIS TESTING WAS PER	FORMED II	N ACCORDAN	ICE WITH A	PPLICABLE N	FPA STANE	DARDS.			
	Name of inspe	ector: 16	ho Hull	277	ASSOCIATION AND A SECOND	2.0		Date	03/02/17	35		Time:	Mark Co
	Signature of Ir	nspector	·										
	Name of Own	er or Re	o. <u>: ¾</u>	nce Torricelli	949.75	4700mg/s/F		Date	3/2/17		W125	Time:	
	Signature of C	wner or	Rep.:	1									-
					-								

INSPECTION AND TESTING FORM

	Date: March 2, 2017
	Time: 7:25 AM
SERVICE ORGANIZATION	PROPERTY NAME (USER)
Name: Telgian Corporation	Name: Morningside of Rajeigh
Address: 10230 South 50th Place	Address: 801 Dixie Trail
Phoenix, AZ 85044	Raleigh, NC 27607
Representative: John Hull	Owner Contact: Vince Torricelli
License Number: 28762-U	Telephone: 919-828-5557
MONITORING ENTITY	APPROVING AGENCY
Contact: Security Central	Contact: City of Raleigh
Telephone: 800-286-5699	Telephone: 919,996-2444
Monitoring Account Ref. No: 6988	Inspection Contract Number: 8147178311
TYPE OF TRANSMISSION	SERVICE
∭ Digital	a Quarterly
Other (Specify)	Semi-annually
	X Annually
Control Unit Manufacturer: Fire Control Instruments	Model Number: 250 7100
Circuit Styles: BY and SLC 4.0	No. of Circuits:
Last Date System Had Any Service Performed: Unknown	Software Rev.: Unknown
Last Date That Any Software or Configuration Was Revised:	own
ALARM-INITIATING DEVICES AND CIRCUIT INFOR	MATION
Quantity Circuit Style	
	Manual Fire Alarm Boxes
	Ion Detectors
68 SLG 4,045 FT	Photo Detectors
Z Comment of the comm	Duct Detectors - With Remote Test Station
	Duct Detectors - WithOUT Remote Test Station
State of the second	Heat Detectors
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Waterflow Switches
4 4 6 75	Supervisory Switches
Z B	Pressure Switches
B 23.5	Other(Specify): Doon Holders
	Other (Specify):
Alarm verification feature is disabled	

ALARM-NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

INSPECTION CONTRACT#	5147178311 DATE:	3/2/2017 FACP - Page 2
Quantity	Circuit Style	
14.15.A. (1.17.19)	<u> </u>	Bells
100 a fall 1 / 10 / 10 / 10 / 10 / 10 / 10 / 10	* 12 - 20 - 20	Horns
	V. 140 (1871)	Chimes
1.8	557 A 49 8 8 8	Strobes
39	Y	Horn/Strobes
		Speakers
77.72.200	7.50.0022	Speaker/Strobes
X83#66197748	2000年46年	Other (Specify):
	为这种 类数字是1000	Other (Specify):
Total Number of alarm notification applia	nce circuits in building:	6 No. of expansion power supplies: 1
No. of alarm notification appliance circuits	s on FACP:	
Are circuits monitored for integrity?	X Yes No	
CIRCUIT CURRENT DRAW	_	LOCATION OF END OF LINE RESISTOR
NAC 1 amps	volts @ eol	79 CM
NAC 2 amps	volts @ eol	
NAC 3 amps	volts @ eol	
NAC 4 amps	volts @ eol	
NAC 5 amps	volts @ eoi	A STATE OF THE STA
NAC 6 amps	volts @ eol	
AUX amps	19.78 L 30	建筑是10万元,10万元,10万元,10万元,10万元,10万元,10万元,10万元,
TOTAL POWER SUPPLY MAXIM	UM CURRENT	● Volts - DC
MAXIMUM CURRENT DRAW - I	PER CIRCUIT	● Volts - DC
	SIGNALING LINE	CIRCUITS
Quantity and style of signaline	fine circuits connected to system	
Quantity	2 Sty	
SYSTEM POWER SUPPLIES		are are are a second
(a) Primary (main):	Nominal Voltage:	120 VAC Amps 20
Overcurrent Pro	-	Circuit Breaker Amps 20
Location (of Prir	mary Supply Panelboard):	
	\$100E12	Panel X Breaker 19
	dby): Batteries	Storage Battery: Amp-Hr. Rating
	city of operate system, in hours:	24 60
TYPE BATTERY		
X Sealed Lead-A	cid	Other (Specify)
BATTERY TESTING AND INSPECTION		Sale Openin
	Visual Functional	. Alba Tast
Battery Condition	× visual Functional	Mho Test Batt 1 Volts
	27.04	Batt 2 Volts
Charger Test		Volts
	Constanting Const	Onthony B. Copyrigo Company and Section 1
Battery Dates: Battery 1	3/1/2016	Battery 2 3/1/2016

PRIOR TO ANY TESTING

SPECTION CONTRACT #	5147178311	DATE:	3/2/2017	FACP - Page 3
NOTIFICATIONS ARE MADE	YES	NO	WHO	TIME
Monitoring Entity	- X	3.25	Vince Torricelli	11 W. 11 C. 12 C. 14 C. 14 C. 15 C.
Building Occupants	X	296	Vince Torricelli	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Building Management	×		Vince Torriceili	052330
Other (Specify)	A = 2/2			
AHJ - Notified of Any Inpairme	nts 🧽	97.		
	SYST	TEM TESTS AND IN	ISPECTIONS	
TYPE	Visual	Functional	Comment	5
Control Unit	380		1.556.27 1 1 - Julia 1254	
Interface Equipment	188	X		100 Car
Lamps/LEDs	X	X		
Fuses	×	X	44.4	
Primary Power Supply	x	×		4.4
Trouble Signals	×	×		11/14/15/17/20
Disconnect Switches		X		
Ground Fault Monitoring	8	x :		
	Visual	Functional	Commen	ts
TRANSIENT SUPPRESSORS	×			
REMOTE ANNUNCIATORS	×	<u>*</u>		12.545
NOTIFICATION APPLIANCES	Visual	Functional	Commer	nts
Audible	x	8		N.
Visible	·ĸ	X 3		200: 1987
Speakers	Agg ()			
Voice Clarity		题		
Strobes Sync	×	×		
EMERGENCY COMMUNICATIONS EQU	JIPMENT	Visual Fu	nctional	Comments
P	none	20.		
Pi	none Jacks	25		
0	ff-Hook Indicator	1877 1887		
A	mplifier(s)	<u>-4</u>		
. · To	one Generator(s)	2		
C. C.	ill-In Signal			
. Sy	stem Performance			- The state of the
	ther (Specify)	= :		

INSPECTION CONTRACT	# 5147178311	DAT	E: 3/2/20)17		FACP - Page 4	
INTERFACE EQUIPMENT		Visual	Device Operation	Simulated Operation	Commen	its	
(Spedi	y) Door Holders	x	3X€	100 do			
(Spedf	VI Duct Detectors	×	≫	53973			
(Specif	v) demogrations	22	35				
(Specif	v)	<u> </u>	27	92,851 V	141714 1470	hrobig branca	
(Specif	n Miller True	33	38,	100000 200000			
(Specif	n <u>225</u>			7,3000	製料はいい		
SPECIAL HAZARD SYSTEM	15	Manual	Device	Simulated			
(Specif	n - 545 645 7/7 11 (16		Operation	Operation	Commen		
(Specif	A The K BOSE MOVE A STATE OF	82	168 168	52/2 feet	26.000036 0.00000000000000000000000000000		
(Specif	- C-10-10-10-10-10-10-10-10-10-10-10-10-10-	=	50A 50A	Section 1	<u> </u>		
(Specif	al migration and a second and all the	_	590	872	25558595		
(Spedif			180	1295-61	\$2.0000 (1.00)	A CONTRACTOR	
(Spedif	1 244		225	0.00		**************************************	
Special Procedures:		Secondarions				1.010 2000 (2000 (200) (2000 (2000 (2000 (2000 (2000 (2000 (2000 (2000 (200) (2000 (200) (2000 (200) (2000 (200) (2000 (200) (2000 (200) (2000 (200) (2000 (200) (2000 (200) (2000 (200) (2000 (200) (2000 (200) (2000 (200) (2000 (200) (2000 (200) (2000 (200) (2000 (200) (2000 (200) (200) (200) (2000 (200) (200) (200) (2000 (200) (2000) (200) (200	1006Fe819F
					· · · · · · · · · · · · · · · · · · ·	SE STATE OF SEC.	
TANKS PARKET		50e2/5.4/5/A		The same of the sa	(是) (基础)	HANNEN EN	garante d
alarm control unit when NFPA 72. The door holde	ity Testing Confirmed smoke d ts sensitivity is outside its listed is operated properly. The dust o	sensitivity range:	Sensitivity testin	g of System smo	ke detectors con	plete in accordance w	_
SUPERVISING STAT	ION MONITORNG		NOTIFICATI	ONS THAT TEST	ING IS COMPLET	E	7
Ye	s No Comments	Time	l		Yes No	Who	Time
Alarm Signal		<i>andiga</i>	Building Mg		*	Vince Torricelli	ABATTA
Alarm Rest.		anana	Monitoring	Agency	36	Solution	*****
Trouble		***************************************	Building Occ	oupants	3	Vince Torricelli	mane
Supv. Signal			Other (Spec	ify)	<u> </u>		
Supv. Rest.		7222	AHi		3		<u> </u>
The following did not op	erate correctly:			Constanting	A Day of the Control		
	2. 多数数数数				1.00	PART BEACH	
System restored to norm	al operation:	Yes X	, No	Date:	3/2/17 (5.0)	Time:	2:15 PM
	THIS TESTING WAS PER	REFORMED IN ACCO	ORDANCE WITH 4	APPLICABLE NEE	A STANDARDS		
Name of Inspector:					03/02/17	Time:	
Signature of Inspec	or:						
Name of Owner or	Rep.: Vince Torricelli			Date	3/2/17	Time:	
Signature of Owner	or Rep.:						

Sprinkler Inspection Report

Morningside of Raleigh

Synchronized: 10/7/17 7:07:25 AM

Inspector: Enoch Butler

Started: 10/6/17 8:42:04 AM

Finished: 10/6/17 9:57:59 AM

Download this report.

Email this report to: vtorricelli@5ssl.com

Welcome Device Count:

% Tested:

% Passed:

% Failed:

Get Reports

33

100.00%

100.00%

0%

Edit My Account

Download

Buildings

Support-

Logout

Report Navigation

Executive Summary General information

along with overall stats on this inspection.

Dry Pipe Systems

Inspection and Testing

Each device and item inspected in your

building.

Inventory and Warranty

Report

Installation Dates and Inventory of items in your building.

Wet Pipe Systems

Zone Address Report

The Zone Address Report lists all of the devices and items that have an individual address, or are grouped together under a

common zone.

Please don't show me this again

Executive Summary

Generated by: BuildingReports.com

Building Information

Building: Morningside of Raleigh Contact: TBD TBD

Address: 801 Dixie Trail

Phone: (919) 828-5557

Address:

Fax:

City/State/Zip: Raleigh, NC

Mobile:

27607

Country: United States

Email:

Inspection Performed By

Company: Fire & Life Safety

Inspector: Enoch Butler

America, Inc. - Raleigh

Address: 1731 Round Rock Dr

Phone: 919-427-3068

Address:

Fax:

City/State/Zip: Raleigh, NC

Mobile:

27615

Country: United States of America Email: ETSButler@FLSAmerica.com

System Control Unit

System Type	System Location	Protected Area	Devices
Dry Pipe	Building-	Building-	23
Wet Pipe	Building	Building-	10

Inspection Summary

Catagorii	Tota	Total Items		Serviced		Passed		Failed/Other	
Category:	Qty	%	Qty	%	Qty	%	Qty	%	
Valve	8	24.24%	8	100.00%	8	100.00%	0 -	0%	
Hose	1	3.03%	1	100.00%	1	100.00%	0	0%	
Device	16	48.48%	-16	100.00%	16	100.00%	0	0%	
Pump	1 1	3.03%	1	100.00%	- 1	100.00%	0	0%	
Alarm	7	21.21%	7	100.00%	7	100.00%	0	0%	
Totals	33	1.00%	_33_	100.00%	_33_	100.00%	0	_0%_	

Certification

Company: Fire & Life Safety

Building: Morningside of Raleigh

America, Inc. - Raleigh

Inspector: Enoch Butler

Contact: TBD TBD

Enoch Butler

Certification Type

Number

Navigation Console

Main Report Console

Executive Summary

Inspection and Testing

Wet Pipe Systems

Dry Pipe Systems

Inventory and Warranty

Zone Address Report

Report

Inspection & Testing
Generated by: BuildingReports.com

Building: Morningside of Raleigh

The Inspection & Testing section lists all of the Items Inspected in your building. Items are grouped by Passed or Failed/Other. Items are listed by Category. Each item includes the services performed, and the time & date at

Device Type	Location	Service	Time	Date
	Passe	ed .		
Building- D	ry Pipe, Building-			
Pressure Switch	Riser room	Tested	9:01:46 AM	10/06/2017
Tamper Switch	Riser room	Tested	8:42:25 AM	10/06/2017
<u>Tamper</u> <u>Switch</u>	Ground Hot box	Tested	8:46:36 AM	10/06/2017
<u>Tamper</u> <u>Switch</u>	Ground Hot box	Tested	8:46:59 AM	10/06/2017
<u>Waterflow</u> <u>Switch</u>	Riser room	Tested	9:03:17 AM	10/06/2017
<u>Drain</u>	Basement Btr bathroom	inspected	9:55:30 AM	10/06/2017
<u>Drain</u>	Basement storage room back of building	Inspected	9:57:59 AM	10/06/2017
<u>Drain</u>	Riser room	Inspected	8:57:29 AM	10/06/2017
<u>Drain</u>	reception storage room	Inspected	9:45:56 AM	10/06/2017
<u>Drain</u>	Sun room	Inspected	9:47:05 AM	10/06/2017
Drain	outside front canopy	Inspected	9:47:42 AM	10/06/2017
<u>Drain</u>	west stairwell	Inspected	9:49:28 AM	10/06/2017
<u>Gauge</u>	Riser room	Inspected	8:57:38 AM	10/06/2017
<u>Gauge</u>	Riser room	Inspected	8:58:04 AM	10/06/2017
<u>Gauge</u>	Riser room	Inspected	8:59:18 AM	10/06/2017
<u>Gauge</u>	Riser room	Inspected	9:01:17 AM	10/06/2017
Quick Opening Device	Riser room	Inspected	9:00:04 AM	10/06/2017
Fire Dep't Connection	Ground Hot box	Inspected	8:47:38 AM	10/06/2017
<u>Air</u> Compressor	Riser room	Annual	9:03:45 AM	10/06/2017
Check Valve	Riser room	Inspected		10/06/2017

Device Type	Location	Service	Time Date 8:49:01 AM
Control Valve	Riser room	Tested	8:42:26 10/06/2017 AM
Dry Pipe Valve	Riser room	Inspected	8:52:46 10/06/2017 AM
Inspector's Test	stairwell 3	Inspected	9:53:20 10/06/2017 AM
Building- V	Vet Pipe, Building-		•
<u>Tamper</u> <u>Switch</u>	Riser room	Tested	8:42:04 10/06/2017 AM
<u>Waterflow</u> <u>Switch</u>	Riser room	Tested	8:56:36 10/06/2017 AM
<u>Drain</u>	Riser room	Inspected	8:55:42 10/06/2017 AM
<u>Gauge</u>	Riser_room	_Inspected	8:54:06_1.0/06/201.7_ AM
Gauge	Riser room	Inspected	8:54:40 10/06/2017 AM
Watermotor Gong	Riser room	Inspected	8:56:11 10/06/2017 AM
Alarm Valve	Riser room	Inspected	8:52:59 10/06/2017 AM
Control Valve	Riser room	Tested	8:42:40 10/06/2017 AM
Control Valve	Ground Hot box	Tested	8:43:55 10/06/2017 AM
Control Valve	Ground Hot box	Tested	8:46:29 10/06/2017 AM

Navigation Console

Main Report Console		
Executive Summary	Inspection and Testing	Wet Pipe Systems
Dry Pipe Systems	Inventory and Warranty Report	Zone Address Report

Wet Pipe Fire Sprinkler Systems Generated by: BuildingReports.com

Building-, Building-

		_	Morning	side	o	\mathbf{f}								
Rale	<u> </u>													
contai	ning	g wa	stem emplo iter and cor rom sprink	nect	ed	to a	wat	er s	upp	oly	so that			
		,			11-2		lar		_					
Tan	ıpe	r Sv	vitch					-						
Туре			Descript	tion		Mar	nufa	ctu	rer	Z	one/Ad	dress	ок	ScanID
Lever			Supervis	ory		Pott Elec				1,	L1, M1	1	Z	45698219
Wat	erf	low	Switch											
Туре		N	Manufacture	er Mo	ode	el#	Sec	:	Size	e 2	one/A	dres	оκ	ScanID
Vane			otter lectric	VS	R-	F				1	I, L1, M	16	₽	45698221
Components														
Ala	rm	Val	ve											
Туре		Ma	nufacturer	Mod	el :	# 1	Posi	tior	1 !	Sta	itus	Size	ок	ScanID
Flange	d	Sta	r	F			Trim Ope			Sea	aled	4"	≅	45698229
Cor	itro	١٧a	alve											
Туре			Manufactu	rer S	iz	e P	osi	tion	1		Statu	s ·	ОК	ScanID
OS&Y			Kennedy	4	۱"	()per	1			Supe	rvised	Z	45698220
OS&Y			Kennedy	6	ò"	C	Oper	1			Supe	rvised	\mathbf{Z}	45698208
OS&Y			Kennedy	- 6	5"	(per	1			Supe	rvised	Ø	45698210
						De	evi	ces	,					
Drai	'n									-				
Curre	nt Ir	spe	ection											
Туре	Loc	atio	on	Siz	ze	Sup psi	ply	Sta psi			Residu psi	Sec	ок	ScanID
Main	Ris	er re	oom	2"		85		10	5				×	45698228
Gau	ge													
Туре			Location				Sta psi			Fi	ll Type	Size	ок	ScanID
Systen Pressu			Riser room			-	10	5					Ø	45698218
Supply Pressu			Riser room				85						Z	45698217
Wat	ern	note	or Gong											
Locati	on			M	lar	ufac	ture	er N	/lod	el	#	Size	ОК	ScanID

Location	Manufacturer	Model #	Size	ок	ScanID	
Riser room	Star				45698227	

Navigation Console

Main Report Console

Executive Summary

Inspection and Testing

Wet Pipe Systems

Dry Pipe Systems

Inventory and Warranty

Zone Address Report

Dry Pipe Fire Sprinkler Systems Generated by: BuildingReports.com

Buildin Raleigh	Building: Morningside of Building-, Building-											
A sprinkler piping syst (as from the known as a out the op	tem on ne op a dry ened	ontaini ening o pipe va sprinkl	ng air o f a spri Ive, and	r ni nkle	trog er) pe	en ur ermit	nder s the	pre: wa	ssure, ter pre	the rel	ease to o	e of which, pen a valve
Model On Off												
Location		Mfr.	#	Pha	ase	psi	ps	ii		Ser	ial N	No.
Riser room	1	Cast				20	30)				
Туре		Descri	otion	Rat Spo	,	Hors	еро	wer	Volts	Amps	ок	ScanID
Automatic		Tank				-	-	-			Z	45698226
					Ale	arm	S		,			
Pressur	e Sw	itch	-					: :				
Туре	Desc	ription	Manuf	act	urer	Low	Hig	h Zc	ne/A	ddress	ОК	ScanID
Pressure Switch	Supe	rvisory	Potter			15	35		L1, 14&09		Ø	45698216
Tamper	Swit	ch										
Туре		Descri	ption		Mano	ıfact	urer	Zoi	ne/Ad	dress	ок	ScanID
Lever		Superv	isory		Potte		-	1, [.1, M1	2	Ø	4569821
Lever		Superv	ervisorv		Potter Electric		1, 1	.1, MI	7	Ø	45698209	
Lever		Superv	isory		Potter Electric			1, l	1, M1	8	Ø	4569820
Waterfl	ow S	witch	_									

Туре		Manufa	acturer	Mode	el #	Sec	Si	ze	Zone	/Add	ress	ок	ScanID
Pressu Switch		Potter		PS40	2A	-			1, L1 M14			Ø	45698224
					70.00	nou			W 1,74	203			
Che	eck Va	lve			Jone	pon	en						
Type		Locat	ion								Size	ок	ScanID
Flange	ed	Riser									4"	Ø	45698233
	ntrol V	alve											
Type Manufacturer Size Position Status OK ScanID													
OS&Y		Kenn	edy	4"		Open			S	uperv	ised	Ø	45698212
Dry	Pipe '	Valve											
Manu	facture	r	Model a	#	Ser	ial #			-	Sia	ze	ОК	ScanID
Firelo	ck		NXT-S/	768	122	259-	3:20	000	1.:	4"		Ø	45698213
	Water psi	Positi	ion		Sta	tus_		Trip	psi	т	ip.Ti	me	Timing
24	105	Trim	Closed		Sea	aled							
Inspector's Test													
					Pres	sure	Γ			Flov	v		
Manui	facture	r	Model	#	psi		Tri	p Ti	me	Sec		ОК	ScanID
												2	<u>45698272</u>
					De	evic	es						
Dra	in		-										
Curre	nt Insp	ection											
Type	Locati	on		Size	Sup _i psi		Stati psi	ic	Res psi	idual	Sec	ок	ScanID
	Basem	ent Btr	,						-		•	M	45698270
Curre	nt Insp	ection	:										
Туре	Locati	on ·		Size	Sup	- 1	Stati psi	c	Res	idual	Sec	ОК	ScanID
		ent sto back of	***	-					-			Ø	45698269
Curre	nt Insp	ection											
Type	Locati	on		Size	Sup _l psi		Stati osi	c	Res psi	idual	Sec	ок	ScanID
Main	Riser	oom		2"	85	1	105				-	Ø	45698230
Curre	nt Insp	ection											
Type	Locati	on:		Size	Sup	oly S	Stati	c	Res	idual	Sec	ΩK	ScanID

	recepti room	on stor	age									Ø	45698275
Curre	nt Inspe	ection											
Туре	Locatio	on		Size	Suppl psi	1	Static psi	- 1	Res psi	idual	Sec	ок	ScanID
	Sun ro	om							-			Ø	45698274
Curre	nt Inspe	ection											
Type	Locatio	on		Size	Suppi psi	T. II.	Static psi	- 1	Res psi	idual	Sec	ок	ScanID
	outside canopy											Ø	45698235
Current Inspection													
Type	Locatio	on		Size	Suppi psi	1	Static psi	- 1	Res psi	idual	Sec	ок	ScanID
	west st	airwell			•						•	Z	45698273
Fire	Dep't	Conne	ction										
ı	Locatio	n	Ту	pe	Bal	lDr	ip		tatii vive		Size	ОК	ScanID
Grou	ind Hot	box	Wa	all	Yes			Yes		4"	Ø	45698234	
Gau	ige												
Туре		Locatio	on			tat osi	ic	Fill	I Ty	pe S	ize	ОК	ScanID
Air Pre	ssure	Riser re	oom		2	24						Ø	45698214
Systen Pressu		Riser re	oom		1	05		-				ĸ	<u>45698215</u>
Primin	g	Riser re	oom		. 1	00						\mathbf{Z}	45698225
Quick Openii	_	Riser ro	oom		2	25						Ø	45698222
	Device												
Qui	ck Ope	ning [evice		_			: T					
Manuf	acturer	Model	#	Seria Num	al nber	- :	Low psi	Ps	-	Air Pres	sure		ScanID
Victau	lic	SF8-88	89				15	3(0	24		Ø	45698223

Navigation Console

Main Report Console		
Executive Summary	Inspection and Testing	Wet Pipe Systems
Dry Pipe Systems	Inventory and Warranty Report	Zone Address Report

Inventory & Warranty Report Generated by: BuildingReports.com

Building:	Mornin	gside i	of Raleigh
		5	

The Inventory & Warranty Report lists each of the devices and items that are included in your inspection Report. A complete inventory count by device type and category is provided. Items installed within the last 90 days, within the last year, and devices installed for two years or more are grouped together for easy reference.

Device or Item	Category	% of I	nventory	Quantity									
Tamper Switch	Alarm	1	2.12%	4									
Control Valve	Valve	12.12%		4									
Fire Dep't Connection	Hose	3	.03%	1									
Check Valve	Valve	3	.03%	. 1									
Dry Pipe Valve	Valve	- 3	.03%	1									
Alarm Valve	Valve	. 3	.03%	T									
Gauge	Device	11	3.18%	6									
Drain	Device	24	4.24%	8									
Watermotor Gong	Device	3	.03%	1									
Waterflow Switch	Alarm	. 6	.06%	2									
Quick Opening													
Device	Device	. 3	.03%	1									
Pressure Switch	Alarm	3	.03%	1									
Air Compressor	Pump	. 3	.03%	1									
Inspector's Test	Valve	3	.03%	1									
Device Type Qty	Model #	Туре	Description	Install Date									
I	n Service -	5 Years to	10 Years	In Service - 5 Years to 10 Years									

Building- Dr	y Pip	e, Building	-		
Drain	6			÷ ,	08/06/2012
Drain	1		Main		08/06/2012
Gauge	1 -		Air Pressure	· ·	08/06/2012
Gauge	1		Priming		08/06/2012
Gauge	1		Quick Opening Device	-	08/06/2012
Gauge	1		System Pressure		08/06/2012
Inspector's Test	1				08/06/2012
Air Compressor	Ţ		Automatic	Tank	08/06/2012
Pressure Switch	1	PS40-2A	Pressure Switch	Supervisory	08/06/2012
Waterflow Switch	1	PS40-2A	Pressure Switch	Alarm	08/06/2012

Device Type	Qty	Model #	Type	Description	Install Date			
Quick Opening Device	1	SF8-889			08/06/2012			
Building- We	t Pipe	e, Building	 -					
Drain	1		Main		08/06/2012			
Gauge	1		Supply Pressure		08/06/2012			
Gauge	1		System Pressure		08/06/2012			
Waterflow Switch	1	VSR-F	Vane	Alarm	08/06/2012			
Watermotor Gong	1				08/06/2012			
In Service - 10 Years to 15 Years								
Building- Dr	y Pipe	e, Building	-					
Dry Pipe Valve	11	NXT-S/768	Flanged by Grooved		08/06/2007			
	In S	Service -	15 Years to	25 Years				
Building- Dr	y Pipe	e, Building	_					
Fire Dep't Connection	1	OSYSU-A1	Wall		10/06/1999			
Tamper Switch	3	OSYSU-A1	Lever	Supervisory	10/06/1999			
Check Valve	1		Flanged	ete i	10/06/1999			
Building- We	t Pipe	e, Building	-					
Alarm Valve	1	F	Flanged		08/06/1999			
	In	Service	- 25 Years	or Older				
Building- Dr	y Pipe	, Building	_					
Control Valve	1		OS&Y	Main Control	10/06/1991			
Building- We	t Pipe	e, Building	-					
Control Valve	3		OS&Y	Main Control	10/06/1991			

Navigation Console

Main Report Console		
Executive Summary	Inspection and Testing	Wet Pipe Systems
Dry Pipe Systems	Inventory and Warranty Report	Zone Address Report

Zone Address Report Generated by: BuildingReports.com

Building: Morningside of Raleigh

The Zone Address Report lists all of the devices and items that have an individual address, or are grouped together under a common zone. The device type, location, and description are included for your reference. For more information on the device, use the link provided under ScanID.

Address	Device Type	Location	Type	ScanID					
		Control Panel 1							
Zone/	Zone/Circuit: L1								
M11	Tamper Switch	Riser room	Lever	<u>45698219</u>					
M1,2	Tamper Switch	Riser room	Lever	45698211					
M14&09	Pressure Switch	Riser room	Pressure Switch	<u>45698216</u>					
M14&09	Waterflow Switch	Riser room	Pressure Switch	<u>45698224</u>					
M16	Waterflow Switch	Riser room	Vane	45698221					
M17	Tamper Switch	Ground Hot box	Lever	45698209					
M18	Tamper Switch	Ground Hot box	Lever	45698207					

Navigation Console

Main Report Console

Executive Summary	Inspection and Testing	Wet Pipe Systems
Dry Pipe Systems	Inventory and Warranty Report	Zone Address Report

Sprinkler Inspection Certificate

For

Morningside of Raleigh 801 Dixie Trail Raleigh, NC 27607

Tested to NFPA 25 Standards

This Inspection was performed in accordance with applicable NFPA Standards. The subsequent pages of this report provide performance measurements, listed ranges of acceptable results, and complete documentation of the inspection. Whenever discrepancies exist between acceptable performance standards and actual test results, notes and/or recommended solutions have been proposed or provided for immediate review and approval.

Inspection Date Oct 6, 2017

> Building: Morningside of Raleigh Contact; TBD TBD Title: Unknown

Company: Fire & Life Safety America, Inc. - Raleigh Contact: Enoch Butler Title: Lead Inspector

Executive Summary

Generated by: BuildingReports.com

Building Information

Address: 801 Dixie Trail

Building: Morningside of Raleigh

Address:

City/State/Zip: Raleigh, NC 27607

Country: United States

Contact: TBD TBD

Phone: (919) 828-5557

Fax:

Mobile:

Email:

Inspection Performed By

Company: Fire & Life Safety America, Inc. - Raleigh

Address: 1731 Round Rock Dr

Address:

Wet Pipe

City/State/Zip: Raleigh, NC 27615

Country: United States

Inspector: Enoch Butler

Phone: 919-427-3068

Fax:

Mobile:

Email: ETSButler@FLSAmerica.com

Protected Area

System Control Units

System Type System Location Dry Pipe

Building-

Building-

Building-Building-

10

Category	Tota	Items	Ser	viced '	Pa	ssed	Falled/Other		
	Qty	- %	Qty	*	Qty	%	Qty	- %	
Valve	8	24.24%	8 .	100.00%	8	100.00%	0	0%	
Hose	1	3.03%	1	100.00%	1	100.00%	0	0%	
Device	16	48.48%	16	100.00%	16	100.00%	0	0%	
Pump	1	3.03%	1	100.00%	1	100.00%	0	0%	
Alarm	7	21.21%	7	100.00%	7	100.00%	0	0%	
Totals	33	100%	33	100.00	33	-100.00	0	0%	

Company: Fire & Life Safety America, Inc. - Raleigh

Building: Morningside of Raleigh

Inspector: Enoch Butler

Contact: TBD TBD

Signed:	 Signed:	_
Linoch Buille	100110	ではない

Inspection & Testing Generated by: BuildingReports.com

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The Inspection & Testing section lists all of the items inspected in your building. Items are grouped by Passed or Failed/Other. Items are listed by Category. Each item includes the services performed, and the time & date at which testing occurred.

Devilce Type	Location: 27 March	Service		Date
cheamenthe desired	(1) 基础的 (1) 10 10 10 10 10 10 10 10 10 10 10 10 10	ni Posiviles Para	ers was in me ?	w. Date is
	Passed	4.4		2 H (2 T)
Bullding- Dry Pipe	, Building-			
Pressure Switch	Riser room	Tested	9:01:46 AM	10/06/2017
Tamper Switch	Riser room	Tested	8:42:25 AM	10/06/2017
Tamper Switch	Ground Hot box	Tested	8:46:36 AM	10/06/2017
Tamper Switch	Ground Hot box	Tested	8:46:59 AM	10/06/2017
Waterflow Switch	Riser room	Tested	9:03:17 AM	10/06/2017
Drain	Basement Btr bathroom	Inspected	9:55:30 AM	_10/06/2017
Drain	Basement storage room back of building	Inspected	9:57:59 AM	10/06/2017
Drain	Riser room	Inspected	8:57:29 AM	10/06/2017
Drain	reception storage room	Inspected	9:45:56 AM	10/06/2017
Drain	Sun room	Inspected	9:47:05 AM	10/06/2017
Drain	outside front canopy	Inspected	9:47:42 AM	10/06/2017
Drain	west stairwell	Inspected	9:49:28 AM	10/06/2017
Gauge	Riser room	Inspected	8:57:38 AM	10/06/2017
Gauge	Riser room	Inspected	8:58:04 AM	10/06/2017
Gauge	Riser room	Inspected	8:59:18 AM	10/06/2017
Gauge	Riser room	Inspected	9:01:17 AM	10/06/2017
Quick Opening Device	Riser room	Inspected	9:00:04 AM	10/06/2017
Fire Dep't Connection	Ground Hot box	Inspected	8:47:38 AM	10/06/2017
Air Compressor	Riser room	Annual	9:03:45 AM	10/06/2017
Check Valve	Riser room	Inspected	8:49:01 AM	10/06/2017
Control Valve	Riser room	Tested	8:42:26 AM	10/06/2017
Dry Pipe Valve	Riser room	Inspected	8:52:46 AM	10/06/2017
Inspector's Test	stairwell 3	Inspected	9:53;20 AM	10/06/2017
Building- Wet Pipe	, Building- 🔒			4936 76
Tamper Switch	Riser room	Tested	8:42:04 AM	10/06/2017
Waterflow Switch	Riser room	Tested	8:56:36 AM	10/06/2017
Drain	Riser room	Inspected	8:55:42 AM	10/06/2017
Gauge	Riser room	Inspected	8:54:06 AM	10/06/2017
Gauge	Riser room	Inspected	8:54:40 AM	10/06/2017
Watermotor Gong	Riser room	Inspected	8:56:11 AM	10/06/2017
Alarm Valve	Riser room	Inspected	8:52:59 AM	10/06/2017
Control Valve	Riser room	Tested	8:42:40 AM	10/06/2017
Control Valve	Ground Hot box	Tested	8:43:55 AM	10/06/2017
Control Valve	Ground Hot box	Tested	8:46:29 AM	10/06/2017

Wet Pipe Fire Sprinkler Systems Generated by: BuildingReports.com

supply	so that water	employing automatic r discharges immedi	c sprinkiei ately fron	rs attache 1 sprinkle	ed to a piping ers opened by	system conta heat from a f	ining water and îre.	connect	ted to a water
	,			er d	larins				
Tar	nper Switc	h	5 P 2 3		1817				
īyou.		Spesial public		Manu	STATE OF THE PARTY OF THE PARTY.	Zone Ad		ok → d	Scanio
Lever		Supervisory		Potter	Electric	1, L1, M1	1		45698219
Wai	terflow Swi	tch		70 270 100		Del Bellevicate (c. v			
Type Vane		Potter Electric	VSR-F		Soci 4		one/Addicess	⊠ ØK#	Scaniba
· une		rotter electric	1-75v	ALCOHOL:			L1, M16		45698221
110.00				- Con	i <u>ponents</u>	1.00			
Ala	rm Valve	AND SHAPE OF STREET SHAPE					Property of the second		
Dype.	The second secon	multaciurent M	odel #iii šij		osition	(Status)	Size	ØK.	Scanlo
Flanged		ar r		11	rim Open	Sealed	4"		45698229
Cor	ntrol Valve				Maria de Maria	NAME OF TAXABLE PARTY.		Self Wal	
IVpe OS&Y	and the second	Kennedy		Size 200	A Position Open	4	Suppodeed	∉0K ☑	SGREEP 45698220
OS&Y		Kennedy		6"	Open		Supervised Supervised	Ø	45698220
OS&Y		Kennedy		6" .	Open		Supervised	Ø	45698210
46.44				D	evices		COL N	Page 1	e o la bue e mode d
Dra	lo.					2.51			e to contract
N. INCOME	lins age long/					WENT TO		CO PA	
Evole		1000	i Haras	Suppl	vipital Status	esti Na	dual psi	100	See Gillo
Main	Riser roo	m	2"	85	105	(PSI2-SAN AIN SI	dright halfall machine	Ø.	45698228
Gau	ige 💮 👶			13					
Lypes	Section Control	Location	1		Similars			Ø0K	Scanle
	Pressure	Riser room		The state of the s	105	Market P.C.	2-10 Sept. 15 (1-1)	M M	45698218
	Pressure	Riser room			85			Ø	45698217
Wat	ermotor G	ong	÷.,			Janes .			
foresthei	Bernard Street, Street	1000	Mah	lacturer	V. Market	odel/	Size	k ok	Scanib
Riser ro	om		Star					Ø	45698227

Dry Pipe Fire Sprinkler Systems Generated by: BuildingReports.com

A sprinkler system	employing automatic	sprinklers	that are a	ttached to	a piping	system	containing a	ir or nit	rogen under
ressure, the relea iry pipe valve, and	se of which, (as from I the water then flows	the opening into the pi	g of a sprii ping systei	nkler) perm n and out t	its the w he opene	ater pi ed sprii	ressure to ope iklers.	en a val	ve known as a
Air Compres	sor	2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	SP CALL		Subject				
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iyoe	Description		Rated Spe	ed Hors	ebower		Wolfs Am	os O	Scanib
utomatic	Tank	Whee Post Societies		TO THE RESIDENCE OF THE PARTY O		a se section a	Marie Pulled	₽	4569822
		100	170	rms.					ATTION OF
Pressure Swi	tčh						aran da		
	Description:	Name of the second		a diox	High			al toka	
ressure Switch	Supervisory	Potter	The state of the s	15	35		Address 1, M14&09		45698216
Tamper Swit	ch		stories.	100	Note to	Maria I			
	Description	10000	100				SCH OLD V		COMPANY.
ever	Supervisory		Manufact Potter Ele			, M12	CONTRACT OF	OK. ☑	45698211
VOC.	Description		Manufact	00000000000000000000000000000000000000	Vic Congress	Addre		Total B	Sedrilb
ever	Supervisory	TRANSPORTE OF THE PARTY OF	Potter Ele			, M17	CO STRUCTURE PROPERTY FOR	M M	45698209
y per	Descriptions	100	Manufact	urer	Zone	//Ajdrejit		(0)(. Sanilo
ever	Supervisory		Potter Ele	ctric	1, L1	, M18	3.2.	図	45698207
Waterflow Sw	vitch				\$ 4				4.4
ype.	Manufacturer	Model:#		Psec 1	100	Zoni	Waldieser	JOK S	Scarilo)
ressure Switch	Potter	PS40-2/	· 10: 121-121-121-121-12				, M14&09	☑	45698224
			Comp	onenis					
Check Valve						A BITTION	-		
	location:	Grand or o	***********		ET CLOS	Green Contract			NICE AND ADDRESS OF THE PARTY O
anged	Riser room		The state of the s			31/04/19	4"	Ø ₽¥OK	45698233
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S&Y	Kennedy	4	ze	Open			Supervised	E 型OK ☑	45698212
		v Salar P		open -	2 50 (42)		Supervised		43030212
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	Basemen	t Btr bathroor	n ·			an Declare Const. San					None of the least	Ø	45698270
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	west stai	AS AT MELSINE COM		10.229				30308-50			\$ \$\$\$6.50	rica da	45698273
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hlype		Location				Statil		EIIT	Vice III	Size	瀬霧	(0)%	ScanlD
Air Pressu		Riser room	<u>. ' · </u>			24						₫.	45698214
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Priming		Riser room				100	<u> </u>			<u> </u>		⊠	45698225
Quick Ope Device	ning	Riser room				25						Ø	45698222
(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	Onces			1400									
Quick	Openin	g Device	10 KZ 2000					ension se	1177		ZA SPARE	APPENDING 1	4.2
Manufactu	rera de	Model#		Serial	Vumber		Low	051	lioh a	/Alli/		OK.	Sterrile
Victaulic		SF8-889		20 months 30/ 25		and the second	15		30	.24	ALUXINI.		45698223

Inventory & Warranty Report Generated by: BuildingReports.com

The Inventory & Warranty Report lists each of the devices and items that are included in your Inspection Report. A complete inventory count by device type and category is provided. Items installed within the last 90 days within the

complete inventory count by year, and devices installed f	device type and category	is provided. Items is	nstalled within the last	90 days, within the last
year, and devices insidued j	or two years or more are	groupea together for	easy rejerence.	
Device or Item	Category	₩ - %of live	dtory	Quantity
Tamper Switch	Alarm		12.12%	4
Control Valve	Valve		12.12%	4
Fire Dep't Connection	Hose		3.03%	1
Check Valve	Valve		3.03%	1
Dry Pipe Valve	Valve		3.03%	1
Alarm Valve	Valve		3.03%	1
Gauge	Device		18.18%	6
Drain	Device		24.24%	8
Watermotor Gong	Device		3.03%	1
Waterflow Switch	Alarm		6.06%	2
Quick Opening Device	Device		3.03%	1
Pressure Switch	Alarm		3.03%	1
Air Compressor	Pump		3.03%	1
Inspector's Test	Valve		3.03%	1
■ Device or Item ■ Property of the propert	Onver Model	ф. — тож Пубе 1.4.	Description	Install (Date)
	THE COURSE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.	5.4.6.6.6.6.6.6.6.6.6.6.6.6.6.6.6.6.6.6.	APPENDING TO A PROPERTY OF THE	10.00
	In Service	- 5 Years to 10	Yeans	A STATE OF THE STA
Building- Dry Pipe, Buil	ding-			
Drain	6			08/06/2012
Drain	1 .	Main		08/06/2012
Gauge	1	Air Pressure		08/06/2012
Gauge	1	Priming		08/06/2012
Gauge	1	Quick Opening	•	08/06/2012
•		Device		
Gauge	1	System Pressure		08/06/2012
Inspector's Test	1"			08/06/2012
Air Compressor	1,	Automatic	Tank	08/06/2012
Pressure Switch	1 PS40-2A	Pressure Switch	Supervisory	08/06/2012
Waterflow Switch	1 PS40-2A	Pressure Switch	Alarm	08/06/2012
Quick Opening Device	1 SF8-889		CONTRACTOR NAME OF A STREET OF A	08/06/2012
Building- Wet Pipe, Buil	ding-			
Drain	1.	Main		08/06/2012
Gauge	1	Supply Pressure		08/06/2012
Gauge	1	System Pressure		08/06/2012
Waterflow Switch	1 VSR-F	Vane	Alarm	08/06/2012
Watermotor Gong	1			08/06/2012
p_{i}	a Alin Service	- 10 Years to 1.	i Years	
Building- Dry Pipe, Build	ding-			
Dry Pipe Valve	1 NXT-S/768	Flanged by Grooved	SECTION 1977 (1977 1877 1972 1977 1974 1974 1977 1977 1977 1977 1977 1977 1977 1977	08/06/2007

		Th Service	- 15 Years t	o 25 Years	
Building- Dry Pipe, B	ailding-				
Fire Dep't Connection	1	OSYSU-A1	Wall	No. 22 Proprietario de la composition della comp	10/06/1999
Tamper Switch	3	OSYSUA1	Lever	Supervisory	10/06/1999
Check Valve	1	Constitution of the contract of	Flanged		10/06/1999
Building-Wet Pipe, B	uilding-				Service K
Alarm Valve	1	F	Flanged		08/06/1999
		In Servic	e = 25 Years	or Older	
Building- Dry Pipe, Bi	uilding=				
Control Valve	1	DO SERVING AND VICE AND A SERVING	OS&Y	Main Control	10/06/1991
Building- Wet Pipe, B	ullding-				
Control Valve	3		OS&Y	Main Control	10/06/1991
Tamper Switch	11	OSYSU-A1	Lever	Supervisory	10/06/1991

Zone Address Report

Generated by: BuildingReports.com

Building: Mountagride of Raleig

The Zone Address Report lists all of the devices and items that have an individual address, or are grouped together under a common zone. The device type, location and description are included for your reference. For more information on the device, use the link provided under ScanID.

Additions	Device Type	+ Location + ++	Enylog	Scanible
		Control Pane		
Zone/	Address: Lil			
M11.	Tamper Switch	Riser room	Lever	45698219
M12	Tamper Switch	Riser room	Lever	45698211
M14&09	Pressure Switch	Riser room	Pressure Switch	45698216
M14&09	Waterflow Switch	Riser room	Pressure Switch	45698224
M16	Waterflow Switch	Riser room	Vane	45698221
M17	Tamper Switch	Ground Hot box	Lever	45698209
M18	Tamper Switch	Ground Hot box	Lever	45698207



Ailred Mechanical Services, Inc. PO Box 7663 Rocky Mount, NC 27804

SERVICE ORDER: WO-2367

INVOICE

Bill to:

MorningSide

Invoice Date: 11/16/2017

Morningside Assisted Living Attn: Accounts

Customer PO #: EX102417

Site: SD-06 Morningside Repairs

Payable Raleigh, NC 27607

Attention:

MomingSide

Morningside Assisted Living 801 Dixie Trail

Repairs

Raleigh, NC 27607

Work done description:

Repairs to exhaust fans per State. Changed left Ef motor and belt.

Changed 1st fir mech rm big ah pulley and belt.

Item	Description	Qty	Rate	Amount \$
SER- Service Labor	JC 10.24.17 Service Regular Labor	5.00	70.00	350.00 T
SER Other Part	BK 70 H PULLEY	1,00	36.94	36.94 T
SER Other Part	1-3/16 hub	1.00	29.21	29.21 T
SER Other Part	Exhuast motor	. 1.00	336,71	336.71 T
SER Other Part	b28 belt	1.00	12.10	12.10 T
SER Other Part	4l600 belt	1.00	16.11	16.11 T
SER Other Part	4l610 belt	1.00	16.11	16.11 T
			Sub Total:	797.18
		Tex (T):	7.25%	57.80
		Total Amount Due: 854		854.98

For questions please call 252-443-5659

All materials, parts and equipment are warranted by the manufacturer or suppliers written warranty only. All labor performed by AMS, Inc. is warranted for 90 days unless otherwise indicated in writing on work order or proposal. AMS, Inc. makes no other warranties expressed or implied and its agents and technicians are not authorized to make any such warranties on behalf of AMS. Inc.

A service charge of 1.5% per month (18% annual percentage rate) or the maximum rate permitted by applicable law, whichever is less, will be assessed on all overdue amounts.

JANUARY 1ST, 2017 TAX LAW CHANGES

!!!!!!!!SALES AND USE TAX---- AS OF January 1, 2017 N.C. GENERAL STATUTE 105-164,38(B) REQUIRES TAX TO BE COLLECTED ON ALL NON GOVERNMENTAL SERVICE CONTRACTS and N.C. General Statute 105-164.3 (33i) and 105-164.4 (a)(16) number SD-16-4 REQUIRES TAX TO BE COLLECTED ON THE GROSS RECEIPTS ON ALL SERVICE REPAIRS- NON GOVERNMENTAL!!!!!!!!!!!



Foregoing Proposal Accepted On:

PO Box 91297

Raleigh, NC 27675

Phone: 919-325-0180

Fax: 919-800-3745

info@callprogressive.com

Scheduled completion date 11/25/17

Proposal B37226

Job Name: Morningside Assisted Living- Labeling Job Location: Morningside Assisted Living	Contact Name /Ph. Number/ Email Vincent Torricelli 919-239-5785 vtorricelli@5ssl.com Proposed by:
Labeling Job Location:	919-239-5785 vtorricelli@5ssl.com
Job Location:	vtorricelli@5ssl.com
	Proposed by:
Morningside Assisted Living	rioposcu by.
Wierringside Assisted Living	Keith Foss
801 Dixie Trail	919-423-2354
Raleigh, NC 27607	kfoss@callprogressive.com
al panels. Must have two te s to do.	chnicians to check and mark all
er hour + tax for two technic	cians
	Raleigh, NC 27607 cal panels. Must have two tests to do.

All equipment, material, and installation unless otherwise noted shall bear a one year warranty from the date of installation again defects in workmanship and material. The title and right of possession to said equipment shall be and remain with Progressive Service Company, until all said indebtedness is fully paid at which time ownership shall pass on to the customer. In case of default in payment or foreclosure on said property, Progressive Service Company, may repossess said property without legal process and without liability for trespassing or damage to said property caused by the removal of said property, and this right shall be a continuing one and shall not be waived by Progressive Service Company, acceptance of partial payments on account or by Progressive Service Company, exercise of other legal rights.

Respectfully Submitted by Progressive Service Company

Signature	Date	Keith Foss Keith Foss (Electrical Manager).	11/19/2017 Date

Proposal

Scheduled. completion date 11124117

	1415 Babbage Lane Suit Indian Trail, NC 28079			
Proposal Submitted To: Morningside of Raleigh	Phone:	Other Phon	Other Phone:	
Address: 801 Dixle Trail Rd	E-Mail Address:	Fax Numbe	Fax Number	
City, State and Zip Code: Raleigh NC 27607	Job Location: Same	Date:11/17/2017		
	704.821.1828			
TIC COntracting		Proposal I	No:	
We herby submit specifications and esti	mates for: Quarry tile repair in Kitchen			
Price includes removal of Quarry til	e , floating of floor and install new C	uarry tile	\$2,500.00	
We propose herby to furnish material ar	nd labor complete in accordance with the	above specification	s, for the sum of	
Twenty Five Hundred dollars)_			dollars	
Payments to be made as follows:		the state of the s		
Any alternation or deviation from above become an extra change over and above control. Owner to carry fire, tornado and Compensation insurance.	ified. All work to be completed in a working specifications involving extra costs will be the estimate. All agreements contingen other necessary insurance. Our workers by us if not accepted within	e executed only upo it upon strikes, accid are fully covered by	n written orders, and will dents, or delays beyond our	

Acceptance of Proposal- The above prices, specifications and conditions are satisfactory and are herby accepted, you are authorized to do the work as speficied. Payment will be made as outlined above. Date of Acceptance: Signautre: