

**ADDENDUM NO. 1**  
**AND QUESTIONS & ANSWERS**

**Fire Alarm Maintenance, Monitoring, Inspection,  
Testing & Repair Services**

**Project No. PWD 26.401**

The additions, changes, and/or deletions contained in this ADDENDUM shall be made a part of the proposal solicitation documents for the above-referenced project, and shall be subject to all applicable requirements thereunder, as if originally shown and/or specified. It shall be the responsibility of the contractor to inform any affected sub-bidder of the content of this Addendum.

The Contract documents are modified/revised as follows:

**ADDENDUM:**

- 1) RFP PWD 26.401 under Contractor's License Classification it was incorrectly stated that the Contractor shall possess a valid C-16 license, the revised information is as follows:

The correct License Requirement shall be a C-10 (electrical) and for monitoring you must be a (ACO) Alarm Company Operator.

**QUESTIONS & ANSWERS:**

- 1) Can a sprinkler contractor be a subcontractor of the Fire Alarm Monitoring, testing and inspections Contractor?  
Yes a sprinkler contractor may be a subcontractor as long as licensing, permitting, and City AHJ requirements are satisfied, and each contractor performs only work within their authorized scope of work.
- 2) Can the City provide copies of the latest inspection reports?  
Yes, they will be included in this Addendum.
- 3) What types of monitoring are currently in place?  
The City currently utilizes both cellular and landline monitoring systems across its facilities.

- 4) Does the City own cellular transmitters?  
Yes, the City owns the cellular transmitters currently in service.
- 5) What will the new Fire Alarm panels be?  
The new panels will be Honeywell Notifier systems.
- 6) Are as-built drawings available from Engineering?  
As-Built drawings will not be available until the design phase has been completed and formally approved.
- 7) Please define NFPA 72 for clarity?  
NFPA 72, the *National Fire Alarm and Signaling Code*, is published by the National Fire Protection Association (NFPA). It establishes the minimum requirements for the installation, performance, inspection, testing, and maintenance of fire alarm systems, emergency communications systems, and related signaling systems.

NFPA 72 ensures that fire detection and alarm systems operate reliably and effectively to provide early warning of fire, protect occupants, and support emergency response operations. Local building codes typically require compliance with NFPA 72, which is essential to maintaining life-safety standards.

- 8) What is the total number of devices?  
The total device counts are included within the attached inspection reports. Please reference these documents for detailed quantities by facility and device type.

All other items of work in the contract document remain unchanged. Acknowledgement and a signed copy of this Addendum shall be included in the Bid Proposal.

*Daniel Villasenor*

\_\_\_\_\_  
Daniel Villasenor, Management Analyst

*David Luera*

\_\_\_\_\_  
David Luera  
Manager of Operations & Maintenance  
of Public Works

ACKNOWLEDGED:

Company \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

**Inspection, Testing, and Maintenance Cover Sheet  
NFPA25 as amended by CCR, Title 19**

**Property Information:**

Name:	<u>C.O.P. Civic Center</u>	Occupancy/Use:	_____
Address:	<u>123 Main St</u>	Construction Type:	_____
City:	<u>Pleasanton, CA.</u>	No. Stories:	<u>1</u>
ZIP:	<u>94466</u>	Year Constructed:	_____
Contact:	<u>Steve</u>		
Telephone:	<u>925-931-5584</u>		



**Contractor Information:**

**Number of System Risers**

Name:	<u>Tri-Signal Integration Inc.</u>
Address:	<u>530 McCormick St</u>
City:	<u>San Leandro</u>
State:	<u>CA.</u>
Telephone:	<u>(510) 357-3700</u>
CA License#:	<u>758792</u>
Job #:	<u>22-1002-40</u>
Performed by:	<u>Nico Navarro</u>

**Copy sent to:**

<input checked="" type="checkbox"/> Owner	Date:	<u>04/15/25</u>
<input type="checkbox"/> Fire AHJ	Date:	_____
<input type="checkbox"/> Contractor	Date:	_____

**NOTES:**

1) For specific inspection, testing, and maintenance requirements and information, see NFPA 25, 2011 Edition as amended by California Code of Regulations, Title 19, §901 to §906.

2) Inspection items may be performed by the owner in accordance with California Code of Regulations, Title 19, §904.1(a)

**Check box for each system inspected and enter the number of forms used for inspection.  
Check boxes (Fail or Pass) to indicate status of inspected system at end of inspection.**

Forms Included with this Report	NFPA 25 Chapter	Number of Forms	N/A	Fail*	Pass
<input checked="" type="checkbox"/> Automatic Sprinkler System	5	0	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> Standpipe and Hose System	6	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Private Water Supply System	7	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Fire Pump	8	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Water Storage Tank	9	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Water Spray System	10	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Foam Water Sprinkler System	11	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Water Mist System	12	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Concerns that are not deficiencies (i.e. Non-Sprinklered Areas)				<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

\*See "Deficiencies and Comments" section at end of each respective form.

<b>Property Information</b>		<b>Contractor or Licensed Owner Information</b>
Building Name C.O.P. Civic Center		Name Tri Signal Integration Inc.
Address 123 Main St		Address 530 McCormick St.
City Pleasanton, CA, 94566	License #	City San Leandro St. CA Zip 94577
Contact Person	<input type="checkbox"/> SFM	Phone 510-357-3700
Steve	<input checked="" type="checkbox"/> CSLB 758792	Job #21-1002-40
		Misc.

Riser Information			Main Drain Test (Annual)				
Riser No.	Location	Riser Diameter	Main Drain Diameter	Initial Static Pressure	Residual Pressure	Final Static Pressure	P,F,N/A
1	Outside Closet Behind Building	4"	2"	90	40	85	P

This building has more than 5 risers. See additional AES 2.9 form attached      Number of AES 2.9 forms attached

Quarterly Inspections							
I = Inspection    T = Test    M = Maintenance			P = Pass    F = Fail    N/A = Not Applicable				
Item		Description	NFPA 25 CA ed. Reference	Date 04/15/25	Date	Date	Date
1.1	I	Control Valves – Identification Sign	13.3.1	P			
1.2	I	Control Valves – Inspection	13.3.2	P			
1.3	I	Waterflow Alarm Devices	5.2.5	P			
1.4	I	Supervisory Devices	5.2.5	P			
1.5	I	Gauges (Wet Pipe Systems)	5.2.4.1	P			
1.6	I	Enter Water Supply Pressure Below Riser Check	5.2.4.1	psi	psi	psi	psi
1.7	I	Enter Water Supply Pressure Above Riser Check	5.2.4.1	90 psi	psi	psi	psi
1.8	I	Pressure Readings Acceptable	5.2.4.1	P			
1.9	I	Hydraulic Design Information Sign <i>(for hydraulically designed systems)</i>	5.2.6	N/A			
1.10	I	General Information Sign <i>(not required for system prior to 2007 edition of NFPA 13)</i>	5.2.8	P			
1.11	I	Heat Tape	5.2.7	N/A			
1.12	I	Spare Sprinklers	5.2.1.4	P			
1.13	I	Fire Department Connections	13.7	P			
1.14	I	Alarm Valves – Exterior Inspection	13.4.1	P			
1.15	I	Pressure Reducing Valves	13.5.1.1	N/A			
1.16	I	Backflow Preventers	13.6.1	N/A			
1.17	I	Small Hose Connections - Hose Valve*	5.1.6, 13.5.2 13.5.5.1	P			
1.18	I	PRV – Fire Sprinkler Systems	13.5.1.1	P			

\* Small hose connections are hose valves and optional hose supplied by the fire sprinkler system. They do not include Class I, II, or III standpipe systems.







**TRI•SIGNAL**  
**INTEGRATION, INC.**

**FIRE ALARM**  
**LIFE SAFETY SYSTEM INSPECTION**  
**Annual**

Inspection Date: 4/15/2025

PREPARED FOR:

C.O.P. City Hall  
200 Old Bernal Ave.  
Plesanton, CA, 94566

This system, as specified herein, has been inspected and tested according to all NFPA standards cited herein.

Corporate Office  
Tri Signal Integration, Inc.  
15853 Monte St. Suite 101  
Sylmar, CA. 91342  
(818) 566-8558

## Fire Alarm Test and Inspection Record

Branch # 40 - San Francisco	Inspector Name Nico Navarro	Certification No. 758792.00	Date: 4/15/2025	Testing Interval <b>Annual</b>
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Property Information	Testing Contractor Information
Site Name: <u>C.O.P. City Hall</u>	Name: <u>Tri Signal Integration, Inc.</u> License: CA #758792
Address: <u>200 Old Bernal Rd.</u>	Address: <u>530 McCormick Street</u>
City,St,Zip: <u>Pleasanton, CA, 94566</u>	City,St,Zip: <u>San Leandro, CA, 94577</u>
Phone: <u>(925)437-3607</u> Fax: _____	Phone: <u>(510) 357-3700</u> Fax: <u>(510) 352-2379</u>
Contact: <u>Steve</u> Email: _____	Contact: <u>Steve Oderwald</u> Email: <a href="mailto:soderwald@tri-signal.com">soderwald@tri-signal.com</a>

**Pre-test System Status**

Normal     Impaired    Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### Notifications Made Prior to Testing

Central Station Monitoring: <u>Tri Signal Integration</u> Phone: <u>(800)975-2405</u> Account #: <u>XM1-4988</u> <input type="checkbox"/> Notified Time: <u>8:00 A.M.</u>	
Building Management: <u>Steve</u> <input type="checkbox"/> Notified Time: <u>8:00A.M.</u>	
Building Occupants: _____ <input type="checkbox"/> Notified Time: <u>8:00A.M.</u>	
Authority Having Jurisdiction: <u>L.P.F.D</u> <input type="checkbox"/> Notified Time: <u>N/A</u>	
Others, if required: _____ <input type="checkbox"/> Notified Time: _____	

### Executive Summary

**1. Testing Description**

1.1. - Control Equipment:  
 Control Equipment has been tested to verify correct receipt of alarm, supervisory, and trouble signals; operation of evacuation signals and auxiliary functions; circuit supervision, including detection of open circuits and ground faults; and power supervision for loss of AC power and disconnection of secondary batteries.

1.2 - Initiating devices:  
 Initiating devices, including smoke detectors, duct detectors, heat detectors, waterflow switches and tamper switches have been tested for proper operation according to manufacturers recommendation and NFPA guidelines.

1.3 - Indicating and Auxiliary Appliances:  
 Indicating and auxiliary devices, including speaker strobes, strobes, hornstrobe remote annunciator, and auxiliary control functions have been tested for proper operation according to manufacturers recommendation and NFPA guidelines.

**2. Building Description:**



W.O.#

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<b>Property Information</b>		<b>Testing Contractor Information</b>		
Site Name: <u>C.O.P. City Hall</u>		Name: <u>Tri Signal Integration, Inc.</u>		License: <u>CA #758792</u>
Address: <u>200 Old Bernal Rd.</u>		Address: <u>530 McCormick Street</u>		





W.O.#

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<p align="center"><b>Property Information</b></p> <p>Site Name: <u>C.O.P. City Hall</u></p> <p>Address: <u>200 Old Bernal Rd.</u></p>	<p align="center"><b>Testing Contractor Information</b></p> <p>Name: <u>Tri Signal Integration, Inc.</u> License: <u>CA #758792</u></p> <p>Address: <u>530 McCormick Street</u></p>
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**System Power**

**4.1 - Control Unit**

**4.1.1 - Primary Power**

Location of Breaker: Electric Rm Panel F Circuit 25

Input voltage of control panel: 120V Control Panel Amps: 20Amp

**4.1.2 - Engine-Driven Generator**  This system does not have a generator.

Location of Generator: \_\_\_\_\_

Location of storage fuel: \_\_\_\_\_ Type of Fuel: \_\_\_\_\_

**4.1.3 - Uninterruptable Power System**  This system does not have a UPS.

Equipment powered by UPS system: \_\_\_\_\_

Location of UPS system: \_\_\_\_\_

Calculated capacity of UPS batteries to drive the system components connected to it:

In standby mode (hours): \_\_\_\_\_ In Alarm mode (minutes): \_\_\_\_\_

**4.1.4 - Batteries**

Location of Batteries: Inside Panel Type: Sealed Lead Acid Nominal Voltage: 12V

Calculated capacity of the batteries to drive the system: \_\_\_\_\_ Amp/hour rating: 7AH

In standby mode (hours): 24 Hours In Alarm mode (minutes): 15 Minutes

Batteries are marked with date of manufacture.

**4.2 - In-Building Fire Emergency Voice Alarm Communication System or Mass Notification System**

This system does not have an EVACS or MNS System

**4.2.1 - Primary Power**

Location of Breaker: \_\_\_\_\_

Input voltage of control panel: \_\_\_\_\_ Control Panel Amps: \_\_\_\_\_

**4.2.2 - Engine-Driven Generator**  This system does not have a generator.

Location of Generator: \_\_\_\_\_

Location of storage fuel: \_\_\_\_\_ Type of Fuel: \_\_\_\_\_

**4.2.3 - Uninterruptable Power System**  This system does not have a UPS.

Equipment powered by UPS system: \_\_\_\_\_

Location of UPS system: \_\_\_\_\_

Calculated capacity of UPS batteries to drive the system components connected to it:

In standby mode (hours): \_\_\_\_\_ In Alarm mode (minutes): \_\_\_\_\_

**4.2.4 - Batteries**  Batteries are marked with date of manufacture. Date: \_\_\_\_\_

Location of Batteries: \_\_\_\_\_ Type: \_\_\_\_\_ Nominal Voltage: \_\_\_\_\_

Calculated capacity of the batteries to drive the system: \_\_\_\_\_ Amp/hour rating: \_\_\_\_\_

In standby mode (hours): \_\_\_\_\_ In Alarm mode (minutes): \_\_\_\_\_



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**System Power - continued**

**4.3 - Notification Appliance Power Extender**

This system does not have power extender panels Enter quantity of extender panels: \_\_\_\_\_

**4.3.1 - Primary Power**

Location of Breaker: \_\_\_\_\_

Input voltage of control panel: \_\_\_\_\_ Control Panel Amps: \_\_\_\_\_

**4.3.2 - Engine-Driven Generator**

This system does not have a generator.

Location of Generator: \_\_\_\_\_

Location of storage fuel: \_\_\_\_\_ Type of Fuel: \_\_\_\_\_

**4.3.3 - Uninterruptable Power System**

This system does not have a UPS.

Equipment powered by UPS system: \_\_\_\_\_

Location of UPS system: \_\_\_\_\_

Calculated capacity of UPS batteries to drive the system components connected to it:

In standby mode (hours): \_\_\_\_\_ In Alarm mode (minutes): \_\_\_\_\_

Batteries are marked with date of manufacture.

**4.3.4 - Batteries**

Date: \_\_\_\_\_

Location of Batteries: \_\_\_\_\_ Type: \_\_\_\_\_ Nominal Voltage: \_\_\_\_\_

Calculated capacity of the batteries to drive the system: \_\_\_\_\_ Amp/hour rating: \_\_\_\_\_

In standby mode (hours): \_\_\_\_\_ In Alarm mode (minutes): \_\_\_\_\_

**Annunciators**

**5.1 - Location & Description of Annunciators**

This system does not have annunciators

Annunciator 1: Front Entrance

Annunciator 2: \_\_\_\_\_

Annunciator 3: \_\_\_\_\_

Annunciator 4: \_\_\_\_\_

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### Testing Results

7.1 Control Unit and Related Equipment					7.2 Control Unit Power Supplies				
	Visual	Functional	Pass/Fail	Comments		Visual	Functional	Pass/Fail	Comments
Control Unit	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pass		120-volt Power	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pass	
Lamps/LEDs/LCDs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pass		Generator or UPS	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Fuses	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pass		Battery Condition	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/a	
Trouble Signals	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Fail		Load Voltage	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/a	
Disconnect Switches	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pass		Discharge Test	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/a	
Ground Fault Monitoring	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pass		Charger Test	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/a	
Panel Supervision	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pass		Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>		
Local Annunciator	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pass						
Remote Annunciators	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pass						
Power Extender Panels	<input checked="" type="checkbox"/>	<input type="checkbox"/>	N/a						
Isolation Modules	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pass						
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>							

7.3 In-Building Fire Emergency Voice Alarm					7.4 Notification Appliance Power Extender Panels				
	Visual	Functional	Pass/Fail	Comments		Visual	Functional	Pass/Fail	Comments
Control Unit	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Lamps/LEDs/LCDs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/a	
Lamps/LEDs/LCDs	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Fuses	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/a	
Fuses	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Primary Power Supply	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/a	
Trouble Signals	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Secondary Power	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/a	
Disconnect Switches	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Trouble Signals	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/a	
Ground Fault Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Ground Fault Monitoring	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/a	
Panel Supervision	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Panel Supervision	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/a	
Primary Power Supply	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>		
Secondary Power	<input type="checkbox"/>	<input type="checkbox"/>	N/A						
System Performance	<input type="checkbox"/>	<input type="checkbox"/>	N/A						
Sound Pressure Levels	<input type="checkbox"/>	<input type="checkbox"/>	N/A						
Occupied <input type="checkbox"/> Yes		Ambient dBA	<u>N/A</u>						
<input type="checkbox"/> No		Alarm dBA	<u>N/A</u>						
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	N/A						
System Intelligibility	<input type="checkbox"/>	<input type="checkbox"/>	N/A						
	<input type="checkbox"/> CSI	(attach report with location, values and weather conditions)							
	<input type="checkbox"/> STI								

## Fire Alarm Test and Inspection Record

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<b>Property Information</b>  Site Name: <u>C.O.P. City Hall</u> Address: <u>200 Old Bernal Rd.</u>	<b>Testing Contractor Information</b>  Name: <u>Tri Signal Integration, Inc.</u> License: CA #758792 Address: <u>530 McCormick Street</u>
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### Testing Results - continued

7.5 Mass Notification Equipment					7.6 Two-Way Communications Equipment				
	Visual	Functional	Pass/Fail	Comments		Visual	Functional	Pass/Fail	Comments
Functional Test	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Phone handsets	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Reset/power down test	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Phone jacks	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Fuses	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Off-hook indicator	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Primary Power Supply	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Call-in signals	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
UPS Power Test	<input type="checkbox"/>	<input type="checkbox"/>	N/A		System Performance	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Trouble Signals	<input type="checkbox"/>	<input type="checkbox"/>	N/A		System Audibility	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Disconnect Switches	<input type="checkbox"/>	<input type="checkbox"/>	N/A		System Intelligibility	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Ground Fault Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Radio communications enhancement system	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
CCU Security Mechanism	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Area of refuge communication System	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Recorded Message Content	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Elevator emergency communication system	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Message Activation	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>		
Software backup performed	<input type="checkbox"/>	<input type="checkbox"/>	N/A		<b>7.7 Combination Systems</b>				
Test backup software	<input type="checkbox"/>	<input type="checkbox"/>	N/A			Visual	Functional	Pass/Fail	Comments
Fire Alarm to MNS interface	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Fire Extinguishing monitoring devices	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
In-bldg MNS to wide-area MNS	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Carbon Monoxide detection system	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
MNS to direct recipient MNS	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Combination Fire/Security system	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Sound Pressure Levels	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>		
Occupied <input type="checkbox"/> Yes <input type="checkbox"/> No		Ambient dBA	N/A		<b>7.8 Special Hazard Systems</b>				
		Alarm dBA	N/A			Visual	Functional	Pass/Fail	Comments
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	N/A						
System Intelligibility	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Simulated Operation	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
<input type="checkbox"/> CSI (attach report with location, values and weather conditions)					Ensure predischage notification appliances of special hazard systems are not overridden by the MNS.	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
<input type="checkbox"/> STI					<b>7.9 Emergency Communications System</b>				
<b>7.8 Special Hazard Systems</b>									
Description	Visual	Functional	Pass/Fail	Comments	<b>7.9 Emergency Communications System</b>				
	<input type="checkbox"/>	<input type="checkbox"/>	N/A						
	<input type="checkbox"/>	<input type="checkbox"/>	N/A						
	<input type="checkbox"/>	<input type="checkbox"/>	N/A						
	<input type="checkbox"/>	<input type="checkbox"/>	N/A						

## Fire Alarm Test and Inspection Record

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### Testing Results - continued

7.10 Monitored Systems					7.11 Auxilliary Functions				
	Visual	Functional	Pass/Fail	Comments		Visual	Functional	Pass/Fail	Comments
Engine-driven generator	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Door releasing devices	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Fire Pump	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Fan Shutdown	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Special Suppression systems	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Smoke Management Smoke Control	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>			Smoke Damper Operation	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
7.12 Alarm Initiating Devices					Smoke shutter release	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
<input checked="" type="checkbox"/> Device test results sheet attached listing all devices tested and results of the test.					Door unlocking	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
7.13 Supervisory Alarm Initiating Devices					Elevator recall	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
<input checked="" type="checkbox"/> Device test results sheet attached listing all devices tested and results of the test.					Elevator shunt trip	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
7.14 Alarm Notification Appliances					MNS override of FA signals	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
<input type="checkbox"/> Impaired Alarm Notification test results are provided on the deficiencies list.					Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>		

### Device Summary - (See Attached Detail List)

Device Summary - (See Attached Detail List)					7.15 Supervisory Station Monitoring			
	System Devices	Tested	Passed	Failed	Description	Yes	No	Pass/Fail
Smoke Detector:	19	19	19	0	Alarm Signals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fail
Heat Detector:	0	0	0	0	Alarm restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pass
Duct Detector:	0	0	0	0	Trouble signals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fail
Manual Pull Station:	5	5	5	0	Trouble restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pass
Waterflow Switch:	1	1	1	0	Supervisory signals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pass
Tamper Switch:	1	1	1	0	Supervisory restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pass
Other Initiating Devices:	0	0	0	0				
Totals:	26	26	26	0				
Testing Results this Period:		100%	100%	100%				



W.O.#

**Fire Alarm  
Test and Inspection Record**

Branch # 40 - San Francisco	Inspector Name Nico Navarro	Certification No. 758792.00	Date: 4/15/2025	Testing Interval <b>Annual</b>
--------------------------------	--------------------------------	--------------------------------	-----------------	-----------------------------------

<p align="center"><b>Property Information</b></p> <p>Site Name: <u>C.O.P. City Hall</u></p> <p>Address: <u>200 Old Bernal Rd.</u></p>	<p align="center"><b>Testing Contractor Information</b></p> <p>Name: <u>Tri Signal Integration, Inc.</u> License: <u>CA #758792</u></p> <p>Address: <u>530 McCormick Street</u></p>
---	---

**Notifications That Testing is Complete**

<p>Central Station Monitoring: <u>Tri Signal Integration</u></p> <p>Account #: <u>XM1-4988</u></p>	<p>Phone: <u>(800)975-2405</u></p> <p><input type="checkbox"/> Notified Time: <u>12:00P.M.</u></p>
<p>Building Management: <u>Steve</u></p> <p>Building Occupants: <u>Neil</u></p> <p>Authority Having Jurisdiction: <u>L.PF.D.</u></p> <p>Others, if required: _____</p>	<p><input type="checkbox"/> Notified Time: <u>12:00P.M.</u></p> <p><input type="checkbox"/> Notified Time: <u>12:00P.M.</u></p> <p><input type="checkbox"/> Notified Time: <u>N/A</u></p> <p><input type="checkbox"/> Notified Time: _____</p>

**Post System Status:**    Normal     Impaired    Notes: (If System left Impaired)

System Retored:         \_\_\_\_\_

Date: 04/15/25                      Time: 12:00P.M.

**Certification**

**10.1 - Inspector Certification:**

This system, as specified herein, has been inspected and tested according to all NFPA standards cited herein.

Signed:  \_\_\_\_\_  
Nico Navarro    Tri Signal Integration, Inc.

Date: 4/15/25 \_\_\_\_\_

**10.2 - Accepted by Owner or Owner's Representative:**

The undersigned has a service contract for this system in effect as of the date shown below.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Name: C.O.P. City Hall  
 Address: 200 Old Bernal Ave.  
 City,St,Zip: Plesanton, CA, 94566  
 Contact: Steve

Date Tested: 4/15/2025

## INSPECTION RECORD

DEVICE TYPES							
SD-Smoke Detector, HD-Heat Detector, DD-Duct Detector, MS-Manual Pull Station, WF-Water Flow Switch, TS-Valve Tamper Switch, OD-Other Initiating Device							
DEVICE	LOOP	ADDR.	DEVICE TYPE	FLOOR	DEVICE LABEL	Pass/Fail	DEVICE COMMENTS
1	001	009	MS	01	Entry Lobby	Pass	
2	001	010	MS	01	CRDR Exit	Pass	
3	001	011	MS	01	CRDR Traffic comp.	Pass	
4	001	012	MS	01	Exit Engineering	Pass	
5	001	013	MS	01	CRDR Exit Off Rm 143	Pass	
6	001	098	TS	01	Riser Closet	Pass	
7	001	099	WF	01	Riser Closet	Pass	
8	001	003	SD	01	Front Entry	Pass	
9	001	005	SD	01	Utility Closet	Pass	
10	001	006	SD	01	Above Info Center	Pass	
11	001	007	SD	01	Open Area	Pass	
12	001	008	SD	01	Office 111	Pass	
13	001	009	SD	01	Office Permit Center	Pass	
14	001	010	SD	01	Building Dept	Pass	
15	001	011	SD	01	Break Area	Pass	
16	001	012	SD	01	Open Office Area	Pass	
17	001	014	SD	01	Office 135	Pass	
18	001	015	SD	01	Flex 117	Pass	
19	001	017	SD	01	Office 113	Pass	
20	001	018	SD	01	Engineering Dept	Pass	
21	001	019	SD	01	Traffic Emp Rm	Pass	
22	001	020	SD	01	Lunch Rm	Pass	
23	001	021	SD	01	Office 142	Pass	



W.O.#

Name: C.O.P. City Hall  
 Address: 200 Old Bernal Ave.  
 City,St,Zip: Plesanton, CA, 94566  
 Contact: Steve

SYSTEM DEFECTS FOUND

NO SYSTEM DEFECTS FOUND

Date Tested: 4/28/2023

**DEFICIENCIES REPORT**

GRAY AREA SHALL BE FILLED OUT BY CERTIFIED TESTER PERFORMING RETEST

	Description of Deficiencies	Location	RETEST ONLY
1	front annunciator was dead	front door	<input type="checkbox"/> PASS
2	lobby strobes and horns didn't go off	front area of city hall	<input type="checkbox"/> PASS
3			<input type="checkbox"/> PASS
4			<input type="checkbox"/> PASS
5			<input type="checkbox"/> PASS
6			<input type="checkbox"/> PASS
7			<input type="checkbox"/> PASS
8			<input type="checkbox"/> PASS
9			<input type="checkbox"/> PASS
10			<input type="checkbox"/> PASS
11			<input type="checkbox"/> PASS
12			<input type="checkbox"/> PASS
13			<input type="checkbox"/> PASS
14			<input type="checkbox"/> PASS
15			<input type="checkbox"/> PASS
16			<input type="checkbox"/> PASS
17			<input type="checkbox"/> PASS
18			<input type="checkbox"/> PASS
19			<input type="checkbox"/> PASS
20			<input type="checkbox"/> PASS
21			<input type="checkbox"/> PASS
22			<input type="checkbox"/> PASS
23			<input type="checkbox"/> PASS

**RETEST PERFORMED BY:**

**Retester's Name:** \_\_\_\_\_

**Retester's Signature:** \_\_\_\_\_

**Certification #:** \_\_\_\_\_

**Retest Date:** \_\_\_\_\_

**Inspection, Testing, and Maintenance Cover Sheet  
NFPA25 as amended by CCR, Title 19**

**Property Information:**

Name:	<u>Pleasanton City Hall</u>	Occupancy/Use:	_____
Address:	<u>200 Old Bernal Rd.</u>	Construction Type:	_____
City:	<u>Pleasanton, CA.</u>	No. Stories:	_____
ZIP:	<u>94566</u>	Year Constructed:	_____
Contact:	_____		
Telephone:	<u>-</u>		



**Contractor Information:**

**Number of System Risers**

Name:	<u>Tri-Signal Integration Inc.</u>
Address:	<u>350 McCormick St</u>
City:	<u>San Leandro</u>
State:	<u>CA</u>
Telephone:	<u>(510) 357-3700</u>
CA License#:	<u>758792</u>
Job #:	<u>21-1002-40</u>
Performed by:	<u>Nico Navarro</u>

**Copy sent to:**

<input type="checkbox"/> Owner	Date:	<u>04/15/25</u>
<input type="checkbox"/> Fire AHJ	Date:	_____
<input type="checkbox"/> Contractor	Date:	_____

**NOTES:**

1) For specific inspection, testing, and maintenance requirements and information, see NFPA 25, 2011 Edition as amended by California Code of Regulations, Title 19, §901 to §906.

2) Inspection items may be performed by the owner in accordance with California Code of Regulations, Title 19, §904.1(a)

**Check box for each system inspected and enter the number of forms used for inspection.  
Check boxes (Fail or Pass) to indicate status of inspected system at end of inspection.**

Forms Included with this Report	NFPA 25 Chapter	Number of Forms	N/A	Fail*	Pass
<input checked="" type="checkbox"/> Automatic Sprinkler System	5	1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Standpipe and Hose System	6	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Private Water Supply System	7	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Fire Pump	8	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Water Storage Tank	9	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Water Spray System	10	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Foam Water Sprinkler System	11	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Water Mist System	12	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Concerns that are not deficiencies (i.e. Non-Sprinklered Areas)				<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

\*See "Deficiencies and Comments" section at end of each respective form.

<b>Property Information</b>		<b>Contractor or Licensed Owner Information</b>
Building Name Pleasanton City Hall		Name Tri-Signal Integration Inc.
Address		Address 530 McCormick St.
200 Old Bernal Ave.		City San Leandro St. CA Zip 94577
City Pleasanton, CA, 94566	License #	Phone 5103573700
Contact Person	<input type="checkbox"/> SFM	Job #21-1002-40
	<input checked="" type="checkbox"/> CSLB 758792	Misc.

Riser Information			Main Drain Test (Annual)				
Riser No.	Location	Riser Diameter	Main Drain Diameter	Initial Static Pressure	Residual Pressure	Final Static Pressure	P,F,N/A
1	rear exterior of building	4"	2"	70	50	65	P

This building has more than 5 risers. See additional AES 2.9 form attached      Number of AES 2.9 forms attached

Quarterly Inspections							
I = Inspection    T = Test    M = Maintenance			P = Pass    F = Fail    N/A = Not Applicable				
Item		Description	NFPA 25 CA ed. Reference	Date 04/15/25	Date	Date	Date
1.1	I	Control Valves – Identification Sign	13.3.1	F			
1.2	I	Control Valves – Inspection	13.3.2	P			
1.3	I	Waterflow Alarm Devices	5.2.5	P			
1.4	I	Supervisory Devices	5.2.5	P			
1.5	I	Gauges (Wet Pipe Systems)	5.2.4.1	P			
1.6	I	Enter Water Supply Pressure Below Riser Check	5.2.4.1	65 psi	psi	psi	psi
1.7	I	Enter Water Supply Pressure Above Riser Check	5.2.4.1	65 psi	psi	psi	psi
1.8	I	Pressure Readings Acceptable	5.2.4.1	P			
1.9	I	Hydraulic Design Information Sign <i>(for hydraulically designed systems)</i>	5.2.6	NA			
1.10	I	General Information Sign <i>(not required for system prior to 2007 edition of NFPA 13)</i>	5.2.8	NA			
1.11	I	Heat Tape	5.2.7	NA			
1.12	I	Spare Sprinklers	5.2.1.4	F			
1.13	I	Fire Department Connections	13.7	P			
1.14	I	Alarm Valves – Exterior Inspection	13.4.1	P			
1.15	I	Pressure Reducing Valves	13.5.1.1	NA			
1.16	I	Backflow Preventers	13.6.1	NA			
1.17	I	Small Hose Connections - Hose Valve*	5.1.6, 13.5.2 13.5.5.1	NA			
1.18	I	PRV – Fire Sprinkler Systems	13.5.1.1	NA			

\* Small hose connections are hose valves and optional hose supplied by the fire sprinkler system. They do not include Class I, II, or III standpipe systems.







**TRI•SIGNAL**  
**INTEGRATION, INC.**

**FIRE ALARM**  
**LIFE SAFETY SYSTEM INSPECTION**  
**Annual**

Inspection Date: 4/15/2025

PREPARED FOR:

Veterans Center C.O.P.  
301 Main St.  
Pleasanton, CA, 94566

This system, as specified herein, has been inspected and tested according to all NFPA standards cited herein.

Corporate Office  
Tri Signal Integration, Inc.  
15853 Monte St. Suite 101  
Sylmar, CA. 91342  
(818) 566-8558

## Fire Alarm Test and Inspection Record

 W.O.# 

Branch # 40 - San Francisco	Inspector Name Nico Navarro	Certification No. 758792.00	Date: 4/15/2025	Testing Interval <b>Annual</b>
--------------------------------	--------------------------------	--------------------------------	-----------------	-----------------------------------

Property Information	Testing Contractor Information
Site Name: <u>Veterans Center C.O.P.</u>	Name: <u>Tri Signal Integration, Inc.</u> License: CA #758792
Address: <u>301 Main St.</u>	Address: <u>530 McCormick Street</u>
City, St, Zip: <u>Pleasanton, CA, 94566</u>	City, St, Zip: <u>San Leandro, CA, 94577</u>
Phone: <u>(925) 437-3607</u> Fax: _____	Phone: <u>(510) 357-3700</u> Fax: <u>(510) 352-2379</u>
Contact: <u>Steve</u> Email: _____	Contact: <u>Steve Oderwald</u> Email: <u>soderwald@tri-signal.com</u>

**Pre-test System Status**

Normal   
  Impaired   
 Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### Notifications Made Prior to Testing

Central Station Monitoring: <u>Tri Signal Integration</u> Account #: <u>XM1-9440</u>	Phone: <u>800-975-2405</u> <input type="checkbox"/> Notified Time: <u>11:00 A.M.</u>
Building Management: <u>Steve</u> Building Occupants: <u>Dennis</u>	<input type="checkbox"/> Notified Time: <u>N/A</u> <input type="checkbox"/> Notified Time: <u>11:00A.M.</u>
Authority Having Jurisdiction: <u>Livermore-Pleasanton Fire Department</u> Others, if required: _____ 94566	<input type="checkbox"/> Notified Time: <u>N/A</u> <input type="checkbox"/> Notified Time: _____

### Executive Summary

**1. Testing Description**

1.1. - Control Equipment:  
 Control Equipment has been tested to verify correct receipt of alarm, supervisory, and trouble signals; operation of evacuation signals and auxiliary functions; circuit supervision, including detection of open circuits and ground faults; and power supervision for loss of AC power and disconnection of secondary batteries.

1.2 - Initiating devices:  
 Initiating devices, including smoke detectors, duct detectors, heat detectors, waterflow switches and tamper switches have been tested for proper operation according to manufacturers recommendation and NFPA guidelines.

1.3 - Indicating and Auxiliary Appliances:  
 Indicating and auxiliary devices, including speaker strobes, strobes, hornstrobe remote annunciator, and auxiliary control functions have been tested for proper operation according to manufacturers recommendation and NFPA guidelines.

**2. Building Description:**  
 building is protected by a fire life safety system





W.O.#

**Fire Alarm  
Test and Inspection Record**

Branch # 40 - San Francisco	Inspector Name Nico Navarro	Certification No. 758792.00	Date: 4/15/2025	Testing Interval <b>Annual</b>
--------------------------------	--------------------------------	--------------------------------	-----------------	-----------------------------------

<p align="center"><b>Property Information</b></p> <p>Site Name: <u>Veterans Center C.O.P.</u></p> <p>Address: <u>301 Main St.</u></p>	<p align="center"><b>Testing Contractor Information</b></p> <p>Name: <u>Tri Signal Integration, Inc.</u> License: CA #758792</p> <p>Address: <u>530 McCormick Street</u></p>
---	--

**System Power**

**4.1 - Control Unit**

**4.1.1 - Primary Power** Location of Breaker: Electric Panels In hallway

Input voltage of control panel: 120V Control Panel Amps: 20 Amp

**4.1.2 - Engine-Driven Generator**  This system does not have a generator.

Location of Generator: \_\_\_\_\_

Location of storage fuel: \_\_\_\_\_ Type of Fuel: \_\_\_\_\_

**4.1.3 - Uninterruptable Power System**  This system does not have a UPS.

Equipment powered by UPS system: \_\_\_\_\_

Location of UPS system: \_\_\_\_\_

Calculated capacity of UPS batteries to drive the system components connected to it:

In standby mode (hours): \_\_\_\_\_ In Alarm mode (minutes): \_\_\_\_\_

**4.1.4 - Batteries**

Location of Batteries: FACP Type: Sealed Lead Acid Nominal Voltage: 12volt

Calculated capacity of the batteries to drive the system: Amp/hour rating: 7Ah

In standby mode (hours): 24 Hours In Alarm mode (minutes): 15 Minutes

Batteries are marked with date of manufacture.

**4.2 - In-Building Fire Emergency Voice Alarm Communication System or Mass Notification System**

This system does not have an EVACS or MNS System

**4.2.1 - Primary Power** Location of Breaker: \_\_\_\_\_

Input voltage of control panel: \_\_\_\_\_ Control Panel Amps: \_\_\_\_\_

**4.2.2 - Engine-Driven Generator**  This system does not have a generator.

Location of Generator: \_\_\_\_\_

Location of storage fuel: \_\_\_\_\_ Type of Fuel: \_\_\_\_\_

**4.2.3 - Uninterruptable Power System**  This system does not have a UPS.

Equipment powered by UPS system: \_\_\_\_\_

Location of UPS system: \_\_\_\_\_

Calculated capacity of UPS batteries to drive the system components connected to it:

In standby mode (hours): \_\_\_\_\_ In Alarm mode (minutes): \_\_\_\_\_

**4.2.4 - Batteries**  Batteries are marked with date of manufacture. Date: \_\_\_\_\_

Location of Batteries: \_\_\_\_\_ Type: \_\_\_\_\_ Nominal Voltage: \_\_\_\_\_

Calculated capacity of the batteries to drive the system: Amp/hour rating: \_\_\_\_\_

In standby mode (hours): \_\_\_\_\_ In Alarm mode (minutes): \_\_\_\_\_

## Fire Alarm Test and Inspection Record

 W.O.# 

Branch # 40 - San Francisco	Inspector Name Nico Navarro	Certification No. 758792.00	Date: 4/15/2025	Testing Interval <b>Annual</b>
--------------------------------	--------------------------------	--------------------------------	-----------------	-----------------------------------

<b>Property Information</b>	<b>Testing Contractor Information</b>
Site Name: <u>Veterans Center C.O.P.</u>	Name: <u>Tri Signal Integration, Inc.</u> License: CA #758792
Address: <u>301 Main St.</u>	Address: <u>530 McCormick Street</u>

**System Power - continued**
**4.3 - Notification Appliance Power Extender**
 This system does not have power extender panels Enter quantity of extender panels: \_\_\_\_\_
**4.3.1 - Primary Power**

Location of Breaker: \_\_\_\_\_

Input voltage of control panel: \_\_\_\_\_ Control Panel Amps: \_\_\_\_\_

**4.3.2 - Engine-Driven Generator**
 This system does not have a generator.

Location of Generator: \_\_\_\_\_

Location of storage fuel: \_\_\_\_\_ Type of Fuel: \_\_\_\_\_

**4.3.3 - Uninterruptable Power System**
 This system does not have a UPS.

Equipment powered by UPS system: \_\_\_\_\_

Location of UPS system: \_\_\_\_\_

Calculated capacity of UPS batteries to drive the system components connected to it:

In standby mode (hours): \_\_\_\_\_ In Alarm mode (minutes): \_\_\_\_\_

**4.3.4 - Batteries**
 Batteries are marked with date of manufacture.

Date: \_\_\_\_\_

Location of Batteries: \_\_\_\_\_ Type: \_\_\_\_\_ Nominal Voltage: \_\_\_\_\_

Calculated capacity of the batteries to drive the system: \_\_\_\_\_ Amp/hour rating: \_\_\_\_\_

In standby mode (hours): \_\_\_\_\_ In Alarm mode (minutes): \_\_\_\_\_

**Annunciators**
**5.1 - Location & Description of Annunciators**
 This system does not have annunciators

 Annunciator 1: FACP

 Annunciator 2: Front Entrance

Annunciator 3: \_\_\_\_\_

Annunciator 4: \_\_\_\_\_



**Fire Alarm  
Test and Inspection Record**

W.O.#

Branch # 40 - San Francisco	Inspector Name Nico Navarro	Certification No. 758792.00	Date: 4/15/2025	Testing Interval <b>Annual</b>
--------------------------------	--------------------------------	--------------------------------	-----------------	-----------------------------------

<p align="center"><b>Property Information</b></p> <p>Site Name: <u>Veterans Center C.O.P.</u></p> <p>Address: <u>301 Main St.</u></p>	<p align="center"><b>Testing Contractor Information</b></p> <p>Name: <u>Tri Signal Integration, Inc.</u> License: CA #758792</p> <p>Address: <u>530 McCormick Street</u></p>
---	--

**Testing Results**

7.1 Control Unit and Related Equipment				7.2 Control Unit Power Supplies					
	Visual	Functional	Pass/Fail	Comments		Visual	Functional	Pass/Fail	Comments
Control Unit	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PASS		120-volt Power	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS	
Lamps/LEDs/LCDs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS		Generator or UPS	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Fuses	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS		Battery Condition	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pass	
Trouble Signals	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PASS		Load Voltage	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PASS	
Disconnect Switches	<input type="checkbox"/>	<input type="checkbox"/>	N/a		Discharge Test	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pass	
Ground Fault Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	N/a		Charger Test	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PASS	
Panel Supervision	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PASS		Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>		
Local Annunciator	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PASS						
Remote Annunciators	<input type="checkbox"/>	<input type="checkbox"/>	N/a						
Power Extender Panels	<input type="checkbox"/>	<input type="checkbox"/>	N/a						
Isolation Modules	<input type="checkbox"/>	<input type="checkbox"/>	N/a						
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>							

7.3 In-Building Fire Emergency Voice Alarm				7.4 Notification Appliance Power Extender Panels					
	Visual	Functional	Pass/Fail	Comments		Visual	Functional	Pass/Fail	Comments
Control Unit	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Lamps/LEDs/LCDs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/a	
Lamps/LEDs/LCDs	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Fuses	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/a	
Fuses	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Primary Power Supply	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/a	
Trouble Signals	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Secondary Power	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/a	
Disconnect Switches	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Trouble Signals	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/a	
Ground Fault Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Ground Fault Monitoring	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/a	
Panel Supervision	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Panel Supervision	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/a	
Primary Power Supply	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>		
Secondary Power	<input type="checkbox"/>	<input type="checkbox"/>	N/A						
System Performance	<input type="checkbox"/>	<input type="checkbox"/>	N/A						
Sound Pressure Levels	<input type="checkbox"/>	<input type="checkbox"/>	N/A						
Occupied <input type="checkbox"/> Yes		Ambient dBA	N/A						
<input type="checkbox"/> No		Alarm dBA	N/A						
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	N/A						
System Intelligibility	<input type="checkbox"/>	<input type="checkbox"/>	N/A						
	<input type="checkbox"/>	CSI (attach report with location, values and weather conditions)							
	<input type="checkbox"/>	STI							

## Fire Alarm Test and Inspection Record

 W.O.# 

Branch # 40 - San Francisco	Inspector Name Nico Navarro	Certification No. 758792.00	Date: 4/15/2025	Testing Interval <b>Annual</b>
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<b>Property Information</b>  Site Name: <u>Veterans Center C.O.P.</u> Address: <u>301 Main St.</u>	<b>Testing Contractor Information</b>  Name: <u>Tri Signal Integration, Inc.</u> License: CA #758792 Address: <u>530 McCormick Street</u>
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**Testing Results - continued**

7.5 Mass Notification Equipment					7.6 Two-Way Communications Equipment				
	Visual	Functional	Pass/Fail	Comments		Visual	Functional	Pass/Fail	Comments
Functional Test	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Phone handsets	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Reset/power down test	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Phone jacks	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Fuses	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Off-hook indicator	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Primary Power Supply	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Call-in signals	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
UPS Power Test	<input type="checkbox"/>	<input type="checkbox"/>	N/A		System Performance	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Trouble Signals	<input type="checkbox"/>	<input type="checkbox"/>	N/A		System Audibility	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Disconnect Switches	<input type="checkbox"/>	<input type="checkbox"/>	N/A		System Intelligibility	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Ground Fault Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Radio communications enhancement system	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
CCU Security Mechanism	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Area of refuge communication System	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Recorded Message Content	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Elevator emergency communication system	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Message Activation	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>		
Software backup performed	<input type="checkbox"/>	<input type="checkbox"/>	N/A						
Test backup software	<input type="checkbox"/>	<input type="checkbox"/>	N/A						
Fire Alarm to MNS interface	<input type="checkbox"/>	<input type="checkbox"/>	N/A						
In-bldg MNS to wide-area MNS	<input type="checkbox"/>	<input type="checkbox"/>	N/A						
MNS to direct recipient MNS	<input type="checkbox"/>	<input type="checkbox"/>	N/A						
Sound Pressure Levels	<input type="checkbox"/>	<input type="checkbox"/>	N/A						
Occupied <input type="checkbox"/> Yes		Ambient dBA	N/A						
<input type="checkbox"/> No		Alarm dBA	N/A						
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	N/A						
System Intelligibility	<input type="checkbox"/>	<input type="checkbox"/>	N/A						
<input type="checkbox"/> CSI (attach report with location, values and weather conditions)									
<input type="checkbox"/> STI									

**7.7 Combination Systems**

	Visual	Functional	Pass/Fail	Comments
Fire Extinguishing monitoring devices	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Carbon Monoxide detection system	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Combination Fire/Security system	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>		

**7.8 Special Hazard Systems**

Description	Visual	Functional	Pass/Fail	Comments
	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
	<input type="checkbox"/>	<input type="checkbox"/>	N/A	

**7.9 Emergency Communications System**

	Visual	Functional	Pass/Fail	Comments
Simulated Operation	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Ensure predischage notification appliances of special hazard systems are not overridden by the MNS.	<input type="checkbox"/>	<input type="checkbox"/>	N/A	



**Fire Alarm  
Test and Inspection Record**

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Branch # 40 - San Francisco	Inspector Name Nico Navarro	Certification No. 758792.00	Date: 4/15/2025	Testing Interval <b>Annual</b>
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Property Information	
Site Name: <u>Veterans Center C.O.P.</u>	
Address: <u>301 Main St.</u>	

Testing Contractor Information	
Name: <u>Tri Signal Integration, Inc.</u>	License: CA #758792
Address: <u>530 McCormick Street</u>	

**Testing Results - continued**

7.10 Monitored Systems				
	Visual	Functional	Pass/Fail	Comments
Engine-driven generator	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Fire Pump	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Special Suppression systems	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>		

7.11 Auxilliary Functions				
	Visual	Functional	Pass/Fail	Comments
Door releasing devices	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Fan Shutdown	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Smoke Management Smoke Control	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Smoke Damper Operation	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Smoke shutter release	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Door unlocking	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Elevator recall	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Elevator shunt trip	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
MNS override of FA signals	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>		

7.12 Alarm Initiating Devices
<input checked="" type="checkbox"/> Device test results sheet attached listing all devices tested and results of the test.

7.13 Supervisory Alarm Initiating Devices
<input checked="" type="checkbox"/> Device test results sheet attached listing all devices tested and results of the test.

7.14 Alarm Notification Appliances
<input type="checkbox"/> Impaired Alarm Notification test results are provided on the deficiencies list.

**Device Summary - (See Attached Detail List)**

Initiating Device Type	System Devices	Tested	Passed	Failed
Smoke Detector:	3	3	3	0
Heat Detector:	0	0	0	0
Duct Detector:	0	0	0	0
Manual Pull Station:	4	4	4	0
Waterflow Switch:	1	1	1	0
Tamper Switch:	1	1	1	0
Other Initiating Devices:	0	0	0	0
Totals:	9	9	9	0
Testing Results this Period:		100%	100%	0%

**7.15 Supervisory Station Monitoring**

Description	Yes	No	Pass/Fail
Alarm Signals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pass
Alarm restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pass
Trouble signals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pass
Trouble restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pass
Supervisory signals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pass
Supervisory restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pass



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**Fire Alarm  
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Branch # 40 - San Francisco	Inspector Name Nico Navarro	Certification No. 758792.00	Date: 4/15/2025	Testing Interval <b>Annual</b>
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<p align="center"><b>Property Information</b></p> <p>Site Name: <u>Veterans Center C.O.P.</u></p> <p>Address: <u>301 Main St.</u></p>	<p align="center"><b>Testing Contractor Information</b></p> <p>Name: <u>Tri Signal Integration, Inc.</u> License: CA #758792</p> <p>Address: <u>530 McCormick Street</u></p>
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**Notifications That Testing is Complete**

Central Station Monitoring: <u>Tri Signal Integration</u> Account #: <u>XM1-9440</u>	Phone: <u>800-975-2405</u> <input type="checkbox"/> Notified Time: <u>3:00P.M.</u>
Building Management: <u>Steve</u> Building Occupants: <u>Dennis</u>	<input type="checkbox"/> Notified Time: <u>N/A</u> <input type="checkbox"/> Notified Time: <u>3:00P.M.</u>
Authority Having Jurisdiction: <u>Livermore-Pleasanton Fire Department</u> Others, if required: _____	<input type="checkbox"/> Notified Time: <u>N/A</u> <input type="checkbox"/> Notified Time: _____

Post System Status:  Normal  Impaired Notes: (If System left Impaired)

System Retored:   \_\_\_\_\_

Date: 04/15/25 Time: 3:00P.M.

**Certification**

**10.1 - Inspector Certification:**

This system, as specified herein, has been inspected and tested according to all NFPA standards cited herein.

Signed:   
 Nico Navarro Tri Signal Integration, Inc.

Date: 4/15/25

**10.2 - Accepted by Owner or Owner's Representative:**

The undersigned has a service contract for this system in effect as of the date shown below.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_



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Name: Veterans Center C.O.P.  
 Address: 301 Main St.  
 City,St,Zip: Pleasanton, CA, 94566  
 Contact: Steve

SYSTEM DEFECTS FOUND

NO SYSTEM DEFECTS FOUND

Date Tested: 4/15/2025

### DEFICIENCIES REPORT

GRAY AREA SHALL BE FILLED OUT BY CERTIFIED TESTER PERFORMING RETEST

	Description of Deficiencies	Location	RETEST ONLY
1			<input type="checkbox"/> PASS
2			<input type="checkbox"/> PASS
3			<input type="checkbox"/> PASS
4			<input type="checkbox"/> PASS
5			<input type="checkbox"/> PASS
6			<input type="checkbox"/> PASS
7			<input type="checkbox"/> PASS
8			<input type="checkbox"/> PASS
9			<input type="checkbox"/> PASS
10			<input type="checkbox"/> PASS
11			<input type="checkbox"/> PASS
12			<input type="checkbox"/> PASS
13			<input type="checkbox"/> PASS
14			<input type="checkbox"/> PASS
15			<input type="checkbox"/> PASS
16			<input type="checkbox"/> PASS
17			<input type="checkbox"/> PASS
18			<input type="checkbox"/> PASS
19			<input type="checkbox"/> PASS
20			<input type="checkbox"/> PASS
21			<input type="checkbox"/> PASS
22			<input type="checkbox"/> PASS
23			<input type="checkbox"/> PASS

**RETEST PERFORMED BY:**

**Retester's Name:** \_\_\_\_\_

**Retester's Signature:** \_\_\_\_\_

**Certification #:** \_\_\_\_\_

**Retest Date:** \_\_\_\_\_



<b>Property Information</b>		<b>Contractor or Licensed Owner Information</b>
Building Name Veterans Center		Name Tri Signal Integration Inc.
Address		Address 530 McCormick St
301 Main St.		City San Leandro St. CA Zip 94577
City Pleasanton, CA, 94566	License #	Phone 510-357-3700
Contact Person	<input type="checkbox"/> SFM	Job #21-1002-40
Steve	<input checked="" type="checkbox"/> CSLB 758792	Misc.

Riser Information			Main Drain Test (Annual)				
Riser No.	Location	Riser Diameter	Main Drain Diameter	Initial Static Pressure	Residual Pressure	Final Static Pressure	P,F,N/A
1	Backside of Building, Otherside of Gate	4	2"	75	30	73	P

This building has more than 5 risers. See additional AES 2.9 form attached      Number of AES 2.9 forms attached

Quarterly Inspections							
I = Inspection    T = Test    M = Maintenance			P = Pass    F = Fail    N/A = Not Applicable				
Item		Description	NFPA 25 CA ed. Reference	Date 04/15/25	Date	Date	Date
1.1	I	Control Valves – Identification Sign	13.3.1	P			
1.2	I	Control Valves – Inspection	13.3.2	P			
1.3	I	Waterflow Alarm Devices	5.2.5	P			
1.4	I	Supervisory Devices	5.2.5	P			
1.5	I	Gauges (Wet Pipe Systems)	5.2.4.1	P			
1.6	I	Enter Water Supply Pressure Below Riser Check	5.2.4.1	psi	psi	psi	psi
1.7	I	Enter Water Supply Pressure Above Riser Check	5.2.4.1	75 psi	psi	psi	psi
1.8	I	Pressure Readings Acceptable	5.2.4.1	P			
1.9	I	Hydraulic Design Information Sign <i>(for hydraulically designed systems)</i>	5.2.6	N/A			
1.10	I	General Information Sign <i>(not required for system prior to 2007 edition of NFPA 13)</i>	5.2.8	N/A			
1.11	I	Heat Tape	5.2.7	N/A			
1.12	I	Spare Sprinklers	5.2.1.4	P			
1.13	I	Fire Department Connections	13.7	P			
1.14	I	Alarm Valves – Exterior Inspection	13.4.1	P			
1.15	I	Pressure Reducing Valves	13.5.1.1	N/A			
1.16	I	Backflow Preventers	13.6.1	P			
1.17	I	Small Hose Connections - Hose Valve*	5.1.6, 13.5.2 13.5.5.1	P			
1.18	I	PRV – Fire Sprinkler Systems	13.5.1.1	P			

\* Small hose connections are hose valves and optional hose supplied by the fire sprinkler system. They do not include Class I, II, or III standpipe systems.







**TRI•SIGNAL**  
**INTEGRATION, INC.**

**FIRE ALARM  
LIFE SAFETY SYSTEM INSPECTION**  
**Annual**

Inspection Date: 5/23/2025

PREPARED FOR:

C.O.P- Library  
400 Old Bernal Rd.  
Pleasanton, CA, 94566

This system, as specified herein, has been inspected and tested according to all NFPA standards cited herein.

Corporate Office  
Tri Signal Integration, Inc.  
15853 Monte St. Suite 101  
Sylmar, CA. 91342  
(818) 566-8558

## Fire Alarm Test and Inspection Record

Branch # 40 - San Francisco	Inspector Name Nick Zeffer	Certification No. 758792.00	Date: 5/29/2025	Testing Interval <b>Annual</b>
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Property Information	Testing Contractor Information
Site Name: <u>C.O.P. Library</u>	Name: <u>Tri Signal Integration, Inc.</u> License: <u>CA #758792</u>
Address: <u>400 Old Bernal Rd.</u>	Address: <u>530 McCormick Street</u>
City,St,Zip: <u>Pleasanton, CA, 94566</u>	City,St,Zip: <u>San Leandro, CA, 94577</u>
Phone: <u>925-437-3607</u> Fax: _____	Phone: <u>(510) 357-3700</u> Fax: <u>(510) 352-2379</u>
Contact: <u>Steve</u> Email: _____	Contact: <u>Steve Oderwald</u> Email: <a href="mailto:soderwald@tri-signal.com">soderwald@tri-signal.com</a>

**Pre-test System Status**

Normal   
  Impaired   
 Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### Notifications Made Prior to Testing

Central Station Monitoring: <u>Tri Signal Integration</u> Account #: <u>XM1-4993</u>	Phone: <u>800-975-2405</u> <input type="checkbox"/> Notified Time: <u>11:00A.M.</u>
Building Management: <u>Steve</u> Building Occupants: <u>Staff</u>	<input type="checkbox"/> Notified Time: <u>N/A</u> <input type="checkbox"/> Notified Time: <u>11:00A.M.</u>
Authority Having Jurisdiction: <u>Livermore-Pleasanton Fire Department</u> Others, if required: _____	<input type="checkbox"/> Notified Time: <u>N/A</u> <input type="checkbox"/> Notified Time: _____

### Executive Summary

**1. Testing Description**

1.1. - Control Equipment:  
 Control Equipment has been tested to verify correct receipt of alarm, supervisory, and trouble signals; operation of evacuation signals and auxiliary functions; circuit supervision, including detection of open circuits and ground faults; and power supervision for loss of AC power and disconnection of secondary batteries.

1.2 - Initiating devices:  
 Initiating devices, including smoke detectors, duct detectors, heat detectors, waterflow switches and tamper switches have been tested for proper operation according to manufacturers recommendation and NFPA guidelines.

1.3 - Indicating and Auxiliary Appliances:  
 Indicating and auxiliary devices, including speaker strobes, strobes, hornstrobe remote annunciator, and auxiliary control functions have been tested for proper operation according to manufacturers recommendation and NFPA guidelines.

**2. Building Description:**



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**Fire Alarm  
Test and Inspection Record**

Branch # 40 - San Fransisco	Inspector Name Nick Zeffer	Certification No. 758792.00	Date: 5/29/2025	Testing Interval <b>Annual</b>
<b>Property Information</b>			<b>Testing Contractor Information</b>	
Site Name: <u>C.O.P. Library</u>			Name: <u>Tri Signal Integration, Inc.</u> License: CA #758792	
Address: <u>400 Old Bernal Rd.</u>			Address: <u>530 McCormick Street</u>	





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**Fire Alarm  
Test and Inspection Record**

Branch # 40 - San Francisco	Inspector Name Nick Zeffer	Certification No. 758792.00	Date: 5/29/2025	Testing Interval <b>Annual</b>
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<p align="center"><b>Property Information</b></p> <p>Site Name: <u>C.O.P. Library</u></p> <p>Address: <u>400 Old Bernal Rd.</u></p>	<p align="center"><b>Testing Contractor Information</b></p> <p>Name: <u>Tri Signal Integration, Inc.</u> License: <u>CA #758792</u></p> <p>Address: <u>530 McCormick Street</u></p>
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**System Power**

**4.1 - Control Unit**

**4.1.1 - Primary Power**

Location of Breaker: Electric Room

Input voltage of control panel: 120V Control Panel Amps: 20 Amp

**4.1.2 - Engine-Driven Generator**  This system does not have a generator.

Location of Generator: \_\_\_\_\_

Location of storage fuel: \_\_\_\_\_ Type of Fuel: \_\_\_\_\_

**4.1.3 - Uninterruptable Power System**  This system does not have a UPS.

Equipment powered by UPS system: \_\_\_\_\_

Location of UPS system: \_\_\_\_\_

Calculated capacity of UPS batteries to drive the system components connected to it:

In standby mode (hours): \_\_\_\_\_ In Alarm mode (minutes): \_\_\_\_\_

**4.1.4 - Batteries**

Location of Batteries: Inside Panel Type: Sealed Lead Acid Nominal Voltage: 12V

Calculated capacity of the batteries to drive the system: \_\_\_\_\_ Amp/hour rating: 7Ah

In standby mode (hours): 24 Hours In Alarm mode (minutes): 15 Minutes

Batteries are marked with date of manufacture.

**4.2 - In-Building Fire Emergency Voice Alarm Communication System or Mass Notification System**

This system does not have an EVACS or MNS System

**4.2.1 - Primary Power**

Location of Breaker: \_\_\_\_\_

Input voltage of control panel: \_\_\_\_\_ Control Panel Amps: \_\_\_\_\_

**4.2.2 - Engine-Driven Generator**  This system does not have a generator.

Location of Generator: \_\_\_\_\_

Location of storage fuel: \_\_\_\_\_ Type of Fuel: \_\_\_\_\_

**4.2.3 - Uninterruptable Power System**  This system does not have a UPS.

Equipment powered by UPS system: \_\_\_\_\_

Location of UPS system: \_\_\_\_\_

Calculated capacity of UPS batteries to drive the system components connected to it:

In standby mode (hours): \_\_\_\_\_ In Alarm mode (minutes): \_\_\_\_\_

**4.2.4 - Batteries**  Batteries are marked with date of manufacture. Date: \_\_\_\_\_

Location of Batteries: \_\_\_\_\_ Type: \_\_\_\_\_ Nominal Voltage: \_\_\_\_\_

Calculated capacity of the batteries to drive the system: \_\_\_\_\_ Amp/hour rating: \_\_\_\_\_

In standby mode (hours): \_\_\_\_\_ In Alarm mode (minutes): \_\_\_\_\_



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**Fire Alarm  
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Branch # 40 - San Francisco	Inspector Name Nick Zeffer	Certification No. 758792.00	Date: 5/29/2025	Testing Interval <b>Annual</b>
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<b>Property Information</b>	<b>Testing Contractor Information</b>
Site Name: <u>C.O.P. Library</u>	Name: <u>Tri Signal Integration, Inc.</u> License: <u>CA #758792</u>
Address: <u>400 Old Bernal Rd.</u>	Address: <u>530 McCormick Street</u>

**System Power - continued**

**4.3 - Notification Appliance Power Extender**

This system does not have power extender panels Enter quantity of extender panels: \_\_\_\_\_

**4.3.1 - Primary Power**

Location of Breaker: \_\_\_\_\_

Input voltage of control panel: \_\_\_\_\_ Control Panel Amps: \_\_\_\_\_

**4.3.2 - Engine-Driven Generator**

This system does not have a generator.

Location of Generator: \_\_\_\_\_

Location of storage fuel: \_\_\_\_\_ Type of Fuel: \_\_\_\_\_

**4.3.3 - Uninterruptable Power System**

This system does not have a UPS.

Equipment powered by UPS system: \_\_\_\_\_

Location of UPS system: \_\_\_\_\_

Calculated capacity of UPS batteries to drive the system components connected to it:

In standby mode (hours): \_\_\_\_\_ In Alarm mode (minutes): \_\_\_\_\_

Batteries are marked with date of manufacture.

**4.3.4 - Batteries**

Date: \_\_\_\_\_

Location of Batteries: \_\_\_\_\_ Type: \_\_\_\_\_ Nominal Voltage: \_\_\_\_\_

Calculated capacity of the batteries to drive the system: \_\_\_\_\_ Amp/hour rating: \_\_\_\_\_

In standby mode (hours): \_\_\_\_\_ In Alarm mode (minutes): \_\_\_\_\_

**Annunciators**

**5.1 - Location & Description of Annunciators**

This system does not have annunciators

Annunciator 1: Lobby Entrance

Annunciator 2: \_\_\_\_\_

Annunciator 3: \_\_\_\_\_

Annunciator 4: \_\_\_\_\_

## Fire Alarm Test and Inspection Record

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<b>Property Information</b>  Site Name: <u>C.O.P. Library</u> Address: <u>400 Old Bernal Rd.</u>	<b>Testing Contractor Information</b>  Name: <u>Tri Signal Integration, Inc.</u> License: CA #758792 Address: <u>530 McCormick Street</u>
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**Testing Results**

7.1 Control Unit and Related Equipment					7.2 Control Unit Power Supplies				
	Visual	Functional	Pass/Fail	Comments		Visual	Functional	Pass/Fail	Comments
Control Unit	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PASS		120-volt Power	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS	
Lamps/LEDs/LCDs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS		Generator or UPS	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Fuses	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS		Battery Condition	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PASS	
Trouble Signals	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PASS		Load Voltage	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PASS	
Disconnect Switches	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS		Discharge Test	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PASS	
Ground Fault Monitoring	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PASS		Charger Test	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PASS	
Panel Supervision	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PASS		Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>		
Local Annunciator	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PASS						
Remote Annunciators	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS						
Power Extender Panels	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS						
Isolation Modules	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS						
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>							

7.3 In-Building Fire Emergency Voice Alarm					7.4 Notification Appliance Power Extender Panels				
	Visual	Functional	Pass/Fail	Comments		Visual	Functional	Pass/Fail	Comments
Control Unit	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Lamps/LEDs/LCDs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/a	
Lamps/LEDs/LCDs	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Fuses	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/a	
Fuses	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Primary Power Supply	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/a	
Trouble Signals	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Secondary Power	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/a	
Disconnect Switches	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Trouble Signals	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/a	
Ground Fault Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Ground Fault Monitoring	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/a	
Panel Supervision	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Panel Supervision	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/a	
Primary Power Supply	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>		
Secondary Power	<input type="checkbox"/>	<input type="checkbox"/>	N/A						
System Performance	<input type="checkbox"/>	<input type="checkbox"/>	N/A						
Sound Pressure Levels	<input type="checkbox"/>	<input type="checkbox"/>	N/A						
Occupied <input type="checkbox"/> Yes		Ambient dBA	<u>N/A</u>						
<input type="checkbox"/> No		Alarm dBA	<u>N/A</u>						
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	N/A						
System Intelligibility	<input type="checkbox"/>	<input type="checkbox"/>	N/A						
	<input type="checkbox"/> CSI	(attach report with location, values and weather conditions)							
	<input type="checkbox"/> STI								



## Fire Alarm Test and Inspection Record

Branch # 40 - San Francisco	Inspector Name Nick Zeffer	Certification No. 758792.00	Date: 5/29/2025	Testing Interval <b>Annual</b>
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<b>Property Information</b>  Site Name: <u>C.O.P. Library</u> Address: <u>400 Old Bernal Rd.</u>	<b>Testing Contractor Information</b>  Name: <u>Tri Signal Integration, Inc.</u> License: CA #758792 Address: <u>530 McCormick Street</u>
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### Testing Results - continued

7.10 Monitored Systems					7.11 Auxilliary Functions																																																						
	Visual	Functional	Pass/Fail	Comments		Visual	Functional	Pass/Fail	Comments																																																		
Engine-driven generator	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Door releasing devices	<input type="checkbox"/>	<input type="checkbox"/>	N/A																																																			
Fire Pump	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Fan Shutdown	<input type="checkbox"/>	<input type="checkbox"/>	N/A																																																			
Special Suppression systems	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Smoke Management Smoke Control	<input type="checkbox"/>	<input type="checkbox"/>	N/A																																																			
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>			Smoke Damper Operation	<input type="checkbox"/>	<input type="checkbox"/>	N/A																																																			
7.12 Alarm Initiating Devices					7.15 Supervisory Station Monitoring																																																						
<input checked="" type="checkbox"/> Device test results sheet attached listing all devices tested and results of the test.						Yes	No	Pass/Fail																																																			
7.13 Supervisory Alarm Initiating Devices					Description	Yes	No	Pass/Fail																																																			
<input checked="" type="checkbox"/> Device test results sheet attached listing all devices tested and results of the test.					Alarm Signals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS																																																			
7.14 Alarm Notification Appliances					Alarm restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS																																																			
<input type="checkbox"/> Impared Alarm Notification test results are provided on the deficiencies list.					Trouble signals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS																																																			
<b>Device Summary - (See Attached Detail List)</b>  <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">Initiating Device Type</th> <th style="width: 10%;">System Devices</th> <th style="width: 10%;">Tested</th> <th style="width: 10%;">Passed</th> <th style="width: 10%;">Failed</th> </tr> </thead> <tbody> <tr> <td>Smoke Detector:</td> <td>1</td> <td>1</td> <td>1</td> <td>0</td> </tr> <tr> <td>Heat Detector:</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>Duct Detector:</td> <td>4</td> <td>4</td> <td>4</td> <td>0</td> </tr> <tr> <td>Manual Pull Station:</td> <td>1</td> <td>1</td> <td>1</td> <td>0</td> </tr> <tr> <td>Waterflow Switch:</td> <td>1</td> <td>1</td> <td>1</td> <td>0</td> </tr> <tr> <td>Tamper Switch:</td> <td>2</td> <td>2</td> <td>2</td> <td>0</td> </tr> <tr> <td>Other Initiating Devices:</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>Totals:</td> <td>9</td> <td>9</td> <td>9</td> <td>0</td> </tr> <tr> <td>Testing Results this Period:</td> <td></td> <td>100%</td> <td>100%</td> <td>0%</td> </tr> </tbody> </table>					Initiating Device Type	System Devices	Tested	Passed	Failed	Smoke Detector:	1	1	1	0	Heat Detector:	0	0	0	0	Duct Detector:	4	4	4	0	Manual Pull Station:	1	1	1	0	Waterflow Switch:	1	1	1	0	Tamper Switch:	2	2	2	0	Other Initiating Devices:	0	0	0	0	Totals:	9	9	9	0	Testing Results this Period:		100%	100%	0%	Trouble restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS	
					Initiating Device Type	System Devices	Tested	Passed	Failed																																																		
					Smoke Detector:	1	1	1	0																																																		
					Heat Detector:	0	0	0	0																																																		
					Duct Detector:	4	4	4	0																																																		
Manual Pull Station:	1	1	1	0																																																							
Waterflow Switch:	1	1	1	0																																																							
Tamper Switch:	2	2	2	0																																																							
Other Initiating Devices:	0	0	0	0																																																							
Totals:	9	9	9	0																																																							
Testing Results this Period:		100%	100%	0%																																																							
					Supervisory signals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS																																																			
					Supervisory restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS																																																			



W.O.#

**Fire Alarm  
Test and Inspection Record**

Branch # 40 - San Francisco	Inspector Name Nick Zeffer	Certification No. 758792.00	Date: 5/29/2025	Testing Interval <b>Annual</b>
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<p align="center"><b>Property Information</b></p> <p>Site Name: <u>C.O.P. Library</u></p> <p>Address: <u>400 Old Bernal Rd.</u></p>	<p align="center"><b>Testing Contractor Information</b></p> <p>Name: <u>Tri Signal Integration, Inc.</u> License: <u>CA #758792</u></p> <p>Address: <u>530 McCormick Street</u></p>
---	---

**Notifications That Testing is Complete**

<p>Central Station Monitoring: <u>Tri Signal Integration</u></p> <p>Account #: <u>XM1-4993</u></p>	<p>Phone: <u>800-975-2405</u></p> <p><input type="checkbox"/> Notified Time: <u>3:00P.M.</u></p>
<p>Building Management: <u>Steve</u></p> <p>Building Occupants: <u>Staff</u></p>	<p><input type="checkbox"/> Notified Time: <u>N/A</u></p> <p><input type="checkbox"/> Notified Time: <u>3:00P.M.</u></p>
<p>Authority Having Jurisdiction: <u>Livermore-Pleasanton Fire Department</u></p> <p>Others, if required: _____</p>	<p><input type="checkbox"/> Notified Time: <u>N/A</u></p> <p><input type="checkbox"/> Notified Time: _____</p>

**Post System Status:**    Normal     Impaired    Notes: (If System left Impaired)

System Retored:         \_\_\_\_\_

Date: 05/29/25                      Time: 3:00P.M.

**Certification**

**10.1 - Inspector Certification:**

This system, as specified herein, has been inspected and tested according to all NFPA standards cited herein.

Signed:                       Date: 5/29/25

Nick Zeffer    Tri Signal Integration, Inc.

**10.2 - Accepted by Owner or Owner's Representative:**

The undersigned has a service contract for this system in effect as of the date shown below.

Signed: \_\_\_\_\_    Date: \_\_\_\_\_

Print Name: \_\_\_\_\_



W.O.#

Name: C.O.P- Library  
 Address: 400 Old Bernal Rd.  
 City,St,Zip: Pleasanton, CA, 94566  
 Contact: Steve

SYSTEM DEFECTS FOUND

NO SYSTEM DEFECTS FOUND

Date Tested: 5/29/2025

### DEFICIENCIES REPORT

GRAY AREA SHALL BE FILLED OUT BY CERTIFIED TESTER PERFORMING RETEST

	Description of Deficiencies	Location	RETEST ONLY
1	replace 2 12v4ah bvatteries	faccp	<input type="checkbox"/> PASS
2	replace 1 12v7ah battery	cellular dialer	<input type="checkbox"/> PASS
3			<input type="checkbox"/> PASS
4			<input type="checkbox"/> PASS
5			<input type="checkbox"/> PASS
6			<input type="checkbox"/> PASS
7			<input type="checkbox"/> PASS
8			<input type="checkbox"/> PASS
9			<input type="checkbox"/> PASS
10			<input type="checkbox"/> PASS
11			<input type="checkbox"/> PASS
12			<input type="checkbox"/> PASS
13			<input type="checkbox"/> PASS
14			<input type="checkbox"/> PASS
15			<input type="checkbox"/> PASS
16			<input type="checkbox"/> PASS
17			<input type="checkbox"/> PASS
18			<input type="checkbox"/> PASS
19			<input type="checkbox"/> PASS
20			<input type="checkbox"/> PASS
21			<input type="checkbox"/> PASS
22			<input type="checkbox"/> PASS
23			<input type="checkbox"/> PASS

**RETEST PERFORMED BY:**

<b>Retester's Name:</b> _____  <b>Certification #:</b> _____	<b>Retester's Signature:</b> _____  <b>Retest Date:</b> _____
--	---

**Inspection, Testing, and Maintenance Cover Sheet  
NFPA25 as amended by CCR, Title 19**

**Property Information:**

Name: C.O.P- Library  
 Address: 400 Old Bernal Rd.  
 City: Pleasanton  
 ZIP: 94566  
 Contact: Steve  
 Telephone: (925) 931-5584

Occupancy/Use: \_\_\_\_\_  
 Construction Type: \_\_\_\_\_  
 No. Stories: \_\_\_\_\_  
 Year Constructed: \_\_\_\_\_



**Contractor Information:**

**Number of System Risers**

Name: Tri-Signal Integration  
 Address: 530 McCormick St  
 City: San Leandro  
 State: CA  
 Telephone: (510) 357-3700  
 CA License#: 758792  
 Job #: \_\_\_\_\_  
 Performed by: Nick Zeffer

**Copy sent to:**

Owner Date: \_\_\_\_\_  
 Fire AHJ Date: \_\_\_\_\_  
 Contractor Date: \_\_\_\_\_

**NOTES:**

1) For specific inspection, testing, and maintenance requirements and information, see NFPA 25, 2011 Edition as amended by California Code of Regulations, Title 19, §901 to §906.  
 2) Inspection items may be performed by the owner in accordance with California Code of Regulations, Title 19, §904.1(a)

Check box for each system inspected and enter the number of forms used for inspection.  
 Check boxes (Fail or Pass) to indicate status of inspected system at end of inspection.

Forms Included with this Report	NFPA 25 Chapter	Number of Forms	N/A	Fail*	Pass
<input checked="" type="checkbox"/> Automatic Sprinkler System	5	1	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> Standpipe and Hose System	6	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Private Water Supply System	7	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Fire Pump	8	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Water Storage Tank	9	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Water Spray System	10	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Foam Water Sprinkler System	11	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Water Mist System	12	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Concerns that are not deficiencies (i.e. Non-Sprinklered Areas)				<input type="checkbox"/> Yes	<input type="checkbox"/> No

\*See "Deficiencies and Comments" section at end of each respective form.

<b>Property Information</b>		<b>Contractor or Licensed Owner Information</b>
Building Name C.O.P- Library		Name Tri-Signal Integration Inc.
Address		Address 530 McCormick St
400 Old Bernal Rd.		City San Leandro St. CA Zip 94577
City Pleasanton, A, 94566	License #	Phone (510)357-3700
Contact Person	<input type="checkbox"/> SFM	Job #
Steve	<input checked="" type="checkbox"/> CSLB 758792	Misc.

Riser Information			Main Drain Test (Annual)				
Riser No.	Location	Riser Diameter	Main Drain Diameter	Initial Static Pressure	Residual Pressure	Final Static Pressure	P,F,N/A
1	riser closer	4"	2"	85	60	85	P

This building has more than 5 risers. See additional AES 2.9 form attached      Number of AES 2.9 forms attached

Quarterly Inspections							
I = Inspection    T = Test    M = Maintenance			P = Pass    F = Fail    N/A = Not Applicable				
Item		Description	NFPA 25 CA ed. Reference	Date	Date	Date	Date
				05/29/25			
1.1	I	Control Valves – Identification Sign	13.3.1	P			
1.2	I	Control Valves – Inspection	13.3.2	P			
1.3	I	Waterflow Alarm Devices	5.2.5	P			
1.4	I	Supervisory Devices	5.2.5	P			
1.5	I	Gauges (Wet Pipe Systems)	5.2.4.1	P			
1.6	I	Enter Water Supply Pressure Below Riser Check	5.2.4.1	80 psi	psi	psi	psi
1.7	I	Enter Water Supply Pressure Above Riser Check	5.2.4.1	85 psi	psi	psi	psi
1.8	I	Pressure Readings Acceptable	5.2.4.1	P			
1.9	I	Hydraulic Design Information Sign <i>(for hydraulically designed systems)</i>	5.2.6	NA			
1.10	I	General Information Sign <i>(not required for system prior to 2007 edition of NFPA 13)</i>	5.2.8	NA			
1.11	I	Heat Tape	5.2.7	NA			
1.12	I	Spare Sprinklers	5.2.1.4	P			
1.13	I	Fire Department Connections	13.7	P			
1.14	I	Alarm Valves – Exterior Inspection	13.4.1	NA			
1.15	I	Pressure Reducing Valves	13.5.1.1	NA			
1.16	I	Backflow Preventers	13.6.1	NA			
1.17	I	Small Hose Connections - Hose Valve*	5.1.6, 13.5.2 13.5.5.1	NA			
1.18	I	PRV – Fire Sprinkler Systems	13.5.1.1	NA			

\* Small hose connections are hose valves and optional hose supplied by the fire sprinkler system. They do not include Class I, II, or III standpipe systems.







**TRI•SIGNAL**  
**INTEGRATION, INC.**

**FIRE ALARM**  
**LIFE SAFETY SYSTEM INSPECTION**  
**Annual**

Inspection Date: 5/29/2025

PREPARED FOR:

COP- Museum  
603 Main St.  
Pleasanton, CA, 94566

This system, as specified herein, has been inspected and tested according to all NFPA standards cited herein.

Corporate Office  
Tri Signal Integration, Inc.  
15853 Monte St. Suite 101  
Sylmar, CA. 91342  
(818) 566-8558





W.O.#

**Fire Alarm  
Test and Inspection Record**

Branch # 40 - San Fransisco	Inspector Name Nick Zeffer	Certification No.	Date: 5/29/2025	Testing Interval <b>Annual</b>
Site Name: <u>COP- Museum</u> Address: <u>603 Main St.</u>		<p align="center"><b>Testing Contractor Information</b></p> Name: <u>Tri Signal Integration, Inc.</u> License: <u>CA #758792</u> Address: <u>530 McCormick Street</u>		





W.O.#

**Fire Alarm  
Test and Inspection Record**

Branch # 40 - San Francisco	Inspector Name Nick Zeffer	Certification No.	Date: 5/29/2025	Testing Interval <b>Annual</b>
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Site Name: <u>COP- Museum</u> Address: <u>603 Main St.</u>	<b>Testing Contractor Information</b> Name: <u>Tri Signal Integration, Inc.</u> License: <u>CA #758792</u> Address: <u>530 McCormick Street</u>
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**System Power**

**4.1 - Control Unit**

**4.1.1 - Primary Power**

Location of Breaker: electrical rm

Input voltage of control panel: 120 Control Panel Amps: 20

**4.1.2 - Engine-Driven Generator**  This system does not have a generator.

Location of Generator: \_\_\_\_\_

Location of storage fuel: \_\_\_\_\_ Type of Fuel: \_\_\_\_\_

**4.1.3 - Uninterruptable Power System**  This system does not have a UPS.

Equipment powered by UPS system: \_\_\_\_\_

Location of UPS system: \_\_\_\_\_

Calculated capacity of UPS batteries to drive the system components connected to it:

In standby mode (hours): \_\_\_\_\_ In Alarm mode (minutes): \_\_\_\_\_

**4.1.4 - Batteries**

Location of Batteries: FACP Type: sealed lead acid Nominal Voltage: 12volt

Calculated capacity of the batteries to drive the system: \_\_\_\_\_ Amp/hour rating: 7ah

In standby mode (hours): 24 In Alarm mode (minutes): 10

Batteries are marked with date of manufacture.

**4.2 - In-Building Fire Emergency Voice Alarm Communication System or Mass Notification System**

This system does not have an EVACS or MNS System

**4.2.1 - Primary Power**

Location of Breaker: \_\_\_\_\_

Input voltage of control panel: \_\_\_\_\_ Control Panel Amps: \_\_\_\_\_

**4.2.2 - Engine-Driven Generator**  This system does not have a generator.

Location of Generator: \_\_\_\_\_

Location of storage fuel: \_\_\_\_\_ Type of Fuel: \_\_\_\_\_

**4.2.3 - Uninterruptable Power System**  This system does not have a UPS.

Equipment powered by UPS system: \_\_\_\_\_

Location of UPS system: \_\_\_\_\_

Calculated capacity of UPS batteries to drive the system components connected to it:

In standby mode (hours): \_\_\_\_\_ In Alarm mode (minutes): \_\_\_\_\_

**4.2.4 - Batteries**  Batteries are marked with date of manufacture. Date: \_\_\_\_\_

Location of Batteries: \_\_\_\_\_ Type: \_\_\_\_\_ Nominal Voltage: \_\_\_\_\_

Calculated capacity of the batteries to drive the system: \_\_\_\_\_ Amp/hour rating: \_\_\_\_\_

In standby mode (hours): \_\_\_\_\_ In Alarm mode (minutes): \_\_\_\_\_



W.O.#

**Fire Alarm  
Test and Inspection Record**

Branch # 40 - San Francisco	Inspector Name Nick Zeffer	Certification No.	Date: 5/29/2025	Testing Interval <b>Annual</b>
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Site Name: <u>COP- Museum</u> Address: <u>603 Main St.</u>	<b>Testing Contractor Information</b> Name: <u>Tri Signal Integration, Inc.</u> License: <u>CA #758792</u> Address: <u>530 McCormick Street</u>
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**System Power - continued**

**4.3 - Notification Appliance Power Extender**

This system does not have power extender panels Enter quantity of extender panels: \_\_\_\_\_

**4.3.1 - Primary Power**

Location of Breaker: \_\_\_\_\_

Input voltage of control panel: \_\_\_\_\_ Control Panel Amps: \_\_\_\_\_

**4.3.2 - Engine-Driven Generator**

This system does not have a generator.

Location of Generator: \_\_\_\_\_

Location of storage fuel: \_\_\_\_\_ Type of Fuel: \_\_\_\_\_

**4.3.3 - Uninterruptable Power System**

This system does not have a UPS.

Equipment powered by UPS system: \_\_\_\_\_

Location of UPS system: \_\_\_\_\_

Calculated capacity of UPS batteries to drive the system components connected to it:

In standby mode (hours): \_\_\_\_\_ In Alarm mode (minutes): \_\_\_\_\_

Batteries are marked with date of manufacture.

**4.3.4 - Batteries**

Date: \_\_\_\_\_

Location of Batteries: \_\_\_\_\_ Type: \_\_\_\_\_ Nominal Voltage: \_\_\_\_\_

Calculated capacity of the batteries to drive the system: \_\_\_\_\_ Amp/hour rating: \_\_\_\_\_

In standby mode (hours): \_\_\_\_\_ In Alarm mode (minutes): \_\_\_\_\_

**Annunciators**

**5.1 - Location & Description of Annunciators**

This system does not have annunciators

Annunciator 1: FACP

Annunciator 2: rear exit

Annunciator 3: \_\_\_\_\_

Annunciator 4: \_\_\_\_\_

## Fire Alarm Test and Inspection Record

Branch # 40 - San Francisco	Inspector Name Nick Zeffer	Certification No.	Date: 5/29/2025	Testing Interval <b>Annual</b>
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### Testing Results

7.1 Control Unit and Related Equipment				7.2 Control Unit Power Supplies					
	Visual	Functional	Pass/Fail	Comments		Visual	Functional	Pass/Fail	Comments
Control Unit	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PASS		120-volt Power	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS	
Lamps/LEDs/LCDs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS		Generator or UPS	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Fuses	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS		Battery Condition	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PASS	
Trouble Signals	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PASS		Load Voltage	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PASS	
Disconnect Switches	<input type="checkbox"/>	<input type="checkbox"/>	N/a		Discharge Test	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PASS	
Ground Fault Monitoring	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PASS		Charger Test	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PASS	
Panel Supervision	<input type="checkbox"/>	<input type="checkbox"/>	N/a		Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>		
Local Annunciator	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PASS						
Remote Annunciators	<input type="checkbox"/>	<input type="checkbox"/>	N/a						
Power Extender Panels	<input type="checkbox"/>	<input type="checkbox"/>	N/a						
Isolation Modules	<input type="checkbox"/>	<input type="checkbox"/>	N/a						
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>							

7.3 In-Building Fire Emergency Voice Alarm				7.4 Notification Appliance Power Extender Panels					
	Visual	Functional	Pass/Fail	Comments		Visual	Functional	Pass/Fail	Comments
Control Unit	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Lamps/LEDs/LCDs	<input type="checkbox"/>	<input type="checkbox"/>	N/a	
Lamps/LEDs/LCDs	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Fuses	<input type="checkbox"/>	<input type="checkbox"/>	N/a	
Fuses	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Primary Power Supply	<input type="checkbox"/>	<input type="checkbox"/>	N/a	
Trouble Signals	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Secondary Power	<input type="checkbox"/>	<input type="checkbox"/>	N/a	
Disconnect Switches	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Trouble Signals	<input type="checkbox"/>	<input type="checkbox"/>	N/a	
Ground Fault Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Ground Fault Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	N/a	
Panel Supervision	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Panel Supervision	<input type="checkbox"/>	<input type="checkbox"/>	N/a	
Primary Power Supply	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>		
Secondary Power	<input type="checkbox"/>	<input type="checkbox"/>	N/A						
System Performance	<input type="checkbox"/>	<input type="checkbox"/>	N/A						
Sound Pressure Levels	<input type="checkbox"/>	<input type="checkbox"/>	N/A						
Occupied <input type="checkbox"/> Yes		Ambient dBA	<u>N/A</u>						
<input type="checkbox"/> No		Alarm dBA	<u>N/A</u>						
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	N/A						
System Intelligibility	<input type="checkbox"/>	<input type="checkbox"/>	N/A						
	<input type="checkbox"/> CSI	(attach report with location, values and weather conditions)							
	<input type="checkbox"/> STI								



## Fire Alarm Test and Inspection Record

Branch # 40 - San Francisco	Inspector Name Nick Zeffer	Certification No.	Date: 5/29/2025	Testing Interval <b>Annual</b>
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### Testing Results - continued

7.10 Monitored Systems					7.11 Auxilliary Functions																																																						
	Visual	Functional	Pass/Fail	Comments		Visual	Functional	Pass/Fail	Comments																																																		
Engine-driven generator	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Door releasing devices	<input type="checkbox"/>	<input type="checkbox"/>	N/A																																																			
Fire Pump	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Fan Shutdown	<input type="checkbox"/>	<input type="checkbox"/>	N/A																																																			
Special Suppression systems	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Smoke Management Smoke Control	<input type="checkbox"/>	<input type="checkbox"/>	N/A																																																			
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<input checked="" type="checkbox"/> Device test results sheet attached listing all devices tested and results of the test.						Yes	No	Pass/Fail																																																			
7.13 Supervisory Alarm Initiating Devices					Description																																																						
<input checked="" type="checkbox"/> Device test results sheet attached listing all devices tested and results of the test.					Alarm Signals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS																																																			
7.14 Alarm Notification Appliances					Alarm restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS																																																			
<input type="checkbox"/> Impaired Alarm Notification test results are provided on the deficiencies list.					Trouble signals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS																																																			
<b>Device Summary - (See Attached Detail List)</b>  <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Initiating Device Type</th> <th style="width: 10%;">System Devices</th> <th style="width: 10%;">Tested</th> <th style="width: 10%;">Passed</th> <th style="width: 10%;">Failed</th> </tr> </thead> <tbody> <tr> <td>Smoke Detector:</td> <td style="text-align: center;">5</td> <td style="text-align: center;">5</td> <td style="text-align: center;">5</td> <td style="text-align: center;">0</td> </tr> <tr> <td>Heat Detector:</td> <td style="text-align: center;">1</td> <td style="text-align: center;">1</td> <td style="text-align: center;">1</td> <td style="text-align: center;">0</td> </tr> <tr> <td>Duct Detector:</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> </tr> <tr> <td>Manual Pull Station:</td> <td style="text-align: center;">2</td> <td style="text-align: center;">2</td> <td style="text-align: center;">2</td> <td style="text-align: center;">0</td> </tr> <tr> <td>Waterflow Switch:</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> </tr> <tr> <td>Tamper Switch:</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> </tr> <tr> <td>Other Initiating Devices:</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> </tr> <tr> <td>Totals:</td> <td style="text-align: center;">8</td> <td style="text-align: center;">8</td> <td style="text-align: center;">8</td> <td style="text-align: center;">0</td> </tr> <tr> <td>Testing Results this Period:</td> <td></td> <td style="text-align: center;">100%</td> <td style="text-align: center;">100%</td> <td style="text-align: center;">0%</td> </tr> </tbody> </table>					Initiating Device Type	System Devices	Tested	Passed	Failed	Smoke Detector:	5	5	5	0	Heat Detector:	1	1	1	0	Duct Detector:	0	0	0	0	Manual Pull Station:	2	2	2	0	Waterflow Switch:	0	0	0	0	Tamper Switch:	0	0	0	0	Other Initiating Devices:	0	0	0	0	Totals:	8	8	8	0	Testing Results this Period:		100%	100%	0%	Trouble restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS	
					Initiating Device Type	System Devices	Tested	Passed	Failed																																																		
					Smoke Detector:	5	5	5	0																																																		
					Heat Detector:	1	1	1	0																																																		
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Manual Pull Station:	2	2	2	0																																																							
Waterflow Switch:	0	0	0	0																																																							
Tamper Switch:	0	0	0	0																																																							
Other Initiating Devices:	0	0	0	0																																																							
Totals:	8	8	8	0																																																							
Testing Results this Period:		100%	100%	0%																																																							
	Supervisory signals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS																																																							
	Supervisory restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS																																																							



W.O.#

**Fire Alarm  
Test and Inspection Record**

Branch # 40 - San Francisco	Inspector Name Nick Zeffer	Certification No.	Date: 5/29/2025	Testing Interval <b>Annual</b>
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Site Name: <u>COP- Museum</u> Address: <u>603 Main St.</u>	<b>Testing Contractor Information</b> Name: <u>Tri Signal Integration, Inc.</u> License: <u>CA #758792</u> Address: <u>530 McCormick Street</u>
---	---

**Notifications That Testing is Complete**

Central Station Monitoring: <u>tri signal</u> Account #: <u>xm1-4990</u>	Phone: <u>8009752405</u> <input type="checkbox"/> Notified Time: <u>12pm</u>
Building Management: <u>steve</u> Building Occupants: <u>Na</u>	<input type="checkbox"/> Notified Time: <u>Na</u> <input type="checkbox"/> Notified Time: <u>Na</u>
Authority Having Jurisdiction: _____ Others, if required: _____	<input type="checkbox"/> Notified Time: _____ <input type="checkbox"/> Notified Time: _____

**Post System Status:**    Normal     **Impared**    Notes: (If System left Impared)

System Retored:         \_\_\_\_\_

Date: 05/29/25                      Time: 12pm

**Certification**

**10.1 - Inspector Certification:**

This system, as specified herein, has been inspected and tested according to all NFPA standards cited herein.

Signed:   
 Nick Zeffer    Tri Signal Integration, Inc.

Date: 5/29/25

**10.2 - Accepted by Owner or Owner's Representative:**

The undersigned has a service contract for this system in effect as of the date shown below.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_



W.O.#

Name: COP- Museum  
 Address: 603 Main St.  
 City,St,Zip: Pleasanton, CA, 94566  
 Contact: Steve

SYSTEM DEFECTS FOUND

NO SYSTEM DEFECTS FOUND

Date Tested: 5/29/2025

**DEFICIENCIES REPORT**

GRAY AREA SHALL BE FILLED OUT BY CERTIFIED TESTER PERFORMING RETEST

	Description of Deficiencies	Location	RETEST ONLY
			<input type="checkbox"/> PASS
1			<input type="checkbox"/> PASS
2			<input type="checkbox"/> PASS
3			<input type="checkbox"/> PASS
4			<input type="checkbox"/> PASS
5			<input type="checkbox"/> PASS
6			<input type="checkbox"/> PASS
7			<input type="checkbox"/> PASS
8			<input type="checkbox"/> PASS
9			<input type="checkbox"/> PASS
10			<input type="checkbox"/> PASS
11			<input type="checkbox"/> PASS
12			<input type="checkbox"/> PASS
13			<input type="checkbox"/> PASS
14			<input type="checkbox"/> PASS
15			<input type="checkbox"/> PASS
16			<input type="checkbox"/> PASS
17			<input type="checkbox"/> PASS
18			<input type="checkbox"/> PASS
19			<input type="checkbox"/> PASS
20			<input type="checkbox"/> PASS
21			<input type="checkbox"/> PASS
22			<input type="checkbox"/> PASS

**RETEST PERFORMED BY:**

<b>Retester's Name:</b> _____  <b>Certification #:</b> _____	<b>Retester's Signature:</b> _____  <b>Retest Date:</b> _____
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**TRI•SIGNAL**  
**INTEGRATION, INC.**

**FIRE ALARM**  
**LIFE SAFETY SYSTEM INSPECTION**  
**Annual**

Inspection Date: 10/6/2025

PREPARED FOR:

Sycamore Pump station  
937 Sycamore Creek Way  
Pleasanton, CA, 94566

This system, as specified herein, has been inspected and tested according to all NFPA standards cited herein.

Corporate Office  
Tri Signal Integration, Inc.  
15853 Monte St. Suite 101  
Sylmar, CA. 91342  
(818) 566-8558



W.O.#

**Fire Alarm  
Test and Inspection Record**

Branch # 40 - San Francisco	Inspector Name Nick Zeffer	Certification No. 758792.00	Date: 10/6/2025	Testing Interval <b>Annual</b>
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<p align="center"><b>Property Information</b></p> <p>Site Name: <u>Sycamore Pump Station</u></p> <p>Address: <u>937 Sycamore Creek Way</u></p> <p>City, St, Zip: <u>Pleasanton, CA, 94566</u></p> <p>Phone: <u>925-437-3607</u> Fax: _____</p> <p>Contact: _____ Email: _____</p>	<p align="center"><b>Testing Contractor Information</b></p> <p>Name: <u>Tri Signal Integration, Inc.</u> License: CA #758792</p> <p>Address: <u>530 McCormick Street</u></p> <p>City, St, Zip: <u>San Leandro, CA, 94577</u></p> <p>Phone: <u>(510) 357-3700</u> Fax: <u>(510) 352-2379</u></p> <p>Contact: <u>Steve Oderwald</u> Email: <u>soderwald@tri-signal.com</u></p>
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**Pre-test System Status**

Normal     Impaired

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Notifications Made Prior to Testing**

<p>Central Station Monitoring: <u>Tri Signal Integration</u></p> <p>Account #: <u>XM1-4937</u></p> <p>Building Management: _____</p> <p>Building Occupants: _____</p> <p>Authority Having Jurisdiction: <u>Livermore/Pleasanton Fire Department</u></p> <p>Others, if required: _____</p>	<p>Phone: <u>800-975-2405</u></p> <p><input type="checkbox"/> Notified Time: <u>12:00 P.M.</u></p> <p><input type="checkbox"/> Notified Time: <u>12:00P.M.</u></p> <p><input type="checkbox"/> Notified Time: <u>12:00P.M.</u></p> <p><input type="checkbox"/> Notified Time: <u>N/A</u></p> <p><input type="checkbox"/> Notified Time: _____</p>
---	---

**Executive Summary**

**1. Testing Description**

1.1. - Control Equipment:  
Control Equipment has been tested to verify correct receipt of alarm, supervisory, and trouble signals; operation of evacuation signals and auxiliary functions; circuit supervision, including detection of open circuits and ground faults; and power supervision for loss of AC power and disconnection of secondary batteries.

1.2 - Initiating devices:  
Initiating devices, including smoke detectors, duct detectors, heat detectors, waterflow switches and tamper switches have been tested for proper operation according to manufacturers recommendation and NFPA guidelines.

1.3 - Indicating and Auxiliary Appliances:  
Indicating and auxiliary devices, including speaker strobes, strobes, hornstrobe remote annunciator, and auxiliary control functions have been tested for proper operation according to manufacturers recommendation and NFPA guidelines.

**2. Building Description:**





W.O.#

**Fire Alarm  
Test and Inspection Record**

Branch # 40 - San Francisco	Inspector Name Nick Zeffer	Certification No. 758792.00	Date: 10/6/2025	Testing Interval <b>Annual</b>
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<p align="center"><b>Property Information</b></p> <p>Site Name: <u>Sycamore Pump Station</u></p> <p>Address: <u>937 Sycamore Creek Way</u></p>	<p align="center"><b>Testing Contractor Information</b></p> <p>Name: <u>Tri Signal Integration, Inc.</u> License: CA #758792</p> <p>Address: <u>530 McCormick Street</u></p>
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**System Power**

**4.1 - Control Unit**

**4.1.1 - Primary Power**

Location of Breaker: Electric Room

Input voltage of control panel: 120V

Control Panel Amps: 20 Amp

**4.1.2 - Engine-Driven Generator**

This system does not have a generator.

Location of Generator: \_\_\_\_\_

Location of storage fuel: \_\_\_\_\_

Type of Fuel: \_\_\_\_\_

**4.1.3 - Uninterruptable Power System**

This system does not have a UPS.

Equipment powered by UPS system: \_\_\_\_\_

Location of UPS system: \_\_\_\_\_

Calculated capacity of UPS batteries to drive the system components connected to it:

In standby mode (hours): \_\_\_\_\_

In Alarm mode (minutes): \_\_\_\_\_

**4.1.4 - Batteries**

Location of Batteries: Inside FACP

Type: Sealed Lead Acid

Nominal Voltage: 12V

Calculated capacity of the batteries to drive the system:

Amp/hour rating: 7Ah

In standby mode (hours): 24 Hours

In Alarm mode (minutes): 15 Minutes

Batteries are marked with date of manufacture.

**4.2 - In-Building Fire Emergency Voice Alarm Communication System or Mass Notification System**

This system does not have an EVACS or MNS System

**4.2.1 - Primary Power**

Location of Breaker: \_\_\_\_\_

Input voltage of control panel: \_\_\_\_\_

Control Panel Amps: \_\_\_\_\_

**4.2.2 - Engine-Driven Generator**

This system does not have a generator.

Location of Generator: \_\_\_\_\_

Location of storage fuel: \_\_\_\_\_

Type of Fuel: \_\_\_\_\_

**4.2.3 - Uninterruptable Power System**

This system does not have a UPS.

Equipment powered by UPS system: \_\_\_\_\_

Location of UPS system: \_\_\_\_\_

Calculated capacity of UPS batteries to drive the system components connected to it:

In standby mode (hours): \_\_\_\_\_

In Alarm mode (minutes): \_\_\_\_\_

**4.2.4 - Batteries**

Batteries are marked with date of manufacture.

Date: \_\_\_\_\_

Location of Batteries: \_\_\_\_\_

Type: \_\_\_\_\_

Nominal Voltage: \_\_\_\_\_

Calculated capacity of the batteries to drive the system:

Amp/hour rating: \_\_\_\_\_

In standby mode (hours): \_\_\_\_\_

In Alarm mode (minutes): \_\_\_\_\_



**Fire Alarm  
Test and Inspection Record**

W.O.#

Branch # 40 - San Francisco	Inspector Name Nick Zeffer	Certification No. 758792.00	Date: 10/6/2025	Testing Interval <b>Annual</b>
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<b>Property Information</b>	<b>Testing Contractor Information</b>
Site Name: <u>Sycamore Pump Station</u>	Name: <u>Tri Signal Integration, Inc.</u> License: CA #758792
Address: <u>937 Sycamore Creek Way</u>	Address: <u>530 McCormick Street</u>

**System Power - continued**

**4.3 - Notification Appliance Power Extender**

This system does not have power extender panels Enter quantity of extender panels: \_\_\_\_\_

**4.3.1 - Primary Power**

Location of Breaker: \_\_\_\_\_

Input voltage of control panel: \_\_\_\_\_ Control Panel Amps: \_\_\_\_\_

**4.3.2 - Engine-Driven Generator**

This system does not have a generator.

Location of Generator: \_\_\_\_\_

Location of storage fuel: \_\_\_\_\_ Type of Fuel: \_\_\_\_\_

**4.3.3 - Uninterruptable Power System**

This system does not have a UPS.

Equipment powered by UPS system: \_\_\_\_\_

Location of UPS system: \_\_\_\_\_

Calculated capacity of UPS batteries to drive the system components connected to it:

In standby mode (hours): \_\_\_\_\_ In Alarm mode (minutes): \_\_\_\_\_

**4.3.4 - Batteries**

Batteries are marked with date of manufacture.

Date: \_\_\_\_\_

Location of Batteries: \_\_\_\_\_ Type: \_\_\_\_\_ Nominal Voltage: \_\_\_\_\_

Calculated capacity of the batteries to drive the system: \_\_\_\_\_ Amp/hour rating: \_\_\_\_\_

In standby mode (hours): \_\_\_\_\_ In Alarm mode (minutes): \_\_\_\_\_

**Annunciators**

**5.1 - Location & Description of Annunciators**

This system does not have annunciators

Annunciator 1: \_\_\_\_\_

Annunciator 2: \_\_\_\_\_

Annunciator 3: \_\_\_\_\_

Annunciator 4: \_\_\_\_\_



**Fire Alarm  
Test and Inspection Record**

W.O.#

Branch # 40 - San Francisco	Inspector Name Nick Zeffer	Certification No. 758792.00	Date: 10/6/2025	Testing Interval <b>Annual</b>
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<p align="center"><b>Property Information</b></p> <p>Site Name: <u>Sycamore Pump Station</u></p> <p>Address: <u>937 Sycamore Creek Way</u></p>	<p align="center"><b>Testing Contractor Information</b></p> <p>Name: <u>Tri Signal Integration, Inc.</u> License: CA #758792</p> <p>Address: <u>530 McCormick Street</u></p>
--	--

**Testing Results**

7.1 Control Unit and Related Equipment				7.2 Control Unit Power Supplies					
	Visual	Functional	Pass/Fail	Comments		Visual	Functional	Pass/Fail	Comments
Control Unit	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PASS		120-volt Power	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS	
Lamps/LEDs/LCDs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS		Generator or UPS	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Fuses	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS		Battery Condition	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PASS	
Trouble Signals	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PASS		Load Voltage	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PASS	
Disconnect Switches	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS		Discharge Test	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PASS	
Ground Fault Monitoring	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PASS		Charger Test	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PASS	
Panel Supervision	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PASS		Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>		
Local Annunciator	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PASS						
Remote Annunciators	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS						
Power Extender Panels	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS						
Isolation Modules	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS						
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>							

7.3 In-Building Fire Emergency Voice Alarm				7.4 Notification Appliance Power Extender Panels					
	Visual	Functional	Pass/Fail	Comments		Visual	Functional	Pass/Fail	Comments
Control Unit	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Lamps/LEDs/LCDs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/a	
Lamps/LEDs/LCDs	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Fuses	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/a	
Fuses	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Primary Power Supply	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/a	
Trouble Signals	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Secondary Power	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/a	
Disconnect Switches	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Trouble Signals	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/a	
Ground Fault Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Ground Fault Monitoring	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/a	
Panel Supervision	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Panel Supervision	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/a	
Primary Power Supply	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>		
Secondary Power	<input type="checkbox"/>	<input type="checkbox"/>	N/A						
System Performance	<input type="checkbox"/>	<input type="checkbox"/>	N/A						
Sound Pressure Levels	<input type="checkbox"/>	<input type="checkbox"/>	N/A						
Occupied <input type="checkbox"/> Yes		Ambient dBA	N/A						
<input type="checkbox"/> No		Alarm dBA	N/A						
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	N/A						
System Intelligibility	<input type="checkbox"/>	<input type="checkbox"/>	N/A						
	<input type="checkbox"/>	CSI (attach report with location, values and weather conditions)							
	<input type="checkbox"/>	STI							

## Fire Alarm Test and Inspection Record

 W.O.# 

Branch # 40 - San Francisco	Inspector Name Nick Zeffer	Certification No. 758792.00	Date: 10/6/2025	Testing Interval <b>Annual</b>
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<b style="text-align: center;">Property Information</b>  Site Name: <u>Sycamore Pump Station</u> Address: <u>937 Sycamore Creek Way</u>	<b style="text-align: center;">Testing Contractor Information</b>  Name: <u>Tri Signal Integration, Inc.</u> License: CA #758792 Address: <u>530 McCormick Street</u>
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**Testing Results - continued**

7.5 Mass Notification Equipment					7.6 Two-Way Communications Equipment				
	Visual	Functional	Pass/Fail	Comments		Visual	Functional	Pass/Fail	Comments
Functional Test	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Phone handsets	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Reset/power down test	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Phone jacks	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Fuses	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Off-hook indicator	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Primary Power Supply	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Call-in signals	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
UPS Power Test	<input type="checkbox"/>	<input type="checkbox"/>	N/A		System Performance	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Trouble Signals	<input type="checkbox"/>	<input type="checkbox"/>	N/A		System Audibility	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Disconnect Switches	<input type="checkbox"/>	<input type="checkbox"/>	N/A		System Intelligibility	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Ground Fault Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Radio communications enhancement system	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
CCU Security Mechanism	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Area of refuge communication System	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Recorded Message Content	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Elevator emergency communication system	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Message Activation	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>		
Software backup performed	<input type="checkbox"/>	<input type="checkbox"/>	N/A						
Test backup software	<input type="checkbox"/>	<input type="checkbox"/>	N/A						
Fire Alarm to MNS interface	<input type="checkbox"/>	<input type="checkbox"/>	N/A						
In-bldg MNS to wide-area MNS	<input type="checkbox"/>	<input type="checkbox"/>	N/A						
MNS to direct recipient MNS	<input type="checkbox"/>	<input type="checkbox"/>	N/A						
Sound Pressure Levels	<input type="checkbox"/>	<input type="checkbox"/>	N/A						
Occupied <input type="checkbox"/> Yes		Ambient dBA	N/A						
<input type="checkbox"/> No		Alarm dBA	N/A						
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	N/A						
System Intelligibility	<input type="checkbox"/>	<input type="checkbox"/>	N/A						
<input type="checkbox"/> CSI (attach report with location, values and weather conditions)									
<input type="checkbox"/> STI									

**7.7 Combination Systems**

	Visual	Functional	Pass/Fail	Comments
Fire Extinguishing monitoring devices	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Carbon Monoxide detection system	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Combination Fire/Security system	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>		

**7.8 Special Hazard Systems**

Description	Visual	Functional	Pass/Fail	Comments
	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
	<input type="checkbox"/>	<input type="checkbox"/>	N/A	

**7.9 Emergency Communications System**

	Visual	Functional	Pass/Fail	Comments
Simulated Operation	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Ensure predischage notification appliances of special hazard systems are not overridden by the MNS.	<input type="checkbox"/>	<input type="checkbox"/>	N/A	



**Fire Alarm  
Test and Inspection Record**

W.O.#

Branch # 40 - San Francisco	Inspector Name Nick Zeffer	Certification No. 758792.00	Date: 10/6/2025	Testing Interval <b>Annual</b>
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<p align="center"><b>Property Information</b></p> <p>Site Name: <u>Sycamore Pump Station</u> Address: <u>937 Sycamore Creek Way</u></p>	<p align="center"><b>Testing Contractor Information</b></p> <p>Name: <u>Tri Signal Integration, Inc.</u> License: CA #758792 Address: <u>530 McCormick Street</u></p>
---	---

**Testing Results - continued**

7.10 Monitored Systems					7.11 Auxilliary Functions				
	Visual	Functional	Pass/Fail	Comments		Visual	Functional	Pass/Fail	Comments
Engine-driven generator	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Door releasing devices	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Fire Pump	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Fan Shutdown	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Special Suppression systems	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Smoke Management	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>			Smoke Control				
					Smoke Damper Operation	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
7.12 Alarm Initiating Devices					Smoke shutter release	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
<input checked="" type="checkbox"/> Device test results sheet attached listing all devices tested and results of the test.					Door unlocking	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
7.13 Supervisory Alarm Initiating Devices					Elevator recall	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
<input checked="" type="checkbox"/> Device test results sheet attached listing all devices tested and results of the test.					Elevator shunt trip	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
7.14 Alarm Notification Appliances					MNS override of FA signals	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
<input type="checkbox"/> Impaired Alarm Notification test results are provided on the deficiencies list.					Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>		

Device Summary - (See Attached Detail List)	7.15 Supervisory Station Monitoring
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	Yes	No	Pass/Fail
Alarm Signals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS
Alarm restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS
Trouble signals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS
Trouble restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS
Supervisory signals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS
Supervisory restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS

Initiating Device Type	System Devices	Tested	Passed	Failed
Smoke Detector:	0	0	0	0
Heat Detector:	1	1	1	0
Duct Detector:	0	0	0	0
Manual Pull Station:	1	1	1	0
Waterflow Switch:	1	1	1	0
Tamper Switch:	2	2	2	0
Other Initiating Devices:	0	0	0	0
Totals:	5	5	5	0
Testing Results this Period:		100%	100%	0%



W.O.#

**Fire Alarm  
Test and Inspection Record**

Branch # 40 - San Francisco	Inspector Name Nick Zeffer	Certification No. 758792.00	Date: 10/6/2025	Testing Interval <b>Annual</b>
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<p align="center"><b>Property Information</b></p> <p>Site Name: <u>Sycamore Pump Station</u></p> <p>Address: <u>937 Sycamore Creek Way</u></p>	<p align="center"><b>Testing Contractor Information</b></p> <p>Name: <u>Tri Signal Integration, Inc.</u> License: CA #758792</p> <p>Address: <u>530 McCormick Street</u></p>
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**Notifications That Testing is Complete**

Central Station Monitoring: <u>Tri Signal Integration</u> Account #: <u>XM1-4937</u>	Phone: <u>800-975-2405</u> <input type="checkbox"/> Notified Time: <u>4:00P.M.</u>
Building Management: _____ Building Occupants: _____	<input type="checkbox"/> Notified Time: <u>4:00P.M.</u> <input type="checkbox"/> Notified Time: <u>4:00P.M.</u>
Authority Having Jurisdiction: <u>Livermore/Pleasanton Fire Department</u> Others, if required: _____	<input type="checkbox"/> Notified Time: <u>N/A</u> <input type="checkbox"/> Notified Time: _____

Post System Status:  Normal     Impaired    Notes: (If System left Impaired)

System Retored:            \_\_\_\_\_

Date: 10/06/25                      Time: 4:00P.M.

**Certification**

**10.1 - Inspector Certification:**

This system, as specified herein, has been inspected and tested according to all NFPA standards cited herein.

Signed:   
 Nick Zeffer    Tri Signal Integration, Inc.

Date: 10/6/25

**10.2 - Accepted by Owner or Owner's Representative:**

The undersigned has a service contract for this system in effect as of the date shown below.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_



W.O.#

Name: Sycamore Pump Station  
 Address: 937 Sycamore Creek Way  
 City, St, Zip: Pleasanton, CA, 94566  
 Contact:

SYSTEM DEFECTS FOUND

NO SYSTEM DEFECTS FOUND

Date Tested: 10/6/2025

### DEFICIENCIES REPORT

GRAY AREA SHALL BE FILLED OUT BY CERTIFIED TESTER PERFORMING RETEST

	Description of Deficiencies	Location	RETEST ONLY
1			<input type="checkbox"/> PASS
2			<input type="checkbox"/> PASS
3			<input type="checkbox"/> PASS
4			<input type="checkbox"/> PASS
5			<input type="checkbox"/> PASS
6			<input type="checkbox"/> PASS
7			<input type="checkbox"/> PASS
8			<input type="checkbox"/> PASS
9			<input type="checkbox"/> PASS
10			<input type="checkbox"/> PASS
11			<input type="checkbox"/> PASS
12			<input type="checkbox"/> PASS
13			<input type="checkbox"/> PASS
14			<input type="checkbox"/> PASS
15			<input type="checkbox"/> PASS
16			<input type="checkbox"/> PASS
17			<input type="checkbox"/> PASS
18			<input type="checkbox"/> PASS
19			<input type="checkbox"/> PASS
20			<input type="checkbox"/> PASS
21			<input type="checkbox"/> PASS
22			<input type="checkbox"/> PASS
23			<input type="checkbox"/> PASS

**RETEST PERFORMED BY:**

**Retester's Name:** \_\_\_\_\_

**Retester's Signature:** \_\_\_\_\_

**Certification #:** \_\_\_\_\_

**Retest Date:** \_\_\_\_\_



**TRI•SIGNAL**  
**INTEGRATION, INC.**

**FIRE ALARM  
LIFE SAFETY SYSTEM INSPECTION**  
**Annual**

Inspection Date: 2/25/2025

PREPARED FOR:

City of Pleasanton  
1202 Machado Pl.  
Pleasanton, CA, 94566

This system, as specified herein, has been inspected and tested according to all NFPA standards cited herein.

Corporate Office  
Tri Signal Integration, Inc.  
15853 Monte St. Suite 101  
Sylmar, CA. 91342  
(818) 566-8558

## Fire Alarm Test and Inspection Record

 W.O.# 

Branch # 40 - San Francisco	Inspector Name Nick Zeffer	Certification No. 7/1/3977	Date: 2/25/2025	Testing Interval <b>Annual</b>
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Property Information	Testing Contractor Information
Site Name: _____	Name: <u>Tri Signal Integration, Inc.</u> License: CA #758792
Address: <u>1202 Machado Pl</u>	Address: <u>530 McCormick Street</u>
City, St, Zip: <u>Pleasanton, CA, 94566</u>	City, St, Zip: <u>San Leandro, CA, 94577</u>
Phone: <u>(925) 437-3607</u> Fax: _____	Phone: <u>(510) 357-3700</u> Fax: <u>(510) 352-2379</u>
Contact: <u>Chris Brown</u> Email: _____	Contact: <u>Steve Oderwald</u> Email: <a href="mailto:soderwald@tri-signal.com">soderwald@tri-signal.com</a>

**Pre-test System Status**

Normal   
  Impaired   
 Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Notifications Made Prior to Testing**

Central Station Monitoring: _____	tri signal	Phone: <u>NA</u>
Account #: _____	xm14120	<input type="checkbox"/> Notified Time: _____
Building Management: _____	NA	<input type="checkbox"/> Notified Time: _____
Building Occupants: _____	NA	<input type="checkbox"/> Notified Time: _____
Authority Having Jurisdiction: _____	NA	<input type="checkbox"/> Notified Time: _____
Others, if required: _____		<input type="checkbox"/> Notified Time: _____

**Executive Summary**
**1. Testing Description**
1.1. - Control Equipment:

Control Equipment has been tested to verify correct receipt of alarm, supervisory, and trouble signals; operation of evacuation signals and auxiliary functions; circuit supervision, including detection of open circuits and ground faults; and power supervision for loss of AC power and disconnection of secondary batteries.

1.2 - Initiating devices:

Initiating devices, including smoke detectors, duct detectors, heat detectors, waterflow switches and tamper switches have been tested for proper operation according to manufacturers recommendation and NFPA guidelines.

1.3 - Indicating and Auxiliary Appliances:

Indicating and auxiliary devices, including speaker strobes, strobes, hornstrobe remote annunciator, and auxiliary control functions have been tested for proper operation according to manufacturers recommendation and NFPA guidelines.

**2. Building Description:**





W.O.#

**Fire Alarm  
Test and Inspection Record**

Branch # 40 - San Francisco	Inspector Name Nick Zeffer	Certification No. 7/1/3977	Date: 2/25/2025	Testing Interval <b>Annual</b>
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<b>Property Information</b>	<b>Testing Contractor Information</b>
Site Name: _____ Address: <u>1202 Machado Pl</u>	Name: <u>Tri Signal Integration, Inc.</u> License: CA #758792 Address: <u>530 McCormick Street</u>

**System Power**

**4.1 - Control Unit**

**4.1.1 - Primary Power**

Location of Breaker: electrical rm

Input voltage of control panel: 120

Control Panel Amps: 20

**4.1.2 - Engine-Driven Generator**

This system does not have a generator.

Location of Generator: \_\_\_\_\_

Location of storage fuel: \_\_\_\_\_

Type of Fuel: \_\_\_\_\_

**4.1.3 - Uninterruptable Power System**

This system does not have a UPS.

Equipment powered by UPS system: \_\_\_\_\_

Location of UPS system: \_\_\_\_\_

Calculated capacity of UPS batteries to drive the system components connected to it:

In standby mode (hours): \_\_\_\_\_

In Alarm mode (minutes): \_\_\_\_\_

**4.1.4 - Batteries**

Location of Batteries: facp

Type: sealed lead acid

Nominal Voltage: 12v

Calculated capacity of the batteries to drive the system:

Amp/hour rating: 7ah

In standby mode (hours): 24

In Alarm mode (minutes): 10

Batteries are marked with date of manufacture.

**4.2 - In-Building Fire Emergency Voice Alarm Communication System or Mass Notification System**

This system does not have an EVACS or MNS System

**4.2.1 - Primary Power**

Location of Breaker: \_\_\_\_\_

Input voltage of control panel: \_\_\_\_\_

Control Panel Amps: \_\_\_\_\_

**4.2.2 - Engine-Driven Generator**

This system does not have a generator.

Location of Generator: \_\_\_\_\_

Location of storage fuel: \_\_\_\_\_

Type of Fuel: \_\_\_\_\_

**4.2.3 - Uninterruptable Power System**

This system does not have a UPS.

Equipment powered by UPS system: \_\_\_\_\_

Location of UPS system: \_\_\_\_\_

Calculated capacity of UPS batteries to drive the system components connected to it:

In standby mode (hours): \_\_\_\_\_

In Alarm mode (minutes): \_\_\_\_\_

**4.2.4 - Batteries**

Batteries are marked with date of manufacture.

Date: \_\_\_\_\_

Location of Batteries: \_\_\_\_\_

Type: \_\_\_\_\_

Nominal Voltage: \_\_\_\_\_

Calculated capacity of the batteries to drive the system:

Amp/hour rating: \_\_\_\_\_

In standby mode (hours): \_\_\_\_\_

In Alarm mode (minutes): \_\_\_\_\_



**Fire Alarm  
Test and Inspection Record**

W.O.#

Branch # 40 - San Francisco	Inspector Name Nick Zeffer	Certification No. 7/1/3977	Date: 2/25/2025	Testing Interval <b>Annual</b>
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<p align="center"><b>Property Information</b></p> <p>Site Name: _____ Address: <u>1202 Machado Pl</u></p>	<p align="center"><b>Testing Contractor Information</b></p> <p>Name: <u>Tri Signal Integration, Inc.</u> License: CA #758792 Address: <u>530 McCormick Street</u></p>
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**System Power - continued**

**4.3 - Notification Appliance Power Extender**

This system does not have power extender panels Enter quantity of extender panels: \_\_\_\_\_

**4.3.1 - Primary Power**

Location of Breaker: \_\_\_\_\_

Input voltage of control panel: \_\_\_\_\_ Control Panel Amps: \_\_\_\_\_

**4.3.2 - Engine-Driven Generator**

This system does not have a generator.

Location of Generator: \_\_\_\_\_

Location of storage fuel: \_\_\_\_\_ Type of Fuel: \_\_\_\_\_

**4.3.3 - Uninterruptable Power System**

This system does not have a UPS.

Equipment powered by UPS system: \_\_\_\_\_

Location of UPS system: \_\_\_\_\_

Calculated capacity of UPS batteries to drive the system components connected to it:

In standby mode (hours): \_\_\_\_\_ In Alarm mode (minutes): \_\_\_\_\_

**4.3.4 - Batteries**

Batteries are marked with date of manufacture.

Date: \_\_\_\_\_

Location of Batteries: \_\_\_\_\_ Type: \_\_\_\_\_ Nominal Voltage: \_\_\_\_\_

Calculated capacity of the batteries to drive the system: \_\_\_\_\_ Amp/hour rating: \_\_\_\_\_

In standby mode (hours): \_\_\_\_\_ In Alarm mode (minutes): \_\_\_\_\_

**Annunciators**

**5.1 - Location & Description of Annunciators**

This system does not have annunciators

Annunciator 1: dispatch office

Annunciator 2: \_\_\_\_\_

Annunciator 3: \_\_\_\_\_

Annunciator 4: \_\_\_\_\_



**Fire Alarm  
Test and Inspection Record**

W.O.#

Branch # 40 - San Francisco	Inspector Name Nick Zeffer	Certification No. 7/1/3977	Date: 2/25/2025	Testing Interval <b>Annual</b>
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<p align="center"><b>Property Information</b></p> <p>Site Name: _____</p> <p>Address: <u>1202 Machado Pl</u></p>	<p align="center"><b>Testing Contractor Information</b></p> <p>Name: <u>Tri Signal Integration, Inc.</u> License: CA #758792</p> <p>Address: <u>530 McCormick Street</u></p>
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**Testing Results**

7.1 Control Unit and Related Equipment					7.2 Control Unit Power Supplies				
	Visual	Functional	Pass/Fail	Comments		Visual	Functional	Pass/Fail	Comments
Control Unit	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PASS		120-volt Power	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS	
Lamps/LEDs/LCDs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS		Generator or UPS	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Fuses	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS		Battery Condition	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PASS	
Trouble Signals	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PASS		Load Voltage	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PASS	
Disconnect Switches	<input type="checkbox"/>	<input type="checkbox"/>	N/a		Discharge Test	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Fail	
Ground Fault Monitoring	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PASS		Charger Test	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PASS	
Panel Supervision	<input type="checkbox"/>	<input type="checkbox"/>	N/a		Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>		
Local Annunciator	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PASS						
Remote Annunciators	<input type="checkbox"/>	<input type="checkbox"/>	N/a						
Power Extender Panels	<input type="checkbox"/>	<input type="checkbox"/>	N/a						
Isolation Modules	<input type="checkbox"/>	<input type="checkbox"/>	N/a						
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>							

7.3 In-Building Fire Emergency Voice Alarm					7.4 Notification Appliance Power Extender Panels				
	Visual	Functional	Pass/Fail	Comments		Visual	Functional	Pass/Fail	Comments
Control Unit	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Lamps/LEDs/LCDs	<input type="checkbox"/>	<input type="checkbox"/>	N/a	
Lamps/LEDs/LCDs	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Fuses	<input type="checkbox"/>	<input type="checkbox"/>	N/a	
Fuses	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Primary Power Supply	<input type="checkbox"/>	<input type="checkbox"/>	N/a	
Trouble Signals	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Secondary Power	<input type="checkbox"/>	<input type="checkbox"/>	N/a	
Disconnect Switches	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Trouble Signals	<input type="checkbox"/>	<input type="checkbox"/>	N/a	
Ground Fault Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Ground Fault Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	N/a	
Panel Supervision	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Panel Supervision	<input type="checkbox"/>	<input type="checkbox"/>	N/a	
Primary Power Supply	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>		
Secondary Power	<input type="checkbox"/>	<input type="checkbox"/>	N/A						
System Performance	<input type="checkbox"/>	<input type="checkbox"/>	N/A						
Sound Pressure Levels	<input type="checkbox"/>	<input type="checkbox"/>	N/A						
Occupied <input type="checkbox"/> Yes		Ambient dBA	N/A						
<input type="checkbox"/> No		Alarm dBA	N/A						
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	N/A						
System Intelligibility	<input type="checkbox"/>	<input type="checkbox"/>	N/A						
	<input type="checkbox"/>	CSI (attach report with location, values and weather conditions)							
	<input type="checkbox"/>	STI							

## Fire Alarm Test and Inspection Record

 W.O.# 

Branch # 40 - San Francisco	Inspector Name Nick Zeffer	Certification No. 7/1/3977	Date: 2/25/2025	Testing Interval <b>Annual</b>
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<b style="text-align: center;">Property Information</b>  Site Name: _____ Address: <u>1202 Machado Pl</u>	<b style="text-align: center;">Testing Contractor Information</b>  Name: <u>Tri Signal Integration, Inc.</u> License: CA #758792 Address: <u>530 McCormick Street</u>
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**Testing Results - continued**

7.5 Mass Notification Equipment					7.6 Two-Way Communications Equipment				
	Visual	Functional	Pass/Fail	Comments		Visual	Functional	Pass/Fail	Comments
Functional Test	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Phone handsets	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Reset/power down test	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Phone jacks	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Fuses	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Off-hook indicator	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Primary Power Supply	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Call-in signals	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
UPS Power Test	<input type="checkbox"/>	<input type="checkbox"/>	N/A		System Performance	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Trouble Signals	<input type="checkbox"/>	<input type="checkbox"/>	N/A		System Audibility	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Disconnect Switches	<input type="checkbox"/>	<input type="checkbox"/>	N/A		System Intelligibility	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Ground Fault Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Radio communications enhancement system	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
CCU Security Mechanism	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Area of refuge communication System	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Recorded Message Content	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Elevator emergency communication system	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Message Activation	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>		
Software backup performed	<input type="checkbox"/>	<input type="checkbox"/>	N/A						
Test backup software	<input type="checkbox"/>	<input type="checkbox"/>	N/A						
Fire Alarm to MNS interface	<input type="checkbox"/>	<input type="checkbox"/>	N/A						
In-bldg MNS to wide-area MNS	<input type="checkbox"/>	<input type="checkbox"/>	N/A						
MNS to direct recipient MNS	<input type="checkbox"/>	<input type="checkbox"/>	N/A						
Sound Pressure Levels	<input type="checkbox"/>	<input type="checkbox"/>	N/A						
Occupied <input type="checkbox"/> Yes		Ambient dBA	N/A						
<input type="checkbox"/> No		Alarm dBA	N/A						
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	N/A						
System Intelligibility	<input type="checkbox"/>	<input type="checkbox"/>	N/A						
<input type="checkbox"/> CSI (attach report with location, values and weather conditions)									
<input type="checkbox"/> STI									

**7.7 Combination Systems**

7.8 Special Hazard Systems					7.9 Emergency Communications System				
Description	Visual	Functional	Pass/Fail	Comments		Visual	Functional	Pass/Fail	Comments
_____	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Simulated Operation	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
_____	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Ensure predischage notification appliances of special hazard systems are not overridden by the MNS.	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
_____	<input type="checkbox"/>	<input type="checkbox"/>	N/A						
_____	<input type="checkbox"/>	<input type="checkbox"/>	N/A						



**Fire Alarm  
Test and Inspection Record**

W.O.#

Branch # 40 - San Francisco	Inspector Name Nick Zeffer	Certification No. 7/1/3977	Date: 2/25/2025	Testing Interval <b>Annual</b>
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<p align="center"><b>Property Information</b></p> <p>Site Name: _____ Address: <u>1202 Machado Pl</u></p>	<p align="center"><b>Testing Contractor Information</b></p> <p>Name: <u>Tri Signal Integration, Inc.</u> License: CA #758792 Address: <u>530 McCormick Street</u></p>
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**Testing Results - continued**

7.10 Monitored Systems					7.11 Auxilliary Functions				
	Visual	Functional	Pass/Fail	Comments		Visual	Functional	Pass/Fail	Comments
Engine-driven generator	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Door releasing devices	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Fire Pump	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Fan Shutdown	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Special Suppression systems	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Smoke Management	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>			Smoke Control				
					Smoke Damper Operation	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
7.12 Alarm Initiating Devices					Smoke shutter release	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
<input checked="" type="checkbox"/> Device test results sheet attached listing all devices tested and results of the test.					Door unlocking	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
7.13 Supervisory Alarm Initiating Devices					Elevator recall	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
<input checked="" type="checkbox"/> Device test results sheet attached listing all devices tested and results of the test.					Elevator shunt trip	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
7.14 Alarm Notification Appliances					MNS override of FA signals	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
<input type="checkbox"/> Impaired Alarm Notification test results are provided on the deficiencies list.					Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>		

Device Summary - (See Attached Detail List)	7.15 Supervisory Station Monitoring
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	Yes	No	Pass/Fail
Alarm Signals	<input type="checkbox"/>	<input type="checkbox"/>	N/a
Alarm restoration	<input type="checkbox"/>	<input type="checkbox"/>	N/a
Trouble signals	<input type="checkbox"/>	<input type="checkbox"/>	N/a
Trouble restoration	<input type="checkbox"/>	<input type="checkbox"/>	N/a
Supervisory signals	<input type="checkbox"/>	<input type="checkbox"/>	N/a
Supervisory restoration	<input type="checkbox"/>	<input type="checkbox"/>	N/a

Initiating Device Type	System Devices	Tested	Passed	Failed
Smoke Detector:	0	0	0	0
Heat Detector:	0	0	0	0
Duct Detector:	0	0	0	0
Manual Pull Station:	0	0	0	0
Waterflow Switch:	2	2	2	0
Tamper Switch:	3	3	3	0
Other Initiating Devices:	0	0	0	0
Totals:	5	5	5	0
Testing Results this Period:		100%	100%	0%



**Fire Alarm  
Test and Inspection Record**

W.O.#

Branch # 40 - San Francisco	Inspector Name Nick Zeffer	Certification No. 7/1/3977	Date: 2/25/2025	Testing Interval <b>Annual</b>
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<p align="center"><b>Property Information</b></p> <p>Site Name: _____ Address: <u>1202 Machado Pl</u></p>	<p align="center"><b>Testing Contractor Information</b></p> <p>Name: <u>Tri Signal Integration, Inc.</u> License: CA #758792 Address: <u>530 McCormick Street</u></p>
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**Notifications That Testing is Complete**

Central Station Monitoring: <u>tri signal</u> Account #: <u>xm14120</u>	Phone: <u>NA</u> <input type="checkbox"/> Notified Time: _____
Building Management: <u>NA</u>	<input type="checkbox"/> Notified Time: _____
Building Occupants: <u>NA</u>	<input type="checkbox"/> Notified Time: _____
Authority Having Jurisdiction: <u>NA</u>	<input type="checkbox"/> Notified Time: _____
Others, if required: _____	<input type="checkbox"/> Notified Time: _____

Post System Status: **Normal**    **Impared**    Notes: (If System left Impared)

System Retored:            \_\_\_\_\_

Date: 02/25/25                      Time: 3pm

**Certification**

**10.1 - Inspector Certification:**

This system, as specified herein, has been inspected and tested according to all NFPA standards cited herein.

Signed:   
 Nick Zeffer    Tri Signal Integration, Inc.

Date: 2/25/25

**10.2 - Accepted by Owner or Owner's Representative:**

The undersigned has a service contract for this system in effect as of the date shown below.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_



W.O.# 

 Name:  
 Address: 1202 Machado Pl  
 City,St,Zip: Pleasanton, CA, 94566  
 Contact: Chris Brown

 SYSTEM DEFECTS FOUND

 NO SYSTEM DEFECTS FOUND

Date Tested: 2/25/2025

### DEFICIENCIES REPORT

GRAY AREA SHALL BE FILLED OUT BY CERTIFIED TESTER PERFORMING RETEST

	Description of Deficiencies	Location	RETEST ONLY
1	no signals reporting to monitoring	at FACP	<input type="checkbox"/> PASS
2			<input type="checkbox"/> PASS
3			<input type="checkbox"/> PASS
4			<input type="checkbox"/> PASS
5			<input type="checkbox"/> PASS
6			<input type="checkbox"/> PASS
7			<input type="checkbox"/> PASS
8			<input type="checkbox"/> PASS
9			<input type="checkbox"/> PASS
10			<input type="checkbox"/> PASS
11			<input type="checkbox"/> PASS
12			<input type="checkbox"/> PASS
13			<input type="checkbox"/> PASS
14			<input type="checkbox"/> PASS
15			<input type="checkbox"/> PASS
16			<input type="checkbox"/> PASS
17			<input type="checkbox"/> PASS
18			<input type="checkbox"/> PASS
19			<input type="checkbox"/> PASS
20			<input type="checkbox"/> PASS
21			<input type="checkbox"/> PASS
22			<input type="checkbox"/> PASS
23			<input type="checkbox"/> PASS

**RETEST PERFORMED BY:**

**Retester's Name:** \_\_\_\_\_

**Retester's Signature:** \_\_\_\_\_

**Certification #:** \_\_\_\_\_

**Retest Date:** \_\_\_\_\_



**TRI•SIGNAL**  
**INTEGRATION, INC.**

**FIRE ALARM**  
**LIFE SAFETY SYSTEM INSPECTION**  
**Annual**

Inspection Date: 6/2/2025

PREPARED FOR:

Fire Station  
1600 Oak Vista Way  
Pleasanton, CA, 94566

This system, as specified herein, has been inspected and tested according to all NFPA standards cited herein.

Corporate Office  
Tri Signal Integration, Inc.  
15853 Monte St. Suite 101  
Sylmar, CA. 91342  
(818) 566-8558

## Fire Alarm Test and Inspection Record

 W.O.# 

Branch # 40 - San Francisco	Inspector Name Nick Zeffer	Certification No.	Date: 6/2/2025	Testing Interval <b>Annual</b>
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Site Name: <u>COP- Fire Station</u> Address: <u>1600 Oak Vista Way</u> City,St,Zip: <u>Pleasanton, CA, 94566</u> Phone: <u>(925) 437-3607</u> Fax: _____ Contact: <u>Steve</u> Email: _____	<b>Testing Contractor Information</b> Name: <u>Tri Signal Integration, Inc.</u> License: CA #758792 Address: <u>530 McCormick Street</u> City,St,Zip: <u>San Leandro, CA, 94577</u> Phone: <u>(510) 357-3700</u> Fax: <u>(510) 352-2379</u> Contact: <u>Steve Oderwald</u> Email: <a href="mailto:soderwald@tri-signal.com">soderwald@tri-signal.com</a>
---	---

<b>Pre-test System Status</b>		Comments: _____
<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Impaired	_____
		_____

**Notifications Made Prior to Testing**

Central Station Monitoring: _____ <u>tri signal</u>	Phone: <u>8009752405</u>	
Account #: _____ <u>xm1-4984</u>	<input type="checkbox"/> Notified Time: <u>9am</u>	
Building Management: _____ <u>steve</u>	<input type="checkbox"/> Notified Time: <u>NA</u>	
Building Occupants: _____ <u>NA</u>	<input type="checkbox"/> Notified Time: <u>NA</u>	
Authority Having Jurisdiction: _____	<input type="checkbox"/> Notified Time: _____	
Others, if required: _____	<input type="checkbox"/> Notified Time: _____	

**Executive Summary**
**1. Testing Description**
1.1. - Control Equipment:

Control Equipment has been tested to verify correct receipt of alarm, supervisory, and trouble signals; operation of evacuation signals and auxiliary functions; circuit supervision, including detection of open circuits and ground faults; and power supervision for loss of AC power and disconnection of secondary batteries.

1.2 - Initiating devices:

Initiating devices, including smoke detectors, duct detectors, heat detectors, waterflow switches and tamper switches have been tested for proper operation according to manufacturers recommendation and NFPA guidelines.

1.3 - Indicating and Auxiliary Appliances:

Indicating and auxiliary devices, including speaker strobes, strobes, hornstrobe remote annunciator, and auxiliary control functions have been tested for proper operation according to manufacturers recommendation and NFPA guidelines.

**2. Building Description:**

single story building protected by a fire life safety system





W.O.#

**Fire Alarm  
Test and Inspection Record**

Branch # 40 - San Francisco	Inspector Name Nick Zeffer	Certification No.	Date: 6/2/2025	Testing Interval <b>Annual</b>
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Site Name: <u>COP- Fire Station</u> Address: <u>1600 Oak Vista Way</u>	<b>Testing Contractor Information</b> Name: <u>Tri Signal Integration, Inc.</u> License: CA #758792 Address: <u>530 McCormick Street</u>
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**System Power**

**4.1 - Control Unit**

**4.1.1 - Primary Power** Location of Breaker: electrical rm  
 Input voltage of control panel: 120 Control Panel Amps: 20

**4.1.2 - Engine-Driven Generator**  This system does not have a generator.  
 Location of Generator: \_\_\_\_\_  
 Location of storage fuel: \_\_\_\_\_ Type of Fuel: \_\_\_\_\_

**4.1.3 - Uninterruptable Power System**  This system does not have a UPS.  
 Equipment powered by UPS system: \_\_\_\_\_  
 Location of UPS system: \_\_\_\_\_  
 Calculated capacity of UPS batteries to drive the system components connected to it:  
 In standby mode (hours): \_\_\_\_\_ In Alarm mode (minutes): \_\_\_\_\_

**4.1.4 - Batteries**  
 Location of Batteries: FACP Type: sealed lead acid Nominal Voltage: 12volt  
 Calculated capacity of the batteries to drive the system: Amp/hour rating: 7ah  
 In standby mode (hours): 24 In Alarm mode (minutes): 10  
 Batteries are marked with date of manufacture.

**4.2 - In-Building Fire Emergency Voice Alarm Communication System or Mass Notification System**

This system does not have an EVACS or MNS System

**4.2.1 - Primary Power** Location of Breaker: \_\_\_\_\_  
 Input voltage of control panel: \_\_\_\_\_ Control Panel Amps: \_\_\_\_\_

**4.2.2 - Engine-Driven Generator**  This system does not have a generator.  
 Location of Generator: \_\_\_\_\_  
 Location of storage fuel: \_\_\_\_\_ Type of Fuel: \_\_\_\_\_

**4.2.3 - Uninterruptable Power System**  This system does not have a UPS.  
 Equipment powered by UPS system: \_\_\_\_\_  
 Location of UPS system: \_\_\_\_\_  
 Calculated capacity of UPS batteries to drive the system components connected to it:  
 In standby mode (hours): \_\_\_\_\_ In Alarm mode (minutes): \_\_\_\_\_

**4.2.4 - Batteries**  Batteries are marked with date of manufacture. Date: \_\_\_\_\_  
 Location of Batteries: \_\_\_\_\_ Type: \_\_\_\_\_ Nominal Voltage: \_\_\_\_\_  
 Calculated capacity of the batteries to drive the system: Amp/hour rating: \_\_\_\_\_  
 In standby mode (hours): \_\_\_\_\_ In Alarm mode (minutes): \_\_\_\_\_



W.O.#

**Fire Alarm  
Test and Inspection Record**

Branch # 40 - San Francisco	Inspector Name Nick Zeffer	Certification No.	Date: 6/2/2025	Testing Interval <b>Annual</b>
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**System Power - continued**

**4.3 - Notification Appliance Power Extender**

This system does not have power extender panels Enter quantity of extender panels: \_\_\_\_\_

**4.3.1 - Primary Power**

Location of Breaker: \_\_\_\_\_

Input voltage of control panel: \_\_\_\_\_ Control Panel Amps: \_\_\_\_\_

**4.3.2 - Engine-Driven Generator**

This system does not have a generator.

Location of Generator: \_\_\_\_\_

Location of storage fuel: \_\_\_\_\_ Type of Fuel: \_\_\_\_\_

**4.3.3 - Uninterruptable Power System**

This system does not have a UPS.

Equipment powered by UPS system: \_\_\_\_\_

Location of UPS system: \_\_\_\_\_

Calculated capacity of UPS batteries to drive the system components connected to it:

In standby mode (hours): \_\_\_\_\_ In Alarm mode (minutes): \_\_\_\_\_

**4.3.4 - Batteries**

Batteries are marked with date of manufacture.

Date: \_\_\_\_\_

Location of Batteries: \_\_\_\_\_ Type: \_\_\_\_\_ Nominal Voltage: \_\_\_\_\_

Calculated capacity of the batteries to drive the system: \_\_\_\_\_ Amp/hour rating: \_\_\_\_\_

In standby mode (hours): \_\_\_\_\_ In Alarm mode (minutes): \_\_\_\_\_

**Annunciators**

**5.1 - Location & Description of Annunciators**

This system does not have annunciators

Annunciator 1: FACP

Annunciator 2: rear exit

Annunciator 3: \_\_\_\_\_

Annunciator 4: \_\_\_\_\_



**Fire Alarm  
Test and Inspection Record**

W.O.#

Branch # 40 - San Francisco	Inspector Name Nick Zeffer	Certification No.	Date: 6/2/2025	Testing Interval <b>Annual</b>
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**Testing Results**

7.1 Control Unit and Related Equipment				
	Visual	Functional	Pass/Fail	Comments
Control Unit	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PASS	
Lamps/LEDs/LCDs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS	
Fuses	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS	
Trouble Signals	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PASS	
Disconnect Switches	<input type="checkbox"/>	<input type="checkbox"/>	N/a	
Ground Fault Monitoring	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PASS	
Panel Supervision	<input type="checkbox"/>	<input type="checkbox"/>	N/a	
Local Annunciator	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PASS	
Remote Annunciators	<input type="checkbox"/>	<input type="checkbox"/>	N/a	
Power Extender Panels	<input type="checkbox"/>	<input type="checkbox"/>	N/a	
Isolation Modules	<input type="checkbox"/>	<input type="checkbox"/>	N/a	
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>		

7.2 Control Unit Power Supplies				
	Visual	Functional	Pass/Fail	Comments
120-volt Power	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS	
Generator or UPS	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Battery Condition	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PASS	
Load Voltage	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PASS	
Discharge Test	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PASS	
Charger Test	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PASS	
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>		

7.3 In-Building Fire Emergency Voice Alarm				
	Visual	Functional	Pass/Fail	Comments
Control Unit	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Lamps/LEDs/LCDs	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Fuses	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Trouble Signals	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Disconnect Switches	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Ground Fault Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Panel Supervision	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Primary Power Supply	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Secondary Power	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
System Performance	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Sound Pressure Levels	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Occupied <input type="checkbox"/> Yes		Ambient dBA	N/A	
<input type="checkbox"/> No		Alarm dBA	N/A	
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
System Intelligibility	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
<input type="checkbox"/> CSI	<small>(attach report with location, values and weather conditions)</small>			
<input type="checkbox"/> STI				

7.4 Notification Appliance Power Extender Panels				
	Visual	Functional	Pass/Fail	Comments
Lamps/LEDs/LCDs	<input type="checkbox"/>	<input type="checkbox"/>	N/a	
Fuses	<input type="checkbox"/>	<input type="checkbox"/>	N/a	
Primary Power Supply	<input type="checkbox"/>	<input type="checkbox"/>	N/a	
Secondary Power	<input type="checkbox"/>	<input type="checkbox"/>	N/a	
Trouble Signals	<input type="checkbox"/>	<input type="checkbox"/>	N/a	
Ground Fault Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	N/a	
Panel Supervision	<input type="checkbox"/>	<input type="checkbox"/>	N/a	
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>		

## Fire Alarm Test and Inspection Record

 W.O.# 

Branch # 40 - San Francisco	Inspector Name Nick Zeffer	Certification No.	Date: 6/2/2025	Testing Interval <b>Annual</b>
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Site Name: <u>COP- Fire Station</u> Address: <u>1600 Oak Vista Way</u>	<b>Testing Contractor Information</b> Name: <u>Tri Signal Integration, Inc.</u> License: CA #758792 Address: <u>530 McCormick Street</u>
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**Testing Results - continued**

7.5 Mass Notification Equipment				
	Visual	Functional	Pass/Fail	Comments
Functional Test	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Reset/power down test	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Fuses	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Primary Power Supply	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
UPS Power Test	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Trouble Signals	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Disconnect Switches	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Ground Fault Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
CCU Security Mechanism	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Recorded Message Content	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Message Activation	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Software backup performed	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Test backup software	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Fire Alarm to MNS interface	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
In-bldg MNS to wide-area MNS	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
MNS to direct recipient MNS	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Sound Pressure Levels	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Occupied <input type="checkbox"/> Yes		Ambient dBA	N/A	
<input type="checkbox"/> No		Alarm dBA	N/A	
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
System Intelligibility	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
<input type="checkbox"/> CSI (attach report with location, values and weather conditions)				
<input type="checkbox"/> STI				

7.6 Two-Way Communications Equipment				
	Visual	Functional	Pass/Fail	Comments
Phone handsets	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Phone jacks	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Off-hook indicator	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Call-in signals	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
System Performance	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
System Audibility	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
System Intelligibility	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Radio communications enhancement system	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Area of refuge communication System	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Elevator emergency communication system	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>		

7.7 Combination Systems				
	Visual	Functional	Pass/Fail	Comments
Fire Extinguishing monitoring devices	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Carbon Monoxide detection system	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Combination Fire/Security system	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>		

7.8 Special Hazard Systems				
Description	Visual	Functional	Pass/Fail	Comments
_____	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
_____	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
_____	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
_____	<input type="checkbox"/>	<input type="checkbox"/>	N/A	

7.9 Emergency Communications System				
	Visual	Functional	Pass/Fail	Comments
Simulated Operation	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Ensure predischage notification appliances of special hazard systems are not overridden by the MNS.	<input type="checkbox"/>	<input type="checkbox"/>	N/A	



W.O.#

**Fire Alarm  
Test and Inspection Record**

Branch # 40 - San Francisco	Inspector Name Nick Zeffer	Certification No.	Date: 6/2/2025	Testing Interval <b>Annual</b>
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Site Name: <u>COP- Fire Station</u> Address: <u>1600 Oak Vista Way</u>	<b>Testing Contractor Information</b> Name: <u>Tri Signal Integration, Inc.</u> License: CA #758792 Address: <u>530 McCormick Street</u>
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**Testing Results - continued**

7.10 Monitored Systems				
	Visual	Functional	Pass/Fail	Comments
Engine-driven generator	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Fire Pump	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Special Suppression systems	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>		

7.11 Auxilliary Functions				
	Visual	Functional	Pass/Fail	Comments
Door releasing devices	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Fan Shutdown	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Smoke Management Smoke Control	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Smoke Damper Operation	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Smoke shutter release	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Door unlocking	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Elevator recall	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Elevator shunt trip	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
MNS override of FA signals	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>		

7.12 Alarm Initiating Devices
<input checked="" type="checkbox"/> Device test results sheet attached listing all devices tested and results of the test.

7.13 Supervisory Alarm Initiating Devices
<input checked="" type="checkbox"/> Device test results sheet attached listing all devices tested and results of the test.

7.14 Alarm Notification Appliances
<input type="checkbox"/> Impaired Alarm Notification test results are provided on the deficiencies list.

**Device Summary - (See Attached Detail List)**

Initiating Device Type	System Devices	Tested	Passed	Failed
Smoke Detector:	6	6	6	0
Heat Detector:	0	0	0	0
Duct Detector:	0	0	0	0
Manual Pull Station:	2	2	2	0
Waterflow Switch:	1	1	1	0
Tamper Switch:	3	3	3	0
Other Initiating Devices:	0	0	0	0
Totals:	12	12	12	0
Testing Results this Period:		100%	100%	0%

**7.15 Supervisory Station Monitoring**

Description	Yes	No	Pass/Fail
Alarm Signals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS
Alarm restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS
Trouble signals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS
Trouble restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS
Supervisory signals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS
Supervisory restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS



W.O.#

**Fire Alarm  
Test and Inspection Record**

Branch # 40 - San Francisco	Inspector Name Nick Zeffer	Certification No.	Date: 6/2/2025	Testing Interval <b>Annual</b>
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Site Name: <u>COP- Fire Station</u> Address: <u>1600 Oak Vista Way</u>	<b>Testing Contractor Information</b> Name: <u>Tri Signal Integration, Inc.</u> License: CA #758792 Address: <u>530 McCormick Street</u>
---	--

**Notifications That Testing is Complete**

Central Station Monitoring: <u>tri signal</u> Account #: <u>xm1-4984</u>	Phone: <u>8009752405</u> <input type="checkbox"/> Notified Time: <u>12pm</u>
Building Management: <u>steve</u> Building Occupants: <u>Na</u>	<input type="checkbox"/> Notified Time: <u>Na</u> <input type="checkbox"/> Notified Time: <u>Na</u>
Authority Having Jurisdiction: _____ Others, if required: _____	<input type="checkbox"/> Notified Time: _____ <input type="checkbox"/> Notified Time: _____

Post System Status:  Normal  Impaired Notes: (If System left Impaired)

System Retored:   \_\_\_\_\_

Date: 06/02/25 Time: 12pm

**Certification**

**10.1 - Inspector Certification:**

This system, as specified herein, has been inspected and tested according to all NFPA standards cited herein.

Signed:   
 Nick Zeffer Tri Signal Integration, Inc.

Date: 6/2/25

**10.2 - Accepted by Owner or Owner's Representative:**

The undersigned has a service contract for this system in effect as of the date shown below.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_



W.O.#

Name: Fire Station  
 Address: 1600 Oak Vista Way  
 City, St, Zip: Pleasanton, CA, 94566  
 Contact: Steve

SYSTEM DEFECTS FOUND

NO SYSTEM DEFECTS FOUND

Date Tested: 6/2/2025

### DEFICIENCIES REPORT

GRAY AREA SHALL BE FILLED OUT BY CERTIFIED TESTER PERFORMING RETEST

	Description of Deficiencies	Location	RETEST ONLY
1			<input type="checkbox"/> PASS
2			<input type="checkbox"/> PASS
3			<input type="checkbox"/> PASS
4			<input type="checkbox"/> PASS
5			<input type="checkbox"/> PASS
6			<input type="checkbox"/> PASS
7			<input type="checkbox"/> PASS
8			<input type="checkbox"/> PASS
9			<input type="checkbox"/> PASS
10			<input type="checkbox"/> PASS
11			<input type="checkbox"/> PASS
12			<input type="checkbox"/> PASS
13			<input type="checkbox"/> PASS
14			<input type="checkbox"/> PASS
15			<input type="checkbox"/> PASS
16			<input type="checkbox"/> PASS
17			<input type="checkbox"/> PASS
18			<input type="checkbox"/> PASS
19			<input type="checkbox"/> PASS
20			<input type="checkbox"/> PASS
21			<input type="checkbox"/> PASS
22			<input type="checkbox"/> PASS

**RETEST PERFORMED BY:**

**Retester's Name:** \_\_\_\_\_

**Retester's Signature:** \_\_\_\_\_

**Certification #:** \_\_\_\_\_

**Retest Date:** \_\_\_\_\_

**Inspection, Testing, and Maintenance Cover Sheet  
NFPA25 as amended by CCR, Title 19**

**Property Information:**

Name:	<u>COP- Fire Station</u>	Occupancy/Use:	_____
Address:	<u>1600 Oak Vista Way</u>	Construction Type:	_____
City:	<u>Pleasanton, CA.</u>	No. Stories:	_____
ZIP:	<u>94566</u>	Year Constructed:	_____
Contact:	<u>Chris Rizzoli</u>		
Telephone:	<u>(925) 931-5584</u>		



**Contractor Information:**

**Number of System Risers**

Name:	<u>Tri-Signal Integration Inc.</u>
Address:	<u>530 McCormick St</u>
City:	<u>San Leandro</u>
State:	<u>CA</u>
Telephone:	<u>(510) 357-3700</u>
CA License#:	<u>758792</u>
Job #:	_____
Performed by:	<u>Nick Zeffer</u>

**Copy sent to:**

<input type="checkbox"/> Owner	Date: _____
<input type="checkbox"/> Fire AHJ	Date: _____
<input type="checkbox"/> Contractor	Date: _____

**NOTES:**

1) For specific inspection, testing, and maintenance requirements and information, see NFPA 25, 2011 Edition as amended by California Code of Regulations, Title 19, §901 to §906.

2) Inspection items may be performed by the owner in accordance with California Code of Regulations, Title 19, §904.1(a)

Check box for each system inspected and enter the number of forms used for inspection.  
Check boxes (Fail or Pass) to indicate status of inspected system at end of inspection.

Forms Included with this Report	NFPA 25 Chapter	Number of Forms	N/A	Fail*	Pass
<input checked="" type="checkbox"/> Automatic Sprinkler System	5	1	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> Standpipe and Hose System	6	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Private Water Supply System	7	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Fire Pump	8	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Water Storage Tank	9	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Water Spray System	10	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Foam Water Sprinkler System	11	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Water Mist System	12	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Concerns that are not deficiencies (i.e. Non-Sprinklered Areas)				<input type="checkbox"/> Yes	<input type="checkbox"/> No

\*See "Deficiencies and Comments" section at end of each respective form.

<b>Property Information</b>		<b>Contractor or Licensed Owner Information</b>
Building Name COP- Fire Station		Name Tri-Signal Integration Inc.
Address		Address 530 McCormick St
1600 Oak Vista Way		City San Leandro St. CA Zip 94577
City Pleasanton, CA, 94566	License # 758792	Phone (510)357-3700
Contact Person	<input type="checkbox"/> SFM	Job #
Chris Rizzoli	<input type="checkbox"/> CSLB	Misc.

Riser Information			Main Drain Test (Annual)				
Riser No.	Location	Riser Diameter	Main Drain Diameter	Initial Static Pressure	Residual Pressure	Final Static Pressure	P,F,N/A
1	riser closet	2"	.5"	85	50	80	P

This building has more than 5 risers. See additional AES 2.9 form attached      Number of AES 2.9 forms attached

Quarterly Inspections							
I = Inspection    T = Test    M = Maintenance			P = Pass    F = Fail    N/A = Not Applicable				
Item		Description	NFPA 25 CA ed. Reference	Date	Date	Date	Date
				06/02/25			
1.1	I	Control Valves – Identification Sign	13.3.1	P			
1.2	I	Control Valves – Inspection	13.3.2	P			
1.3	I	Waterflow Alarm Devices	5.2.5	P			
1.4	I	Supervisory Devices	5.2.5	NA			
1.5	I	Gauges (Wet Pipe Systems)	5.2.4.1	P			
1.6	I	Enter Water Supply Pressure Below Riser Check	5.2.4.1	85 psi	psi	psi	psi
1.7	I	Enter Water Supply Pressure Above Riser Check	5.2.4.1	psi	psi	psi	psi
1.8	I	Pressure Readings Acceptable	5.2.4.1	P			
1.9	I	Hydraulic Design Information Sign <i>(for hydraulically designed systems)</i>	5.2.6	NA			
1.10	I	General Information Sign <i>(not required for system prior to 2007 edition of NFPA 13)</i>	5.2.8	NA			
1.11	I	Heat Tape	5.2.7	NA			
1.12	I	Spare Sprinklers	5.2.1.4	P			
1.13	I	Fire Department Connections	13.7	P			
1.14	I	Alarm Valves – Exterior Inspection	13.4.1	NA			
1.15	I	Pressure Reducing Valves	13.5.1.1	NA			
1.16	I	Backflow Preventers	13.6.1	NA			
1.17	I	Small Hose Connections - Hose Valve*	5.1.6, 13.5.2 13.5.5.1	NA			
1.18	I	PRV – Fire Sprinkler Systems	13.5.1.1	NA			

\* Small hose connections are hose valves and optional hose supplied by the fire sprinkler system. They do not include Class I, II, or III standpipe systems.







**TRI•SIGNAL**  
**INTEGRATION, INC.**

**FIRE ALARM**  
**LIFE SAFETY SYSTEM INSPECTION**  
**Annual**

Inspection Date: 10/6/2025

PREPARED FOR:

City Of Pleasanton  
Fire Station #3  
3200 Santa Rita Rd.  
Pleasanton, CA, 94566

This system, as specified herein, has been inspected and tested according to all NFPA standards cited herein.

Corporate Office  
Tri Signal Integration, Inc.  
15853 Monte St. Suite 101  
Sylmar, CA. 91342  
(818) 566-8558



**Fire Alarm  
Test and Inspection Record**

W.O.#

Branch # 40 - San Francisco	Inspector Name Nick Zeffer	Certification No. 758792.00	Date: 10/6/2025	Testing Interval <b>Annual</b>
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<p align="center"><b>Property Information</b></p> <p>Site Name: <u>Fire Station #3</u></p> <p>Address: <u>3200 Santa Rita Rd.</u></p> <p>City, St, Zip: <u>Pleasanton, CA, 94566</u></p> <p>Phone: <u>925-519-6630</u> Fax: _____</p> <p>Contact: _____ Email: _____</p>	<p align="center"><b>Testing Contractor Information</b></p> <p>Name: <u>Tri Signal Integration, Inc.</u> License: CA #758792</p> <p>Address: <u>530 McCormick Street</u></p> <p>City, St, Zip: <u>San Leandro, CA, 94577</u></p> <p>Phone: <u>(510) 357-3700</u> Fax: <u>(510) 352-2379</u></p> <p>Contact: <u>Steve Oderwald</u> Email: <u>soderwald@tri-signal.com</u></p>
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**Pre-test System Status**

Normal     Impaired

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Notifications Made Prior to Testing**

<p>Central Station Monitoring: <u>Tri-Signal Integration</u></p> <p>Account #: <u>LGA-3433</u></p> <p>Building Management: _____</p> <p>Building Occupants: <u>N/A</u></p> <p>Authority Having Jurisdiction: <u>L.P. Fire Department</u></p> <p>Others, if required: _____</p>	<p>Phone: <u>800-975-2405</u></p> <p><input type="checkbox"/> Notified Time: <u>8:00A.M.</u></p> <p><input type="checkbox"/> Notified Time: <u>8:00A.M.</u></p> <p><input type="checkbox"/> Notified Time: <u>N/A</u></p> <p><input type="checkbox"/> Notified Time: <u>8:00A.M.</u></p> <p><input type="checkbox"/> Notified Time: _____</p>
--	---

**Executive Summary**

**1. Testing Description**

1.1. - Control Equipment:

Control Equipment has been tested to verify correct receipt of alarm, supervisory, and trouble signals; operation of evacuation signals and auxiliary functions; circuit supervision, including detection of open circuits and ground faults; and power supervision for loss of AC power and disconnection of secondary batteries.

1.2 - Initiating devices:

Initiating devices, including smoke detectors, duct detectors, heat detectors, waterflow switches and tamper switches have been tested for proper operation according to manufacturers recommendation and NFPA guidelines.

1.3 - Indicating and Auxiliary Appliances:

Indicating and auxiliary devices, including speaker strobes, strobes, hornstrobe remote annunciator, and auxiliary control functions have been tested for proper operation according to manufacturers recommendation and NFPA guidelines.

**2. Building Description:**





W.O.#

**Fire Alarm  
Test and Inspection Record**

Branch # 40 - San Francisco	Inspector Name Nick Zeffer	Certification No. 758792.00	Date: 10/6/2025	Testing Interval <b>Annual</b>
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<p align="center"><b>Property Information</b></p> <p>Site Name: <u>Fire Station #3</u></p> <p>Address: <u>3200 Santa Rita Rd.</u></p>	<p align="center"><b>Testing Contractor Information</b></p> <p>Name: <u>Tri Signal Integration, Inc.</u> License: CA #758792</p> <p>Address: <u>530 McCormick Street</u></p>
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**System Power**

**4.1 - Control Unit**

**4.1.1 - Primary Power**

Location of Breaker: Panel M1 Circuit 15

Input voltage of control panel: 120V

Control Panel Amps: 20 Amp

**4.1.2 - Engine-Driven Generator**

This system does not have a generator.

Location of Generator: \_\_\_\_\_

Location of storage fuel: \_\_\_\_\_

Type of Fuel: \_\_\_\_\_

**4.1.3 - Uninterruptable Power System**

This system does not have a UPS.

Equipment powered by UPS system: \_\_\_\_\_

Location of UPS system: \_\_\_\_\_

Calculated capacity of UPS batteries to drive the system components connected to it:

In standby mode (hours): \_\_\_\_\_

In Alarm mode (minutes): \_\_\_\_\_

**4.1.4 - Batteries**

Location of Batteries: Inside FACP

Type: Sealed Lead Acid

Nominal Voltage: 12V

Calculated capacity of the batteries to drive the system:

Amp/hour rating: 16Ah

In standby mode (hours): 24 Hours

In Alarm mode (minutes): 15 Minutes

Batteries are marked with date of manufacture.

**4.2 - In-Building Fire Emergency Voice Alarm Communication System or Mass Notification System**

This system does not have an EVACS or MNS System

**4.2.1 - Primary Power**

Location of Breaker: \_\_\_\_\_

Input voltage of control panel: \_\_\_\_\_

Control Panel Amps: \_\_\_\_\_

**4.2.2 - Engine-Driven Generator**

This system does not have a generator.

Location of Generator: \_\_\_\_\_

Location of storage fuel: \_\_\_\_\_

Type of Fuel: \_\_\_\_\_

**4.2.3 - Uninterruptable Power System**

This system does not have a UPS.

Equipment powered by UPS system: \_\_\_\_\_

Location of UPS system: \_\_\_\_\_

Calculated capacity of UPS batteries to drive the system components connected to it:

In standby mode (hours): \_\_\_\_\_

In Alarm mode (minutes): \_\_\_\_\_

**4.2.4 - Batteries**

Batteries are marked with date of manufacture.

Date: \_\_\_\_\_

Location of Batteries: \_\_\_\_\_

Type: \_\_\_\_\_

Nominal Voltage: \_\_\_\_\_

Calculated capacity of the batteries to drive the system:

Amp/hour rating: \_\_\_\_\_

In standby mode (hours): \_\_\_\_\_

In Alarm mode (minutes): \_\_\_\_\_



W.O.#

**Fire Alarm  
Test and Inspection Record**

Branch # 40 - San Francisco	Inspector Name Nick Zeffer	Certification No. 758792.00	Date: 10/6/2025	Testing Interval <b>Annual</b>
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<p align="center"><b>Property Information</b></p> <p>Site Name: <u>Fire Station #3</u></p> <p>Address: <u>3200 Santa Rita Rd.</u></p>	<p align="center"><b>Testing Contractor Information</b></p> <p>Name: <u>Tri Signal Integration, Inc.</u> License: CA #758792</p> <p>Address: <u>530 McCormick Street</u></p>
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**System Power - continued**

**4.3 - Notification Appliance Power Extender**

This system does not have power extender panels Enter quantity of extender panels: 1

**4.3.1 - Primary Power**

Location of Breaker: Panel P/A Ckt 15

Input voltage of control panel: 120V Control Panel Amps: 20 Amp

**4.3.2 - Engine-Driven Generator**

This system does not have a generator.

Location of Generator: \_\_\_\_\_

Location of storage fuel: \_\_\_\_\_ Type of Fuel: \_\_\_\_\_

**4.3.3 - Uninterruptable Power System**

This system does not have a UPS.

Equipment powered by UPS system: \_\_\_\_\_

Location of UPS system: \_\_\_\_\_

Calculated capacity of UPS batteries to drive the system components connected to it:

In standby mode (hours): \_\_\_\_\_ In Alarm mode (minutes): \_\_\_\_\_

**4.3.4 - Batteries**

Batteries are marked with date of manufacture.

Date: \_\_\_\_\_

Location of Batteries: Inside Panel Type: Sealed Lead Acid Nominal Voltage: 12V

Calculated capacity of the batteries to drive the system: \_\_\_\_\_ Amp/hour rating: 7Ah

In standby mode (hours): 24 Hours In Alarm mode (minutes): 15 Minutes

**Annunciators**

**5.1 - Location & Description of Annunciators**

This system does not have annunciators

Annunciator 1: Entrance

Annunciator 2: \_\_\_\_\_

Annunciator 3: \_\_\_\_\_

Annunciator 4: \_\_\_\_\_



**Fire Alarm  
Test and Inspection Record**

W.O.#

Branch # 40 - San Francisco	Inspector Name Nick Zeffer	Certification No. 758792.00	Date: 10/6/2025	Testing Interval <b>Annual</b>
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Property Information	
Site Name: <u>Fire Station #3</u>	
Address: <u>3200 Santa Rita Rd.</u>	

Testing Contractor Information	
Name: <u>Tri Signal Integration, Inc.</u>	License: CA #758792
Address: <u>530 McCormick Street</u>	

**Testing Results**

7.1 Control Unit and Related Equipment				
	Visual	Functional	Pass/Fail	Comments
Control Unit	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PASS	
Lamps/LEDs/LCDs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS	
Fuses	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS	
Trouble Signals	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PASS	
Disconnect Switches	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS	
Ground Fault Monitoring	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PASS	
Panel Supervision	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PASS	
Local Annunciator	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PASS	
Remote Annunciators	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS	
Power Extender Panels	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS	
Isolation Modules	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS	
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>		

7.2 Control Unit Power Supplies				
	Visual	Functional	Pass/Fail	Comments
120-volt Power	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS	
Generator or UPS	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Battery Condition	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PASS	
Load Voltage	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PASS	
Discharge Test	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PASS	
Charger Test	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PASS	
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>		

7.3 In-Building Fire Emergency Voice Alarm				
	Visual	Functional	Pass/Fail	Comments
Control Unit	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Lamps/LEDs/LCDs	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Fuses	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Trouble Signals	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Disconnect Switches	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Ground Fault Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Panel Supervision	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Primary Power Supply	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Secondary Power	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
System Performance	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Sound Pressure Levels	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Occupied <input type="checkbox"/> Yes <input type="checkbox"/> No		Ambient dBA	N/A	
		Alarm dBA	N/A	
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
System Intelligibility	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
<input type="checkbox"/> CSI (attach report with location, values and weather conditions)				
<input type="checkbox"/> STI				

7.4 Notification Appliance Power Extender Panels				
	Visual	Functional	Pass/Fail	Comments
Lamps/LEDs/LCDs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PASS	
Fuses	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PASS	
Primary Power Supply	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PASS	
Secondary Power	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PASS	
Trouble Signals	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PASS	
Ground Fault Monitoring	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PASS	
Panel Supervision	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PASS	
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>		

## Fire Alarm Test and Inspection Record

 W.O.# 

Branch # 40 - San Francisco	Inspector Name Nick Zeffer	Certification No. 758792.00	Date: 10/6/2025	Testing Interval <b>Annual</b>
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<p style="text-align: center;"><b>Property Information</b></p> Site Name: <u>Fire Station #3</u> Address: <u>3200 Santa Rita Rd.</u>	<p style="text-align: center;"><b>Testing Contractor Information</b></p> Name: <u>Tri Signal Integration, Inc.</u> License: CA #758792 Address: <u>530 McCormick Street</u>
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**Testing Results - continued**

7.5 Mass Notification Equipment				7.6 Two-Way Communications Equipment					
	Visual	Functional	Pass/Fail	Comments		Visual	Functional	Pass/Fail	Comments
Functional Test	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Phone handsets	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Reset/power down test	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Phone jacks	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Fuses	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Off-hook indicator	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Primary Power Supply	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Call-in signals	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
UPS Power Test	<input type="checkbox"/>	<input type="checkbox"/>	N/A		System Performance	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Trouble Signals	<input type="checkbox"/>	<input type="checkbox"/>	N/A		System Audibility	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Disconnect Switches	<input type="checkbox"/>	<input type="checkbox"/>	N/A		System Intelligibility	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Ground Fault Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Radio communications enhancement system	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
CCU Security Mechanism	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Area of refuge communication System	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Recorded Message Content	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Elevator emergency communication system	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Message Activation	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>		
Software backup performed	<input type="checkbox"/>	<input type="checkbox"/>	N/A						
Test backup software	<input type="checkbox"/>	<input type="checkbox"/>	N/A						
Fire Alarm to MNS interface	<input type="checkbox"/>	<input type="checkbox"/>	N/A						
In-bldg MNS to wide-area MNS	<input type="checkbox"/>	<input type="checkbox"/>	N/A						
MNS to direct recipient MNS	<input type="checkbox"/>	<input type="checkbox"/>	N/A						
Sound Pressure Levels	<input type="checkbox"/>	<input type="checkbox"/>	N/A						
Occupied <input type="checkbox"/> Yes		Ambient dBA	N/A						
<input type="checkbox"/> No		Alarm dBA	N/A						
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	N/A						
System Intelligibility	<input type="checkbox"/>	<input type="checkbox"/>	N/A						
	<input type="checkbox"/>	CSI (attach report with location, values and weather conditions)							
	<input type="checkbox"/>	STI							

7.8 Special Hazard Systems					7.9 Emergency Communications System				
Description	Visual	Functional	Pass/Fail	Comments		Visual	Functional	Pass/Fail	Comments
	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Simulated Operation	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Ensure predischage notification appliances of special hazard systems are not overridden by the MNS.	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
	<input type="checkbox"/>	<input type="checkbox"/>	N/A						
	<input type="checkbox"/>	<input type="checkbox"/>	N/A						



**Fire Alarm  
Test and Inspection Record**

W.O.#

Branch # 40 - San Francisco	Inspector Name Nick Zeffer	Certification No. 758792.00	Date: 10/6/2025	Testing Interval <b>Annual</b>
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Property Information	
Site Name: <u>Fire Station #3</u>	
Address: <u>3200 Santa Rita Rd.</u>	

Testing Contractor Information	
Name: <u>Tri Signal Integration, Inc.</u>	License: CA #758792
Address: <u>530 McCormick Street</u>	

**Testing Results - continued**

7.10 Monitored Systems				
	Visual	Functional	Pass/Fail	Comments
Engine-driven generator	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Fire Pump	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Special Suppression systems	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>		

7.11 Auxilliary Functions				
	Visual	Functional	Pass/Fail	Comments
Door releasing devices	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Fan Shutdown	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Smoke Management Smoke Control	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Smoke Damper Operation	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Smoke shutter release	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Door unlocking	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Elevator recall	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Elevator shunt trip	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
MNS override of FA signals	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>		

7.12 Alarm Initiating Devices
<input checked="" type="checkbox"/> Device test results sheet attached listing all devices tested and results of the test.

7.13 Supervisory Alarm Initiating Devices
<input checked="" type="checkbox"/> Device test results sheet attached listing all devices tested and results of the test.

7.14 Alarm Notification Appliances
<input type="checkbox"/> Impaired Alarm Notification test results are provided on the deficiencies list.

**Device Summary - (See Attached Detail List)**

Initiating Device Type	System Devices	Tested	Passed	Failed
Smoke Detector:	21	21	21	0
Heat Detector:	1	1	1	0
Duct Detector:	0	0	0	0
Manual Pull Station:	1	1	1	0
Waterflow Switch:	2	2	2	0
Tamper Switch:	3	3	3	0
Other Initiating Devices:	0	0	0	0
Totals:	28	28	28	0
Testing Results this Period:		100%	100%	0%

**7.15 Supervisory Station Monitoring**

Description	Yes	No	Pass/Fail
Alarm Signals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS
Alarm restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS
Trouble signals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS
Trouble restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS
Supervisory signals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS
Supervisory restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS



W.O.#

**Fire Alarm  
Test and Inspection Record**

Branch # 40 - San Francisco	Inspector Name Nick Zeffer	Certification No. 758792.00	Date: 10/6/2025	Testing Interval <b>Annual</b>
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<p align="center"><b>Property Information</b></p> <p>Site Name: <u>Fire Station #3</u></p> <p>Address: <u>3200 Santa Rita Rd.</u></p>	<p align="center"><b>Testing Contractor Information</b></p> <p>Name: <u>Tri Signal Integration, Inc.</u> License: CA #758792</p> <p>Address: <u>530 McCormick Street</u></p>
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**Notifications That Testing is Complete**

Central Station Monitoring: <u>Tri-Signal Integration</u> Account #: <u>LGA-3433</u>	Phone: <u>800-975-2405</u> <input type="checkbox"/> Notified Time: <u>12:00P.M.</u>
Building Management: _____ Building Occupants: <u>N/A</u>	<input type="checkbox"/> Notified Time: <u>12:00P.M.</u> <input type="checkbox"/> Notified Time: <u>N/A</u>
Authority Having Jurisdiction: <u>L.P.Fire Department</u> Others, if required: _____	<input type="checkbox"/> Notified Time: <u>N/A</u> <input type="checkbox"/> Notified Time: _____

Post System Status:  Normal     Impaired    Notes: (If System left Impaired)

System Retored:            \_\_\_\_\_

Date: 10/06/25                      Time: 12:00P.M.

**Certification**

**10.1 - Inspector Certification:**

This system, as specified herein, has been inspected and tested according to all NFPA standards cited herein.

Signed:   
 Nick Zeffer    Tri Signal Integration, Inc.

Date: 10/6/25

**10.2 - Accepted by Owner or Owner's Representative:**

The undersigned has a service contract for this system in effect as of the date shown below.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_



W.O.#

Name: Fire Station #3  
Address: 3200 Santa Rita Rd.  
City, St, Zip: Pleasanton, CA, 94566  
Contact:

Date Tested: 10/6/2025

**INSPECTION RECORD**

DEVICE TYPES							
SD-Smoke Detector, HD-Heat Detector, DD-Duct Detector, MS-Manual Pull Station, WF-Water Flow Switch, TS-Valve Tamper Switch, OD-Other Initiating Device							
DEVICE	LOOP	ADDR.	DEVICE TYPE	FLOOR	DEVICE LABEL	Pass/Fail	DEVICE COMMENTS
1	001	003	TS	01	OS&Y	Pass	
2	001	004	TS	01	OS&Y	Pass	
3	001	007	TS	01	PIV	Pass	
4	001	013	WF	01	Outside Closet (Main Riser)	Pass	
5	001	014	WF	01	10/6/2025	Pass	
6	001	001	SD	01	Over FACP	Pass	
7	001	002	SD	01	Office 128	Pass	
8	001	003	SD	01	Turnouts 125	Pass	
9	001	004	SD	01	Fl1 Exit/Decon 123	Pass	
10	001	005	SD	01	Corridor 106	Pass	
11	001	006	SD	01	Office 106	Pass	
12	001	007	SD	01	Laundry	Pass	
13	001	008	SD	01	Corridor 106	Pass	
14	001	009	SD	01	Elevator Lobby	Pass	
15	001	010	SD	01	Meds Office 120	Pass	
16	001	011	SD	01	Workshop	Pass	
17	001	012	SD	01	Elevator Mech Room	Pass	
18	001	013	HD	01	Elevator Mech Room	Pass	
19	001	014	SD	01	Electric Room	Pass	
20	001	015	SD	01	Kitchen/ Dining Room	Pass	
21	001	016	SD	01	Dorm 4	Pass	
22	001	017	SD	01	Elevator Lobby 2	Pass	
23	001	019	SD	01	Dorm 3	Pass	



W.O.# 

 Name: Fire Station #3  
 Address: 3200 Santa Rita Rd.  
 City, St, Zip: Pleasanton, CA, 94566  
 Contact:

 SYSTEM DEFECTS FOUND

 NO SYSTEM DEFECTS FOUND

Date Tested: 10/6/2025

### DEFICIENCIES REPORT

GRAY AREA SHALL BE FILLED OUT BY CERTIFIED TESTER PERFORMING RETEST

	Description of Deficiencies	Location	RETEST ONLY
1			<input type="checkbox"/> PASS
2			<input type="checkbox"/> PASS
3			<input type="checkbox"/> PASS
4			<input type="checkbox"/> PASS
5			<input type="checkbox"/> PASS
6			<input type="checkbox"/> PASS
7			<input type="checkbox"/> PASS
8			<input type="checkbox"/> PASS
9			<input type="checkbox"/> PASS
10			<input type="checkbox"/> PASS
11			<input type="checkbox"/> PASS
12			<input type="checkbox"/> PASS
13			<input type="checkbox"/> PASS
14			<input type="checkbox"/> PASS
15			<input type="checkbox"/> PASS
16			<input type="checkbox"/> PASS
17			<input type="checkbox"/> PASS
18			<input type="checkbox"/> PASS
19			<input type="checkbox"/> PASS
20			<input type="checkbox"/> PASS
21			<input type="checkbox"/> PASS
22			<input type="checkbox"/> PASS
23			<input type="checkbox"/> PASS

**RETEST PERFORMED BY:**

**Retester's Name:** \_\_\_\_\_

**Retester's Signature:** \_\_\_\_\_

**Certification #:** \_\_\_\_\_

**Retest Date:** \_\_\_\_\_

**Inspection, Testing, and Maintenance Cover Sheet  
NFPA25 as amended by CCR, Title 19**

**Property Information:**

Name:	<u>City of Pleasanton</u>	Occupancy/Use:	_____
Address:	<u>3333 Busch Rd.</u>	Construction Type:	_____
City:	<u>Pleasanton, CA.</u>	No. Stories:	_____
ZIP:	<u>94566</u>	Year Constructed:	_____
Contact:	<u>Steve</u>		
Telephone:	<u>925-437-4607</u>		



**Contractor Information:**

**Number of System Risers**

Name:	<u>Tri-Signal Integration Inc.</u>
Address:	<u>350 McCormick St</u>
City:	<u>San Leandro</u>
State:	<u>CA.</u>
Telephone:	<u>(510) 357-3700</u>
CA License#:	<u>758792</u>
Job #:	<u>21-1002-40</u>
Performed by:	<u>Nico Navarro</u>

**Copy sent to:**

<input checked="" type="checkbox"/> Owner	Date:	<u>04/15/25</u>
<input type="checkbox"/> Fire AHJ	Date:	_____
<input type="checkbox"/> Contractor	Date:	_____

**NOTES:**

1) For specific inspection, testing, and maintenance requirements and information, see NFPA 25, 2011 Edition as amended by California Code of Regulations, Title 19, §901 to §906.

2) Inspection items may be performed by the owner in accordance with California Code of Regulations, Title 19, §904.1(a)

Check box for each system inspected and enter the number of forms used for inspection.  
Check boxes (Fail or Pass) to indicate status of inspected system at end of inspection.

Forms Included with this Report	NFPA 25 Chapter	Number of Forms	N/A	Fail*	Pass
<input checked="" type="checkbox"/> Automatic Sprinkler System	5	0	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> Standpipe and Hose System	6	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Private Water Supply System	7	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Fire Pump	8	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Water Storage Tank	9	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Water Spray System	10	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Foam Water Sprinkler System	11	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Water Mist System	12	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Concerns that are not deficiencies (i.e. Non-Sprinklered Areas)				<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

\*See "Deficiencies and Comments" section at end of each respective form.

<b>Property Information</b>		<b>Contractor or Licensed Owner Information</b>
Building Name City of Pleasanton		Name Tri Signal Integration Inc.
Address 3333 Busch Rd.		Address 530 McCormick St
		City San Leandro St. CA Zip 94577
City Pleasanton, CA, 94566	License # 758792	Phone 510-357-3700
Contact Person	<input type="checkbox"/> SFM	Job #21-1002-40
Steve	<input type="checkbox"/> CSLB	Misc.

Riser Information			Main Drain Test (Annual)				
Riser No.	Location	Riser Diameter	Main Drain Diameter	Initial Static Pressure	Residual Pressure	Final Static Pressure	P,F,N/A
1	Outside Main Riser (Left Side)- Support	6"	4"	150	35	145	P
2	Outside Main Riser (Front Right)- Water	4"	2"	150	31	148	P
3	Outside Main Riser (Back Left)- Admin	4"	2"	150	30	150	P
4	Outside Main Riser (Front Left)- Sewer	4"	2"	155	35	150	P
5	Outside Main Riser (Front Left)- Streets	4"	2"	150	40	150	P

This building has more than 5 risers. See additional AES 2.9 form attached      Number of AES 2.9 forms attached

Quarterly Inspections							
I = Inspection    T = Test    M = Maintenance			P = Pass    F = Fail    N/A = Not Applicable				
Item		Description	NFPA 25 CA ed. Reference	Date 04/15/25	Date	Date	Date
1.1	I	Control Valves – Identification Sign	13.3.1	P			
1.2	I	Control Valves – Inspection	13.3.2	P			
1.3	I	Waterflow Alarm Devices	5.2.5	P			
1.4	I	Supervisory Devices	5.2.5	P			
1.5	I	Gauges (Wet Pipe Systems)	5.2.4.1	P			
1.6	I	Enter Water Supply Pressure Below Riser Check	5.2.4.1	psi	psi	psi	psi
1.7	I	Enter Water Supply Pressure Above Riser Check	5.2.4.1	150 psi	psi	psi	psi
1.8	I	Pressure Readings Acceptable	5.2.4.1	P			
1.9	I	Hydraulic Design Information Sign <i>(for hydraulically designed systems)</i>	5.2.6	P			
1.10	I	General Information Sign <i>(not required for system prior to 2007 edition of NFPA 13)</i>	5.2.8	P			
1.11	I	Heat Tape	5.2.7	N/A			
1.12	I	Spare Sprinklers	5.2.1.4	P			
1.13	I	Fire Department Connections	13.7	P			
1.14	I	Alarm Valves – Exterior Inspection	13.4.1	P			
1.15	I	Pressure Reducing Valves	13.5.1.1	P			
1.16	I	Backflow Preventers	13.6.1	P			
1.17	I	Small Hose Connections - Hose Valve*	5.1.6, 13.5.2 13.5.5.1	N/A			
1.18	I	PRV – Fire Sprinkler Systems	13.5.1.1	N/A			

\* Small hose connections are hose valves and optional hose supplied by the fire sprinkler system. They do not include Class I, II, or III standpipe systems.





**Inspection, Testing, and Maintenance Cover Sheet  
NFPA25 as amended by CCR, Title 19**

**Property Information:**

Name:	<u>City of Pleasanton</u>	Occupancy/Use:	_____
Address:	<u>3333 Busch Rd.</u>	Construction Type:	_____
City:	<u>Pleasanton, CA.</u>	No. Stories:	_____
ZIP:	<u>94566</u>	Year Constructed:	_____
Contact:	<u>Steve</u>		
Telephone:	<u>925-437-4607</u>		



**Contractor Information:**

**Number of System Risers**

Name:	<u>Tri-Signal Integration Inc.</u>
Address:	<u>350 McCormick St</u>
City:	<u>San Leandro</u>
State:	<u>CA.</u>
Telephone:	<u>(510) 357-3700</u>
CA License#:	<u>758792</u>
Job #:	<u>21-1002-40</u>
Performed by:	<u>Nico Navarro</u>

**Copy sent to:**

<input checked="" type="checkbox"/> Owner	Date:	<u>04/15/25</u>
<input type="checkbox"/> Fire AHJ	Date:	_____
<input type="checkbox"/> Contractor	Date:	_____

**NOTES:**

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Check box for each system inspected and enter the number of forms used for inspection.  
Check boxes (Fail or Pass) to indicate status of inspected system at end of inspection.

Forms Included with this Report	NFPA 25 Chapter	Number of Forms	N/A	Fail*	Pass
<input checked="" type="checkbox"/> Automatic Sprinkler System	5	0	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> Standpipe and Hose System	6	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Private Water Supply System	7	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Fire Pump	8	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Water Storage Tank	9	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Water Spray System	10	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Foam Water Sprinkler System	11	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Water Mist System	12	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Concerns that are not deficiencies (i.e. Non-Sprinklered Areas)				<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

\*See "Deficiencies and Comments" section at end of each respective form.

<b>Property Information</b>		<b>Contractor or Licensed Owner Information</b>
Building Name City of Pleasanton		Name Tri Signal Integration Inc.
Address 3333 Busch Rd.		Address 530 McCormick St
		City San Leandro St. CA Zip 94577
City Pleasanton, CA, 94566	License # 758792	Phone 510-357-3700
Contact Person	<input type="checkbox"/> SFM	Job #21-1002-40
Steve	<input type="checkbox"/> CSLB	Misc.

Riser Information			Main Drain Test (Annual)				
Riser No.	Location	Riser Diameter	Main Drain Diameter	Initial Static Pressure	Residual Pressure	Final Static Pressure	P,F,N/A
6	Outside Main Riser (Front Left)- Parks	6"	3"	155	45	150	P
7	Inside Utility Closet- Pistol Range	4"	2"	60	25	55	P

This building has more than 5 risers. See additional AES 2.9 form attached      Number of AES 2.9 forms attached

Quarterly Inspections							
I = Inspection    T = Test    M = Maintenance			P = Pass    F = Fail    N/A = Not Applicable				
Item		Description	NFPA 25 CA ed. Reference	Date 04/15/25	Date	Date	Date
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1.3	I	Waterflow Alarm Devices	5.2.5	P			
1.4	I	Supervisory Devices	5.2.5	P			
1.5	I	Gauges (Wet Pipe Systems)	5.2.4.1	P			
1.6	I	Enter Water Supply Pressure Below Riser Check	5.2.4.1	psi	psi	psi	psi
1.7	I	Enter Water Supply Pressure Above Riser Check	5.2.4.1	150 psi	psi	psi	psi
1.8	I	Pressure Readings Acceptable	5.2.4.1	P			
1.9	I	Hydraulic Design Information Sign <i>(for hydraulically designed systems)</i>	5.2.6	P			
1.10	I	General Information Sign <i>(not required for system prior to 2007 edition of NFPA 13)</i>	5.2.8	P			
1.11	I	Heat Tape	5.2.7	N/A			
1.12	I	Spare Sprinklers	5.2.1.4	P			
1.13	I	Fire Department Connections	13.7	P			
1.14	I	Alarm Valves – Exterior Inspection	13.4.1	P			
1.15	I	Pressure Reducing Valves	13.5.1.1	P			
1.16	I	Backflow Preventers	13.6.1	P			
1.17	I	Small Hose Connections - Hose Valve*	5.1.6, 13.5.2 13.5.5.1	N/A			
1.18	I	PRV – Fire Sprinkler Systems	13.5.1.1	N/A			

\* Small hose connections are hose valves and optional hose supplied by the fire sprinkler system. They do not include Class I, II, or III standpipe systems.







**TRI•SIGNAL**  
**INTEGRATION, INC.**

**FIRE ALARM**  
**LIFE SAFETY SYSTEM INSPECTION**  
**Annual**

Inspection Date: 6/2/2025

PREPARED FOR:

City of Pleasanton  
3465 Old Foothil Rd.  
Pleasanton, CA, 94566

This system, as specified herein, has been inspected and tested according to all NFPA standards cited herein.

Corporate Office  
Tri Signal Integration, Inc.  
15853 Monte St. Suite 101  
Sylmar, CA. 91342  
(818) 566-8558



W.O.#

**Fire Alarm  
Test and Inspection Record**

Branch # 40 - San Francisco	Inspector Name Nick Zeffer	Certification No.	Date: 6/2/2025	Testing Interval <b>Annual</b>
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<p align="center"><b>Property Information</b></p> <p>Site Name: <u>COP- Milking Barn</u></p> <p>Address: <u>3465 Old Foothill Rd.</u></p> <p>City, St, Zip: <u>Pleasanton, CA, 94588</u></p> <p>Phone: _____ Fax: _____</p> <p>Contact: <u>Steve</u> Email: _____</p>	<p align="center"><b>Testing Contractor Information</b></p> <p>Name: <u>Tri Signal Integration, Inc.</u> License: CA #758792</p> <p>Address: <u>530 McCormick Street</u></p> <p>City, St, Zip: <u>San Leandro, CA, 94577</u></p> <p>Phone: <u>(510) 357-3700</u> Fax: <u>(510) 352-2379</u></p> <p>Contact: <u>Steve Oderwald</u> Email: <u>soderwald@tri-signal.com</u></p>
---	--

**Pre-test System Status**

Normal     Impaired

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Notifications Made Prior to Testing**

Central Station Monitoring: _____ <u>tri signal</u>	Phone: <u>8009752405</u>	
Account #: _____ <u>xm1-4986</u>	<input type="checkbox"/> Notified Time: <u>2pm</u>	
Building Management: _____ <u>NA</u>	<input type="checkbox"/> Notified Time: <u>NA</u>	
Building Occupants: _____ <u>NA</u>	<input type="checkbox"/> Notified Time: <u>NA</u>	
Authority Having Jurisdiction: _____ <u>LPFD</u>	<input type="checkbox"/> Notified Time: <u>NA</u>	
Others, if required: _____	<input type="checkbox"/> Notified Time: _____	

**Executive Summary**

**1. Testing Description**

1.1. - Control Equipment:  
Control Equipment has been tested to verify correct receipt of alarm, supervisory, and trouble signals; operation of evacuation signals and auxiliary functions; circuit supervision, including detection of open circuits and ground faults; and power supervision for loss of AC power and disconnection of secondary batteries.

1.2 - Initiating devices:  
Initiating devices, including smoke detectors, duct detectors, heat detectors, waterflow switches and tamper switches have been tested for proper operation according to manufacturers recommendation and NFPA guidelines.

1.3 - Indicating and Auxiliary Appliances:  
Indicating and auxiliary devices, including speaker strobes, strobes, hornstrobe remote annunciator, and auxiliary control functions have been tested for proper operation according to manufacturers recommendation and NFPA guidelines.

**2. Building Description:**  
building protected by a fire life safety system





W.O.#

**Fire Alarm  
Test and Inspection Record**

Branch # 40 - San Francisco	Inspector Name Nick Zeffer	Certification No.	Date: 6/2/2025	Testing Interval <b>Annual</b>
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<p align="center"><b>Property Information</b></p> <p>Site Name: <u>COP- Milking Barn</u></p> <p>Address: <u>3465 Old Foothill Rd.</u></p>	<p align="center"><b>Testing Contractor Information</b></p> <p>Name: <u>Tri Signal Integration, Inc.</u> License: CA #758792</p> <p>Address: <u>530 McCormick Street</u></p>
---	--

**System Power**

**4.1 - Control Unit**

**4.1.1 - Primary Power**

Location of Breaker: electrical rm

Input voltage of control panel: 120

Control Panel Amps: 20

**4.1.2 - Engine-Driven Generator**

This system does not have a generator.

Location of Generator: \_\_\_\_\_

Location of storage fuel: \_\_\_\_\_

Type of Fuel: \_\_\_\_\_

**4.1.3 - Uninterruptable Power System**

This system does not have a UPS.

Equipment powered by UPS system: \_\_\_\_\_

Location of UPS system: \_\_\_\_\_

Calculated capacity of UPS batteries to drive the system components connected to it:

In standby mode (hours): \_\_\_\_\_

In Alarm mode (minutes): \_\_\_\_\_

**4.1.4 - Batteries**

Location of Batteries: fcp

Type: sealed lead acid

Nominal Voltage: 12volt

Calculated capacity of the batteries to drive the system:

Amp/hour rating: 7ah

In standby mode (hours): 24

In Alarm mode (minutes): 10

Batteries are marked with date of manufacture.

**4.2 - In-Building Fire Emergency Voice Alarm Communication System or Mass Notification System**

This system does not have an EVACS or MNS System

**4.2.1 - Primary Power**

Location of Breaker: \_\_\_\_\_

Input voltage of control panel: \_\_\_\_\_

Control Panel Amps: \_\_\_\_\_

**4.2.2 - Engine-Driven Generator**

This system does not have a generator.

Location of Generator: \_\_\_\_\_

Location of storage fuel: \_\_\_\_\_

Type of Fuel: \_\_\_\_\_

**4.2.3 - Uninterruptable Power System**

This system does not have a UPS.

Equipment powered by UPS system: \_\_\_\_\_

Location of UPS system: \_\_\_\_\_

Calculated capacity of UPS batteries to drive the system components connected to it:

In standby mode (hours): \_\_\_\_\_

In Alarm mode (minutes): \_\_\_\_\_

**4.2.4 - Batteries**

Batteries are marked with date of manufacture.

Date: \_\_\_\_\_

Location of Batteries: \_\_\_\_\_

Type: \_\_\_\_\_

Nominal Voltage: \_\_\_\_\_

Calculated capacity of the batteries to drive the system:

Amp/hour rating: \_\_\_\_\_

In standby mode (hours): \_\_\_\_\_

In Alarm mode (minutes): \_\_\_\_\_



**Fire Alarm  
Test and Inspection Record**

W.O.#

Branch # 40 - San Francisco	Inspector Name Nick Zeffer	Certification No.	Date: 6/2/2025	Testing Interval <b>Annual</b>
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<p align="center"><b>Property Information</b></p> <p>Site Name: <u>COP- Milking Barn</u></p> <p>Address: <u>3465 Old Foothill Rd.</u></p>	<p align="center"><b>Testing Contractor Information</b></p> <p>Name: <u>Tri Signal Integration, Inc.</u> License: CA #758792</p> <p>Address: <u>530 McCormick Street</u></p>
---	--

**System Power - continued**

**4.3 - Notification Appliance Power Extender**

This system does not have power extender panels Enter quantity of extender panels: \_\_\_\_\_

**4.3.1 - Primary Power**

Location of Breaker: \_\_\_\_\_

Input voltage of control panel: \_\_\_\_\_ Control Panel Amps: \_\_\_\_\_

**4.3.2 - Engine-Driven Generator**

This system does not have a generator.

Location of Generator: \_\_\_\_\_

Location of storage fuel: \_\_\_\_\_ Type of Fuel: \_\_\_\_\_

**4.3.3 - Uninterruptable Power System**

This system does not have a UPS.

Equipment powered by UPS system: \_\_\_\_\_

Location of UPS system: \_\_\_\_\_

Calculated capacity of UPS batteries to drive the system components connected to it:

In standby mode (hours): \_\_\_\_\_ In Alarm mode (minutes): \_\_\_\_\_

**4.3.4 - Batteries**

Batteries are marked with date of manufacture.

Date: \_\_\_\_\_

Location of Batteries: \_\_\_\_\_ Type: \_\_\_\_\_ Nominal Voltage: \_\_\_\_\_

Calculated capacity of the batteries to drive the system: \_\_\_\_\_ Amp/hour rating: \_\_\_\_\_

In standby mode (hours): \_\_\_\_\_ In Alarm mode (minutes): \_\_\_\_\_

**Annunciators**

**5.1 - Location & Description of Annunciators**

This system does not have annunciators

Annunciator 1: FACP \_\_\_\_\_

Annunciator 2: \_\_\_\_\_

Annunciator 3: \_\_\_\_\_

Annunciator 4: \_\_\_\_\_



**Fire Alarm  
Test and Inspection Record**

W.O.#

Branch # 40 - San Francisco	Inspector Name Nick Zeffer	Certification No.	Date: 6/2/2025	Testing Interval <b>Annual</b>
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<p align="center"><b>Property Information</b></p> <p>Site Name: <u>COP- Milking Barn</u> Address: <u>3465 Old Foothill Rd.</u></p>	<p align="center"><b>Testing Contractor Information</b></p> <p>Name: <u>Tri Signal Integration, Inc.</u> License: CA #758792 Address: <u>530 McCormick Street</u></p>
--	---

**Testing Results**

7.1 Control Unit and Related Equipment					7.2 Control Unit Power Supplies				
	Visual	Functional	Pass/Fail	Comments		Visual	Functional	Pass/Fail	Comments
Control Unit	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PASS		120-volt Power	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS	
Lamps/LEDs/LCDs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS		Generator or UPS	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Fuses	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS		Battery Condition	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pass	
Trouble Signals	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PASS		Load Voltage	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PASS	
Disconnect Switches	<input type="checkbox"/>	<input type="checkbox"/>	N/a		Discharge Test	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PASS	
Ground Fault Monitoring	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PASS		Charger Test	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PASS	
Panel Supervision	<input type="checkbox"/>	<input type="checkbox"/>	N/a		Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>		
Local Annunciator	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PASS						
Remote Annunciators	<input type="checkbox"/>	<input type="checkbox"/>	N/a						
Power Extender Panels	<input type="checkbox"/>	<input type="checkbox"/>	N/a						
Isolation Modules	<input type="checkbox"/>	<input type="checkbox"/>	N/a						
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>							

7.3 In-Building Fire Emergency Voice Alarm					7.4 Notification Appliance Power Extender Panels				
	Visual	Functional	Pass/Fail	Comments		Visual	Functional	Pass/Fail	Comments
Control Unit	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Lamps/LEDs/LCDs	<input type="checkbox"/>	<input type="checkbox"/>	N/a	
Lamps/LEDs/LCDs	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Fuses	<input type="checkbox"/>	<input type="checkbox"/>	N/a	
Fuses	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Primary Power Supply	<input type="checkbox"/>	<input type="checkbox"/>	N/a	
Trouble Signals	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Secondary Power	<input type="checkbox"/>	<input type="checkbox"/>	N/a	
Disconnect Switches	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Trouble Signals	<input type="checkbox"/>	<input type="checkbox"/>	N/a	
Ground Fault Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Ground Fault Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	N/a	
Panel Supervision	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Panel Supervision	<input type="checkbox"/>	<input type="checkbox"/>	N/a	
Primary Power Supply	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>		
Secondary Power	<input type="checkbox"/>	<input type="checkbox"/>	N/A						
System Performance	<input type="checkbox"/>	<input type="checkbox"/>	N/A						
Sound Pressure Levels	<input type="checkbox"/>	<input type="checkbox"/>	N/A						
Occupied <input type="checkbox"/> Yes		Ambient dBA	N/A						
<input type="checkbox"/> No		Alarm dBA	N/A						
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	N/A						
System Intelligibility	<input type="checkbox"/>	<input type="checkbox"/>	N/A						
	<input type="checkbox"/>	CSI (attach report with location, values and weather conditions)							
	<input type="checkbox"/>	STI							



**Fire Alarm  
Test and Inspection Record**

W.O.#

Branch # 40 - San Francisco	Inspector Name Nick Zeffer	Certification No.	Date: 6/2/2025	Testing Interval <b>Annual</b>
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<p align="center"><b>Property Information</b></p> <p>Site Name: <u>COP- Milking Barn</u> Address: <u>3465 Old Foothill Rd.</u></p>	<p align="center"><b>Testing Contractor Information</b></p> <p>Name: <u>Tri Signal Integration, Inc.</u> License: CA #758792 Address: <u>530 McCormick Street</u></p>
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**Testing Results - continued**

7.5 Mass Notification Equipment				
	Visual	Functional	Pass/Fail	Comments
Functional Test	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Reset/power down test	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Fuses	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Primary Power Supply	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
UPS Power Test	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Trouble Signals	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Disconnect Switches	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Ground Fault Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
CCU Security Mechanism	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Recorded Message Content	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Message Activation	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Software backup performed	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Test backup software	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Fire Alarm to MNS interface	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
In-bldg MNS to wide-area MNS	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
MNS to direct recipient MNS	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Sound Pressure Levels	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Occupied <input type="checkbox"/> Yes		Ambient dBA	N/A	
<input type="checkbox"/> No		Alarm dBA	N/A	
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
System Intelligibility	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
<input type="checkbox"/> CSI (attach report with location, values and weather conditions)				
<input type="checkbox"/> STI				

7.6 Two-Way Communications Equipment				
	Visual	Functional	Pass/Fail	Comments
Phone handsets	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Phone jacks	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Off-hook indicator	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Call-in signals	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
System Performance	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
System Audibility	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
System Intelligibility	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Radio communications enhancement system	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Area of refuge communication System	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Elevator emergency communication system	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>		

7.7 Combination Systems				
	Visual	Functional	Pass/Fail	Comments
Fire Extinguishing monitoring devices	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Carbon Monoxide detection system	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Combination Fire/Security system	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>		

7.8 Special Hazard Systems				
Description	Visual	Functional	Pass/Fail	Comments
_____	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
_____	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
_____	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
_____	<input type="checkbox"/>	<input type="checkbox"/>	N/A	

7.9 Emergency Communications System				
	Visual	Functional	Pass/Fail	Comments
Simulated Operation	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Ensure predischage notification appliances of special hazard systems are not overridden by the MNS.	<input type="checkbox"/>	<input type="checkbox"/>	N/A	



**Fire Alarm  
Test and Inspection Record**

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Branch # 40 - San Francisco	Inspector Name Nick Zeffer	Certification No.	Date: 6/2/2025	Testing Interval <b>Annual</b>
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**Testing Results - continued**

7.10 Monitored Systems				
	Visual	Functional	Pass/Fail	Comments
Engine-driven generator	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Fire Pump	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Special Suppression systems	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>		

7.11 Auxilliary Functions				
	Visual	Functional	Pass/Fail	Comments
Door releasing devices	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Fan Shutdown	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Smoke Management Smoke Control	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Smoke Damper Operation	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Smoke shutter release	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Door unlocking	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Elevator recall	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Elevator shunt trip	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
MNS override of FA signals	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>		

7.12 Alarm Initiating Devices
<input checked="" type="checkbox"/> Device test results sheet attached listing all devices tested and results of the test.

7.13 Supervisory Alarm Initiating Devices
<input checked="" type="checkbox"/> Device test results sheet attached listing all devices tested and results of the test.

7.14 Alarm Notification Appliances
<input type="checkbox"/> Impaired Alarm Notification test results are provided on the deficiencies list.

**Device Summary - (See Attached Detail List)**

Initiating Device Type	System Devices	Tested	Passed	Failed
Smoke Detector:	1	1	1	0
Heat Detector:	0	0	0	0
Duct Detector:	0	0	0	0
Manual Pull Station:	1	1	1	0
Waterflow Switch:	1	1	1	0
Tamper Switch:	1	1	1	0
Other Initiating Devices:	0	0	0	0
Totals:	4	4	4	0
Testing Results this Period:		100%	100%	0%

**7.15 Supervisory Station Monitoring**

Description	Yes	No	Pass/Fail
Alarm Signals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS
Alarm restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS
Trouble signals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS
Trouble restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS
Supervisory signals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS
Supervisory restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS



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**Fire Alarm  
Test and Inspection Record**

Branch # 40 - San Francisco	Inspector Name Nick Zeffer	Certification No.	Date: 6/2/2025	Testing Interval <b>Annual</b>
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**Notifications That Testing is Complete**

Central Station Monitoring: <u>tri signal</u> Account #: <u>Xm1-4986</u>	Phone: <u>8009752405</u> <input type="checkbox"/> Notified Time: <u>3pm</u>
Building Management: <u>NA</u> Building Occupants: <u>NA</u>	<input type="checkbox"/> Notified Time: <u>NA</u> <input type="checkbox"/> Notified Time: <u>NA</u>
Authority Having Jurisdiction: <u>LPFD</u> Others, if required: _____	<input type="checkbox"/> Notified Time: <u>NA</u> <input type="checkbox"/> Notified Time: _____

Post System Status:  Normal  Impaired Notes: (If System left Impaired)

System Retored:   \_\_\_\_\_

Date: 06/02/25 Time: 3pm

**Certification**

**10.1 - Inspector Certification:**

This system, as specified herein, has been inspected and tested according to all NFPA standards cited herein.

Signed:   
 Nick Zeffer Tri Signal Integration, Inc.

Date: 6/2/25

**10.2 - Accepted by Owner or Owner's Representative:**

The undersigned has a service contract for this system in effect as of the date shown below.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_



W.O.#

Name: COP- Milking Barn  
 Address: 3465 Old Foothill Rd.  
 City,St,Zip: Pleasanton, CA, 94566  
 Contact: Steve

SYSTEM DEFECTS FOUND

NO SYSTEM DEFECTS FOUND

Date Tested: 6/2/2025

### DEFICIENCIES REPORT

GRAY AREA SHALL BE FILLED OUT BY CERTIFIED TESTER PERFORMING RETEST

	Description of Deficiencies	Location	RETEST ONLY
1			<input type="checkbox"/> PASS
2			<input type="checkbox"/> PASS
3			<input type="checkbox"/> PASS
4			<input type="checkbox"/> PASS
5			<input type="checkbox"/> PASS
6			<input type="checkbox"/> PASS
7			<input type="checkbox"/> PASS
8			<input type="checkbox"/> PASS
9			<input type="checkbox"/> PASS
10			<input type="checkbox"/> PASS
11			<input type="checkbox"/> PASS
12			<input type="checkbox"/> PASS
13			<input type="checkbox"/> PASS
14			<input type="checkbox"/> PASS
15			<input type="checkbox"/> PASS
16			<input type="checkbox"/> PASS
17			<input type="checkbox"/> PASS
18			<input type="checkbox"/> PASS
19			<input type="checkbox"/> PASS
20			<input type="checkbox"/> PASS
21			<input type="checkbox"/> PASS
22			<input type="checkbox"/> PASS
23			<input type="checkbox"/> PASS

**RETEST PERFORMED BY:**

**Retester's Name:** \_\_\_\_\_

**Retester's Signature:** \_\_\_\_\_

**Certification #:** \_\_\_\_\_

**Retest Date:** \_\_\_\_\_

**Inspection, Testing, and Maintenance Cover Sheet  
NFPA25 as amended by CCR, Title 19**

**Property Information:**

Name:	<u>COP</u>	Occupancy/Use:	_____
Address:	<u>3465 Old Foothill Rd</u>	Construction Type:	_____
City:	<u>Pleasanton, CA.</u>	No. Stories:	_____
ZIP:	<u>94566</u>	Year Constructed:	_____
Contact:	<u>Steve</u>		
Telephone:	<u>(925) 931-5584</u>		



**Contractor Information:**

**Number of System Risers**

Name:	<u>Tri-Signal Integration Inc.</u>
Address:	<u>530 McCormick St</u>
City:	<u>San Leandro</u>
State:	<u>CA</u>
Telephone:	<u>(510) 357-3700</u>
CA License#:	<u>758792</u>
Job #:	_____
Performed by:	<u>Nick Zeffer</u>

**Copy sent to:**

<input type="checkbox"/> Owner	Date: _____
<input type="checkbox"/> Fire AHJ	Date: _____
<input type="checkbox"/> Contractor	Date: _____

**NOTES:**

1) For specific inspection, testing, and maintenance requirements and information, see NFPA 25, 2011 Edition as amended by California Code of Regulations, Title 19, §901 to §906.

2) Inspection items may be performed by the owner in accordance with California Code of Regulations, Title 19, §904.1(a)

Check box for each system inspected and enter the number of forms used for inspection.  
Check boxes (Fail or Pass) to indicate status of inspected system at end of inspection.

Forms Included with this Report	NFPA 25 Chapter	Number of Forms	N/A	Fail*	Pass
<input checked="" type="checkbox"/> Automatic Sprinkler System	5	1	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> Standpipe and Hose System	6	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Private Water Supply System	7	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Fire Pump	8	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Water Storage Tank	9	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Water Spray System	10	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Foam Water Sprinkler System	11	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Water Mist System	12	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Concerns that are not deficiencies (i.e. Non-Sprinklered Areas)				<input type="checkbox"/> Yes	<input type="checkbox"/> No

\*See "Deficiencies and Comments" section at end of each respective form.

<b>Property Information</b>		<b>Contractor or Licensed Owner Information</b>
Building Name COP		Name Tri-Signal Integration Inc
Address		Address 530 McCormick St
3465 Old Foothill Rd		City San Leandro St. CA Zip 94577
City Pleasanton, CA, 94566	License # 758792	Phone (510)357-3700
Contact Person	<input type="checkbox"/> SFM	Job #
Steve	<input type="checkbox"/> CSLB	Misc.

Riser Information			Main Drain Test (Annual)				
Riser No.	Location	Riser Diameter	Main Drain Diameter	Initial Static Pressure	Residual Pressure	Final Static Pressure	P,F,N/A
1	riser closet	2"	.5"	85	65	85	P

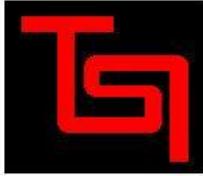
This building has more than 5 risers. See additional AES 2.9 form attached      Number of AES 2.9 forms attached

Quarterly Inspections							
I = Inspection    T = Test    M = Maintenance			P = Pass    F = Fail    N/A = Not Applicable				
Item		Description	NFPA 25 CA ed. Reference	Date 06/02/25	Date	Date	Date
1.1	I	Control Valves – Identification Sign	13.3.1	P			
1.2	I	Control Valves – Inspection	13.3.2	P			
1.3	I	Waterflow Alarm Devices	5.2.5	P			
1.4	I	Supervisory Devices	5.2.5	NA			
1.5	I	Gauges (Wet Pipe Systems)	5.2.4.1	P			
1.6	I	Enter Water Supply Pressure Below Riser Check	5.2.4.1	85 psi	psi	psi	psi
1.7	I	Enter Water Supply Pressure Above Riser Check	5.2.4.1	psi	psi	psi	psi
1.8	I	Pressure Readings Acceptable	5.2.4.1	P			
1.9	I	Hydraulic Design Information Sign <i>(for hydraulically designed systems)</i>	5.2.6	NA			
1.10	I	General Information Sign <i>(not required for system prior to 2007 edition of NFPA 13)</i>	5.2.8	NA			
1.11	I	Heat Tape	5.2.7	NA			
1.12	I	Spare Sprinklers	5.2.1.4	P			
1.13	I	Fire Department Connections	13.7	P			
1.14	I	Alarm Valves – Exterior Inspection	13.4.1	NA			
1.15	I	Pressure Reducing Valves	13.5.1.1	NA			
1.16	I	Backflow Preventers	13.6.1	NA			
1.17	I	Small Hose Connections - Hose Valve*	5.1.6, 13.5.2 13.5.5.1	NA			
1.18	I	PRV – Fire Sprinkler Systems	13.5.1.1	NA			

\* Small hose connections are hose valves and optional hose supplied by the fire sprinkler system. They do not include Class I, II, or III standpipe systems.







**TRI•SIGNAL**  
**INTEGRATION, INC.**

**FIRE ALARM**  
**LIFE SAFETY SYSTEM INSPECTION**  
**Annual**

Inspection Date: 6/10/2025

PREPARED FOR: Chriss Rizzoli

COP- Fire Station #1  
3560 Nevada St.  
Pleasanton, CA, 94566

This system, as specified herein, has been inspected and tested according to all NFPA standards cited herein.

Corporate Office  
Tri Signal Integration, Inc.  
15853 Monte St. Suite 101  
Sylmar, CA. 91342  
(818) 566-8558

## Fire Alarm Test and Inspection Record

 W.O.# 

Branch # 40 - San Francisco	Inspector Name Nick Zeffer	Certification No.	Date: 6/10/2025	Testing Interval <b>Annual</b>
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Property Information	Testing Contractor Information
Site Name: <u>COP - Fire Station #1</u>	Name: <u>Tri Signal Integration, Inc.</u> License: CA #758792
Address: <u>3560 Nevada St.</u>	Address: <u>530 McCormick Street</u>
City, St, Zip: <u>Pleasanton, CA, 94566</u>	City, St, Zip: <u>San Leandro, CA, 94577</u>
Phone: <u>(925) 437-3607</u> Fax: _____	Phone: <u>(510) 357-3700</u> Fax: <u>(510) 352-2379</u>
Contact: <u>Steve</u> Email: _____	Contact: <u>Steve Oderwald</u> Email: <u>soderwald@tri-signal.com</u>

**Pre-test System Status**

Normal   
  Impaired   
 Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### Notifications Made Prior to Testing

Central Station Monitoring: _____ <u>tri signal</u>	Phone: <u>8009752405</u>	
Account #: _____ <u>xm1-4980</u>	<input type="checkbox"/> Notified Time: <u>9am</u>	
Building Management: _____ <u>steve</u>	<input type="checkbox"/> Notified Time: <u>NA</u>	
Building Occupants: _____ <u>NA</u>	<input type="checkbox"/> Notified Time: <u>NA</u>	
Authority Having Jurisdiction: _____	<input type="checkbox"/> Notified Time: _____	
Others, if required: _____	<input type="checkbox"/> Notified Time: _____	

### Executive Summary

**1. Testing Description**

1.1. - Control Equipment:  
 Control Equipment has been tested to verify correct receipt of alarm, supervisory, and trouble signals; operation of evacuation signals and auxiliary functions; circuit supervision, including detection of open circuits and ground faults; and power supervision for loss of AC power and disconnection of secondary batteries.

1.2 - Initiating devices:  
 Initiating devices, including smoke detectors, duct detectors, heat detectors, waterflow switches and tamper switches have been tested for proper operation according to manufacturers recommendation and NFPA guidelines.

1.3 - Indicating and Auxiliary Appliances:  
 Indicating and auxiliary devices, including speaker strobes, strobes, hornstrobe remote annunciator, and auxiliary control functions have been tested for proper operation according to manufacturers recommendation and NFPA guidelines.

**2. Building Description:**  
 2story building protected by a fire life safety system.





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**Fire Alarm  
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**System Power**

**4.1 - Control Unit**

**4.1.1 - Primary Power**

Location of Breaker: electrical room

Input voltage of control panel: 120

Control Panel Amps: 20

**4.1.2 - Engine-Driven Generator**

This system does not have a generator.

Location of Generator: \_\_\_\_\_

Location of storage fuel: \_\_\_\_\_

Type of Fuel: \_\_\_\_\_

**4.1.3 - Uninterruptable Power System**

This system does not have a UPS.

Equipment powered by UPS system: \_\_\_\_\_

Location of UPS system: \_\_\_\_\_

Calculated capacity of UPS batteries to drive the system components connected to it:

In standby mode (hours): \_\_\_\_\_

In Alarm mode (minutes): \_\_\_\_\_

**4.1.4 - Batteries**

Location of Batteries: FACP

Type: seal lead acid

Nominal Voltage: 12volt

Calculated capacity of the batteries to drive the system:

Amp/hour rating: 12ah

In standby mode (hours): 24

In Alarm mode (minutes): 10

Batteries are marked with date of manufacture.

**4.2 - In-Building Fire Emergency Voice Alarm Communication System or Mass Notification System**

This system does not have an EVACS or MNS System

**4.2.1 - Primary Power**

Location of Breaker: \_\_\_\_\_

Input voltage of control panel: \_\_\_\_\_

Control Panel Amps: \_\_\_\_\_

**4.2.2 - Engine-Driven Generator**

This system does not have a generator.

Location of Generator: \_\_\_\_\_

Location of storage fuel: \_\_\_\_\_

Type of Fuel: \_\_\_\_\_

**4.2.3 - Uninterruptable Power System**

This system does not have a UPS.

Equipment powered by UPS system: \_\_\_\_\_

Location of UPS system: \_\_\_\_\_

Calculated capacity of UPS batteries to drive the system components connected to it:

In standby mode (hours): \_\_\_\_\_

In Alarm mode (minutes): \_\_\_\_\_

**4.2.4 - Batteries**

Batteries are marked with date of manufacture.

Date: \_\_\_\_\_

Location of Batteries: \_\_\_\_\_

Type: \_\_\_\_\_

Nominal Voltage: \_\_\_\_\_

Calculated capacity of the batteries to drive the system:

Amp/hour rating: \_\_\_\_\_

In standby mode (hours): \_\_\_\_\_

In Alarm mode (minutes): \_\_\_\_\_



**Fire Alarm  
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**System Power - continued**

**4.3 - Notification Appliance Power Extender**

This system does not have power extender panels Enter quantity of extender panels: 1

**4.3.1 - Primary Power**      Location of Breaker: electrical rm  
Input voltage of control panel: 120      Control Panel Amps: 20

**4.3.2 - Engine-Driven Generator**     This system does not have a generator.  
Location of Generator: \_\_\_\_\_  
Location of storage fuel: \_\_\_\_\_      Type of Fuel: \_\_\_\_\_

**4.3.3 - Uninterruptable Power System**     This system does not have a UPS.  
Equipment powered by UPS system: \_\_\_\_\_  
Location of UPS system: \_\_\_\_\_  
Calculated capacity of UPS batteries to drive the system components connected to it:  
In standby mode (hours): \_\_\_\_\_      In Alarm mode (minutes): \_\_\_\_\_

Batteries are marked with date of manufacture.      Date: \_\_\_\_\_  
**4.3.4 - Batteries**  
Location of Batteries: FCPS      Type: sealed lead acid      Nominal Voltage: 12  
Calculated capacity of the batteries to drive the system:      Amp/hour rating: 7  
In standby mode (hours): 24      In Alarm mode (minutes): 10

**Annunciators**

**5.1 - Location & Description of Annunciators**       This system does not have annunciators  
Annunciator 1: \_\_\_\_\_  
Annunciator 2: \_\_\_\_\_  
Annunciator 3: \_\_\_\_\_  
Annunciator 4: \_\_\_\_\_



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**Fire Alarm  
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**Testing Results**

7.1 Control Unit and Related Equipment					7.2 Control Unit Power Supplies				
	Visual	Functional	Pass/Fail	Comments		Visual	Functional	Pass/Fail	Comments
Control Unit	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PASS		120-volt Power	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS	
Lamps/LEDs/LCDs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS		Generator or UPS	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Fuses	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS		Battery Condition	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Fail	
Trouble Signals	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PASS		Load Voltage	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PASS	
Disconnect Switches	<input type="checkbox"/>	<input type="checkbox"/>	N/a		Discharge Test	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PASS	
Ground Fault Monitoring	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PASS		Charger Test	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PASS	
Panel Supervision	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PASS		Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>		
Local Annunciator	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PASS						
Remote Annunciators	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS						
Power Extender Panels	<input type="checkbox"/>	<input type="checkbox"/>	N/a						
Isolation Modules	<input type="checkbox"/>	<input type="checkbox"/>	N/a						
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>							

7.3 In-Building Fire Emergency Voice Alarm					7.4 Notification Appliance Power Extender Panels				
	Visual	Functional	Pass/Fail	Comments		Visual	Functional	Pass/Fail	Comments
Control Unit	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Lamps/LEDs/LCDs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pass	
Lamps/LEDs/LCDs	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Fuses	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pass	
Fuses	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Primary Power Supply	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pass	
Trouble Signals	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Secondary Power	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Fail	
Disconnect Switches	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Trouble Signals	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pass	
Ground Fault Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Ground Fault Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	N/a	
Panel Supervision	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Panel Supervision	<input type="checkbox"/>	<input type="checkbox"/>	N/a	
Primary Power Supply	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>		
Secondary Power	<input type="checkbox"/>	<input type="checkbox"/>	N/A						
System Performance	<input type="checkbox"/>	<input type="checkbox"/>	N/A						
Sound Pressure Levels	<input type="checkbox"/>	<input type="checkbox"/>	N/A						
Occupied <input type="checkbox"/> Yes		Ambient dBA	N/A						
<input type="checkbox"/> No		Alarm dBA	N/A						
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	N/A						
System Intelligibility	<input type="checkbox"/>	<input type="checkbox"/>	N/A						
	<input type="checkbox"/>	CSI (attach report with location, values and weather conditions)							
	<input type="checkbox"/>	STI							

## Fire Alarm Test and Inspection Record

 W.O.# 

Branch # 40 - San Francisco	Inspector Name Nick Zeffer	Certification No.	Date: 6/10/2025	Testing Interval <b>Annual</b>
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<b>Property Information</b>  Site Name: <u>COP - Fire Station #1</u> Address: <u>3560 Nevada St.</u>	<b>Testing Contractor Information</b>  Name: <u>Tri Signal Integration, Inc.</u> License: CA #758792 Address: <u>530 McCormick Street</u>
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**Testing Results - continued**

7.5 Mass Notification Equipment					7.6 Two-Way Communications Equipment				
	Visual	Functional	Pass/Fail	Comments		Visual	Functional	Pass/Fail	Comments
Functional Test	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Phone handsets	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Reset/power down test	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Phone jacks	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Fuses	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Off-hook indicator	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Primary Power Supply	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Call-in signals	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
UPS Power Test	<input type="checkbox"/>	<input type="checkbox"/>	N/A		System Performance	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Trouble Signals	<input type="checkbox"/>	<input type="checkbox"/>	N/A		System Audibility	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Disconnect Switches	<input type="checkbox"/>	<input type="checkbox"/>	N/A		System Intelligibility	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Ground Fault Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Radio communications enhancement system	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
CCU Security Mechanism	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Area of refuge communication System	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Recorded Message Content	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Elevator emergency communication system	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Message Activation	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>		
Software backup performed	<input type="checkbox"/>	<input type="checkbox"/>	N/A						
Test backup software	<input type="checkbox"/>	<input type="checkbox"/>	N/A						
Fire Alarm to MNS interface	<input type="checkbox"/>	<input type="checkbox"/>	N/A						
In-bldg MNS to wide-area MNS	<input type="checkbox"/>	<input type="checkbox"/>	N/A						
MNS to direct recipient MNS	<input type="checkbox"/>	<input type="checkbox"/>	N/A						
Sound Pressure Levels	<input type="checkbox"/>	<input type="checkbox"/>	N/A						
Occupied <input type="checkbox"/> Yes		Ambient dBA	N/A						
<input type="checkbox"/> No		Alarm dBA	N/A						
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	N/A						
System Intelligibility	<input type="checkbox"/>	<input type="checkbox"/>	N/A						
<input type="checkbox"/> CSI (attach report with location, values and weather conditions)									
<input type="checkbox"/> STI									

**7.7 Combination Systems**

	Visual	Functional	Pass/Fail	Comments
Fire Extinguishing monitoring devices	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Carbon Monoxide detection system	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Combination Fire/Security system	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>		

**7.8 Special Hazard Systems**

Description	Visual	Functional	Pass/Fail	Comments
	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
	<input type="checkbox"/>	<input type="checkbox"/>	N/A	

**7.9 Emergency Communications System**

	Visual	Functional	Pass/Fail	Comments
Simulated Operation	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Ensure predischage notification appliances of special hazard systems are not overridden by the MNS.	<input type="checkbox"/>	<input type="checkbox"/>	N/A	



**Fire Alarm  
Test and Inspection Record**

W.O.#

Branch # 40 - San Francisco	Inspector Name Nick Zeffer	Certification No.	Date: 6/10/2025	Testing Interval <b>Annual</b>
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<p align="center"><b>Property Information</b></p> <p>Site Name: <u>COP - Fire Station #1</u> Address: <u>3560 Nevada St.</u></p>	<p align="center"><b>Testing Contractor Information</b></p> <p>Name: <u>Tri Signal Integration, Inc.</u> License: CA #758792 Address: <u>530 McCormick Street</u></p>
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**Testing Results - continued**

7.10 Monitored Systems					7.11 Auxilliary Functions				
	Visual	Functional	Pass/Fail	Comments		Visual	Functional	Pass/Fail	Comments
Engine-driven generator	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Door releasing devices	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Fire Pump	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Fan Shutdown	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Special Suppression systems	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Smoke Management Smoke Control	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>			Smoke Damper Operation	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
7.12 Alarm Initiating Devices					Smoke shutter release	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
<input checked="" type="checkbox"/> Device test results sheet attached listing all devices tested and results of the test.					Door unlocking	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
7.13 Supervisory Alarm Initiating Devices					Elevator recall	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
<input checked="" type="checkbox"/> Device test results sheet attached listing all devices tested and results of the test.					Elevator shunt trip	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
7.14 Alarm Notification Appliances					MNS override of FA signals	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
<input type="checkbox"/> Impaired Alarm Notification test results are provided on the deficiencies list.					Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>		

**Device Summary - (See Attached Detail List)**

Device Summary - (See Attached Detail List)					7.15 Supervisory Station Monitoring			
Initiating Device Type	System Devices	Tested	Passed	Failed	Description	Yes	No	Pass/Fail
Smoke Detector:	51	51	51	0	Alarm Signals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS
Heat Detector:	2	2	2	0	Alarm restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS
Duct Detector:	0	0	0	0	Trouble signals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS
Manual Pull Station:	9	9	9	0	Trouble restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS
Waterflow Switch:	0	0	0	0	Supervisory signals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS
Tamper Switch:	0	0	0	0	Supervisory restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS
Other Initiating Devices:	0	0	0	0				
Totals:	62	62	62	0				
Testing Results this Period:		100%	100%	0%				



**Fire Alarm  
Test and Inspection Record**

W.O.#

Branch # 40 - San Francisco	Inspector Name Nick Zeffer	Certification No.	Date: 6/10/2025	Testing Interval <b>Annual</b>
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<p align="center"><b>Property Information</b></p> <p>Site Name: <u>COP - Fire Station #1</u></p> <p>Address: <u>3560 Nevada St.</u></p>	<p align="center"><b>Testing Contractor Information</b></p> <p>Name: <u>Tri Signal Integration, Inc.</u> License: <u>CA #758792</u></p> <p>Address: <u>530 McCormick Street</u></p>
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**Notifications That Testing is Complete**

<p>Central Station Monitoring: <u>tri signal</u> Phone: <u>8009752405</u></p> <p>Account #: <u>xm1-4980</u> <input type="checkbox"/> Notified Time: <u>9am</u></p>	
<p>Building Management: <u>steve</u> <input type="checkbox"/> Notified Time: <u>NA</u></p> <p>Building Occupants: <u>NA</u> <input type="checkbox"/> Notified Time: <u>NA</u></p> <p>Authority Having Jurisdiction: _____ <input type="checkbox"/> Notified Time: _____</p> <p>Others, if required: _____ <input type="checkbox"/> Notified Time: _____</p>	

Post System Status:  Normal  Impaired Notes: (If System left Impaired)

System Retored:   \_\_\_\_\_

Date: 06/10/25 Time: 2pm

**Certification**

**10.1 - Inspector Certification:**

This system, as specified herein, has been inspected and tested according to all NFPA standards cited herein.

Signed:   
Nick Zeffer Tri Signal Integration, Inc.

Date: 6/10/25

**10.2 - Accepted by Owner or Owner's Representative:**

The undersigned has a service contract for this system in effect as of the date shown below.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_



W.O.#

Name: COP- Fire Sation #1  
Address: 3560 Nevada St.  
City,St,Zip: Pleasanton, CA, 94566  
Contact: Steve

Date Tested: 6/10/2025

**INSPECTION RECORD**

DEVICE TYPES							
SD-Smoke Detector, HD-Heat Detector, DD-Duct Detector, MS-Manual Pull Station, WF-Water Flow Switch, TS-Valve Tamper Switch, OD-Other Initiating Device							
DEVICE	LOOP	ADDR.	DEVICE TYPE	FLOOR	DEVICE LABEL	Pass/Fail	DEVICE COMMENTS
1		d101	SD	01	telcom rm	pass	
2		d129	SD	01	captains offic	pass	
3		m103	MS	01	east lobby	pass	
4		d130	SD	01	lobby	pass	
5		d102	SD	01	hall 132	pass	
6		d131	SD	01	company report	pass	
7		m104	MS	01	hall 131	pass	
8		d106	SD	01	hall 131	pass	
9		d104	SD	01	hall 139	pass	
10		d121	SD	01	project room	pass	
11		d108	SD	01	hall 144	pass	
12		m101	MS	01	east hall	pass	
13		d114	SD	01	hall exercise rm	pass	
14		d115	SD	01	exercise rm	pass	
15		d113	HD	01	linen rm	pass	
16		d116	HD	01	janitor closet	pass	
17		m124	MS	01	kitchen	pass	
18		d118	SD	01	kitchen	pass	
19		d119	SD	01	dining	pass	
20		m102	MS	01	day rm	pass	
21		d120	SD	01	day rm	pass	
22		d105	SD	01	dorm1	pass	
23		d107	SD	01	dorm2	pass	



W.O.#

Name: COP- Fire Sation #1  
Address: 3560 Nevada St.  
City,St,Zip: Pleasanton, CA, 94566  
Contact: Steve

Date Tested: 6/10/2025

**INSPECTION RECORD**

DEVICE TYPES							
SD-Smoke Detector, HD-Heat Detector, DD-Duct Detector, MS-Manual Pull Station, WF-Water Flow Switch, TS-Valve Tamper Switch, OD-Other Initiating Device							
DEVICE	LOOP	ADDR.	DEVICE TYPE	FLOOR	DEVICE LABEL	Pass/Fail	DEVICE COMMENTS
24		d112	SD	01	dorm3	pass	
25		d110	SD	01	dorm4	pass	
26		d125	SD	01	hall 156	pass	
27		d166	SD	01	hall 122	pass	
28		m123	MS	01	staff break rm	pass	
29		d153	SD	01	east stair	pass	
30		d152	SD	01	plan check rm	pass	
31		d155	SD	01	fire marshall office	pass	
32		d156	SD	01	hazmat corridinator	pass	
33		d157	SD	01	asst fire marshal office	pass	
34		d158	SD	01	by asst fire marshal	pass	
35		m109	MS	01	by asst fire marshal	pass	
36		d161	SD	01	small conf rm	pass	
37		d159	SD	01	small conf rm	pass	
38		m107	MS	01	by elevator lobby	pass	
39		d143	SD	01	main lobby west	pass	
40		m105	MS	01	hosecart	pass	
41		d141	SD	01	wqork station 111	pass	
42		d142	SD	01	suppost staff area	pass	
43		d140	SD	01	support staff work station	pass	
44		d149	SD	01	file rm	pass	
45		d165	SD	01	work rm 114	pass	
46		d164	SD	01	admin storage	pass	



W.O.#

Name: COP- Fire Station #1  
 Address: 3560 Nevada St.  
 City,St,Zip: Pleasanton, CA, 94566  
 Contact: Steve

SYSTEM DEFECTS FOUND

NO SYSTEM DEFECTS FOUND

Date Tested: 6/10/2025

### DEFICIENCIES REPORT

GRAY AREA SHALL BE FILLED OUT BY CERTIFIED TESTER PERFORMING RETEST

	Description of Deficiencies	Location	RETEST ONLY
1	replace 2 12v12ah batteries	at facp	<input type="checkbox"/> PASS
2	replace 3 12v7ah batteries	at FCPS	<input type="checkbox"/> PASS
3	trouble on panel for sd maintenance required	hallway 131, dorm 4, fire marshall office	<input type="checkbox"/> PASS
4	upon arrival panel showed udact troubl, reset tg7 and signal was restored	FACP	<input type="checkbox"/> PASS
5			<input type="checkbox"/> PASS
6			<input type="checkbox"/> PASS
7			<input type="checkbox"/> PASS
8			<input type="checkbox"/> PASS
9			<input type="checkbox"/> PASS
10			<input type="checkbox"/> PASS
11			<input type="checkbox"/> PASS
12			<input type="checkbox"/> PASS
13			<input type="checkbox"/> PASS
14			<input type="checkbox"/> PASS
15			<input type="checkbox"/> PASS
16			<input type="checkbox"/> PASS
17			<input type="checkbox"/> PASS
18			<input type="checkbox"/> PASS
19			<input type="checkbox"/> PASS
20			<input type="checkbox"/> PASS
21			<input type="checkbox"/> PASS
22			<input type="checkbox"/> PASS
23			<input type="checkbox"/> PASS

**RETEST PERFORMED BY:**

**Retester's Name:** \_\_\_\_\_

**Retester's Signature:** \_\_\_\_\_

**Certification #:** \_\_\_\_\_

**Retest Date:** \_\_\_\_\_

**Inspection, Testing, and Maintenance Cover Sheet  
NFPA25 as amended by CCR, Title 19**

**Property Information:**

Name:	<u>COP</u>	Occupancy/Use:	_____
Address:	<u>3560 Nevada St</u>	Construction Type:	_____
City:	<u>Pleasanton, CA.</u>	No. Stories:	_____
ZIP:	<u>94566</u>	Year Constructed:	_____
Contact:	<u>Chris Rizzoli</u>		
Telephone:	<u>(925) 931-5584</u>		



**Contractor Information:**

**Number of System Risers**

Name:	<u>Tri-Signal Integration Inc.</u>
Address:	<u>530 McCormick St</u>
City:	<u>San Leandro</u>
State:	<u>CA</u>
Telephone:	<u>(510) 357-3700</u>
CA License#:	<u>758792</u>
Job #:	_____
Performed by:	<u>Nick Zeffer</u>

**Copy sent to:**

<input type="checkbox"/> Owner	Date: _____
<input type="checkbox"/> Fire AHJ	Date: _____
<input type="checkbox"/> Contractor	Date: _____

**NOTES:**

1) For specific inspection, testing, and maintenance requirements and information, see NFPA 25, 2011 Edition as amended by California Code of Regulations, Title 19, §901 to §906.

2) Inspection items may be performed by the owner in accordance with California Code of Regulations, Title 19, §904.1(a)

Check box for each system inspected and enter the number of forms used for inspection.  
Check boxes (Fail or Pass) to indicate status of inspected system at end of inspection.

Forms Included with this Report	NFPA 25 Chapter	Number of Forms	N/A	Fail*	Pass
<input checked="" type="checkbox"/> Automatic Sprinkler System	5	1	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> Standpipe and Hose System	6	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Private Water Supply System	7	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Fire Pump	8	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Water Storage Tank	9	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Water Spray System	10	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Foam Water Sprinkler System	11	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Water Mist System	12	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Concerns that are not deficiencies (i.e. Non-Sprinklered Areas)				<input type="checkbox"/> Yes	<input type="checkbox"/> No

\*See "Deficiencies and Comments" section at end of each respective form.

<b>Property Information</b>		<b>Contractor or Licensed Owner Information</b>
Building Name COP		Name Tri-Signal Integration Inc.
Address 3560 Nevada St.		Address 530 McCormick St
City Pleasanton, CA, 94566	License # 758792	City San Leandro St. CA Zip 94577
Contact Person	<input type="checkbox"/> SFM	Phone (510)357-3700
Steve	<input type="checkbox"/> CSLB	Job #
		Misc.

Riser Information			Main Drain Test (Annual)				
Riser No.	Location	Riser Diameter	Main Drain Diameter	Initial Static Pressure	Residual Pressure	Final Static Pressure	P,F,N/A
1	in garage	6"	2"	90	70	85	P

This building has more than 5 risers. See additional AES 2.9 form attached      Number of AES 2.9 forms attached

Quarterly Inspections							
I = Inspection    T = Test    M = Maintenance			P = Pass    F = Fail    N/A = Not Applicable				
Item		Description	NFPA 25 CA ed. Reference	Date	Date	Date	Date
				06/10/25			
1.1	I	Control Valves – Identification Sign	13.3.1	P			
1.2	I	Control Valves – Inspection	13.3.2	P			
1.3	I	Waterflow Alarm Devices	5.2.5	P			
1.4	I	Supervisory Devices	5.2.5	P			
1.5	I	Gauges (Wet Pipe Systems)	5.2.4.1	P			
1.6	I	Enter Water Supply Pressure Below Riser Check	5.2.4.1	85 psi	psi	psi	psi
1.7	I	Enter Water Supply Pressure Above Riser Check	5.2.4.1	90 psi	psi	psi	psi
1.8	I	Pressure Readings Acceptable	5.2.4.1	P			
1.9	I	Hydraulic Design Information Sign <i>(for hydraulically designed systems)</i>	5.2.6	NA			
1.10	I	General Information Sign <i>(not required for system prior to 2007 edition of NFPA 13)</i>	5.2.8	NA			
1.11	I	Heat Tape	5.2.7	NA			
1.12	I	Spare Sprinklers	5.2.1.4	P			
1.13	I	Fire Department Connections	13.7	P			
1.14	I	Alarm Valves – Exterior Inspection	13.4.1	P			
1.15	I	Pressure Reducing Valves	13.5.1.1	NA			
1.16	I	Backflow Preventers	13.6.1	NA			
1.17	I	Small Hose Connections - Hose Valve*	5.1.6, 13.5.2 13.5.5.1	NA			
1.18	I	PRV – Fire Sprinkler Systems	13.5.1.1	NA			

\* Small hose connections are hose valves and optional hose supplied by the fire sprinkler system. They do not include Class I, II, or III standpipe systems.







**TRI•SIGNAL**  
**INTEGRATION, INC.**

**FIRE ALARM**  
**LIFE SAFETY SYSTEM INSPECTION**  
**Annual**

Inspection Date: 6/2/2025

PREPARED FOR:

COP- Preschool  
4333 Black Ave.  
Pleasanton, CA, 94566

This system, as specified herein, has been inspected and tested according to all NFPA standards cited herein.

Corporate Office  
Tri Signal Integration, Inc.  
15853 Monte St. Suite 101  
Sylmar, CA. 91342  
(818) 566-8558

## Fire Alarm Test and Inspection Record

 W.O.# 

Branch # 40 - San Francisco	Inspector Name Nick Zeffer	Certification No.	Date: 6/2/2025	Testing Interval <b>Annual</b>
--------------------------------	-------------------------------	-------------------	----------------	-----------------------------------

Site Name: <u>COP- Preschool</u> Address: <u>4333 Black Ave.</u> City,St,Zip: <u>Pleasanton, CA, 94566</u> Phone: <u>(925) 437-3607</u> Fax: _____ Contact: <u>Steve</u> Email: _____	<b>Testing Contractor Information</b> Name: <u>Tri Signal Integration, Inc.</u> License: CA #758792 Address: <u>530 McCormick Street</u> City,St,Zip: <u>San Leandro, CA, 94577</u> Phone: <u>(510) 357-3700</u> Fax: <u>(510) 352-2379</u> Contact: <u>Steve Oderwald</u> Email: <u>soderwald@tri-signal.com</u>
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<b>Pre-test System Status</b> <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Impaired	Comments: _____ _____ _____
---	-----------------------------------

**Notifications Made Prior to Testing**

Central Station Monitoring: _____ <u>tri signal</u> Account #: _____ <u>xm1-4990</u>	Phone: <u>8009752405</u> <input type="checkbox"/> Notified Time: <u>9am</u>
Building Management: _____ <u>steve</u> Building Occupants: _____ <u>NA</u>	<input type="checkbox"/> Notified Time: <u>NA</u> <input type="checkbox"/> Notified Time: <u>NA</u>
Authority Having Jurisdiction: _____ Others, if required: _____	<input type="checkbox"/> Notified Time: _____ <input type="checkbox"/> Notified Time: _____

**Executive Summary**

**1. Testing Description**

1.1. - Control Equipment:  
 Control Equipment has been tested to verify correct receipt of alarm, supervisory, and trouble signals; operation of evacuation signals and auxiliary functions; circuit supervision, including detection of open circuits and ground faults; and power supervision for loss of AC power and disconnection of secondary batteries.

1.2 - Initiating devices:  
 Initiating devices, including smoke detectors, duct detectors, heat detectors, waterflow switches and tamper switches have been tested for proper operation according to manufacturers recommendation and NFPA guidelines.

1.3 - Indicating and Auxiliary Appliances:  
 Indicating and auxiliary devices, including speaker strobes, strobes, hornstrobe remote annunciator, and auxiliary control functions have been tested for proper operation according to manufacturers recommendation and NFPA guidelines.

**2. Building Description:**  
 single story building protected by a fire life safety system





W.O.#

**Fire Alarm  
Test and Inspection Record**

Branch # 40 - San Francisco	Inspector Name Nick Zeffer	Certification No.	Date: 6/2/2025	Testing Interval <b>Annual</b>
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Site Name: <u>COP- Preschool</u> Address: <u>4333 Black Ave.</u>	<b>Testing Contractor Information</b> Name: <u>Tri Signal Integration, Inc.</u> License: CA #758792 Address: <u>530 McCormick Street</u>
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**System Power**

**4.1 - Control Unit**

**4.1.1 - Primary Power** Location of Breaker: electrical rm  
 Input voltage of control panel: 120 Control Panel Amps: 20

**4.1.2 - Engine-Driven Generator**  This system does not have a generator.  
 Location of Generator: \_\_\_\_\_  
 Location of storage fuel: \_\_\_\_\_ Type of Fuel: \_\_\_\_\_

**4.1.3 - Uninterruptable Power System**  This system does not have a UPS.  
 Equipment powered by UPS system: \_\_\_\_\_  
 Location of UPS system: \_\_\_\_\_  
 Calculated capacity of UPS batteries to drive the system components connected to it:  
 In standby mode (hours): \_\_\_\_\_ In Alarm mode (minutes): \_\_\_\_\_

**4.1.4 - Batteries**  
 Location of Batteries: FACP Type: sealed lead acid Nominal Voltage: 12volt  
 Calculated capacity of the batteries to drive the system: Amp/hour rating: 7ah  
 In standby mode (hours): 24 In Alarm mode (minutes): 10  
 Batteries are marked with date of manufacture.

**4.2 - In-Building Fire Emergency Voice Alarm Communication System or Mass Notification System**

This system does not have an EVACS or MNS System

**4.2.1 - Primary Power** Location of Breaker: \_\_\_\_\_  
 Input voltage of control panel: \_\_\_\_\_ Control Panel Amps: \_\_\_\_\_

**4.2.2 - Engine-Driven Generator**  This system does not have a generator.  
 Location of Generator: \_\_\_\_\_  
 Location of storage fuel: \_\_\_\_\_ Type of Fuel: \_\_\_\_\_

**4.2.3 - Uninterruptable Power System**  This system does not have a UPS.  
 Equipment powered by UPS system: \_\_\_\_\_  
 Location of UPS system: \_\_\_\_\_  
 Calculated capacity of UPS batteries to drive the system components connected to it:  
 In standby mode (hours): \_\_\_\_\_ In Alarm mode (minutes): \_\_\_\_\_

**4.2.4 - Batteries**  Batteries are marked with date of manufacture. Date: \_\_\_\_\_  
 Location of Batteries: \_\_\_\_\_ Type: \_\_\_\_\_ Nominal Voltage: \_\_\_\_\_  
 Calculated capacity of the batteries to drive the system: Amp/hour rating: \_\_\_\_\_  
 In standby mode (hours): \_\_\_\_\_ In Alarm mode (minutes): \_\_\_\_\_



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**Fire Alarm  
Test and Inspection Record**

Branch # 40 - San Francisco	Inspector Name Nick Zeffer	Certification No.	Date: 6/2/2025	Testing Interval <b>Annual</b>
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Site Name: <u>COP- Preschool</u> Address: <u>4333 Black Ave.</u>	<b>Testing Contractor Information</b> Name: <u>Tri Signal Integration, Inc.</u> License: CA #758792 Address: <u>530 McCormick Street</u>
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**System Power - continued**

**4.3 - Notification Appliance Power Extender**

This system does not have power extender panels Enter quantity of extender panels: \_\_\_\_\_

**4.3.1 - Primary Power**      Location of Breaker: \_\_\_\_\_  
 Input voltage of control panel: \_\_\_\_\_ Control Panel Amps: \_\_\_\_\_

**4.3.2 - Engine-Driven Generator**     This system does not have a generator.  
 Location of Generator: \_\_\_\_\_  
 Location of storage fuel: \_\_\_\_\_      Type of Fuel: \_\_\_\_\_

**4.3.3 - Uninterruptable Power System**     This system does not have a UPS.  
 Equipment powered by UPS system: \_\_\_\_\_  
 Location of UPS system: \_\_\_\_\_  
 Calculated capacity of UPS batteries to drive the system components connected to it:  
 In standby mode (hours): \_\_\_\_\_      In Alarm mode (minutes): \_\_\_\_\_

Batteries are marked with date of manufacture.      Date: \_\_\_\_\_  
**4.3.4 - Batteries**  
 Location of Batteries: \_\_\_\_\_      Type: \_\_\_\_\_      Nominal Voltage: \_\_\_\_\_  
 Calculated capacity of the batteries to drive the system:  
 In standby mode (hours): \_\_\_\_\_      In Alarm mode (minutes): \_\_\_\_\_

**Annunciators**

**5.1 - Location & Description of Annunciators**       This system does not have annunciators

Annunciator 1: FACP  
 Annunciator 2: rear exit  
 Annunciator 3: \_\_\_\_\_  
 Annunciator 4: \_\_\_\_\_



**Fire Alarm  
Test and Inspection Record**

W.O.#

Branch # 40 - San Francisco	Inspector Name Nick Zeffer	Certification No.	Date: 6/2/2025	Testing Interval <b>Annual</b>
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Site Name: <u>COP- Preschool</u> Address: <u>4333 Black Ave.</u>	<b>Testing Contractor Information</b> Name: <u>Tri Signal Integration, Inc.</u> License: CA #758792 Address: <u>530 McCormick Street</u>
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**Testing Results**

7.1 Control Unit and Related Equipment				
	Visual	Functional	Pass/Fail	Comments
Control Unit	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PASS	
Lamps/LEDs/LCDs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS	
Fuses	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS	
Trouble Signals	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PASS	
Disconnect Switches	<input type="checkbox"/>	<input type="checkbox"/>	N/a	
Ground Fault Monitoring	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PASS	
Panel Supervision	<input type="checkbox"/>	<input type="checkbox"/>	N/a	
Local Annunciator	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PASS	
Remote Annunciators	<input type="checkbox"/>	<input type="checkbox"/>	N/a	
Power Extender Panels	<input type="checkbox"/>	<input type="checkbox"/>	N/a	
Isolation Modules	<input type="checkbox"/>	<input type="checkbox"/>	N/a	
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>		

7.2 Control Unit Power Supplies				
	Visual	Functional	Pass/Fail	Comments
120-volt Power	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS	
Generator or UPS	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Battery Condition	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PASS	
Load Voltage	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PASS	
Discharge Test	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PASS	
Charger Test	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PASS	
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>		

7.3 In-Building Fire Emergency Voice Alarm				
	Visual	Functional	Pass/Fail	Comments
Control Unit	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Lamps/LEDs/LCDs	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Fuses	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Trouble Signals	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Disconnect Switches	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Ground Fault Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Panel Supervision	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Primary Power Supply	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Secondary Power	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
System Performance	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Sound Pressure Levels	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Occupied <input type="checkbox"/> Yes		Ambient dBA	N/A	
<input type="checkbox"/> No		Alarm dBA	N/A	
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
System Intelligibility	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
<input type="checkbox"/> CSI	<small>(attach report with location, values and weather conditions)</small>			
<input type="checkbox"/> STI				

7.4 Notification Appliance Power Extender Panels				
	Visual	Functional	Pass/Fail	Comments
Lamps/LEDs/LCDs	<input type="checkbox"/>	<input type="checkbox"/>	N/a	
Fuses	<input type="checkbox"/>	<input type="checkbox"/>	N/a	
Primary Power Supply	<input type="checkbox"/>	<input type="checkbox"/>	N/a	
Secondary Power	<input type="checkbox"/>	<input type="checkbox"/>	N/a	
Trouble Signals	<input type="checkbox"/>	<input type="checkbox"/>	N/a	
Ground Fault Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	N/a	
Panel Supervision	<input type="checkbox"/>	<input type="checkbox"/>	N/a	
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>		

## Fire Alarm Test and Inspection Record

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Branch # 40 - San Francisco	Inspector Name Nick Zeffer	Certification No.	Date: 6/2/2025	Testing Interval <b>Annual</b>
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Site Name: <u>COP- Preschool</u> Address: <u>4333 Black Ave.</u>	<b>Testing Contractor Information</b> Name: <u>Tri Signal Integration, Inc.</u> License: CA #758792 Address: <u>530 McCormick Street</u>
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**Testing Results - continued**
**7.5 Mass Notification Equipment**

	Visual	Functional	Pass/Fail	Comments
Functional Test	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Reset/power down test	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Fuses	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Primary Power Supply	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
UPS Power Test	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Trouble Signals	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Disconnect Switches	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Ground Fault Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
CCU Security Mechanism	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Recorded Message Content	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Message Activation	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Software backup performed	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Test backup software	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Fire Alarm to MNS interface	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
In-bldg MNS to wide-area MNS	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
MNS to direct recipient MNS	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Sound Pressure Levels	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Occupied <input type="checkbox"/> Yes		Ambient dBA	N/A	
<input type="checkbox"/> No		Alarm dBA	N/A	
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
System Intelligibility	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
<input type="checkbox"/> CSI (attach report with location, values and weather conditions)				
<input type="checkbox"/> STI				

**7.6 Two-Way Communications Equipment**

	Visual	Functional	Pass/Fail	Comments
Phone handsets	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Phone jacks	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Off-hook indicator	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Call-in signals	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
System Performance	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
System Audibility	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
System Intelligibility	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Radio communications enhancement system	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Area of refuge communication System	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Elevator emergency communication system	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>		

**7.7 Combination Systems**

	Visual	Functional	Pass/Fail	Comments
Fire Extinguishing monitoring devices	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Carbon Monoxide detection system	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Combination Fire/Security system	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>		

**7.8 Special Hazard Systems**

Description	Visual	Functional	Pass/Fail	Comments
_____	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
_____	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
_____	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
_____	<input type="checkbox"/>	<input type="checkbox"/>	N/A	

**7.9 Emergency Communications System**

	Visual	Functional	Pass/Fail	Comments
Simulated Operation	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Ensure predischage notification appliances of special hazard systems are not overridden by the MNS.	<input type="checkbox"/>	<input type="checkbox"/>	N/A	



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**Fire Alarm  
Test and Inspection Record**

Branch # 40 - San Francisco	Inspector Name Nick Zeffer	Certification No.	Date: 6/2/2025	Testing Interval <b>Annual</b>
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Site Name: <u>COP- Preschool</u> Address: <u>4333 Black Ave.</u>	<b>Testing Contractor Information</b> Name: <u>Tri Signal Integration, Inc.</u> License: CA #758792 Address: <u>530 McCormick Street</u>
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**Testing Results - continued**

7.10 Monitored Systems				
	Visual	Functional	Pass/Fail	Comments
Engine-driven generator	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Fire Pump	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Special Suppression systems	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>		

7.11 Auxilliary Functions				
	Visual	Functional	Pass/Fail	Comments
Door releasing devices	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Fan Shutdown	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Smoke Management Smoke Control	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Smoke Damper Operation	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Smoke shutter release	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Door unlocking	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Elevator recall	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Elevator shunt trip	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
MNS override of FA signals	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>		

7.12 Alarm Initiating Devices
<input checked="" type="checkbox"/> Device test results sheet attached listing all devices tested and results of the test.

7.13 Supervisory Alarm Initiating Devices
<input checked="" type="checkbox"/> Device test results sheet attached listing all devices tested and results of the test.

7.14 Alarm Notification Appliances
<input type="checkbox"/> Impaired Alarm Notification test results are provided on the deficiencies list.

**Device Summary - (See Attached Detail List)**

Initiating Device Type	System Devices			
	Tested	Passed	Failed	
Smoke Detector:	12	12	0	
Heat Detector:	0	0	0	
Duct Detector:	0	0	0	
Manual Pull Station:	3	3	0	
Waterflow Switch:	0	0	0	
Tamper Switch:	0	0	0	
Other Initiating Devices:	0	0	0	
Totals:	15	15	0	
Testing Results this Period:	100%	100%	0%	

**7.15 Supervisory Station Monitoring**

Description	Yes	No	Pass/Fail
Alarm Signals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS
Alarm restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS
Trouble signals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS
Trouble restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS
Supervisory signals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS
Supervisory restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS



W.O.#

**Fire Alarm  
Test and Inspection Record**

Branch # 40 - San Francisco	Inspector Name Nick Zeffer	Certification No.	Date: 6/2/2025	Testing Interval <b>Annual</b>
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Site Name: <u>COP- Preschool</u> Address: <u>4333 Black Ave.</u>	<b>Testing Contractor Information</b> Name: <u>Tri Signal Integration, Inc.</u> License: CA #758792 Address: <u>530 McCormick Street</u>
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**Notifications That Testing is Complete**

Central Station Monitoring: <u>tri signal</u> Account #: <u>xm1-4990</u>	Phone: <u>8009752405</u> <input type="checkbox"/> Notified Time: <u>12pm</u>
Building Management: <u>steve</u> Building Occupants: <u>Na</u>	<input type="checkbox"/> Notified Time: <u>Na</u> <input type="checkbox"/> Notified Time: <u>Na</u>
Authority Having Jurisdiction: _____ Others, if required: _____	<input type="checkbox"/> Notified Time: _____ <input type="checkbox"/> Notified Time: _____

Post System Status:  Normal  Impaired Notes: (If System left Impaired)

System Retored:   \_\_\_\_\_

Date: 06/02/25 Time: 12pm

**Certification**

**10.1 - Inspector Certification:**

This system, as specified herein, has been inspected and tested according to all NFPA standards cited herein.

Signed:   
 Nick Zeffer Tri Signal Integration, Inc.

Date: 6/2/25

**10.2 - Accepted by Owner or Owner's Representative:**

The undersigned has a service contract for this system in effect as of the date shown below.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_



W.O.#

Name: COP- Preschool  
 Address: 4333 Black Ave.  
 City,St,Zip: Pleasanton, CA, 94566  
 Contact: Steve

SYSTEM DEFECTS FOUND

NO SYSTEM DEFECTS FOUND

Date Tested: 6/2/2025

### DEFICIENCIES REPORT

GRAY AREA SHALL BE FILLED OUT BY CERTIFIED TESTER PERFORMING RETEST

	Description of Deficiencies	Location	RETEST ONLY
1			<input type="checkbox"/> PASS
2			<input type="checkbox"/> PASS
3			<input type="checkbox"/> PASS
4			<input type="checkbox"/> PASS
5			<input type="checkbox"/> PASS
6			<input type="checkbox"/> PASS
7			<input type="checkbox"/> PASS
8			<input type="checkbox"/> PASS
9			<input type="checkbox"/> PASS
10			<input type="checkbox"/> PASS
11			<input type="checkbox"/> PASS
12			<input type="checkbox"/> PASS
13			<input type="checkbox"/> PASS
14			<input type="checkbox"/> PASS
15			<input type="checkbox"/> PASS
16			<input type="checkbox"/> PASS
17			<input type="checkbox"/> PASS
18			<input type="checkbox"/> PASS
19			<input type="checkbox"/> PASS
20			<input type="checkbox"/> PASS
21			<input type="checkbox"/> PASS
22			<input type="checkbox"/> PASS

**RETEST PERFORMED BY:**

**Retester's Name:** \_\_\_\_\_

**Retester's Signature:** \_\_\_\_\_

**Certification #:** \_\_\_\_\_

**Retest Date:** \_\_\_\_\_



**TRI•SIGNAL**  
**INTEGRATION, INC.**

**FIRE ALARM**  
**LIFE SAFETY SYSTEM INSPECTION**  
**Annual**

Inspection Date: 6/9/2025

PREPARED FOR:

COP- Firehouse Art Center  
4444 Railroad Ave.  
Pleasanton, CA, 94566

This system, as specified herein, has been inspected and tested according to all NFPA standards cited herein.

Corporate Office  
Tri Signal Integration, Inc.  
15853 Monte St. Suite 101  
Sylmar, CA. 91342  
(818) 566-8558

## Fire Alarm Test and Inspection Record

 W.O.# 

Branch # 40 - San Francisco	Inspector Name Nick Zeffer	Certification No.	Date: 6/9/2025	Testing Interval <b>Annual</b>
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Site Name: <u>COP- Firehouse Art Center</u> Address: <u>4444 Railroad Ave.</u> City, St, Zip: <u>Pleasanton, CA, 94566</u> Phone: <u>(925) 437-3607</u> Fax: _____ Contact: <u>Steve</u> Email: _____	<b>Testing Contractor Information</b> Name: <u>Tri Signal Integration, Inc.</u> License: CA #758792 Address: <u>530 McCormick Street</u> City, St, Zip: <u>San Leandro, CA, 94577</u> Phone: <u>(510) 357-3700</u> Fax: <u>(510) 352-2379</u> Contact: <u>Steve Oderwald</u> Email: <a href="mailto:soderwald@tri-signal.com">soderwald@tri-signal.com</a>
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<b>Pre-test System Status</b>	Comments: _____
<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Impaired	_____
	_____

**Notifications Made Prior to Testing**

Central Station Monitoring: _____ <u>tri signal</u>	Phone: <u>8009752405</u>	<input type="checkbox"/> Notified Time: <u>9am</u>
Account #: _____ <u>xm1-4948</u>		<input type="checkbox"/> Notified Time: <u>NA</u>
Building Management: _____ <u>steve</u>		<input type="checkbox"/> Notified Time: <u>NA</u>
Building Occupants: _____ <u>NA</u>		<input type="checkbox"/> Notified Time: _____
Authority Having Jurisdiction: _____		<input type="checkbox"/> Notified Time: _____
Others, if required: _____		<input type="checkbox"/> Notified Time: _____

**Executive Summary**

**1. Testing Description**

1.1. - Control Equipment:  
 Control Equipment has been tested to verify correct receipt of alarm, supervisory, and trouble signals; operation of evacuation signals and auxiliary functions; circuit supervision, including detection of open circuits and ground faults; and power supervision for loss of AC power and disconnection of secondary batteries.

1.2 - Initiating devices:  
 Initiating devices, including smoke detectors, duct detectors, heat detectors, waterflow switches and tamper switches have been tested for proper operation according to manufacturers recommendation and NFPA guidelines.

1.3 - Indicating and Auxiliary Appliances:  
 Indicating and auxiliary devices, including speaker strobes, strobes, hornstrobe remote annunciator, and auxiliary control functions have been tested for proper operation according to manufacturers recommendation and NFPA guidelines.

**2. Building Description:**  
 2story building protected by a fire life safety system





W.O.#

**Fire Alarm  
Test and Inspection Record**

Branch # 40 - San Francisco	Inspector Name Nick Zeffer	Certification No.	Date: 6/9/2025	Testing Interval <b>Annual</b>
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Site Name: <u>COP- Firehouse Art Center</u> Address: <u>4444 Railroad Ave.</u>	<b>Testing Contractor Information</b> Name: <u>Tri Signal Integration, Inc.</u> License: CA #758792 Address: <u>530 McCormick Street</u>
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**System Power**

**4.1 - Control Unit**

**4.1.1 - Primary Power**

Location of Breaker: electrical rm

Input voltage of control panel: 120

Control Panel Amps: 20

**4.1.2 - Engine-Driven Generator**

This system does not have a generator.

Location of Generator: \_\_\_\_\_

Location of storage fuel: \_\_\_\_\_

Type of Fuel: \_\_\_\_\_

**4.1.3 - Uninterruptable Power System**

This system does not have a UPS.

Equipment powered by UPS system: \_\_\_\_\_

Location of UPS system: \_\_\_\_\_

Calculated capacity of UPS batteries to drive the system components connected to it:

In standby mode (hours): \_\_\_\_\_

In Alarm mode (minutes): \_\_\_\_\_

**4.1.4 - Batteries**

Location of Batteries: FACP

Type: sealed lead acid

Nominal Voltage: 12volt

Calculated capacity of the batteries to drive the system:

Amp/hour rating: 12ah

In standby mode (hours): 24

In Alarm mode (minutes): 10

Batteries are marked with date of manufacture.

**4.2 - In-Building Fire Emergency Voice Alarm Communication System or Mass Notification System**

This system does not have an EVACS or MNS System

**4.2.1 - Primary Power**

Location of Breaker: \_\_\_\_\_

Input voltage of control panel: \_\_\_\_\_

Control Panel Amps: \_\_\_\_\_

**4.2.2 - Engine-Driven Generator**

This system does not have a generator.

Location of Generator: \_\_\_\_\_

Location of storage fuel: \_\_\_\_\_

Type of Fuel: \_\_\_\_\_

**4.2.3 - Uninterruptable Power System**

This system does not have a UPS.

Equipment powered by UPS system: \_\_\_\_\_

Location of UPS system: \_\_\_\_\_

Calculated capacity of UPS batteries to drive the system components connected to it:

In standby mode (hours): \_\_\_\_\_

In Alarm mode (minutes): \_\_\_\_\_

**4.2.4 - Batteries**

Batteries are marked with date of manufacture.

Date: \_\_\_\_\_

Location of Batteries: \_\_\_\_\_

Type: \_\_\_\_\_

Nominal Voltage: \_\_\_\_\_

Calculated capacity of the batteries to drive the system:

Amp/hour rating: \_\_\_\_\_

In standby mode (hours): \_\_\_\_\_

In Alarm mode (minutes): \_\_\_\_\_



W.O.#

**Fire Alarm  
Test and Inspection Record**

Branch # 40 - San Francisco	Inspector Name Nick Zeffer	Certification No.	Date: 6/9/2025	Testing Interval <b>Annual</b>
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Site Name: <u>COP- Firehouse Art Center</u> Address: <u>4444 Railroad Ave.</u>	<b>Testing Contractor Information</b> Name: <u>Tri Signal Integration, Inc.</u> License: CA #758792 Address: <u>530 McCormick Street</u>
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**System Power - continued**

**4.3 - Notification Appliance Power Extender**

This system does not have power extender panels Enter quantity of extender panels: 2

**4.3.1 - Primary Power**

Location of Breaker: electrical rm

Input voltage of control panel: 120 Control Panel Amps: 20

**4.3.2 - Engine-Driven Generator**

This system does not have a generator.

Location of Generator: \_\_\_\_\_

Location of storage fuel: \_\_\_\_\_ Type of Fuel: \_\_\_\_\_

**4.3.3 - Uninterruptable Power System**

This system does not have a UPS.

Equipment powered by UPS system: \_\_\_\_\_

Location of UPS system: \_\_\_\_\_

Calculated capacity of UPS batteries to drive the system components connected to it:

In standby mode (hours): \_\_\_\_\_ In Alarm mode (minutes): \_\_\_\_\_

**4.3.4 - Batteries**

Batteries are marked with date of manufacture.

Date: \_\_\_\_\_

Location of Batteries: FCPS Type: sealed lead acid Nominal Voltage: 12volt

Calculated capacity of the batteries to drive the system: \_\_\_\_\_ Amp/hour rating: 7ah

In standby mode (hours): 24 In Alarm mode (minutes): 10

**Annunciators**

**5.1 - Location & Description of Annunciators**

This system does not have annunciators

Annunciator 1: FACP

Annunciator 2: rear exit

Annunciator 3: \_\_\_\_\_

Annunciator 4: \_\_\_\_\_



W.O.#

**Fire Alarm  
Test and Inspection Record**

Branch # 40 - San Francisco	Inspector Name Nick Zeffer	Certification No.	Date: 6/9/2025	Testing Interval <b>Annual</b>
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**Testing Results**

7.1 Control Unit and Related Equipment				
	Visual	Functional	Pass/Fail	Comments
Control Unit	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PASS	
Lamps/LEDs/LCDs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS	
Fuses	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS	
Trouble Signals	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PASS	
Disconnect Switches	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS	
Ground Fault Monitoring	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PASS	
Panel Supervision	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PASS	
Local Annunciator	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PASS	
Remote Annunciators	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS	
Power Extender Panels	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS	
Isolation Modules	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS	
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>		

7.2 Control Unit Power Supplies				
	Visual	Functional	Pass/Fail	Comments
120-volt Power	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS	
Generator or UPS	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Battery Condition	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PASS	
Load Voltage	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PASS	
Discharge Test	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pass	
Charger Test	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PASS	
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>		

7.3 In-Building Fire Emergency Voice Alarm				
	Visual	Functional	Pass/Fail	Comments
Control Unit	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Lamps/LEDs/LCDs	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Fuses	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Trouble Signals	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Disconnect Switches	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Ground Fault Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Panel Supervision	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Primary Power Supply	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Secondary Power	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
System Performance	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Sound Pressure Levels	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Occupied <input type="checkbox"/> Yes <input type="checkbox"/> No		Ambient dBA	N/A	
		Alarm dBA	N/A	
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
System Intelligibility	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
<input type="checkbox"/> CSI (attach report with location, values and weather conditions)				
<input type="checkbox"/> STI				

7.4 Notification Appliance Power Extender Panels				
	Visual	Functional	Pass/Fail	Comments
Lamps/LEDs/LCDs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PASS	
Fuses	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PASS	
Primary Power Supply	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PASS	
Secondary Power	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pass	
Trouble Signals	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PASS	
Ground Fault Monitoring	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PASS	
Panel Supervision	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PASS	
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>		

## Fire Alarm Test and Inspection Record

 W.O.# 

Branch # 40 - San Francisco	Inspector Name Nick Zeffer	Certification No.	Date: 6/9/2025	Testing Interval <b>Annual</b>
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Site Name: <u>COP- Firehouse Art Center</u> Address: <u>4444 Railroad Ave.</u>	<b>Testing Contractor Information</b> Name: <u>Tri Signal Integration, Inc.</u> License: CA #758792 Address: <u>530 McCormick Street</u>
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**Testing Results - continued**

7.5 Mass Notification Equipment				
	Visual	Functional	Pass/Fail	Comments
Functional Test	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Reset/power down test	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Fuses	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Primary Power Supply	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
UPS Power Test	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Trouble Signals	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Disconnect Switches	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Ground Fault Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
CCU Security Mechanism	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Recorded Message Content	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Message Activation	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Software backup performed	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Test backup software	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Fire Alarm to MNS interface	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
In-bldg MNS to wide-area MNS	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
MNS to direct recipient MNS	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Sound Pressure Levels	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Occupied <input type="checkbox"/> Yes		Ambient dBA	N/A	
<input type="checkbox"/> No		Alarm dBA	N/A	
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
System Intelligibility	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
<input type="checkbox"/> CSI (attach report with location, values and weather conditions)				
<input type="checkbox"/> STI				

7.6 Two-Way Communications Equipment				
	Visual	Functional	Pass/Fail	Comments
Phone handsets	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Phone jacks	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Off-hook indicator	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Call-in signals	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
System Performance	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
System Audibility	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
System Intelligibility	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Radio communications enhancement system	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Area of refuge communication System	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Elevator emergency communication system	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	N/A	

7.7 Combination Systems				
	Visual	Functional	Pass/Fail	Comments
Fire Extinguishing monitoring devices	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Carbon Monoxide detection system	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Combination Fire/Security system	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	N/A	

7.8 Special Hazard Systems				
Description	Visual	Functional	Pass/Fail	Comments
_____	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
_____	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
_____	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
_____	<input type="checkbox"/>	<input type="checkbox"/>	N/A	

7.9 Emergency Communications System				
	Visual	Functional	Pass/Fail	Comments
Simulated Operation	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Ensure predischage notification appliances of special hazard systems are not overridden by the MNS.	<input type="checkbox"/>	<input type="checkbox"/>	N/A	



W.O.#

**Fire Alarm  
Test and Inspection Record**

Branch # 40 - San Francisco	Inspector Name Nick Zeffer	Certification No.	Date: 6/9/2025	Testing Interval <b>Annual</b>
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Site Name: <u>COP- Firehouse Art Center</u> Address: <u>4444 Railroad Ave.</u>	<b>Testing Contractor Information</b> Name: <u>Tri Signal Integration, Inc.</u> License: CA #758792 Address: <u>530 McCormick Street</u>
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**Testing Results - continued**

7.10 Monitored Systems					7.11 Auxilliary Functions				
	Visual	Functional	Pass/Fail	Comments		Visual	Functional	Pass/Fail	Comments
Engine-driven generator	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Door releasing devices	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Fire Pump	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Fan Shutdown	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Special Suppression systems	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Smoke Management	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>			Smoke Control				
					Smoke Damper Operation	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
7.12 Alarm Initiating Devices					Smoke shutter release	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
<input checked="" type="checkbox"/> Device test results sheet attached listing all devices tested and results of the test.					Door unlocking	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
7.13 Supervisory Alarm Initiating Devices					Elevator recall	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
<input checked="" type="checkbox"/> Device test results sheet attached listing all devices tested and results of the test.					Elevator shunt trip	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
7.14 Alarm Notification Appliances					MNS override of FA signals	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
<input type="checkbox"/> Impaired Alarm Notification test results are provided on the deficiencies list.					Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>		

Device Summary - (See Attached Detail List)	7.15 Supervisory Station Monitoring
---	-------------------------------------

	Yes	No	Pass/Fail
Alarm Signals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS
Alarm restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS
Trouble signals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS
Trouble restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS
Supervisory signals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS
Supervisory restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS

Initiating Device Type	System Devices	Tested	Passed	Failed
Smoke Detector:	9	9	9	0
Heat Detector:	1	1	1	0
Duct Detector:	0	0	0	0
Manual Pull Station:	7	7	7	0
Waterflow Switch:	1	1	1	0
Tamper Switch:	2	2	2	0
Other Initiating Devices:	0	0	0	0
Totals:	20	20	20	0
Testing Results this Period:		100%	100%	0%



W.O.#

**Fire Alarm  
Test and Inspection Record**

Branch # 40 - San Francisco	Inspector Name Nick Zeffer	Certification No.	Date: 6/9/2025	Testing Interval <b>Annual</b>
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Site Name: <u>COP- Firehouse Art Center</u> Address: <u>4444 Railroad Ave.</u>	<b>Testing Contractor Information</b> Name: <u>Tri Signal Integration, Inc.</u> License: CA #758792 Address: <u>530 McCormick Street</u>
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**Notifications That Testing is Complete**

Central Station Monitoring: <u>tri signal</u> Account #: <u>xm1-4948</u>	Phone: <u>8009752405</u> <input type="checkbox"/> Notified Time: <u>12pm</u>
Building Management: <u>steve</u> Building Occupants: <u>Na</u>	<input type="checkbox"/> Notified Time: <u>Na</u> <input type="checkbox"/> Notified Time: <u>Na</u>
Authority Having Jurisdiction: _____ Others, if required: _____	<input type="checkbox"/> Notified Time: _____ <input type="checkbox"/> Notified Time: _____

Post System Status:  Normal  Impaired Notes: (If System left Impaired)

System Retored:   \_\_\_\_\_

Date: 06/09/25 Time: 12pm

**Certification**

**10.1 - Inspector Certification:**

This system, as specified herein, has been inspected and tested according to all NFPA standards cited herein.

Signed:   
 Nick Zeffer Tri Signal Integration, Inc.

Date: 6/9/25

**10.2 - Accepted by Owner or Owner's Representative:**

The undersigned has a service contract for this system in effect as of the date shown below.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_



W.O.#

Name: COP- Firehouse Art Center  
Address: 4444 Railroad Ave  
City,St,Zip: Pleasanton, CA, 94566  
Contact: steve

Date Tested: 6/9/2025

**INSPECTION RECORD**

DEVICE TYPES							
SD-Smoke Detector, HD-Heat Detector, DD-Duct Detector, MS-Manual Pull Station, WF-Water Flow Switch, TS-Valve Tamper Switch, OD-Other Initiating Device							
DEVICE	LOOP	ADDR.	DEVICE TYPE	FLOOR	DEVICE LABEL	Pass/Fail	DEVICE COMMENTS
1		003	SD	01	FACP	pass	
2		008	MS	01	receiving area	pass	
3		013	MS	01	exit door	pass	
4		041	SD	01	hall by RR	pass	
5		042	SD	01	hall by RR	pass	
6		014	SD	01	elevator	pass	
7		040	SD	01	hall	pass	
8		019	MS	01	lobby	pass	
9		009	MS	01	lobby	pass	
10		010	MS	01	gallery	pass	
11		016	HD	01	elv. Machine rm	pass	
12		017	SD	01	elv. Machine rm	pass	
13		025	SD	02	elevator	pass	
14		023	SD	02	hall	pass	
15		043	SD	02	balcony	pass	
16		020	MS	02	balcony exit	pass	
17		005	MS	01	rear exit	pass	
18		012	WF	01	riser closet	pass	
19		011	TS	01	OSY	pass	
20		011	TS	01	OSY	pass	

W.O.#

Name: COP- Firehouse Art Center  
 Address: 4444 Railroad Ave.  
 City,St,Zip: Pleasanton, CA, 94566  
 Contact: Steve

SYSTEM DEFECTS FOUND

NO SYSTEM DEFECTS FOUND

Date Tested: 6/9/2025

### DEFICIENCIES REPORT

GRAY AREA SHALL BE FILLED OUT BY CERTIFIED TESTER PERFORMING RETEST

	Description of Deficiencies	Location	RETEST ONLY
1			<input type="checkbox"/> PASS
2			<input type="checkbox"/> PASS
3			<input type="checkbox"/> PASS
4			<input type="checkbox"/> PASS
5			<input type="checkbox"/> PASS
6			<input type="checkbox"/> PASS
7			<input type="checkbox"/> PASS
8			<input type="checkbox"/> PASS
9			<input type="checkbox"/> PASS
10			<input type="checkbox"/> PASS
11			<input type="checkbox"/> PASS
12			<input type="checkbox"/> PASS
13			<input type="checkbox"/> PASS
14			<input type="checkbox"/> PASS
15			<input type="checkbox"/> PASS
16			<input type="checkbox"/> PASS
17			<input type="checkbox"/> PASS
18			<input type="checkbox"/> PASS
19			<input type="checkbox"/> PASS
20			<input type="checkbox"/> PASS
21			<input type="checkbox"/> PASS
22			<input type="checkbox"/> PASS

**RETEST PERFORMED BY:**

**Retester's Name:** \_\_\_\_\_

**Retester's Signature:** \_\_\_\_\_

**Certification #:** \_\_\_\_\_

**Retest Date:** \_\_\_\_\_

**Inspection, Testing, and Maintenance Cover Sheet  
NFPA25 as amended by CCR, Title 19**

**Property Information:**

Name:	<u>COP- Firehouse Art Center</u>	Occupancy/Use:	_____
Address:	<u>4444 Railroad Ave.</u>	Construction Type:	_____
City:	<u>Pleasanton, CA.</u>	No. Stories:	_____
ZIP:	<u>94566</u>	Year Constructed:	_____
Contact:	<u>Chris Brown</u>		
Telephone:	<u>(925) 596-0273</u>		



**Contractor Information:**

**Number of System Risers**

Name:	<u>Tri-Signal Integration Inc.</u>
Address:	<u>530 McCormick St.</u>
City:	<u>San Leandro</u>
State:	<u>CA</u>
Telephone:	<u>(510) 357-3700</u>
CA License#:	<u>758792</u>
Job #:	_____
Performed by:	<u>Nick Zeffer</u>

**Copy sent to:**

<input type="checkbox"/> Owner	Date: _____
<input type="checkbox"/> Fire AHJ	Date: _____
<input type="checkbox"/> Contractor	Date: _____

**NOTES:**

1) For specific inspection, testing, and maintenance requirements and information, see NFPA 25, 2011 Edition as amended by California Code of Regulations, Title 19, §901 to §906.

2) Inspection items may be performed by the owner in accordance with California Code of Regulations, Title 19, §904.1(a)

**Check box for each system inspected and enter the number of forms used for inspection.  
Check boxes (Fail or Pass) to indicate status of inspected system at end of inspection.**

Forms Included with this Report	NFPA 25 Chapter	Number of Forms	N/A	Fail*	Pass
<input checked="" type="checkbox"/> Automatic Sprinkler System	5	1	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> Standpipe and Hose System	6	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Private Water Supply System	7	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Fire Pump	8	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Water Storage Tank	9	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Water Spray System	10	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Foam Water Sprinkler System	11	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Water Mist System	12	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Concerns that are not deficiencies (i.e. Non-Sprinklered Areas)				<input type="checkbox"/> Yes	<input type="checkbox"/> No

\*See "Deficiencies and Comments" section at end of each respective form.

<b>Property Information</b>		<b>Contractor or Licensed Owner Information</b>
Building Name COP- Firehouse Art Center		Name Tri-Signal Integration Inc.
Address 4444 Railroad Ave.		Address 530 McCormick St
City Pleasanton, CA, 94566	License # 758792	City San Leandro St. CA Zip 94577
Contact Person	<input type="checkbox"/> SFM	Phone (510)357-3700
Steve	<input type="checkbox"/> CSLB	Job #
		Misc.

Riser Information			Main Drain Test (Annual)				
Riser No.	Location	Riser Diameter	Main Drain Diameter	Initial Static Pressure	Residual Pressure	Final Static Pressure	P,F,N/A
	riser closet	4"	2"	100	75	90	P

This building has more than 5 risers. See additional AES 2.9 form attached      Number of AES 2.9 forms attached

Quarterly Inspections							
I = Inspection    T = Test    M = Maintenance				P = Pass    F = Fail    N/A = Not Applicable			
Item		Description	NFPA 25 CA ed. Reference	Date 06/09/25	Date	Date	Date
1.1	I	Control Valves – Identification Sign	13.3.1	P			
1.2	I	Control Valves – Inspection	13.3.2	P			
1.3	I	Waterflow Alarm Devices	5.2.5	P			
1.4	I	Supervisory Devices	5.2.5	P			
1.5	I	Gauges (Wet Pipe Systems)	5.2.4.1	P			
1.6	I	Enter Water Supply Pressure Below Riser Check	5.2.4.1	90 psi	psi	psi	psi
1.7	I	Enter Water Supply Pressure Above Riser Check	5.2.4.1	90 psi	psi	psi	psi
1.8	I	Pressure Readings Acceptable	5.2.4.1	P			
1.9	I	Hydraulic Design Information Sign <i>(for hydraulically designed systems)</i>	5.2.6	NA			
1.10	I	General Information Sign <i>(not required for system prior to 2007 edition of NFPA 13)</i>	5.2.8	NA			
1.11	I	Heat Tape	5.2.7	NA			
1.12	I	Spare Sprinklers	5.2.1.4	P			
1.13	I	Fire Department Connections	13.7	P			
1.14	I	Alarm Valves – Exterior Inspection	13.4.1	NA			
1.15	I	Pressure Reducing Valves	13.5.1.1	NA			
1.16	I	Backflow Preventers	13.6.1	NA			
1.17	I	Small Hose Connections - Hose Valve*	5.1.6, 13.5.2 13.5.5.1	NA			
1.18	I	PRV – Fire Sprinkler Systems	13.5.1.1	NA			

\* Small hose connections are hose valves and optional hose supplied by the fire sprinkler system. They do not include Class I, II, or III standpipe systems.







**TRI•SIGNAL**  
**INTEGRATION, INC.**

**FIRE ALARM**  
**LIFE SAFETY SYSTEM INSPECTION**  
**Annual**

Inspection Date: 6/10/2025

PREPARED FOR:

Aquatic Center  
4455 Black Ave.  
Pleasanton, CA, 94566

This system, as specified herein, has been inspected and tested according to all NFPA standards cited herein.

Corporate Office  
Tri Signal Integration, Inc.  
15853 Monte St. Suite 101  
Sylmar, CA. 91342  
(818) 566-8558



**Fire Alarm  
Test and Inspection Record**

W.O.#

Branch # 40 - San Francisco	Inspector Name Nick Zeffer	Certification No. 758792.00	Date: 6/10/2025	Testing Interval <b>Annual</b>
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<p align="center"><b>Property Information</b></p> <p>Site Name: <u>Aquatic Center</u></p> <p>Address: <u>4455 Black Ave.</u></p> <p>City, St, Zip: <u>Pleasanton, CA, 94566</u></p> <p>Phone: <u>925-437-3607</u> Fax: _____</p> <p>Contact: <u>steve</u> Email: _____</p>	<p align="center"><b>Testing Contractor Information</b></p> <p>Name: <u>Tri Signal Integration, Inc.</u> License: CA #758792</p> <p>Address: <u>530 McCormick Street</u></p> <p>City, St, Zip: <u>San Leandro, CA, 94577</u></p> <p>Phone: <u>(510) 357-3700</u> Fax: <u>(510) 352-2379</u></p> <p>Contact: <u>Steve Oderwald</u> Email: <u>soderwald@tri-signal.com</u></p>
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**Pre-test System Status**

Normal     Impaired

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Notifications Made Prior to Testing**

<p>Central Station Monitoring: <u>Tri Signal Integration</u></p> <p>Account #: <u>XM1-4981</u></p> <p>Building Management: <u>steve</u></p> <p>Building Occupants: <u>Neil</u></p> <p>Authority Having Jurisdiction: <u>L.P.F.D.</u></p> <p>Others, if required: _____</p>	<p>Phone: <u>800-975-2405</u></p> <p><input type="checkbox"/> Notified Time: <u>8:00A.M.</u></p> <p><input type="checkbox"/> Notified Time: <u>8:00A.M.</u></p> <p><input type="checkbox"/> Notified Time: <u>N/A</u></p> <p><input type="checkbox"/> Notified Time: <u>N/A</u></p> <p><input type="checkbox"/> Notified Time: _____</p>
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**Executive Summary**

**1. Testing Description**

1.1. - Control Equipment:

Control Equipment has been tested to verify correct receipt of alarm, supervisory, and trouble signals; operation of evacuation signals and auxiliary functions; circuit supervision, including detection of open circuits and ground faults; and power supervision for loss of AC power and disconnection of secondary batteries.

1.2 - Initiating devices:

Initiating devices, including smoke detectors, duct detectors, heat detectors, waterflow switches and tamper switches have been tested for proper operation according to manufacturers recommendation and NFPA guidelines.

1.3 - Indicating and Auxiliary Appliances:

Indicating and auxiliary devices, including speaker strobes, strobes, hornstrobe remote annunciator, and auxiliary control functions have been tested for proper operation according to manufacturers recommendation and NFPA guidelines.

**2. Building Description:**





W.O.#

**Fire Alarm  
Test and Inspection Record**

Branch # 40 - San Francisco	Inspector Name Nick Zeffer	Certification No. 758792.00	Date: 6/10/2025	Testing Interval <b>Annual</b>
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<p align="center"><b>Property Information</b></p> <p>Site Name: <u>Aquatic Center</u> Address: <u>4455 Black Ave.</u></p>	<p align="center"><b>Testing Contractor Information</b></p> <p>Name: <u>Tri Signal Integration, Inc.</u> License: CA #758792 Address: <u>530 McCormick Street</u></p>
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**System Power**

**4.1 - Control Unit**

**4.1.1 - Primary Power**

Location of Breaker: Electric Room Panel A1 Circuit 11

Input voltage of control panel: 120V Control Panel Amps: 20Amp

**4.1.2 - Engine-Driven Generator**  This system does not have a generator.

Location of Generator: \_\_\_\_\_

Location of storage fuel: \_\_\_\_\_ Type of Fuel: \_\_\_\_\_

**4.1.3 - Uninterruptable Power System**  This system does not have a UPS.

Equipment powered by UPS system: \_\_\_\_\_

Location of UPS system: \_\_\_\_\_

Calculated capacity of UPS batteries to drive the system components connected to it:

In standby mode (hours): \_\_\_\_\_ In Alarm mode (minutes): \_\_\_\_\_

**4.1.4 - Batteries**

Location of Batteries: Inside FACP Type: Sealed Lead Acid Nominal Voltage: 12V

Calculated capacity of the batteries to drive the system: Amp/hour rating: 7Ah

In standby mode (hours): 24 Hours In Alarm mode (minutes): 15 Minutes

Batteries are marked with date of manufacture.

**4.2 - In-Building Fire Emergency Voice Alarm Communication System or Mass Notification System**

This system does not have an EVACS or MNS System

**4.2.1 - Primary Power**

Location of Breaker: \_\_\_\_\_

Input voltage of control panel: \_\_\_\_\_ Control Panel Amps: \_\_\_\_\_

**4.2.2 - Engine-Driven Generator**  This system does not have a generator.

Location of Generator: \_\_\_\_\_

Location of storage fuel: \_\_\_\_\_ Type of Fuel: \_\_\_\_\_

**4.2.3 - Uninterruptable Power System**  This system does not have a UPS.

Equipment powered by UPS system: \_\_\_\_\_

Location of UPS system: \_\_\_\_\_

Calculated capacity of UPS batteries to drive the system components connected to it:

In standby mode (hours): \_\_\_\_\_ In Alarm mode (minutes): \_\_\_\_\_

**4.2.4 - Batteries**  Batteries are marked with date of manufacture. Date: \_\_\_\_\_

Location of Batteries: \_\_\_\_\_ Type: \_\_\_\_\_ Nominal Voltage: \_\_\_\_\_

Calculated capacity of the batteries to drive the system: Amp/hour rating: \_\_\_\_\_

In standby mode (hours): \_\_\_\_\_ In Alarm mode (minutes): \_\_\_\_\_



**Fire Alarm  
Test and Inspection Record**

W.O.#

Branch # 40 - San Francisco	Inspector Name Nick Zeffer	Certification No. 758792.00	Date: 6/10/2025	Testing Interval <b>Annual</b>
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**System Power - continued**

**4.3 - Notification Appliance Power Extender**

This system does not have power extender panels Enter quantity of extender panels: \_\_\_\_\_

**4.3.1 - Primary Power**      Location of Breaker: \_\_\_\_\_

Input voltage of control panel: \_\_\_\_\_ Control Panel Amps: \_\_\_\_\_

**4.3.2 - Engine-Driven Generator**     This system does not have a generator.

Location of Generator: \_\_\_\_\_

Location of storage fuel: \_\_\_\_\_ Type of Fuel: \_\_\_\_\_

**4.3.3 - Uninterruptable Power System**     This system does not have a UPS.

Equipment powered by UPS system: \_\_\_\_\_

Location of UPS system: \_\_\_\_\_

Calculated capacity of UPS batteries to drive the system components connected to it:

In standby mode (hours): \_\_\_\_\_ In Alarm mode (minutes): \_\_\_\_\_

Batteries are marked with date of manufacture.

**4.3.4 - Batteries**      Date: \_\_\_\_\_

Location of Batteries: \_\_\_\_\_ Type: \_\_\_\_\_ Nominal Voltage: \_\_\_\_\_

Calculated capacity of the batteries to drive the system: \_\_\_\_\_ Amp/hour rating: \_\_\_\_\_

In standby mode (hours): \_\_\_\_\_ In Alarm mode (minutes): \_\_\_\_\_

**Annunciators**

**5.1 - Location & Description of Annunciators**

This system does not have annunciators

Annunciator 1: Entrance

Annunciator 2: \_\_\_\_\_

Annunciator 3: \_\_\_\_\_

Annunciator 4: \_\_\_\_\_



**Fire Alarm  
Test and Inspection Record**

W.O.#

Branch # 40 - San Francisco	Inspector Name Nick Zeffer	Certification No. 758792.00	Date: 6/10/2025	Testing Interval <b>Annual</b>
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<p align="center"><b>Property Information</b></p> <p>Site Name: <u>Aquatic Center</u></p> <p>Address: <u>4455 Black Ave.</u></p>	<p align="center"><b>Testing Contractor Information</b></p> <p>Name: <u>Tri Signal Integration, Inc.</u> License: CA #758792</p> <p>Address: <u>530 McCormick Street</u></p>
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**Testing Results**

7.1 Control Unit and Related Equipment					7.2 Control Unit Power Supplies				
	Visual	Functional	Pass/Fail	Comments		Visual	Functional	Pass/Fail	Comments
Control Unit	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PASS		120-volt Power	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS	
Lamps/LEDs/LCDs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS		Generator or UPS	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Fuses	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS		Battery Condition	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PASS	
Trouble Signals	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PASS		Load Voltage	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PASS	
Disconnect Switches	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS		Discharge Test	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PASS	
Ground Fault Monitoring	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PASS		Charger Test	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PASS	
Panel Supervision	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PASS		Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>		
Local Annunciator	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PASS						
Remote Annunciators	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS						
Power Extender Panels	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS						
Isolation Modules	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS						
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>							

7.3 In-Building Fire Emergency Voice Alarm					7.4 Notification Appliance Power Extender Panels				
	Visual	Functional	Pass/Fail	Comments		Visual	Functional	Pass/Fail	Comments
Control Unit	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Lamps/LEDs/LCDs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/a	
Lamps/LEDs/LCDs	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Fuses	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/a	
Fuses	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Primary Power Supply	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/a	
Trouble Signals	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Secondary Power	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/a	
Disconnect Switches	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Trouble Signals	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/a	
Ground Fault Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Ground Fault Monitoring	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/a	
Panel Supervision	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Panel Supervision	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/a	
Primary Power Supply	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>		
Secondary Power	<input type="checkbox"/>	<input type="checkbox"/>	N/A						
System Performance	<input type="checkbox"/>	<input type="checkbox"/>	N/A						
Sound Pressure Levels	<input type="checkbox"/>	<input type="checkbox"/>	N/A						
Occupied <input type="checkbox"/> Yes		Ambient dBA	N/A						
<input type="checkbox"/> No		Alarm dBA	N/A						
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	N/A						
System Intelligibility	<input type="checkbox"/>	<input type="checkbox"/>	N/A						
	<input type="checkbox"/>	CSI (attach report with location, values and weather conditions)							
	<input type="checkbox"/>	STI							

## Fire Alarm Test and Inspection Record

 W.O.# 

Branch # 40 - San Francisco	Inspector Name Nick Zeffer	Certification No. 758792.00	Date: 6/10/2025	Testing Interval <b>Annual</b>
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<b style="text-align: center;">Property Information</b>  Site Name: <u>Aquatic Center</u> Address: <u>4455 Black Ave.</u>	<b style="text-align: center;">Testing Contractor Information</b>  Name: <u>Tri Signal Integration, Inc.</u> License: CA #758792 Address: <u>530 McCormick Street</u>
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**Testing Results - continued**

7.5 Mass Notification Equipment					7.6 Two-Way Communications Equipment				
	Visual	Functional	Pass/Fail	Comments		Visual	Functional	Pass/Fail	Comments
Functional Test	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Phone handsets	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Reset/power down test	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Phone jacks	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Fuses	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Off-hook indicator	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Primary Power Supply	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Call-in signals	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
UPS Power Test	<input type="checkbox"/>	<input type="checkbox"/>	N/A		System Performance	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Trouble Signals	<input type="checkbox"/>	<input type="checkbox"/>	N/A		System Audibility	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Disconnect Switches	<input type="checkbox"/>	<input type="checkbox"/>	N/A		System Intelligibility	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Ground Fault Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Radio communications enhancement system	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
CCU Security Mechanism	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Area of refuge communication System	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Recorded Message Content	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Elevator emergency communication system	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Message Activation	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>		
Software backup performed	<input type="checkbox"/>	<input type="checkbox"/>	N/A						
Test backup software	<input type="checkbox"/>	<input type="checkbox"/>	N/A						
Fire Alarm to MNS interface	<input type="checkbox"/>	<input type="checkbox"/>	N/A						
In-bldg MNS to wide-area MNS	<input type="checkbox"/>	<input type="checkbox"/>	N/A						
MNS to direct recipient MNS	<input type="checkbox"/>	<input type="checkbox"/>	N/A						
Sound Pressure Levels	<input type="checkbox"/>	<input type="checkbox"/>	N/A						
Occupied <input type="checkbox"/> Yes		Ambient dBA	N/A						
<input type="checkbox"/> No		Alarm dBA	N/A						
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	N/A						
System Intelligibility	<input type="checkbox"/>	<input type="checkbox"/>	N/A						
<input type="checkbox"/> CSI (attach report with location, values and weather conditions)									
<input type="checkbox"/> STI									

**7.7 Combination Systems**

	Visual	Functional	Pass/Fail	Comments
Fire Extinguishing monitoring devices	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Carbon Monoxide detection system	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Combination Fire/Security system	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>		

**7.8 Special Hazard Systems**

Description	Visual	Functional	Pass/Fail	Comments
	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
	<input type="checkbox"/>	<input type="checkbox"/>	N/A	

**7.9 Emergency Communications System**

	Visual	Functional	Pass/Fail	Comments
Simulated Operation	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Ensure predischage notification appliances of special hazard systems are not overridden by the MNS.	<input type="checkbox"/>	<input type="checkbox"/>	N/A	



W.O.#

**Fire Alarm  
Test and Inspection Record**

Branch # 40 - San Francisco	Inspector Name Nick Zeffer	Certification No. 758792.00	Date: 6/10/2025	Testing Interval <b>Annual</b>
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<p align="center"><b>Property Information</b></p> <p>Site Name: <u>Aquatic Center</u> Address: <u>4455 Black Ave.</u></p>	<p align="center"><b>Testing Contractor Information</b></p> <p>Name: <u>Tri Signal Integration, Inc.</u> License: CA #758792 Address: <u>530 McCormick Street</u></p>
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**Testing Results - continued**

7.10 Monitored Systems					7.11 Auxilliary Functions				
	Visual	Functional	Pass/Fail	Comments		Visual	Functional	Pass/Fail	Comments
Engine-driven generator	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Door releasing devices	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Fire Pump	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Fan Shutdown	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Special Suppression systems	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Smoke Management Smoke Control	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>			Smoke Damper Operation	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
7.12 Alarm Initiating Devices					Smoke shutter release	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
<input checked="" type="checkbox"/> Device test results sheet attached listing all devices tested and results of the test.					Door unlocking	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
7.13 Supervisory Alarm Initiating Devices					Elevator recall	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
<input checked="" type="checkbox"/> Device test results sheet attached listing all devices tested and results of the test.					Elevator shunt trip	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
7.14 Alarm Notification Appliances					MNS override of FA signals	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
<input type="checkbox"/> Impaired Alarm Notification test results are provided on the deficiencies list.					Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>		

**Device Summary - (See Attached Detail List)**

Device Summary - (See Attached Detail List)					7.15 Supervisory Station Monitoring			
	System Devices	Tested	Passed	Failed	Description	Yes	No	Pass/Fail
Smoke Detector:	0	0	0	0	Alarm Signals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS
Heat Detector:	0	0	0	0	Alarm restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS
Duct Detector:	0	0	0	0	Trouble signals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS
Manual Pull Station:	0	0	0	0	Trouble restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS
Waterflow Switch:	3	3	3	0	Supervisory signals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS
Tamper Switch:	6	6	5	1	Supervisory restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS
Other Initiating Devices:	0	0	0	0				
Totals:	9	9	8	1				
Testing Results this Period:		100%	89%	11%				



W.O.#

**Fire Alarm  
Test and Inspection Record**

Branch # 40 - San Francisco	Inspector Name Nick Zeffer	Certification No. 758792.00	Date: 6/10/2025	Testing Interval <b>Annual</b>
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**Notifications That Testing is Complete**

Central Station Monitoring: <u>Tri Signal Integration</u> Account #: <u>XM1-4981</u>	Phone: <u>800-975-2405</u> <input type="checkbox"/> Notified Time: <u>12:00P.M.</u>
Building Management: <u>steve</u> Building Occupants: <u>Neil</u>	<input type="checkbox"/> Notified Time: <u>12:00P.M.</u> <input type="checkbox"/> Notified Time: <u>N/A</u>
Authority Having Jurisdiction: <u>L.P.F.D.</u> Others, if required: _____	<input type="checkbox"/> Notified Time: <u>N/A</u> <input type="checkbox"/> Notified Time: _____

Post System Status:  Normal     Impaired    Notes: (If System left Impaired)

System Retored:            \_\_\_\_\_

Date: 06/10/25                      Time: 12:00P.M.

**Certification**

**10.1 - Inspector Certification:**

This system, as specified herein, has been inspected and tested according to all NFPA standards cited herein.

Signed:   
 Nick Zeffer    Tri Signal Integration, Inc.

Date: 6/10/25

**10.2 - Accepted by Owner or Owner's Representative:**

The undersigned has a service contract for this system in effect as of the date shown below.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_



W.O.#

Name: Aquatic Center  
 Address: 4455 Black Ave.  
 City, St, Zip: Pleasanton, CA, 94566  
 Contact: Steve

SYSTEM DEFECTS FOUND

NO SYSTEM DEFECTS FOUND

Date Tested: 6/10/2025

### DEFICIENCIES REPORT

GRAY AREA SHALL BE FILLED OUT BY CERTIFIED TESTER PERFORMING RETEST

	Description of Deficiencies	Location	RETEST ONLY
1	replace osy tamper that did not report to panel	exterior east osy	<input type="checkbox"/> PASS
2	replace 2 12v7ah batteries	FACP	<input type="checkbox"/> PASS
3			<input type="checkbox"/> PASS
4			<input type="checkbox"/> PASS
5			<input type="checkbox"/> PASS
6			<input type="checkbox"/> PASS
7			<input type="checkbox"/> PASS
8			<input type="checkbox"/> PASS
9			<input type="checkbox"/> PASS
10			<input type="checkbox"/> PASS
11			<input type="checkbox"/> PASS
12			<input type="checkbox"/> PASS
13			<input type="checkbox"/> PASS
14			<input type="checkbox"/> PASS
15			<input type="checkbox"/> PASS
16			<input type="checkbox"/> PASS
17			<input type="checkbox"/> PASS
18			<input type="checkbox"/> PASS
19			<input type="checkbox"/> PASS
20			<input type="checkbox"/> PASS
21			<input type="checkbox"/> PASS
22			<input type="checkbox"/> PASS
23			<input type="checkbox"/> PASS

**RETEST PERFORMED BY:**

**Retester's Name:** \_\_\_\_\_

**Retester's Signature:** \_\_\_\_\_

**Certification #:** \_\_\_\_\_

**Retest Date:** \_\_\_\_\_

**Inspection, Testing, and Maintenance Cover Sheet  
NFPA25 as amended by CCR, Title 19**

**Property Information:**

Name:	<u>COP- Dolores Aquatic Park</u>	Occupancy/Use:	_____
Address:	<u>4455 Black Ave.</u>	Construction Type:	_____
City:	<u>Pleasanton, CA.</u>	No. Stories:	_____
ZIP:	<u>94566</u>	Year Constructed:	_____
Contact:	<u>Chris Rizzoli</u>		
Telephone:	<u>(925) 931-5584</u>		



**Contractor Information:**

**Number of System Risers**

Name:	<u>Tri-Signal Integration Inc.</u>
Address:	<u>530 McCormick St</u>
City:	<u>San Leandro</u>
State:	<u>CA</u>
Telephone:	<u>(510) 357-3700</u>
CA License#:	<u>758792</u>
Job #:	_____
Performed by:	<u>Nick Zeffer</u>

**Copy sent to:**

<input type="checkbox"/> Owner	Date: _____
<input type="checkbox"/> Fire AHJ	Date: _____
<input type="checkbox"/> Contractor	Date: _____

**NOTES:**

1) For specific inspection, testing, and maintenance requirements and information, see NFPA 25, 2011 Edition as amended by California Code of Regulations, Title 19, §901 to §906.

2) Inspection items may be performed by the owner in accordance with California Code of Regulations, Title 19, §904.1(a)

**Check box for each system inspected and enter the number of forms used for inspection.  
Check boxes (Fail or Pass) to indicate status of inspected system at end of inspection.**

Forms Included with this Report	NFPA 25 Chapter	Number of Forms	N/A	Fail*	Pass
<input checked="" type="checkbox"/> Automatic Sprinkler System	5	1	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> Standpipe and Hose System	6	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Private Water Supply System	7	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Fire Pump	8	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Water Storage Tank	9	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Water Spray System	10	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Foam Water Sprinkler System	11	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Water Mist System	12	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Concerns that are not deficiencies (i.e. Non-Sprinklered Areas)				<input type="checkbox"/> Yes	<input type="checkbox"/> No

\*See "Deficiencies and Comments" section at end of each respective form.

<b>Property Information</b>		<b>Contractor or Licensed Owner Information</b>
Building Name COP- Dolores Aquatic park		Name Tri-Signal Integration Inc.
Address		Address 530 McCormick St
4455 Black Ave.		City San Leandro St. CA Zip 94577
City Pleasanton, CA, 94566	License # 758792	Phone (510)357-3700
Contact Person	<input type="checkbox"/> SFM	Job #
Steve	<input type="checkbox"/> CSLB	Misc.

Riser Information			Main Drain Test (Annual)				
Riser No.	Location	Riser Diameter	Main Drain Diameter	Initial Static Pressure	Residual Pressure	Final Static Pressure	P,F,N/A
1	riser closet	4"	2"	NA	NA	NA	NA
2	mechanical room	4"	2"	NA	NA	NA	NA
3	pool equipment room	4"	2"	NA	NA	NA	NA

This building has more than 5 risers. See additional AES 2.9 form attached      Number of AES 2.9 forms attached

Quarterly Inspections							
I = Inspection    T = Test    M = Maintenance			P = Pass    F = Fail    N/A = Not Applicable				
Item		Description	NFPA 25 CA ed. Reference	Date 06/10/25	Date	Date	Date
1.1	I	Control Valves – Identification Sign	13.3.1	P			
1.2	I	Control Valves – Inspection	13.3.2	P			
1.3	I	Waterflow Alarm Devices	5.2.5	P			
1.4	I	Supervisory Devices	5.2.5	NA			
1.5	I	Gauges (Wet Pipe Systems)	5.2.4.1	P			
1.6	I	Enter Water Supply Pressure Below Riser Check	5.2.4.1	75 psi	psi	psi	psi
1.7	I	Enter Water Supply Pressure Above Riser Check	5.2.4.1	psi	psi	psi	psi
1.8	I	Pressure Readings Acceptable	5.2.4.1	P			
1.9	I	Hydraulic Design Information Sign <i>(for hydraulically designed systems)</i>	5.2.6	NA			
1.10	I	General Information Sign <i>(not required for system prior to 2007 edition of NFPA 13)</i>	5.2.8	NA			
1.11	I	Heat Tape	5.2.7	NA			
1.12	I	Spare Sprinklers	5.2.1.4	P			
1.13	I	Fire Department Connections	13.7	P			
1.14	I	Alarm Valves – Exterior Inspection	13.4.1	NA			
1.15	I	Pressure Reducing Valves	13.5.1.1	NA			
1.16	I	Backflow Preventers	13.6.1	NA			
1.17	I	Small Hose Connections - Hose Valve*	5.1.6, 13.5.2 13.5.5.1	NA			
1.18	I	PRV – Fire Sprinkler Systems	13.5.1.1	NA			

\* Small hose connections are hose valves and optional hose supplied by the fire sprinkler system. They do not include Class I, II, or III standpipe systems.







**TRI•SIGNAL**  
**INTEGRATION, INC.**

**FIRE ALARM**  
**LIFE SAFETY SYSTEM INSPECTION**  
**Annual**

Inspection Date: 2/25/2025

PREPARED FOR:

Polica Station  
4833 Bernal Ave  
Pleasanton, CA, 94566

This system, as specified herein, has been inspected and tested according to all NFPA standards cited herein.

Corporate Office  
Tri Signal Integration, Inc.  
15853 Monte St. Suite 101  
Sylmar, CA. 91342  
(818) 566-8558

## Fire Alarm Test and Inspection Record

Branch # 40 - San Francisco	Inspector Name Nick Zeffer	Certification No. 7/1/3977	Date: 2/25/2025	Testing Interval <b>Annual</b>
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Property Information	Testing Contractor Information
Site Name: <u>Police Station</u>	Name: <u>Tri Signal Integration, Inc.</u> License: CA #758792
Address: <u>4833 Bernal Ave</u>	Address: <u>530 McCormick Street</u>
City,St,Zip: <u>Pleasanton, CA, 94566</u>	City,St,Zip: <u>San Leandro, CA, 94577</u>
Phone: <u>(925) 437-3607</u> Fax: _____	Phone: <u>(510) 357-3700</u> Fax: <u>(510) 352-2379</u>
Contact: <u>Steve</u> Email: _____	Contact: <u>Steve Oderwald</u> Email: <a href="mailto:soderwald@tri-signal.com">soderwald@tri-signal.com</a>

**Pre-test System Status**

Normal     Impaired    Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### Notifications Made Prior to Testing

Central Station Monitoring: _____ local Account #: _____	Phone: <u>NA</u> <input type="checkbox"/> Notified Time: _____
Building Management: _____ <u>NA</u> Building Occupants: _____ <u>NA</u> Authority Having Jurisdiction: _____ <u>NA</u> Others, if required: _____	<input type="checkbox"/> Notified Time: _____ <input type="checkbox"/> Notified Time: _____ <input type="checkbox"/> Notified Time: _____ <input type="checkbox"/> Notified Time: _____

### Executive Summary

**1. Testing Description**

1.1. - Control Equipment:  
 Control Equipment has been tested to verify correct receipt of alarm, supervisory, and trouble signals; operation of evacuation signals and auxiliary functions; circuit supervision, including detection of open circuits and ground faults; and power supervision for loss of AC power and disconnection of secondary batteries.

1.2 - Initiating devices:  
 Initiating devices, including smoke detectors, duct detectors, heat detectors, waterflow switches and tamper switches have been tested for proper operation according to manufacturers recommendation and NFPA guidelines.

1.3 - Indicating and Auxiliary Appliances:  
 Indicating and auxiliary devices, including speaker strobes, strobes, hornstrobe remote annunciator, and auxiliary control functions have been tested for proper operation according to manufacturers recommendation and NFPA guidelines.

**2. Building Description:**



W.O.#

**Fire Alarm  
Test and Inspection Record**

Branch # 40 - San Fransisco	Inspector Name Nick Zeffer	Certification No. 7/1/3977	Date: 2/25/2025	Testing Interval <b>Annual</b>
<b>Property Information</b>		<b>Testing Contractor Information</b>		
Site Name: <u>Police Station</u>		Name: <u>Tri Signal Integration, Inc.</u>		License: CA #758792
Address: <u>4833 Bernal Ave</u>		Address: <u>530 McCormick Street</u>		





W.O.#

**Fire Alarm  
Test and Inspection Record**

Branch # 40 - San Francisco	Inspector Name Nick Zeffer	Certification No. 7/1/3977	Date: 2/25/2025	Testing Interval <b>Annual</b>
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<p align="center"><b>Property Information</b></p> <p>Site Name: <u>Police Station</u></p> <p>Address: <u>4833 Bernal Ave</u></p>	<p align="center"><b>Testing Contractor Information</b></p> <p>Name: <u>Tri Signal Integration, Inc.</u> License: <u>CA #758792</u></p> <p>Address: <u>530 McCormick Street</u></p>
--	---

**System Power**

**4.1 - Control Unit**

**4.1.1 - Primary Power**

Location of Breaker: electrical rm

Input voltage of control panel: 120 Control Panel Amps: 20

**4.1.2 - Engine-Driven Generator**  This system does not have a generator.

Location of Generator: \_\_\_\_\_

Location of storage fuel: \_\_\_\_\_ Type of Fuel: \_\_\_\_\_

**4.1.3 - Uninterruptable Power System**  This system does not have a UPS.

Equipment powered by UPS system: \_\_\_\_\_

Location of UPS system: \_\_\_\_\_

Calculated capacity of UPS batteries to drive the system components connected to it:

In standby mode (hours): \_\_\_\_\_ In Alarm mode (minutes): \_\_\_\_\_

**4.1.4 - Batteries**

Location of Batteries: facp Type: sealed lead acid Nominal Voltage: 12v

Calculated capacity of the batteries to drive the system: \_\_\_\_\_ Amp/hour rating: 7ah

In standby mode (hours): 24 In Alarm mode (minutes): 10

Batteries are marked with date of manufacture.

**4.2 - In-Building Fire Emergency Voice Alarm Communication System or Mass Notification System**

This system does not have an EVACS or MNS System

**4.2.1 - Primary Power**

Location of Breaker: \_\_\_\_\_

Input voltage of control panel: \_\_\_\_\_ Control Panel Amps: \_\_\_\_\_

**4.2.2 - Engine-Driven Generator**  This system does not have a generator.

Location of Generator: \_\_\_\_\_

Location of storage fuel: \_\_\_\_\_ Type of Fuel: \_\_\_\_\_

**4.2.3 - Uninterruptable Power System**  This system does not have a UPS.

Equipment powered by UPS system: \_\_\_\_\_

Location of UPS system: \_\_\_\_\_

Calculated capacity of UPS batteries to drive the system components connected to it:

In standby mode (hours): \_\_\_\_\_ In Alarm mode (minutes): \_\_\_\_\_

**4.2.4 - Batteries**

Batteries are marked with date of manufacture. Date: \_\_\_\_\_

Location of Batteries: \_\_\_\_\_ Type: \_\_\_\_\_ Nominal Voltage: \_\_\_\_\_

Calculated capacity of the batteries to drive the system: \_\_\_\_\_ Amp/hour rating: \_\_\_\_\_

In standby mode (hours): \_\_\_\_\_ In Alarm mode (minutes): \_\_\_\_\_



W.O.#

**Fire Alarm  
Test and Inspection Record**

Branch # 40 - San Francisco	Inspector Name Nick Zeffer	Certification No. 7/1/3977	Date: 2/25/2025	Testing Interval <b>Annual</b>
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<p align="center"><b>Property Information</b></p> <p>Site Name: <u>Police Station</u></p> <p>Address: <u>4833 Bernal Ave</u></p>	<p align="center"><b>Testing Contractor Information</b></p> <p>Name: <u>Tri Signal Integration, Inc.</u> License: <u>CA #758792</u></p> <p>Address: <u>530 McCormick Street</u></p>
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**System Power - continued**

**4.3 - Notification Appliance Power Extender**

This system does not have power extender panels Enter quantity of extender panels: \_\_\_\_\_

**4.3.1 - Primary Power**

Location of Breaker: \_\_\_\_\_

Input voltage of control panel: \_\_\_\_\_ Control Panel Amps: \_\_\_\_\_

**4.3.2 - Engine-Driven Generator**

This system does not have a generator.

Location of Generator: \_\_\_\_\_

Location of storage fuel: \_\_\_\_\_ Type of Fuel: \_\_\_\_\_

**4.3.3 - Uninterruptable Power System**

This system does not have a UPS.

Equipment powered by UPS system: \_\_\_\_\_

Location of UPS system: \_\_\_\_\_

Calculated capacity of UPS batteries to drive the system components connected to it:

In standby mode (hours): \_\_\_\_\_ In Alarm mode (minutes): \_\_\_\_\_

Batteries are marked with date of manufacture.

**4.3.4 - Batteries**

Date: \_\_\_\_\_

Location of Batteries: \_\_\_\_\_ Type: \_\_\_\_\_ Nominal Voltage: \_\_\_\_\_

Calculated capacity of the batteries to drive the system: \_\_\_\_\_ Amp/hour rating: \_\_\_\_\_

In standby mode (hours): \_\_\_\_\_ In Alarm mode (minutes): \_\_\_\_\_

**Annunciators**

**5.1 - Location & Description of Annunciators**

This system does not have annunciators

Annunciator 1: dispatch office

Annunciator 2: \_\_\_\_\_

Annunciator 3: \_\_\_\_\_

Annunciator 4: \_\_\_\_\_

## Fire Alarm Test and Inspection Record

Branch # 40 - San Francisco	Inspector Name Nick Zeffer	Certification No. 7/1/3977	Date: 2/25/2025	Testing Interval <b>Annual</b>
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<b>Property Information</b>  Site Name: <u>Police Station</u> Address: <u>4833 Bernal Ave</u>	<b>Testing Contractor Information</b>  Name: <u>Tri Signal Integration, Inc.</u> License: CA #758792 Address: <u>530 McCormick Street</u>
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### Testing Results

7.1 Control Unit and Related Equipment					7.2 Control Unit Power Supplies				
	Visual	Functional	Pass/Fail	Comments		Visual	Functional	Pass/Fail	Comments
Control Unit	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PASS		120-volt Power	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS	
Lamps/LEDs/LCDs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS		Generator or UPS	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Fuses	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS		Battery Condition	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PASS	
Trouble Signals	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PASS		Load Voltage	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PASS	
Disconnect Switches	<input type="checkbox"/>	<input type="checkbox"/>	N/a		Discharge Test	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PASS	
Ground Fault Monitoring	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PASS		Charger Test	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PASS	
Panel Supervision	<input type="checkbox"/>	<input type="checkbox"/>	N/a		Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>		
Local Annunciator	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PASS						
Remote Annunciators	<input type="checkbox"/>	<input type="checkbox"/>	N/a						
Power Extender Panels	<input type="checkbox"/>	<input type="checkbox"/>	N/a						
Isolation Modules	<input type="checkbox"/>	<input type="checkbox"/>	N/a						
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>							

7.3 In-Building Fire Emergency Voice Alarm					7.4 Notification Appliance Power Extender Panels				
	Visual	Functional	Pass/Fail	Comments		Visual	Functional	Pass/Fail	Comments
Control Unit	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Lamps/LEDs/LCDs	<input type="checkbox"/>	<input type="checkbox"/>	N/a	
Lamps/LEDs/LCDs	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Fuses	<input type="checkbox"/>	<input type="checkbox"/>	N/a	
Fuses	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Primary Power Supply	<input type="checkbox"/>	<input type="checkbox"/>	N/a	
Trouble Signals	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Secondary Power	<input type="checkbox"/>	<input type="checkbox"/>	N/a	
Disconnect Switches	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Trouble Signals	<input type="checkbox"/>	<input type="checkbox"/>	N/a	
Ground Fault Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Ground Fault Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	N/a	
Panel Supervision	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Panel Supervision	<input type="checkbox"/>	<input type="checkbox"/>	N/a	
Primary Power Supply	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>		
Secondary Power	<input type="checkbox"/>	<input type="checkbox"/>	N/A						
System Performance	<input type="checkbox"/>	<input type="checkbox"/>	N/A						
Sound Pressure Levels	<input type="checkbox"/>	<input type="checkbox"/>	N/A						
Occupied <input type="checkbox"/> Yes		Ambient dBA	<u>N/A</u>						
<input type="checkbox"/> No		Alarm dBA	<u>N/A</u>						
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	N/A						
System Intelligibility	<input type="checkbox"/>	<input type="checkbox"/>	N/A						
	<input type="checkbox"/>	CSI (attach report with location, values and weather conditions)							
	<input type="checkbox"/>	STI							

## Fire Alarm Test and Inspection Record

Branch # 40 - San Francisco	Inspector Name Nick Zeffer	Certification No. 7/1/3977	Date: 2/25/2025	Testing Interval <b>Annual</b>
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<b>Property Information</b>  Site Name: <u>Police Station</u> Address: <u>4833 Bernal Ave</u>	<b>Testing Contractor Information</b>  Name: <u>Tri Signal Integration, Inc.</u> License: CA #758792 Address: <u>530 McCormick Street</u>
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### Testing Results - continued

7.5 Mass Notification Equipment					7.6 Two-Way Communications Equipment				
	Visual	Functional	Pass/Fail	Comments		Visual	Functional	Pass/Fail	Comments
Functional Test	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Phone handsets	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Reset/power down test	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Phone jacks	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Fuses	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Off-hook indicator	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Primary Power Supply	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Call-in signals	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
UPS Power Test	<input type="checkbox"/>	<input type="checkbox"/>	N/A		System Performance	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Trouble Signals	<input type="checkbox"/>	<input type="checkbox"/>	N/A		System Audibility	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Disconnect Switches	<input type="checkbox"/>	<input type="checkbox"/>	N/A		System Intelligibility	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Ground Fault Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Radio communications enhancement system	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
CCU Security Mechanism	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Area of refuge communication System	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Recorded Message Content	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Elevator emergency communication system	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Message Activation	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>		
Software backup performed	<input type="checkbox"/>	<input type="checkbox"/>	N/A						
Test backup software	<input type="checkbox"/>	<input type="checkbox"/>	N/A						
Fire Alarm to MNS interface	<input type="checkbox"/>	<input type="checkbox"/>	N/A						
In-bldg MNS to wide-area MNS	<input type="checkbox"/>	<input type="checkbox"/>	N/A						
MNS to direct recipient MNS	<input type="checkbox"/>	<input type="checkbox"/>	N/A						
Sound Pressure Levels	<input type="checkbox"/>	<input type="checkbox"/>	N/A						
Occupied <input type="checkbox"/> Yes		Ambient dBA	N/A						
<input type="checkbox"/> No		Alarm dBA	N/A						
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	N/A						
System Intelligibility	<input type="checkbox"/>	<input type="checkbox"/>	N/A						
<input type="checkbox"/> CSI (attach report with location, values and weather conditions)									
<input type="checkbox"/> STI									
7.8 Special Hazard Systems					7.7 Combination Systems				
Description	Visual	Functional	Pass/Fail	Comments		Visual	Functional	Pass/Fail	Comments
	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Fire Extinguishing monitoring devices	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Carbon Monoxide detection system	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Combination Fire/Security system	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>		
7.9 Emergency Communications System					7.8 Special Hazard Systems				
	Visual	Functional	Pass/Fail	Comments	Description	Visual	Functional	Pass/Fail	Comments
Simulated Operation	<input type="checkbox"/>	<input type="checkbox"/>	N/A						
Ensure predischage notification appliances of special hazard systems are not overridden by the MNS.	<input type="checkbox"/>	<input type="checkbox"/>	N/A						

## Fire Alarm Test and Inspection Record

Branch # 40 - San Francisco	Inspector Name Nick Zeffer	Certification No. 7/1/3977	Date: 2/25/2025	Testing Interval <b>Annual</b>
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Property Information	
Site Name: <u>Police Station</u>	
Address: <u>4833 Bernal Ave</u>	

Testing Contractor Information	
Name: <u>Tri Signal Integration, Inc.</u>	License: CA #758792
Address: <u>530 McCormick Street</u>	

### Testing Results - continued

7.10 Monitored Systems				
	Visual	Functional	Pass/Fail	Comments
Engine-driven generator	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Fire Pump	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Special Suppression systems	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>		

7.11 Auxilliary Functions				
	Visual	Functional	Pass/Fail	Comments
Door releasing devices	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Fan Shutdown	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Smoke Management Smoke Control	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Smoke Damper Operation	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Smoke shutter release	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Door unlocking	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Elevator recall	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Elevator shunt trip	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
MNS override of FA signals	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>		

7.12 Alarm Initiating Devices
<input checked="" type="checkbox"/> Device test results sheet attached listing all devices tested and results of the test.

7.13 Supervisory Alarm Initiating Devices
<input checked="" type="checkbox"/> Device test results sheet attached listing all devices tested and results of the test.

7.14 Alarm Notification Appliances
<input type="checkbox"/> Impaired Alarm Notification test results are provided on the deficiencies list.

### Device Summary - (See Attached Detail List)

Initiating Device Type	System Devices	Tested	Passed	Failed
Smoke Detector:	0	0	0	0
Heat Detector:	0	0	0	0
Duct Detector:	0	0	0	0
Manual Pull Station:	0	0	0	0
Waterflow Switch:	1	1	1	0
Tamper Switch:	0	0	0	0
Other Initiating Devices:	0	0	0	0
Totals:	1	1	1	0
Testing Results this Period:		100%	100%	0%

### 7.15 Supervisory Station Monitoring

Description	Yes	No	Pass/Fail
Alarm Signals	<input type="checkbox"/>	<input type="checkbox"/>	N/a
Alarm restoration	<input type="checkbox"/>	<input type="checkbox"/>	N/a
Trouble signals	<input type="checkbox"/>	<input type="checkbox"/>	N/a
Trouble restoration	<input type="checkbox"/>	<input type="checkbox"/>	N/a
Supervisory signals	<input type="checkbox"/>	<input type="checkbox"/>	N/a
Supervisory restoration	<input type="checkbox"/>	<input type="checkbox"/>	N/a





W.O.#

Name: Police Station  
 Address: 4833 Bernal Ave  
 City, St, Zip: Pleasanton, CA, 94566  
 Contact: Steve

SYSTEM DEFECTS FOUND

NO SYSTEM DEFECTS FOUND

Date Tested: 2/25/2025

**DEFICIENCIES REPORT**

GRAY AREA SHALL BE FILLED OUT BY CERTIFIED TESTER PERFORMING RETEST

	Description of Deficiencies	Location	RETEST ONLY
1	2 12v7ah batteries require replacment	FACP	<input type="checkbox"/> PASS
2			<input type="checkbox"/> PASS
3			<input type="checkbox"/> PASS
4			<input type="checkbox"/> PASS
5			<input type="checkbox"/> PASS
6			<input type="checkbox"/> PASS
7			<input type="checkbox"/> PASS
8			<input type="checkbox"/> PASS
9			<input type="checkbox"/> PASS
10			<input type="checkbox"/> PASS
11			<input type="checkbox"/> PASS
12			<input type="checkbox"/> PASS
13			<input type="checkbox"/> PASS
14			<input type="checkbox"/> PASS
15			<input type="checkbox"/> PASS
16			<input type="checkbox"/> PASS
17			<input type="checkbox"/> PASS
18			<input type="checkbox"/> PASS
19			<input type="checkbox"/> PASS
20			<input type="checkbox"/> PASS
21			<input type="checkbox"/> PASS
22			<input type="checkbox"/> PASS
23			<input type="checkbox"/> PASS

**RETEST PERFORMED BY:**

**Retester's Name:** \_\_\_\_\_

**Retester's Signature:** \_\_\_\_\_

**Certification #:** \_\_\_\_\_

**Retest Date:** \_\_\_\_\_



**TRI•SIGNAL**  
**INTEGRATION, INC.**

**FIRE ALARM**  
**LIFE SAFETY SYSTEM INSPECTION**  
**Annual**

Inspection Date: 6/9/2025

PREPARED FOR:

C.O.P. Senior Center  
5353 Sunol Blvd.  
Pleasanton, CA, 94566

This system, as specified herein, has been inspected and tested according to all NFPA standards cited herein.

Corporate Office  
Tri Signal Integration, Inc.  
15853 Monte St. Suite 101  
Sylmar, CA. 91342  
(818) 566-8558



W.O.#

**Fire Alarm  
Test and Inspection Record**

Branch # 40 - San Francisco	Inspector Name Nick Zeffer	Certification No. 758792.00	Date: 6/9/2025	Testing Interval <b>Annual</b>
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<p align="center"><b>Property Information</b></p> <p>Site Name: <u>Pleasanton Senior Center</u></p> <p>Address: <u>5353 Sunol Blvd.</u></p> <p>City, St, Zip: <u>Pleasanton, CA, 94566</u></p> <p>Phone: <u>925-437-3607</u> Fax: _____</p> <p>Contact: <u>Steve</u> Email: _____</p>	<p align="center"><b>Testing Contractor Information</b></p> <p>Name: <u>Tri Signal Integration, Inc.</u> License: CA #758792</p> <p>Address: <u>530 McCormick Street</u></p> <p>City, St, Zip: <u>San Leandro, CA, 94577</u></p> <p>Phone: <u>(510) 357-3700</u> Fax: <u>(510) 352-2379</u></p> <p>Contact: <u>Steve Oderwald</u> Email: <u>soderwald@tri-signal.com</u></p>
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**Pre-test System Status**

Normal     Impaired

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Notifications Made Prior to Testing**

<p>Central Station Monitoring: <u>Tri-Signal Integration</u></p> <p>Account #: <u>XM1-4890</u></p> <p>Building Management: <u>steve</u></p> <p>Building Occupants: <u>Staff</u></p> <p>Authority Having Jurisdiction: <u>Livermore/pleasanton Fire Department</u></p> <p>Others, if required: _____</p>	<p>Phone: <u>(800)975-2405</u></p> <p><input type="checkbox"/> Notified Time: <u>12:00P.M.</u></p> <p><input type="checkbox"/> Notified Time: <u>12:00P.M.</u></p> <p><input type="checkbox"/> Notified Time: <u>12:00P.M.</u></p> <p><input type="checkbox"/> Notified Time: <u>N/A</u></p> <p><input type="checkbox"/> Notified Time: _____</p>
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**Executive Summary**

**1. Testing Description**

1.1. - Control Equipment:  
Control Equipment has been tested to verify correct receipt of alarm, supervisory, and trouble signals; operation of evacuation signals and auxiliary functions; circuit supervision, including detection of open circuits and ground faults; and power supervision for loss of AC power and disconnection of secondary batteries.

1.2 - Initiating devices:  
Initiating devices, including smoke detectors, duct detectors, heat detectors, waterflow switches and tamper switches have been tested for proper operation according to manufacturers recommendation and NFPA guidelines.

1.3 - Indicating and Auxiliary Appliances:  
Indicating and auxiliary devices, including speaker strobes, strobes, hornstrobe remote annunciator, and auxiliary control functions have been tested for proper operation according to manufacturers recommendation and NFPA guidelines.

**2. Building Description:**





W.O.#

**Fire Alarm  
Test and Inspection Record**

Branch # 40 - San Francisco	Inspector Name Nick Zeffer	Certification No. 758792.00	Date: 6/9/2025	Testing Interval <b>Annual</b>
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<b>Property Information</b>	<b>Testing Contractor Information</b>
Site Name: <u>Pleasanton Senior Center</u>	Name: <u>Tri Signal Integration, Inc.</u> License: CA #758792
Address: <u>5353 Sunol Blvd.</u>	Address: <u>530 McCormick Street</u>

**System Power**

**4.1 - Control Unit**

**4.1.1 - Primary Power**

Location of Breaker: Electric Room Panel B Circuit 36

Input voltage of control panel: 120V Control Panel Amps: 20 Amps

**4.1.2 - Engine-Driven Generator**  This system does not have a generator.

Location of Generator: \_\_\_\_\_

Location of storage fuel: \_\_\_\_\_ Type of Fuel: \_\_\_\_\_

**4.1.3 - Uninterruptable Power System**  This system does not have a UPS.

Equipment powered by UPS system: \_\_\_\_\_

Location of UPS system: \_\_\_\_\_

Calculated capacity of UPS batteries to drive the system components connected to it:

In standby mode (hours): \_\_\_\_\_ In Alarm mode (minutes): \_\_\_\_\_

**4.1.4 - Batteries**

Location of Batteries: Inside Panel Type: Sealed Lead Acid Nominal Voltage: 12V

Calculated capacity of the batteries to drive the system: \_\_\_\_\_ Amp/hour rating: 7Ah

In standby mode (hours): 24 Hours In Alarm mode (minutes): 15 Minutes

Batteries are marked with date of manufacture.

**4.2 - In-Building Fire Emergency Voice Alarm Communication System or Mass Notification System**

This system does not have an EVACS or MNS System

**4.2.1 - Primary Power**

Location of Breaker: \_\_\_\_\_

Input voltage of control panel: \_\_\_\_\_ Control Panel Amps: \_\_\_\_\_

**4.2.2 - Engine-Driven Generator**  This system does not have a generator.

Location of Generator: \_\_\_\_\_

Location of storage fuel: \_\_\_\_\_ Type of Fuel: \_\_\_\_\_

**4.2.3 - Uninterruptable Power System**  This system does not have a UPS.

Equipment powered by UPS system: \_\_\_\_\_

Location of UPS system: \_\_\_\_\_

Calculated capacity of UPS batteries to drive the system components connected to it:

In standby mode (hours): \_\_\_\_\_ In Alarm mode (minutes): \_\_\_\_\_

**4.2.4 - Batteries**

Batteries are marked with date of manufacture. Date: \_\_\_\_\_

Location of Batteries: \_\_\_\_\_ Type: \_\_\_\_\_ Nominal Voltage: \_\_\_\_\_

Calculated capacity of the batteries to drive the system: \_\_\_\_\_ Amp/hour rating: \_\_\_\_\_

In standby mode (hours): \_\_\_\_\_ In Alarm mode (minutes): \_\_\_\_\_



**Fire Alarm  
Test and Inspection Record**

W.O.#

Branch # 40 - San Francisco	Inspector Name Nick Zeffer	Certification No. 758792.00	Date: 6/9/2025	Testing Interval <b>Annual</b>
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<p align="center"><b>Property Information</b></p> <p>Site Name: <u>Pleasanton Senior Center</u></p> <p>Address: <u>5353 Sunol Blvd.</u></p>	<p align="center"><b>Testing Contractor Information</b></p> <p>Name: <u>Tri Signal Integration, Inc.</u> License: CA #758792</p> <p>Address: <u>530 McCormick Street</u></p>
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**System Power - continued**

**4.3 - Notification Appliance Power Extender**

This system does not have power extender panels Enter quantity of extender panels: \_\_\_\_\_

**4.3.1 - Primary Power**      Location of Breaker: \_\_\_\_\_

Input voltage of control panel: \_\_\_\_\_ Control Panel Amps: \_\_\_\_\_

**4.3.2 - Engine-Driven Generator**     This system does not have a generator.

Location of Generator: \_\_\_\_\_

Location of storage fuel: \_\_\_\_\_ Type of Fuel: \_\_\_\_\_

**4.3.3 - Uninterruptable Power System**     This system does not have a UPS.

Equipment powered by UPS system: \_\_\_\_\_

Location of UPS system: \_\_\_\_\_

Calculated capacity of UPS batteries to drive the system components connected to it:

In standby mode (hours): \_\_\_\_\_ In Alarm mode (minutes): \_\_\_\_\_

**4.3.4 - Batteries**     Batteries are marked with date of manufacture.

Date: \_\_\_\_\_

Location of Batteries: \_\_\_\_\_ Type: \_\_\_\_\_ Nominal Voltage: \_\_\_\_\_

Calculated capacity of the batteries to drive the system: \_\_\_\_\_ Amp/hour rating: \_\_\_\_\_

In standby mode (hours): \_\_\_\_\_ In Alarm mode (minutes): \_\_\_\_\_

**Annunciators**

**5.1 - Location & Description of Annunciators**     This system does not have annunciators

Annunciator 1: Side Entrance

Annunciator 2: \_\_\_\_\_

Annunciator 3: \_\_\_\_\_

Annunciator 4: \_\_\_\_\_



**Fire Alarm  
Test and Inspection Record**

W.O.#

Branch # 40 - San Francisco	Inspector Name Nick Zeffer	Certification No. 758792.00	Date: 6/9/2025	Testing Interval <b>Annual</b>
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<p align="center"><b>Property Information</b></p> <p>Site Name: <u>Pleasanton Senior Center</u></p> <p>Address: <u>5353 Sunol Blvd.</u></p>	<p align="center"><b>Testing Contractor Information</b></p> <p>Name: <u>Tri Signal Integration, Inc.</u> License: CA #758792</p> <p>Address: <u>530 McCormick Street</u></p>
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**Testing Results**

7.1 Control Unit and Related Equipment				7.2 Control Unit Power Supplies					
	Visual	Functional	Pass/Fail	Comments		Visual	Functional	Pass/Fail	Comments
Control Unit	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PASS		120-volt Power	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS	
Lamps/LEDs/LCDs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS		Generator or UPS	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Fuses	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS		Battery Condition	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PASS	
Trouble Signals	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PASS		Load Voltage	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PASS	
Disconnect Switches	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS		Discharge Test	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PASS	
Ground Fault Monitoring	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PASS		Charger Test	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PASS	
Panel Supervision	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PASS		Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>		
Local Annunciator	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PASS						
Remote Annunciators	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS						
Power Extender Panels	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS						
Isolation Modules	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS						
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>							

7.3 In-Building Fire Emergency Voice Alarm				7.4 Notification Appliance Power Extender Panels					
	Visual	Functional	Pass/Fail	Comments		Visual	Functional	Pass/Fail	Comments
Control Unit	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Lamps/LEDs/LCDs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/a	
Lamps/LEDs/LCDs	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Fuses	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/a	
Fuses	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Primary Power Supply	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/a	
Trouble Signals	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Secondary Power	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/a	
Disconnect Switches	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Trouble Signals	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/a	
Ground Fault Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Ground Fault Monitoring	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/a	
Panel Supervision	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Panel Supervision	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/a	
Primary Power Supply	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>		
Secondary Power	<input type="checkbox"/>	<input type="checkbox"/>	N/A						
System Performance	<input type="checkbox"/>	<input type="checkbox"/>	N/A						
Sound Pressure Levels	<input type="checkbox"/>	<input type="checkbox"/>	N/A						
Occupied <input type="checkbox"/> Yes		Ambient dBA	N/A						
<input type="checkbox"/> No		Alarm dBA	N/A						
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	N/A						
System Intelligibility	<input type="checkbox"/>	<input type="checkbox"/>	N/A						
	<input type="checkbox"/>	CSI (attach report with location, values and weather conditions)							
	<input type="checkbox"/>	STI							

## Fire Alarm Test and Inspection Record

 W.O.# 

Branch # 40 - San Francisco	Inspector Name Nick Zeffer	Certification No. 758792.00	Date: 6/9/2025	Testing Interval <b>Annual</b>
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<b style="text-align: center;">Property Information</b>  Site Name: <u>Pleasanton Senior Center</u> Address: <u>5353 Sunol Blvd.</u>	<b style="text-align: center;">Testing Contractor Information</b>  Name: <u>Tri Signal Integration, Inc.</u> License: CA #758792 Address: <u>530 McCormick Street</u>
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**Testing Results - continued**

7.5 Mass Notification Equipment					7.6 Two-Way Communications Equipment				
	Visual	Functional	Pass/Fail	Comments		Visual	Functional	Pass/Fail	Comments
Functional Test	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Phone handsets	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Reset/power down test	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Phone jacks	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Fuses	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Off-hook indicator	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Primary Power Supply	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Call-in signals	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
UPS Power Test	<input type="checkbox"/>	<input type="checkbox"/>	N/A		System Performance	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Trouble Signals	<input type="checkbox"/>	<input type="checkbox"/>	N/A		System Audibility	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Disconnect Switches	<input type="checkbox"/>	<input type="checkbox"/>	N/A		System Intelligibility	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Ground Fault Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Radio communications enhancement system	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
CCU Security Mechanism	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Area of refuge communication System	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Recorded Message Content	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Elevator emergency communication system	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Message Activation	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>		
Software backup performed	<input type="checkbox"/>	<input type="checkbox"/>	N/A						
Test backup software	<input type="checkbox"/>	<input type="checkbox"/>	N/A						
Fire Alarm to MNS interface	<input type="checkbox"/>	<input type="checkbox"/>	N/A						
In-bldg MNS to wide-area MNS	<input type="checkbox"/>	<input type="checkbox"/>	N/A						
MNS to direct recipient MNS	<input type="checkbox"/>	<input type="checkbox"/>	N/A						
Sound Pressure Levels	<input type="checkbox"/>	<input type="checkbox"/>	N/A						
Occupied <input type="checkbox"/> Yes		Ambient dBA	N/A						
<input type="checkbox"/> No		Alarm dBA	N/A						
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	N/A						
System Intelligibility	<input type="checkbox"/>	<input type="checkbox"/>	N/A						
<input type="checkbox"/> CSI (attach report with location, values and weather conditions)									
<input type="checkbox"/> STI									

**7.7 Combination Systems**

	Visual	Functional	Pass/Fail	Comments
Fire Extinguishing monitoring devices	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Carbon Monoxide detection system	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Combination Fire/Security system	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>		

**7.8 Special Hazard Systems**

Description	Visual	Functional	Pass/Fail	Comments
	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
	<input type="checkbox"/>	<input type="checkbox"/>	N/A	

**7.9 Emergency Communications System**

	Visual	Functional	Pass/Fail	Comments
Simulated Operation	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Ensure predischage notification appliances of special hazard systems are not overridden by the MNS.	<input type="checkbox"/>	<input type="checkbox"/>	N/A	



**Fire Alarm  
Test and Inspection Record**

W.O.#

Branch # 40 - San Francisco	Inspector Name Nick Zeffer	Certification No. 758792.00	Date: 6/9/2025	Testing Interval <b>Annual</b>
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<p align="center"><b>Property Information</b></p> <p>Site Name: <u>Pleasanton Senior Center</u> Address: <u>5353 Sunol Blvd.</u></p>	<p align="center"><b>Testing Contractor Information</b></p> <p>Name: <u>Tri Signal Integration, Inc.</u> License: CA #758792 Address: <u>530 McCormick Street</u></p>
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**Testing Results - continued**

7.10 Monitored Systems				
	Visual	Functional	Pass/Fail	Comments
Engine-driven generator	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Fire Pump	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Special Suppression systems	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>		

7.11 Auxilliary Functions				
	Visual	Functional	Pass/Fail	Comments
Door releasing devices	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Fan Shutdown	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Smoke Management Smoke Control	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Smoke Damper Operation	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Smoke shutter release	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Door unlocking	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Elevator recall	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Elevator shunt trip	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
MNS override of FA signals	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>		

7.12 Alarm Initiating Devices
<input checked="" type="checkbox"/> Device test results sheet attached listing all devices tested and results of the test.

7.13 Supervisory Alarm Initiating Devices
<input checked="" type="checkbox"/> Device test results sheet attached listing all devices tested and results of the test.

7.14 Alarm Notification Appliances
<input type="checkbox"/> Impaired Alarm Notification test results are provided on the deficiencies list.

**Device Summary - (See Attached Detail List)**

Initiating Device Type	System Devices	Tested	Passed	Failed
Smoke Detector:	0	0	0	0
Heat Detector:	0	0	0	0
Duct Detector:	0	0	0	0
Manual Pull Station:	0	0	0	0
Waterflow Switch:	1	1	1	0
Tamper Switch:	2	2	2	0
Other Initiating Devices:	0	0	0	0
Totals:	3	3	3	0
Testing Results this Period:		100%	100%	0%

**7.15 Supervisory Station Monitoring**

Description	Yes	No	Pass/Fail
Alarm Signals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS
Alarm restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS
Trouble signals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS
Trouble restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS
Supervisory signals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS
Supervisory restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS



W.O.#

**Fire Alarm  
Test and Inspection Record**

Branch # 40 - San Francisco	Inspector Name Nick Zeffer	Certification No. 758792.00	Date: 6/9/2025	Testing Interval <b>Annual</b>
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**Notifications That Testing is Complete**

<p>Central Station Monitoring: <u>Tri Signal Integration</u></p> <p>Account #: <u>XM1-4980</u></p>	<p>Phone: <u>(800)975-2405</u></p> <p><input checked="" type="checkbox"/> Notified Time: <u>4:00P.M.</u></p>
<p>Building Management: <u>steve</u></p> <p>Building Occupants: <u>Staff</u></p> <p>Authority Having Jurisdiction: <u>LPFD</u></p> <p>Others, if required: _____</p>	<p><input type="checkbox"/> Notified Time: <u>N/A</u></p> <p><input checked="" type="checkbox"/> Notified Time: <u>4:00P.M.</u></p> <p><input type="checkbox"/> Notified Time: <u>N/A</u></p> <p><input type="checkbox"/> Notified Time: _____</p>

Post System Status:  Normal  Impaired Notes: (If System left Impaired)

System Retored: <input checked="" type="checkbox"/> <input type="checkbox"/> _____
Date: <u>06/09/25</u> Time: <u>4:00P.M.</u>

**Certification**

**10.1 - Inspector Certification:**

This system, as specified herein, has been inspected and tested according to all NFPA standards cited herein.

Signed:   
Nick Zeffer Tri Signal Integration, Inc.

Date: 6/9/25

**10.2 - Accepted by Owner or Owner's Representative:**

The undersigned has a service contract for this system in effect as of the date shown below.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_



W.O.#

Name: C.O.P. Senior Center  
 Address: 5353 Sunol Blvd.  
 City,St,Zip: Pleasanton, CA, 94566  
 Contact: Steve

SYSTEM DEFECTS FOUND

NO SYSTEM DEFECTS FOUND

Date Tested: 6/9/2025

### DEFICIENCIES REPORT

GRAY AREA SHALL BE FILLED OUT BY CERTIFIED TESTER PERFORMING RETEST

	Description of Deficiencies	Location	RETEST ONLY
1			<input type="checkbox"/> PASS
2			<input type="checkbox"/> PASS
3			<input type="checkbox"/> PASS
4			<input type="checkbox"/> PASS
5			<input type="checkbox"/> PASS
6			<input type="checkbox"/> PASS
7			<input type="checkbox"/> PASS
8			<input type="checkbox"/> PASS
9			<input type="checkbox"/> PASS
10			<input type="checkbox"/> PASS
11			<input type="checkbox"/> PASS
12			<input type="checkbox"/> PASS
13			<input type="checkbox"/> PASS
14			<input type="checkbox"/> PASS
15			<input type="checkbox"/> PASS
16			<input type="checkbox"/> PASS
17			<input type="checkbox"/> PASS
18			<input type="checkbox"/> PASS
19			<input type="checkbox"/> PASS
20			<input type="checkbox"/> PASS
21			<input type="checkbox"/> PASS
22			<input type="checkbox"/> PASS
23			<input type="checkbox"/> PASS

**RETEST PERFORMED BY:**

**Retester's Name:** \_\_\_\_\_

**Retester's Signature:** \_\_\_\_\_

**Certification #:** \_\_\_\_\_

**Retest Date:** \_\_\_\_\_

**Inspection, Testing, and Maintenance Cover Sheet  
NFPA25 as amended by CCR, Title 19**

**Property Information:**

Name:	<u>City of Pleasanton</u>	Occupancy/Use:	_____
Address:	<u>5353 Sunol Blvd.</u>	Construction Type:	_____
City:	<u>Pleasanton, CA.</u>	No. Stories:	_____
ZIP:	<u>94566</u>	Year Constructed:	_____
Contact:	<u>Chriss Rizzoli</u>		
Telephone:	<u>(925) 931-5584</u>		



**Contractor Information:**

**Number of System Risers**

Name:	<u>Tri-Signal Integration Inc.</u>
Address:	<u>530 McCormick St</u>
City:	<u>San Leandro</u>
State:	<u>CA</u>
Telephone:	<u>(510) 357-3700</u>
CA License#:	<u>758792</u>
Job #:	_____
Performed by:	<u>Nick Zeffer</u>

**Copy sent to:**

<input type="checkbox"/> Owner	Date: _____
<input type="checkbox"/> Fire AHJ	Date: _____
<input type="checkbox"/> Contractor	Date: _____

**NOTES:**

1) For specific inspection, testing, and maintenance requirements and information, see NFPA 25, 2011 Edition as amended by California Code of Regulations, Title 19, §901 to §906.

2) Inspection items may be performed by the owner in accordance with California Code of Regulations, Title 19, §904.1(a)

Check box for each system inspected and enter the number of forms used for inspection.  
Check boxes (Fail or Pass) to indicate status of inspected system at end of inspection.

Forms Included with this Report	NFPA 25 Chapter	Number of Forms	N/A	Fail*	Pass
<input checked="" type="checkbox"/> Automatic Sprinkler System	5	1	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> Standpipe and Hose System	6	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Private Water Supply System	7	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Fire Pump	8	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Water Storage Tank	9	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Water Spray System	10	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Foam Water Sprinkler System	11	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Water Mist System	12	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Concerns that are not deficiencies (i.e. Non-Sprinklered Areas)				<input type="checkbox"/> Yes	<input type="checkbox"/> No

\*See "Deficiencies and Comments" section at end of each respective form.

<b>Property Information</b>		<b>Contractor or Licensed Owner Information</b>
Building Name		Name <span style="float: right;">Tri-Signal Integration Inc.</span>
Address <span style="float: right;">5353 Sunol blvd.</span>		Address 530 McCormick St
City Pleasanton, CA, 94566	License # <span style="float: right;">758792</span>	City <span style="float: right;">San Leandro</span> St. <span style="float: right;">CA</span> Zip <span style="float: right;">94577</span>
Contact Person	<input type="checkbox"/> SFM	Phone (510)357-3700
Chris Rizzoli	<input type="checkbox"/> CSLB	Job #
		Misc.

Riser Information			Main Drain Test (Annual)				
Riser No.	Location	Riser Diameter	Main Drain Diameter	Initial Static Pressure	Residual Pressure	Final Static Pressure	P,F,N/A
1	riser room	4"	2"	85	70	85	P

This building has more than 5 risers. See additional AES 2.9 form attached Number of AES 2.9 forms attached

Quarterly Inspections							
I = Inspection    T = Test    M = Maintenance			P = Pass    F = Fail    N/A = Not Applicable				
Item		Description	NFPA 25 CA ed. Reference	Date 06/09/25	Date	Date	Date
1.1	I	Control Valves – Identification Sign	13.3.1	P			
1.2	I	Control Valves – Inspection	13.3.2	P			
1.3	I	Waterflow Alarm Devices	5.2.5	P			
1.4	I	Supervisory Devices	5.2.5	P			
1.5	I	Gauges (Wet Pipe Systems)	5.2.4.1	P			
1.6	I	Enter Water Supply Pressure Below Riser Check	5.2.4.1	85 psi	psi	psi	psi
1.7	I	Enter Water Supply Pressure Above Riser Check	5.2.4.1	85 psi	psi	psi	psi
1.8	I	Pressure Readings Acceptable	5.2.4.1	P			
1.9	I	Hydraulic Design Information Sign <i>(for hydraulically designed systems)</i>	5.2.6	NA			
1.10	I	General Information Sign <i>(not required for system prior to 2007 edition of NFPA 13)</i>	5.2.8	NA			
1.11	I	Heat Tape	5.2.7	NA			
1.12	I	Spare Sprinklers	5.2.1.4	P			
1.13	I	Fire Department Connections	13.7	P			
1.14	I	Alarm Valves – Exterior Inspection	13.4.1	NA			
1.15	I	Pressure Reducing Valves	13.5.1.1	NA			
1.16	I	Backflow Preventers	13.6.1	NA			
1.17	I	Small Hose Connections - Hose Valve*	5.1.6, 13.5.2 13.5.5.1	NA			
1.18	I	PRV – Fire Sprinkler Systems	13.5.1.1	NA			

\* Small hose connections are hose valves and optional hose supplied by the fire sprinkler system. They do not include Class I, II, or III standpipe systems.

<b>Property Information</b>		<b>Contractor or Licensed Owner Information</b>
Building Name		Name                      Tri-Signal Integration Inc.
Address		Job #
City      Pleasanton, CA, 94566		

<b>ANNUAL INSPECTION, TESTING, AND MAINTENANCE</b> <i>Include ALL Quarterly Inspections</i>
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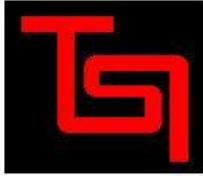
I = Inspection    T = Test    M = Maintenance                      P = Pass    F = Fail    N/A = Not Applicable

Item		Description	NFPA 25 CA ed. Reference	Date	Comments Only	P,F,N/A
1.19	I	Sprinklers	5.2.1	6/9/25		P
1.20	I	Buildings (Freeze Protection)	4.1.1.1		<b>Owner's Responsibility</b>	NA
1.21	I	Pipe and Fittings	5.2.2			P
1.22	I	Hangers	5.2.3			P
1.23	I	Seismic Braces	5.2.3			P
2.1	T	Field Service Test Required <i>(Send Report to Fire Code Official)</i>	5.3.1		If REQUIRED, Enter 'F' until results are returned from Lab	NA
2.2	T	Recalled Sprinklers <i>If not present = Pass;    If present = Fail</i>	Title 19 904.1(c)			P
2.3	T	Water Flow Alarm Devices <i>90 sec. maximum - (Enter Time )</i>	5.3.3 13.2.6		sec.	P
2.4	T	Main Drain Test <i>(Enter data on Page 1 of this form)</i>	13.2.5 13.3.3.4			P
2.5	T	Control Valve - Position	13.3.3.2			P
2.6	T	Control Valve – Operation	13.3.3.1			P
2.7	T	Supervisory Devices	13.3.3.5			P
2.8	T	Backflow Preventer Assemblies	13.6.2			NA
2.9	T	Small Hose Connections* <i>w/PRV Hose Valves – Partial Flow Test</i>	13.5.2.3 13.5.3.3			NA
2.10	T	PRV – Fire Sprinkler Systems	13.5.1.3			NA
3.1	M	Control Valves	13.3.4			P
3.2	M	Small Hose Connections*	13.5.6.3			NA
3.3	M	Obstruction Investigation required <i>(If "Yes", see Deficiencies and Comments Section for Results.)</i>	14.3		<input type="checkbox"/> Yes <input type="checkbox"/> No	NA
3.4	M	System Returned to Service	4.5.3		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	P

\* Small hose connections are hose valves and optional hose supplied by the fire sprinkler system. They do not include Class I, II, or III standpipe systems.

<b>D = Deficiency    C = Comment    (Indicate type )</b>					
Item	Date	Riser	D	C	<b>Deficiencies and Comments</b> <i>Indicate all equipment, devices and parts that were repaired or replaced</i>
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	





**TRI•SIGNAL**  
**INTEGRATION, INC.**

**FIRE ALARM**  
**LIFE SAFETY SYSTEM INSPECTION**  
**Annual**

Inspection Date: 8/25/2025

PREPARED FOR:

Pleasanton Sports Complex  
5800 Parkside Dr.  
Pleasanton, CA, 94588

This system, as specified herein, has been inspected and tested according to all NFPA standards cited herein.

Corporate Office  
Tri Signal Integration, Inc.  
15853 Monte St. Suite 101  
Sylmar, CA. 91342  
(818) 566-8558



**Fire Alarm  
Test and Inspection Record**

W.O.#

Branch # 40 - San Francisco	Inspector Name Daniel Tangi	Certification No.	Date: 8/25/2025	Testing Interval <b>Annual</b>
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<p align="center"><b>Property Information</b></p> <p>Site Name: _____</p> <p>Address: <u>5800 Parkside Dr</u></p> <p>City, St, Zip: <u>Pleasanton, CA, 94588</u></p> <p>Phone: <u>(925) 437-3607</u> Fax: _____</p> <p>Contact: <u>Chris</u> Email: _____</p>	<p align="center"><b>Testing Contractor Information</b></p> <p>Name: <u>Tri Signal Integration, Inc.</u> License: CA #758792</p> <p>Address: <u>530 McCormick Street</u></p> <p>City, St, Zip: <u>San Leandro, CA, 94577</u></p> <p>Phone: <u>(510) 357-3700</u> Fax: <u>(510) 352-2379</u></p> <p>Contact: <u>Steve Oderwald</u> Email: <u>soderwald@tri-signal.com</u></p>
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**Pre-test System Status**

Normal     Impaired

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Notifications Made Prior to Testing**

Central Station Monitoring: _____	Tri Signal	Phone: <u>8009752405</u>
Account #: _____	XM1-4850	<input type="checkbox"/> Notified Time: <u>12pm</u>
Building Management: _____	N/A	<input type="checkbox"/> Notified Time: _____
Building Occupants: _____	N/A	<input type="checkbox"/> Notified Time: _____
Authority Having Jurisdiction: _____	N/A	<input type="checkbox"/> Notified Time: _____
Others, if required: _____		<input type="checkbox"/> Notified Time: _____

**Executive Summary**

**1. Testing Description**

1.1. - Control Equipment:  
Control Equipment has been tested to verify correct receipt of alarm, supervisory, and trouble signals; operation of evacuation signals and auxiliary functions; circuit supervision, including detection of open circuits and ground faults; and power supervision for loss of AC power and disconnection of secondary batteries.

1.2 - Initiating devices:  
Initiating devices, including smoke detectors, duct detectors, heat detectors, waterflow switches and tamper switches have been tested for proper operation according to manufacturers recommendation and NFPA guidelines.

1.3 - Indicating and Auxiliary Appliances:  
Indicating and auxiliary devices, including speaker strobes, strobes, hornstrobe remote annunciator, and auxiliary control functions have been tested for proper operation according to manufacturers recommendation and NFPA guidelines.

**2. Building Description:**  
2 story office/storage building protected by a fire life safety system.





W.O.#

**Fire Alarm  
Test and Inspection Record**

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**System Power**

**4.1 - Control Unit**

**4.1.1 - Primary Power**      Location of Breaker: elec rm  
Input voltage of control panel: 120      Control Panel Amps: 20

**4.1.2 - Engine-Driven Generator**     This system does not have a generator.  
Location of Generator: \_\_\_\_\_  
Location of storage fuel: \_\_\_\_\_      Type of Fuel: \_\_\_\_\_

**4.1.3 - Uninterruptable Power System**     This system does not have a UPS.  
Equipment powered by UPS system: \_\_\_\_\_  
Location of UPS system: \_\_\_\_\_  
Calculated capacity of UPS batteries to drive the system components connected to it:  
In standby mode (hours): \_\_\_\_\_      In Alarm mode (minutes): \_\_\_\_\_

**4.1.4 - Batteries**  
Location of Batteries: panel      Type: sealed lead acid      Nominal Voltage: 12volt  
Calculated capacity of the batteries to drive the system:      Amp/hour rating: 7amp  
In standby mode (hours): 24      In Alarm mode (minutes): 10  
 Batteries are marked with date of manufacture.

**4.2 - In-Building Fire Emergency Voice Alarm Communication System or Mass Notification System**

This system does not have an EVACS or MNS System

**4.2.1 - Primary Power**      Location of Breaker: \_\_\_\_\_  
Input voltage of control panel: \_\_\_\_\_      Control Panel Amps: \_\_\_\_\_

**4.2.2 - Engine-Driven Generator**     This system does not have a generator.  
Location of Generator: \_\_\_\_\_  
Location of storage fuel: \_\_\_\_\_      Type of Fuel: \_\_\_\_\_

**4.2.3 - Uninterruptable Power System**     This system does not have a UPS.  
Equipment powered by UPS system: \_\_\_\_\_  
Location of UPS system: \_\_\_\_\_  
Calculated capacity of UPS batteries to drive the system components connected to it:  
In standby mode (hours): \_\_\_\_\_      In Alarm mode (minutes): \_\_\_\_\_

**4.2.4 - Batteries**     Batteries are marked with date of manufacture.      Date: \_\_\_\_\_  
Location of Batteries: \_\_\_\_\_      Type: \_\_\_\_\_      Nominal Voltage: \_\_\_\_\_  
Calculated capacity of the batteries to drive the system:      Amp/hour rating: \_\_\_\_\_  
In standby mode (hours): \_\_\_\_\_      In Alarm mode (minutes): \_\_\_\_\_



W.O.#

**Fire Alarm  
Test and Inspection Record**

Branch # 40 - San Francisco	Inspector Name Daniel Tangi	Certification No.	Date: 8/25/2025	Testing Interval <b>Annual</b>
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**System Power - continued**

**4.3 - Notification Appliance Power Extender**

This system does not have power extender panels Enter quantity of extender panels: \_\_\_\_\_

**4.3.1 - Primary Power**

Location of Breaker: \_\_\_\_\_

Input voltage of control panel: \_\_\_\_\_ Control Panel Amps: \_\_\_\_\_

**4.3.2 - Engine-Driven Generator**

This system does not have a generator.

Location of Generator: \_\_\_\_\_

Location of storage fuel: \_\_\_\_\_ Type of Fuel: \_\_\_\_\_

**4.3.3 - Uninterruptable Power System**

This system does not have a UPS.

Equipment powered by UPS system: \_\_\_\_\_

Location of UPS system: \_\_\_\_\_

Calculated capacity of UPS batteries to drive the system components connected to it:

In standby mode (hours): \_\_\_\_\_ In Alarm mode (minutes): \_\_\_\_\_

**4.3.4 - Batteries**

Batteries are marked with date of manufacture.

Date: \_\_\_\_\_

Location of Batteries: \_\_\_\_\_ Type: \_\_\_\_\_ Nominal Voltage: \_\_\_\_\_

Calculated capacity of the batteries to drive the system: \_\_\_\_\_ Amp/hour rating: \_\_\_\_\_

In standby mode (hours): \_\_\_\_\_ In Alarm mode (minutes): \_\_\_\_\_

**Annunciators**

**5.1 - Location & Description of Annunciators**

This system does not have annunciators

Annunciator 1: facp \_\_\_\_\_

Annunciator 2: \_\_\_\_\_

Annunciator 3: \_\_\_\_\_

Annunciator 4: \_\_\_\_\_



**Fire Alarm  
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Branch # 40 - San Francisco	Inspector Name Daniel Tangi	Certification No.	Date: 8/25/2025	Testing Interval <b>Annual</b>
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**Testing Results**

7.1 Control Unit and Related Equipment					7.2 Control Unit Power Supplies				
	Visual	Functional	Pass/Fail	Comments		Visual	Functional	Pass/Fail	Comments
Control Unit	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PASS		120-volt Power	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS	
Lamps/LEDs/LCDs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS		Generator or UPS	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Fuses	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS		Battery Condition	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pass	
Trouble Signals	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PASS		Load Voltage	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PASS	
Disconnect Switches	<input type="checkbox"/>	<input type="checkbox"/>	N/a		Discharge Test	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pass	
Ground Fault Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	N/a		Charger Test	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PASS	
Panel Supervision	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PASS		Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>		
Local Annunciator	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PASS						
Remote Annunciators	<input type="checkbox"/>	<input type="checkbox"/>	N/a						
Power Extender Panels	<input type="checkbox"/>	<input type="checkbox"/>	N/a						
Isolation Modules	<input type="checkbox"/>	<input type="checkbox"/>	N/a						
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>							

7.3 In-Building Fire Emergency Voice Alarm					7.4 Notification Appliance Power Extender Panels				
	Visual	Functional	Pass/Fail	Comments		Visual	Functional	Pass/Fail	Comments
Control Unit	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Lamps/LEDs/LCDs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/a	
Lamps/LEDs/LCDs	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Fuses	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/a	
Fuses	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Primary Power Supply	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/a	
Trouble Signals	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Secondary Power	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/a	
Disconnect Switches	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Trouble Signals	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/a	
Ground Fault Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Ground Fault Monitoring	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/a	
Panel Supervision	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Panel Supervision	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/a	
Primary Power Supply	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>		
Secondary Power	<input type="checkbox"/>	<input type="checkbox"/>	N/A						
System Performance	<input type="checkbox"/>	<input type="checkbox"/>	N/A						
Sound Pressure Levels	<input type="checkbox"/>	<input type="checkbox"/>	N/A						
Occupied <input type="checkbox"/> Yes		Ambient dBA	N/A						
<input type="checkbox"/> No		Alarm dBA	N/A						
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	N/A						
System Intelligibility	<input type="checkbox"/>	<input type="checkbox"/>	N/A						
	<input type="checkbox"/>	CSI (attach report with location, values and weather conditions)							
	<input type="checkbox"/>	STI							

## Fire Alarm Test and Inspection Record

 W.O.# 

Branch # 40 - San Francisco	Inspector Name Daniel Tangi	Certification No.	Date: 8/25/2025	Testing Interval <b>Annual</b>
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**Testing Results - continued**

7.5 Mass Notification Equipment				
	Visual	Functional	Pass/Fail	Comments
Functional Test	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Reset/power down test	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Fuses	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Primary Power Supply	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
UPS Power Test	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Trouble Signals	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Disconnect Switches	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Ground Fault Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
CCU Security Mechanism	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Recorded Message Content	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Message Activation	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Software backup performed	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Test backup software	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Fire Alarm to MNS interface	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
In-bldg MNS to wide-area MNS	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
MNS to direct recipient MNS	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Sound Pressure Levels	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Occupied <input type="checkbox"/> Yes	Ambient dBA		N/A	
<input type="checkbox"/> No	Alarm dBA		N/A	
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
System Intelligibility	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
<input type="checkbox"/> CSI	(attach report with location, values and weather conditions)			
<input type="checkbox"/> STI				

7.6 Two-Way Communications Equipment				
	Visual	Functional	Pass/Fail	Comments
Phone handsets	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Phone jacks	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Off-hook indicator	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Call-in signals	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
System Performance	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
System Audibility	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
System Intelligibility	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Radio communications enhancement system	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Area of refuge communication System	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Elevator emergency communication system	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>		

7.7 Combination Systems				
	Visual	Functional	Pass/Fail	Comments
Fire Extinguishing monitoring devices	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Carbon Monoxide detection system	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Combination Fire/Security system	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>		

7.8 Special Hazard Systems				
Description	Visual	Functional	Pass/Fail	Comments
_____	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
_____	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
_____	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
_____	<input type="checkbox"/>	<input type="checkbox"/>	N/A	

7.9 Emergency Communications System				
	Visual	Functional	Pass/Fail	Comments
Simulated Operation	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Ensure predischage notification appliances of special hazard systems are not overridden by the MNS.	<input type="checkbox"/>	<input type="checkbox"/>	N/A	



**Fire Alarm  
Test and Inspection Record**

W.O.#

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**Testing Results - continued**

7.10 Monitored Systems					7.11 Auxilliary Functions																																																						
	Visual	Functional	Pass/Fail	Comments		Visual	Functional	Pass/Fail	Comments																																																		
Engine-driven generator	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Door releasing devices	<input type="checkbox"/>	<input type="checkbox"/>	N/A																																																			
Fire Pump	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Fan Shutdown	<input type="checkbox"/>	<input type="checkbox"/>	N/A																																																			
Special Suppression systems	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Smoke Management Smoke Control	<input type="checkbox"/>	<input type="checkbox"/>	N/A																																																			
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>			Smoke Damper Operation	<input type="checkbox"/>	<input type="checkbox"/>	N/A																																																			
7.12 Alarm Initiating Devices					7.15 Supervisory Station Monitoring																																																						
<input checked="" type="checkbox"/> Device test results sheet attached listing all devices tested and results of the test.					Description	Yes	No	Pass/Fail																																																			
7.13 Supervisory Alarm Initiating Devices					Alarm Signals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS																																																			
<input checked="" type="checkbox"/> Device test results sheet attached listing all devices tested and results of the test.					Alarm restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS																																																			
7.14 Alarm Notification Appliances					Trouble signals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS																																																			
<input type="checkbox"/> Impaired Alarm Notification test results are provided on the deficiencies list.					Trouble restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS																																																			
<p align="center"><b>Device Summary - (See Attached Detail List)</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">Initiating Device Type</th> <th style="width: 10%;">System Devices</th> <th style="width: 10%;">Tested</th> <th style="width: 10%;">Passed</th> <th style="width: 10%;">Failed</th> </tr> </thead> <tbody> <tr> <td>Smoke Detector:</td> <td align="center">0</td> <td align="center">0</td> <td align="center">0</td> <td align="center">0</td> </tr> <tr> <td>Heat Detector:</td> <td align="center">3</td> <td align="center">0</td> <td align="center">0</td> <td align="center">0</td> </tr> <tr> <td>Duct Detector:</td> <td align="center">0</td> <td align="center">0</td> <td align="center">0</td> <td align="center">0</td> </tr> <tr> <td>Manual Pull Station:</td> <td align="center">1</td> <td align="center">1</td> <td align="center">1</td> <td align="center">0</td> </tr> <tr> <td>Waterflow Switch:</td> <td align="center">0</td> <td align="center">0</td> <td align="center">0</td> <td align="center">0</td> </tr> <tr> <td>Tamper Switch:</td> <td align="center">0</td> <td align="center">0</td> <td align="center">0</td> <td align="center">0</td> </tr> <tr> <td>Other Initiating Devices:</td> <td align="center">0</td> <td align="center">0</td> <td align="center">0</td> <td align="center">0</td> </tr> <tr> <td>Totals:</td> <td align="center">4</td> <td align="center">1</td> <td align="center">1</td> <td align="center">0</td> </tr> <tr> <td>Testing Results this Period:</td> <td></td> <td align="center">25%</td> <td align="center">100%</td> <td align="center">0%</td> </tr> </tbody> </table>					Initiating Device Type	System Devices	Tested	Passed	Failed	Smoke Detector:	0	0	0	0	Heat Detector:	3	0	0	0	Duct Detector:	0	0	0	0	Manual Pull Station:	1	1	1	0	Waterflow Switch:	0	0	0	0	Tamper Switch:	0	0	0	0	Other Initiating Devices:	0	0	0	0	Totals:	4	1	1	0	Testing Results this Period:		25%	100%	0%	Supervisory signals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS	
					Initiating Device Type	System Devices	Tested	Passed	Failed																																																		
					Smoke Detector:	0	0	0	0																																																		
					Heat Detector:	3	0	0	0																																																		
					Duct Detector:	0	0	0	0																																																		
					Manual Pull Station:	1	1	1	0																																																		
					Waterflow Switch:	0	0	0	0																																																		
Tamper Switch:	0	0	0	0																																																							
Other Initiating Devices:	0	0	0	0																																																							
Totals:	4	1	1	0																																																							
Testing Results this Period:		25%	100%	0%																																																							
					Supervisory restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS																																																			





W.O.#

Name:  
 Address: 5800 Parkside Dr.  
 City, St, Zip: Pleasanton, CA, 94588  
 Contact:

SYSTEM DEFECTS FOUND

NO SYSTEM DEFECTS FOUND

Date Tested: 8/25/2025

### DEFICIENCIES REPORT

GRAY AREA SHALL BE FILLED OUT BY CERTIFIED TESTER PERFORMING RETEST

	Description of Deficiencies	Location	RETEST ONLY
1			<input type="checkbox"/> PASS
2			<input type="checkbox"/> PASS
3			<input type="checkbox"/> PASS
4			<input type="checkbox"/> PASS
5			<input type="checkbox"/> PASS
6			<input type="checkbox"/> PASS
7			<input type="checkbox"/> PASS
8			<input type="checkbox"/> PASS
9			<input type="checkbox"/> PASS
10			<input type="checkbox"/> PASS
11			<input type="checkbox"/> PASS
12			<input type="checkbox"/> PASS
13			<input type="checkbox"/> PASS
14			<input type="checkbox"/> PASS
15			<input type="checkbox"/> PASS
16			<input type="checkbox"/> PASS
17			<input type="checkbox"/> PASS
18			<input type="checkbox"/> PASS
19			<input type="checkbox"/> PASS
20			<input type="checkbox"/> PASS
21			<input type="checkbox"/> PASS
22			<input type="checkbox"/> PASS
23			<input type="checkbox"/> PASS

**RETEST PERFORMED BY:**

**Retester's Name:** \_\_\_\_\_

**Retester's Signature:** \_\_\_\_\_

**Certification #:** \_\_\_\_\_

**Retest Date:** \_\_\_\_\_



**TRI•SIGNAL**  
**INTEGRATION, INC.**

**FIRE ALARM**  
**LIFE SAFETY SYSTEM INSPECTION**  
**Annual**

Inspection Date: 6/9/2025

PREPARED FOR:

C.O.P. Tennis Park  
5801 Valley Ave.  
Plesanton, CA, 94566

This system, as specified herein, has been inspected and tested according to all NFPA standards cited herein.

Corporate Office  
Tri Signal Integration, Inc.  
15853 Monte St. Suite 101  
Sylmar, CA. 91342  
(818) 566-8558

## Fire Alarm Test and Inspection Record

 W.O.# 

Branch # 40 - San Francisco	Inspector Name Nick Zeffer	Certification No. 758792.00	Date: 6/9/2025	Testing Interval <b>Annual</b>
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Property Information	Testing Contractor Information
Site Name: <u>C.O.P. Tennis Park</u>	Name: <u>Tri Signal Integration, Inc.</u> License: CA #758792
Address: <u>5801 Valley Ave.</u>	Address: <u>530 McCormick Street</u>
City, St, Zip: <u>Pleasanton, CA, 94566</u>	City, St, Zip: <u>San Leandro, CA, 94577</u>
Phone: <u>925-437-3607</u> Fax: _____	Phone: <u>(510) 357-3700</u> Fax: <u>(510) 352-2379</u>
Contact: <u>Steve</u> Email: _____	Contact: <u>Steve Oderwald</u> Email: <u>soderwald@tri-signal.com</u>

**Pre-test System Status**

Normal
  Impaired
 Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### Notifications Made Prior to Testing

Central Station Monitoring: <u>Tri -Signal Integration</u> Account #: <u>XM1-4994</u>	Phone: <u>(800) 975-2405</u> <input type="checkbox"/> Notified Time: <u>8:00A.M.</u>
Building Management: <u>Steve</u> Building Occupants: <u>Staff</u>	<input type="checkbox"/> Notified Time: <u>8:00A.M.</u> <input type="checkbox"/> Notified Time: <u>8:00A.M.</u>
Authority Having Jurisdiction: <u>L.P.F.D</u> Others, if required: _____	<input type="checkbox"/> Notified Time: <u>N/A</u> <input type="checkbox"/> Notified Time: _____

### Executive Summary

**1. Testing Description**

1.1. - Control Equipment:  
 Control Equipment has been tested to verify correct receipt of alarm, supervisory, and trouble signals; operation of evacuation signals and auxiliary functions; circuit supervision, including detection of open circuits and ground faults; and power supervision for loss of AC power and disconnection of secondary batteries.

1.2 - Initiating devices:  
 Initiating devices, including smoke detectors, duct detectors, heat detectors, waterflow switches and tamper switches have been tested for proper operation according to manufacturers recommendation and NFPA guidelines.

1.3 - Indicating and Auxiliary Appliances:  
 Indicating and auxiliary devices, including speaker strobes, strobes, hornstrobe remote annunciator, and auxiliary control functions have been tested for proper operation according to manufacturers recommendation and NFPA guidelines.

**2. Building Description:**





W.O.#

**Fire Alarm  
Test and Inspection Record**

Branch # 40 - San Francisco	Inspector Name Nick Zeffer	Certification No. 758792.00	Date: 6/9/2025	Testing Interval <b>Annual</b>
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<b>Property Information</b>	<b>Testing Contractor Information</b>
Site Name: <u>C.O.P. Tennis Park</u>	Name: <u>Tri Signal Integration, Inc.</u> License: CA #758792
Address: <u>5801 Valley Ave.</u>	Address: <u>530 McCormick Street</u>

**System Power**

**4.1 - Control Unit**

**4.1.1 - Primary Power**

Location of Breaker: Electric Room Panel A Circuit # 22

Input voltage of control panel: 120V Control Panel Amps: 20 Amp

**4.1.2 - Engine-Driven Generator**

This system does not have a generator.

Location of Generator: \_\_\_\_\_

Location of storage fuel: \_\_\_\_\_ Type of Fuel: \_\_\_\_\_

**4.1.3 - Uninterruptable Power System**

This system does not have a UPS.

Equipment powered by UPS system: \_\_\_\_\_

Location of UPS system: \_\_\_\_\_

Calculated capacity of UPS batteries to drive the system components connected to it:

In standby mode (hours): \_\_\_\_\_ In Alarm mode (minutes): \_\_\_\_\_

**4.1.4 - Batteries**

Location of Batteries: Inside Panel Type: Sealed Lead Acid Nominal Voltage: 12V

Calculated capacity of the batteries to drive the system: \_\_\_\_\_ Amp/hour rating: 7Ah

In standby mode (hours): 24 Hours In Alarm mode (minutes): 15 Minutes

Batteries are marked with date of manufacture.

**4.2 - In-Building Fire Emergency Voice Alarm Communication System or Mass Notification System**

This system does not have an EVACS or MNS System

**4.2.1 - Primary Power**

Location of Breaker: \_\_\_\_\_

Input voltage of control panel: \_\_\_\_\_ Control Panel Amps: \_\_\_\_\_

**4.2.2 - Engine-Driven Generator**

This system does not have a generator.

Location of Generator: \_\_\_\_\_

Location of storage fuel: \_\_\_\_\_ Type of Fuel: \_\_\_\_\_

**4.2.3 - Uninterruptable Power System**

This system does not have a UPS.

Equipment powered by UPS system: \_\_\_\_\_

Location of UPS system: \_\_\_\_\_

Calculated capacity of UPS batteries to drive the system components connected to it:

In standby mode (hours): \_\_\_\_\_ In Alarm mode (minutes): \_\_\_\_\_

**4.2.4 - Batteries**

Batteries are marked with date of manufacture. Date: \_\_\_\_\_

Location of Batteries: \_\_\_\_\_ Type: \_\_\_\_\_ Nominal Voltage: \_\_\_\_\_

Calculated capacity of the batteries to drive the system: \_\_\_\_\_ Amp/hour rating: \_\_\_\_\_

In standby mode (hours): \_\_\_\_\_ In Alarm mode (minutes): \_\_\_\_\_



**Fire Alarm  
Test and Inspection Record**

W.O.#

Branch # 40 - San Francisco	Inspector Name Nick Zeffer	Certification No. 758792.00	Date: 6/9/2025	Testing Interval <b>Annual</b>
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<b>Property Information</b>	<b>Testing Contractor Information</b>
Site Name: <u>C.O.P. Tennis Park</u>	Name: <u>Tri Signal Integration, Inc.</u> License: CA #758792
Address: <u>5801 Valley Ave.</u>	Address: <u>530 McCormick Street</u>

**System Power - continued**

**4.3 - Notification Appliance Power Extender**

This system does not have power extender panels Enter quantity of extender panels: \_\_\_\_\_

**4.3.1 - Primary Power**

Location of Breaker: \_\_\_\_\_

Input voltage of control panel: \_\_\_\_\_ Control Panel Amps: \_\_\_\_\_

**4.3.2 - Engine-Driven Generator**

This system does not have a generator.

Location of Generator: \_\_\_\_\_

Location of storage fuel: \_\_\_\_\_ Type of Fuel: \_\_\_\_\_

**4.3.3 - Uninterruptable Power System**

This system does not have a UPS.

Equipment powered by UPS system: \_\_\_\_\_

Location of UPS system: \_\_\_\_\_

Calculated capacity of UPS batteries to drive the system components connected to it:

In standby mode (hours): \_\_\_\_\_ In Alarm mode (minutes): \_\_\_\_\_

**4.3.4 - Batteries**

Batteries are marked with date of manufacture.

Date: \_\_\_\_\_

Location of Batteries: \_\_\_\_\_ Type: \_\_\_\_\_ Nominal Voltage: \_\_\_\_\_

Calculated capacity of the batteries to drive the system: \_\_\_\_\_ Amp/hour rating: \_\_\_\_\_

In standby mode (hours): \_\_\_\_\_ In Alarm mode (minutes): \_\_\_\_\_

**Annunciators**

**5.1 - Location & Description of Annunciators**

This system does not have annunciators

Annunciator 1: Pro Shop

Annunciator 2: \_\_\_\_\_

Annunciator 3: \_\_\_\_\_

Annunciator 4: \_\_\_\_\_



**Fire Alarm  
Test and Inspection Record**

W.O.#

Branch # 40 - San Francisco	Inspector Name Nick Zeffer	Certification No. 758792.00	Date: 6/9/2025	Testing Interval <b>Annual</b>
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<b>Property Information</b>	
Site Name: <u>C.O.P. Tennis Park</u>	
Address: <u>5801 Valley Ave.</u>	

<b>Testing Contractor Information</b>	
Name: <u>Tri Signal Integration, Inc.</u>	License: CA #758792
Address: <u>530 McCormick Street</u>	

**Testing Results**

7.1 Control Unit and Related Equipment				
	Visual	Functional	Pass/Fail	Comments
Control Unit	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PASS	
Lamps/LEDs/LCDs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS	
Fuses	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS	
Trouble Signals	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PASS	
Disconnect Switches	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS	
Ground Fault Monitoring	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PASS	
Panel Supervision	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PASS	
Local Annunciator	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PASS	
Remote Annunciators	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS	
Power Extender Panels	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS	
Isolation Modules	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS	
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>		

7.2 Control Unit Power Supplies				
	Visual	Functional	Pass/Fail	Comments
120-volt Power	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS	
Generator or UPS	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Battery Condition	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PASS	
Load Voltage	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PASS	
Discharge Test	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PASS	
Charger Test	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PASS	
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>		

7.3 In-Building Fire Emergency Voice Alarm				
	Visual	Functional	Pass/Fail	Comments
Control Unit	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Lamps/LEDs/LCDs	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Fuses	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Trouble Signals	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Disconnect Switches	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Ground Fault Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Panel Supervision	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Primary Power Supply	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Secondary Power	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
System Performance	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Sound Pressure Levels	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Occupied <input type="checkbox"/> Yes		Ambient dBA	N/A	
<input type="checkbox"/> No		Alarm dBA	N/A	
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
System Intelligibility	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
<input type="checkbox"/> CSI (attach report with location, values and weather conditions)				
<input type="checkbox"/> STI				

7.4 Notification Appliance Power Extender Panels				
	Visual	Functional	Pass/Fail	Comments
Lamps/LEDs/LCDs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/a	
Fuses	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/a	
Primary Power Supply	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/a	
Secondary Power	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/a	
Trouble Signals	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/a	
Ground Fault Monitoring	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/a	
Panel Supervision	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/a	
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>		

## Fire Alarm Test and Inspection Record

 W.O.# 

Branch # 40 - San Francisco	Inspector Name Nick Zeffer	Certification No. 758792.00	Date: 6/9/2025	Testing Interval <b>Annual</b>
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<p style="text-align: center;"><b>Property Information</b></p> Site Name: <u>C.O.P. Tennis Park</u> Address: <u>5801 Valley Ave.</u>	<p style="text-align: center;"><b>Testing Contractor Information</b></p> Name: <u>Tri Signal Integration, Inc.</u> License: CA #758792 Address: <u>530 McCormick Street</u>
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**Testing Results - continued**

7.5 Mass Notification Equipment					7.6 Two-Way Communications Equipment				
	Visual	Functional	Pass/Fail	Comments		Visual	Functional	Pass/Fail	Comments
Functional Test	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Phone handsets	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Reset/power down test	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Phone jacks	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Fuses	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Off-hook indicator	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Primary Power Supply	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Call-in signals	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
UPS Power Test	<input type="checkbox"/>	<input type="checkbox"/>	N/A		System Performance	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Trouble Signals	<input type="checkbox"/>	<input type="checkbox"/>	N/A		System Audibility	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Disconnect Switches	<input type="checkbox"/>	<input type="checkbox"/>	N/A		System Intelligibility	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Ground Fault Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Radio communications enhancement system	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
CCU Security Mechanism	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Area of refuge communication System	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Recorded Message Content	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Elevator emergency communication system	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Message Activation	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>		
Software backup performed	<input type="checkbox"/>	<input type="checkbox"/>	N/A						
Test backup software	<input type="checkbox"/>	<input type="checkbox"/>	N/A						
Fire Alarm to MNS interface	<input type="checkbox"/>	<input type="checkbox"/>	N/A						
In-bldg MNS to wide-area MNS	<input type="checkbox"/>	<input type="checkbox"/>	N/A						
MNS to direct recipient MNS	<input type="checkbox"/>	<input type="checkbox"/>	N/A						
Sound Pressure Levels	<input type="checkbox"/>	<input type="checkbox"/>	N/A						
Occupied <input type="checkbox"/> Yes		Ambient dBA	N/A						
<input type="checkbox"/> No		Alarm dBA	N/A						
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	N/A						
System Intelligibility	<input type="checkbox"/>	<input type="checkbox"/>	N/A						
<input type="checkbox"/> CSI (attach report with location, values and weather conditions)									
<input type="checkbox"/> STI									

**7.7 Combination Systems**

	Visual	Functional	Pass/Fail	Comments
Fire Extinguishing monitoring devices	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Carbon Monoxide detection system	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Combination Fire/Security system	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>		

**7.8 Special Hazard Systems**

Description	Visual	Functional	Pass/Fail	Comments
	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
	<input type="checkbox"/>	<input type="checkbox"/>	N/A	

**7.9 Emergency Communications System**

	Visual	Functional	Pass/Fail	Comments
Simulated Operation	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Ensure predischage notification appliances of special hazard systems are not overridden by the MNS.	<input type="checkbox"/>	<input type="checkbox"/>	N/A	



**Fire Alarm  
Test and Inspection Record**

W.O.#

Branch # 40 - San Francisco	Inspector Name Nick Zeffer	Certification No. 758792.00	Date: 6/9/2025	Testing Interval <b>Annual</b>
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<p align="center"><b>Property Information</b></p> <p>Site Name: <u>C.O.P. Tennis Park</u> Address: <u>5801 Valley Ave.</u></p>	<p align="center"><b>Testing Contractor Information</b></p> <p>Name: <u>Tri Signal Integration, Inc.</u> License: CA #758792 Address: <u>530 McCormick Street</u></p>
--	---

**Testing Results - continued**

7.10 Monitored Systems					7.11 Auxilliary Functions				
Visual	Functional	Pass/Fail	Comments		Visual	Functional	Pass/Fail	Comments	
Engine-driven generator	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Door releasing devices	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Fire Pump	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Fan Shutdown	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Special Suppression systems	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Smoke Management Smoke Control	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>			Smoke Damper Operation	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
7.12 Alarm Initiating Devices					Smoke shutter release	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
<input checked="" type="checkbox"/> Device test results sheet attached listing all devices tested and results of the test.					Door unlocking	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
7.13 Supervisory Alarm Initiating Devices					Elevator recall	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
<input checked="" type="checkbox"/> Device test results sheet attached listing all devices tested and results of the test.					Elevator shunt trip	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
7.14 Alarm Notification Appliances					MNS override of FA signals	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
<input type="checkbox"/> Impaired Alarm Notification test results are provided on the deficiencies list.					Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>		

**Device Summary - (See Attached Detail List)**

Device Summary - (See Attached Detail List)					7.15 Supervisory Station Monitoring			
Initiating Device Type	System Devices	Tested	Passed	Failed	Description	Yes	No	Pass/Fail
Smoke Detector:	1	1	1	0	Alarm Signals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS
Heat Detector:	0	0	0	0	Alarm restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS
Duct Detector:	0	0	0	0	Trouble signals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS
Manual Pull Station:	3	3	3	0	Trouble restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS
Waterflow Switch:	0	0	0	0	Supervisory signals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS
Tamper Switch:	0	0	0	0	Supervisory restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS
Other Initiating Devices:	0	0	0	0				
Totals:	4	4	4	0				
Testing Results this Period:		100%	100%	0%				



**Fire Alarm  
Test and Inspection Record**

W.O.#

Branch # 40 - San Francisco	Inspector Name Nick Zeffer	Certification No. 758792.00	Date: 6/9/2025	Testing Interval <b>Annual</b>
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<p align="center"><b>Property Information</b></p> <p>Site Name: <u>C.O.P. Tennis Park</u> Address: <u>5801 Valley Ave.</u></p>	<p align="center"><b>Testing Contractor Information</b></p> <p>Name: <u>Tri Signal Integration, Inc.</u> License: CA #758792 Address: <u>530 McCormick Street</u></p>
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**Notifications That Testing is Complete**

Central Station Monitoring: <u>Tri Signal Integration</u> Account #: <u>XM1-4994</u>	Phone: <u>(800) 975-2405</u> <input type="checkbox"/> Notified Time: <u>3:00P.M.</u>
Building Management: <u>Steve</u> Building Occupants: <u>N/A</u>	<input type="checkbox"/> Notified Time: <u>3:00P.M.</u> <input type="checkbox"/> Notified Time: <u>N/A</u>
Authority Having Jurisdiction: <u>L.P.F.D.</u> Others, if required: _____	<input type="checkbox"/> Notified Time: <u>N/A</u> <input type="checkbox"/> Notified Time: _____

Post System Status:  Normal  Impaired Notes: (If System left Impaired)

System Retored:   \_\_\_\_\_

Date: 06/09/25 Time: 3:00P.M.

**Certification**

**10.1 - Inspector Certification:**

This system, as specified herein, has been inspected and tested according to all NFPA standards cited herein.

Signed:   
 Nick Zeffer Tri Signal Integration, Inc.

Date: 6/9/25

**10.2 - Accepted by Owner or Owner's Representative:**

The undersigned has a service contract for this system in effect as of the date shown below.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_



W.O.#

Name: C.O.P. Tennis Park  
 Address: 5801 Valley Ave.  
 City, St, Zip: Plesanton, CA, 94566  
 Contact: Steve

SYSTEM DEFECTS FOUND

NO SYSTEM DEFECTS FOUND

Date Tested: 6/9/2025

### DEFICIENCIES REPORT

GRAY AREA SHALL BE FILLED OUT BY CERTIFIED TESTER PERFORMING RETEST

	Description of Deficiencies	Location	RETEST ONLY
1			<input type="checkbox"/> PASS
2			<input type="checkbox"/> PASS
3			<input type="checkbox"/> PASS
4			<input type="checkbox"/> PASS
5			<input type="checkbox"/> PASS
6			<input type="checkbox"/> PASS
7			<input type="checkbox"/> PASS
8			<input type="checkbox"/> PASS
9			<input type="checkbox"/> PASS
10			<input type="checkbox"/> PASS
11			<input type="checkbox"/> PASS
12			<input type="checkbox"/> PASS
13			<input type="checkbox"/> PASS
14			<input type="checkbox"/> PASS
15			<input type="checkbox"/> PASS
16			<input type="checkbox"/> PASS
17			<input type="checkbox"/> PASS
18			<input type="checkbox"/> PASS
19			<input type="checkbox"/> PASS
20			<input type="checkbox"/> PASS
21			<input type="checkbox"/> PASS
22			<input type="checkbox"/> PASS
23			<input type="checkbox"/> PASS

**RETEST PERFORMED BY:**

**Retester's Name:** \_\_\_\_\_

**Retester's Signature:** \_\_\_\_\_

**Certification #:** \_\_\_\_\_

**Retest Date:** \_\_\_\_\_



**TRI•SIGNAL**  
**INTEGRATION, INC.**

**FIRE ALARM**  
**LIFE SAFETY SYSTEM INSPECTION**  
**Annual**

Inspection Date: 6/10/2025

PREPARED FOR:

Fire Station #2  
6314 Stoneridge Mall Rd.  
Pleasanton, CA, 94588

This system, as specified herein, has been inspected and tested according to all NFPA standards cited herein.

Corporate Office  
Tri Signal Integration, Inc.  
15853 Monte St. Suite 101  
Sylmar, CA. 91342  
(818) 566-8558

## Fire Alarm Test and Inspection Record

 W.O.# 

Branch # 40 - San Francisco	Inspector Name Nick Zeffer	Certification No. 758792.00	Date: 6/10/2025	Testing Interval <b>Annual</b>
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Property Information	Testing Contractor Information
Site Name: <u>Fire Station #2</u>	Name: <u>Tri Signal Integration, Inc.</u> License: CA #758792
Address: <u>6314 Stoneridge Mall Rd.</u>	Address: <u>530 McCormick Street</u>
City, St, Zip: <u>Pleasanton, CA, 94588</u>	City, St, Zip: <u>San Leandro, CA, 94577</u>
Phone: <u>925-437-3607</u> Fax: _____	Phone: <u>(510) 357-3700</u> Fax: <u>(510) 352-2379</u>
Contact: <u>Steve</u> Email: _____	Contact: <u>Steve Oderwald</u> Email: <u>soderwald@tri-signal.com</u>

**Pre-test System Status**

Normal
  Impaired
 Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Notifications Made Prior to Testing**

Central Station Monitoring: <u>Tri Signal Integration</u> Account #: <u>XM1-4983</u>	Phone: <u>800-975-2405</u> <input type="checkbox"/> Notified Time: <u>8:00A.M.</u>
Building Management: <u>Steve</u> Building Occupants: <u>Tom</u>	<input type="checkbox"/> Notified Time: <u>N/A</u> <input type="checkbox"/> Notified Time: <u>8:00A.M.</u>
Authority Having Jurisdiction: <u>L.P.F.D.</u> Others, if required: _____	<input type="checkbox"/> Notified Time: <u>8:00A.M.</u> <input type="checkbox"/> Notified Time: _____

**Executive Summary**
**1. Testing Description**
1.1. - Control Equipment:

Control Equipment has been tested to verify correct receipt of alarm, supervisory, and trouble signals; operation of evacuation signals and auxiliary functions; circuit supervision, including detection of open circuits and ground faults; and power supervision for loss of AC power and disconnection of secondary batteries.

1.2 - Initiating devices:

Initiating devices, including smoke detectors, duct detectors, heat detectors, waterflow switches and tamper switches have been tested for proper operation according to manufacturers recommendation and NFPA guidelines.

1.3 - Indicating and Auxiliary Appliances:

Indicating and auxiliary devices, including speaker strobes, strobes, hornstrobe remote annunciator, and auxiliary control functions have been tested for proper operation according to manufacturers recommendation and NFPA guidelines.

**2. Building Description:**





W.O.#

**Fire Alarm  
Test and Inspection Record**

Branch # 40 - San Francisco	Inspector Name Nick Zeffer	Certification No. 758792.00	Date: 6/10/2025	Testing Interval <b>Annual</b>
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<p align="center"><b>Property Information</b></p> <p>Site Name: <u>Fire Station #2</u></p> <p>Address: <u>6314 Stoneridge Mall Rd.</u></p>	<p align="center"><b>Testing Contractor Information</b></p> <p>Name: <u>Tri Signal Integration, Inc.</u> License: CA #758792</p> <p>Address: <u>530 McCormick Street</u></p>
--	--

**System Power**

**4.1 - Control Unit**

**4.1.1 - Primary Power**

Location of Breaker: Electric Room

Input voltage of control panel: 120V

Control Panel Amps: 20Amp

**4.1.2 - Engine-Driven Generator**

This system does not have a generator.

Location of Generator: \_\_\_\_\_

Location of storage fuel: \_\_\_\_\_

Type of Fuel: \_\_\_\_\_

**4.1.3 - Uninterruptable Power System**

This system does not have a UPS.

Equipment powered by UPS system: \_\_\_\_\_

Location of UPS system: \_\_\_\_\_

Calculated capacity of UPS batteries to drive the system components connected to it:

In standby mode (hours): \_\_\_\_\_

In Alarm mode (minutes): \_\_\_\_\_

**4.1.4 - Batteries**

Location of Batteries: Inside Panel

Type: Sealed Lead Acid

Nominal Voltage: 12V

Calculated capacity of the batteries to drive the system:

Amp/hour rating: 7Ah

In standby mode (hours): 24 Hours

In Alarm mode (minutes): 15 Minutes

Batteries are marked with date of manufacture.

**4.2 - In-Building Fire Emergency Voice Alarm Communication System or Mass Notification System**

This system does not have an EVACS or MNS System

**4.2.1 - Primary Power**

Location of Breaker: \_\_\_\_\_

Input voltage of control panel: \_\_\_\_\_

Control Panel Amps: \_\_\_\_\_

**4.2.2 - Engine-Driven Generator**

This system does not have a generator.

Location of Generator: \_\_\_\_\_

Location of storage fuel: \_\_\_\_\_

Type of Fuel: \_\_\_\_\_

**4.2.3 - Uninterruptable Power System**

This system does not have a UPS.

Equipment powered by UPS system: \_\_\_\_\_

Location of UPS system: \_\_\_\_\_

Calculated capacity of UPS batteries to drive the system components connected to it:

In standby mode (hours): \_\_\_\_\_

In Alarm mode (minutes): \_\_\_\_\_

**4.2.4 - Batteries**

Batteries are marked with date of manufacture.

Date: \_\_\_\_\_

Location of Batteries: \_\_\_\_\_

Type: \_\_\_\_\_

Nominal Voltage: \_\_\_\_\_

Calculated capacity of the batteries to drive the system:

Amp/hour rating: \_\_\_\_\_

In standby mode (hours): \_\_\_\_\_

In Alarm mode (minutes): \_\_\_\_\_



W.O.#

**Fire Alarm  
Test and Inspection Record**

Branch # 40 - San Francisco	Inspector Name Nick Zeffer	Certification No. 758792.00	Date: 6/10/2025	Testing Interval <b>Annual</b>
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<p align="center"><b>Property Information</b></p> <p>Site Name: <u>Fire Station #2</u></p> <p>Address: <u>6314 Stoneridge Mall Rd.</u></p>	<p align="center"><b>Testing Contractor Information</b></p> <p>Name: <u>Tri Signal Integration, Inc.</u> License: CA #758792</p> <p>Address: <u>530 McCormick Street</u></p>
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**System Power - continued**

**4.3 - Notification Appliance Power Extender**

This system does not have power extender panels Enter quantity of extender panels: \_\_\_\_\_

**4.3.1 - Primary Power**

Location of Breaker: \_\_\_\_\_

Input voltage of control panel: \_\_\_\_\_ Control Panel Amps: \_\_\_\_\_

**4.3.2 - Engine-Driven Generator**

This system does not have a generator.

Location of Generator: \_\_\_\_\_

Location of storage fuel: \_\_\_\_\_ Type of Fuel: \_\_\_\_\_

**4.3.3 - Uninterruptable Power System**

This system does not have a UPS.

Equipment powered by UPS system: \_\_\_\_\_

Location of UPS system: \_\_\_\_\_

Calculated capacity of UPS batteries to drive the system components connected to it:

In standby mode (hours): \_\_\_\_\_ In Alarm mode (minutes): \_\_\_\_\_

**4.3.4 - Batteries**

Batteries are marked with date of manufacture.

Date: \_\_\_\_\_

Location of Batteries: \_\_\_\_\_ Type: \_\_\_\_\_ Nominal Voltage: \_\_\_\_\_

Calculated capacity of the batteries to drive the system: \_\_\_\_\_ Amp/hour rating: \_\_\_\_\_

In standby mode (hours): \_\_\_\_\_ In Alarm mode (minutes): \_\_\_\_\_

**Annunciators**

**5.1 - Location & Description of Annunciators**

This system does not have annunciators

Annunciator 1: Side Door By Engine Bay

Annunciator 2: Front Entrance

Annunciator 3: \_\_\_\_\_

Annunciator 4: \_\_\_\_\_



**Fire Alarm  
Test and Inspection Record**

W.O.#

Branch # 40 - San Francisco	Inspector Name Nick Zeffer	Certification No. 758792.00	Date: 6/10/2025	Testing Interval <b>Annual</b>
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<p align="center"><b>Property Information</b></p> <p>Site Name: <u>Fire Station #2</u></p> <p>Address: <u>6314 Stoneridge Mall Rd.</u></p>	<p align="center"><b>Testing Contractor Information</b></p> <p>Name: <u>Tri Signal Integration, Inc.</u> License: CA #758792</p> <p>Address: <u>530 McCormick Street</u></p>
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**Testing Results**

7.1 Control Unit and Related Equipment				7.2 Control Unit Power Supplies					
	Visual	Functional	Pass/Fail	Comments		Visual	Functional	Pass/Fail	Comments
Control Unit	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PASS		120-volt Power	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS	
Lamps/LEDs/LCDs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS		Generator or UPS	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Fuses	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS		Battery Condition	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PASS	
Trouble Signals	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PASS		Load Voltage	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PASS	
Disconnect Switches	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS		Discharge Test	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PASS	
Ground Fault Monitoring	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PASS		Charger Test	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PASS	
Panel Supervision	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PASS		Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>		
Local Annunciator	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PASS						
Remote Annunciators	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS						
Power Extender Panels	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS						
Isolation Modules	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS						
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>							

7.3 In-Building Fire Emergency Voice Alarm				7.4 Notification Appliance Power Extender Panels					
	Visual	Functional	Pass/Fail	Comments		Visual	Functional	Pass/Fail	Comments
Control Unit	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Lamps/LEDs/LCDs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/a	
Lamps/LEDs/LCDs	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Fuses	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/a	
Fuses	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Primary Power Supply	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/a	
Trouble Signals	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Secondary Power	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/a	
Disconnect Switches	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Trouble Signals	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/a	
Ground Fault Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Ground Fault Monitoring	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/a	
Panel Supervision	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Panel Supervision	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/a	
Primary Power Supply	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>		
Secondary Power	<input type="checkbox"/>	<input type="checkbox"/>	N/A						
System Performance	<input type="checkbox"/>	<input type="checkbox"/>	N/A						
Sound Pressure Levels	<input type="checkbox"/>	<input type="checkbox"/>	N/A						
Occupied <input type="checkbox"/> Yes		Ambient dBA	N/A						
<input type="checkbox"/> No		Alarm dBA	N/A						
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	N/A						
System Intelligibility	<input type="checkbox"/>	<input type="checkbox"/>	N/A						
	<input type="checkbox"/>	CSI (attach report with location, values and weather conditions)							
	<input type="checkbox"/>	STI							

## Fire Alarm Test and Inspection Record

 W.O.# 

Branch # 40 - San Francisco	Inspector Name Nick Zeffer	Certification No. 758792.00	Date: 6/10/2025	Testing Interval <b>Annual</b>
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<p style="text-align: center;"><b>Property Information</b></p> Site Name: <u>Fire Station #2</u> Address: <u>6314 Stoneridge Mall Rd.</u>	<p style="text-align: center;"><b>Testing Contractor Information</b></p> Name: <u>Tri Signal Integration, Inc.</u> License: CA #758792 Address: <u>530 McCormick Street</u>
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**Testing Results - continued**

7.5 Mass Notification Equipment					7.6 Two-Way Communications Equipment				
	Visual	Functional	Pass/Fail	Comments		Visual	Functional	Pass/Fail	Comments
Functional Test	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Phone handsets	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Reset/power down test	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Phone jacks	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Fuses	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Off-hook indicator	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Primary Power Supply	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Call-in signals	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
UPS Power Test	<input type="checkbox"/>	<input type="checkbox"/>	N/A		System Performance	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Trouble Signals	<input type="checkbox"/>	<input type="checkbox"/>	N/A		System Audibility	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Disconnect Switches	<input type="checkbox"/>	<input type="checkbox"/>	N/A		System Intelligibility	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Ground Fault Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Radio communications enhancement system	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
CCU Security Mechanism	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Area of refuge communication System	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Recorded Message Content	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Elevator emergency communication system	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Message Activation	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>		
Software backup performed	<input type="checkbox"/>	<input type="checkbox"/>	N/A		<b>7.7 Combination Systems</b>				
Test backup software	<input type="checkbox"/>	<input type="checkbox"/>	N/A			Visual	Functional	Pass/Fail	Comments
Fire Alarm to MNS interface	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Fire Extinguishing monitoring devices	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
In-bldg MNS to wide-area MNS	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Carbon Monoxide detection system	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
MNS to direct recipient MNS	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Combination Fire/Security system	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Sound Pressure Levels	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>		
Occupied <input type="checkbox"/> Yes	Ambient dBA		N/A		<b>7.8 Special Hazard Systems</b>				
Occupied <input type="checkbox"/> No	Alarm dBA		N/A			Visual	Functional	Pass/Fail	Comments
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Simulated Operation	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
System Intelligibility	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Ensure predischage notification appliances of special hazard systems are not overridden by the MNS.	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
<input type="checkbox"/> CSI (attach report with location, values and weather conditions)					<b>7.9 Emergency Communications System</b>				
<input type="checkbox"/> STI						Visual	Functional	Pass/Fail	Comments

7.8 Special Hazard Systems					7.9 Emergency Communications System				
Description	Visual	Functional	Pass/Fail	Comments		Visual	Functional	Pass/Fail	Comments
	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Simulated Operation	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Ensure predischage notification appliances of special hazard systems are not overridden by the MNS.	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
	<input type="checkbox"/>	<input type="checkbox"/>	N/A						
	<input type="checkbox"/>	<input type="checkbox"/>	N/A						



**Fire Alarm  
Test and Inspection Record**

W.O.#

Branch # 40 - San Francisco	Inspector Name Nick Zeffer	Certification No. 758792.00	Date: 6/10/2025	Testing Interval <b>Annual</b>
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Property Information	
Site Name: <u>Fire Station #2</u>	Address: <u>6314 Stoneridge Mall Rd.</u>

Testing Contractor Information	
Name: <u>Tri Signal Integration, Inc.</u>	License: CA #758792
Address: <u>530 McCormick Street</u>	

**Testing Results - continued**

7.10 Monitored Systems				
	Visual	Functional	Pass/Fail	Comments
Engine-driven generator	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Fire Pump	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Special Suppression systems	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>		

7.11 Auxilliary Functions				
	Visual	Functional	Pass/Fail	Comments
Door releasing devices	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Fan Shutdown	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Smoke Management Smoke Control	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Smoke Damper Operation	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Smoke shutter release	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Door unlocking	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Elevator recall	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Elevator shunt trip	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
MNS override of FA signals	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>		

7.12 Alarm Initiating Devices
<input checked="" type="checkbox"/> Device test results sheet attached listing all devices tested and results of the test.

7.13 Supervisory Alarm Initiating Devices
<input checked="" type="checkbox"/> Device test results sheet attached listing all devices tested and results of the test.

7.14 Alarm Notification Appliances
<input type="checkbox"/> Impaired Alarm Notification test results are provided on the deficiencies list.

**Device Summary - (See Attached Detail List)**

Initiating Device Type	System Devices	Tested	Passed	Failed
Smoke Detector:	21	21	21	0
Heat Detector:	0	0	0	0
Duct Detector:	0	0	0	0
Manual Pull Station:	2	2	2	0
Waterflow Switch:	1	1	1	0
Tamper Switch:	3	3	3	0
Other Initiating Devices:	0	0	0	0
Totals:	27	27	27	0
Testing Results this Period:		100%	100%	0%

**7.15 Supervisory Station Monitoring**

Description	Yes	No	Pass/Fail
Alarm Signals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS
Alarm restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS
Trouble signals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS
Trouble restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS
Supervisory signals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS
Supervisory restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS



**Fire Alarm  
Test and Inspection Record**

W.O.#

Branch # 40 - San Francisco	Inspector Name Nick Zeffer	Certification No. 758792.00	Date: 6/10/2025	Testing Interval <b>Annual</b>
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<p align="center"><b>Property Information</b></p> <p>Site Name: <u>Fire Station #2</u></p> <p>Address: <u>6314 Stoneridge Mall Rd.</u></p>	<p align="center"><b>Testing Contractor Information</b></p> <p>Name: <u>Tri Signal Integration, Inc.</u> License: CA #758792</p> <p>Address: <u>530 McCormick Street</u></p>
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**Notifications That Testing is Complete**

Central Station Monitoring: <u>Tri Signal Integration</u> Account #: <u>XM1-4983</u>	Phone: <u>800-975-2405</u> <input type="checkbox"/> Notified Time: <u>12:00P.M.</u>
Building Management: <u>Steve</u> Building Occupants: <u>Tom</u>	<input type="checkbox"/> Notified Time: <u>N/A</u> <input type="checkbox"/> Notified Time: <u>12:00P.M.</u>
Authority Having Jurisdiction: <u>L.P.F.D</u> Others, if required: _____	<input type="checkbox"/> Notified Time: <u>12:00P.M.</u> <input type="checkbox"/> Notified Time: _____

Post System Status:  Normal  Impared Notes: (If System left Impared)

System Retored:   \_\_\_\_\_

Date: 06/10/25 Time: 12:00P.M.

**Certification**

**10.1 - Inspector Certification:**

This system, as specified herein, has been inspected and tested according to all NFPA standards cited herein.

Signed:   
 Nick Zeffer Tri Signal Integration, Inc.

Date: 6/10/25

**10.2 - Accepted by Owner or Owner's Representative:**

The undersigned has a service contract for this system in effect as of the date shown below.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_



W.O.#

Name: Fire Station #2  
Address: 6314 Stoneridge Mall Rd.  
City, St, Zip: Pleasanton, CA, 94588  
Contact: Steve

Date Tested: 6/10/2025

**INSPECTION RECORD**

DEVICE TYPES							
SD-Smoke Detector, HD-Heat Detector, DD-Duct Detector, MS-Manual Pull Station, WF-Water Flow Switch, TS-Valve Tamper Switch, OD-Other Initiating Device							
DEVICE	LOOP	ADDR.	DEVICE TYPE	FLOOR	DEVICE LABEL	Pass/Fail	DEVICE COMMENTS
1	001		WF	01	Outside Closet Riser	Pass	
2	001		TS	01	Outside Closet Riser	Pass	
3	001		TS	01	OS&Y	Pass	
4	001		TS	01	OS&Y	Pass	
5	001		SD	01	Over FACP	Pass	
6	001		SD	01	Machine Shop	Pass	
7	001		SD	01	Machine Shop	Pass	
8	001		MS	01	By Shop Side Door & Annunicator	Pass	
9	001		SD	01	Engine Bay	Pass	
10	001		SD	01	Engine Bay	Pass	
11	001		SD	01	Engine Bay	Pass	
12	001		SD	01	Engine Bay	Pass	
13	001		SD	01	Engine Bay	Pass	
14	001		SD	01	Engine Bay	Pass	
15	001		SD	01	Over Front Entrance Counter	Pass	
16	001		MS	01	Outside Front Door	Pass	
17	001		SD	01	Central Corridor	Pass	
18	001		SD	01	Meeting Room	Pass	
19	001		SD	01	Captains Office	Pass	
20	001		SD	01	Exercise Room	Pass	
21	001		SD	02	Top of Stairs By Pole	Pass	
22	001		SD	02	Dorm 1	Pass	
23	001		SD	02	Dorm 2	Pass	



W.O.#

Name: Fire Station #2  
 Address: 6314 Stoneridge Mall Rd.  
 City, St, Zip: Pleasanton, CA, 94588  
 Contact: Steve

SYSTEM DEFECTS FOUND

NO SYSTEM DEFECTS FOUND

Date Tested: 5/15/2023

### DEFICIENCIES REPORT

GRAY AREA SHALL BE FILLED OUT BY CERTIFIED TESTER PERFORMING RETEST

	Description of Deficiencies	Location	RETEST ONLY
1			<input type="checkbox"/> PASS
2			<input type="checkbox"/> PASS
3			<input type="checkbox"/> PASS
4			<input type="checkbox"/> PASS
5			<input type="checkbox"/> PASS
6			<input type="checkbox"/> PASS
7			<input type="checkbox"/> PASS
8			<input type="checkbox"/> PASS
9			<input type="checkbox"/> PASS
10			<input type="checkbox"/> PASS
11			<input type="checkbox"/> PASS
12			<input type="checkbox"/> PASS
13			<input type="checkbox"/> PASS
14			<input type="checkbox"/> PASS
15			<input type="checkbox"/> PASS
16			<input type="checkbox"/> PASS
17			<input type="checkbox"/> PASS
18			<input type="checkbox"/> PASS
19			<input type="checkbox"/> PASS
20			<input type="checkbox"/> PASS
21			<input type="checkbox"/> PASS
22			<input type="checkbox"/> PASS
23			<input type="checkbox"/> PASS

**RETEST PERFORMED BY:**

**Retester's Name:** \_\_\_\_\_

**Retester's Signature:** \_\_\_\_\_

**Certification #:** \_\_\_\_\_

**Retest Date:** \_\_\_\_\_

**Inspection, Testing, and Maintenance Cover Sheet  
NFPA25 as amended by CCR, Title 19**

**Property Information:**

Name:	<u>COP</u>	Occupancy/Use:	_____
Address:	<u>6314 Stoneridge Mall Rd</u>	Construction Type:	_____
City:	<u>Pleasanton, CA.</u>	No. Stories:	_____
ZIP:	<u>94588</u>	Year Constructed:	_____
Contact:	<u>Steve</u>		
Telephone:	<u>(925) 519-9132</u>		



**Contractor Information:**

**Number of System Risers**

Name:	<u>Tri-Signal Integration Inc.</u>
Address:	<u>530 McCormick St</u>
City:	<u>San Leandro</u>
State:	<u>CA</u>
Telephone:	<u>(510) 357-3700</u>
CA License#:	<u>758792</u>
Job #:	_____
Performed by:	<u>Nick Zeffer</u>

**Copy sent to:**

<input type="checkbox"/> Owner	Date: _____
<input type="checkbox"/> Fire AHJ	Date: _____
<input type="checkbox"/> Contractor	Date: _____

**NOTES:**

1) For specific inspection, testing, and maintenance requirements and information, see NFPA 25, 2011 Edition as amended by California Code of Regulations, Title 19, §901 to §906.

2) Inspection items may be performed by the owner in accordance with California Code of Regulations, Title 19, §904.1(a)

**Check box for each system inspected and enter the number of forms used for inspection.  
Check boxes (Fail or Pass) to indicate status of inspected system at end of inspection.**

Forms Included with this Report	NFPA 25 Chapter	Number of Forms	N/A	Fail*	Pass
<input checked="" type="checkbox"/> Automatic Sprinkler System	5	1	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> Standpipe and Hose System	6	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Private Water Supply System	7	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Fire Pump	8	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Water Storage Tank	9	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Water Spray System	10	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Foam Water Sprinkler System	11	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Water Mist System	12	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Concerns that are not deficiencies (i.e. Non-Sprinklered Areas)				<input type="checkbox"/> Yes	<input type="checkbox"/> No

\*See "Deficiencies and Comments" section at end of each respective form.

<b>Property Information</b>		<b>Contractor or Licensed Owner Information</b>
Building Name City of Pleasanton		Name Tri-Signal Integration Inc.
Address		Address 530 McCormick St
6314 Stoneridge Mall Rd		City San Leandro St. CA Zip 94577
City Pleasanton, CA, 94588	License # 758792	Phone (510)357-3700
Contact Person	<input type="checkbox"/> SFM	Job #
Steve	<input type="checkbox"/> CSLB	Misc.

Riser Information			Main Drain Test (Annual)				
Riser No.	Location	Riser Diameter	Main Drain Diameter	Initial Static Pressure	Residual Pressure	Final Static Pressure	P,F,N/A
1	riser closet	4"	2"	75	55	75	P

This building has more than 5 risers. See additional AES 2.9 form attached      Number of AES 2.9 forms attached

Quarterly Inspections							
I = Inspection    T = Test    M = Maintenance			P = Pass    F = Fail    N/A = Not Applicable				
Item		Description	NFPA 25 CA ed. Reference	Date 06/10/25	Date	Date	Date
1.1	I	Control Valves – Identification Sign	13.3.1	P			
1.2	I	Control Valves – Inspection	13.3.2	P			
1.3	I	Waterflow Alarm Devices	5.2.5	P			
1.4	I	Supervisory Devices	5.2.5	P			
1.5	I	Gauges (Wet Pipe Systems)	5.2.4.1	P			
1.6	I	Enter Water Supply Pressure Below Riser Check	5.2.4.1	75 psi	psi	psi	psi
1.7	I	Enter Water Supply Pressure Above Riser Check	5.2.4.1	75 psi	psi	psi	psi
1.8	I	Pressure Readings Acceptable	5.2.4.1	P			
1.9	I	Hydraulic Design Information Sign <i>(for hydraulically designed systems)</i>	5.2.6	P			
1.10	I	General Information Sign <i>(not required for system prior to 2007 edition of NFPA 13)</i>	5.2.8	NA			
1.11	I	Heat Tape	5.2.7	NA			
1.12	I	Spare Sprinklers	5.2.1.4	P			
1.13	I	Fire Department Connections	13.7	P			
1.14	I	Alarm Valves – Exterior Inspection	13.4.1	NA			
1.15	I	Pressure Reducing Valves	13.5.1.1	NA			
1.16	I	Backflow Preventers	13.6.1	NA			
1.17	I	Small Hose Connections - Hose Valve*	5.1.6, 13.5.2 13.5.5.1	NA			
1.18	I	PRV – Fire Sprinkler Systems	13.5.1.1	NA			

\* Small hose connections are hose valves and optional hose supplied by the fire sprinkler system. They do not include Class I, II, or III standpipe systems.







**TRI•SIGNAL**  
**INTEGRATION, INC.**

**FIRE ALARM**  
**LIFE SAFETY SYSTEM INSPECTION**  
**Annual**

Inspection Date: 8/25/2025

PREPARED FOR:

Pump Station S6  
6900 W Las Positas Blvd  
Pleasanton, CA, 94566

This system, as specified herein, has been inspected and tested according to all NFPA standards cited herein.

Corporate Office  
Tri Signal Integration, Inc.  
15853 Monte St. Suite 101  
Sylmar, CA. 91342  
(818) 566-8558



**Fire Alarm  
Test and Inspection Record**

W.O.#

Branch # 40 - San Francisco	Inspector Name Daniel Tangi	Certification No. 758792.00	Date: 8/25/2025	Testing Interval <b>Annual</b>
--------------------------------	--------------------------------	--------------------------------	-----------------	-----------------------------------

<p align="center"><b>Property Information</b></p> <p>Site Name: <u>Pump Station S6</u></p> <p>Address: <u>6900 W. Los Positas Blvd</u></p> <p>City, St, Zip: <u>Pleasanton, CA, 94566</u></p> <p>Phone: <u>925-433-3607</u> Fax: _____</p> <p>Contact: <u>Chris Rizzoli</u> Email: _____</p>	<p align="center"><b>Testing Contractor Information</b></p> <p>Name: <u>Tri Signal Integration, Inc.</u> License: CA #758792</p> <p>Address: <u>530 McCormick Street</u></p> <p>City, St, Zip: <u>San Leandro, CA, 94577</u></p> <p>Phone: <u>(510) 357-3700</u> Fax: <u>(510) 352-2379</u></p> <p>Contact: <u>Steve Oderwald</u> Email: <a href="mailto:soderwald@tri-signal.com">soderwald@tri-signal.com</a></p>
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**Pre-test System Status**

Normal     Impaired

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Notifications Made Prior to Testing**

Central Station Monitoring: <u>Tri Signal Intigration</u> Account #: <u>XM1-4699</u>	Phone: <u>800-975-2405</u> <input checked="" type="checkbox"/> Notified Time: <u>2:00P.M.</u>
Building Management: <u>Chris Rizzoli</u> Building Occupants: <u>Chris</u>	<input checked="" type="checkbox"/> Notified Time: <u>2:00P.M.</u> <input checked="" type="checkbox"/> Notified Time: <u>2:00P.M.</u>
Authority Having Jurisdiction: <u>Livermore/Pleasanton Fire Department</u> Others, if required: _____	<input type="checkbox"/> Notified Time: <u>N/A</u> <input type="checkbox"/> Notified Time: _____

**Executive Summary**

**1. Testing Description**

1.1. - Control Equipment:

Control Equipment has been tested to verify correct receipt of alarm, supervisory, and trouble signals; operation of evacuation signals and auxiliary functions; circuit supervision, including detection of open circuits and ground faults; and power supervision for loss of AC power and disconnection of secondary batteries.

1.2 - Initiating devices:

Initiating devices, including smoke detectors, duct detectors, heat detectors, waterflow switches and tamper switches have been tested for proper operation according to manufacturers recommendation and NFPA guidelines.

1.3 - Indicating and Auxiliary Appliances:

Indicating and auxiliary devices, including speaker strobes, strobes, hornstrobe remote annunciator, and auxiliary control functions have been tested for proper operation according to manufacturers recommendation and NFPA guidelines.

**2. Building Description:**





W.O.#

**Fire Alarm  
Test and Inspection Record**

Branch # 40 - San Francisco	Inspector Name Daniel Tangi	Certification No. 758792.00	Date: 8/25/2025	Testing Interval <b>Annual</b>
--------------------------------	--------------------------------	--------------------------------	-----------------	-----------------------------------

<b>Property Information</b>	<b>Testing Contractor Information</b>
Site Name: <u>Pump Station S6</u>	Name: <u>Tri Signal Integration, Inc.</u> License: CA #758792
Address: <u>6900 W. Los Positas Blvd</u>	Address: <u>530 McCormick Street</u>

**System Power**

**4.1 - Control Unit**

**4.1.1 - Primary Power** Location of Breaker: Electric Room Panel LP1 Circuit 22  
 Input voltage of control panel: 120V Control Panel Amps: 20 Amp

**4.1.2 - Engine-Driven Generator**  This system does not have a generator.  
 Location of Generator: \_\_\_\_\_  
 Location of storage fuel: \_\_\_\_\_ Type of Fuel: \_\_\_\_\_

**4.1.3 - Uninterruptable Power System**  This system does not have a UPS.  
 Equipment powered by UPS system: \_\_\_\_\_  
 Location of UPS system: \_\_\_\_\_  
 Calculated capacity of UPS batteries to drive the system components connected to it:  
 In standby mode (hours): \_\_\_\_\_ In Alarm mode (minutes): \_\_\_\_\_

**4.1.4 - Batteries**  
 Location of Batteries: Inside Panel Type: Sealed Lead Acid Nominal Voltage: 12V  
 Calculated capacity of the batteries to drive the system: Amp/hour rating: 7Ah  
 In standby mode (hours): 24 Hours In Alarm mode (minutes): 15 Minutes  
 Batteries are marked with date of manufacture.

**4.2 - In-Building Fire Emergency Voice Alarm Communication System or Mass Notification System**

This system does not have an EVACS or MNS System

**4.2.1 - Primary Power** Location of Breaker: \_\_\_\_\_  
 Input voltage of control panel: \_\_\_\_\_ Control Panel Amps: \_\_\_\_\_

**4.2.2 - Engine-Driven Generator**  This system does not have a generator.  
 Location of Generator: \_\_\_\_\_  
 Location of storage fuel: \_\_\_\_\_ Type of Fuel: \_\_\_\_\_

**4.2.3 - Uninterruptable Power System**  This system does not have a UPS.  
 Equipment powered by UPS system: \_\_\_\_\_  
 Location of UPS system: \_\_\_\_\_  
 Calculated capacity of UPS batteries to drive the system components connected to it:  
 In standby mode (hours): \_\_\_\_\_ In Alarm mode (minutes): \_\_\_\_\_

**4.2.4 - Batteries**  Batteries are marked with date of manufacture. Date: \_\_\_\_\_  
 Location of Batteries: \_\_\_\_\_ Type: \_\_\_\_\_ Nominal Voltage: \_\_\_\_\_  
 Calculated capacity of the batteries to drive the system: Amp/hour rating: \_\_\_\_\_  
 In standby mode (hours): \_\_\_\_\_ In Alarm mode (minutes): \_\_\_\_\_



**Fire Alarm  
Test and Inspection Record**

W.O.#

Branch # 40 - San Francisco	Inspector Name Daniel Tangi	Certification No. 758792.00	Date: 8/25/2025	Testing Interval <b>Annual</b>
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<b>Property Information</b>	<b>Testing Contractor Information</b>
Site Name: <u>Pump Station S6</u>	Name: <u>Tri Signal Integration, Inc.</u> License: CA #758792
Address: <u>6900 W. Los Positas Blvd</u>	Address: <u>530 McCormick Street</u>

**System Power - continued**

**4.3 - Notification Appliance Power Extender**

This system does not have power extender panels Enter quantity of extender panels: \_\_\_\_\_

**4.3.1 - Primary Power**

Location of Breaker: \_\_\_\_\_

Input voltage of control panel: \_\_\_\_\_ Control Panel Amps: \_\_\_\_\_

**4.3.2 - Engine-Driven Generator**

This system does not have a generator.

Location of Generator: \_\_\_\_\_

Location of storage fuel: \_\_\_\_\_ Type of Fuel: \_\_\_\_\_

**4.3.3 - Uninterruptable Power System**

This system does not have a UPS.

Equipment powered by UPS system: \_\_\_\_\_

Location of UPS system: \_\_\_\_\_

Calculated capacity of UPS batteries to drive the system components connected to it:

In standby mode (hours): \_\_\_\_\_ In Alarm mode (minutes): \_\_\_\_\_

**4.3.4 - Batteries**

Batteries are marked with date of manufacture.

Date: \_\_\_\_\_

Location of Batteries: \_\_\_\_\_ Type: \_\_\_\_\_ Nominal Voltage: \_\_\_\_\_

Calculated capacity of the batteries to drive the system: \_\_\_\_\_ Amp/hour rating: \_\_\_\_\_

In standby mode (hours): \_\_\_\_\_ In Alarm mode (minutes): \_\_\_\_\_

**Annunciators**

**5.1 - Location & Description of Annunciators**

This system does not have annunciators

Annunciator 1: Main Panel Front

Annunciator 2: \_\_\_\_\_

Annunciator 3: \_\_\_\_\_

Annunciator 4: \_\_\_\_\_



**Fire Alarm  
Test and Inspection Record**

W.O.#

Branch # 40 - San Francisco	Inspector Name Daniel Tangi	Certification No. 758792.00	Date: 8/25/2025	Testing Interval <b>Annual</b>
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<p align="center"><b>Property Information</b></p> <p>Site Name: <u>Pump Station S6</u></p> <p>Address: <u>6900 W. Los Positas Blvd</u></p>	<p align="center"><b>Testing Contractor Information</b></p> <p>Name: <u>Tri Signal Integration, Inc.</u> License: CA #758792</p> <p>Address: <u>530 McCormick Street</u></p>
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**Testing Results**

7.1 Control Unit and Related Equipment					7.2 Control Unit Power Supplies				
	Visual	Functional	Pass/Fail	Comments		Visual	Functional	Pass/Fail	Comments
Control Unit	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PASS		120-volt Power	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS	
Lamps/LEDs/LCDs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS		Generator or UPS	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Fuses	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS		Battery Condition	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PASS	
Trouble Signals	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PASS		Load Voltage	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PASS	
Disconnect Switches	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS		Discharge Test	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PASS	
Ground Fault Monitoring	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PASS		Charger Test	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PASS	
Panel Supervision	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PASS		Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>		
Local Annunciator	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PASS						
Remote Annunciators	<input checked="" type="checkbox"/>	<input type="checkbox"/>	N/a						
Power Extender Panels	<input checked="" type="checkbox"/>	<input type="checkbox"/>	N/a						
Isolation Modules	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS						
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>							

7.3 In-Building Fire Emergency Voice Alarm					7.4 Notification Appliance Power Extender Panels				
	Visual	Functional	Pass/Fail	Comments		Visual	Functional	Pass/Fail	Comments
Control Unit	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Lamps/LEDs/LCDs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/a	
Lamps/LEDs/LCDs	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Fuses	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/a	
Fuses	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Primary Power Supply	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/a	
Trouble Signals	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Secondary Power	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/a	
Disconnect Switches	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Trouble Signals	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/a	
Ground Fault Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Ground Fault Monitoring	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/a	
Panel Supervision	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Panel Supervision	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/a	
Primary Power Supply	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>		
Secondary Power	<input type="checkbox"/>	<input type="checkbox"/>	N/A						
System Performance	<input type="checkbox"/>	<input type="checkbox"/>	N/A						
Sound Pressure Levels	<input type="checkbox"/>	<input type="checkbox"/>	N/A						
Occupied <input type="checkbox"/> Yes		Ambient dBA	N/A						
<input type="checkbox"/> No		Alarm dBA	N/A						
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	N/A						
System Intelligibility	<input type="checkbox"/>	<input type="checkbox"/>	N/A						
	<input type="checkbox"/>	CSI (attach report with location, values and weather conditions)							
	<input type="checkbox"/>	STI							

## Fire Alarm Test and Inspection Record

 W.O.# 

Branch # 40 - San Francisco	Inspector Name Daniel Tangi	Certification No. 758792.00	Date: 8/25/2025	Testing Interval <b>Annual</b>
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<b style="text-align: center;">Property Information</b> Site Name: <u>Pump Station S6</u> Address: <u>6900 W. Los Positas Blvd</u>	<b style="text-align: center;">Testing Contractor Information</b> Name: <u>Tri Signal Integration, Inc.</u> License: CA #758792 Address: <u>530 McCormick Street</u>
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**Testing Results - continued**

7.5 Mass Notification Equipment					7.6 Two-Way Communications Equipment				
	Visual	Functional	Pass/Fail	Comments		Visual	Functional	Pass/Fail	Comments
Functional Test	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Phone handsets	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Reset/power down test	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Phone jacks	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Fuses	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Off-hook indicator	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Primary Power Supply	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Call-in signals	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
UPS Power Test	<input type="checkbox"/>	<input type="checkbox"/>	N/A		System Performance	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Trouble Signals	<input type="checkbox"/>	<input type="checkbox"/>	N/A		System Audibility	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Disconnect Switches	<input type="checkbox"/>	<input type="checkbox"/>	N/A		System Intelligibility	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Ground Fault Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Radio communications enhancement system	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
CCU Security Mechanism	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Area of refuge communication System	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Recorded Message Content	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Elevator emergency communication system	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Message Activation	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>		
Software backup performed	<input type="checkbox"/>	<input type="checkbox"/>	N/A						
Test backup software	<input type="checkbox"/>	<input type="checkbox"/>	N/A						
Fire Alarm to MNS interface	<input type="checkbox"/>	<input type="checkbox"/>	N/A						
In-bldg MNS to wide-area MNS	<input type="checkbox"/>	<input type="checkbox"/>	N/A						
MNS to direct recipient MNS	<input type="checkbox"/>	<input type="checkbox"/>	N/A						
Sound Pressure Levels	<input type="checkbox"/>	<input type="checkbox"/>	N/A						
Occupied <input type="checkbox"/> Yes		Ambient dBA	N/A						
<input type="checkbox"/> No		Alarm dBA	N/A						
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	N/A						
System Intelligibility	<input type="checkbox"/>	<input type="checkbox"/>	N/A						
<input type="checkbox"/> CSI (attach report with location, values and weather conditions)									
<input type="checkbox"/> STI									

**7.7 Combination Systems**

	Visual	Functional	Pass/Fail	Comments
Fire Extinguishing monitoring devices	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Carbon Monoxide detection system	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Combination Fire/Security system	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>		

**7.8 Special Hazard Systems**

Description	Visual	Functional	Pass/Fail	Comments
	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
	<input type="checkbox"/>	<input type="checkbox"/>	N/A	

**7.9 Emergency Communications System**

	Visual	Functional	Pass/Fail	Comments
Simulated Operation	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Ensure predischage notification appliances of special hazard systems are not overridden by the MNS.	<input type="checkbox"/>	<input type="checkbox"/>	N/A	



**Fire Alarm  
Test and Inspection Record**

W.O.#

Branch # 40 - San Francisco	Inspector Name Daniel Tangi	Certification No. 758792.00	Date: 8/25/2025	Testing Interval <b>Annual</b>
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<p align="center"><b>Property Information</b></p> <p>Site Name: <u>Pump Station S6</u> Address: <u>6900 W. Los Positas Blvd</u></p>	<p align="center"><b>Testing Contractor Information</b></p> <p>Name: <u>Tri Signal Integration, Inc.</u> License: CA #758792 Address: <u>530 McCormick Street</u></p>
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**Testing Results - continued**

7.10 Monitored Systems					7.11 Auxilliary Functions				
	Visual	Functional	Pass/Fail	Comments		Visual	Functional	Pass/Fail	Comments
Engine-driven generator	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Door releasing devices	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Fire Pump	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Fan Shutdown	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Special Suppression systems	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Smoke Management Smoke Control	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>			Smoke Damper Operation	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
7.12 Alarm Initiating Devices					Smoke shutter release	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
<input checked="" type="checkbox"/> Device test results sheet attached listing all devices tested and results of the test.					Door unlocking	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
7.13 Supervisory Alarm Initiating Devices					Elevator recall	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
<input checked="" type="checkbox"/> Device test results sheet attached listing all devices tested and results of the test.					Elevator shunt trip	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
7.14 Alarm Notification Appliances					MNS override of FA signals	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
<input type="checkbox"/> Impaired Alarm Notification test results are provided on the deficiencies list.					Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>		

**Device Summary - (See Attached Detail List)**

Device Summary - (See Attached Detail List)					7.15 Supervisory Station Monitoring			
Initiating Device Type	System Devices	Tested	Passed	Failed	Description	Yes	No	Pass/Fail
Smoke Detector:	1	1	1	0	Alarm Signals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS
Heat Detector:	0	0	0	0	Alarm restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS
Duct Detector:	0	0	0	0	Trouble signals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS
Manual Pull Station:	1	1	1	0	Trouble restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS
Waterflow Switch:	1	1	1	0	Supervisory signals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS
Tamper Switch:	2	2	2	0	Supervisory restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS
Other Initiating Devices:	0	0	0	0				
Totals:	5	5	5	0				
Testing Results this Period:		100%	100%	0%				



W.O.#

**Fire Alarm  
Test and Inspection Record**

Branch # 40 - San Francisco	Inspector Name Daniel Tangi	Certification No. 758792.00	Date: 8/25/2025	Testing Interval <b>Annual</b>
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<p align="center"><b>Property Information</b></p> <p>Site Name: <u>Pump Station S6</u></p> <p>Address: <u>6900 W. Los Positas Blvd</u></p>	<p align="center"><b>Testing Contractor Information</b></p> <p>Name: <u>Tri Signal Integration, Inc.</u> License: CA #758792</p> <p>Address: <u>530 McCormick Street</u></p>
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**Notifications That Testing is Complete**

<p>Central Station Monitoring: <u>Tri Signal Integration</u></p> <p>Account #: <u>XM1-4699</u></p>	<p>Phone: <u>800-975-2405</u></p> <p><input type="checkbox"/> Notified Time: <u>4:00P.M.</u></p>
<p>Building Management: <u>Chris Rizzoli</u></p> <p>Building Occupants: <u>Steve</u></p>	<p><input type="checkbox"/> Notified Time: <u>4:00P.M.</u></p> <p><input type="checkbox"/> Notified Time: <u>4:00P.M.</u></p>
<p>Authority Having Jurisdiction: <u>Livermore/Pleasanton Fire Department</u></p> <p>Others, if required: _____</p>	<p><input type="checkbox"/> Notified Time: <u>N/A</u></p> <p><input type="checkbox"/> Notified Time: _____</p>

Post System Status:  Normal     Impaired    Notes: (If System left Impaired)

System Retored:            \_\_\_\_\_

Date: 08/25/25                      Time: 4:00P.M.

**Certification**

**10.1 - Inspector Certification:**

This system, as specified herein, has been inspected and tested according to all NFPA standards cited herein.

Signed: 

Daniel Tangi    Tri Signal Integration, Inc.

Date: 8/25/25

**10.2 - Accepted by Owner or Owner's Representative:**

The undersigned has a service contract for this system in effect as of the date shown below.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_



W.O.#

Name: Pump Station S6  
 Address: 6900 W. Los Positas Blvd  
 City, St, Zip: Pleasanton, CA, 94566  
 Contact: Chris Rizzoli

SYSTEM DEFECTS FOUND

NO SYSTEM DEFECTS FOUND

Date Tested: 8/25/2025

### DEFICIENCIES REPORT

GRAY AREA SHALL BE FILLED OUT BY CERTIFIED TESTER PERFORMING RETEST

	Description of Deficiencies	Location	RETEST ONLY
1			<input type="checkbox"/> PASS
2			<input type="checkbox"/> PASS
3			<input type="checkbox"/> PASS
4			<input type="checkbox"/> PASS
5			<input type="checkbox"/> PASS
6			<input type="checkbox"/> PASS
7			<input type="checkbox"/> PASS
8			<input type="checkbox"/> PASS
9			<input type="checkbox"/> PASS
10			<input type="checkbox"/> PASS
11			<input type="checkbox"/> PASS
12			<input type="checkbox"/> PASS
13			<input type="checkbox"/> PASS
14			<input type="checkbox"/> PASS
15			<input type="checkbox"/> PASS
16			<input type="checkbox"/> PASS
17			<input type="checkbox"/> PASS
18			<input type="checkbox"/> PASS
19			<input type="checkbox"/> PASS
20			<input type="checkbox"/> PASS
21			<input type="checkbox"/> PASS
22			<input type="checkbox"/> PASS
23			<input type="checkbox"/> PASS

**RETEST PERFORMED BY:**

**Retester's Name:** \_\_\_\_\_

**Retester's Signature:** \_\_\_\_\_

**Certification #:** \_\_\_\_\_

**Retest Date:** \_\_\_\_\_

**Inspection, Testing, and Maintenance Cover Sheet  
NFPA25 as amended by CCR, Title 19**

**Property Information:**

Name:	<u>Pump Station S6</u>	Occupancy/Use:	_____
Address:	<u>6900 W. Los Positas</u>	Construction Type:	_____
City:	<u>Pleasanton, CA</u>	No. Stories:	_____
ZIP:	<u>9566</u>	Year Constructed:	_____
Contact:	<u>Chris Rizzoli</u>		
Telephone:	<u>(925) 433-3607</u>		



**Contractor Information:**

**Number of System Risers**

Name:	<u>Tri-Signal Integration Inc.</u>
Address:	<u>530 McCormick St</u>
City:	<u>San Leandro</u>
State:	<u>CA</u>
Telephone:	<u>(510) 357-3700</u>
CA License#:	<u>758792</u>
Job #:	_____
Performed by:	<u>Daniel Tangi</u>

**Copy sent to:**

<input type="checkbox"/> Owner	Date: _____
<input type="checkbox"/> Fire AHJ	Date: _____
<input type="checkbox"/> Contractor	Date: _____

**NOTES:**

1) For specific inspection, testing, and maintenance requirements and information, see NFPA 25, 2011 Edition as amended by California Code of Regulations, Title 19, §901 to §906.

2) Inspection items may be performed by the owner in accordance with California Code of Regulations, Title 19, §904.1(a)

**Check box for each system inspected and enter the number of forms used for inspection.  
Check boxes (Fail or Pass) to indicate status of inspected system at end of inspection.**

Forms Included with this Report	NFPA 25 Chapter	Number of Forms	N/A	Fail*	Pass
<input checked="" type="checkbox"/> Automatic Sprinkler System	5	1	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> Standpipe and Hose System	6	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Private Water Supply System	7	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Fire Pump	8	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Water Storage Tank	9	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Water Spray System	10	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Foam Water Sprinkler System	11	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Water Mist System	12	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Concerns that are not deficiencies (i.e. Non-Sprinklered Areas)				<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

\*See "Deficiencies and Comments" section at end of each respective form.

<b>Property Information</b>		<b>Contractor or Licensed Owner Information</b>
Building Name Pump Station S6		Name Tri-Signal Integration Inc
Address 6900 W. Los Positas		Address 530 McCormick St
		City San Leandro St. CA Zip 94577
City Pleasanton, CA, 94566	License # 758792	Phone (510)357-3700
Contact Person	<input type="checkbox"/> SFM	Job #
Chris Rizzoli	<input type="checkbox"/> CSLB	Misc.

Riser Information			Main Drain Test (Annual)				
Riser No.	Location	Riser Diameter	Main Drain Diameter	Initial Static Pressure	Residual Pressure	Final Static Pressure	P,F,N/A
1	Pump Room	2"	1.25"	105	35	95	P

This building has more than 5 risers. See additional AES 2.9 form attached      Number of AES 2.9 forms attached

### Quarterly Inspections

I = Inspection    T = Test    M = Maintenance			P = Pass    F = Fail    N/A = Not Applicable				
Item	Description	NFPA 25 CA ed. Reference	Date	Date	Date 08/25/25	Date	
1.1	I Control Valves – Identification Sign	13.3.1			P		
1.2	I Control Valves – Inspection	13.3.2			P		
1.3	I Waterflow Alarm Devices	5.2.5			P		
1.4	I Supervisory Devices	5.2.5			P		
1.5	I Gauges (Wet Pipe Systems)	5.2.4.1			P		
1.6	I Enter Water Supply Pressure Below Riser Check	5.2.4.1	psi	psi	psi	psi	
1.7	I Enter Water Supply Pressure Above Riser Check	5.2.4.1	psi	psi	95 psi	psi	
1.8	I Pressure Readings Acceptable	5.2.4.1			P		
1.9	I Hydraulic Design Information Sign <i>(for hydraulically designed systems)</i>	5.2.6			P		
1.10	I General Information Sign <i>(not required for system prior to 2007 edition of NFPA 13)</i>	5.2.8			N/A		
1.11	I Heat Tape	5.2.7			N/A		
1.12	I Spare Sprinklers	5.2.1.4			P		
1.13	I Fire Department Connections	13.7			P		
1.14	I Alarm Valves – Exterior Inspection	13.4.1			P		
1.15	I Pressure Reducing Valves	13.5.1.1			N/A		
1.16	I Backflow Preventers	13.6.1			P		
1.17	I Small Hose Connections - Hose Valve*	5.1.6, 13.5.2 13.5.5.1			N/A		
1.18	I PRV – Fire Sprinkler Systems	13.5.1.1			N/A		

\* Small hose connections are hose valves and optional hose supplied by the fire sprinkler system. They do not include Class I, II, or III standpipe systems.







**TRI•SIGNAL**  
**INTEGRATION, INC.**

**FIRE ALARM**  
**LIFE SAFETY SYSTEM INSPECTION**  
**Annual**

Inspection Date: 9/10/2025

PREPARED FOR:

Callippe Reserve Golf Course  
8500 Clubhouse Dr.  
Pleasanton, CA, 94566

This system, as specified herein, has been inspected and tested according to all NFPA standards cited herein.

Corporate Office  
Tri Signal Integration, Inc.  
15853 Monte St. Suite 101  
Sylmar, CA. 91342  
(818) 566-8558



**Fire Alarm  
Test and Inspection Record**

W.O.#

Branch # 40 - San Francisco	Inspector Name Nick Zeffer	Certification No. 758792.00	Date: 9/10/2025	Testing Interval <b>Annual</b>
--------------------------------	-------------------------------	--------------------------------	-----------------	-----------------------------------

<p align="center"><b>Property Information</b></p> <p>Site Name: <u>Callippe Preserve Golf Course</u></p> <p>Address: <u>8500 Clubhouse Dr.</u></p> <p>City, St, Zip: <u>Pleasanton, CA, 94566</u></p> <p>Phone: <u>925-433-3607</u> Fax: _____</p> <p>Contact: _____ Email: _____</p>	<p align="center"><b>Testing Contractor Information</b></p> <p>Name: <u>Tri Signal Integration, Inc.</u> License: CA #758792</p> <p>Address: <u>530 McCormick Street</u></p> <p>City, St, Zip: <u>San Leandro, CA, 94577</u></p> <p>Phone: <u>(510) 357-3700</u> Fax: <u>(510) 352-2379</u></p> <p>Contact: <u>Steve Oderwald</u> Email: <a href="mailto:soderwald@tri-signal.com">soderwald@tri-signal.com</a></p>
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**Pre-test System Status**

Normal     Impaired

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Notifications Made Prior to Testing**

<p>Central Station Monitoring: <u>Tri Signal Integration</u></p> <p>Account #: <u>XM1-4851</u></p> <p>Building Management: _____</p> <p>Building Occupants: <u>N/A</u></p> <p>Authority Having Jurisdiction: <u>L.P.F.D.</u></p> <p>Others, if required: _____</p>	<p>Phone: <u>800-975-2405</u></p> <p><input type="checkbox"/> Notified Time: <u>9:00A.M.</u></p> <p><input type="checkbox"/> Notified Time: <u>9:00A.M.</u></p> <p><input type="checkbox"/> Notified Time: <u>N/A</u></p> <p><input type="checkbox"/> Notified Time: <u>N/A</u></p> <p><input type="checkbox"/> Notified Time: _____</p>
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**Executive Summary**

**1. Testing Description**

1.1. - Control Equipment:  
Control Equipment has been tested to verify correct receipt of alarm, supervisory, and trouble signals; operation of evacuation signals and auxiliary functions; circuit supervision, including detection of open circuits and ground faults; and power supervision for loss of AC power and disconnection of secondary batteries.

1.2 - Initiating devices:  
Initiating devices, including smoke detectors, duct detectors, heat detectors, waterflow switches and tamper switches have been tested for proper operation according to manufacturers recommendation and NFPA guidelines.

1.3 - Indicating and Auxiliary Appliances:  
Indicating and auxiliary devices, including speaker strobes, strobes, hornstrobe remote annunciator, and auxiliary control functions have been tested for proper operation according to manufacturers recommendation and NFPA guidelines.

**2. Building Description:**





W.O.#

**Fire Alarm  
Test and Inspection Record**

Branch # 40 - San Francisco	Inspector Name Nick Zeffer	Certification No. 758792.00	Date: 9/10/2025	Testing Interval <b>Annual</b>
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<b>Property Information</b>	<b>Testing Contractor Information</b>
Site Name: <u>Callippe Preserve Golf Course</u>	Name: <u>Tri Signal Integration, Inc.</u> License: CA #758792
Address: <u>8500 Clubhouse Dr.</u>	Address: <u>530 McCormick Street</u>

**System Power**

**4.1 - Control Unit**

**4.1.1 - Primary Power**

Location of Breaker: Electric Room

Input voltage of control panel: 120V

Control Panel Amps: 20 Amp

**4.1.2 - Engine-Driven Generator**

This system does not have a generator.

Location of Generator: \_\_\_\_\_

Location of storage fuel: \_\_\_\_\_

Type of Fuel: \_\_\_\_\_

**4.1.3 - Uninterruptable Power System**

This system does not have a UPS.

Equipment powered by UPS system: \_\_\_\_\_

Location of UPS system: \_\_\_\_\_

Calculated capacity of UPS batteries to drive the system components connected to it:

In standby mode (hours): \_\_\_\_\_

In Alarm mode (minutes): \_\_\_\_\_

**4.1.4 - Batteries**

Location of Batteries: Inside Panel

Type: Sealed Lead Acid

Nominal Voltage: 12V

Calculated capacity of the batteries to drive the system:

Amp/hour rating: 7Ah

In standby mode (hours): 24 Hours

In Alarm mode (minutes): 15 Minutes

Batteries are marked with date of manufacture.

**4.2 - In-Building Fire Emergency Voice Alarm Communication System or Mass Notification System**

This system does not have an EVACS or MNS System

**4.2.1 - Primary Power**

Location of Breaker: \_\_\_\_\_

Input voltage of control panel: \_\_\_\_\_

Control Panel Amps: \_\_\_\_\_

**4.2.2 - Engine-Driven Generator**

This system does not have a generator.

Location of Generator: \_\_\_\_\_

Location of storage fuel: \_\_\_\_\_

Type of Fuel: \_\_\_\_\_

**4.2.3 - Uninterruptable Power System**

This system does not have a UPS.

Equipment powered by UPS system: \_\_\_\_\_

Location of UPS system: \_\_\_\_\_

Calculated capacity of UPS batteries to drive the system components connected to it:

In standby mode (hours): \_\_\_\_\_

In Alarm mode (minutes): \_\_\_\_\_

**4.2.4 - Batteries**

Batteries are marked with date of manufacture.

Date: \_\_\_\_\_

Location of Batteries: \_\_\_\_\_

Type: \_\_\_\_\_

Nominal Voltage: \_\_\_\_\_

Calculated capacity of the batteries to drive the system:

Amp/hour rating: \_\_\_\_\_

In standby mode (hours): \_\_\_\_\_

In Alarm mode (minutes): \_\_\_\_\_



**Fire Alarm  
Test and Inspection Record**

W.O.#

Branch # 40 - San Francisco	Inspector Name Nick Zeffer	Certification No. 758792.00	Date: 9/10/2025	Testing Interval <b>Annual</b>
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<b>Property Information</b>	<b>Testing Contractor Information</b>
Site Name: <u>Callippe Preserve Golf Course</u>	Name: <u>Tri Signal Integration, Inc.</u> License: CA #758792
Address: <u>8500 Clubhouse Dr.</u>	Address: <u>530 McCormick Street</u>

**System Power - continued**

**4.3 - Notification Appliance Power Extender**

This system does not have power extender panels Enter quantity of extender panels: 2

**4.3.1 - Primary Power** Location of Breaker: Electric Room  
Input voltage of control panel: 120V Control Panel Amps: 20 Amp

**4.3.2 - Engine-Driven Generator**  This system does not have a generator.  
Location of Generator: \_\_\_\_\_  
Location of storage fuel: \_\_\_\_\_ Type of Fuel: \_\_\_\_\_

**4.3.3 - Uninterruptable Power System**  This system does not have a UPS.  
Equipment powered by UPS system: \_\_\_\_\_  
Location of UPS system: \_\_\_\_\_  
Calculated capacity of UPS batteries to drive the system components connected to it:  
In standby mode (hours): \_\_\_\_\_ In Alarm mode (minutes): \_\_\_\_\_

**4.3.4 - Batteries**  Batteries are marked with date of manufacture. Date: \_\_\_\_\_  
Location of Batteries: Inside Panel Type: Sealed Lead Acid Nominal Voltage: 12V  
Calculated capacity of the batteries to drive the system: \_\_\_\_\_ Amp/hour rating: 7Ah  
In standby mode (hours): 24 Hours In Alarm mode (minutes): 15 Minutes

**Annunciators**

**5.1 - Location & Description of Annunciators**  This system does not have annunciators  
Annunciator 1: Lobby  
Annunciator 2: \_\_\_\_\_  
Annunciator 3: \_\_\_\_\_  
Annunciator 4: \_\_\_\_\_



**Fire Alarm  
Test and Inspection Record**

W.O.#

Branch # 40 - San Francisco	Inspector Name Nick Zeffer	Certification No. 758792.00	Date: 9/10/2025	Testing Interval <b>Annual</b>
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<p align="center"><b>Property Information</b></p> Site Name: <u>Callippe Preserve Golf Course</u> Address: <u>8500 Clubhouse Dr.</u>	<p align="center"><b>Testing Contractor Information</b></p> Name: <u>Tri Signal Integration, Inc.</u> License: CA #758792 Address: <u>530 McCormick Street</u>
---	---

**Testing Results**

7.1 Control Unit and Related Equipment					7.2 Control Unit Power Supplies				
	Visual	Functional	Pass/Fail	Comments		Visual	Functional	Pass/Fail	Comments
Control Unit	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PASS		120-volt Power	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS	
Lamps/LEDs/LCDs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS		Generator or UPS	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Fuses	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS		Battery Condition	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PASS	
Trouble Signals	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PASS		Load Voltage	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PASS	
Disconnect Switches	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS		Discharge Test	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PASS	
Ground Fault Monitoring	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PASS		Charger Test	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PASS	
Panel Supervision	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PASS		Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>		
Local Annunciator	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PASS						
Remote Annunciators	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS						
Power Extender Panels	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS						
Isolation Modules	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS						
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>							

7.3 In-Building Fire Emergency Voice Alarm					7.4 Notification Appliance Power Extender Panels				
	Visual	Functional	Pass/Fail	Comments		Visual	Functional	Pass/Fail	Comments
Control Unit	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Lamps/LEDs/LCDs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PASS	
Lamps/LEDs/LCDs	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Fuses	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PASS	
Fuses	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Primary Power Supply	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PASS	
Trouble Signals	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Secondary Power	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PASS	
Disconnect Switches	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Trouble Signals	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PASS	
Ground Fault Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Ground Fault Monitoring	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PASS	
Panel Supervision	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Panel Supervision	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PASS	
Primary Power Supply	<input type="checkbox"/>	<input type="checkbox"/>	N/A		Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>		
Secondary Power	<input type="checkbox"/>	<input type="checkbox"/>	N/A						
System Performance	<input type="checkbox"/>	<input type="checkbox"/>	N/A						
Sound Pressure Levels	<input type="checkbox"/>	<input type="checkbox"/>	N/A						
Occupied <input type="checkbox"/> Yes		Ambient dBA	N/A						
<input type="checkbox"/> No		Alarm dBA	N/A						
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	N/A						
System Intelligibility	<input type="checkbox"/>	<input type="checkbox"/>	N/A						
	<input type="checkbox"/>	CSI (attach report with location, values and weather conditions)							
	<input type="checkbox"/>	STI							



**Fire Alarm  
Test and Inspection Record**

W.O.#

Branch # 40 - San Francisco	Inspector Name Nick Zeffer	Certification No. 758792.00	Date: 9/10/2025	Testing Interval <b>Annual</b>
--------------------------------	-------------------------------	--------------------------------	-----------------	-----------------------------------

Property Information	
Site Name: <u>Callippe Preserve Golf Course</u>	
Address: <u>8500 Clubhouse Dr.</u>	

Testing Contractor Information	
Name: <u>Tri Signal Integration, Inc.</u>	License: CA #758792
Address: <u>530 McCormick Street</u>	

**Testing Results - continued**

7.5 Mass Notification Equipment				
	Visual	Functional	Pass/Fail	Comments
Functional Test	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Reset/power down test	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Fuses	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Primary Power Supply	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
UPS Power Test	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Trouble Signals	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Disconnect Switches	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Ground Fault Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
CCU Security Mechanism	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Recorded Message Content	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Message Activation	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Software backup performed	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Test backup software	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Fire Alarm to MNS interface	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
In-bldg MNS to wide-area MNS	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
MNS to direct recipient MNS	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Sound Pressure Levels	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Occupied <input type="checkbox"/> Yes		Ambient dBA	N/A	
<input type="checkbox"/> No		Alarm dBA	N/A	
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
System Intelligibility	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
<input type="checkbox"/> CSI (attach report with location, values and weather conditions)				
<input type="checkbox"/> STI				

7.6 Two-Way Communications Equipment				
	Visual	Functional	Pass/Fail	Comments
Phone handsets	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Phone jacks	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Off-hook indicator	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Call-in signals	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
System Performance	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
System Audibility	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
System Intelligibility	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Radio communications enhancement system	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Area of refuge communication System	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Elevator emergency communication system	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>		

7.7 Combination Systems				
	Visual	Functional	Pass/Fail	Comments
Fire Extinguishing monitoring devices	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Carbon Monoxide detection system	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Combination Fire/Security system	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>		

7.8 Special Hazard Systems				
Description	Visual	Functional	Pass/Fail	Comments
_____	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
_____	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
_____	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
_____	<input type="checkbox"/>	<input type="checkbox"/>	N/A	

7.9 Emergency Communications System				
	Visual	Functional	Pass/Fail	Comments
Simulated Operation	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Ensure predischage notification appliances of special hazard systems are not overridden by the MNS.	<input type="checkbox"/>	<input type="checkbox"/>	N/A	



**Fire Alarm  
Test and Inspection Record**

W.O.#

Branch # 40 - San Francisco	Inspector Name Nick Zeffer	Certification No. 758792.00	Date: 9/10/2025	Testing Interval <b>Annual</b>
--------------------------------	-------------------------------	--------------------------------	-----------------	-----------------------------------

Property Information	
Site Name: <u>Callippe Preserve Golf Course</u>	
Address: <u>8500 Clubhouse Dr.</u>	

Testing Contractor Information	
Name: <u>Tri Signal Integration, Inc.</u>	License: CA #758792
Address: <u>530 McCormick Street</u>	

**Testing Results - continued**

7.10 Monitored Systems				
	Visual	Functional	Pass/Fail	Comments
Engine-driven generator	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Fire Pump	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Special Suppression systems	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>		

7.11 Auxilliary Functions				
	Visual	Functional	Pass/Fail	Comments
Door releasing devices	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Fan Shutdown	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Smoke Management Smoke Control	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Smoke Damper Operation	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Smoke shutter release	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Door unlocking	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Elevator recall	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Elevator shunt trip	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
MNS override of FA signals	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>		

7.12 Alarm Initiating Devices
<input checked="" type="checkbox"/> Device test results sheet attached listing all devices tested and results of the test.

7.13 Supervisory Alarm Initiating Devices
<input checked="" type="checkbox"/> Device test results sheet attached listing all devices tested and results of the test.

7.14 Alarm Notification Appliances
<input type="checkbox"/> Impaired Alarm Notification test results are provided on the deficiencies list.

**Device Summary - (See Attached Detail List)**

Initiating Device Type	System Devices	Tested	Passed	Failed
Smoke Detector:	1	1	1	0
Heat Detector:	0	0	0	0
Duct Detector:	0	0	0	0
Manual Pull Station:	10	10	10	0
Waterflow Switch:	4	4	4	0
Tamper Switch:	7	7	5	2
Other Initiating Devices:	0	0	0	0
Totals:	22	22	20	2
Testing Results this Period:		100%	91%	9%

**7.15 Supervisory Station Monitoring**

Description	Yes	No	Pass/Fail
Alarm Signals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS
Alarm restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS
Trouble signals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS
Trouble restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS
Supervisory signals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS
Supervisory restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PASS



**Fire Alarm  
Test and Inspection Record**

W.O.#

Branch # 40 - San Francisco	Inspector Name Nick Zeffer	Certification No. 758792.00	Date: 9/10/2025	Testing Interval <b>Annual</b>
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<p align="center"><b>Property Information</b></p> <p>Site Name: <u>Callippe Preserve Golf Course</u></p> <p>Address: <u>8500 Clubhouse Dr.</u></p>	<p align="center"><b>Testing Contractor Information</b></p> <p>Name: <u>Tri Signal Integration, Inc.</u> License: CA #758792</p> <p>Address: <u>530 McCormick Street</u></p>
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**Notifications That Testing is Complete**

Central Station Monitoring: <u>Tri Signal Integration</u> Account #: <u>XM1-4851</u>	Phone: <u>800-975-2405</u> <input type="checkbox"/> Notified Time: <u>4:00P.M.</u>
Building Management: _____ Building Occupants: <u>N/A</u>	<input type="checkbox"/> Notified Time: <u>4:00P.M.</u> <input type="checkbox"/> Notified Time: <u>N/A</u>
Authority Having Jurisdiction: <u>L.P.F.D</u> Others, if required: _____	<input type="checkbox"/> Notified Time: <u>N/A</u> <input type="checkbox"/> Notified Time: _____

Post System Status:  Normal  Impaired Notes: (If System left Impaired)

System Retored:   \_\_\_\_\_

Date: 09/10/25 Time: 4:00P.M.

**Certification**

**10.1 - Inspector Certification:**

This system, as specified herein, has been inspected and tested according to all NFPA standards cited herein.

Signed:   
 Nick Zeffer Tri Signal Integration, Inc.

Date: 9/10/25

**10.2 - Accepted by Owner or Owner's Representative:**

The undersigned has a service contract for this system in effect as of the date shown below.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_



W.O.#

Name: Callippe Reserve  
Address: 8500 Clubhouse Dr.  
City, St, Zip: Pleasanton, CA, 94566  
Contact:

Date Tested: 9/10/2025

**INSPECTION RECORD**

DEVICE TYPES							
SD-Smoke Detector, HD-Heat Detector, DD-Duct Detector, MS-Manual Pull Station, WF-Water Flow Switch, TS-Valve Tamper Switch, OD-Other Initiating Device							
DEVICE	LOOP	ADDR.	DEVICE TYPE	FLOOR	DEVICE LABEL	Pass/Fail	DEVICE COMMENTS
1	001	D011	SD	01	Over FACP	Pass	Clubhouse
2	001	M008	TS	01	PIV Outside Restrooms	Fail	Clubhouse
3	001	M009	WF	01	Storage Room( Clubhouse)	Pass	Clubhouse
4	001	M001	MS	01	Entrance(Clubhouse)	Pass	Clubhouse
5	001	M13	TS	01	OS&Y	Pass	Cart Barn
6	001	M20	TS	01	OS&Y	Pass	Cart Barn
7	001	M012	MS	01	Front Exterior	Pass	Cart Barn
8	001	M015	WF	01	WaterFlow	Pass	Cart Barn
9	001	M28	TS	01	Tamper (PIV)	Fail	Maintenance Barn
10	001	M19	WF	01	Waterflow	Pass	Maintenance Barn
11	001	M21	MS	01	Entrance	Pass	Maintenance Barn
12	001	M22	TS	01	Butterfly Valve	Pass	Fuel Island
13	001	M23	WF	01	WaterFlow	Pass	Fuel Island
14	001	M25	MS	01	Front Exterior	Pass	Fuel Island
15	001	M002	MS	01	Clubhouse West	Pass	
16	001	M003	MS	01	Café East Pull	Pass	
17	001	M004	MS	01	Café West Pull	Pass	
18	001	M005	MS	01	Café South Pull	Pass	
19	001	M006	MS	01	Kitchen Pull	Pass	
20	001	M007	MS	01	Kitchen Pull	Pass	
21	001	M18	TS	01	Cartbarn Tamper	Pass	
22	001	M24	TS	01	Fuel Island PIV	Pass	

W.O.#

Name: Callippe Reserve Golf Course  
 Address: 8500 Clubhouse Dr.  
 City,St,Zip: Pleasanton, CA, 94566  
 Contact:

SYSTEM DEFECTS FOUND

NO SYSTEM DEFECTS FOUND

Date Tested: 9/10/2025

### DEFICIENCIES REPORT

GRAY AREA SHALL BE FILLED OUT BY CERTIFIED TESTER PERFORMING RETEST

	Description of Deficiencies	Location	RETEST ONLY
1	PIVs are very difficult to operate and requires service	clubhouse main PIV, maintenance shop PIV	<input type="checkbox"/> PASS
2	replace 2 12v7ah batteries	maintenance shop FCPS	<input type="checkbox"/> PASS
3			<input type="checkbox"/> PASS
4			<input type="checkbox"/> PASS
5			<input type="checkbox"/> PASS
6			<input type="checkbox"/> PASS
7			<input type="checkbox"/> PASS
8			<input type="checkbox"/> PASS
9			<input type="checkbox"/> PASS
10			<input type="checkbox"/> PASS
11			<input type="checkbox"/> PASS
12			<input type="checkbox"/> PASS
13			<input type="checkbox"/> PASS
14			<input type="checkbox"/> PASS
15			<input type="checkbox"/> PASS
16			<input type="checkbox"/> PASS
17			<input type="checkbox"/> PASS
18			<input type="checkbox"/> PASS
19			<input type="checkbox"/> PASS
20			<input type="checkbox"/> PASS
21			<input type="checkbox"/> PASS
22			<input type="checkbox"/> PASS
23			<input type="checkbox"/> PASS

**RETEST PERFORMED BY:**

**Retester's Name:** \_\_\_\_\_

**Retester's Signature:** \_\_\_\_\_

**Certification #:** \_\_\_\_\_

**Retest Date:** \_\_\_\_\_

**Inspection, Testing, and Maintenance Cover Sheet  
NFPA25 as amended by CCR, Title 19**

**Property Information:**

Name:	_____	Occupancy/Use:	_____
Address:	<b>8500 Clubhouse Dr.</b>	Construction Type:	_____
City:	<b>Pleasanton, CA.</b>	No. Stories:	_____
ZIP:	<b>94566</b>	Year Constructed:	_____
Contact:	<b>Steve</b>		
Telephone:	-		



**Contractor Information:**

**Number of System Risers**

Name:	<b>Tri-Signal Integration Inc.</b>
Address:	<b>530 McCormick St</b>
City:	<b>San Leandro</b>
State:	<b>CA</b>
Telephone:	<b>(510) 357-3700</b>
CA License#:	<b>758792</b>
Job #:	_____
Performed by:	<b>Nick Zeffer</b>

**Copy sent to:**

<input type="checkbox"/> Owner	Date: _____
<input type="checkbox"/> Fire AHJ	Date: _____
<input type="checkbox"/> Contractor	Date: _____

**NOTES:**

- For specific inspection, testing, and maintenance requirements and information, see NFPA 25, 2011 Edition as amended by California Code of Regulations, Title 19, §901 to §906.
- Inspection items may be performed by the owner in accordance with California Code of Regulations, Title 19, §904.1(a)

Check box for each system inspected and enter the number of forms used for inspection.  
Check boxes (Fail or Pass) to indicate status of inspected system at end of inspection.

Forms Included with this Report	NFPA 25 Chapter	Number of Forms	N/A	Fail*	Pass
<input checked="" type="checkbox"/> Automatic Sprinkler System	5	1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Standpipe and Hose System	6	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Private Water Supply System	7	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Fire Pump	8	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Water Storage Tank	9	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Water Spray System	10	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Foam Water Sprinkler System	11	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Water Mist System	12	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Concerns that are not deficiencies (i.e. Non-Sprinklered Areas)				<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

\*See "Deficiencies and Comments" section at end of each respective form.

<b>Property Information</b>		<b>Contractor or Licensed Owner Information</b>
Building Name		Name Tri-Signal Integration Inc.
Address 8500 Clubhouse Dr		Address 530 McCormick St
		City San Leandro St. CA Zip 94577
City Pleasanton, CA, 94566	License # 758792	Phone (510)357-3700
Contact Person	<input type="checkbox"/> SFM	Job #
	<input type="checkbox"/> CSLB	Misc.

Riser Information			Main Drain Test (Annual)				
Riser No.	Location	Riser Diameter	Main Drain Diameter	Initial Static Pressure	Residual Pressure	Final Static Pressure	P,F,N/A
1	clubhouse	4"	2"	85	60	85	P
2	cart barn	4"	2"	90	65	85	P
3	maintenance shop	4"	2"	85	60	80	P
4	covered storage	2"	1"	85	60	80	P
<input type="checkbox"/> This building has more than 5 risers. See additional AES 2.9 form attached			Number of AES 2.9 forms attached <input style="width: 50px;" type="text"/>				

Quarterly Inspections							
I = Inspection    T = Test    M = Maintenance			P = Pass    F = Fail    N/A = Not Applicable				
Item		Description	NFPA 25 CA ed. Reference	Date 09/10/25	Date	Date	Date
1.1	I	Control Valves – Identification Sign	13.3.1	p			
1.2	I	Control Valves – Inspection	13.3.2	p			
1.3	I	Waterflow Alarm Devices	5.2.5	p			
1.4	I	Supervisory Devices	5.2.5	p			
1.5	I	Gauges (Wet Pipe Systems)	5.2.4.1	p			
1.6	I	Enter Water Supply Pressure Below Riser Check	5.2.4.1	85 psi	psi	psi	psi
1.7	I	Enter Water Supply Pressure Above Riser Check	5.2.4.1	psi	psi	psi	psi
1.8	I	Pressure Readings Acceptable	5.2.4.1	p			
1.9	I	Hydraulic Design Information Sign <i>(for hydraulically designed systems)</i>	5.2.6	na			
1.10	I	General Information Sign <i>(not required for system prior to 2007 edition of NFPA 13)</i>	5.2.8	na			
1.11	I	Heat Tape	5.2.7	na			
1.12	I	Spare Sprinklers	5.2.1.4	p			
1.13	I	Fire Department Connections	13.7	p			
1.14	I	Alarm Valves – Exterior Inspection	13.4.1	P			
1.15	I	Pressure Reducing Valves	13.5.1.1	NA			
1.16	I	Backflow Preventers	13.6.1	NA			
1.17	I	Small Hose Connections - Hose Valve*	5.1.6, 13.5.2 13.5.5.1	NA			
1.18	I	PRV – Fire Sprinkler Systems	13.5.1.1	NA			

\* Small hose connections are hose valves and optional hose supplied by the fire sprinkler system. They do not include Class I, II, or III standpipe systems.



