



This is the 1st Affidavit of Tetsu Takagaki
in this case and was made on February 18, 2025

NO. S-246230
VANCOUVER REGISTRY

IN THE SUPREME COURT OF BRITISH COLUMBIA

BETWEEN:

INTRACORP VANNESS LIMITED PARTNERSHIP

PLAINTIFF

AND:

**THE OWNERS, STRATA PLAN LMS992 AND CROWE MACKAY &
COMPANY LTD., AS LIQUIDATOR OF THE OWNERS, STRATA PLAN LMS992**

DEFENDANTS

AND:

INTRACORP VANNESS LIMITED PARTNERSHIP

DEFENDANT BY WAY OF COUNTERCLAIM

AFFIDAVIT

I, Tetsu Takagaki, Senior Manager of Crowe Mackay & Company Ltd., care of 1600 – 925 West Georgia Street, in the City of Vancouver, in the Province of British Columbia, SWEAR THAT:

1. I am a Senior Manager employed by Crowe Mackay & Company Ltd. (“Crowe Mackay”) and as such have personal knowledge of the facts and matters hereinafter deposed to, save and except where the same are stated to be made upon information and belief, and, as to such facts, I verily believe the same to be true.

2. Crowe Mackay was appointed the liquidator of The Owners, Strata Plan LMS992, also known as Joyce Place, ("**Joyce Place**") by way of an order of Justice Marzarei pronounced October 19, 2022.
3. Joyce Place entered into a purchase and sale agreement (the "**PSA**") for the sale of the Joyce Place lands to Intracorp Vanness Limited Partnership in January 2021.
4. By agreement between the parties, the completion date of the PSA was amended and ultimately agreed to be September 9, 2024 (the "**Completion Date**"). Prior to the completion of the PSA, Crowe Mackay, in its capacity as the liquidator, arranged for the repair and maintenance of Joyce Place's fire alarm and fire monitoring systems prior to the Completion Date.
5. I was the person at Crowe Mackay with primary responsibility for coordinating the inspection of the fire alarm system, and overseeing the installation of the fire monitoring system at Joyce Place to ensure they were in working order, including on the Completion Date.
6. The Property Manager, Dwell Property Management Ltd. ("**Dwell**") engaged Community Fire Prevention ("**CFP**") to complete a fire alarm system inspection of Joyce Place on September 7, 2024 with approval from Crowe Mackay, as liquidator. I am advised by Carol Huynh, an account manager with CFP, and verily believe, that CFP completed that fire alarm system inspection at Joyce Place on September 7, 2024 and concluded that the Joyce Place fire alarm system was fully functional though CFP was not granted access by unit occupants to eight units of the 63 units in Joyce Place.
7. Attached hereto and marked as **Exhibit "A"** to this affidavit is a true copy of the fire alarm system test and inspection report provided to me by CFP and dated September 7, 2024.

8. In September 2024, Dwell also engaged Safeco Systems Ltd., an emergency monitoring service provider, to install a fire monitoring system which automatically connects to the Burnaby Fire Department when an alarm in Joyce Place is activated (the “**Monitoring System**”). I am advised by Rene Saucier of Safeco, and verily believe, that as of September 9, 2024 the Monitoring System was fully connected and operational.

SWORN BEFORE ME at Vancouver, British Columbia on February 18, 2025.




A Commissioner for taking Affidavits for British Columbia.



TETSU TAKAGAKI

DEREK LAI
A Commissioner for Oaths in and
for the Province of British Columbia
Expiry date: March 31, 2027

This is Exhibit "A" referred to in the affidavit
of Tetsu Takagaki sworn before me at
Vancouver, British Columbia, this 18th
day of February, 2025.



A Commissioner for taking Affidavits
within British Columbia.



113 - 1320 Kingsway Ave, Port Coquitlam, BC, V3C6P4, Phone: 604-944-9242

Fire Alarm System Test and Inspection Report

(Ref CAN/ULC-S537-2013)

Building Name: LMS 992 - Joyce Place
Building Address: 3380 VANNESS AVE
VANCOUVER
System Manufacturer: MIRCOM
ESD/HEX CODE 00002525

Job/Contract No.: 20240814-00554
Project Status:
Date: September 07, 2024
Model Number: FX-2000

In this report a: Y means - Tested correctly.
N means - Did not test correctly.
N/A means - NOT APPLICABLE, the function or feature is not provided on this fire alarm system.

- A) System provides single-stage operation Yes No N/A
- B) System provides two stage operation Yes No N/A
- C) The entire fire alarm system has been inspected and tested in accordance with CAN/ULC-S536, Inspection and Testing of Fire Alarm Systems Yes No N/A
- D) The fire alarm system documentation is on site and includes a description of the system Yes No N/A
- E) The fire alarm system is fully functional Yes No N/A
- F) The fire alarm system has deficiencies noted on the pages attached. Yes No N/A

A COPY OF THIS REPORT WILL BE GIVEN TO: MANAGEMENT

WHO IS THE OWNER OR OWNERS REPRESENTATIVE FOR THE BUILDING

This is to certify that the information contained in this Fire Alarm System Annual Test and Inspection Report is correct and complete

Abbid Jaffer(SUR)	2270	
Printed Name of the Primary or Supervising Technician Conducting the Inspection	CFAA/RFPT number	Signature

Izzy Hasani (POCO)	TRANNING	
Printed Name of the Technician Conducting the Inspection	CFAA/RFPT number	Signature

Printed Name of the Technician Conducting the Inspection	CFAA/RFPT number	Signature
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Control Unit or Transponder Test

(Reference: 5.1.3, 5.2.2.1)

Control Unit or Transponder Location	MAIN LOBBY	Identification	FACP
A) Power ON visual indicator operates			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
B) Common visual trouble signal operates			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
C) Common audible trouble signal operates			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
D) Trouble signal silence switch operates			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
E) Main power supply failure trouble signal operates			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
F) Ground fault tested on positive and negative indicates trouble signal			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
G) Alert signal operates			<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
H) Alarm signal operates			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
I) Automatic transfer from alert signal to alarm signal operates			<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
J) Manual transfer from alert signal to alarm signal operates			<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
K) Automatic transfer from alert signal to alarm signal cancel feature operates on a two stage system			<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
L) Alarm signal silence inhibit function operates			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
M) Alarm signal manual silence operates			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
N) Alarm signal silence visual indication operates			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
O) Alarm signal, when silenced, automatically reinitiates upon subsequent alarm			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
P) Alarm signal silence automatic cutout timer Time: 0			
Q) Audible and visual alert signals and alarm signals programmed and operated per design and specification			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
R) Input circuit, alarm and supervisory operation, including audible and visual indication operates			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
S) Input circuit supervision fault causes a trouble indication			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
T) Output circuit alarm indicators operate			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
V) Output circuit supervision fault causes a trouble indication			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
U) Visual indicator test (lamp test).			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
W) Coded signal sequences operate not less than the required number of times and the correct alarm signal operates thereafter			<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
X) Coded signal sequences are not interrupted by subsequent alarms			<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Y) Ancillary device by-pass will result in a trouble signal			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Z) Input circuit to output circuit operation, including ancillary device circuits, for correct program operation, as per design and specification, or documentation			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

- AA) Fire Alarm system reset operates Yes No N/A
- BB) Main power supply to emergency power supply transfer operates Yes No N/A
- CC) Status change confirmation (smoke detectors only) verified. Refer Subsection 5.7.4.3, status Change Confirmation (Alarm Verification Feature) Yes No N/A
- DD) Receipt of the alarm transmission to the fire signal receiving centre Yes No N/A
- EE) Receipt of the supervisory transmission to the fire signal receiving centre. Yes No N/A
- FF) Receipt of the trouble transmission to the fire signal receiving centre Yes No N/A
- GG) Record the name and telephone number of the fire signal receiving centre.
 Name: SAFECO SYSTEMS Telephone: 604-629-8571
- HH) Operation of the fire signal receiving centre disconnect means results in a specific trouble indication at the control unit or transponder and transmits a trouble signal to the fire signal receiving centre Yes No N/A

Comments:

ACCT# 8302-7001

Voice Communication Test

(Reference: Clause 5.1.3, 5.2.3.1)

5

- A) Power ON visual indicator operates Yes No N/A
- B) Common visual trouble signal operates Yes No N/A
- C) Common audible trouble signal operates Yes No N/A
- D) Trouble signal silence switch operates Yes No N/A
- E) All-call paging, including visual indicator, operates Yes No N/A
- F) Output circuits for selective voice paging including visual indication, operates Yes No N/A
- G) Output circuits for selective voice paging trouble operation including visual indication, operates Yes No N/A
- H) Microphone, including press to talk switch, operates Yes No N/A
- I) Operation of voice paging does not interfere with initial inhibit time of alert signal or alarm signal Yes No N/A
- J) All-call voice paging operates (on emergency power supply) Yes No N/A
- K) Upon failure of one amplifier, system automatically transfers to backup amplifier(s) Yes No N/A
- L) Circuits for emergency telephone call-in operation, including audible and visual indication, operates Yes No N/A
- M) Circuits for emergency telephones for operation, including two-way voice communication, operates Yes No N/A
- N) Circuits for emergency telephone trouble operation, including visual indication, operate Yes No N/A
- O) Emergency telephone verbal communication operates Yes No N/A
- P) Emergency telephone operable or in-use tone at handset operates Yes No N/A

Comments:

Control Unit or Transponder Inspection

(Reference: Clauses 5.1.3, 5.2.4.1)

6

Control Unit or Transponder Location

MAIN LOBBY

Identification

FACP

- | | | | |
|---|---|-----------------------------|------------------------------|
| A) Input circuit designations correctly identified in relation to connected field devices | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| B) Output circuit designations correctly identified in relation to connected field devices | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| C) Correct designations for common control functions and indicators | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| D) Plug-in components and modules securely in place | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| E) Plug-in cables securely in place | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| F) Record the date, revision of firmware and software program | | | |
| Rev: NA Ver: V2.14.9 2020-06-18 | | | |
| G) Clean and free of dust and dirt. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| H) Fuses in accordance with manufacturers specification | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| I) Control unit or transponder lock functional | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| J) Termination points from wiring to field devices secure | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

Comments:

Annunciator and Remote Trouble Signal

(Reference: Clauses 5.1.4, 5.4.1)

Annunciator or remote trouble signal unit location: NA

Annunciator or remote trouble signal unit identification: NA

- A) Power ON indicator operates. Yes No N/A
- B) Individual alarm, and supervisory input zones are clearly indicated and separately designated. Yes No N/A
- C) Individual alarm and supervisory zone designation labels are properly identified. Yes No N/A
- D) Common trouble signal operates. Yes No N/A
- E) Visual indicator test (lamp test) operates. Yes No N/A
- F) Input working from control unit or transponder is supervised. Yes No N/A
- G) Alarm signal silence visual indicator operates. Yes No N/A
- H) Switches for ancillary functions operate as per design and specification, or documentation. Yes No N/A
- I) Other ancillary function visual indicators operate. Yes No N/A
- J) Manual activation of alarm signal and indication operates. Yes No N/A
- K) Displays are visible in installed locations. Yes No N/A
- L) Operates on emergency power. Yes No N/A

Comments:

Additional Annunciators or Sequential Displays Tests

(Reference: Clauses 5.1.4, 5.4.2)

Annunciators or Sequential Displays Location

NA

Identification

NA

- A) Power ON indicator operates. Yes No N/A
- B) Individual alarm, and supervisory zone indications operate. Yes No N/A
Exception: Operation of each individual alarm and supervisory zone indication gives the identical indication, or lights the identical indicators at the other annunciator(s) and sequential display(s). Or Exception
Specify Method of Confirmation:
Minimum of one alarm zone and one supervisory zone tested per annunciator or sequential display to confirm operation. Yes No N/A
- C) Individual alarm and supervisory zone designation labels are properly identified. Yes No N/A
- D) Common trouble signal operates. Yes No N/A
- E) Visual indicator test (lamp test) operates. Yes No N/A
- F) Input working from control unit or transponder is supervised. Yes No N/A
- G) Alarm signal silence visual indicator operates. Yes No N/A
- H) Switches for ancillary functions operate as per design and specification, or documentation. Yes No N/A
- I) Ancillary functions visual indicators operate. Yes No N/A
- J) Manual activation of alarm signal and indication operates. Yes No N/A
- K) Displays are visible in installed locations. Yes No N/A

Comments:

Emergency Power Supply Test and Inspection

(Reference: Clauses 5.1.2, 5.3.2, 5.3.3)

9

Control Unit or Transponder Location

MAIN LOBBY - AMP CABINET Identification

QX-5000

Battery Information

2X 12V-42AH (2023)

- A) Correct battery type as recommended by manufacturer. Yes No N/A
- B) Correct battery rating as determined by battery calculations based on full system load. Yes No N/A
- C) Battery voltage with main power supply ON (V dc). 28.25
- D) Battery voltage and current with main power supply OFF and fire alarm system in supervisory condition.
- Voltage (V DC): 23.38 Current (A): 0.82
- E) Battery voltage and current with main power supply OFF and fire alarm system in full load alarm condition
- Voltage (V DC): 23.23 Current (A): 1.13 Full Load: 30 Mins
- F) Charging Current (A): 0.08
- G) Physical damage. Yes No N/A
- H) Terminals cleaned and lubricated. Yes No N/A
- I) Terminals clamped tightly. Yes No N/A
- J) Correct electrolyte level. Yes No N/A
- K) Specific gravity of electrolyte is within manufacturers specifications. Yes No N/A
- L) Electrolyte leakage. Yes No N/A
- M) Adequate ventilation. Yes No N/A
- N) Battery manufacturers date code or in-service date. Date: Jan 2023
- O) Disconnection causes trouble signal Yes No N/A
- P) i) Required supervisory load for 24 h followed by the required full load operation; OR Yes No N/A
- P) ii) A silent test by using the load resistor method may be used for the full duration test OR Yes No N/A
- P) iii) Silent accelerated test OR Yes No N/A
- P) iv) A battery capacity meter test OR Yes No N/A
- P) v) In lieu of the above battery tests, replace the battery with a new set having a current date code, amp-hour capacity and type as recommended by the manufacturer. Yes No N/A

- | | | | |
|---|------|-------|--|
| Q) Record calculated battery capacity. | A h | 20.25 | |
| R) Record battery terminal voltage after completion of tests. | V DC | 27.90 | 10 |
| S) Battery voltage not less than 85% of its rating after the tests. | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| T) Generator provides power to the AC circuit serving the fire alarm system. | | | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A |
| U) Trouble condition at the emergency generator shall result in an audible common trouble signal and a visual indication at the required annunciator. | | | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A |

Comments:

P1 ELECTRICAL ROOM TELEPHONE ROOM BY STALL 32, PANEL: 1E, CCT: 25
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Emergency Power Supply Test and Inspection

(Reference: Clauses 5.1.2, 5.3.2, 5.3.3)

Control Unit or Transponder Location	MAIN LOBBY-	Identification	FACP
Battery Information	2X 12V42AH		

- A) Correct battery type as recommended by manufacturer. Yes No N/A
- B) Correct battery rating as determined by battery calculations based on full system load. Yes No N/A
- C) Battery voltage with main power supply ON (V dc). 27.22
- D) Battery voltage and current with main power supply OFF and fire alarm system in supervisory condition.

Voltage (V DC):	25.44	Current (A):	1.03	
-----------------	-------	--------------	------	--
- E) Battery voltage and current with main power supply OFF and fire alarm system in full load alarm condition

Voltage (V DC):	25.03	Current (A):	1.03	Full Load: 30 Mins
-----------------	-------	--------------	------	--------------------
- F) Charging Current (A): 1.78
- G) Physical damage. Yes No N/A
- H) Terminals cleaned and lubricated. Yes No N/A
- I) Terminals clamped tightly. Yes No N/A
- J) Correct electrolyte level. Yes No N/A
- K) Specific gravity of electrolyte is within manufacturers specifications. Yes No N/A
- L) Electrolyte leakage. Yes No N/A
- M) Adequate ventilation. Yes No N/A
- N) Battery manufacturers date code or in-service date. Date: Jan 2023
- O) Disconnection causes trouble signal Yes No N/A
- P) i) Required supervisory load for 24 h followed by the required full load operation; OR Yes No N/A
- P) ii) A silent test by using the load resistor method may be used for the full duration test OR Yes No N/A
- P) iii) Silent accelerated test OR Yes No N/A
- P) iv) A battery capacity meter test OR Yes No N/A
- P) v) In lieu of the above battery tests, replace the battery with a new set having a current date code, amp-hour capacity and type as recommended by the manufacturer. Yes No N/A

- Q) Record calculated battery capacity. A h 25.24 12
- R) Record battery terminal voltage after completion of tests. V DC 26.63
- S) Battery voltage not less than 85% of its rating after the tests. Yes No N/A
- T) Generator provides power to the AC circuit serving the fire alarm system. Yes No N/A
- U) Trouble condition at the emergency generator shall result in an audible common trouble signal and a visual indication at the required annunciator. Yes No N/A

Comments:

Power Supply Inspection

(Reference: Clauses 5.1.3, 5.3.1)

13

Control unit or transponder location:

MAIN LOBBY

Identification:

FACP

A) Fused in accordance with the manufacturers marked rating of the system.

Yes No N/A

B) Adequate to meet the requirements of the system.

Yes No N/A

Comments:

Ancillary Device Circuit Test

Reference: Clauses 5.2.2.1-Z

14

FRONT DOOR RELEASE

Yes No N/A

ELEVATOR HOME

Yes No N/A

ELEVATOR ALTERNATE HOME

Yes No N/A

RESIDENTIAL (INNER) PARKING GARAGE DOOR OPEN

Yes No N/A

Comments:

1 ELEVATOR WAS TAKEN OUT OF SERVICE UNABLE TO DO HOME & ALT

Note: The tests reported on this Form do not include the actual operational test of ancillary devices.

Printer Test

(Reference: Clauses 5.1.4, 5.5.1)

15

Printer location: NA

Identification: NA

- A) Operates as per design and specification, or documentation.
- B) Zone of each alarm initiating device is correctly printed.
- C) Rated voltage is present.

- Yes No N/A
- Yes No N/A
- Yes No N/A

Comments:

Remote Trouble Signal Unit Test and Inspection

(Reference: Clauses 5.1.4, 5.4.3)

16

Remote trouble signal unit location:

NA

Identification:

NA

- A) Input wiring from control unit or transponder is supervised
- B) Visual trouble signal operates.
- C) Audible trouble signal operates.
- D) Audible trouble signal silence operates.

- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

Comments:

Data Communication Link Test

(Reference: Clauses 5.1.5, 5.6-Note)

17

Control unit or transponder location: NA
Control unit or transponder identification: NA
Data communication link identification: NA

- A) Confirm that a trouble signal is received at the control unit or transponder under an open loop fault for each data communication link (DCL). Yes No N/A
- B) Where fault isolation modules are installed in data communication links serving field devices, wiring shall be shorted on the isolated side, annunciation of the fault confirmed, and then a field device Yes No N/A
- C) Where fault isolation in data communication links is provided between control units or transponders and between transponders, introduce a short circuit fault and confirm annunciation of the fault and operation outside the shorted section between each pair of:
- i) Control unit to control unit Yes No N/A
 - ii) Control unit to transponder Yes No N/A
 - iii) Transponder to transponder Yes No N/A

Comments:

End of Line Resistors

Input/Alarm SV Trouble Count:

18

Output/Signal Count:

Remarks

19

NO ACCESS TO UNITS: 1006, 805, 705, 503, 305, TH 3374

ELEVATOR HOMMING AND ALT UNABLE TO DO DUE TO ELVATOR BEING OUT OF SERVICE.

ELEVATOR DEVICES WAS TESTED AT TIME OF ANNUAL INSPECTION WITH ELEVATOR COMPANY.

TESTED END OF LINE TESTING AT TIME OF ANNUAL INSPECTION

TESTED SENSITIVITY SMOKE DETECTOR TESTING AT TIME OF ANNUAL INSPECTION

MONITORING IS NOT ULC APPROVED AT MOMENT - NO SUPERVISORY SIGNAL IS INSTALLED - MONDAY SEP 09, COMFIRE IS TO COME BACK WITH THE MONITORING COMPANY TO CORRECT ISSUES.

DEVICE LEGEND AND TYPE/MODEL

(Reference: Clauses 5.7.4.1.3, 5.7.4.1.4, 5.7.4.5, 5.7.4.3.1, 5.7.4.5.1, 5.7.8.1.1, 5.7.8.2.2, 5.7.8.2.4)

Smoke Detector Sensitivity Method or Test Equipment Model:

Manufacture Sensitivity Range:

Device	Description	Model	Comments
M	Manual Pull Station		
RHT	Heat Detector, Restorable		
HT	Heat Detector, Non-restorable		
S	Smoke Detector	C2W-BA SMOKE DETECTOR	
RI	Remote Indicator Unit		
DS	Duct Smoke detector		
OD	Other Type of Detector		
SFD	Supporting Field Device (Monitor)		
FS	Sprinkler Flow Switch		
SS	Sprinkler Supervisory device		
OS	Other Supervisory Devices (Low Pressure, Low Temp., Power Loss etc.)		
EM	Fault Isolation Module		
RM	Relay Module		
B	Bell		
H	Horn		
V	Visual Signal Appliance		
SP	Cone Type Speaker	4" Round Speaker 24V	
HSP	Horn Type Speaker		
AD	Ancillary Device		
ET	Emergency Telephone	FT-300A MIRCOM EMERGENCY TELEPHONE	
EOL	End of Line Device		
SA	Smoke Alarm	Smoke Alarm ION, 120VAC, Lithium Battery I12010S-CA	
SA/CO	Smoke Alarm / Carbon Monoxide Detector Combo		
SIL	Silent Switch		
HV	Horn Strobe		
SV	Speaker Strobe		
CO	Carbon Monoxide Detector		
NC	Nurse Call		
HSPV	Horn Speaker Strobe		
NA	No Access		
ND	No Device (to be scoped)		

INDIVIDUAL DEVICE RECORD

Building	Floor Number	Location	Device	Smoke Detector Sensitivity	Correctly Installed	Missing Device	Alarm Operation Confirmed	Circuit Number Or Address	Anunciation Indication	Supervision Confirmed	Service Or Repairs Required	Deficiency Code 1	Remarks
In-Suites		11TH FLOOR											
	11	1104	SA					RD 2029					
	11	1104	SP										
	11	1103	SA					RD 2029					
	11	1103	SP										
	11	1102	SA					RD 2029					
	11	1102	SP										
	11	1101	SA					RD 2029					
	11	1101	SP										
		10TH FLOOR											
	10	1006	SA					RD 2032				NA	NO ACCESS 9:18AM,
	10	1006	SP									NA	NO ACCESS 9:18AM,
	10	1005	SA					RD 2023					
	10	1005	SP										
	10	1004	SA					RD 2029					
	10	1004	SP										
	10	1003	SA					RD 2029					
	10	1003	SP										
	10	1002	SA					RD 2029					
	10	1002	SP										
	10	1001	SA					RD 2029					
	10	1001	SP										
		9TH FLOOR											
	9	906	SA					RD 2032					
	9	906	SP										
	9	905	SA					RD 2029					
	9	905	SP										
	9	904	SA					RD 2030					
	9	904	SA					RD 2031					
	9	904	SP										

INDIVIDUAL DEVICE RECORD

Building	Floor Number	Location	Device	Smoke Detector Sensitivity	Correctly Installed	Missing Device	Alarm Operation Confirmed	Circuit Number Or Address	Anunciation Indication	Supervision Confirmed	Service Or Repairs Required	Deficiency Code 1	Remarks
	9	903	SA		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	RD 2029					
	9	903	SP		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>						
	9	902	SA		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	RD 2030					
	9	902	SP		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>						
	9	901	SA		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	RD 2029					
	9	901	SP		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>						
		8TH FLOOR											
	8	806	SA		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	RD 2029					
	8	806	SP		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>						
	8	805	SA					RD 2031			<input checked="" type="checkbox"/>	NA	
	8	805	SP								<input checked="" type="checkbox"/>	NA	
	8	804	SA		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	RD 2030					
	8	804	SA		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	RD 2030					
	8	804	SP		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>						
	8	803	SA		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	RD 2029					
	8	803	SP		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>						
	8	802	SA		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	RD 2031					
	8	802	SP		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>						
	8	801	SA		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	RD 2028					
	8	801	SA		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	RD 2028					
	8	801	SP		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>						
		7TH FLOOR											
	7	706	SA		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	RD 2029					
	7	706	SP		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>						
	7	705	SA					RD 2030			<input checked="" type="checkbox"/>	NA	NO ACCESS
	7	705	SP								<input checked="" type="checkbox"/>	NA	NO ACCESS
	7	704	SA		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	RD 2029					
	7	704	SP		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>						
	7	703	SA		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	RD 2033					
	7	703	SP		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>						

INDIVIDUAL DEVICE RECORD

Building	Floor Number	Location	Device	Smoke Detector Sensitivity	Correctly Installed	Missing Device	Alarm Operation Confirmed	Circuit Number Or Address	Anunciation Indication	Supervision Confirmed	Service Or Repairs Required	Deficiency Code 1	Remarks
	7	702	SA					RD 2029					
	7	702	SP										
	7	701	SA					RD 2034					REPLACED SMOKE AT TIME OF ANNUAL INSPECTION
	7	701	SP										
		6TH FLOOR											
	6	606	SA					RD 2030					
	6	606	SP										
	6	605	SA					RD 2029					
	6	605	SP										
	6	604	SA					RD 2030					
	6	604	SP										
	6	603	SA					RD 2033					
	6	603	SP										
	6	602	SA					RD 2029					
	6	602	SP										
	6	601	SA					RD 2030					
	6	601	SP										
		5TH FLOOR											
	5	506	SA					RD 2029				DEF	REQUIRES NEW FAULTY DEVICE
	5	506	SP										
	5	505	SA					RD 2033					
	5	505	SP										
	5	504	SA					RD 2029					
	5	504	SP										
	5	503	SA					RD 2029				NA	
	5	503	SP									NA	
	5	502	SA					RD 2030					
	5	502	SP										
	5	501	SA					RD 2034					

INDIVIDUAL DEVICE RECORD

Building	Floor Number	Location	Device	Smoke Detector Sensitivity	Correctly Installed	Missing Device	Alarm Operation Confirmed	Circuit Number Or Address	Anunciation Indication	Supervision Confirmed	Service Or Repairs Required	Deficiency Code 1	Remarks
	5	501	SP										REPLACED SMOKE ALARM AT TIME OF ANNUAL INSPECTION
		4TH FLOOR											
	4	406	SA					RD 2029					
	4	406	SP										
	4	405	SA					RD 2029					
	4	405	SP										
	4	404	SA					RD 2030					
	4	404	SA					RD 2029					
	4	404	SP										
	4	403	SA					RD 2029					
	4	403	SP										
	4	402	SA					RD 2030					
	4	402	SP										
	4	401	SA					RD 2023					
	4	401	SP										
		3RD FLOOR											
	3	306	SA					RD 2029					
	3	306	SP										
	3	305	SA					RD 2030				NA	NO ACCESS
	3	305	SP									NA	NO ACCESS
	3	304	SA					RD 2031					
	3	304	SP										
	3	303	SA					RD 2030					
	3	303	SP										
	3	302	SA					RD 2032					
	3	302	SP										
	3	301	SA					RD 2030					
	3	301	SP										
		TOWN HOMES											

INDIVIDUAL DEVICE RECORD

Building	Floor Number	Location	Device	Smoke Detector Sensitivity	Correctly Installed	Missing Device	Alarm Operation Confirmed	Circuit Number Or Address	Anunciation Indication	Supervision Confirmed	Service Or Repairs Required	Deficiency Code 1	Remarks
	TH	TH 3376	SA		☑		☑	RD 2030					
	TH	TH 3376	SA		☑		☑	RD 2030					
	TH	TH 3376	SA		☑		☑	RD 2030					
	TH	TH 3376	SA		☑		☑	RD 2031					
	TH	TH 3376	SP		☑		☑						
	TH	TH 3376	SP		☑		☑						
	TH	TH3374	SA					RD 2029			✗	NA	10:50AM - NO ACCESS
	TH	TH 3374	SP								✗	NA	10:50AM - NO ACCESS
	TH	TH 3372	SA		☑		☑	RD 2029					
	TH	TH 3372	SA		☑		☑	RD 2029					
	TH	TH 3372	SP		☑		☑						
	TH	TH 3372	SP		☑		☑						
	TH	TH 3370	SA		☑		☑	RD 2031					
	TH	TH 3370 - 2ND FLOOR	SA		☑		✗	RD 2031			✗	DNO	REQUIRES NEW SMOKE ALARM
	TH	TH 3370	SP		☑		☑						
	TH	TH 3370	SP		☑		☑						
	TH	TH 3368	SA		☑		☑	RD 2029					
	TH	TH 3368	SA		☑		☑	RD 2029					
	TH	TH 3368	SP		☑		☑						
	TH	TH 3368	SP		☑		☑						
	TH	TH 3366	SA		☑		☑	RD 2029					
	TH	TH 3366	SA		☑		☑	RD 2029					
	TH	TH 3366	SP		☑		☑						
	TH	TH 3366	SP		☑		☑						
	TH	TH 3364	SA		☑		☑	RD 2030					
	TH	TH 3364	SA		☑		☑	RD 2030					
	TH	TH 3364	SP		☑		☑						
	TH	TH 3364	SP		☑		☑						
	TH	TH 3362	SA		☑		☑	RD 2028					
	TH	TH 3362	SA		☑		☑	RD 2029					

INDIVIDUAL DEVICE RECORD

Building	Floor Number	Location	Device	Smoke Detector Sensitivity	Correctly Installed	Missing Device	Alarm Operation Confirmed	Circuit Number Or Address	Anunciation Indication	Supervision Confirmed	Service Or Repairs Required	Deficiency Code 1	Remarks
	TH	TH 3362	SP		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>						
	TH	TH 3362	SP		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>						
Common Areas													
	P	BOTTOM OF ELEVATOR PIT	RHT		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	0-040	<input checked="" type="checkbox"/>				
	12	TOP OF ELEVATOR SHAFT	S		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	0-040	<input checked="" type="checkbox"/>				
	13	ROOFTOP ELEVATOR ROOM	S	2.5%	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	0-029	<input checked="" type="checkbox"/>				REPLACED SMOKE DETECTOR AT TIME OF ANNUAL INSPECTION.
	13	ROOFTOP ELEVATOR ROOM	EOL		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	0.029	<input checked="" type="checkbox"/>				TESTED AT TIME OF ANNUAL INSPECTION
	13	ROOFTOP BOILER ROOM	ET		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				
	13	ROOFTOP BOILER ROOM	S	2.5%	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	0-041	<input checked="" type="checkbox"/>				REPLACED SMOKE DETECTOR AT TIME OF ANNUAL INSPECTION
	13	ROOFTOP BOILER ROOM	SP		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	0-041					
	13	TOP OF STAIR TO ROOF	M		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	0-034	<input checked="" type="checkbox"/>				
	13	TOP OF STAIR TO ROOF	EOL		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	0-034	<input checked="" type="checkbox"/>				TESTED AT TIME OF ANNUAL INSPECTION
	13	TOP OF STAIR TO ROOF	S	2.5%	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	0-035	<input checked="" type="checkbox"/>				REPLACED SMOKE DETECTOR AT TIME OF ANNUAL INSPECTION.
	12	12TH FLR EAST STAIR	SP		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>						
	12	12TH FLOOR E. CORR	M		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	0-014	<input checked="" type="checkbox"/>				
	12	12TH FLOOR E. CORR	S	2.5%	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	0-015	<input checked="" type="checkbox"/>				REPLACED SMOKE DETECTOR AT TIME OF ANNUAL INSPECTION
	12	12TH FLOOR E. CORR	SP		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>						
	12	12TH FLOOR E. CORR	ET		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				
	12	TOP OF W. STAIR	S	2.3%	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	0-036	<input checked="" type="checkbox"/>				
	12	TOP OF W. STAIR	EOL		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	0-036	<input checked="" type="checkbox"/>				TESTED AT TIME OF ANNUAL INSPECTION
	12	TOP OF W. STAIR	SP		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>						

INDIVIDUAL DEVICE RECORD

Building	Floor Number	Location	Device	Smoke Detector Sensitivity	Correctly Installed	Missing Device	Alarm Operation Confirmed	Circuit Number Or Address	Anunciation Indication	Supervision Confirmed	Service Or Repairs Required	Deficiency Code 1	Remarks
	12	12TH FLOOR W. CORR	S	2.5%	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	0-015	<input checked="" type="checkbox"/>				REPLACED SMOKE DETECTOR AT TIME OF ANNUAL INSPECTION
	12	12TH FLOOR W. CORR	M		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	0-014	<input checked="" type="checkbox"/>				
	12	12TH FLOOR W. CORR	ET		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				
	12	12TH FLOOR W. CORR	SP		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>						
	11	BY 1102	M		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	0-016	<input checked="" type="checkbox"/>				
	11	BY1101	S	2.5%	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	0-017	<input checked="" type="checkbox"/>				REPLACED SMOKE DETECTOR AT TIME OF ANNUAL INSPECTION
	11	BY 1101	SP		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>						
	11	BY 1101	ET		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				
	11	BY 1104	S	2.5%	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	0-017	<input checked="" type="checkbox"/>				REPLACED SMOKE DETECTOR AT TIME OF ANNUAL INSPECTION
	11	BY 1103	M		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	0-016	<input checked="" type="checkbox"/>				
	11	BY 1103	EOL		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				TESTED AT TIME OF ANNUAL INSPECTON
	11	BY 1103	SP		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>						
	10	STAIR BY 1004	SP		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>						WEST STAIR ZONE
	10	BY 1004	M		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	0-018	<input checked="" type="checkbox"/>				
	10	BY 1002	S	2.2%	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	0-019	<input checked="" type="checkbox"/>				
	10	BY 1002	SP		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>						
	10	BY 1002	EOL		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	0-018	<input checked="" type="checkbox"/>				TESTED AT TIME OF ANNUAL INSPECTION
	10	BY 1002	ET		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				
	10	BY 1005	M		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	0-018	<input checked="" type="checkbox"/>				
	10	BY 1005	EOL		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	0-019	<input checked="" type="checkbox"/>				TESTED AT TIME OF ANNUAL INSECTION
	10	BY 1006	S	2.4%	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	0-019	<input checked="" type="checkbox"/>				
	10	BY 1006	SP		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>						
	10	BY 1006	EOL		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				TESTED AT TIME OF ANNUAL INSPECTION
	10	STAIR BY 1005	SP		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>						

INDIVIDUAL DEVICE RECORD

Building	Floor Number	Location	Device	Smoke Detector Sensitivity	Correctly Installed	Missing Device	Alarm Operation Confirmed	Circuit Number Or Address	Anunciation Indication	Supervision Confirmed	Service Or Repairs Required	Deficiency Code 1	Remarks
	9	BY 904	M		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	0-020	<input checked="" type="checkbox"/>				
	9	BY 902	S	2.3%	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	0-021	<input checked="" type="checkbox"/>				
	9	BY 902	SP		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>						
	9	BY 902	ET		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				
	9	BY 906	S	2.3%	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	0-021	<input checked="" type="checkbox"/>				
	9	BY 905	M		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	0-020	<input checked="" type="checkbox"/>				
	9	BY 905	EOL		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	0-021	<input checked="" type="checkbox"/>				TESTED AT TIME OF ANNUAL INSPECTION
	9	BY 905	SP		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>						
	9	BY 905	EOL		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	0-020	<input checked="" type="checkbox"/>				TESTED AT TIME OF ANNUAL INSPECTION
	8	STAIRS BY 804	SP		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>						
	8	BY 804	M		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	0-022	<input checked="" type="checkbox"/>				
	8	BY 802	S	2.5%	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	0-023	<input checked="" type="checkbox"/>				REPLACED SMOKE DETECTOR AT TIME OF ANNUAL INSPECTION
	8	BY 802	ET		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>						
	8	BY 802	SP		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>						
	8	BY 806	S	2.5%	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	0-023	<input checked="" type="checkbox"/>				REPLACED SMOKE DETECTOR AT TIME OF ANNUAL INSPECTION
	8	BY 805	M		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	0-022	<input checked="" type="checkbox"/>				
	8	BY 805	EOL		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				TESTED AT TIME OF ANNUAL INSPECTION
	8	BY 805	SP		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>						
	8	STAIRS BY 805	SP		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>						
	7	BY 704	M		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	0-024	<input checked="" type="checkbox"/>				
	7	BY 702	S	2.4%	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	0-025	<input checked="" type="checkbox"/>				
	7	BY 702	SP		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>						
	7	BY 702	ET		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				
	7	BY 706	S	2.4%	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	0-025	<input checked="" type="checkbox"/>				
	7	BY 705	M		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	0-024	<input checked="" type="checkbox"/>				
	7	BY 705	EOL		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	0-025	<input checked="" type="checkbox"/>				TESTED AT TIME OF ANNUAL INSPECTION
	7	BY 705	SP		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>						

INDIVIDUAL DEVICE RECORD

Building	Floor Number	Location	Device	Smoke Detector Sensitivity	Correctly Installed	Missing Device	Alarm Operation Confirmed	Circuit Number Or Address	Anunciation Indication	Supervision Confirmed	Service Or Repairs Required	Deficiency Code 1	Remarks
	7	BY 705	EOL		☑		☑	0-024	☑				TESTED AT TIME OF ANNUAL INSPECTION
	6	STAIR BY 604	SP		☑		☑						
	6	BY 604	M		☑		☑	0-026	☑				
	6	BY 602	S	2.5%	☑		☑	0-027	☑				REPLACED SMOKE DETECTOR AT TIME OF ANNUAL INSPECTION
	6	BY 602	SP		☑		☑						
	6	BY 602	ET		☑		☑		☑				
	6	BY 606	S	2.5%	☑		☑	0-027	☑				REPLACED SMOKE DETECTOR AT TIME OF ANNUAL INSPECTION
	6	BY 605	M		☑		☑	0-026	☑				
	6	BY 605	EOL		☑		☑		☑				TESTED AT TIME OF ANNUAL INSPECTION
	6	BY 605	SP		☑		☑						
	6	BY 605	EOL		☑		☑		☑				TESTED AT TIME OF ANNUAL INSPECTION
	6	STAIRS BY 605	SP		☑		☑						
	5	BY 504	M		☑		☑	1-000	☑				
	5	BY 502	S	2.5%	☑		☑	1-001	☑				REPLACED SMOKE DETECTOR AT TIME OF ANNUAL INSPECTION
	5	BY 502	SP		☑		☑						
	5	BY 502	ET		☑		☑						
	5	BY 506	S	2.5%	☑		☑	1-001	☑				REPLACED SMOKE DETECTOR AT TIME OF ANNUAL INSPECTION
	5	BY 505	M		☑		☑	1-000	☑				
	5	BY 505	EOL		☑		☑	1-001	☑				TESTED AT TIME OF ANNUAL INSPECTION
	5	BY 505	SP		☑		☑						
	5	BY 505	EOL		☑		☑	1-000	☑				TESTED AT TIME OF ANNUAL INSPECTION
	4	STAIRS BY 404	SP		☑		☑						
	4	BY 404	M		☑		☑	1-002	☑				
	4	BY 402	S	2.2%	☑		☑	1-003	☑				

INDIVIDUAL DEVICE RECORD

Building	Floor Number	Location	Device	Smoke Detector Sensitivity	Correctly Installed	Missing Device	Alarm Operation Confirmed	Circuit Number Or Address	Anunciation Indication	Supervision Confirmed	Service Or Repairs Required	Deficiency Code 1	Remarks
	4	BY 402	SP		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>						
	4	BY 402	ET		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				
	4	BY 406	S	2.2%	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	1-003	<input checked="" type="checkbox"/>				
	4	BY 405	M		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	1-002	<input checked="" type="checkbox"/>				
	4	BY 405	EOL		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	1-003	<input checked="" type="checkbox"/>				TESTED AT TIME OF ANNUAL INSPECTION
	4	BY 405	SP		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>						TESTED AT TIME OF ANNUAL INSPECTIO
	4	BY 405	EOL		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	1-002	<input checked="" type="checkbox"/>				TESTED AT TIME OF ANNUAL INSPECTIO
	4	STAIRS BY 405	SP		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>						
	3	BY 304	M		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	1-004	<input checked="" type="checkbox"/>				
	3	BY 302	S	2.1%	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	1-005	<input checked="" type="checkbox"/>				
	3	BY 302	SP		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>						
	3	BY 302	ET		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				
	3	BY 306	S	2.2%	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	1-005	<input checked="" type="checkbox"/>				
	3	BY 305	M		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	1-004	<input checked="" type="checkbox"/>				
	3	BY 305	EOL		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	1-005	<input checked="" type="checkbox"/>				TESTED AT TIME OF ANNUAL INSPECTION
	3	BY 305	SP		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>						
	3	BY 305	EOL		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	1-004	<input checked="" type="checkbox"/>				TESTED AT TIME OF ANNUAL INSPECTION
	2	2ND FLOOR E. STAIRS	SP		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>						
	2	2ND FLOOR E. STAIR EXIT	M		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	1-018	<input checked="" type="checkbox"/>				
	2	2ND FLOOR E. STAIR EXIT	EOL		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				TESTED AT TIME OF ANNUAL INSPECTION
	2	2ND FLOOR E. STAIR EXIT	S	2.3%	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	1-019	<input checked="" type="checkbox"/>				
	2	2ND FLOOR E. STAIR EXIT	SP		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>						
	2	2ND FLOOR E. STAIR EXIT	ET		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				
	2	2ND FLR AMMENITY ROOM	SP		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>						
	2	2ND FLOOR ELEV LOBBY	S	2.3%	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	1-019	<input checked="" type="checkbox"/>				

INDIVIDUAL DEVICE RECORD

Building	Floor Number	Location	Device	Smoke Detector Sensitivity	Correctly Installed	Missing Device	Alarm Operation Confirmed	Circuit Number Or Address	Anunciation Indication	Supervision Confirmed	Service Or Repairs Required	Deficiency Code 1	Remarks
	2	2ND FLOOR ELEV LOBBY	SP		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>						
	2	2ND FLOOR W. STAIR EXIT	S		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	1-019	<input checked="" type="checkbox"/>				
	2	2ND FLOOR W. STAIR EXIT	M		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	1-018	<input checked="" type="checkbox"/>				
	2	2ND FLOOR W. STAIR EXIT	SP		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>						
	2	2ND FLOOR W. STAIR EXIT	ET		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				
	2	2ND FLOOR WEST OF STAIR	ET		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				
	2	2ND FLOOR WEST OF STAIR	SP		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>						
	2	2ND FLOOR HALL BY SAUNA	SP		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>						
	2	2ND FLOOR HALL BY SPA	M		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	1-018	<input checked="" type="checkbox"/>				
	2	2ND FLOOR HALL BY SPA	ET		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				
	2	2ND FLOOR HALL BY SPA	S	2.1%	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	1-019	<input checked="" type="checkbox"/>				
	2	2ND FLOOR HALL BY SPA	SP		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>						
	2	TOP OF AMMENITY STAIRS	M		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	1-018	<input checked="" type="checkbox"/>				
	2	TOP OF AMMENITY STAIRS	S	2.2%	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	1-019	<input checked="" type="checkbox"/>				
	2	MAIN FLOOR AMMENITY ROOM	M		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	1-020	<input checked="" type="checkbox"/>				
	2	MAIN FLOOR AMMENITY ROOM	S		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	1-021	<input checked="" type="checkbox"/>				
	2	MAIN FLOOR AMMENITY ROOM	M		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	1-020	<input checked="" type="checkbox"/>				
	2	MAIN FLOOR AMMENITY ROOM	ET		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				
	2	MAIN FLOOR AMMENITY ROOM	SP		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>						
	2	FRONT ENTANCE	M		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	1-020	<input checked="" type="checkbox"/>				
	2	FRONT ENTANCE	S	2.3%	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	1-046	<input checked="" type="checkbox"/>				
	2	FRONT ENTANCE BY MAILBOXS	ET		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				
	2	MAIN FLOOR TO COURTYARD	S		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	1-021	<input checked="" type="checkbox"/>				

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	2	MAIN FLOOR TO COURTYARD	M		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	1-020	<input checked="" type="checkbox"/>				
	2	MAIN FLOOR SIDE EXIT	M		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	1-020	<input checked="" type="checkbox"/>				
	P	SPRINKLER ROOM	SP		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>						
	P	BY PARKADE GATE	M		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	1-022	<input checked="" type="checkbox"/>				
	P	BY PARKADE GATE	SP		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>						
	P	BY STALL 54	SP		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>						
	P	EXIT BY STALL1	M		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	1-022	<input checked="" type="checkbox"/>				
	P	EXIT BY STALL 1	EOL		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	1-022	<input checked="" type="checkbox"/>				TESTED AT TIME OF ANNUAL INSPECTION
	P	BY STALL 5	SP		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>						
	P	BY STALL 9	SP		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>						
	P	BY STALL 9	EOL		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				TESTED AT TIME OF ANNUAL INSPECTION
	P	EXIT BY STALL 14	M		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	1-022	<input checked="" type="checkbox"/>				
	P	LOBBY ENTRANCE	M		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	1-022	<input checked="" type="checkbox"/>				
	P	ELECTRICAL VAULT	RHT		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	0-043	<input checked="" type="checkbox"/>				
	P	ELECTRICAL VAULT	EOL		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	0-043	<input checked="" type="checkbox"/>				TESTED AT TIME OF ANNUAL INSPECTION
	P	ELECTRICAL VAULT	SP		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>						
	P	PARKADE ELEV LOBBY	S	2.2%	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	1-023	<input checked="" type="checkbox"/>				
	P	PARKADE ELEV LOBBY	SP		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>						
	P	PARKADE ELEV LOBBY	ET		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				
	P	STORAGE LOCKER	SP		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>						
	P	STORAGE LOCKER	SP		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>						
	P	STORAGE LOCKER BY STALL 39	SP		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>						
	P	EXIT TO CUSTOMER PARKING	M		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	1-022	<input checked="" type="checkbox"/>				
	P	EXIT TO CUSTOMER PARKING	S	2.2%	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	1-023	<input checked="" type="checkbox"/>				

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	P	EXIT TO CUSTOMER PARKING	SP		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>						
	P	CORR. TO CUSTOMER PARKING	S	2.2%	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	1-023	<input checked="" type="checkbox"/>				
	P	CORR. TO VISITOR PARKING	SP		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>						
CRU'S		UNIT 3384 ENTRANCE	M		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	1-020	<input checked="" type="checkbox"/>				
		UNIT 3384 ENTRANCE	EOL		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	1-020	<input checked="" type="checkbox"/>				TESTED AT TIME OF ANNUAL INSPECTION
		UNIT 3384	SP		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>						
		UNIT 3384 REAR EXIT	M		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	1-020	<input checked="" type="checkbox"/>				
		UNIT 3382 ENTRANCE	M		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	1-020	<input checked="" type="checkbox"/>				
		UNIT 3382	SP		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>						
		UNIT 3382 REAR EXIT	M		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	1-020	<input checked="" type="checkbox"/>				
		UNIT 3378 ENTRANCE	M		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	1-020	<input checked="" type="checkbox"/>				
		UNIT 3378	SP		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>						
		MAIN FLOOR HALLWAY BY MAIL BOX TO AMMENITY ROOM	S	2.1%	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	1-121	<input checked="" type="checkbox"/>				
Sprinkler Devices					<input checked="" type="checkbox"/>								
	P	SPRINKLER ROOM	SS		<input checked="" type="checkbox"/>			1-037	<input checked="" type="checkbox"/>				MAIN INCOMING
	P	SPRINKLER ROOM	SS		<input checked="" type="checkbox"/>			1-037	<input checked="" type="checkbox"/>				BACKFLOW IN
	P	SPRINKLER ROOM	SS		<input checked="" type="checkbox"/>			1-037	<input checked="" type="checkbox"/>				BACKFLOW OUT
	P	SPRINKLER ROOM	SS		<input checked="" type="checkbox"/>			1-037	<input checked="" type="checkbox"/>				MAIN INCOMING
	P	SPRINKLER ROOM	SS		<input checked="" type="checkbox"/>			1-038	<input checked="" type="checkbox"/>				HIGH RISE WET
	P	SPRINKLER ROOM	FS		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	1-038	<input checked="" type="checkbox"/>				21 SECONDS
	P	SPRINKLER ROOM	SS		<input checked="" type="checkbox"/>			1-040	<input checked="" type="checkbox"/>				TOWNHOUSE WET
	P	SPRINKLER ROOM	FS		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	1-040	<input checked="" type="checkbox"/>				25 SECONDS

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	P	SPRINKLER ROOM	SS		<input checked="" type="checkbox"/>			1-036	<input checked="" type="checkbox"/>				DRY SYSTEM SHUTOFF
	P	SPRINKLER ROOM	PS		<input checked="" type="checkbox"/>			1-039	<input checked="" type="checkbox"/>				DRY SYSTEM LOW AIR
	P	SPRINKLER ROOM	PS		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	1-036	<input checked="" type="checkbox"/>				DRY SYSTEM ALARM
					<input checked="" type="checkbox"/>								
	13	ROOF BY MECHANICAL ROOM	SS		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	0-028	<input checked="" type="checkbox"/>				
	13	ROOF BY MECHANICAL ROOM	FS		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	0-028	<input checked="" type="checkbox"/>				28 SECONDS
	13	ROOF BY MECHANICAL ROOM	EOL		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	0-028	<input checked="" type="checkbox"/>				
	12	12TH FLOOR	SS		<input checked="" type="checkbox"/>			0-033	<input checked="" type="checkbox"/>				ROOF FD CONNECTION N/C
	12	12TH FLOOR	SS		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	1-024	<input checked="" type="checkbox"/>				
	12	12TH FLOOR	FS		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	1-024	<input checked="" type="checkbox"/>				31 SECONDS
	12	12TH FLOOR	EOL		<input checked="" type="checkbox"/>			1-024					
	11	11TH FLOOR	SS		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	1-025	<input checked="" type="checkbox"/>				
	11	11TH FLOOR	FS		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	1-025	<input checked="" type="checkbox"/>				29 SECONDS
	11	11TH FLOOR	EOL		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	1-025	<input checked="" type="checkbox"/>				
	10	10TH FLOOR	SS		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	1-026	<input checked="" type="checkbox"/>				
	10	10TH FLOOR	FS		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	1-026	<input checked="" type="checkbox"/>				41 SECONDS
	10	10TH FLOOR	EOL		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	1-026	<input checked="" type="checkbox"/>				
	9	9TH FLOOR	SS		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	1-027	<input checked="" type="checkbox"/>				
	9	9TH FLOOR	FS		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	1-027	<input checked="" type="checkbox"/>				33 SECONDS
	9	9TH FLOOR	EOL		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	1-027	<input checked="" type="checkbox"/>				
	8	8TH FLOOR	SS		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	1-028	<input checked="" type="checkbox"/>				
	8	8TH FLOOR	FS		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	1-028	<input checked="" type="checkbox"/>				37 SECONDS
	8	8TH FLOOR	EOL		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	1-028	<input checked="" type="checkbox"/>				
	7	7TH FLOOR	SS		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	1-029	<input checked="" type="checkbox"/>				
	7	7TH FLOOR	FS		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	1-029	<input checked="" type="checkbox"/>				44 SECONDS
	7	7TH FLOOR	EOL		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	1-029	<input checked="" type="checkbox"/>				
	6	6TH FLOOR	SS		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	1-030	<input checked="" type="checkbox"/>				

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	6	6TH FLOOR	FS		☑		☑	1-030	☑				28 SECONDS
	6	6TH FLOOR	EOL		☑		☑	1-030	☑				
	5	5TH FLOOR	SS		☑		☑	1-031	☑				
	5	5TH FLOOR	FS		☑		☑	1-031	☑				31 SECONDS
	5	5TH FLOOR	EOL		☑		☑	1-031	☑				
	4	4TH FLOOR	SS		☑		☑	1-032	☑				
	4	4TH FLOOR	FS		☑		☑	1-032	☑				36 SECONDS
	4	4TH FLOOR	EOL		☑		☑	1-032	☑				
	3	3RD FLOOR	SS		☑		☑	1-033	☑				
	3	3RD FLOOR	FS		☑		☑	1-033	☑				55 SECONDS
	3	3RD FLOOR	EOL		☑		☑	1-033	☑				
	2	2ND FLOOR (WEST STAIR)	SS		☑		☑	1-034	☑				
	2	2ND FLOOR (WEST STAIR)	FS		☑		☑	1-034	☑				32 SECONDS
	2	2ND FLOOR (WEST STAIR)	EOL		☑		☑	1-034	☑				
	1	MAIN FLOOR	SS		☑		☑	1-035	☑				
	1	MAIN FLOOR	FS		☑		☑	1-035	☑				40 SECONDS
	1	MAIN FLOOR	EOL		☑		☑	1-035	☑				