



Burglar/Fire
Sound Systems
Telephone - Video
24 Hr. Monitoring

Commercial & Industrial Electronics, Inc.

5019 Bonny Drive
Wichita Falls, Texas 76302-5299

Business Office
(940) 767-5601
Fax (940) 767-4703

www.cietexas.com

July 6, 2017

Clay County Court House
100 North Bridge Street
Henrietta, Texas 76365

RE: Fire Alarm Inspection

Dear Administrator,

Reference is made to your certification requirements concerning the fire alarm system at the above location. Commercial & Industrial Electronics, Inc. is a licensed fire alarm company within the State of Texas, state license number ACR-1750630. At your request, our company made a fire alarm inspection of the alarm devices at the above mentioned address.

This letter does certify that on June 27, 2017, a licensed Fire Alarm Technician (Dale Hofacket, License # FAL 4691) did perform a fire alarm test on all initiating devices. A "Fire Alarm Inspectors Checklist & Test Report" is attached for your record.

No deficiencies were found and the fire alarm system was found to be operating within specifications.

We appreciate your business. Our Professional staff will make every effort to assure your compliance with all National Fire Protection Association (NFPA) codes, State Fire Marshal requirements, and life safety codes.

Sincerely,

A handwritten signature in black ink, appearing to read 'Michael R. Horn'.

Michael R. Horn
Vice President Installation

SYSTEM RECORD OF INSPECTION AND TESTING

Start date/time: 6-27-2017 Completion date/time: 6-27-2017

1) PROPERTY NAME (USER)

Name of property: Clay County Court House
Address: 100 North Bridge Street
Description of property:
Representative: Judge heggitt
Address:
Phone: (940) 538-7411 538-5651 Cell: Rob (940) 447-4421 E-mail:

2) TESTING AND MONITORING INFORMATION

Testing organization: Commercial and Industrial Electronics
Address: 5019 Bonny Dr. Wichita Falls TX. 76305
Phone: (940)767-5601 Fax: (940)767-4703 E-mail: Dale@cietexas.com
Monitoring organization: Commercial and Industrial Electronics
Address: 5019 Bonny Dr. Wichita Falls TX. 76305
Phone: (940)767-5601 Fax: (940)767-4703 E-mail: Dale@cietexas.com
Account number: Phone line 1: Phone line 2:
Means of transmission: Digital Radio
Entity to which alarms are retransmitted: 911 Phone: 538-5611

3) DOCUMENTATION

Onsite location of the required record documents and site-specific software:

4) DESCRIPTION OF SYSTEM OR SERVICE

4.1 CONTROL UNIT

Manufacturer: EST Model number: EST-2

4.2 SOFTWARE FIRMWARE

Firmware revision number:

4.3 SYSTEM POWER

4.3.1 PRIMARY (MAIN) POWER

Nominal voltage: 110 VAC Amps: Location:
Overcurrent protection type: Amps: Disconnecting means location:

SYSTEM RECORD OF INSPECTION AND TESTING (CONTINUED)

4) DESCRIPTION OF SYSTEM OR SERVICE (CONTINUED)

4.3.2 SECONDARY POWER

Type: 2X12V 7AH Location: FAC1 6-2014

Battery type (if applicable): Sealed lead acid

Calculated capacity of batteries to drive the system:

In stand-by mode (in hours): 2 In alarm mode (in hours): 5 Min.

5) NOTIFICATIONS MADE PRIOR TO TESTING

Monitoring organization: Contact: C&I Time: _____

Building Management: Contact: Rob Time: _____

Building occupants: Contact: _____ Time: _____

Authority having jurisdiction: Contact: _____ Time: _____

Other, if required: Contact: _____ Time: _____

6) TESTING RESULTS

6.1 CONTROL UNIT AND RELATED EQUIPMENT

Description	Visual inspection	Functional test	Comments
Control unit	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Lamps/LEDs/LCDs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Fuses	<input type="checkbox"/>	<input type="checkbox"/>	
Trouble Signals	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Disconnect switches	<input type="checkbox"/>	<input type="checkbox"/>	
Ground-fault Monitoring	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Supervision	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Local annunciator	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Remote annunciator	<input type="checkbox"/>	<input type="checkbox"/>	
Remote Power panels	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>BPS</u>
	<input type="checkbox"/>	<input type="checkbox"/>	

6.2 SECONDARY POWER

Description	Visual inspection	Functional Test	Comments
Battery condition	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Load Voltage	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Discharge test	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Charger test	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Remote Panel Batteries	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>BPS 2X12V 7AH</u> <u>6-2015</u>

Radio 1X12V

2016

SYSTEM RECORD OF INSPECTION AND TESTING (CONTINUED)

6.3 ALARM AND SUPERVISORY ALARM INITIATING DEVICES.

Device Type	Address	Location	Pass	Fail
		See Attached	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

6.4 NOTIFICATION APPLIANCES

Device Type	Location		
	See Attached	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

6.5 INTERFACE EQUIPMENT

Device Type	Address	Location		
Elevator recall Primary			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Elevator recall Secondary			<input checked="" type="checkbox"/>	<input type="checkbox"/>
HVAC shutdown			<input checked="" type="checkbox"/>	<input type="checkbox"/>

6.6 SUPERVISING STATION MONITORING

Description	YES	NO	Time	Comments
Alarm Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Alarm Restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Trouble Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Trouble Restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Supervisory Signal	<input type="checkbox"/>	<input type="checkbox"/>		
Supervisory Restoration	<input type="checkbox"/>	<input type="checkbox"/>		

6.7 PUBLIC EMERGENCY ALARM REPORTING SYSTEM

Description	YES	NO	Time	Comments
Alarm Signal	<input type="checkbox"/>	<input type="checkbox"/>		
Alarm Restoration	<input type="checkbox"/>	<input type="checkbox"/>		
Trouble Signal	<input type="checkbox"/>	<input type="checkbox"/>		
Trouble Restoration	<input type="checkbox"/>	<input type="checkbox"/>		
Supervisory Signal	<input type="checkbox"/>	<input type="checkbox"/>		
Supervisory Restoration	<input type="checkbox"/>	<input type="checkbox"/>		

SYSTEM RECORD OF INSPECTION AND TESTING (CONTINUED)

7. Notification that testing is complete

Monitoring organization Contact: C&I Time:
Building management Contact: Time:
Building occupants Contact: Time:
Authority having jurisdiction Contact: Time:
Other, if required Contact: Time:

8. SYSTEM RESTORED TO NORMAL

Date: 6-27-2017 Time: 15:00

9. Certification

Signed: [Signature] Printed name: WD Hotchkiss Date: 6-27-2017
Organization: C&I Title: Insp Mgr Phone:
Qualifications (refer to 10.5.3):
License No.: ACR 1750630 FAL: 4691

10. DEFECTS OR MALFUNCTIONS NOT CORRECTED AT CONCLUSION OF SYSTEM INSPECTION, TESTING, OR MAINTENANCE

all checked ok

10.1 Acceptance by Owner or Owner's Representative:

The undersigned accepted the test report for the system as specified herein:

Signed: [Signature] Printed name: Robby Wilson Date:
Organization: Title: Phone:

SYSTEM RECORD OF INSPECTION AND TESTING (CONTINUED)

Notification Appliance

Supplementary Record of Inspection and Testing

Inspection/test start Date/Time _____

Inspection/test completion Date/Time _____

Appliance Type	Location/Identifier	Pass	Fail
HORNSTROBE	1 ST FLOOR WEST EXIT	<input checked="" type="checkbox"/>	<input type="checkbox"/>
HORNSTROBE	1 ST FLOORBY NORTH STAIRS	<input checked="" type="checkbox"/>	<input type="checkbox"/>
HORNSTROBE	2 ND FLOOR CORRIDOR BY N STAIRS	<input checked="" type="checkbox"/>	<input type="checkbox"/>
HORNSTROBE	2 ND FLOOR JUDGE LOUNGE	<input checked="" type="checkbox"/>	<input type="checkbox"/>
HORNSTROBE	2 ND FLOOR DISTRICT CLERK OFFICE	<input checked="" type="checkbox"/>	<input type="checkbox"/>
HORNSTROBE	2 ND FLOOR LAW LIBRARY	<input checked="" type="checkbox"/>	<input type="checkbox"/>
HORNSTROBE	2 ND FLOOR NORTH COURT ROOM	<input checked="" type="checkbox"/>	<input type="checkbox"/>
HORNSTROBE	2 ND FLOOR SOUTH COURT ROOM	<input checked="" type="checkbox"/>	<input type="checkbox"/>
HORNSTROBE	2 ND FLOOR SOUTH STAIRS	<input checked="" type="checkbox"/>	<input type="checkbox"/>
HORNSTROBE	3 RD FLOOR ELEVATOR LOBBY	<input checked="" type="checkbox"/>	<input type="checkbox"/>
HORNSTROBE	2 ND FLOOR NORTH STAIRS	<input checked="" type="checkbox"/>	<input type="checkbox"/>
HORNSTROBE	3 RD FLOOR STAIRS TO TOWER	<input checked="" type="checkbox"/>	<input type="checkbox"/>
STROBE	1 ST FLOOR MENS RESTROOM	<input checked="" type="checkbox"/>	<input type="checkbox"/>
STROBE	1 ST FLOOR N MAINT. CLOSET	<input checked="" type="checkbox"/>	<input type="checkbox"/>
STROBE	1 ST FLOOR CONSTABLE OFFICE	<input checked="" type="checkbox"/>	<input type="checkbox"/>
STROBE	1 ST FLOOR NW OFFICE	<input checked="" type="checkbox"/>	<input type="checkbox"/>
STROBE	1 ST FLOOR DISTRICT ATTORNEY	<input checked="" type="checkbox"/>	<input type="checkbox"/>
HORNSTROBE	1 ST FLOOR BY DISTRICT CLERK IN CORRIDOR	<input checked="" type="checkbox"/>	<input type="checkbox"/>
STROBE	1 ST FLOOR SIDTRICT ATTORNET CONFERENCE ROOM	<input checked="" type="checkbox"/>	<input type="checkbox"/>
STROBE	1 ST FLOOR IN DISTRICT CLERK WORK ROOM	<input checked="" type="checkbox"/>	<input type="checkbox"/>
HORNSTROBE	DISTRICT CLERK WEST OFFICE	<input checked="" type="checkbox"/>	<input type="checkbox"/>
HORNSTROBE	1 ST FLOOR DISTRICT CLERK EAST OFFICE	<input checked="" type="checkbox"/>	<input type="checkbox"/>
HORNSTROBE	1 ST FLOOR SOUTH EXIT	<input checked="" type="checkbox"/>	<input type="checkbox"/>
STROBE	1 ST FLOOR BPS CLOSET	<input checked="" type="checkbox"/>	<input type="checkbox"/>
STROBE	2 ND FLOOR COURT CORRINATOR	<input checked="" type="checkbox"/>	<input type="checkbox"/>
STROBE	2 ND FLOOR JUDGE STUDY	<input checked="" type="checkbox"/>	<input type="checkbox"/>
STROBE	2 ND FLOOR LAW LIBRARY RESTROOM	<input checked="" type="checkbox"/>	<input type="checkbox"/>
STROBE	2 ND FLOOR JURY ROOM	<input checked="" type="checkbox"/>	<input type="checkbox"/>
STROBE	3 RD FLOOR MENS RESTROOM	<input checked="" type="checkbox"/>	<input type="checkbox"/>
STROBE	3 RD FLOOR WOMENS RESTROOM	<input checked="" type="checkbox"/>	<input type="checkbox"/>
STROBE	3 RD FLOOR JUDGE LOUNGE RESTROOM	<input checked="" type="checkbox"/>	<input type="checkbox"/>

