



Safety & Engineering Trading Co. (ITFA)

P.O BOX 3559 Dammam 31528 Kingdom of Saudi Arabia



INSPECTION, SERVICE & TESTING OF FIRE PROTECTION SYSTEM Somerset Downtown Al Khobar

Inspection & Test Report

Somerset Downtown Al Khobar

Ref. # ITFA/RMT/0223/181

Submitted To

Contact Person: Mr, YAHYA ABDELAZIZ

Phone/Mobile 0542726954

Inspection Details

Contract / P.O No. ITFA/QT/622/62

Inspection Date: Date: 18/02/2023

No. of Inspector : 4

Inspection Time : 9:00 AM

Last Date of Insp. : Date: 19/02/2023

No. of Page (s) : 11

Inspection Type: Periodic Maintenance Inspection

Acknowledgement

Inspector Name: Mr, YAHYA ABDELAZIZ

Client Rep. Name: Mr, YAHYA ABDELAZIZ

Signature: [Signature]

Signature: [Signature]



Tel.: 8177926 - 8357357 - 8175394

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E-mail : info@itfa-fire.com.sa

Website : www.ifta-fire.com.sa

٧٧٤٤٢ : ص.ب. الدمام - ٣١٥٢٨ : الرمز البريدي
المركز الرئيسي : الدمام - ص.ب. ٧٧٤٤٢

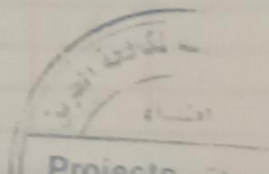
Head Office : Dammam
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شركة السلامة والهندسة التجارية (إطفاء)

Safety & Engineering Trading Co. (ITFA)

C.R. 2050056971- Civil Defense 3/1/6/838 Date 8/10/1428

		FIELD SERVICE & JOB COMPLETION CERTIFICATE					
CUSTOMER DETAILS			JOB DETAILS				
Client:		Somerset Downtown Al Khobar		Contract No. :		ITFA/QT/0222/62	
Location:		ALKHOUBAR		Date :			
Contact person Name:		Mr. [REDACTED] Abdel Elaziz		Duration (Time):		Start : 18/02/2023	
Contact NO. :		[REDACTED]				End : 19/02/2023	
JOB TYPE		INSPECTION TYPE		WORK SCOPE		FIRE PROTECTION SYSTEM	
2- Contractual <input checked="" type="checkbox"/>		1- monthly <input checked="" type="checkbox"/>		1-Site Inspection <input checked="" type="checkbox"/>		3-Fire Fighting System <input type="checkbox"/>	
2- Non- Contractual <input type="checkbox"/>		2-Quarterly <input type="checkbox"/>		2- General Service <input checked="" type="checkbox"/>		3-Fire Alarm System <input type="checkbox"/>	
		3-On Call <input type="checkbox"/>		3- Repair Work <input checked="" type="checkbox"/>		3-Fire Suppression System <input type="checkbox"/>	
		4- Emergency Call <input type="checkbox"/>		4- New Inspection <input checked="" type="checkbox"/>		4- Other <input type="checkbox"/>	
		5- Other <input type="checkbox"/>		5- Other <input type="checkbox"/>			
SCOPE OF WORK :							
OBSERVATION\CUSTOMER COMPLAINT:							
ACTION REQUIRED\TAKEN:							
REMARKS:							
ACKNOWLEDGEMENT		Name of the company				Client	
		Rep. Name :	[REDACTED] Yanya Abdel-Aziz			Rep. Name :	[REDACTED] Mohammed Nasr
		Signature :	[Signature]			Signature :	[Signature]

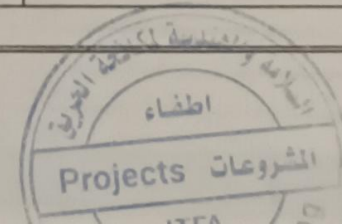


FIRE PROTECTION SYSTEM - SUMMARY

Ref. # ITFA/RMT/0223/181

Date : 18/02/2023

S.#	ITEM DESCRIPTION	UNIT	QTY.	INSPECTED		Comments
				YES	N/A	
A.	FIRE FIGHTING SYSTEM					
1	Diesel Engine pump	No.	1	✓		
2	Electrical Driven pump	No.	1	✓		
3	Jockey pump	No.	1	✓		
4	pumps Controller	No.	3	✓		
5	Diesel Engine Battery	No.	4	✓		
6	Flow Meter	No.	1	✓		
7	Diesel Tank	No.	1	✓		
8	Fire Alarm Check Valve Assembly	No.	1	✓		
9	Zone Control Valve Assembly	No.	21	✓		
10	Deluge Valve Assembly	No.			✓	
11	Valves	No.	4	✓		
12	Sprinklers/Nozzles	No.	2282	✓		
13	Foam/Bladder Tank	No.			✓	
14	Fire Hose Reel with Cabinet	No.	42	✓		
15	Fire Extinguisher- dry powder	No.	81	✓		
16	Fire Extinguisher- CO2	No.	52	✓		
17	Fire Extinguisher- foam	No.			✓	
18	Fire Extinguisher- water	No.			✓	
19	Fire Extinguisher- Wet chemicals	No.	1	✓		
20	Fire Dept. Connection	No.	1	✓		
21	Fire Hydrant	No.	1	✓		
B.	FIRE ALARM SYSTEM					
1	Smoke Detector	No.	535	✓		
2	Heat Detector	No.	167	✓		
3	Main Fire Alarm control panle	No.	1	✓		
4	Repeater Control panel	No.	1	✓		
5	Manual Call point / pull Station	No.	149	✓		
6	Alarm Bell	No.			✓	
7	Alarm Sounder	No.	71	✓		
8	Strobe / Flash Light	No.	1	✓		
C.	FIRE SUPRESSION SYSTEM					
1	FM200	No.	1	✓		
2	CO2	No.			✓	
3	Novec 1230	No.	5	✓		
4	Firepro	No.			✓	



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Date : 18/02/2023

1	Fire Pump					
1	Type of Pump	Horizontal Split Case Type		Pump Brand & Model		PATTERSON
2	Pump Controller Brand & Model	TORNATECH GPY/ JP3 / JPD		Year Installed		2019
3	Capacity of Pump	750 GPM	Gpm / psi at	220 PSI	psi / bar	
4	Capacity of pressure maintenance pump	750 GPM	Gpm / psi at	220 PSI	psi / bar	
5	Is suction discharge and bypass valves open	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A		
6	Is suction and system pressure gauge normal	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A		
7	Water flow test valve in closed position	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A		
8	Controller selector switch in auto position	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A		
9	Is there any leak in pipe	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A		
10	Is cooling water is discharging visibly	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A		
11	Is diesel level as per recommendation	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A		
12	Is oil level okay	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A		
13	Is coolant level okay	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A		
14	Is water level okay	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A		
15	Is battery free from corrosion & physical damage	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A		
16	Is battery electrolyte level okay	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A		
17	Are the battery terminals clean and tighten	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A		
18	Check voltage of the battery	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A		
19	Is flowmeter provided	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A		
20	Jokey pump pressure (PSI)	Working	220 PSI	Cut on	190 PSI	Cut off 220 PSI
21	Electric pump started automatically	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A		
22	Electric pump pressure (PSI)	Working	220 PSI	Cut on	170 PSI	Cut off 220 PSI
23	Controller indicator power on	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A		
24	Transfer switch closed	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A		
25	Isolation switch closed	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A		
26	Diesel pump started automatically	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A		
27	Diesel pump pressure (PSI)	Working	220 PSI	Cut on	150 PSI	Cut off 220 PSI
28	Diesel pump pressure controller selector in auto position	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A		
29	All alarm indicators off	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A		
30	Is packing gland showing slight discharge	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A		
31	Packing boxes, bearing & pump casing free from over heating	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A		
32	Free from unusual noises or vibrations	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A		
33	Is there any leak in exhaust system	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A		
34	Drain condensate trap on exhaust system operational	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A		
35	Cleaned strainer, filter or dirt leg in diesel fuel tank	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A		
36	check pump & motor bearing lubrication	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A		
37	pump coupling alignment acceptable	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A		
38	pressure switch settings calibrated	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A		
39	Tank vent & overflow pipes free of obstruction	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A		
40	Is the pump operable and in good condition	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A		
Comments / Action Taken / Required						

FIRE PROTECTION SYSTEM - SUMMARY

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II FIRE WATER TANKS

- 1 Type of tank ☒ Aboveground ☐ underground ☐ Overhead
- 2 Capacity of tank _____ Is water level indicator provided Yes ☐ NO ☐ N/A ☒
- 3 Size of fill pipe 2" Size of discharge pipe 8"
- 4 Is there any physical damage ☐ Yes ☒ NO ☐ N/A Is foam level sufficient ☐ Yes ☐ NO ☒ N/A
- 5 Is the control valves are open ☒ Yes ☐ NO N/A ☐
- 6 Ensure water level are open ☐ Yes ☐ NO N/A ☒
- 7 Drain the sediment from any tank and check there any signs of tank deterioration ☐ Yes ☒ NO

Comments

Action Taken / Required

III FOAM TANK

Percentage of foam Concentration

- 1 Type of Foam N/A _____
- 1 Type of foam bladder tank ☐ Horizontal ☐ Vertical ☐ other
- 2 Capacity of tank _____ Is foam level indicator provided ☐ Yes ☐ NO ☒ N/A
Size of discharge pipe _____
- 3 Size of fill pipe _____ ☐ Yes ☐ NO ☒ N/A
- 4 Is there any physical damage ☐ ☐ es ☐ NO N/A Is foam level sufficient ☐ Yes ☐ NO ☒ N/A
- 5 Is Foam tank are valid ☐ ☐ es ☐ NO N/A
- 6 Is Quality of foam Concentrate ☐ Unsatisfactory ☐ Unsatisfactory ☐ N/A
- 7 Is system discharge & actuating test ☐ Unsatisfactory ☐ Unsatisfactory ☐ N/A
- 8 Fire Detection Alarm System Test ☐ Unsatisfactory ☐ Unsatisfactory ☐ N/A



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IV FIRE HOSE CABINET

1	Is there any obvious damage or corrosion	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
2	Is there any leakage	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
3	Are all the valves , hose nozzles, fire extinguishers,etc. easily accessible	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
4	Is sign available	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
5	Is the cabinet door easy to open	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
6	will the hose rack swing out at least 90 from the cabinet	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
7	are any safety seals broken or missing	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
8	Is the valve handle missing	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
9	Does the hose appear to be folded neatly om the hose rack	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
10	Is the hose conneted to the rack nipple or valve	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
11	Is the hose intact with no breaks,holes,or tears	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
12	Is the hose nozzle missing	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A

Comments



Action Taken / Required

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Date : 18/02/2023

V FIRE EXTINGUISHER

- | | | | | |
|----|--|---|--|---|
| 1 | Is there any obvious damage or corrosion | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> N/A |
| 2 | Is there any leakage | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> N/A |
| 3 | Are all the valves , hose nozzles, fire extinguishers,etc. easily accessible | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 4 | Is sign available | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 5 | Is the cabinet door easy to open | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 6 | will the hose rack swing out at least 90 from the cabinet | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> N/A |
| 7 | are any safety seals broken or missing | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> N/A |
| 8 | Is the valve handle missing | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> N/A |
| 9 | Does the hose appear to be folded neatly om the hose rack | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> N/A |
| 10 | Is the hose conneted to the rack nipple or valve | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> N/A |
| 11 | Is the hose intact with no breaks,holes,or tears | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> N/A |
| 12 | Is the hose nozzle missing | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> N/A |

Comments

Action Taken / Required

V III FIRE DEP. CONNECTION

- | | | | | |
|---|---|---|--|------------------------------|
| 1 | Is the FDC visible & accesible | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 2 | Ensure coupling are not damage & rotate smoothly | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 3 | Check ,Clean & Lubrication the caps and plug | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 4 | Check Gasket are placed and are in good condition | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 5 | Is identification sign are placed properly | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 6 | Is there leak in check valve | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> N/A |

Comments /Action Taken / Required



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I SPRINKLER SYSTEM

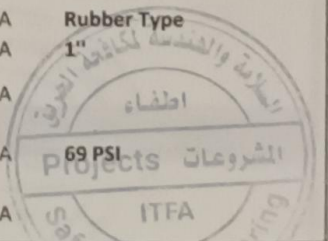
1	Type of Sprinkler system	<input checked="" type="checkbox"/> wet <input type="checkbox"/> foam	<input type="checkbox"/> Dry <input type="checkbox"/> Standpipe & hose	<input type="checkbox"/> Deluge pre- action	<input type="checkbox"/> water Spray
2	Is Sprinkler head free from paint	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
3	Is Sprinkler level are proper aligned	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
4	Is any head disconnected or needed	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	
5	Is sprinkler head obstructed by partition	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	
6	Any physical damage found	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	
7	Is there any leakage	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	
8	Is the waterflow alarm perable and good condition	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
9	Ensure all Gauge (dray pipe /pre action deluge) are good con.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	
10	Check pressure Regulating Devices are operate properly	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
11	Is Hydantic Nameplate are provide	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	
12	Is there is any damage Sprinkler heads ,piping , Hangers, and Selsmic Braces	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	
13	Is pressure Regulating Devices are provided	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
14	Is area / equipment fully protected	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
15	Is entire system in service	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	

Comments /Action Taken / Required

STAND PIPE HOSE SYSTEM

1	Type of system	<input type="checkbox"/> Class-I	<input checked="" type="checkbox"/> Class-II	<input type="checkbox"/> Class-III	
2	No standpipe outlets	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	2 Pipes
3	Combination Nozzle provided	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	1" NOZZLE / 2.5" NOZZLE
4	Length of Hose provide (Meter)	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	30 METER
5	Type of Hose	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	Rubber Type
6	Size of Hose (inches)	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	1"
7	Hose Properly racked & nozzle Attached	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	
8	Pressure regulating valve pr	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	69 PSI
9	System discharge test	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	

Comments /Action Taken / Required



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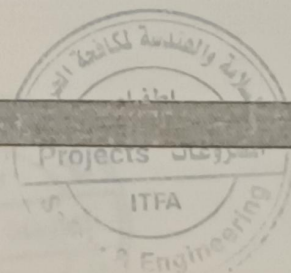
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X II	FM200 FIRE SUPPRESSION SYSTEM			
1	Agent Manufacture Cylinder Manufacture	SFFECO	Model	Serial No
2	Detector Manufacture	LIFECO	Model	Serial No
3	Control panel Manufacture	LIFECO	Model	
4	No. Of Cylinder (s) & capacity	2	amount of agent Liquid Level	Hazard
5	Pressure Gauge	NORMAL	PSI	
6	Is Hydro test Is Valid		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
7	Type of Extinguishing Agent		system Design Concentration	
8	Is Hydro test is Valid		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
9	Ensure all containers and distribution piping are proper proper mounting and instillation		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
10	Is there any nozzle blow off caps		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
11	Valume protected	<input checked="" type="checkbox"/> Above ceiling	<input type="checkbox"/> Below raised floor <input checked="" type="checkbox"/> Between floor and Ceiling	
12	Detection system		<input checked="" type="checkbox"/> Smoke detector <input type="checkbox"/> Heat detector <input type="checkbox"/> other	
13	Is there any problem extinguishing panle		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
14	Are all lamps & display operating correctly		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
15	Is electrical Connection are secure		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
16	Is there any physical damage		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
17	Is there any leakage sign at Cylinder		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
18	Fire Detection and alarm system Test		<input checked="" type="checkbox"/> pass <input type="checkbox"/> Fail	

Comments

Action Taken / Required



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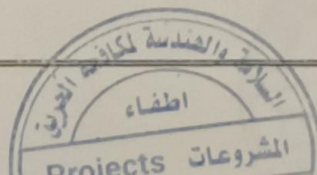
Date : 18/02/2023

X III NOVEC 1230 FIRE SUPPRESSION SYSTEM

1	Agent Manufacture	SFFECO	Model	Serial No
2	Cylinder Manufacture	10 Cylinder	Model	Serial No
3	Detector Manufacture	LIFFECO	Model	Serial No
4	Control panel Manufacture	LIFFECO	Model	
5	No. Of Cylinder (s) & capacity	10	amount of agent	Hazard
6	Pressure Gauge	NORMAL	PSI Liquid Level	
7	Is Hydro test is Valid		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
8	Type of Extinguishing Agent		system Design Concentration	
9	Is Hydro test is Valid		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
10	Ensure all containers and distribution piping are proper proper mounting and instillation		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
11	Is there any nozzle blow off caps		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
12	Valve protected	<input checked="" type="checkbox"/> Above ceiling	<input type="checkbox"/> Below raised floor <input checked="" type="checkbox"/> Between floor and Ceiling	
13	Detection system		<input checked="" type="checkbox"/> Smoke detector <input type="checkbox"/> Heat detector <input type="checkbox"/> other	
14	Is there any problem extinguishing panle		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
15	Are all lamps & display operating correctly		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
16	Is electrical Connection are secure		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
17	Is there any physical damage		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
18	Is there any leakage sign at Cylinder		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
19	Fire Detection and alarm system Test		<input checked="" type="checkbox"/> pass <input type="checkbox"/> Fail	

Comments

Action Taken / Required



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Date : 18/02/2023

I	FIRE HYDRANT
1	Ensure they are correct operation position & they are secure and accessible <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
2	Is there any leak in valves <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
3	Is the condition of fire hose include fittings okay <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
4	Is there accessibility for all hydrant cabinet <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
5	Are the hydrant valve is open & water is present in each point <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A

II	FIRE WATER FLOW TEST
1	Make of Hydrant <u>N/A</u> Model of Hydrant _____
2	Flow Hydrants <u>A1</u> <u>A2</u> <u>A3</u> <u>A4</u>
3	Size of Barrel _____
4	Size of Opening _____
5	Co Efficient _____
6	Pitot Reading (psi) _____
7	GPM _____
8	Static pressure _____ PSI Residual pressure _____ PSI
9	Results : At 20 psi Residual _____ GPM At 0 psi _____ GPM
10	Total consumption _____ GAL
11	TOTAL FLOW DURING TEST _____ GPM

III	TEST RESULT
<input type="checkbox"/>	Fire Hydrant flow Test Result <input type="checkbox"/> pass <input type="checkbox"/> Fail

Comments

Action Taken / Required



FIRE PROTECTION SYSTEM - SUMMARY

Ref. # ITFA/RMT/0223/181

Date : 18/02/2023

X1	CO2 FIRE SUPPRESSION SYSTEM			
1	Agent Manufacture Cylinder Manufacture	N/A	Model	Serial No
2	Detector Manufacture		Model	Serial No
3	Control panel Manufacture		Model	
4	No . Of Cylinder (s) & capacity		amount of agent	Hazard
5	Pressure Gauge	PSI	Liquid Level	
6	Is Hydro test Is Valid		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
7	Type of Extinguishing Agent		system Design Concentration	
8	Is Hydro test Is Valid		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
9	Ensure all containers and distribution piping are proper proper mounting and instillation		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
10	Is there any nozzle blow off caps		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
11	Valume protected	<input type="checkbox"/> Above ceiling	<input type="checkbox"/> Below raised floor <input type="checkbox"/> Between floor and Ceiling	
12	Detection system		<input type="checkbox"/> Smoke detector <input type="checkbox"/> Heat detector <input type="checkbox"/> other	
13	Is there any problem extinguishing panle		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
14	Are all lamps & display operating correctly		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
15	Is electrical Connection are secure		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
16	Is there any physical damage		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
17	Is there any leakage sign at Cylinder		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
18	Fire Detection and alarm system Test		<input type="checkbox"/> pass <input type="checkbox"/> Fail	

Comments



Action Taken / Required