

STATE OF NEBRASKA  
Office of Public Counsel/Ombudsman

ANNUAL REPORT

**Neb. Rev. Stat. § 83-104**  
**Review of Nebraska State Institutions**

December 15, 2024

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**TABLE OF CONTENTS**

**BACKGROUND**.....7

**ANNUAL PHYSICAL REVIEW & REPORT PROCESS**.....8

**FACILITY OVERVIEW**.....9

**CAPACITY AND OCCUPANCY**.....10

**COMPLAINTS INVOLVING FACILITIES TO THE OPC**.....10

**REPORTED STAFF ASSAULTS**.....11

**GENERAL FACILITY OBSERVATIONS**.....12

**ADULT FACILITIES**

    Lincoln Regional Center.....15

    Norfolk Regional Center.....27

    Beatrice State Development Center .....38

**JUVENILE FACILITIES**

    YRTC-Kearney.....49

    YRTC-Hastings.....65

    YRTC-Lincoln.....72

    Whitehall.....78

**ATTACHMENTS**.....90

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## ABBREVIATIONS

American Correctional Association	ACA
Beatrice State Development Center	BSDC
Hastings Regional Center	HRC
Intermediate Care Facility for Individuals with Intellectual or Developmental Disabilities	ICF-IDD
Lancaster County Youth Services Center	LCYSC
Lincoln Regional Center	LRC
Mental Health Substance Use	MHSU
Nebraska Department of Health and Human Services	DHHS
Norfolk Regional Center	NRC
Office of Public Counsel/Ombudsman	OPC
Performance-Based Standards Project	PbS Project
Psychiatric Residential Treatment Facility	PRTF
Youth Rehabilitation and Treatment Center	YRTC

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## Background

Neb. Rev. Stat. § 83-104, passed by the Nebraska Legislature in July 2020, requires the Office of Public Counsel/Ombudsman (OPC) to conduct an annual physical review of the following state institutions within the Nebraska Department of Health and Human Services (DHHS):

1. The Youth Rehabilitation and Treatment Center – Geneva;<sup>1</sup>
2. The Youth Rehabilitation and Treatment Center – Kearney;
3. Any other facility operated and utilized as Youth Rehabilitation and Treatment Center under state law;
4. The Hastings Regional Center;
5. The Lincoln Regional Center;
6. The Norfolk Regional Center; and
7. The Beatrice State Development Center.

Neb. Rev. Stat. § 83-104(2) further requires the OPC to report to the Legislature on the conditions of the facilities on or before December 15 each year beginning in 2021, for the period beginning with December 1 of the prior year through November 30 of the current year. Neb. Rev. Stat. § 83-104(2) continues by requiring that each report shall, for each institution, include findings and observations from the annual physical review; recent inspection reports regarding the facility; staffing information; reports received by the OPC; and any systemic issues identified.

Prior to Neb. Rev. Stat. § 83-104's requirements in 2021, OPC staff generally visited state institutions as a result of individual complaints or reports to the OPC or identification of specific systems issues. The statutory reporting requirement was part of the Legislature's response to the crisis at Youth Rehabilitation and Treatment Center (YRTC) at Geneva in August 2019, in which the female youth there suddenly needed to be relocated to YRTC-Kearney, due to the unsafe conditions at YRTC-Geneva.<sup>2</sup> In the year leading up to the crisis, the OPC received a total of three complaints regarding YRTC-Geneva, and none were about the facility's conditions.

In January 2020, the Legislature's Health and Human Services Committee issued a report with several recommendations, including requiring an annual facilities review and subsequent report to the Legislature by the OPC.<sup>3</sup> Legislative Bill 1144 was introduced with such requirements in January 2020, passed by the Legislature on July 31, 2020, and signed by Governor Pete Ricketts

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<sup>1</sup> YRTC-G campus was closed by DHHS, and the girl's program moved to the Hastings campus in 2021, previously used by the Hastings Regional Center program and the Hastings Juvenile Chemical Dependency Program.

<sup>2</sup> State of Nebraska, Office of Public Counsel/Ombudsman and Office of Inspector General of Nebraska Child Welfare, "The Deterioration and Closure of Geneva Youth Rehabilitation and Treatment Center, Special Report of Investigation," January 5, 2021, [https://nebraskalegislature.gov/pdf/reports/public\\_counsel/Geneva\\_Special\\_Report\\_2021.pdf](https://nebraskalegislature.gov/pdf/reports/public_counsel/Geneva_Special_Report_2021.pdf).

<sup>3</sup> Nebraska Legislature Health and Human Services Committee, "Report to the Nebraska Legislature on the Youth Rehabilitation and Treatment Centers," Jan. 22, 2020, p. 47, [https://nebraskalegislature.gov/pdf/reports/committee/health/yrtc\\_2020.pdf](https://nebraskalegislature.gov/pdf/reports/committee/health/yrtc_2020.pdf).

on August 11, 2020. This report aims to assist the Legislature in improving state institutions, including YRTCs, through highlighting current conditions, efforts towards improvement, and opportunities for improvement.

This report is organized by grouping institutions under the headings “Adult Facilities,” which includes the DHHS adult behavioral health hospitals and other licensed facilities, and “Juvenile Facilities,” which includes the YRTCs in Hastings, Kearney, and Lincoln, and Whitehall. Behavioral Health facilities statutorily<sup>4</sup> fall within the DHHS Division of Developmental Disabilities and the DHHS Division of Behavioral Health. Beatrice State Development Center (BSDC) falls under the DHHS Division of Developmental Disabilities, and Lincoln Regional Center (LRC) and Norfolk Regional Center (NRC) are under the DHHS Division of Behavioral Health. Within LRC’s organization is the adolescent Psychiatric Residential Treatment Facility (PRTF) at Whitehall. The Office of Juvenile Services (OJS) is statutorily within the DHHS Division of Children and Family Services. The YRTC Facilities fall under OJS.

This report provides summaries of observations and documentation review related to the internal and external conditions of each of the state institutions. The attachments include inspection reports and compliance and licensing documentation for each institution as required by Neb. Rev. Stat. § 83-104.

It should be noted that this report will also include data from the 2022-2023 reporting period, as the data requests made to DHHS for that reporting year regarding aspects of the facilities such as staffing, construction projects, assaults, and capacity, were not received by this office until June of 2024. The reasons for this include explanations in the 2022-2023 Annual Facilities Report. This report also provides a summary of particular data points going back to the initial 2021 Annual Facilities Report in order to exhibit longevity trends.

### **Annual Physical Review & Report Process**

The Deputy for Institutions and other OPC staff visited each required state institution and requested and reviewed information, including staff assault data, capacity and staffing data, information related to major projects and improvements, and facility inspections reports. The OPC also reviewed reports/complaints received by its office for each institution for the reporting period. Residents of the facilities, their loved ones, staff, and members of the public may file complaints with the OPC throughout the year.

In addition to other visits throughout the year, each of the facilities were visited on the following respective days for the purpose of a thorough facility inspection.

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<sup>4</sup> Neb. Rev. Stat. § 81-3116.



- BSDC: September 23, 2024
- NRC: September 25, 2024
- LRC: September 4, 2024
- YRTC-Kearney: October 4, 2024
- YRTC-Hastings: September 10, 2024
- YRTC-Lincoln: September 12, 2024
- Whitehall: September 18, 2024

### Facility Overview

**Table 1** provides a general facility program description overview. The information provided is summarized from information available at the DHHS website.<sup>5</sup>

**Table 1**

Facility	Location	Program Description
LRC	Lincoln	LRC serves people who need very specialized psychiatric services and provides services to people who, because of mental illness, require a highly structured treatment setting. The patients served at the Lincoln Regional Center are limited to people who meet involuntary admission criteria and are referred by either the courts or Mental Health Boards.
NRC	Norfolk	NRC was created by an act of the Nebraska Legislature in 1885. NRC is a 120-bed Sex Offender Treatment Center providing Phase I services in the Nebraska Sex Offender Treatment Program. The Nebraska Sex Offender Treatment Program is a three-phase treatment program meant to reduce dangerousness and risk of re-offense for patients involved in treatment
BSDC	Beatrice	BSDC is a 24-hour state and federally funded residential treatment facility dedicated to the provision of specialized psychological, medical and developmental supports to people with intellectual and developmental disabilities. BSDC is a campus-like setting with 188 acres.
YRTC-Kearney	Kearney	YRTC-Kearney serves adolescent males who are committed to the care and custody of the OJS.
YRTC-Lincoln	Lincoln	YRTC-Lincoln opened in February 2020 in Lincoln, Nebraska. The program is located within the Lancaster County Youth Services Center operating as a separate program from the county, which also provides services to other youth. The program was established to provide services to both male and female youth ranging in age from 14 to 18 years who are securely housed separately by gender. Youth of higher behavior

<sup>5</sup> <https://dhhs.ne.gov/Pages/default.aspx>

		acuity needing more individualized care due to behavioral and mental health needs are typically transferred from either the Kearney or the Hastings YRTCs to YRTC-Lincoln for that treatment.
YRTC-Hastings	Hastings	YRTC-Hastings serves adolescent females who are committed to the care and custody of the OJS.
Whitehall	Lincoln	Whitehall provides two treatment programs for male adolescents. A residential substance use treatment program began at Whitehall in 2020. Another program addresses the treatment needs of male adolescents who have offended sexually.

**Capacity And Occupancy**

**Table 2** illustrates the total licensed capacity as reported by DHHS for each facility, and the census on the last reporting day of this report, October 31, 2024 and last year’s report, October 31, 2023. Monthly census information will be shared in each facility’s respective reporting section later in this report.

**Table 2**

Facility	CAPCITY Oct. 31, 2023	CENSUS Oct. 31, 2023	CAPCITY Oct. 31, 2024	CENSUS Oct. 31, 2024
LRC	242	199	242	226
NRC	114	80	114	88
BSDC	168	79	168	78
YRTC-Kearney	142	57	142	73
YRTC-Lincoln	20	11	20	14
YRTC-Hastings	24	9	24	15
Whitehall	24	17	24	15

**Complaints Involving Facilities to OPC**

Residents of the facilities, their loved ones, staff, and members of the public may file complaints with the OPC throughout the year. For the period of December 1, 2023 through November 30, 2024, the OPC received 93 complaints regarding DHHS institutions. The following table demonstrates the number of complaints received for each facility for this period, as well as the four prior years. **(See Table 3.)**

**Table 3**

<b>Complaints to OPC regarding DHHS Facilities in Neb. Rev. Stat. § 83-104</b>					
<b>Facility</b>	<b>Number of Complaints</b>				
	<b>2020</b>	<b>2021</b>	<b>2022</b>	<b>2023</b>	<b>2024</b>
LRC	73	44	54	65	38
NRC	64	71	39	26	33
BSDC	2	3	1	2	4
YRTC-Kearney	14	4	5	1	8
YRTC-Hastings / Geneva	9	8	1	1	5
YRTC-Lincoln	2	2	3	3	4
Whitehall	1	1	0	0	1
<b>Total Complaints</b>	<b>165</b>	<b>133</b>	<b>104</b>	<b>98</b>	<b>93</b>

A summary of 2024 complaints is included in each respective facility’s report section. The number of reports received in 2024 were slightly lower as exhibited in **Table 3**, which may be due to the limited access the OPC was given to the facilities and the investigation capabilities prior to an MOU being established between the Executive Branch and Legislative Branch regarding information access in the Spring of 2024. Prior to that, the OPC received little to no information or communication regarding complaints from DHHS in 2024.

### **Reported Staff Assaults**

**Table 4** shows the number of assaults on staff as provided by DHHS in each respective year. (See Table 4.)

**Table 4**

<b>Total Number of Reported Staff Assaults between November 1<sup>st</sup> and October 31<sup>st</sup></b>		
<b>Facility</b>	<b>2023</b>	<b>2024</b>
LRC	97	161
NRC	9	6
BSDC	25	25
YRTC-Kearney	80	98
YRTC-Hastings / Geneva	45	53
YRTC-Lincoln	34	60
Whitehall	0	0
<b>Total Reported Assaults</b>	<b>290</b>	<b>403</b>

## General Facility Observations

Through OPC's site inspections, information reviews, and review of complaints to its office, the OPC has identified a number of positive observations as well as some challenges facing the facilities.

**Regional Hospital Administrator-** The 2022 Annual Facilities Report provided a description of the newly created Regional Hospital Administrator position within the DHHS Division of Behavioral Health. This position provided a level of increased administration and oversight for the adult facilities – BSDC, NRC, and LRC – and paralleled the Office of Juvenile Services Administrator position for the youth facilities. In the Spring of 2024, the position was vacated by the former Administrator. Since that time, the Office of Juvenile Service Administrator has assumed the oversight of all adult facilities in addition to the youth facilities.

**Staffing-** Staffing remains a challenge for most facilities across Nebraska, including in key areas such as nursing and behavioral health positions. Vacancies remain at each facility, and according to the numbers provided by DHHS, it appears that turnover is an issue in most facilities. As a result of the staffing shortage, overtime rates appear to remain high, resulting in high staff stress and little time off from work to recharge. A more detailed view of staffing needs appears later in this report in the more detailed facility description sections.

**Aging Facilities-** Several of the facilities, serving both youth and adults, are aging and in dire need of improvements, particularly in the bathrooms and sleeping quarters. The facilities with the most concerning conditions are LRC, parts of BSDC, YRTC-Kearney, and Whitehall. The pictures provided in each respective facility section will assist in providing a visual perspective on the facilities in need of improvements.

As mentioned above, each of the facilities appeared to be maintained as well as possible considering the age of several of the structures. However, the conditions and age of some of the buildings make it difficult to maintain a high level of cleanliness, regardless of staff efforts. Factors such as poor ventilation in the bathrooms and flooring in the sleeping units that are nearly impossible to clean create challenges in maintaining cleanliness at a level that is sufficient.

In addition, OPC staff observed that some of the furniture is very dated, particularly the beds and mattresses. Some of the mattresses are very old and thin, likely making sleeping conditions difficult. Some of the beds were old wooden platforms. The pictures of the Whitehall campus show these beds, although Whitehall does have recently updated furniture in common areas.

**Grounds-** While each of the campuses appeared to be regularly mowed with some degree of landscaping upheld, all of the campuses lacked green lawns for residents to enjoy when spending time outdoors. Unlike what may be seen at Nebraska Veteran's Homes, the grounds appeared to not have consistent watering. While it is understandable that the campuses are large and the cost

of watering the entire area may not be feasible, finding key areas to water where individuals spend time outdoors could lend to overall better care.

**Lincoln Regional Center-** Each building operates as if it were a separate facility, resulting in a sense of discontinuity. The structures vary in age but are uniformly old, outdated, and deteriorating. Ideally, LRC would be one building like a modern hospital with all considerations for mental health treatment.

The ongoing staffing shortage seems to be most prevalent at LRC, as compared to the other DHHS facilities and appears to be playing a significant factor into staff assaults and overall staff and patient safety on campus. It should be noted that DHHS leadership reported some recent updates to the patient census, waitlist for services, and staffing that appear to be trending in a positive direction. In August 2021 the Average Patient Census was 140; however, in September 2024, the average census was 225. On January 3, 2022, the waitlist for court-involved individuals was 63 males, and 17 females, for a total of 80. However, on November 20, 2024 the waitlist had reduced to a total of 32 court-involved individuals: 18 males and 14 females.

In addition, the waitlist for civilly committed individuals reduced from 16 on January 2, 2023 to 3 total by November 20, 2024: 0 males, and 3 females.

The overall wait time for services has reduced from 115 days in October 2023 to 26 days in September 2024.

The waitlist reduction is due in part to a recently reopened unit on the campus and the addition of 130 new positions which LRC reports success in filling. These additional positions include 60 Mental Health Specialists, 30 Registered Nurses, 20 Licensed Practical Nurses, and 20 on-call Mental Health Specialists.

Recently LRC established a policy requiring staff working directly on the unit with patients to wear uniforms supplied by LRC. While the OPC did receive some complaints from staff regarding the new policy, DHHS leadership explained that the uniform policy assisted in the overall professional appearance of staff and better matched staff attire typically found in a hospital setting. Staff were supplied the uniforms by LRC.

**Norfolk Regional Center-** NRC is generally in good condition and the facilities are set up well to serve the population. On-going and regular maintenance is apparent.

Staffing trends are typically fairly stable at NRC, and assaults are very low in comparison to other facilities.

**Beatrice State Developmental Center-** In the past year, BSDC came under new leadership, as the previous Facility Administrator left the position, and a new Interim Facility Administrator was appointed. It is unclear at this time how long the interim administrator will fill that position or what a long-term plan is. From complaints received by the OPC during this reporting period,

including from a number of BSDC staff, it is clear that changes have been made under the new leadership; however, such staff believe it will take time to determine if the changes will have a positive or less than favorable effect. It should be noted that many other staff had only very positive reviews of the change in leadership.

The buildings and facilities were in generally good condition upon the OPC staff tours, and updates to the facilities were in progress.

OPC staff attended the annual 2024 BSDC Fall Festival and had the opportunity to talk to a number of family members of the residents, and while some cited concerns with the facility in the past, all of the family members spoken to had very positive things to report regarding their loved one's current care at BSDC. However, staff at BSDC reported their number one concern is lack of staff and how that impacts staff overtime rates. Staff also reported concerns regarding the ability to do some of the extra programming that was once offered for residents, such as off-site activities. However, staff also reported their opinion that even with the reduction in programming, residents continue to receive overall good care.

**YRTC-Hastings-** This campus is new, in very good overall condition, and seems to be conducive for programming and educational needs. It does lack recreation facilities for the youth, particularly when compared to YRTC-Kearney that serves boys. YRTC-Hastings does have a space utilized for recreation; however, it is the space originally intended as a chapel.

**YRTC-Lincoln-** The facility is generally well kept and maintained. As mentioned in previous reports, it is worth considering the long-term goals of YRTC-Lincoln and whether the detention setting best serves the youth who reside there for a longer period of time than what detention is intended to be.

**Whitehall-** This campus is very aged and appears to be difficult to maintain due to its age. In addition, there are concerns with the facilities not being Americans with Disabilities Act compliant, which will likely require a large amount of funding to update. New structures at this site, or another site, should be considered for this facility.

When OPC staff talked with youth on campus, the feedback regarding the programming and their experience with staff was very positive.

**YRTC-Kearney-** The planned construction at YRTC-Kearney has begun and was in the surveying and dirt moving stage when the OPC toured the facility in early October 2024. Completion of the construction is projected to be in the spring of 2026. This construction project will allow youth housed within the new structure to have private sleeping rooms and bathroom facilities, as opposed to barrack style sleeping quarters and communal showers. This will be a very positive addition for the well-being of the youth served.

However, if the original units remain in use for any youth not served in the new living space, the existing buildings need updates as well, particularly in the bathrooms, sleeping areas, and common areas within the units.

Facility staff have made visible efforts to try to make the existing buildings more youth-friendly with updated paint colors and newer furniture, particularly in the sleeping areas and classrooms.

## **ADULT BEHAVIORAL HEALTH FACILITIES**

### **LINCOLN REGIONAL CENTER (LRC)**

LRC is a 242-bed hospital licensed as a Mental Health Substance Use (MHSU) Treatment Center and Psychiatric Hospital and accredited by the Joint Commission, the accreditation body for the Center for Medicare and Medicaid Services (CMS). LRC provides general and forensic psychiatric services and sex offender treatment for individuals in need of specialized psychiatric services in a highly structured setting. Psychiatric services are conducted with the goal of helping individuals achieve stability and transition back to the community. Patients at LRC must meet involuntary admission criteria and are referred by the Mental Health Boards or courts. LRC provides treatment for convicted sex offenders and those committed under an inpatient mental health board order for sex offender treatment. A transition program works towards successful reentry to the community with appropriate safeguards

LRC, which originally opened in 1870, sits on a 107-acre campus. The campus is comprised of several different buildings to meet individuals' housing, dining, medical services, administrative services, religious functions, and recreation needs. Buildings 3, 5, 10, and 14 serve as the main buildings where patients reside and receive treatment.

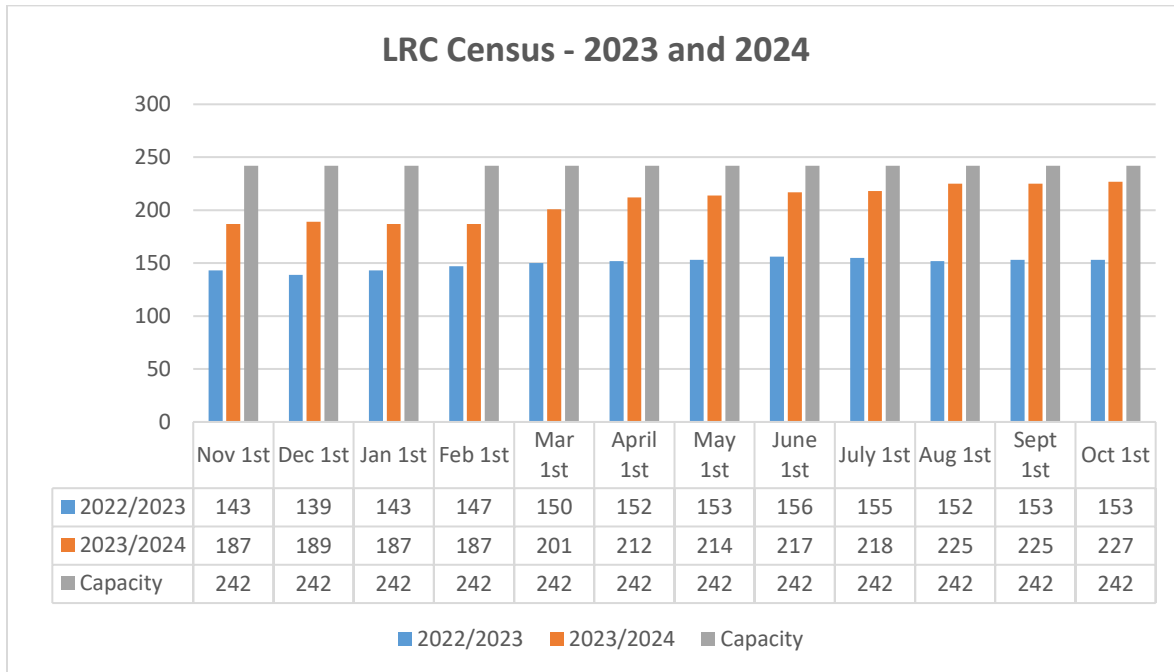
Building 3 currently houses female patients in need of acute care or forensic services and competency restoration. Building 5 is a forensic unit for male patients suspected of having mental illness that affects their competency and who have pending criminal court cases. Most of Building 5's patients have been deemed by the courts as "not competent to stand trial" and have been admitted to LRC for competency restoration treatment. Building 5 also houses some patients who have been referred by the State Mental Health Boards and newly admitted male patients being evaluated for placement. Building 10 houses males receiving acute psychological care, the on-site dental office, the main library, and cafeteria.

Building 14 is divided into four units, each with a different programming focus: one program for patients who have sexually offended, one designed for individuals transitioning from general psychological care, one for patients who have completed treatment in Building 5, and one for acute individuals who need extra assistance in making connections in the community.

## Capacity and Census

The licensed capacity total for LRC is 242. For the current reporting period, the average monthly census in 2022/23 was 150 and 207 in 2023/24. **Chart 1** illustrates the licensed capacity and combined monthly census for all units during the periods of November 1, 2022 until October 31, 2024.

**Chart 1**



## Complaints to OPC regarding LRC

For the period of December 1, 2023 through November 30, 2024, the OPC received 38 complaints regarding LRC. While there was no evidence to support all complaints, the complaints involved concerns about medical treatment, programming and treatment plans, patient requests for outside psychological evaluations facility cleanliness, evaluations, the patient grievance process, and issues with staff regarding overtime, staff assaults and safety concerns.

## Facility Inspection

**Table 5** provides any highlights observed by OPC staff during the facility inspection.



**Table 5**

<b>Facility Description</b>	<b>General Observations</b>	<b>Areas of Concern</b>
Grounds	<p>Campus is large, with expansive yard space and trees.</p> <p>Older buildings that are no longer in use outside of storage remain on the campus and may need attention at some point.</p>	<p>Parking near some units seemed to be lacking, particularly near Building 5.</p> <p>While the grounds were all mowed and free of debris, they do not appear to be watered or manicured on a regular basis.</p>
Administration Building	<p>No major destruction or structural issues identified.</p> <p>The reception area is attractive with updated furniture.</p> <p>Staff offices seem to be sufficient size and condition for their purpose.</p>	<p>The building smells musty or of mildew. When the facility administrator was asked about the smell, he reported that there is no mold, but there is water damage and several dehumidifiers are kept running at all times due to the moisture.</p>
Building 3	<p>No major destruction or structural issues identified.</p> <p>Generally, Building 3 has a much better appearance and atmosphere as compared to some of the other buildings. However, it is starting to show its age.</p> <p>Dayrooms have new counters surrounding the area where staff sit.</p> <p>Restroom on main floor close to entrance was recently remodeled to be ADA accessible.</p>	<p>Caution tape is only on the very bottom step in stairwells and missing on some landings.</p> <p>Restroom on one of the units had some standing water from the shower, and lighting isn't bright.</p> <p>A net on the basketball hoop in the lower unit was torn apart and hanging down which could present a ligature hazard.</p> <p>Refrigerator in staff break room (also the AED room) does not close completely.</p>
Building 5	<p>No major destruction or structural issues identified.</p> <p>Badge readers have been installed to enter onto the units, which allows for quick access in the case of emergency when</p>	<p>This building is very old and is in need of updating in order to best serve the population and to maintain a clean environment.</p>

	<p>staff from other floors need to respond. Medication rooms have physical key access only.</p> <p>This unit has large yards for the patients to have outdoor time but no outdoor furniture for the patients to utilize.</p> <p>The gym space is large and appeared to in good condition and equipped for patient use.</p>	<p>The glass within the main security sliding door was cracked at the entrance to the foyer.</p> <p>The atmosphere feels similar to a prison setting, and has poor lighting in some of the hallways.</p> <p>The patient restrooms had a strong smell of urine, showers with standing water which presents a fall hazard, mildew on the shower curtains and floor and wall tile near urinals, mold in some cracks around the shower and on floor and wall tiles near urinals, weak water pressure, and some faucets on sinks that overshot the sink bowl causing water to get on the floor. Several urinals were slow to flush and drain. The toilets were dirty, and trash was overflowing. Many of the soap dispensers were empty or close to empty. It should be noted that during an unannounced visit earlier in this reporting year, the condition of the restrooms was slightly better, with no evidence of mold at that time.</p> <p>On the living unit, OPC staff observed some peeling paint on walls, stained carpet, and water fountains that did not drain properly.</p> <p>In patient bedrooms, the tile was removed in some rooms due to bodily fluids seeping into the cracks, making the tiles difficult to clean. The floors are painted as an alternative. The painted floors are less welcoming for patients and will likely not hold up to foot traffic.</p> <p>The mattresses are thin and many have vinyl peeling from the cover.</p> <p>The phone placed near the outdoor entrance of the building for guests to use upon arriving is in poor condition and does not appear to be functional.</p>
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		One of the outdoor yards had a large pile of what resembled bat feces located near the door onto the unit, which appeared to be tracked into the unit on patients' shoes.
Building 10	<p>No major destruction or structural issues identified.</p> <p>Ground floor has a more appealing appearance with clean carpet and updated furniture</p> <p>The canteen area located in the basement is in progress, though the progress is slow and appears not to be recent.</p> <p>Patients in this area have own bathrooms in their rooms.</p> <p>Dining areas are clean.</p>	<p>The library ceiling recently leaked due to remodel of medication room upstairs.</p> <p>Stains on carpet.</p> <p>Some restrooms have tiled benches in the shower area, similar to those in building 3, which could pose a trip hazard on wet floors.</p>
Building 14	<p>No major destruction or structural issues identified.</p> <p>The appearance and functionality of the building is much more conducive for serving the population's needs than some of the other buildings on campus.</p> <p>Patient rooms much bigger and overall nicer, with wooden doors and desks. Patients are able to have more personal items.</p> <p>Cafeteria area is dated but appeared to be clean.</p>	<p>Concrete floors in basement are very scuffed and could use paint.</p> <p>This building has 2 fenced yards. One yard has large trees with limbs that stretch over the fence, creating a potential elopement risk.</p>





## Major Projects/Improvements

<b>In Progress Projects</b>	<b>Projected Completion Date</b>
Medication rooms in all buildings will be updated to some degree, as they currently do not meet regulatory standards for running water.	June/July 2025
Small restroom remodel in Building 3 by reception area	October 2024
Staff break room remodel in Building 10	October 2024
Installation of brighter lights in the hallways of Building 5	Unknown
Improvements to the canteen area in the basement of Building 10	Unknown
<b>Pending</b>	<b>Projected Completion Date</b>
Yards are under evaluation for improved fencing and securing all yard furniture.	Unknown
Updated handrails on the exterior of Building 5	Unknown
Tech improvements in the conference rooms are being discussed.	Unknown
<b>Completed Projects During the Current Reporting Year</b>	
Addition of badge readers in Building 5 Staff breakroom remodels in Buildings 3, 5, and 10 Mother's Rooms additions in Buildings 3 and 14 Mother's Rooms updates in Buildings 5 and 10 Conference room technology update in Building 9 Patient furniture updates in Building 3, 5 and 10 Staff office desk updates in Buildings 9, 10, and 14 Addition of windows in some doors in Buildings 3, 5, 10, and 14 Concrete pads in yard Buildings 3, 5, 10, and 14 New A/C unit in Building 5 Windows installed in patient doors in Building 10 Window installed in designated offices & doors across campus Metal safety phones for patients in Building 3 Badge readers added to all units Building 5 Badge reader added to unit door entrance Building 3	

### LRC Staffing

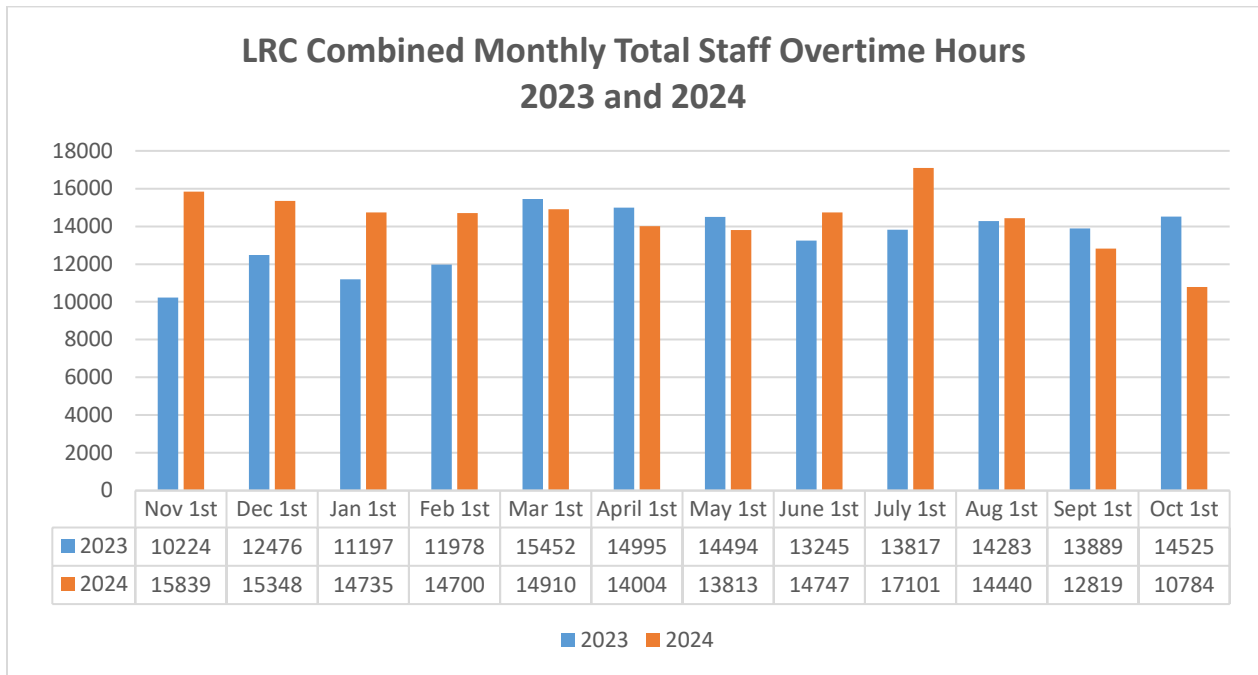
The table below shows the staffing numbers provided by DHHS for the past 5 reporting years. (See Table 6.)

Table 6

<b>LRC Staffing – Permanent and Temporary Staff on October 31<sup>st</sup> of each Respective Year</b>					
	<b>2020</b>	<b>2021</b>	<b>2022</b>	<b>2023</b>	<b>2024</b>
<b>Number of Positions Needed in HR Staffing Plan</b>	626 for FY21	609 for FY22	624 for FY23	613 for FY24	706 for FY25
<b>Number of Positions Filled</b>	505	422	533	455 Perm 47 Temp	532 Perm 73 Temp
<b>Number of Positions Vacant</b>	121	187	91	111	101
<b>Monthly Turnover Rate</b>	N/A	2%	1.5%	1.6%	1.8%
<b>Aggregate Turnover Rate</b>	19%	26%	18%	19%	22%

Chart 2 illustrates the total combined monthly staff overtime for the periods of November 1, 2022 until October 31, 2024.

**Chart 2**

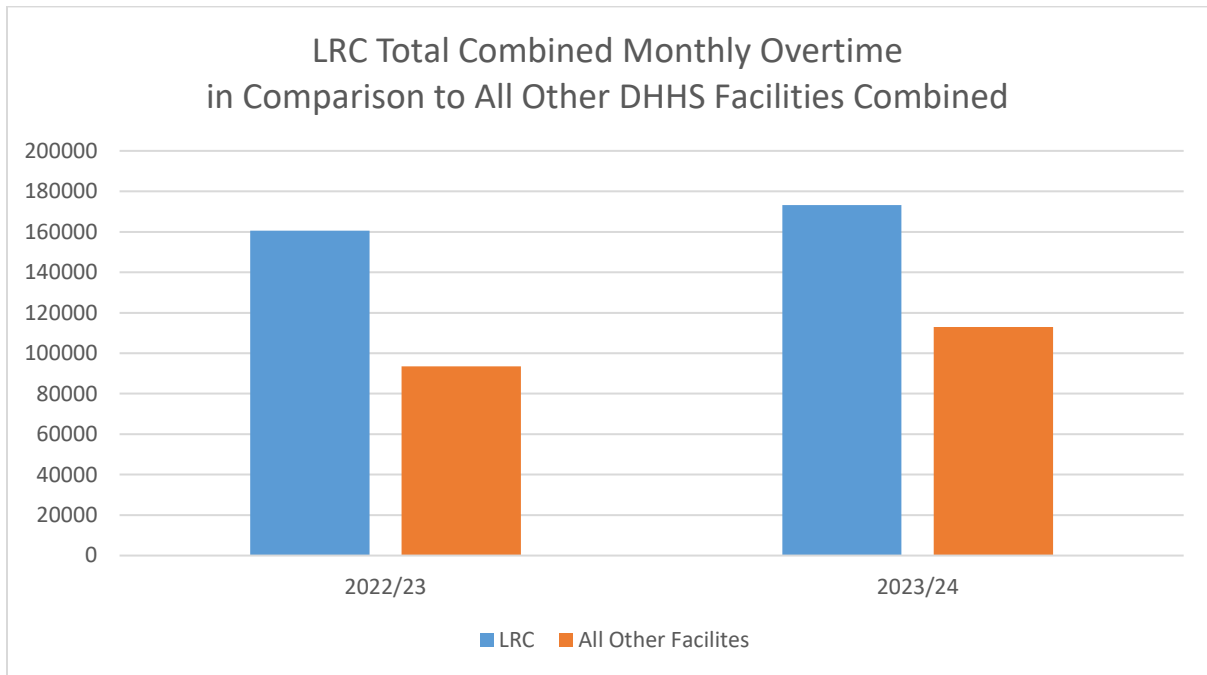


The LRC overtime rates are significantly higher than all other facilities combined at 160,583 hours, or 63% of the total combined for all facilities for the 2022/23 reporting period, while LRC serves 46% of the total average population. The combined total from the other six facilities are 93,575 with 54% of the total DHHS facilities population served by those facilities.

During the 2023/24 reporting period, LRC had a combined total overtime hours of 173,240. This is 61% of the total combined overtime hours for all facilities, yet serving only 43% of the total DHHS facilities population. All other facilities totaled 113,025 of overtime hours while serving 57% of the population. (See **Chart 3**.)



**Chart 3**



**Vacancies by Position**

The table below illustrates the positions in which vacancies exist and what percentage by position type was filled on October 31, 2024. While the percentage of filled positions reported was at an overall rate of 86%, there were key positions that have a high vacancy rate such as Registered Nurses at 36% and Licensed Practical Nurses at 59%, as shown in the **Table 7**.

**Table 7**

<b>POSITION TITLE</b>	<b>Number of Positions Allocated on October 31, 2024</b>	<b>Filled Permanent and/or Temp/PRN Staff on October 31, 2024</b>	<b>Percent Filled</b>
ACCOUNTANT I (NEW)	2	2	100%
ACTIVITY SPECIALIST	16	13	81%
ACTIVITY SUPERVISOR	1	1	100%
ADMINISTRATIVE NURSE (NEW)	7	7	100%
ADMINISTRATIVE SPECIALIST (NEW)	2	2	100%
ADMINISTRATIVE TECHNICIAN (NEW)	7	7	100%

ASSISTANT DIRECTOR OF NURSING (NEW)	5	5	100%
BEHAVIORAL HEALTH PRACTITIONER I (NEW)	3	3	100%
BEHAVIORAL HEALTH PRACTITIONER IV (NEW)	17	14	82%
BEHAVIORAL HEALTH PRACTITIONER SUPERVISOR II (NEW)	2	2	100%
BUSINESS MANAGER III	1	1	100%
CERTIFIED MASTER SOCIAL WORKER	11	11	100%
CLINICAL NURSE TRAINER (NEW)	2	2	100%
CLINICAL PROGRAM MANAGER	4	4	100%
COMPLIANCE SPECIALIST	5	5	100%
DENTAL ASSISTANT	1	1	100%
DENTIST	1	1	100%
DHHS PROGRAM SPECIALIST	3	3	100%
DHHS QUALITY ASSURANCE COORDINATOR	1	1	100%
DIRECTOR OF NURSING (NEW)	1	1	100%
DIRECTOR OF SOCIAL WORK	1	1	100%
FACILITY OPERATING OFFICER	1	1	100%
FOOD SERVICE ASSISTANT (NEW)	3	3	100%
FOOD SERVICE DIRECTOR II	1	1	100%
FOOD SERVICE MANAGER	2	2	100%
FOOD SERVICE WORKER (NEW)	24	22	92%
HEALTH INFORMATION MANAGER	1	1	100%
HUMAN SERVICES TREATMENT SPECIALIST I	6	5	83%
LICENSED PRACTICAL NURSE (NEW)	39	23	59%
MAINTENANCE SPECIALIST I (NEW)	4	4	100%
MAINTENANCE TECHNICIAN (NEW)	9	7	78%
MASTER SOCIAL WORKER	3	3	100%
MENTAL HEALTH SECURITY SPECIALIST II	363	342	94%
MENTAL HEALTH SECURITY UNIT SUPERVISOR	21	19	90%
NURSE PRACTITIONER	7	7	100%
OCCUPATIONAL THERAPIST	3	3	100%
OFFICE SERVICES MANAGER I	1	1	100%
OFFICE SPECIALIST (NEW)	16	16	100%
OFFICE TECHNICIAN (NEW)	4	3	75%
PHARMACIST/CLINICAL	3	3	100%
PHARMACY INVENTORY TECHNICIAN	1	1	100%

PHARMACY MANAGER	1	1	100%
PHARMACY TECHNICIAN	3	3	100%
PHYSICIAN	1	1	100%
PSYCHIATRIC FACILITY RISK MNGMT ADMIN	1	1	100%
PSYCHIATRIST	4	3	75%
PSYCHOLOGIST/LICENSED	5	4	80%
PSYCHOLOGY DIRECTOR	1	1	100%
PSYCHOLOGY SUPERVISOR	4	3	75%
REGISTERED NURSE (NEW)	74	27	36%
RELIGIOUS COORDINATOR	1	1	100%
SAFETY COORDINATOR	1	1	100%
STATISTICAL ANALYST II	1	1	100%
STATISTICAL ANALYST III	1	1	100%
SUPPLY TECHNICIAN II (NEW)	1	1	100%
TRAINING SPECIALIST (NEW)	2	2	100%
<b>Total</b>	<b>706</b>	<b>605</b>	<b>86%</b>

### **Recent Licensure and Inspection Reports**

The annual inspection reports are attached to this report. There were no significant concerns identified in those reports.

The LRC Certification of Licensure is active at the time of this report.<sup>6</sup>

### **NORFOLK REGIONAL CENTER (NRC)**

NRC is a 120-bed, Joint Commission-accredited state psychiatric hospital. Established in 1885, NRC currently provides the first phase of the Nebraska Sex Offender Treatment Program, a three-phase program designed to reduce dangerousness and risk of re-offense. The treatment received at NRC prepares individuals for the final phases of the program, which is provided at LRC.

The NRC campus is secure and enclosed within a fence. The main building on campus, a three-story brick structure, houses all patient services. This main building has spaces for patients' dining, housing, medical, religious, recreation, and programming needs, as well as space for administrative services. There is also a maintenance building, basketball court, picnic/shelter area, and a courtyard/garden area.

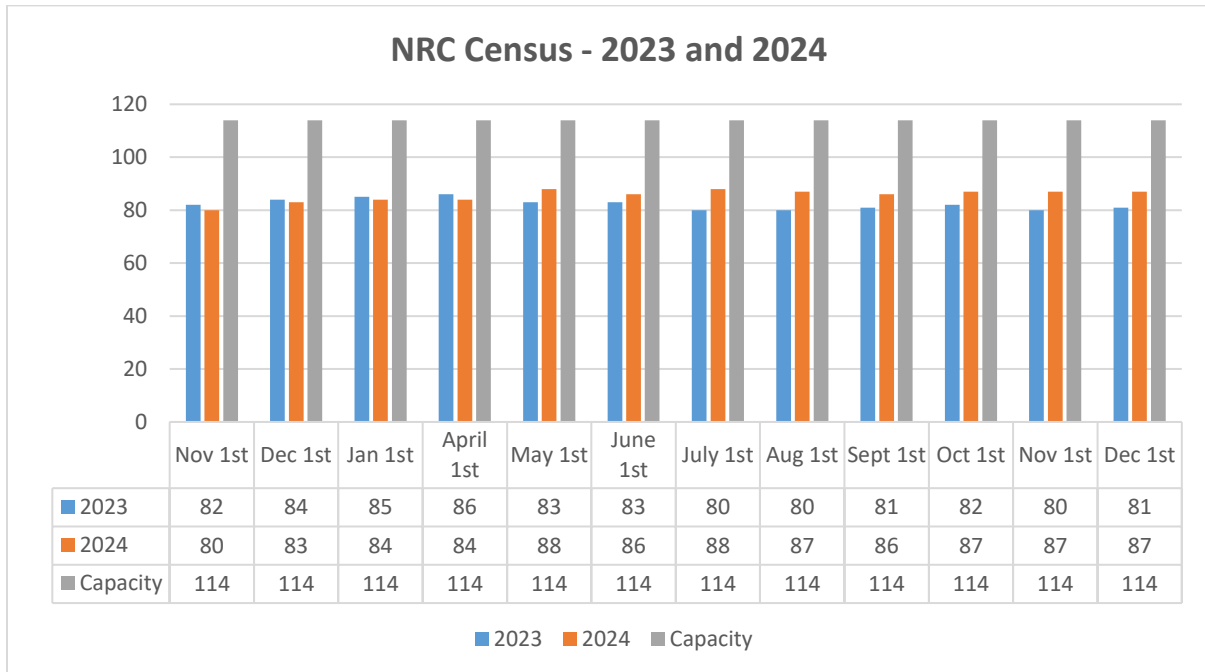
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<sup>6</sup> Licensure information was found at this website link: <https://www.nebraska.gov/LISSearch/search.cgi>

## Capacity and Census

The licensed capacity total for NRC is 114. For the current reporting period, the average monthly census in 2022/23 was 82 and 86 in 2023/24. **Chart 4** illustrates the licensed capacity and combined monthly census for all units during the periods of November 1, 2022 until October 31, 2024.

**Chart 4**



## Complaints to OPC regarding NRC

For the period of December 1, 2023 through November 30, 2024, the OPC received 33 complaints regarding NRC. While there was no evidence to support findings in all complaints, the complaints dealt with numerous topics, including treatment plans, medical treatment, levels of restrictions, lack of time allowed outside, property issues, patient’s access to making legal copies, concerns with the Mental Health Board process and the length of stay at the facility, concerns with the programming offered at NRC, the patient grievance process, and staff concerns.

## Facility Inspection

**Table 8** provides any highlights observed by OPC staff during the facility inspection.

**Table 8**

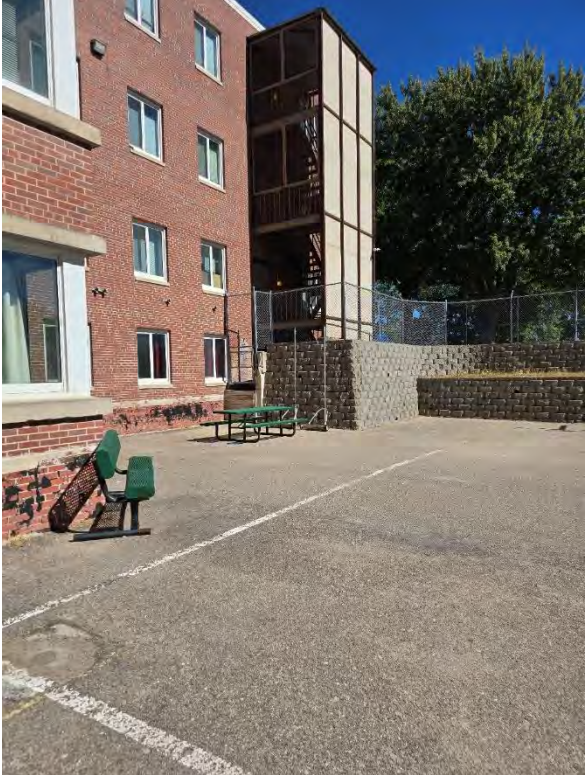
<b>Facility Description</b>	<b>General Observations</b>	<b>Areas of Concern</b>
Grounds	<p>Campus is large, with expansive yard space and trees.</p> <p>Sidewalks and driveways appeared to be in good condition.</p> <p>The entrance of the facility is well groomed with well-kept landscaping.</p> <p>The facility is lined with a tall fence enclosing the property.</p>	<p>While the remaining grounds were all mowed and free of debris, they do not appear to be watered or manicured on a regular basis.</p>
Main Building (which includes the administration office, as well as all patient living units and recreation areas)	<p>No major destruction or structural issues identified.</p> <p>Overall, this campus is in very good condition and that on-going maintenance is occurring is apparent. This includes fresh paint to walls and updated carpet in many areas. The single building design of NRC appears advantageous compared to campuses with numerous buildings to maintain and allows staff to all work within one space as opposed to being spread out.</p> <p>Staff offices seem to be sufficient size and condition for their purpose.</p> <p>The facility is equipped with good conference room space, an extensive library, a large fitness room, a rec room with older pool tables, large hallways on the units, and larger sleeping areas for patients.</p>	<p>An exterior wall in one of the conference rooms had peeling paint and plaster. Restrooms overall seemed to be clean, and OPC staff witnessed cleaning by NRC staff throughout the tour. However, showers and restrooms in some of the units show signs of aging that may be difficult to maintain.</p>

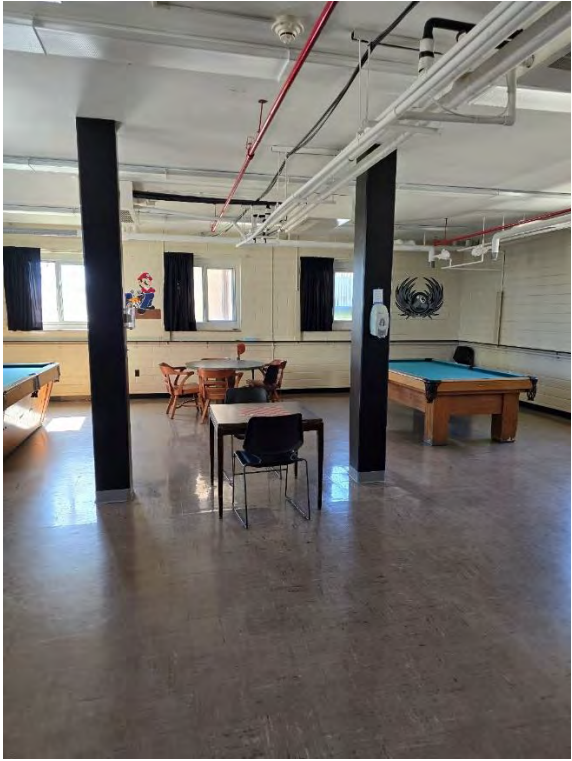












## Major Projects/Improvements

In Progress Projects	Projected Completion Date
None known	
Pending	Projected Completion Date
Pending approval of building a storage room in kitchen area	Unknown
Pending legislative approval of funding to update key locked doors to badge reader access doors	Unknown
Pending approval of building a shelter house outside on our grounds	Unknown
Pending legislative approval on funding for updating our fire escapes	Unknown
Completed Projects During the Current Reporting Year	
Installed a new range hood in the kitchen area. Installed a stats system to the boiler system. Installed an isolation valve for the fire sprinkler shut off in the Safety and Security Center. Updated the fire sprinkler heads in the Safety and Security Center with a more tamper proof sprinkler head.	

## NRC Staffing

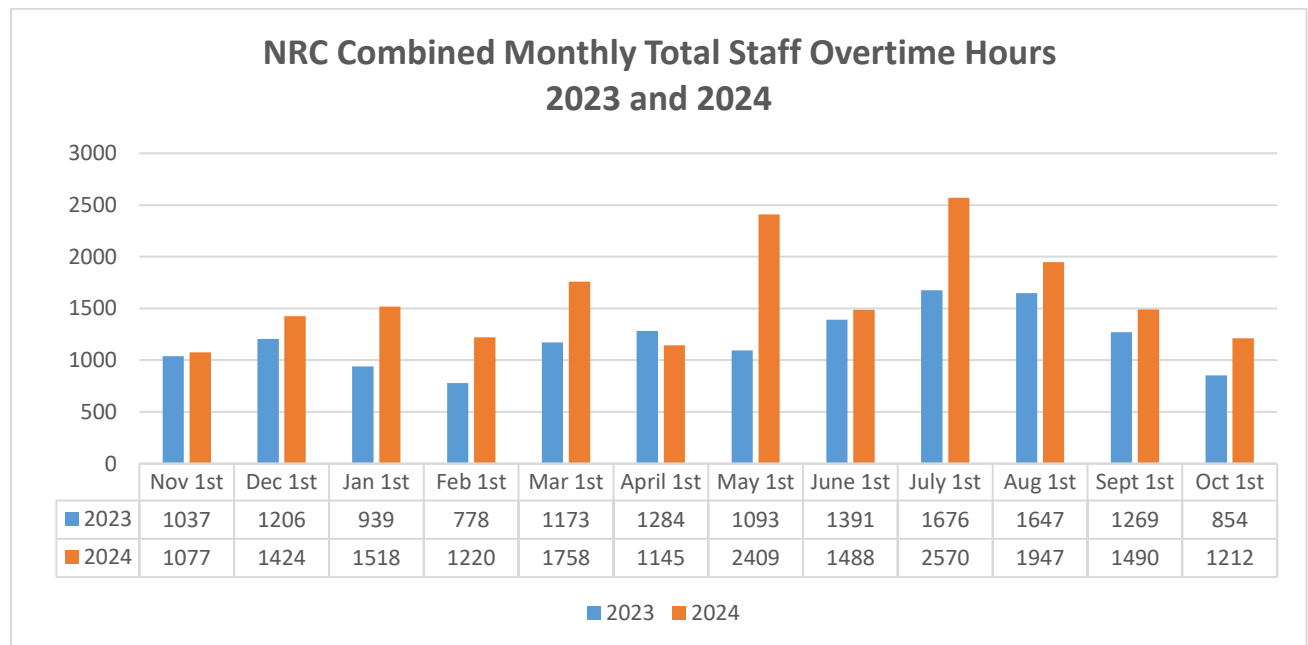
The table below shows the staffing numbers provided by DHHS for the past 5 reporting years. (See **Table 9.**)

**Table 9**

<b>NRC Staffing – Permanent and Temporary Staff on October 31<sup>st</sup> of Each Respective Year</b>					
	<b>2020</b>	<b>2021</b>	<b>2022</b>	<b>2023</b>	<b>2024</b>
<b>Number of Positions Needed in HR Staffing Plan</b>	206 for FY23	245 for FY23	253 for FY23	252 for FY24	279 for FY25
<b>Number of Positions Filled</b>	167	188	214	199 Perm 23 Temp	199 Perm 21 Temp
<b>Number of Positions Vacant</b>	39	57	39	30	17
<b>Monthly Turnover Rate</b>	N/A	2%	1.6%	1.5%	1.7%
<b>Aggregate Turnover Rate</b>	20%	22%	17.2%	18%	21%

**Chart 5** illustrates the total combined monthly staff overtime for the periods of November 1, 2022 until October 31, 2024.

**Chart 5**



## Vacancies by Position

The table below illustrates the positions in which vacancies exist and what percentage by position type were filled on October 31, 2024. While the percentage of filled positions reported was at an overall high rate of 93%, key positions have a high vacancy rate such as Certified Master Social Workers at 50%, Social Worker IIs at 50%, and Licensed Practical Nurses at 57%, as shown in the **Table 10**.

**Table 10**

<b>POSITION TITLE</b>	<b>Number of Positions Allocated on October 31, 2024</b>	<b>Filled Permanent and/or Temp/PRN Staff on October 31, 2024</b>	<b>Percent Filled</b>
ACTIVITY SPECIALIST	9	9	100%
ACTIVITY SUPERVISOR	1	1	100%
ADMINISTRATIVE NURSE (NEW)	5	5	100%
ADMINISTRATIVE SPECIALIST (NEW)	1	1	100%
ADMINISTRATIVE TECHNICIAN (NEW)	2	2	100%
ASSISTANT DIRECTOR OF NURSING (NEW)	1	1	100%
BEHAVIORAL HEALTH PRACTITIONER IV (NEW)	6	5	83%
BEHAVIORAL HEALTH PRACTITIONER SUPERVISOR II (NEW)	1	1	100%
CERTIFIED MASTER SOCIAL WORKER	4	2	50%
CERTIFIED MASTER SOCIAL WORKER SUPERVISOR	1	1	100%
CLINICAL PROGRAM MANAGER	1	1	100%
COMPLIANCE SPECIALIST	1	1	100%
DHHS QUALITY ASSURANCE COORDINATOR	1	1	100%
DIRECTOR OF NURSING (NEW)	1	1	100%
FACILITY OPERATING OFFICER	1	1	100%
FOOD SERVICE ASSISTANT (NEW)	1	1	100%
FOOD SERVICE MANAGER	3	3	100%
FOOD SERVICE WORKER (NEW)	13	11	85%
HEALTH INFORMATION MANAGER	1	1	100%
HUMAN SERVICES TREATMENT SPECIALIST II	4	4	100%

LICENSED PRACTICAL NURSE (NEW)	7	4	57%
MAINTENANCE SPECIALIST I (NEW)	1	1	100%
MAINTENANCE TECHNICIAN (NEW)	6	6	100%
MENTAL HEALTH SECURITY SPECIALIST II	119	115	97%
MENTAL HEALTH SECURITY UNIT SUPERVISOR	6	6	100%
NURSE PRACTITIONER	3	3	100%
OFFICE SPECIALIST (NEW)	4	4	100%
OFFICE TECHNICIAN (NEW)	2	2	100%
PHARMACIST	1	1	100%
PHARMACY INVENTORY TECHNICIAN	1	1	100%
PHARMACY MANAGER	1	1	100%
PHYSICIAN ASSISTANT	1	1	100%
PSYCHIATRIST	1	1	100%
PSYCHOLOGIST/PROV LICENSED	1	1	100%
PSYCHOLOGY DIRECTOR	1	1	100%
REGISTERED NURSE (NEW)	21	17	81%
RELIGIOUS COORDINATOR	1	1	100%
SOCIAL WORKER II	2	1	50%
<b>Total</b>	<b>237</b>	<b>220</b>	<b>93%</b>

### Recent Licensure and Inspection Reports

The annual inspection reports are attached to this report. There were no significant concerns identified in those reports.

The NRC Certification of Licensure is active at the time of this report.<sup>7</sup>

### **BEATRICE STATE DEVELOPMENT CENTER (BSDC)**

BSDC is an intermediate care facility for individuals with intellectual or developmental disabilities (ICF-IDD). It is a 24-hour state and federally-funded residential treatment institution divided into individually-licensed ICF-IDDs within a larger, 130-year-old campus. BSDC falls under the DHHS Division of Developmental Disabilities.

BSDC provides comprehensive, specialized medical, psychological, and developmental services to adults. The campus is comprised of many buildings, including structures to meet individuals' housing, medical, dining, religious, and recreation needs, as well as administrative services. Individuals residing at BSDC generally live in one of the ten cottages, which have a home-like feel. Most units have separate bedrooms, bathrooms, a kitchen, a common area, and a laundry room. BSDC also has a Crisis Stabilization and Community Reintegration Program, in which

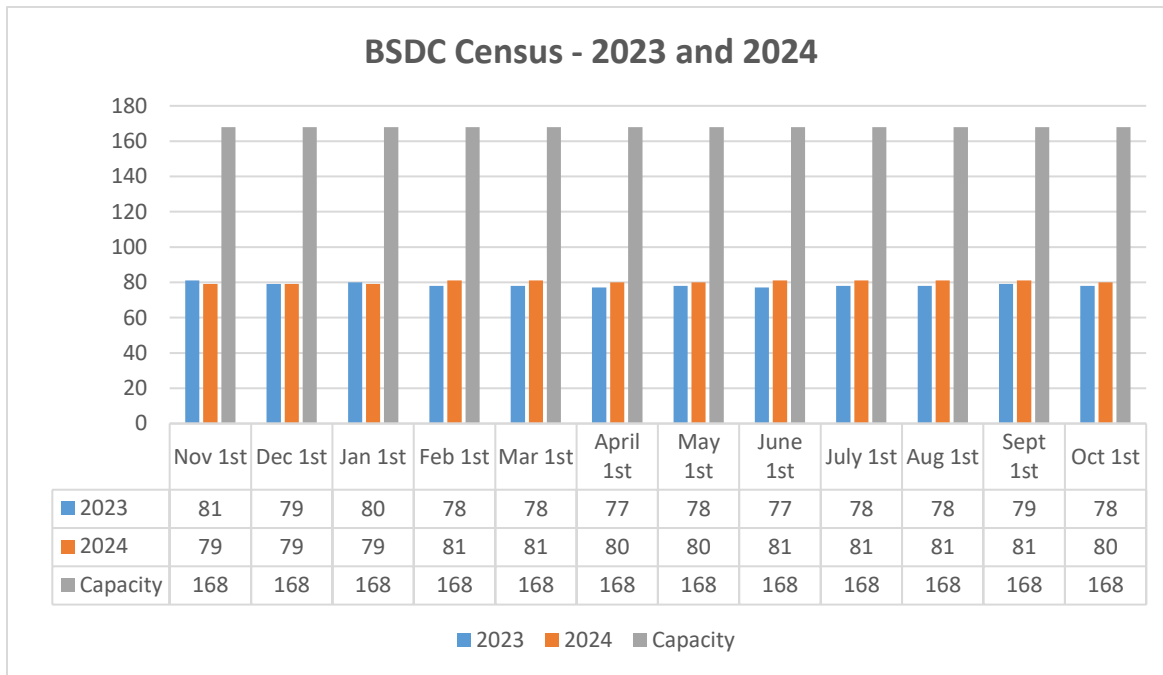
<sup>7</sup> Licensure information was found at this website link: <https://www.nebraska.gov/LISSearch/search.cgi>

individuals stay in one of four designated apartments for a temporary period between 30 and 180 days. This program aims to intake individuals from the community, provide them with treatment, habilitation, and stabilization, and then prepare them for transitioning back to the community stabilized.

### Capacity and Census

The licensed capacity total for BSDC is 168. For the current reporting period, the average monthly census in 2022/23 was 78 and 80 in 2023/24. **Chart 6** illustrates the licensed capacity and combined monthly census for all units during the periods of November 1, 2022 until October 31, 2024.

**Chart 6**



### Complaints to OPC regarding BSDC

For the period of December 1, 2023 through November 30, 2024, the OPC received 4 complaints regarding BSDC. The complaints received involved resident care, facility cleanliness, and staff concerns regarding the leadership staff and human resources practices, staff overtime, and reduced programming due to staff shortages.

### Facility Inspection

**Table 11** provides any highlights observed by OPC staff during the facility inspection.

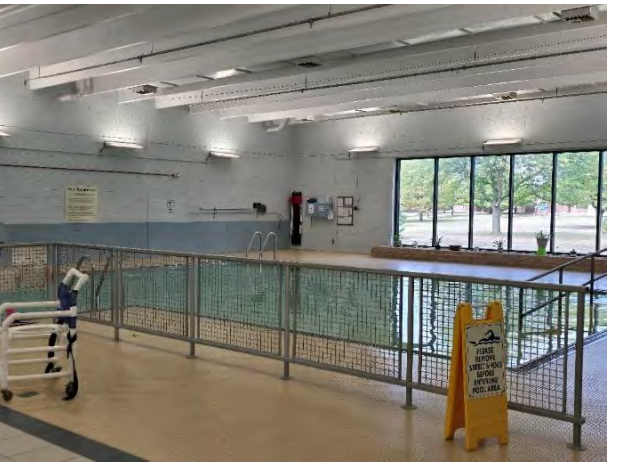
**Table 11**

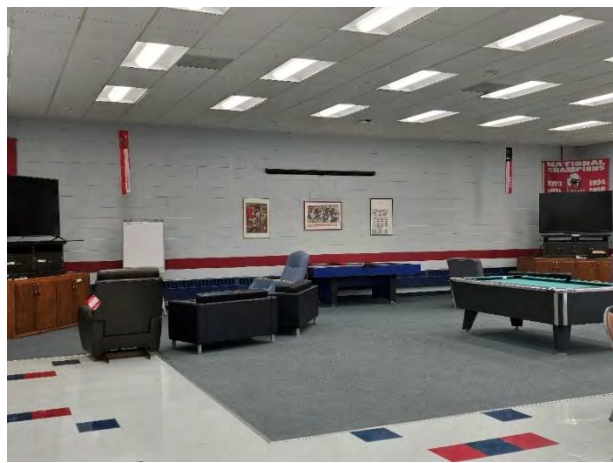
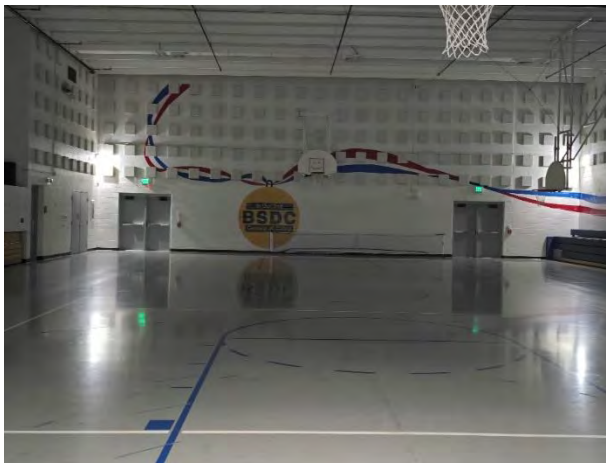
<b>Facility Description</b>	<b>General Observations</b>	<b>Areas of Concern</b>
Grounds	<p>Campus is large and fairly spread-out, with expansive green space and trees.</p> <p>Due to recent demolition of a few aged buildings on the ground and ongoing clear up efforts, the campus has become more open.</p> <p>There is a decent number of wide sidewalks for residents to be able to take a walk or ride their bikes on.</p>	<p>While the grounds were all mowed and free of debris, they do not appear to be watered or manicured on a regular basis.</p>
Administration Building	<p>No major destruction or structural issues identified.</p> <p>Staff offices seem to be sufficient size and condition for their purpose.</p>	
Solar Cottages	<p>No major destruction or structural issues identified.</p> <p>The cottages designed for long-term care are very home-like, with separate bedrooms and bathrooms for each individual. Within the bedrooms, individuals have traditional bedroom furniture and are able to enjoy many of their own personal items.</p> <p>The living rooms have traditional furniture and a TV viewing area with newly mounted large flat-screen TV's.</p> <p>Each cottage has its own kitchen and dining area typical to a family home.</p>	



	<p>The cottages were generally very clean, with minor clutter particularly in the kitchen areas, likely due to lack of storage space.</p>	
400 State Buildings	<p>No major destruction or structural issues identified.</p> <p>Work was being completed when OPC staff toured to repaint this interior space and provide new curtains and other items to promote a more welcoming environment.</p>	<p>The spaces are large, with large hallways, but do not have the home-like feeling of the on-campus cottages.</p>
Chapel	<p>No major destruction or structural issues identified.</p> <p>Chapel is beautiful and inviting.</p>	
Carsten Center	<p>No major destruction or structural issues identified.</p> <p>The gym is very large, in good condition, and appears to be well equipped.</p> <p>The swimming pool has been recently repaired following a period of time it was unusable due to a missing part.</p> <p>The cafeteria area appeared to be clean and in good condition.</p>	
Bear Creek Craft Shop	<p>No major destruction or structural issues identified.</p> <p>This area houses a workshop where residents make craft items to sell in the open-to-the-public store within this space.</p>	









### Major Projects/Improvements

In Progress Projects	Projected Completion Date
Concrete repair on Carstens Drive directly to the south of Carstens Center.	November 2024
Updating the cable system to digital cable	Unknown
Updating the paint and interior design in the Crisis Building	Unknown
New roof on food service building	Unknown
Pending	Projected Completion Date
Demolition of additional old building	Unknown
Upgrading the water system	Unknown

**Completed Projects During the Current Reporting Year**

Demolition of Buildings B, C, and T

**BSDC Staffing**

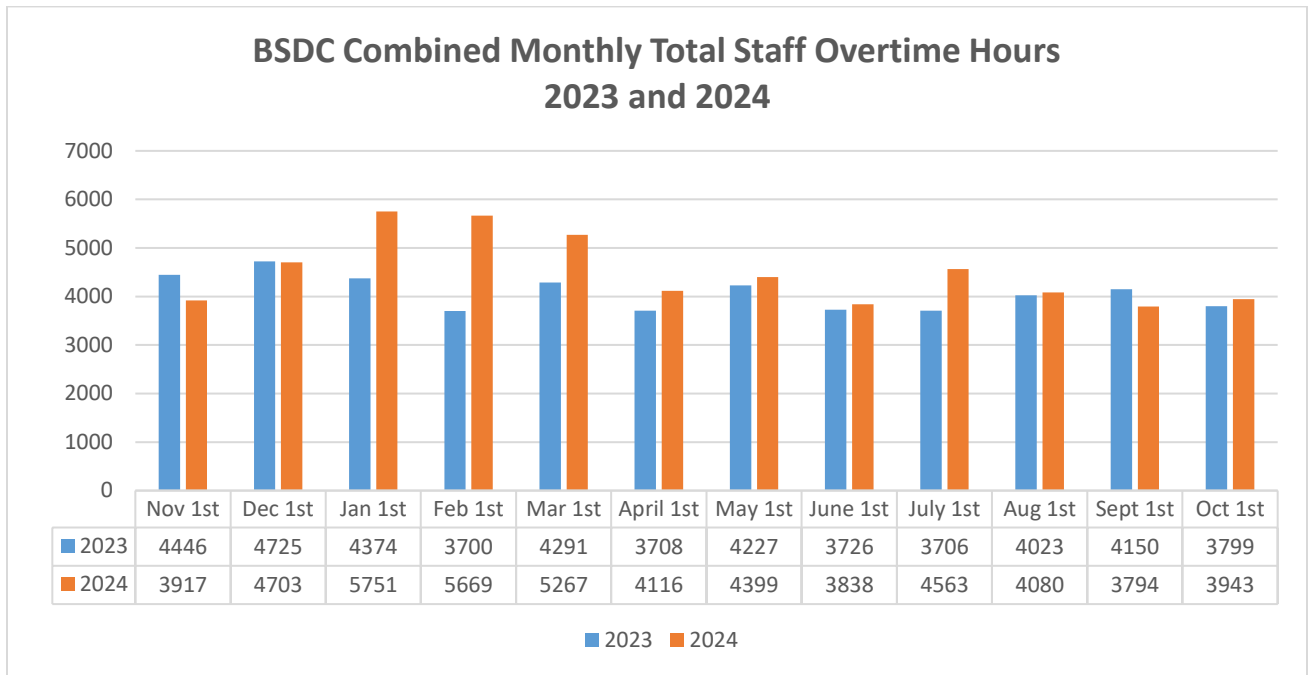
The table below shows the staffing numbers provided by DHHS for the past 5 reporting years. (See Table 12.)

**Table 12**

<b>BSDC Staffing – Permanent and Temporary Staff on October 31<sup>st</sup> of Each Respective Year</b>					
	2020	2021	2022	2023	2024
<b>Number of Positions Needed in HR Staffing Plan</b>	138 for <b>FY21</b>	420 for <b>FY22</b>	410 for <b>FY23</b>	378 for <b>FY24</b>	<b>279 for FY25</b>
<b>Number of Positions Filled</b>	115	205	235	217 Perm 6 Temp	228 Perm 13 Temp
<b>Number of Positions Vacant</b>	40	215	175	155	38
<b>Monthly Turnover Rate</b>	N/A	3%	1.2%	2.3%	2.1%
<b>Aggregate Turnover Rate</b>	8.4 Long-term / 14.8 Crisis	32%	14%	28%	26%

**Chart 7** illustrates the total combined monthly staff overtime for the periods of November 1, 2022 until October 31, 2024.

**Chart 7**



**Vacancies by Position**

The table below illustrates the positions in which vacancies exist and what percentage by position type were filled on October 31, 2024. While the percentage of filled positions reported was at an overall rate of 86%, there are key leadership positions vacant, or filled by an interim employee such as the Facility Administrator, Facility Operating Manager, Transportation Manager, and Treatment Program Manager, as shown in the **Table 13**.

**Table 13**

POSITION TITLE	Number of Positions Allocated on October 31, 2024	Filled Permanent and/or Temp/PRN Staff on October 31, 2024	Percent Filled
ACCOUNTANT I (NEW)	2	2	100%
ACTIVE TREATMENT PROGRAM AIDE	4	2	50%
ACTIVE TREATMENT PROGRAM ASSISTANT	12	11	92%
ACTIVE TREATMENT PROGRAM MANAGER	1	0	0%
ACTIVE TREATMENT PROGRAM SPECIALIST	3	3	100%
ACTIVE TREATMENT PROGRAM SUPERVISOR	2	2	100%

ACTIVITY SPECIALIST	3	3	100%
ADMINISTRATIVE NURSE (NEW)	2	2	100%
ADMINISTRATIVE PROGRAMS OFFICER II (NEW)	1	1	100%
ADMINISTRATIVE SPECIALIST (NEW)	1	1	100%
ADMINISTRATIVE TECHNICIAN (NEW)	3	3	100%
AUTOMOTIVE MECHANIC II	1	1	100%
BEHAVIOR SUPPORT SPECIALIST	2	2	100%
BOARD CERTIFIED BEHAVIOR ANALYST	1	1	100%
COMPLIANCE SPECIALIST	3	3	100%
CUSTODIAL / HOUSEKEEPING SUPERVISOR	1	1	100%
DD QDDP QUALITY CONTROL SUPERVISOR	1	1	100%
DD SERVICE COORDINATOR	1	1	100%
DD SERVICE DISTRICT ADMINISTRATOR	1	1	100%
DEVELOPMENTAL DISABILITIES SAFETY & HABILITATION SPECIALIST	44	39	89%
DEVELOPMENTAL DISABILITIES SAFETY AND HABILITATION SUPERVISOR	6	5	83%
DEVELOPMENTAL TECHNICIAN I	10	9	90%
DEVELOPMENTAL TECHNICIAN II	63	54	86%
DEVELOPMENTAL TECHNICIAN SHIFT SUPERVISOR	17	15	88%
DHHS FACILITY ADMINISTRATOR	1	0	0%
DHHS PROGRAM SPECIALIST	1	1	100%
DIETITIAN	2	2	100%
DIRECTOR OF NURSING (NEW)	1	1	100%
FACILITY OPERATING OFFICER	1	0	0%
ICF/DD HOME MANAGER	5	5	100%
ICF/DD MANAGER	1	1	100%
INTERDISCIPLINARY TEAM LEADER/QDDP	11	8	73%
LICENSED PRACTICAL NURSE (NEW)	23	18	78%
MAINTENANCE TECHNICIAN (NEW)	9	9	100%
NURSE PRACTITIONER	2	1	50%
OCCUPATIONAL THERAPIST	1	1	100%
OFFICE SPECIALIST (NEW)	5	4	80%
OFFICE TECHNICIAN (NEW)	1	1	100%
PHYSICAL THERAPIST II	2	1	50%
PHYSICAL THERAPY AIDE	3	3	100%
PHYSICAL THERAPY DIRECTOR	1	1	100%
PHYSICIAN	1	1	100%
PHYSICIAN ASSISTANT	1	1	100%
RECREATION SPECIALIST	1	1	100%
REGISTERED NURSE (NEW)	7	6	86%
RELIGIOUS COORDINATOR	1	1	100%



RESPIRATORY THERAPIST	1	1	100%
SAFETY COORDINATOR	1	1	100%
SECURITY COMMUNICATIONS SPECIALIST	1	1	100%
STUDENT INTERN	2	2	100%
TRANSPORTATION MANAGER	1	0	0%
VEHICLE OPERATOR I	1	1	100%
VEHICLE OPERATOR II	2	1	50%
WAIVER SERVICES SPECIALIST	4	4	100%
<b>Total</b>	<b>279</b>	<b>241</b>	<b>86%</b>

### Recent Licensure and Inspection Reports

The annual inspection reports are attached to this report. Concerns identified in the reports included lack of staffing to provide sufficient interactions/supervision, rude and disrespectful comments of a client, unlocked medication cabinets, and fire extinguishers in need of service.

The BSDC Certification of Licensure is active at the time of this report.<sup>8</sup>

### OFFICE OF JUVENILE SERVICES AND JUVENILE BEHAVIORAL HEALTH FACILITIES

The Office of Juvenile Services within the DHHS Division of Children and Families operates the YRTCs, which are 24-hour state institutions to serve youth within Nebraska’s juvenile justice system. There are currently YRTCs in Hastings, Lincoln, and Kearney; there is no longer a YRTC in Geneva. The mission of the YRTCs “is to help youth live better lives through effective services, giving youth the chance to become law abiding citizens.”

On August 19, 2019, female youth from former YRTC-Geneva were relocated to YRTC-Kearney after conditions on the Geneva campus were deemed insufficient, and the youth could no longer be cared for there. YRTC-Kearney was never intended to be home to the girls’ YRTC program. Instead, the former HRC has been repurposed to operate as YRTC-Hastings for female youth.

### YRTC-KEARNEY

YRTC-Kearney serves male youth committed to DHHS Office of Juvenile Services. Youth receive evidence-based behavioral and skill-building programming and individual therapy for mental health, behavioral health, and substance use needs. YRTC-Kearney also operates an on-campus junior/senior high school where youth may earn their high school diploma. YRTC-Kearney sits on a large, fenced-in campus with a number of buildings. These buildings include an administration building, Dixon Building (which houses newly-admitted youth, youth in seclusion/room confinement, and the transitional living unit), the Bryant, Lincoln, and

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<sup>8</sup> Licensure information was found at this website link: <https://www.nebraska.gov/LISSearch/search.cgi>

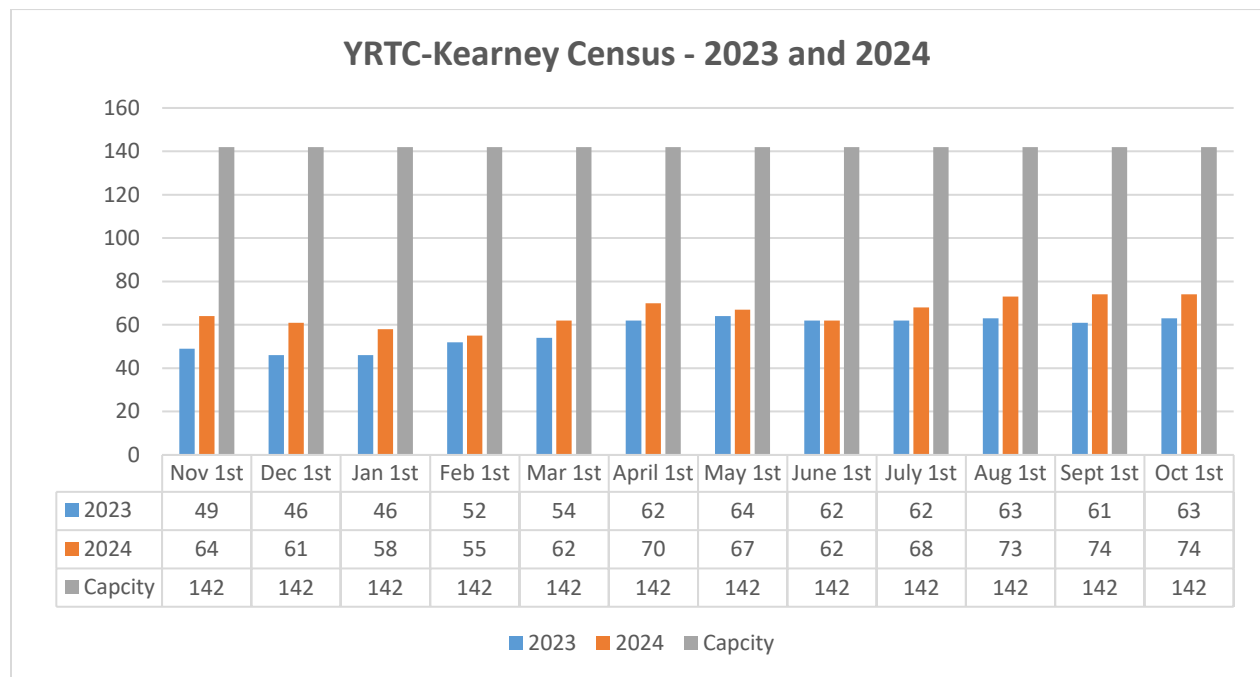
Washington cottages (living units), the Creighton cottage (which includes the medical office), a woodworking building, a dining hall, a chapel, and a school building that includes a gym, weight room, and pool. Each cottage has a similar interior layout with a game/recreation area, bathroom/showers, and a TV/multi-purpose room on the first floor and barrack-style living quarters and a congregate restroom on the second floor.

YRTC-Kearney has a long history of ACA accreditation and is a member of the PbS Project.

### Capacity and Census

The licensed capacity total for YRTC-Kearney is 142. For the current reporting period, the average monthly census in 2022/23 was 57 and 66 in 2023/24. **Chart 8** illustrates the licensed capacity and combined monthly census for all units during the periods of November 1, 2022 until October 31, 2024.

**Chart 8**



### Complaints to OPC regarding YRTC-Kearney

For the period of December 1, 2023 through November 30, 2024, the OPC received 8 complaint regarding YRTC-Kearney. While there was not supporting evidence in support of findings in all complaints, those received involved concerns with the food, facility cleanliness, the presence of bugs in the units, communication between staff and parents, and concerns with the communal showers and bathrooms.

## Facility Inspection

Table 14 provides any highlights observed by OPC staff during the facility inspection.

Table 14

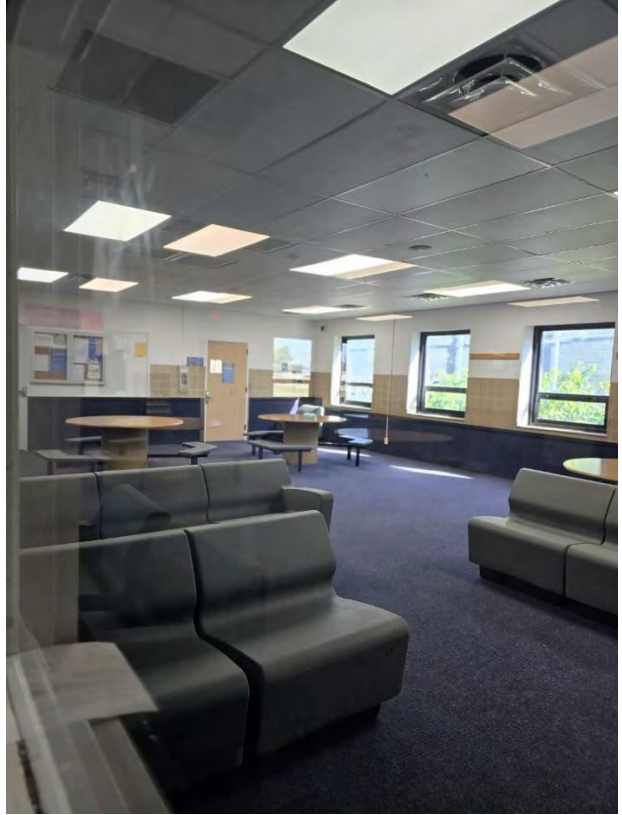
Facility Description	General Observations	Areas of Concern
Grounds	Campus is large, with expansive yard space for recreation and equipped with a baseball/kickball field.	While the grounds were all mowed and free of debris, they do not appear to be watered or manicured on a regular basis, although they appeared to be in slightly better shape than some of the other campuses.
Administration Building	No major destruction or structural issues identified.  Staff offices seem to be sufficient size and condition for their purpose.	
Bryant	No major destruction or structural issues identified.  The units no longer have bunkbeds due to the lower census, and the wall décor is much more youth friendly than in previous years.  Canteen area is small and a bit cramped but nice	The sleeping unit is a barrack style room design that offers little or no privacy for youth.  Carpets were in need of updating or cleaning.  Bathrooms are outdated and very worn.
Creighton	No major destruction or structural issues identified.  The units no longer have bunk style beds due to the lower census, and the wall décor is much more youth friendly than in previous years.	Bathrooms are outdated and very worn. Carpets were in need of updating or cleaning.  Dayroom is outdated and carpets were in need of updating or cleaning. Showers are communal style, which youth often report they feel uncomfortable with. Tiles are very old and stained by water and mildew.
Lincoln	No major destruction or structural issues identified. The units no longer have bunk style beds due to the lower census, and the wall décor is much more	Mattresses are thin and vinyl covered.

	youth friendly than in previous years.	
Washington	No major destruction or structural issues identified.  The units no longer have bunk style beds due to the lower census, and the wall décor is much more youth friendly than in previous years.	
Dickson	No major destruction or structural issues identified.  Newer blue painted walls.	This unit has long hallways and large metal locking doors. The newly painted blue area is softer to the eye than the previous color, but overall, the environment is of a detention setting and feels unsuitable for youth for extended lengths of time.
Dining Hall	No major destruction or structural issues identified.  Appeared clean and in good condition.	
Chapel	No major destruction or structural issues identified.  Inviting setting.	
Gym	No major destruction or structural issues identified.  Gym is spacious and well equipped for recreation. The swimming pool is large and appears to be in good condition. The weight room is also well equipped and in good condition.	
Classrooms	No major destruction or structural issues identified.  Layout feels like a typical school and offers an excellent media center.	Most classrooms look somewhat aged and outdated with mismatched furniture and flooring types and were in need of new whiteboards. The space does not offer much natural light.
New Construction Building	No major destruction or structural issues identified.	

	<p>This area is currently securely fenced off from youth access during construction with smaller than normal fence links to make it more secure and harder to enter.</p> <p>New building will have badge entry, more natural light, individual rooms, and private showers.</p>	
Laundry Warehouse	<p>No major destruction or structural issues identified.</p> <p>Laundry room is well organized.</p>	
Vocational Building	<p>No major destruction or structural issues identified.</p> <p>This building is well equipped with tools for wood working and art supplies, offering extensive learning and programming opportunities.</p>	

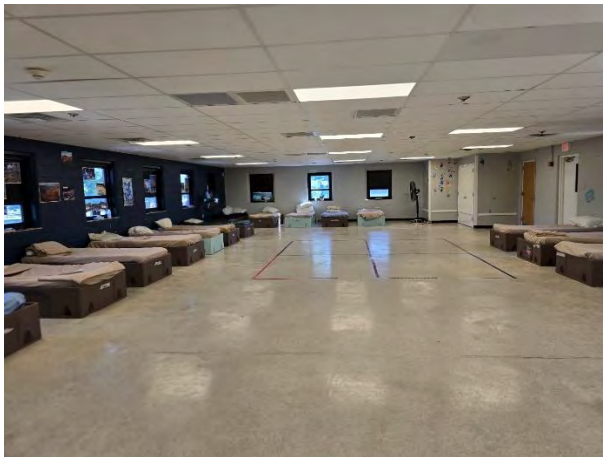
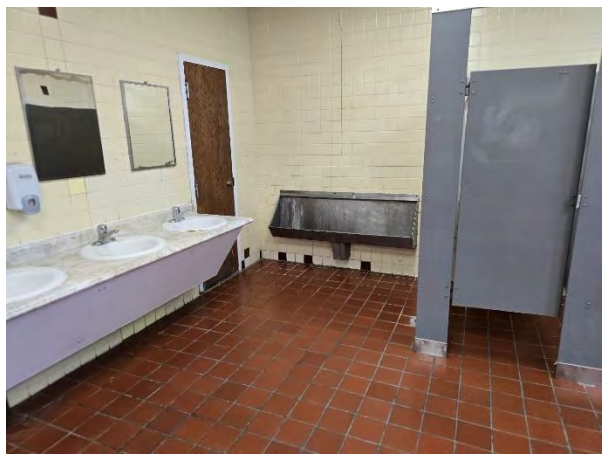
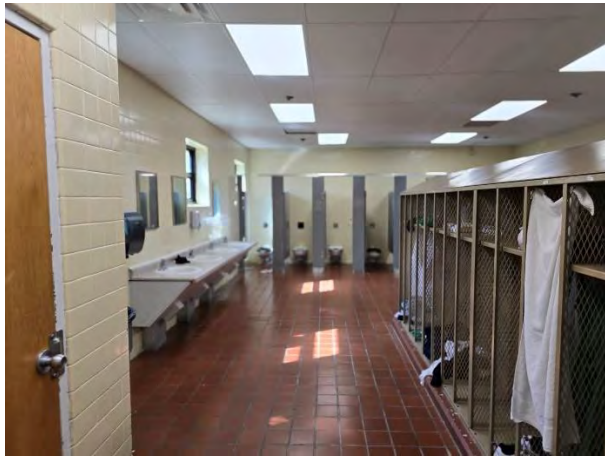


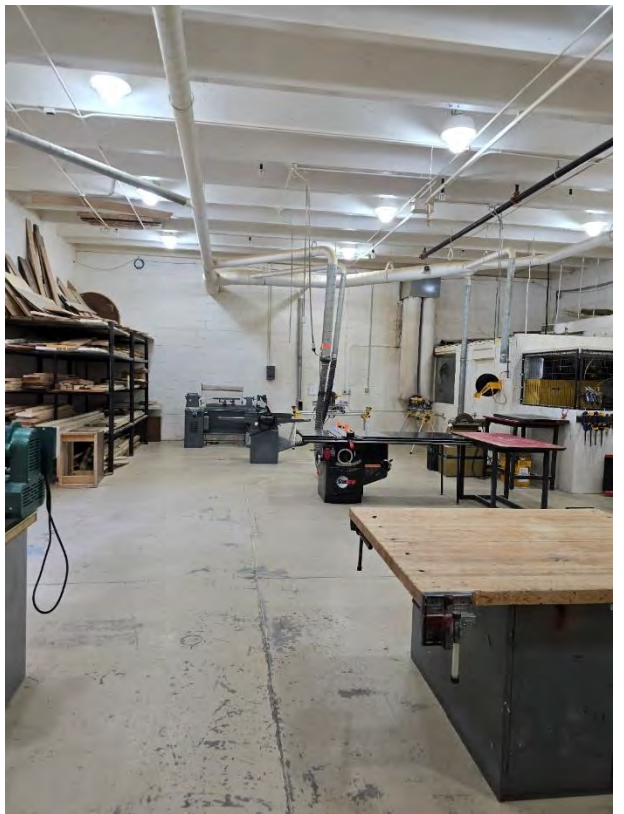




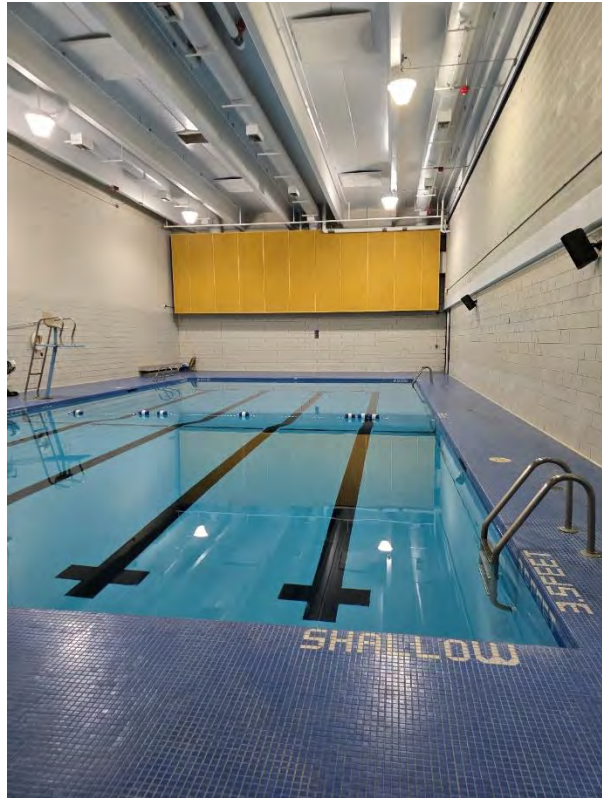














### Major Projects/Improvements

<b>In Progress Projects</b>	<b>Projected Completion Date</b>
Construction of new living unit <ul style="list-style-type: none"> <li>• Will have 48 beds (12x4 pods)</li> <li>• All case managers, unit managers, and therapists will be in offices within the building</li> <li>• Vision is for rooms to feel like apartments</li> </ul>	Feb 2026
<b>Pending</b>	<b>Projected Completion Date</b>
New fire sprinkler system throughout campus	Unknown
<b>Completed Projects During the Current Reporting Year</b>	
Morton Living Unit fully demolished	

## YRTC-Kearney Staffing

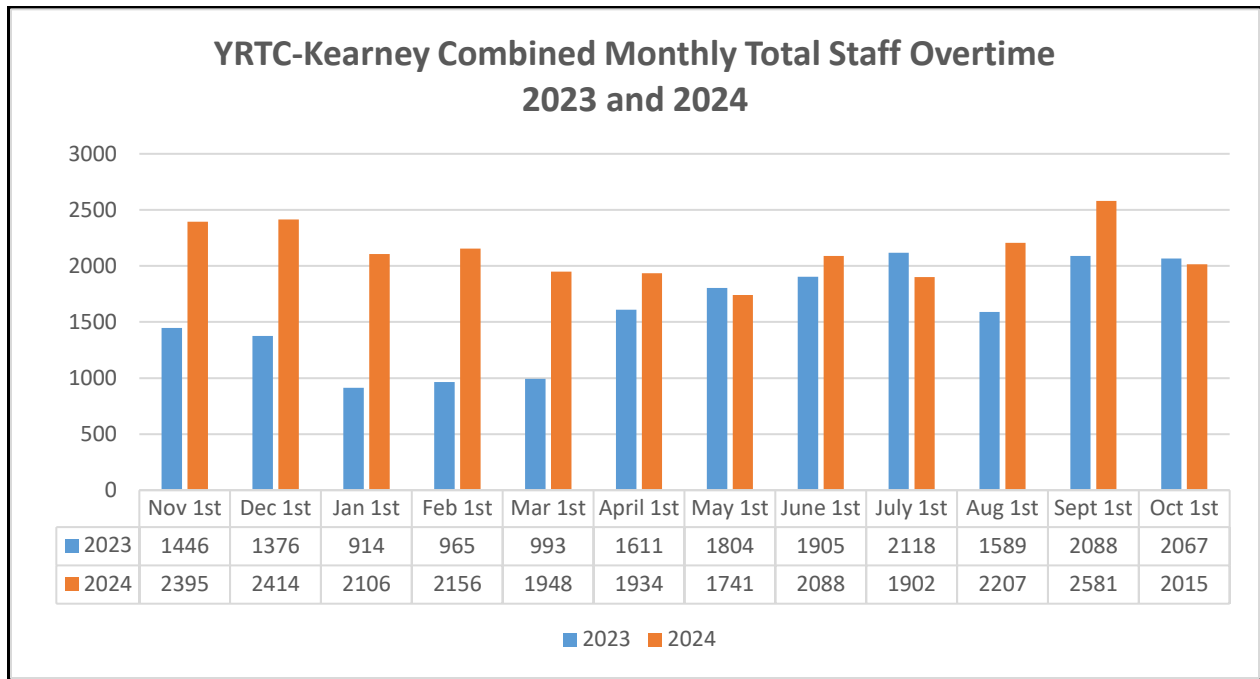
The table below shows the staffing numbers provided by DHHS for the past 5 reporting years. (See Table 15.)

**Table 15**

<b>YRTC-Kearney Staffing – Permanent and Temporary Staff on October 31<sup>st</sup> of Each Respective Year</b>					
	<b>2020</b>	<b>2021</b>	<b>2022</b>	<b>2023</b>	<b>2024</b>
<b>Number of Positions Needed in HR Staffing Plan for FY23</b>	255 for FY21	258 for FY22	260 for FY23	257 for FY24	219 for FY25
<b>Number of Positions Filled</b>	153	133	156	138 Perm 3 Temp	151 Perm 1 Temp
<b>Number of Positions Vacant</b>	102	125	104	106	67
<b>Monthly Turnover Rate</b>	N/A	3%	1.6%	3.8%	3.9%
<b>Aggregate Turnover Rate</b>	32%	35%	18%	46%	46%

**Chart 9** illustrates the total combined monthly staff overtime for the periods of November 1, 2022 until October 31, 2024.

**Chart 9**



**Vacancies by Position**

The table below illustrates the positions in which vacancies exist and what percentage by position type were filled on October 31, 2024. The percentage of filled positions reported was at an overall rate of 69%. As of October 31, 2024, within those vacancies were key positions, such as Behavioral Health Practitioners, a Licensed Practical Nurse, a Licensed Psychologist, and a teacher as shown in the **Table 16**.

**Table 16**

<b>POSITION TITLE</b>	<b>Number of Positions Allocated on October 31, 2024</b>	<b>Filled Permanent and/or Temp/PRN Staff on October 31, 2024</b>	<b>Percent Filled</b>
ACCOUNTANT I (NEW)	2	2	100%
ADMINISTRATIVE NURSE (NEW)	1	1	100%
ADMINISTRATIVE PROGRAMS OFFICER I (NEW)	1	1	100%
ADMINISTRATIVE PROGRAMS OFFICER II (NEW)	1	1	100%

ADMINISTRATIVE SPECIALIST (NEW)	1	1	100%
ADMINISTRATIVE TECHNICIAN (NEW)	1	1	100%
BEHAVIORAL HEALTH PRACTITIONER I (NEW)	3	3	100%
BEHAVIORAL HEALTH PRACTITIONER IV (NEW)	6	3	50%
BEHAVIORAL HEALTH PRACTITIONER SUPERVISOR II (NEW)	2	1	50%
CLINICAL PROGRAM MANAGER	1	1	100%
COMPLIANCE SPECIALIST	2	2	100%
CORR CANTEEN OPERATOR	1	1	100%
DHHS FACILITY ADMINISTRATOR	1	1	100%
DHHS PROGRAM MANAGER I	1	1	100%
FACILITY OPERATING OFFICER	1	0	0%
FOOD SERVICE DIRECTOR I	1	0	0%
FOOD SERVICE MANAGER	1	0	0%
FOOD SERVICE WORKER (NEW)	8	4	50%
LAUNDRY WORKER	1	1	100%
LICENSED PRACTICAL NURSE (NEW)	1	0	0%
MAINTENANCE TECHNICIAN (NEW)	2	2	100%
OFFICE SPECIALIST (NEW)	2	2	100%
OFFICE TECHNICIAN (NEW)	3	3	100%
PRINCIPAL	1	1	100%
PSYCHOLOGIST/LICENSED	1	0	0%
RECREATION ASSISTANT	4	2	50%
RECREATION MANAGER	1	1	100%
REGISTERED NURSE (NEW)	2	2	100%
RELIGIOUS COORDINATOR	1	1	100%
TEACHER (SCATA CONTRACT)	23	21	91%
TEACHER/SUBSTITUTE	1	1	100%
TEACHER/TEMPORARY	1	0	0%
YOUTH COUNSELOR I	14	7	50%
YOUTH COUNSELOR SUPERVISOR	8	6	75%
YOUTH SECURITY SPECIALIST II	101	62	61%
YOUTH SECURITY SUPERVISOR	17	16	94%
<b>Total</b>	<b>219</b>	<b>152</b>	<b>69%</b>

### Recent Inspection Reports

The annual inspection reports are attached to this report. There were no significant concerns identified in those reports.



## YRTC-HASTINGS

YRTC-Hastings serves female youth by providing evidence-based cognitive behavioral and skill-building programming, as well as individual therapy for mental health, behavioral health, and substance use needs. YRTC-Hastings includes educational programming as part of a youth’s treatment plan and an on-campus junior/senior high school.

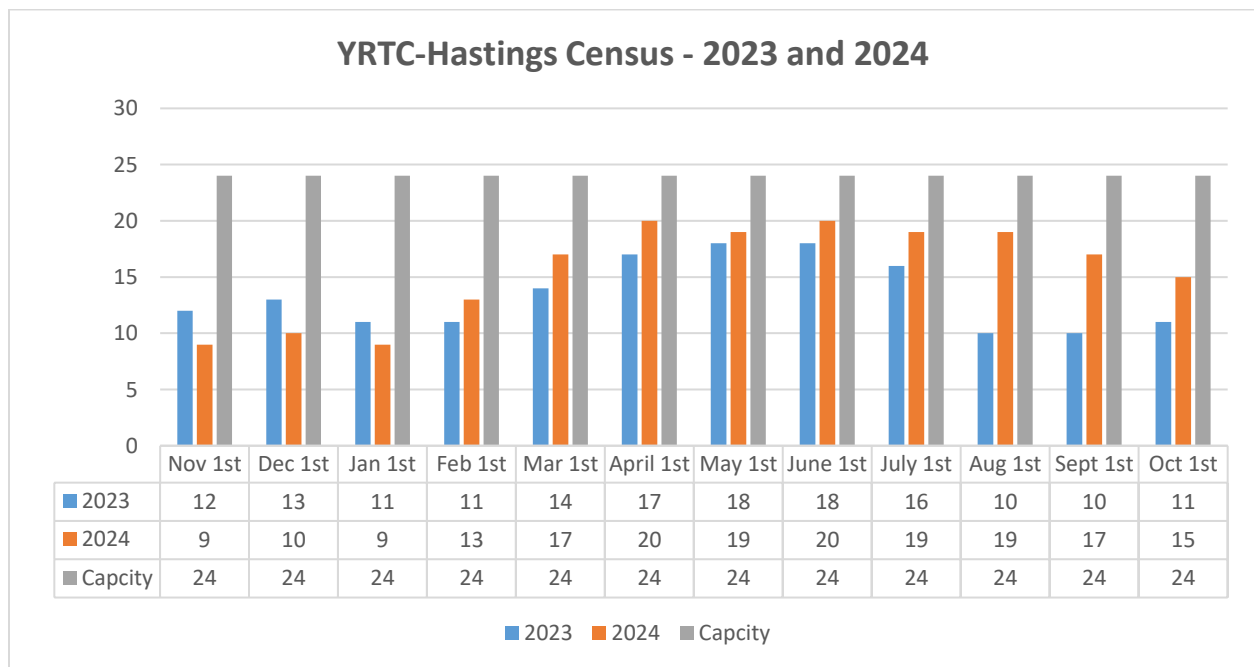
YRTC-Hastings sits on a large, open campus comprised of a number of buildings, including an administration building, a chapel used as a gym/recreation area, a school building that includes a kitchen and dining area, and two living units/cottages. Youth are not allowed to have any contact with the youth living in the unit other from the one in which they live.

YRTC-Hastings is accredited with the ACA and is also a member of the Council for Juvenile Correctional Administrators’ Performance-Based Standards (PbS) Project, a model which utilizes national standards and performance outcome measures to improve conditions of confinement and treatment in residential facilities.

### Capacity and Census

The licensed capacity total for YRTC-Hastings is 24. For the current reporting period, the average monthly census in 2022/23 was 13 and 16 in 2023/24. **Chart 10** illustrates the licensed capacity and combined monthly census for all units during the periods of November 1, 2022 until October 31, 2024.

**Chart 10**



## Complaints to OPC regarding YRTC-Hastings

For the period of December 1, 2023 through November 30, 2024, the OPC received 5 complaints regarding YRTC-Hastings. While there was not evidence to support findings in all complaints, those received involved concerns with the food, the presence of bugs in the units, medial responsiveness, lack of programming, and concerns regarding some staff members.

## Facility Inspection

Table 17 provides any highlights observed by OPC staff during the facility inspection.

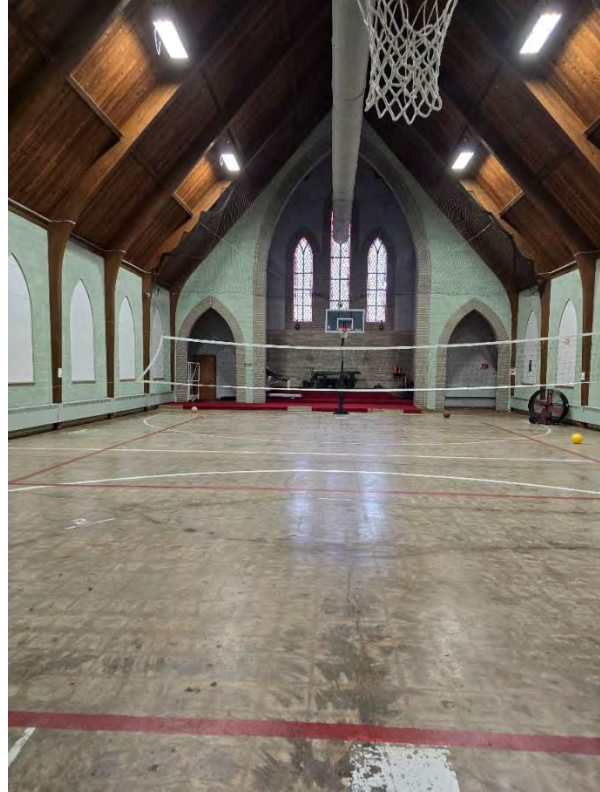
Table 17

Facility Description	General Observations	Areas of Concern
Grounds	<p>No major destruction or structural issues identified.</p> <p>Campus is large, with expansive yard space and trees.</p>	<p>While the grounds were all mowed and free of debris, they do not appear to watered or manicured on a regular basis.</p> <p>A small solar powered greenhouse has been added for the youth to enjoy gardening.</p>
Administration Building	<p>No major destruction or structural issues identified.</p> <p>The reception area is attractive with updated furniture.</p> <p>Staff offices seem to be sufficient size and condition for their purpose.</p>	
Unit A	<p>No major destruction or structural issues identified.</p> <p>These buildings are new in the past 5 years; therefore, the units have a fresh design and newer furniture, the flooring is all in good condition, and overall, they appear very clean.</p>	<p>Some of the bedrooms have large strips of wallpaper youth have removed from the walls. The facility administrator reported that the wallpaper stripping by the youth has been problematic for some time, and they are exploring other alternatives to avoid this in the future.</p> <p>Much of the trim around the windows and door casings has been replaced with trim that is less destructible due prior damage by the youth.</p>
Unit B		

		Due to the layout of the buildings and being placed parallel to one another, the facility reports concerns with youth antagonizing each other through the windows. Therefore, the primary windows and doors have been frosted to eliminate this behavior, reducing the amount of natural sunlight onto the units.
School and Cafeteria	<p>No major destruction or structural issues identified.</p> <p>The classrooms have sufficient space, fresh design, newer furniture, and flooring is all in good condition. Overall, they appear very clean.</p> <p>The cafeteria and kitchen are in new condition and well kept.</p>	
Chapel	The chapel has been transformed into a gym area. The space works for this use but is not ideal. It would be beneficial for the youth to have more recreation and programming areas like at YRTC-Kearney.	







**Major Projects/Improvements**

<b>In Progress Projects</b>	<b>Projected Completion Date</b>
None known	
<b>Pending</b>	<b>Projected Completion Date</b>
None known	
<b>Completed Projects During the Current Reporting Year</b>	
Repair to broken trim pieces within the living units.	
Construction of a small green house for the youth to utilize in growing plants.	

## YRTC-Hastings Staffing

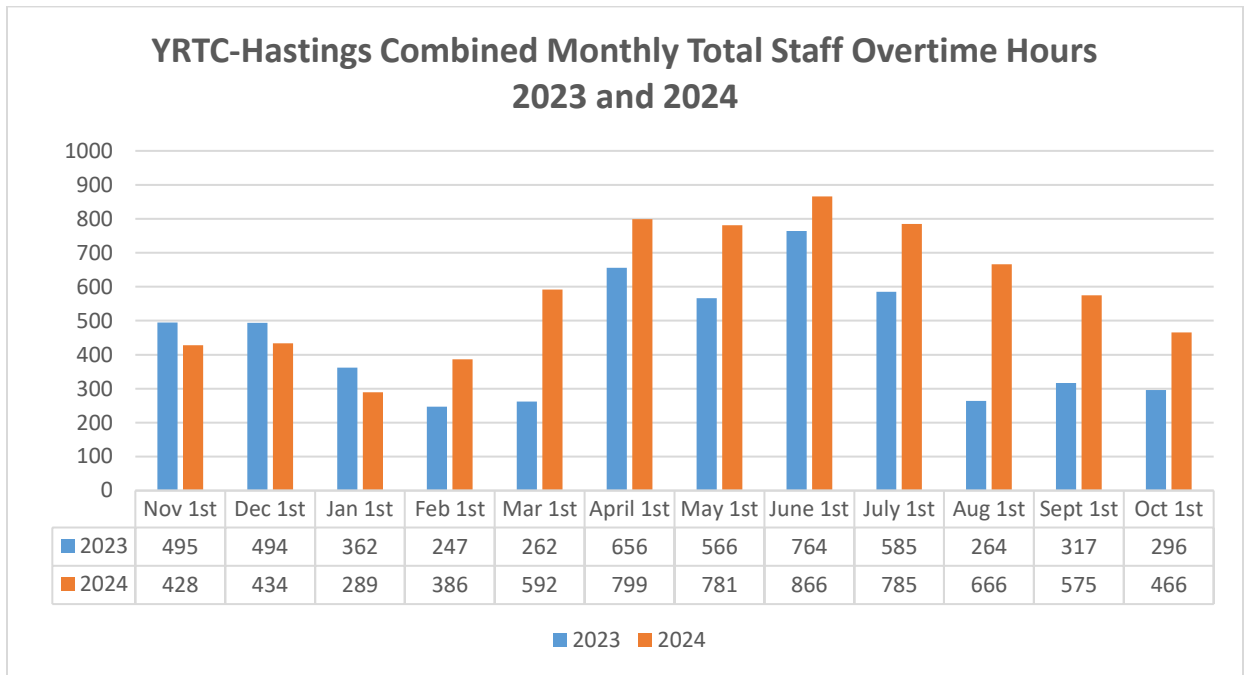
The table below shows the staffing numbers provided by DHHS for the past 5 reporting years. (See Table 18.)

**Table 18**

<b>YRTC-Hastings Staffing – Permanent and Temporary Staff on October 31<sup>st</sup> of Each Respective Year</b>					
	<b>2020</b>	<b>2021</b>	<b>2022</b>	<b>2023</b>	<b>2024</b>
<b>Number of Positions Needed in HR Staffing Plan for FY23</b>	83 for <b>FY21</b>	116 for <b>FY22</b>	118 for <b>FY23</b>	112 for <b>FY24</b>	100 for <b>FY25</b>
<b>Number of Positions Filled</b>	64	72	81	80 Perm 0 Temp	73
<b>Number of Positions Vacant</b>	19	39	37	32	27
<b>Monthly Turnover Rate</b>	N/A	3%	2.2%	4.2%	3.5%
<b>Aggregate Turnover Rate</b>	23%	38%	24.4%	50%	42%

**Chart 11** illustrates the total combined monthly staff overtime for the periods of November 1, 2022 until October 31, 2024.

**Chart 11**



**Vacancies by Position**

The table below illustrates the positions in which vacancies exist and what percentage by position type were filled on October 31, 2024. The percentage of filled positions reported was at an overall rate of 73%. As of October 31, 2024, within those vacancies were key positions vacant, such as Behavior Health Practitioners a Licensed Practical Nurse, a Licensed Psychologist, and a school principal, as shown in the **Table 19**.

**Table 19**

<b>POSITION TITLE</b>	<b>Number of Positions Allocated on October 31, 2024</b>	<b>Filled Permanent and/or Temp/PRN Staff on October 31, 2024</b>	<b>Percent Filled</b>
ACTIVITY SPECIALIST	1	1	100%
ADMINISTRATIVE NURSE (NEW)	1	1	100%
ADMINISTRATIVE SPECIALIST (NEW)	1	1	100%
ADMINISTRATIVE TECHNICIAN (NEW)	1	1	100%
BARBER/BEAUTICIAN	1	1	100%
BEHAVIORAL HEALTH PRACTITIONER I (NEW)	1	1	100%

BEHAVIORAL HEALTH PRACTITIONER II (NEW)	3	0	0%
BEHAVIORAL HEALTH PRACTITIONER IV (NEW)	1	0	0%
COMPLIANCE SPECIALIST	1	1	100%
DHHS FACILITY ADMINISTRATOR	1	1	100%
FACILITY OPERATING OFFICER	1	1	100%
FOOD SERVICE MANAGER	1	1	100%
FOOD SERVICE WORKER (NEW)	5	3	60%
MAINTENANCE TECHNICIAN (NEW)	2	2	100%
NURSE PRACTITIONER	2	1	50%
OFFICE SPECIALIST (NEW)	2	2	100%
OFFICE TECHNICIAN (NEW)	1	1	100%
PRINCIPAL	1	0	0%
PSYCHOLOGIST/LICENSED	1	1	100%
RECREATION MANAGER	1	0	0%
RECREATION SPECIALIST	2	0	0%
REGISTERED NURSE (NEW)	2	2	100%
RELIGIOUS COORDINATOR	1	0	0%
TEACHER (SCATA CONTRACT)	10	5	50%
YOUTH COUNSELOR I	2	1	50%
YOUTH COUNSELOR SUPERVISOR	3	3	100%
YOUTH SECURITY SPECIALIST II	38	31	82%
YOUTH SECURITY SUPERVISOR	13	11	85%
<b>Total</b>	<b>100</b>	<b>73</b>	<b>73%</b>

### Recent Inspection Reports

The annual inspection reports are attached to this report. There were no significant concerns identified in those reports.

### YRTC- LINCOLN

YRTC-Lincoln serves high-acuity male and female youth who require more intensive and individualized interventions, such as targeted behavioral and trauma-based programming. Established in 2020, it is a newer facility. Youth enter the YRTC system through either YRTC-Hastings or YRTC-Kearney. YRTC-Lincoln provides a different, more secure physical structure than YRTC-Hastings or YRTC-Kearney.

At YRTC-Lincoln's start, DHHS entered into a 5-year contract with Lancaster County to lease space within the Lancaster County Youth Services Center (LCYSC). LCYSC provides for detention of youth being processed through the juvenile justice system or youth adjudicated or



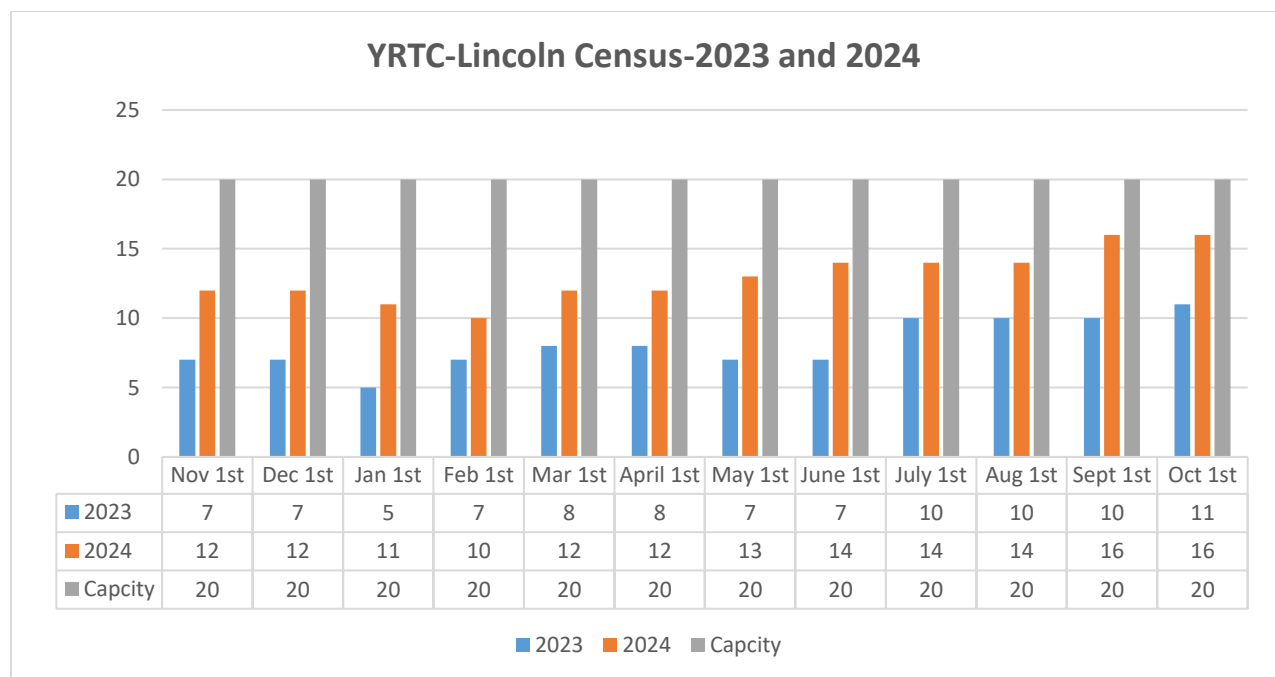
ordered by an adult criminal court to serve a specified time frame. Food and maintenance are also sourced through LCYSC. However, the youth populations of each facility do not mix.

YRTC-Lincoln consists of one main building on a closed campus with a fence. This building is comprised of a secure living area for male youth, a secure living area for female youth, a day room, a school room, a library, a medical room, a group/kitchen room, a gym, a visitation room, and an outside fenced in, grassy area.

### Capacity and Census

The licensed capacity total for YRTC-Lincoln is 20. For the current reporting period, the average monthly census in 2022/23 was 8 and 13 in 2023/24. **Chart 12** illustrates the licensed capacity and combined monthly census for all units during the periods of November 1<sup>st</sup>, 2022 until October 31<sup>st</sup>, 2024.

**Chart 12**



### Complaints to OPC regarding YRTC-Lincoln

For the period of December 1, 2023 through November 30, 2024, the OPC received 4 complaints regarding YRTC-Lincoln. While there was not evidence to support findings in all complaints, the complaints received were in regard to child safety and the manner in which physical restraints were utilized.

## Facility Inspection

Table 20 provides any highlights observed by OPC staff during the facility inspection.

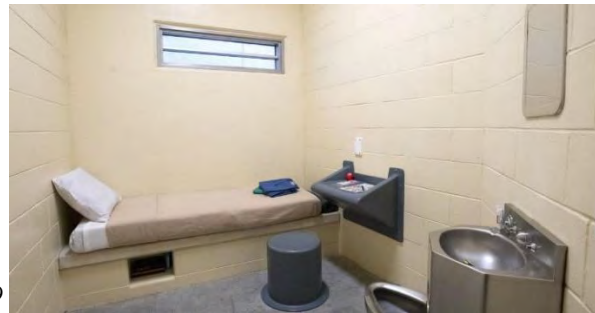
Table 20

Facility Description	General Observations	Areas of Concern
Grounds	The facility is well-kept on the exterior, although OPC staff observed the back area designed for an outdoor space to be overgrown in the summer, making it difficult for the youth to use.	YRTC-Lincoln is a leased space shared with LCYSC. It is constructed as a traditional detention facility with locking doors at unit entrance and in the individual sleeping areas, limiting movement of the individuals served, as well as fenced yards outdoors.
Administration Office	No major destruction or structural issues identified.  This is a shared space with the LCYSC Administrative Staff.  The reception area is attractive with updated furniture.  Staff offices seem to be sufficient size and condition for their purpose.	This is a shared space with the LCYSC Administrative Staff.
Echo Pod	No major destruction or structural issues identified.  The two pods each have 10 private cells lining the exterior walls. One pod houses the female youth, and the other houses the male youth. The pods are joined by one common area.	Mice have been found in the building on occasion.  Carpets were stained.  Although the mattresses and pillows were selected to reduce potential hazards from self-harming behavior, the sleeping areas are constructed of a hard cement surface, and the mattresses do not extend to the full length of the slab. A larger youth may not fit well on the space provided. The pillows are very thin and covered with plastic.
Foxtrot Pod		
J Pod	This unit once housed programming and educational space for youth. However, it is temporarily closed due to a	

	broken window on the unit, caused by youth, that is in progress of being repaired.	
Gym	<p>No major destruction or structural issues identified.</p> <p>The gym space is spacious and in good condition.</p> <p>This is a shared space with the LCYSC, although YRTC youth do not utilize the gym while LCYSC youth are present.</p>	
Classrooms	<p>No major destruction or structural issues identified.</p> <p>Overall, classroom space is somewhat limited due to the space being shared with the LCYSC.</p> <p>This is a shared space with the LCYSC, although youth committed to the YRTC do not utilize while LCYSC youth are present.</p>	



9



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<sup>9</sup> <https://nebraskaexaminer.com/2023/12/22/aclu-sees-red-flag-in-increase-in-use-of-solitary-confinement-for-juveniles/>

<sup>10</sup> <https://www.ketv.com/article/its-more-with-a-treatment-focus/30758519>

## Major Projects/Improvements

In Progress Projects	Projected Completion Date
None known	
Pending	Projected Completion Date
Repair the JPod Unit to utilize for programming	December 2024
Completed Projects During the Current Reporting Year	
None known	

## YRTC-Lincoln Staffing

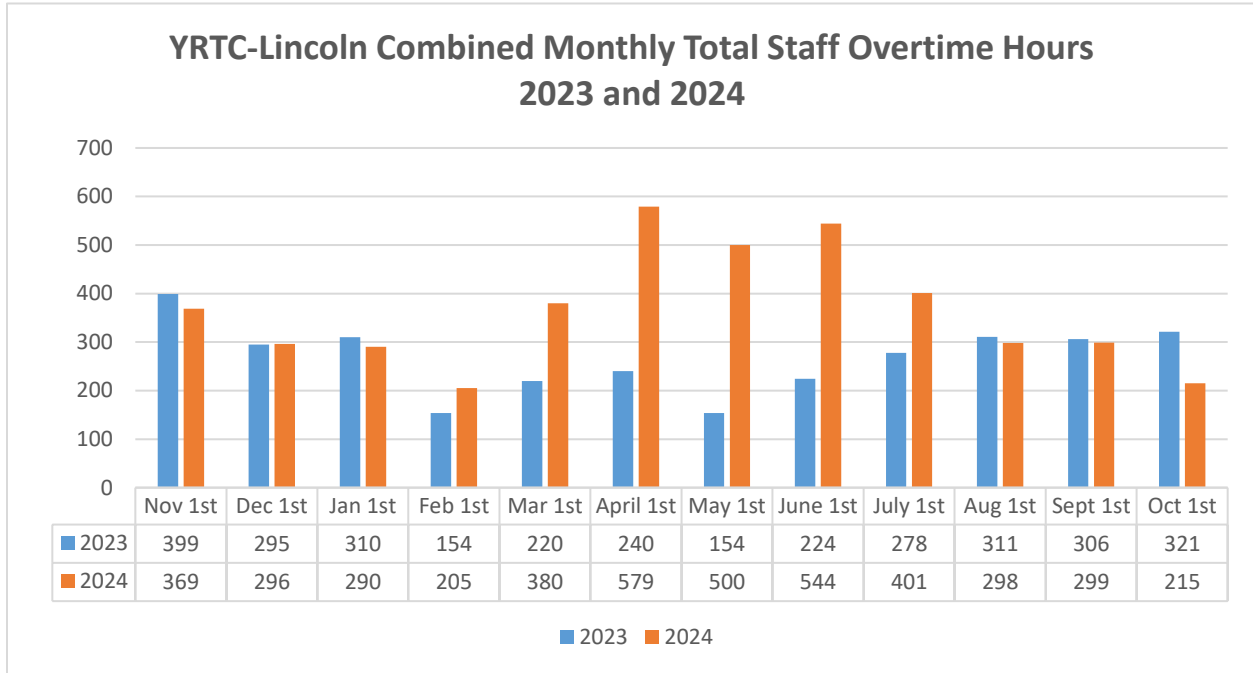
The table below shows the staffing numbers provided by DHHS for the past 5 reporting years. (See Table 21.)

Table 21

YRTC-Lincoln Staffing – Permanent and Temporary Staff					
	2020	2021	2022	2023	2024
<b>Number of Positions Needed in HR Staffing Plan for FY23</b>	53 for FY21	56 for FY22	100 for FY23	101 for FY24	80 for FY25
<b>Number of Positions Filled</b>	47	50	52	53	63 Perm 1 Temp
<b>Number of Positions Vacant</b>	6	8	48	48	16
<b>Monthly Turnover Rate</b>	N/A	4%	2.8%	3.7%	3.6%
<b>Aggregate Turnover Rate</b>	N/A	42%	31%	44%	43%

**Chart 13** illustrates the total combined monthly staff overtime for the periods of November 1, 2022 until October 31, 2024.

**Chart 13**



**Vacancies by Position**

The table below illustrates the positions in which vacancies exist and what percentage by position type were filled on October 31, 2024. The percentage of filled positions reported were at an overall rate of 80%. As of October 31, 2024, within those vacancies were key positions not filled such as Behavioral Health Practitioners, a Licensed Practical Nurse, and a Compliance Specialist, and a teacher as shown in **Table 22**.

**Table 22**

<b>POSITION TITLE</b>	<b>Number of Positions Allocated on October 31, 2024</b>	<b>Filled Permanent and/or Temp/PRN Staff on October 31, 2024</b>	<b>Percent Filled</b>
ACTIVITY SPECIALIST	1	1	100%
ADMINISTRATIVE SPECIALIST (NEW)	1	1	100%
ADMINISTRATIVE TECHNICIAN (NEW)	1	1	100%
BEHAVIOR SUPPORT SPECIALIST	2	2	100%

BEHAVIOR TECHNICIAN	44	35	80%
BEHAVIOR TECHNICIAN LEAD	13	10	77%
BEHAVIOR TECHNICIAN PROGRAMMING COORDINATOR	2	1	50%
BEHAVIOR TECHNICIAN SUPERVISOR	2	2	100%
BEHAVIORAL HEALTH PRACTITIONER II (NEW)	1	0	0%
BEHAVIORAL HEALTH PRACTITIONER IV (NEW)	1	1	100%
BOARD CERTIFIED BEHAVIOR ANALYST CLINICAL SUPERVISOR	1	0	0%
COMPLIANCE SPECIALIST	1	0	0%
CONSULTANT	1	1	100%
DHHS FACILITY ADMINISTRATOR	1	1	100%
PRINCIPAL	1	1	100%
REGISTERED NURSE (NEW)	1	1	100%
TEACHER (SCATA CONTRACT)	4	4	100%
YOUTH SECURITY SPECIALIST II	2	2	100%
<b>Total</b>	<b>80</b>	<b>64</b>	<b>80%</b>

### Recent Inspection Reports

The annual inspection reports are attached to this report. There were no significant concerns identified in those reports.

### WHITEHALL

Whitehall helps adolescents manage their mental health challenges through person-centered care. Until recently, Whitehall focused on treating male adolescents who have sexually offended. However, in the fall of 2020, the Hastings Juvenile Chemical Dependency Program was relocated from the former Hastings Regional Center (HRC) to Whitehall. There are now currently two distinct programming offerings on the Whitehall campus: treatment for youth who sexually harm and the substance use program.

Youth are referred to Whitehall by the Courts and Juvenile Probation, DHHS, or self-referred by a family member. An interdisciplinary team that includes mental health and medical practitioners, social workers, substance use counselors, and other professionals, diagnoses and plans treatment for the youth.

The Whitehall campus is comprised of several different buildings and areas to meet youth's housing, educational, recreation, and dining needs. Youth are housed according to the program in which they participate.

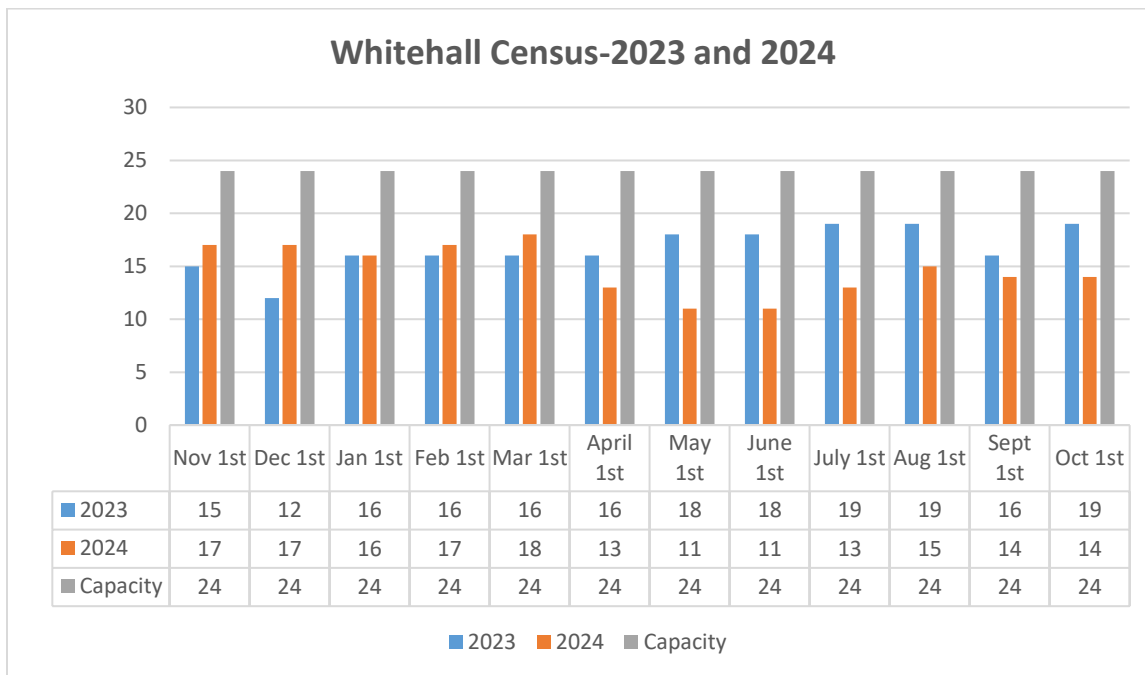
Whitehall is a PRTF licensed and accredited as part of LRC, and is considered an extension of LRC, which is a Joint Commission-accredited state psychiatric hospital. Whitehall is licensed

and meets statutory requirements as a MHSU Treatment Center and is licensed by the DHHS Division of Public Health as a residential child-caring agency.

### Capacity and Census

The licensed capacity total for Whitehall is 24. For the current reporting period, the average monthly census in 2022/23 was 17 and 15 in 2023/24. **Chart 14** illustrates the licensed capacity and combined monthly census for all units during the periods of November 1, 2022 until October 31, 2024.

**Chart 14**



### Complaints to OPC regarding Whitehall

For the period of December 1, 2023 through November 30, 2024, the OPC received one complaint regarding Whitehall. The complaint was in regard to campus-wide ADA accessibility.

### Facility Inspection

**Table 23** provides any highlights observed by OPC staff during the facility inspection.

Table 23

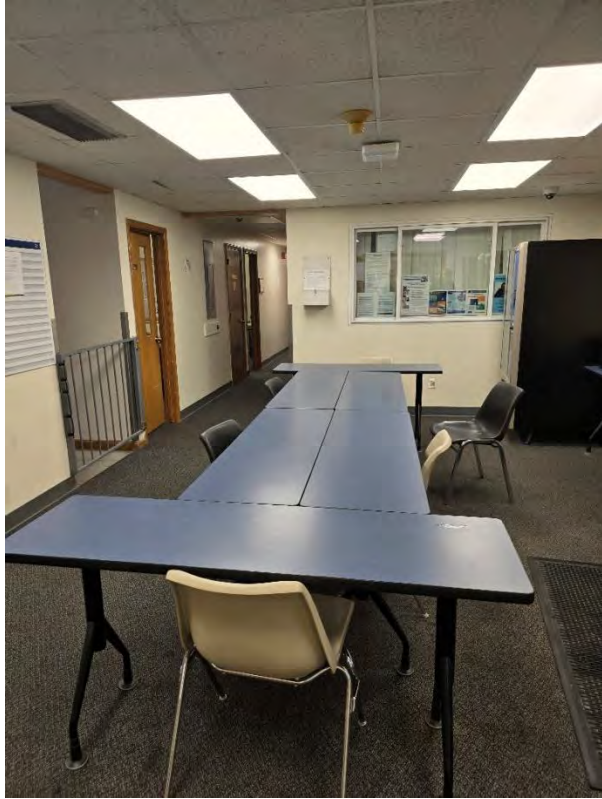
Facility Description	General Observations	Areas of Concern
Grounds	<p>Campus is large, with expansive yard space and trees. Several buildings on campus are either abandoned due to age or utilized by other state agencies.</p> <p>Sidewalks leading to and from buildings are badly cracked. Some sidewalks have abrupt drops and steep grades that are not marked. A few sidewalks have small drainage ditches alongside, which are not separated by any safety features.</p>	<p>While the grounds were all mowed and free of debris, they do not appear to be watered or manicured on a regular basis.</p> <p>The grounds lack dedicated recreation space for outdoor activities.</p>
Administration Building	No major destruction or structural issues identified.	<p>The Whitehall Campus is generally outdated in terms of design, layout, and structure and not the most conducive for the care of youth.</p> <p>The carpet is old, worn, stained in most buildings.</p> <p>Bathrooms smell very musty with an overtone of cleaning chemicals. Ventilation in some bathrooms is aging and does not appear to sufficiently help reduce mold and mildew growth.</p> <p>Some bedroom floors are bare and are only painted concrete. Others are tile with artificial wood grain, which looks nice but does not feel home-like.</p> <p>Wooden platforms for beds are old and worn. Mattresses are thin and worn, and some have cracks.</p> <p>Bedrooms are not equal in size - those on the corner are larger.</p> <p>Unit basements are not in use because of leaking from exterior sources.</p>
Warner Cottage	No major destruction or structural issues identified.	
Community Life Center	No major destruction or structural issues identified.	
Family Life Center	No major destruction or structural issues identified.	

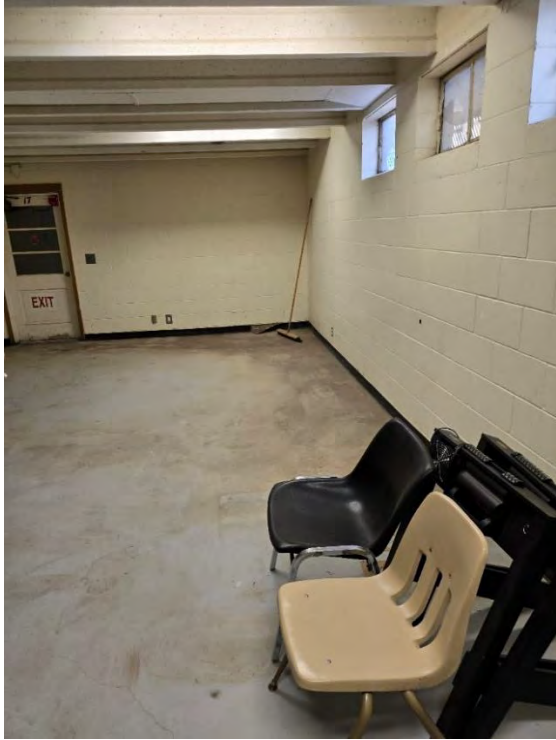


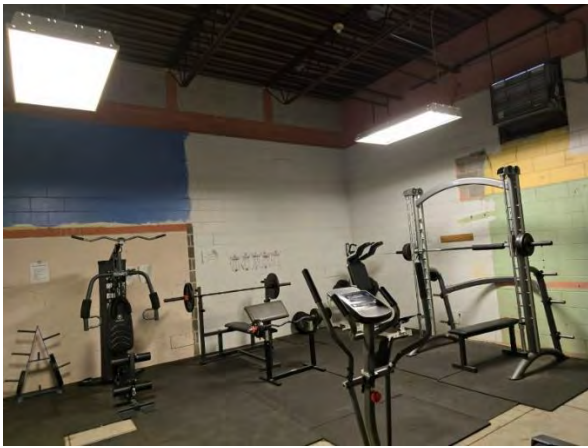
		Unit kitchen areas are mostly unused and take up space that could be used for therapy rooms or other uses.
School	No major destruction or structural issues identified.	This are is also old and not enough space to allow for learning.
Gym and Weight room	No major destruction or structural issues identified.	The gym and weight room spaces have been adapted for the purposes they serve but have poor lighting, no air conditioning, and a painted concrete floor.

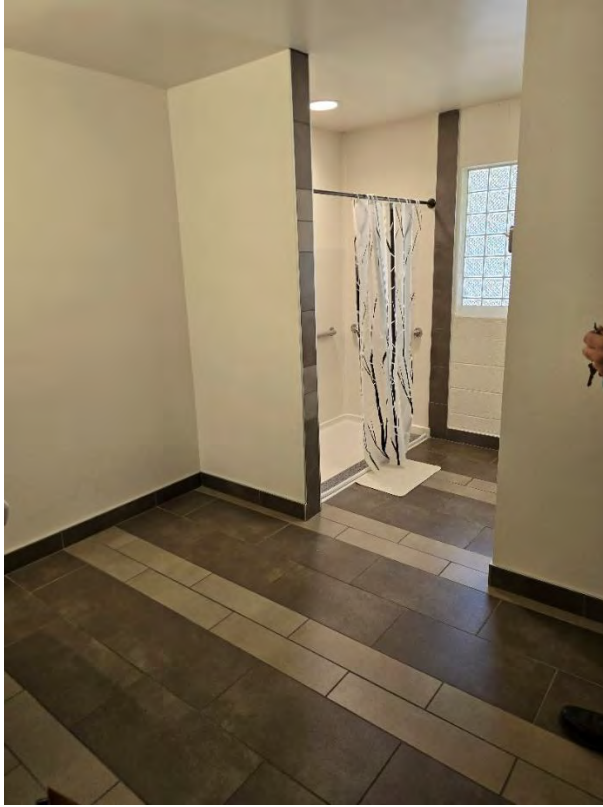












**Major Projects/Improvements**

<b>In Progress Projects</b>	<b>Projected Completion Date</b>
None known	
<b>Pending</b>	<b>Projected Completion Date</b>
ADA campus improvement response project, which has involved an architect surveying the campus to assess what the needs are to bring campus within compliance with ADA regulations. An estimated completion date has not been given at this time.	Unknown
Cottage basements will be repaired to fix leaking issues from the outdoors.	Spring 2025
<b>Completed Projects During the Current Reporting Year</b>	

Fire alarm system in the Training and Administration Building was updated to include a visual alarm system.  
 Several dead trees were removed from campus.

### Whitehall Staffing

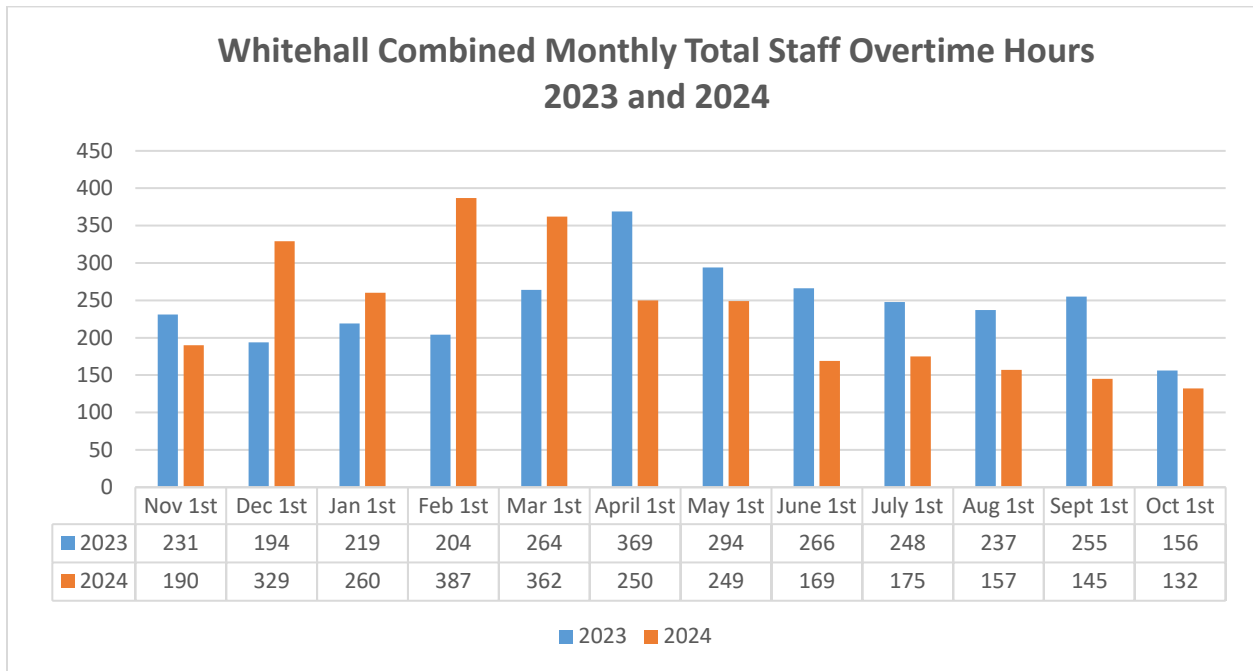
The table below shows the staffing numbers provided by DHHS for the past 5 reporting years. (See Table 24.)

**Table 24**

<b>Whitehall Staffing – Permanent and Temporary Staff on October 31<sup>st</sup> of Each Respective Year</b>					
	<b>2020</b>	<b>2021</b>	<b>2022</b>	<b>2023</b>	<b>2024</b>
<b>Number of Positions Needed in HR Staffing Plan for FY23</b>	58 for <b>FY21</b>	59 for <b>FY22</b>	47 for <b>FY23</b>	83 for <b>FY24</b>	71 for <b>FY25</b>
<b>Number of Positions Filled</b>	57	46	36	63	60 Perm 1 Temp
<b>Number of Positions Vacant</b>	1	13	11	20	10
<b>Monthly Turnover Rate</b>	N/A	2%	1.4%	.9%	1.5%
<b>Aggregate Turnover Rate</b>	N/A	26%	15%	11%	18%

**Chart 15** illustrates the total combined monthly staff overtime for the periods of November 1, 2022 until October 31, 2024.

**Chart 15**



**Vacancies by Position**

The table below illustrates the positions in which vacancies exist and what percentage by position type were filled on October 31, 2024. The percentage of filled positions reported were at an overall rate of 86%. As of October 31, 2024, within those vacancies were key positions not filled such as a Compliant Specialist and a Certified Master Social Worker, as shown in the **Table 25**.

**Table 25**

<b>POSITION TITLE</b>	<b>Number of Positions Allocated on October 31, 2024</b>	<b>Filled Permanent and/or Temp/PRN Staff on October 31, 2024</b>	<b>Percent Filled</b>
ACTIVITY SPECIALIST	2	2	100%
ACTIVITY SUPERVISOR	1	1	100%
ADMINISTRATIVE NURSE (NEW)	1	1	100%
ADMINISTRATIVE SPECIALIST (NEW)	2	2	100%
BEHAVIORAL HEALTH PRACTITIONER I (NEW)	1	1	100%



BEHAVIORAL HEALTH PRACTITIONER II (NEW)	2	2	100%
BEHAVIORAL HEALTH PRACTITIONER III (NEW)	1	1	100%
CERTIFIED MASTER SOCIAL WORKER	1	0	0%
CLINICAL PROGRAM MANAGER	1	1	100%
COMPLIANCE SPECIALIST	1	0	0%
FACILITY OPERATING OFFICER	1	1	100%
HEALTH INFORMATION MANAGER	1	1	100%
HUMAN SERVICES TREATMENT SPECIALIST I	1	1	100%
OFFICE TECHNICIAN (NEW)	1	1	100%
PSYCHOLOGIST/LICENSED	1	1	100%
REGISTERED NURSE (NEW)	2	2	100%
TEACHER (SCATA CONTRACT)	5	5	100%
YOUTH COUNSELOR I	2	2	100%
YOUTH COUNSELOR SUPERVISOR	2	2	100%
YOUTH SECURITY SPECIALIST II	33	27	82%
YOUTH SECURITY SUPERVISOR	9	7	78%
<b>Total</b>	<b>71</b>	<b>61</b>	<b>86%</b>

### Recent Licensure and Inspection Reports

The annual inspection reports are attached to this report. There were no significant concerns identified in those reports.

The Whitehall Certification of Licensure is active at the time of this report. <sup>11</sup>

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<sup>11</sup> Licensure information was found at this website link: <https://www.nebraska.gov/LISSearch/search.cgi>

## **Attachments**

# Sprinkler Inspection, Testing and/or Maintenance Certificate

*For*

Lincoln regional center B 10  
801 west prospector  
Lincoln, Ne 68522

This inspection was performed in accordance with NFPA 101, EDITION 2012, LIFE SAFETY CODE, NFPA 72, EDITION 2010, FIRE ALARM SYSTEMS, NFPA 25, EDITION 2011, WATER-BASED FIRE PROTECTION SYSTEMS and other regulatory standards applicable to this inspection.

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

*5-Year Inspection  
Inspection Completion Date  
Jan 26, 2023*

Building: Lincoln regional center B 10  
Contact: bevin Na  
Title: Maintance manager

Company: NIFCO Mechanical Systems  
Contact: Jerad Baxter  
Title: Inspector

# *Executive Summary*

Generated by: *BuildingReports.com*

## Building Information

**Building:** Lincoln regional center B 10  
**Address:** 801 west prospector  
**Address:**  
**City/State/ZIP Code:** Lincoln, Ne 68522  
**Country:** United States of America

**Contact:** bevin Na  
**Phone:** Na  
**Fax:**  
**Mobile:**  
**Email:**

## Inspection Performed By

**Company:** NIFCO Mechanical Systems  
**Address:** 500 Blue Heron Dr  
**Address:**  
**City/State/ZIP Code:** Lincoln, NE 68522-1701  
**Country:** United States of America

**Inspector:** Jerad Baxter  
**Phone:** 402-477-0666  
**Fax:**  
**Mobile:** 531-220-1709  
**Email:** [jbaxter@nifcomechanical.com](mailto:jbaxter@nifcomechanical.com)

<b>Inspection Completion Date: Jan 26, 2023</b>					
<b>Building: Lincoln regional center B 10</b>					
<b>EC 02.03.05 EP 01</b>	The organization tests supervisory signal devices on the inventory with the following time frames: Quarterly for pressure supervisory indicating devices (including both high- and low-air pressure switches), water level supervisory indicating devices, water temperature supervisory indicating devices, room temperature supervisory indicating devices, and other suppression system supervisory initiating devices. Semiannually for valve supervisory switches. Annually for other supervisory initiating devices. NFPA 72-2010 Table 14.4.5				
<b>Devices</b>	<b>Tested This Quarter</b>	<b>Pass</b>	<b>Fail</b>	<b>Tested YTD (2023)</b>	<b>Total Quantity</b>
Supervisory Signal	0	0	0	0	6
<b>EC 02.03.05 EP 02</b>	Six-month testing of tamper switches; vane-type/pressure-type water-flow devices. Quarterly testing of mechanical water-flow devices. NFPA 72-2010 Table 14.4.5; NFPA 25-2011 Table 5.1.1.2.				
<b>Devices</b>	<b>Tested This Quarter</b>	<b>Pass</b>	<b>Fail</b>	<b>Tested YTD (2023)</b>	<b>Total Quantity</b>
Tamper Switch	0	0	0	0	7
Waterflow Switch	0	0	0	0	3
<b>EC 02.03.05 EP 09</b>	Annual test of main drains at system low point or at all system risers. NFPA 25-2011: 13.2.5				
<b>Devices</b>	<b>Tested This Quarter</b>	<b>Pass</b>	<b>Fail</b>	<b>Tested YTD (2023)</b>	<b>Total Quantity</b>
Drain	0	0	0	0	1
<b>EC 02.03.05 EP 10</b>	Quarterly inspection of all fire department water supply connections. NFPA 25-2011: 13.7				
<b>Devices</b>	<b>Tested This Quarter</b>	<b>Pass</b>	<b>Fail</b>	<b>Tested YTD (2023)</b>	<b>Total Quantity</b>
Fire Dep't Connection	1	1	0	1	1
<b>LS 02.01.35 EP 03/EP 04</b>	Piping supports are not damaged or loose. Piping not used to support any other item. NFPA 101-2012 18/19.3.5				
<b>Devices</b>	<b>Tested This Quarter</b>	<b>Pass</b>	<b>Fail</b>	<b>Tested YTD (2023)</b>	<b>Total Quantity</b>
Piping	1	1	0	1	1
<b>LS 02.01.35 EP 14</b>	All other Life Safety Code automatic extinguishing requirements related to NFPA 101-2012 18/19.3.5				
<b>Devices</b>	<b>Tested This Quarter</b>	<b>Pass</b>	<b>Fail</b>	<b>Tested YTD (2023)</b>	<b>Total Quantity</b>
Gauge	1	1	0	1	1
Inspector's Test	0	0	0	0	1
Post Indicator Valve	0	0	0	0	1
<b>Total Device Count: 22</b>					

Certification	
<b>Company:</b> NIFCO Mechanical Systems <b>Inspector:</b> Jerad Baxter	<b>Building:</b> Lincoln regional center B 10 <b>Contact:</b> bevin Na
Jerad Baxter Certifications	
Certification Type	Number
Nebraska Grade VI Water Operator	8699
NICET Inspection and Testing of Water-Based Systems Level I	

# Inspection & Testing

Generated by: [BuildingReports.com](http://BuildingReports.com)

<b>Building: Lincoln regional center B 10</b>								
<p><i>The Inspection &amp; Testing section lists all of the items inspected in your building, which are then categorized by the applicable code reference. The most recent inspection is listed in the far right column and is based on the Finish Date of that inspection. The latest inspection uploaded in each previous quarter appears in the four columns to the left.</i></p> <p><i>Passed=P, Failed=F, Replaced=R</i></p>								
<b>EC 02.03.05 EP 01</b>		<p>The organization tests supervisory signal devices on the inventory with the following time frames: Quarterly for pressure supervisory indicating devices (including both high- and low-air pressure switches), water level supervisory indicating devices, water temperature supervisory indicating devices, room temperature supervisory indicating devices, and other suppression system supervisory initiating devices. Semiannually for valve supervisory switches. Annually for other supervisory initiating devices. NFPA 72-2010 Table 14.4.5</p>						
<p>Alarm conditions shall be simulated by activating alarm circuits at alarm sensor locations and all such local or remote alarm indicating devices (visual and audible) shall be observed for operation. (2011 ed.) (NFPA 25 8.3.3.5)</p>								
<b>Devices</b>	<b>Tested Q1/23</b>	<b>Pass Q1/23</b>	<b>Fail Q1/23</b>	<b>Tested YTD (2023)</b>	<b>Total Quantity</b>			
Supervisory Signal	0	0	0	0	6			
<b>Device Type</b>	<b>Location</b>	<b>ScanID</b>	<b>Address</b>	<b>Q1/22</b>	<b>Q2/22</b>	<b>Q3/22</b>	<b>Q4/22</b>	<b>Q1/23</b>
Supervisory Signal	Basement Center room 013	59342342	1	03/01-P	06/07-P	09/07-P	12/07-P	
Supervisory Signal	Basement Center room 013	59342346	1	03/01-P	06/07-P	09/07-P	12/07-P	
Supervisory Signal	Basement Center room 013	59342348	1	03/01-P	06/07-P	09/07-P	12/07-P	
Supervisory Signal	Basement Center room 013	59342351	1	03/01-P	06/07-P	09/07-P	12/07-P	
Supervisory Signal	1st Center room 147	59342410	1	03/01-P	06/07-P	09/07-P	12/07-P	
Supervisory Signal	2nd East room 234	59342341	1	03/01-P	06/07-P	09/07-P	12/07-P	
<b>Device Total: 6</b>								

<b>EC 02.03.05 EP 02</b>		Six-month testing of tamper switches; vane-type/pressure-type water-flow devices. Quarterly testing of mechanical water-flow devices. NFPA 72-2010 Table 14.4.5; NFPA 25-2011 Table 5.1.1.2.						
Valve shall be operated and signal receipt shall be verified to be within the first two revolutions of the hand wheel or within one-fifth of the travel distance, or per the manufacturer's published instructions. (2010 ed.) (NFPA 72 Table 14.4.2.2 (14i.1))								
<b>Devices</b>	<b>Tested Q1/23</b>	<b>Pass Q1/23</b>	<b>Fail Q1/23</b>	<b>Tested YTD (2023)</b>			<b>Total Quantity</b>	
Tamper Switch	0	0	0	0			7	
<b>Device Type</b>	<b>Location</b>	<b>ScanID</b>	<b>Address</b>	<b>Q1/22</b>	<b>Q2/22</b>	<b>Q3/22</b>	<b>Q4/22</b>	<b>Q1/23</b>
Tamper Switch	Basement Center room 013	59342343	1	03/01-P	06/07-P	09/07-P	12/07-P	
Tamper Switch	Basement Center room 013	59342344	1	03/01-P	06/07-P	09/07-P	12/07-P	
Tamper Switch	Basement Center room 013	59342345	1	03/01-P	06/07-P	09/07-P	12/07-P	
Tamper Switch	Basement Center room 013	59342349	1	03/01-P	06/07-P	09/07-P	12/07-P	
Tamper Switch	Basement Center room 013	59342350	1	03/01-P	06/07-P	09/07-P	12/07-P	
Tamper Switch	1st Center room 147	59342409	1	03/01-P	06/07-P	09/07-P	12/07-P	
Tamper Switch	2nd East room 234	59342340	1	03/01-P	06/07-P	09/07-P	12/07-P	
<b>Device Total: 7</b>								



<b>EC 02.03.05 EP 02</b>		Six-month testing of tamper switches; vane-type/pressure-type water-flow devices. Quarterly testing of mechanical water-flow devices. NFPA 72-2010 Table 14.4.5; NFPA 25-2011 Table 5.1.1.2.						
Vane-type and pressure switch-type waterflow alarm devices shall be tested semiannually. Per NFPA 25, Section 5.3.3.1, mechanical waterflow alarm devices shall be tested quarterly. Water shall be flowed through an inspector's test connection indicating the flow of water equal to that from a single sprinkler of the smallest orifice size installed in the system for wet-pipe systems, or an alarm test bypass connection for dry-pipe, pre-action, or deluge systems. (2010 ed.) (NFPA 72 Table 14.4.2.2 (14j))								
<b>Devices</b>		<b>Tested Q1/23</b>	<b>Pass Q1/23</b>	<b>Fail Q1/23</b>	<b>Tested YTD (2023)</b>		<b>Total Quantity</b>	
Waterflow Switch		0	0	0	0		3	
<b>Device Type</b>	<b>Location</b>	<b>ScanID</b>	<b>Address</b>	<b>Q1/22</b>	<b>Q2/22</b>	<b>Q3/22</b>	<b>Q4/22</b>	<b>Q1/23</b>
Waterflow Switch	Basement Center room 013	59342347	1	03/01-P	06/07-P	09/07-P	12/07-P	
Waterflow Switch	1st Center room 147	59342411	1	03/01-P	06/07-P	09/07-P	12/07-P	
Waterflow Switch	2nd East room 234	59342339	1	03/01-P	06/07-P	09/07-P	12/07-P	
<b>Device Total: 3</b>								

**EC 02.03.05 EP 09**

Annual test of main drains at system low point or at all system risers. NFPA 25–2011: 13.2.5

A main drain test shall be conducted annually at each water-based fire protection system riser to determine whether there has been a change in the condition of the water supply piping and control valves. In systems where the sole water supply is through a backflow preventer, and/or pressure reducing valves, the main drain test of at least one system downstream of the device shall be conducted on a quarterly basis. When there is a 10 percent reduction in full flow pressure when compared to the original acceptance test or previously performed tests, the cause of the reduction shall be identified and corrected if necessary. Auxiliary and low-point drains in preaction or deluge systems shall be operated after each system operation and before the onset of freezing conditions (and thereafter as needed). (2011 ed.) (NFPA 25 13.2.5; 13.2.5.1; 13.2.5.2; 13.4.4.3.2)

Devices	Tested Q1/23	Pass Q1/23	Fail Q1/23	Tested YTD (2023)	Total Quantity			
Drain	0	0	0	0	1			
Device Type	Location	ScanID	Address	Q1/22	Q2/22	Q3/22	Q4/22	Q1/23
Drain	Basement Center room 013	59342353	0	03/01-P	06/07-P	09/07-P	12/07-P	
<b>Device Total: 1</b>								

**EC 02.03.05 EP 10**

Quarterly inspection of all fire department water supply connections. NFPA 25-2011: 13.7

Fire department connections shall be inspected quarterly to verify the following: Connections are visible and accessible, couplings or swivels are not damaged and rotate smoothly, plugs or caps are in place and undamaged, gaskets are in place and in good condition, identification signs are in place, the check valve is not leaking, the automatic drain valve is in place and operating properly and the clapper is in place and operating properly. (2011 ed.) (NFPA 25 13.7.1)

<b>Devices</b>	<b>Tested Q1/23</b>	<b>Pass Q1/23</b>	<b>Fail Q1/23</b>	<b>Tested YTD (2023)</b>	<b>Total Quantity</b>			
Fire Dep't Connection	1	1	0	1	1			
<b>Device Type</b>	<b>Location</b>	<b>ScanID</b>	<b>Address</b>	<b>Q1/22</b>	<b>Q2/22</b>	<b>Q3/22</b>	<b>Q4/22</b>	<b>Q1/23</b>
Fire Dep't Connection	In yard by main entrance	68041243	0	03/01-P	06/07-P	09/07-P	12/07-P	01/26-P
<b>Device Total: 1</b>								

<b>LS 02.01.35 EP</b>		Piping supports are not damaged or loose. Piping not used to support any other item. NFPA 101–2012						
<b>03/EP 04</b>		18/19.3.5						
Sprinkler pipe and fittings shall be inspected annually from the floor level. Pipe and fittings shall be in good condition and free of mechanical damage, leakage, and corrosion. Sprinkler piping shall not be subjected to external loads by materials either resting on the pipe or hung from the pipe. (2011 ed.) (NFPA 25 5.2.2 through 5.2.2.2)								
<b>Devices</b>		<b>Tested Q1/23</b>	<b>Pass Q1/23</b>	<b>Fail Q1/23</b>	<b>Tested YTD (2023)</b>	<b>Total Quantity</b>		
Piping		1	1	0	1	1		
<b>Device Type</b>	<b>Location</b>	<b>ScanID</b>	<b>Address</b>	<b>Q1/22</b>	<b>Q2/22</b>	<b>Q3/22</b>	<b>Q4/22</b>	<b>Q1/23</b>
Piping		68040250	0					01/26-P
<b>Device Total: 1</b>								

**LS 02.01.35 EP 14**

All other Life Safety Code automatic extinguishing requirements related to NFPA 101-2012 18/19.3.5

Gauges are in good condition and normal pressure is being maintained. [Inspection frequency will depend on type of system gauge];  
 Gauges shall be replaced every 5 years or tested every 5 years by comparison with a calibrated gauge. (2011 ed.) (NFPA 25 13.2.7.1;  
 5.3.2.1)

Devices	Tested Q1/23	Pass Q1/23	Fail Q1/23	Tested YTD (2023)	Total Quantity			
Gauge	1	1	0	1	1			
Device Type	Location	ScanID	Address	Q1/22	Q2/22	Q3/22	Q4/22	Q1/23
Gauge	Basement Center room 013	68040251	0					01/26-P
<b>Device Total: 1</b>								

<b>LS 02.01.35 EP 14</b>		All other Life Safety Code automatic extinguishing requirements related to NFPA 101-2012 18/19.3.5						
Testing the waterflow alarms on wet pipe systems shall be accomplished by opening the inspector's test connection. (2011 ed.) (NFPA 25 5.3.3.3)								
<b>Devices</b>	<b>Tested Q1/23</b>	<b>Pass Q1/23</b>	<b>Fail Q1/23</b>	<b>Tested YTD (2023)</b>	<b>Total Quantity</b>			
Inspector's Test	0	0	0	0	1			
<b>Device Type</b>	<b>Location</b>	<b>ScanID</b>	<b>Address</b>	<b>Q1/22</b>	<b>Q2/22</b>	<b>Q3/22</b>	<b>Q4/22</b>	<b>Q1/23</b>
Inspector's Test	2nd East room 234	Y89971	0	03/01-P	06/07-P	09/07-P	12/07-P	
<b>Device Total: 1</b>								

**LS 02.01.35 EP 14**

All other Life Safety Code automatic extinguishing requirements related to NFPA 101-2012 18/19.3.5

Post indicator valves shall be opened until spring or torsion is felt in the rod, indicating that the rod has not become detached from the valve. Post indicating and outside screw and yoke valves shall be backed a one-quarter turn from the fully open position to prevent jamming. (2011 ed.) (NFPA 25 13.3.3.2/13.3.3.3)

<b>Devices</b>	<b>Tested Q1/23</b>	<b>Pass Q1/23</b>	<b>Fail Q1/23</b>	<b>Tested YTD (2023)</b>	<b>Total Quantity</b>			
Post Indicator Valve	0	0	0	0	1			
<b>Device Type</b>	<b>Location</b>	<b>ScanID</b>	<b>Address</b>	<b>Q1/22</b>	<b>Q2/22</b>	<b>Q3/22</b>	<b>Q4/22</b>	<b>Q1/23</b>
Post Indicator Valve	Basement Center room 013	59342352	0	03/01-P	06/07-P	09/07-P	12/07-P	
<b>Device Total: 1</b>								

# Service Summary

Generated by: BuildingReports.com

<b>Building: Lincoln regional center B 10</b>		
<i>The Service Summary section provides an overview of the services performed in this report.</i>		
Device Type	Service	Quantity
<b><i>Passed</i></b>		
Fire Dep't Connection	5 Year Service	1
Gauge	Annual	1
Piping	Annual	1
<b>Total</b>		<b>3</b>
<b><i>Untested</i></b>		
Drain		1
Inspector's Test		1
Post Indicator Valve		1
Supervisory Signal		6
Tamper Switch		7
Waterflow Switch		3
<b>Total</b>		<b>19</b>
<b>Grand Total</b>		<b>22</b>



# Wet Pipe Fire Sprinkler Systems

Generated by: *BuildingReports.com*

<b>Building: Lincoln regional center B 10</b>							
<p><i>This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.</i></p>							
<b>Devices</b>							
<b>Gauge</b>							
<b>Location</b>				<b>Service Date</b>			
Basement Center room 013				01/25/2023			
<b>Type</b>	<b>Manufacturer</b>	<b>Model #</b>	<b>Static psi</b>	<b>Fill Type</b>	<b>Size</b>	<b>OK</b>	<b>ScanID</b>
City Pressure			81	Air/Water	1/4	<input checked="" type="checkbox"/>	68040251
<b>Piping</b>							
<b>Location</b>	<b>Type</b>	<b>Size</b>	<b>Internal Date</b>				
	Steel	6"	01/25/2023				
<b>Hangers</b>	<b>Braces</b>	<b>Fittings</b>	<b>Identified</b>	<b>Antifreeze</b>	<b>ScanID</b>		
Normal	Normal	Cast Iron			68040250		

# Inventory & Warranty Report

Generated by: [BuildingReports.com](http://BuildingReports.com)

Building: Lincoln regional center B 10					
<p><i>The Inventory &amp; Warranty Report lists each of the devices and items that are included in your Inspection Report. A complete inventory count by device type and category is provided. Items installed within the last 90 days, within the last year, and devices installed for two years or more are grouped together for easy reference.</i></p>					
Device or Type	Category	% of Inventory	Quantity		
Drain	Device	4.55%	1		
Fire Dep't Connection	Hose	4.55%	1		
Gauge	Device	4.55%	1		
Inspector's Test	Valve	4.55%	1		
Piping	Sprinkler	4.55%	1		
Post Indicator Valve	Valve	4.55%	1		
Supervisory Signal	Alarm	27.27%	6		
Tamper Switch	Alarm	31.82%	7		
Waterflow Switch	Alarm	13.64%	3		
Device Type	Qty	Model #	Type	Description	Install Date
<i>In Service - 2 Years to 3 Years</i>					
Drain	1		Main		03/02/2020
Fire Dep't Connection	1		Freestanding		03/02/2020
Inspector's Test	1				03/02/2020
Post Indicator Valve	1		Ground		03/02/2020
Supervisory Signal	4				03/02/2020
Supervisory Signal	2		Pressure		03/02/2020
Tamper Switch	6		Control Valve	Supervisory	03/02/2020
Tamper Switch	1		OS&Y	Supervisory	03/02/2020
Waterflow Switch	3		Vane	Alarm	03/02/2020
<i>In Service - 10 Years to 15 Years</i>					
<b>Wet Pipe</b>					
Gauge	1		City Pressure		03/02/2008
Piping	1		Steel		03/02/2008

# Notes & Recommendations

Generated by: BuildingReports.com

Building: Lincoln regional center B 10				
<i>The Notes &amp; Recommendations Report details additional inspection notes made by the Inspectors during the course of the building inspection. Notes are grouped by SystemID.</i>				
Note	Device Type	Location	Comment	ScanID
<b><i>Wet Pipe</i></b>				
1	Piping		Passed	68040250
5 year internal inspection of branch line, main, fdc check valve and gauges and sprinkler heads				

# Sprinkler Inspection, Testing and/or Maintenance Certificate

*For*

Lincoln regional center B 14  
801 west prospector  
Lincoln, Ne 68522

This inspection was performed in accordance with NFPA 101, EDITION 2012, LIFE SAFETY CODE, NFPA 72, EDITION 2010, FIRE ALARM SYSTEMS, NFPA 25, EDITION 2011, WATER-BASED FIRE PROTECTION SYSTEMS and other regulatory standards applicable to this inspection.

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

*5-Year Inspection  
Inspection Completion Date  
Jan 26, 2023*

Building: Lincoln regional center B 14  
Contact: Bevin Na  
Title: Maintance manager

Company: NIFCO Mechanical Systems  
Contact: Jerad Baxter  
Title: Inspector

# *Executive Summary*

Generated by: *BuildingReports.com*

## Building Information

**Building:** Lincoln regional center B 14  
**Address:** 801 west prospector  
**Address:**  
**City/State/ZIP Code:** Lincoln, Ne 68522  
**Country:** United States of America

**Contact:** Bevin Na  
**Phone:** 479-5452  
**Fax:**  
**Mobile:**  
**Email:**

## Inspection Performed By

**Company:** NIFCO Mechanical Systems  
**Address:** 500 Blue Heron Dr  
**Address:**  
**City/State/ZIP Code:** Lincoln, NE 68522-1701  
**Country:** United States of America

**Inspector:** Jerad Baxter  
**Phone:** 402-477-0666  
**Fax:**  
**Mobile:** 531-220-1709  
**Email:** [jbaxter@nifcomechanical.com](mailto:jbaxter@nifcomechanical.com)

Inspection Completion Date: Jan 26, 2023					
Building: Lincoln regional center B 14					
<b>EC 02.03.05 EP 01</b>		The organization tests supervisory signal devices on the inventory with the following time frames: Quarterly for pressure supervisory indicating devices (including both high- and low-air pressure switches), water level supervisory indicating devices, water temperature supervisory indicating devices, room temperature supervisory indicating devices, and other suppression system supervisory initiating devices. Semiannually for valve supervisory switches. Annually for other supervisory initiating devices. NFPA 72-2010 Table 14.4.5			
Devices	Tested This Quarter	Pass	Fail	Tested YTD (2023)	Total Quantity
Supervisory Signal	0	0	0	0	11
<b>EC 02.03.05 EP 02</b>		Six-month testing of tamper switches; vane-type/pressure-type water-flow devices. Quarterly testing of mechanical water-flow devices. NFPA 72-2010 Table 14.4.5; NFPA 25-2011 Table 5.1.1.2.			
Devices	Tested This Quarter	Pass	Fail	Tested YTD (2023)	Total Quantity
Tamper Switch	0	0	0	0	9
Waterflow Switch	0	0	0	0	5
<b>EC 02.03.05 EP 09</b>		Annual test of main drains at system low point or at all system risers. NFPA 25-2011: 13.2.5			
Devices	Tested This Quarter	Pass	Fail	Tested YTD (2023)	Total Quantity
Drain	0	0	0	0	1
<b>EC 02.03.05 EP 10</b>		Quarterly inspection of all fire department water supply connections. NFPA 25-2011: 13.7			
Devices	Tested This Quarter	Pass	Fail	Tested YTD (2023)	Total Quantity
Fire Dep't Connection	1	1	0	1	1
<b>LS 02.01.35 EP 03/EP 04</b>		Piping supports are not damaged or loose. Piping not used to support any other item. NFPA 101-2012 18/19.3.5			
Devices	Tested This Quarter	Pass	Fail	Tested YTD (2023)	Total Quantity
Piping	1	1	0	1	1
<b>LS 02.01.35 EP 14</b>		All other Life Safety Code automatic extinguishing requirements related to NFPA 101-2012 18/19.3.5			
Devices	Tested This Quarter	Pass	Fail	Tested YTD (2023)	Total Quantity
Check Valve	1	1	0	1	1
Control Valve	0	0	0	0	2
Gauge	1	1	0	1	1
Post Indicator Valve	0	0	0	0	1
<b>Total Device Count: 33</b>					

Certification	
<b>Company:</b> NIFCO Mechanical Systems <b>Inspector:</b> Jerad Baxter	<b>Building:</b> Lincoln regional center B 14 <b>Contact:</b> Bevin Na
Jerad Baxter Certifications	
Certification Type	Number
Nebraska Grade VI Water Operator	8699
NICET Inspection and Testing of Water-Based Systems Level I	

# Inspection & Testing

Generated by: [BuildingReports.com](http://BuildingReports.com)

Building: Lincoln regional center B 14								
<p><i>The Inspection &amp; Testing section lists all of the items inspected in your building, which are then categorized by the applicable code reference. The most recent inspection is listed in the far right column and is based on the Finish Date of that inspection. The latest inspection uploaded in each previous quarter appears in the four columns to the left.</i></p> <p><i>Passed=P, Failed=F, Replaced=R</i></p>								
<b>EC 02.03.05 EP 01</b>		The organization tests supervisory signal devices on the inventory with the following time frames: Quarterly for pressure supervisory indicating devices (including both high- and low-air pressure switches), water level supervisory indicating devices, water temperature supervisory indicating devices, room temperature supervisory indicating devices, and other suppression system supervisory initiating devices. Semiannually for valve supervisory switches. Annually for other supervisory initiating devices. NFPA 72-2010 Table 14.4.5						
Alarm conditions shall be simulated by activating alarm circuits at alarm sensor locations and all such local or remote alarm indicating devices (visual and audible) shall be observed for operation. (2011 ed.) (NFPA 25 8.3.3.5)								
Devices	Tested Q1/23	Pass Q1/23	Fail Q1/23	Tested YTD (2023)	Total Quantity			
Supervisory Signal	0	0	0	0	11			
Device Type	Location	ScanID	Address	Q1/22	Q2/22	Q3/22	Q4/22	Q1/23
Supervisory Signal	Basement Room 42	59342429	1	03/01-P	06/07-P	09/07-P	12/07-P	
Supervisory Signal	Basement Room 42	59342431	1	03/01-P	06/07-P	09/07-P	12/07-P	
Supervisory Signal	Basement Room 42	59342436	1	03/01-P	06/07-P	09/07-P	12/07-P	
Supervisory Signal	Basement Room 42	59342439	1	03/01-P	06/07-P	09/07-P	12/07-P	
Supervisory Signal	Basement Center Room 039	59342336	1	03/01-P	06/07-P	09/07-P	12/07-P	
Supervisory Signal	Basement Center Room 039	59342337	1	03/01-P	06/07-P	09/07-P	12/07-P	
Supervisory Signal	1st Center Room 135 above ceiling	59342413	1	03/01-P	06/07-P	09/07-P	12/07-P	
Supervisory Signal	2nd Center Room 247 above ceiling	59342415	1	03/01-P	06/07-P	09/07-P	12/07-P	
Supervisory Signal	3rd Center Room 340	59342418	1	03/01-P	06/07-P	09/07-P	12/07-P	
Supervisory Signal	3rd Center Room 340	59342420	1-3rd floor	03/01-P	06/07-P	09/07-P	12/07-P	
Supervisory Signal	Penthouse Elevator room	59342424	1	03/01-P	06/07-P	09/07-P	12/07-P	
<b>Device Total: 11</b>								



<b>EC 02.03.05 EP 02</b>		Six-month testing of tamper switches; vane-type/pressure-type water-flow devices. Quarterly testing of mechanical water-flow devices. NFPA 72-2010 Table 14.4.5; NFPA 25-2011 Table 5.1.1.2.						
Valve shall be operated and signal receipt shall be verified to be within the first two revolutions of the hand wheel or within one-fifth of the travel distance, or per the manufacturer's published instructions. (2010 ed.) (NFPA 72 Table 14.4.2.2 (14i.1))								
<b>Devices</b>	<b>Tested Q1/23</b>	<b>Pass Q1/23</b>	<b>Fail Q1/23</b>	<b>Tested YTD (2023)</b>			<b>Total Quantity</b>	
Tamper Switch	0	0	0	0			9	
<b>Device Type</b>	<b>Location</b>	<b>ScanID</b>	<b>Address</b>	<b>Q1/22</b>	<b>Q2/22</b>	<b>Q3/22</b>	<b>Q4/22</b>	<b>Q1/23</b>
Tamper Switch	Basement Room 42	59342430	1	03/01-P	06/07-P	09/07-P	12/07-P	
Tamper Switch	Basement Room 42	59342432	1	03/01-P	06/07-P	09/07-P	12/07-P	
Tamper Switch	Basement Room 42	59342437	1	03/01-P	06/07-P	09/07-P	12/07-P	
Tamper Switch	Basement Room 42	59342438	1	03/01-P	06/07-P	09/07-P	12/07-P	
Tamper Switch	Basement Center Room 039	59342335	1	03/01-P	06/07-P	09/07-P	12/07-P	
Tamper Switch	Basement Center Room 039	59342338	1	03/01-P	06/07-P	09/07-P	12/07-P	
Tamper Switch	1st Center Room 135 above ceiling	59342412	1	03/01-P	06/07-P	09/07-P	12/07-P	
Tamper Switch	3rd Center Room 340	59342419	1	03/01-P	06/07-P	09/07-P	12/07-P	
Tamper Switch	3rd Center Room 340	59342421	1-3rd floor	03/01-P	06/07-P	09/07-P	12/07-P	
<b>Device Total: 9</b>								

<b>EC 02.03.05 EP 02</b>		Six-month testing of tamper switches; vane-type/pressure-type water-flow devices. Quarterly testing of mechanical water-flow devices. NFPA 72-2010 Table 14.4.5; NFPA 25-2011 Table 5.1.1.2.						
Vane-type and pressure switch-type waterflow alarm devices shall be tested semiannually. Per NFPA 25, Section 5.3.3.1, mechanical waterflow alarm devices shall be tested quarterly. Water shall be flowed through an inspector's test connection indicating the flow of water equal to that from a single sprinkler of the smallest orifice size installed in the system for wet-pipe systems, or an alarm test bypass connection for dry-pipe, pre-action, or deluge systems. (2010 ed.) (NFPA 72 Table 14.4.2.2 (14j))								
<b>Devices</b>		<b>Tested Q1/23</b>	<b>Pass Q1/23</b>	<b>Fail Q1/23</b>	<b>Tested YTD (2023)</b>			<b>Total Quantity</b>
Waterflow Switch		0	0	0	0			5
<b>Device Type</b>	<b>Location</b>	<b>ScanID</b>	<b>Address</b>	<b>Q1/22</b>	<b>Q2/22</b>	<b>Q3/22</b>	<b>Q4/22</b>	<b>Q1/23</b>
Waterflow Switch	Basement Room 42	59342427	1	03/01-P	06/07-P	09/07-P	12/07-P	
Waterflow Switch	1st Center Room 135 above ceiling	59342414	1	03/01-P	06/07-P	09/07-P	12/07-P	
Waterflow Switch	2nd Center Room 247 above ceiling	59342417	1	03/01-P	06/07-P	09/07-P	12/07-P	
Waterflow Switch	3rd Center Room 340	59342422	1-3rd floor	03/01-P	06/07-P	09/07-P	12/07-P	
Waterflow Switch	3rd Center Room 340	59342423	1	03/01-P	06/07-P	09/07-P	12/07-P	
<b>Device Total: 5</b>								

**EC 02.03.05 EP 09**

Annual test of main drains at system low point or at all system risers. NFPA 25–2011: 13.2.5

A main drain test shall be conducted annually at each water-based fire protection system riser to determine whether there has been a change in the condition of the water supply piping and control valves. In systems where the sole water supply is through a backflow preventer, and/or pressure reducing valves, the main drain test of at least one system downstream of the device shall be conducted on a quarterly basis. When there is a 10 percent reduction in full flow pressure when compared to the original acceptance test or previously performed tests, the cause of the reduction shall be identified and corrected if necessary. Auxiliary and low-point drains in preaction or deluge systems shall be operated after each system operation and before the onset of freezing conditions (and thereafter as needed). (2011 ed.) (NFPA 25 13.2.5; 13.2.5.1; 13.2.5.2; 13.4.4.3.2)

Devices	Tested Q1/23	Pass Q1/23	Fail Q1/23	Tested YTD (2023)	Total Quantity			
Drain	0	0	0	0	1			
Device Type	Location	ScanID	Address	Q1/22	Q2/22	Q3/22	Q4/22	Q1/23
Drain	Basement Room 42	59342426	0	03/01-P	06/07-P	09/07-P	12/07-P	
<b>Device Total: 1</b>								

**EC 02.03.05 EP 10**

Quarterly inspection of all fire department water supply connections. NFPA 25-2011: 13.7

Fire department connections shall be inspected quarterly to verify the following: Connections are visible and accessible, couplings or swivels are not damaged and rotate smoothly, plugs or caps are in place and undamaged, gaskets are in place and in good condition, identification signs are in place, the check valve is not leaking, the automatic drain valve is in place and operating properly and the clapper is in place and operating properly. (2011 ed.) (NFPA 25 13.7.1)

<b>Devices</b>	<b>Tested Q1/23</b>	<b>Pass Q1/23</b>	<b>Fail Q1/23</b>	<b>Tested YTD (2023)</b>	<b>Total Quantity</b>				
Fire Dep't Connection	1	1	0	1	1				
<b>Device Type</b>	<b>Location</b>	<b>ScanID</b>	<b>Address</b>	<b>Q1/22</b>	<b>Q2/22</b>	<b>Q3/22</b>	<b>Q4/22</b>	<b>Q1/23</b>	
Fire Dep't Connection	Basement Room 42	59342433	0	03/01-P	06/07-P	09/07-P	12/07-P	01/26-P	
<b>Device Total: 1</b>									

<b>LS 02.01.35 EP</b>		Piping supports are not damaged or loose. Piping not used to support any other item. NFPA 101–2012						
<b>03/EP 04</b>		18/19.3.5						
Sprinkler pipe and fittings shall be inspected annually from the floor level. Pipe and fittings shall be in good condition and free of mechanical damage, leakage, and corrosion. Sprinkler piping shall not be subjected to external loads by materials either resting on the pipe or hung from the pipe. (2011 ed.) (NFPA 25 5.2.2 through 5.2.2.2)								
<b>Devices</b>		<b>Tested Q1/23</b>	<b>Pass Q1/23</b>	<b>Fail Q1/23</b>	<b>Tested YTD (2023)</b>	<b>Total Quantity</b>		
Piping		1	1	0	1	1		
<b>Device Type</b>	<b>Location</b>	<b>ScanID</b>	<b>Address</b>	<b>Q1/22</b>	<b>Q2/22</b>	<b>Q3/22</b>	<b>Q4/22</b>	<b>Q1/23</b>
Piping	Throughout building	68040252	0					01/26-P
<b>Device Total: 1</b>								

<b>LS 02.01.35 EP 14</b>		All other Life Safety Code automatic extinguishing requirements related to NFPA 101-2012 18/19.3.5						
Monthly: Alarm valves and system riser check valves shall be externally inspected monthly. Periodically: Internal components shall be cleaned/repared as necessary in accordance with the manufacturer's instructions. (2011 ed.) (NFPA 25 13.4.1.1)								
<b>Devices</b>	<b>Tested Q1/23</b>	<b>Pass Q1/23</b>	<b>Fail Q1/23</b>	<b>Tested YTD (2023)</b>			<b>Total Quantity</b>	
Check Valve	1	1	0	1			1	
<b>Device Type</b>	<b>Location</b>	<b>ScanID</b>	<b>Address</b>	<b>Q1/22</b>	<b>Q2/22</b>	<b>Q3/22</b>	<b>Q4/22</b>	<b>Q1/23</b>
Check Valve	Basement Room 42	59342434	1	03/01-P		09/07-P	12/07-P	01/26-P
<b>Device Total: 1</b>								

**LS 02.01.35 EP 14**

All other Life Safety Code automatic extinguishing requirements related to NFPA 101-2012 18/19.3.5

Monthly: Valves secured with locks or supervised in accordance with applicable NFPA standards shall be permitted to be inspected monthly. Periodically: Each control valve shall be operated annually through its full range and returned to its normal position. (2011 ed.) (NFPA 25 13.3.2.1.1; 13.3.3.1)

<b>Devices</b>	<b>Tested Q1/23</b>	<b>Pass Q1/23</b>	<b>Fail Q1/23</b>	<b>Tested YTD (2023)</b>	<b>Total Quantity</b>			
Control Valve	0	0	0	0	2			
<b>Device Type</b>	<b>Location</b>	<b>ScanID</b>	<b>Address</b>	<b>Q1/22</b>	<b>Q2/22</b>	<b>Q3/22</b>	<b>Q4/22</b>	<b>Q1/23</b>
Control Valve	2nd Center Room 247 above ceiling	59342416	1	03/01-P	06/07-P	09/07-P	12/07-P	
Control Valve	Penthouse Elevator room	59342425	1	03/01-P	06/07-P	09/07-P	12/07-P	
<b>Device Total: 2</b>								

**LS 02.01.35 EP 14**

All other Life Safety Code automatic extinguishing requirements related to NFPA 101-2012 18/19.3.5

Gauges are in good condition and normal pressure is being maintained. [Inspection frequency will depend on type of system gauge];  
 Gauges shall be replaced every 5 years or tested every 5 years by comparison with a calibrated gauge. (2011 ed.) (NFPA 25 13.2.7.1;  
 5.3.2.1)

Devices	Tested Q1/23	Pass Q1/23	Fail Q1/23	Tested YTD (2023)	Total Quantity			
Gauge	1	1	0	1	1			
Device Type	Location	ScanID	Address	Q1/22	Q2/22	Q3/22	Q4/22	Q1/23
Gauge	Basement mech room	68040253	0					01/26-P
<b>Device Total: 1</b>								



**LS 02.01.35 EP 14**

All other Life Safety Code automatic extinguishing requirements related to NFPA 101-2012 18/19.3.5

Post indicator valves shall be opened until spring or torsion is felt in the rod, indicating that the rod has not become detached from the valve. Post indicating and outside screw and yoke valves shall be backed a one-quarter turn from the fully open position to prevent jamming. (2011 ed.) (NFPA 25 13.3.3.2/13.3.3.3)

<b>Devices</b>	<b>Tested Q1/23</b>	<b>Pass Q1/23</b>	<b>Fail Q1/23</b>	<b>Tested YTD (2023)</b>	<b>Total Quantity</b>			
Post Indicator Valve	0	0	0	0	1			
<b>Device Type</b>	<b>Location</b>	<b>ScanID</b>	<b>Address</b>	<b>Q1/22</b>	<b>Q2/22</b>	<b>Q3/22</b>	<b>Q4/22</b>	<b>Q1/23</b>
Post Indicator Valve	Garden South In yard south of building	59342435	0	03/01-P	06/07-P	09/07-P	12/07-P	
<b>Device Total: 1</b>								

# Service Summary

Generated by: BuildingReports.com

<b>Building: Lincoln regional center B 14</b>		
<i>The Service Summary section provides an overview of the services performed in this report.</i>		
Device Type	Service	Quantity
<b><i>Passed</i></b>		
Check Valve	Annual	1
Fire Dep't Connection	Annual	1
Gauge	Annual	1
Piping	Annual	1
<b>Total</b>		<b>4</b>
<b><i>Untested</i></b>		
Control Valve		2
Drain		1
Post Indicator Valve		1
Supervisory Signal		11
Tamper Switch		9
Waterflow Switch		5
<b>Total</b>		<b>29</b>
<b>Grand Total</b>		<b>33</b>

# Wet Pipe Fire Sprinkler Systems

Generated by: *BuildingReports.com*

<b>Building: Lincoln regional center B 14</b>							
<p><i>This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.</i></p>							
<b>Alarms</b>							
<b>Waterflow Switch</b>							
Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID
Vane				4	1	<input type="checkbox"/>	59342417
<b>Devices</b>							
<b>Fire Dep't Connection</b>							
Location	Type	BallDrip	Rotating Swivels	Size	OK	ScanID	
Basement Room 42	Wall	Yes	Yes	4"	<input checked="" type="checkbox"/>	59342433	
<b>Gauge</b>							
Location	Service Date						
Basement mech room	03/02/2020						
Type	Manufacturer	Model #	Static psi	Fill Type	Size	OK	ScanID
City Pressure	wika			Air/Water	1/4	<input checked="" type="checkbox"/>	68040253
<b>Piping</b>							
Location	Type	Size	Internal Date				
Throughout building	Steel	1"	01/25/2023				
Hangers	Braces	Fittings	Identified	Antifreeze	ScanID		
Normal	Normal	Cast Iron			68040252		

# Inventory & Warranty Report

Generated by: [BuildingReports.com](http://BuildingReports.com)

Building: Lincoln regional center B 14					
<p><i>The Inventory &amp; Warranty Report lists each of the devices and items that are included in your Inspection Report. A complete inventory count by device type and category is provided. Items installed within the last 90 days, within the last year, and devices installed for two years or more are grouped together for easy reference.</i></p>					
Device or Type	Category	% of Inventory	Quantity		
Check Valve	Valve	3.03%	1		
Control Valve	Valve	6.06%	2		
Drain	Device	3.03%	1		
Fire Dep't Connection	Hose	3.03%	1		
Gauge	Device	3.03%	1		
Piping	Sprinkler	3.03%	1		
Post Indicator Valve	Valve	3.03%	1		
Supervisory Signal	Alarm	33.33%	11		
Tamper Switch	Alarm	27.27%	9		
Waterflow Switch	Alarm	15.15%	5		
Device Type	Qty	Model #	Type	Description	Install Date
<i><b>In Service - 2 Years to 3 Years</b></i>					
Check Valve	1		Grooved		03/02/2020
Control Valve	2		Butterfly	Isolation	03/02/2020
Drain	1		Main		03/02/2020
Post Indicator Valve	1		Ground		03/02/2020
Supervisory Signal	11		Pressure		03/02/2020
Tamper Switch	9		Control Valve	Supervisory	03/02/2020
Waterflow Switch	4		Vane	Alarm	03/02/2020
<i><b>Wet Pipe</b></i>					
Fire Dep't Connection	1		Wall		03/02/2020
Waterflow Switch	1		Vane	Alarm	03/02/2020
Gauge	1		City Pressure		03/02/2020
<i><b>In Service - 25 Years or Older</b></i>					
<i><b>Wet Pipe</b></i>					
Piping	1		Steel		10/02/1982

# Zone Address Report

Generated by: BuildingReports.com

Building: Lincoln regional center B 14

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

Address	Device Type	Location	Type	ScanID
<b><i>Control Panel 1</i></b>				
<b>Zone/Address: 3rd floor</b>				
	Tamper Switch	3rd Center Room 340	Control Valve	59342421
	Waterflow Switch	3rd Center Room 340	Vane	59342422

# Notes & Recommendations

Generated by: BuildingReports.com

Building: Lincoln regional center B 14

The Notes & Recommendations Report details additional inspection notes made by the Inspectors during the course of the building inspection. Notes are grouped by SystemID.

Note	Device Type	Location	Comment	ScanID
1	Check Valve	Basement Room 42	Passed	59342434
	5 year internal inspection			
<b><i>Wet Pipe</i></b>				
2	Fire Dep't Connection	Basement Room 42	Passed	59342433
	5 year internal inspection			
3	Gauge	Basement mech room	Passed	68040253
	This gauge was replaced and calibrated with Nifco gauge 3.			
4	Piping	Throughout building	Passed	68040252
	5 year inspection			

# Sprinkler Inspection, Testing and/or Maintenance Certificate

*For*

Lincoln regional center B 3  
801 west prospector  
Lincoln, Ne 68522

This inspection was performed in accordance with NFPA 101, EDITION 2012, LIFE SAFETY CODE, NFPA 72, EDITION 2010, FIRE ALARM SYSTEMS, NFPA 25, EDITION 2011, WATER-BASED FIRE PROTECTION SYSTEMS and other regulatory standards applicable to this inspection.

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

*5-Year Inspection  
Inspection Completion Date  
Jan 27, 2023*

Building: Lincoln regional center B 3  
Contact: bevin Na  
Title: Na

Company: NIFCO Mechanical Systems  
Contact: Jerad Baxter  
Title: Inspector

# *Executive Summary*

Generated by: *BuildingReports.com*

## Building Information

**Building:** Lincoln regional center B 3  
**Address:** 801 west prospector  
**Address:**  
**City/State/ZIP Code:** Lincoln, Ne 68522  
**Country:** United States of America

**Contact:** bevin Na  
**Phone:** Na  
**Fax:**  
**Mobile:**  
**Email:**

## Inspection Performed By

**Company:** NIFCO Mechanical Systems  
**Address:** 500 Blue Heron Dr  
**Address:**  
**City/State/ZIP Code:** Lincoln, NE 68522-1701  
**Country:** United States of America

**Inspector:** Jerad Baxter  
**Phone:** 402-477-0666  
**Fax:**  
**Mobile:** 531-220-1709  
**Email:** [jbaxter@nifcomechanical.com](mailto:jbaxter@nifcomechanical.com)



Inspection Completion Date: Jan 27, 2023					
Building: Lincoln regional center B 3					
<b>EC 02.03.05 EP 01</b>		The organization tests supervisory signal devices on the inventory with the following time frames: Quarterly for pressure supervisory indicating devices (including both high- and low-air pressure switches), water level supervisory indicating devices, water temperature supervisory indicating devices, room temperature supervisory indicating devices, and other suppression system supervisory initiating devices. Semiannually for valve supervisory switches. Annually for other supervisory initiating devices. NFPA 72-2010 Table 14.4.5			
Devices	Tested This Quarter	Pass	Fail	Tested YTD (2023)	Total Quantity
Supervisory Signal	0	0	0	0	5
<b>EC 02.03.05 EP 02</b>		Six-month testing of tamper switches; vane-type/pressure-type water-flow devices. Quarterly testing of mechanical water-flow devices. NFPA 72-2010 Table 14.4.5; NFPA 25-2011 Table 5.1.1.2.			
Devices	Tested This Quarter	Pass	Fail	Tested YTD (2023)	Total Quantity
Tamper Switch	0	0	0	0	5
Waterflow Switch	0	0	0	0	4
<b>EC 02.03.05 EP 09</b>		Annual test of main drains at system low point or at all system risers. NFPA 25-2011: 13.2.5			
Devices	Tested This Quarter	Pass	Fail	Tested YTD (2023)	Total Quantity
Drain	0	0	0	0	1
<b>EC 02.03.05 EP 10</b>		Quarterly inspection of all fire department water supply connections. NFPA 25-2011: 13.7			
Devices	Tested This Quarter	Pass	Fail	Tested YTD (2023)	Total Quantity
Fire Dep't Connection	1	1	0	1	1
<b>LS 02.01.35 EP 03/EP 04</b>		Piping supports are not damaged or loose. Piping not used to support any other item. NFPA 101-2012 18/19.3.5			
Devices	Tested This Quarter	Pass	Fail	Tested YTD (2023)	Total Quantity
Piping	1	1	0	1	1
<b>LS 02.01.35 EP 14</b>		All other Life Safety Code automatic extinguishing requirements related to NFPA 101-2012 18/19.3.5			
Devices	Tested This Quarter	Pass	Fail	Tested YTD (2023)	Total Quantity
Control Valve	0	0	0	0	1
Gauge	1	1	0	1	1
Post Indicator Valve	0	0	0	0	1
<b>Total Device Count: 20</b>					

Certification	
<b>Company:</b> NIFCO Mechanical Systems	<b>Building:</b> Lincoln regional center B 3
<b>Inspector:</b> Jerad Baxter	<b>Contact:</b> bevin Na
Jerad Baxter Certifications	
Certification Type	Number
Nebraska Grade VI Water Operator	8699
NICET Inspection and Testing of Water-Based Systems Level I	

# Inspection & Testing

Generated by: [BuildingReports.com](http://BuildingReports.com)

## Building: Lincoln regional center B 3

The Inspection & Testing section lists all of the items inspected in your building, which are then categorized by the applicable code reference. The most recent inspection is listed in the far right column and is based on the Finish Date of that inspection. The latest inspection uploaded in each previous quarter appears in the four columns to the left.  
Passed=P, Failed=F, Replaced=R

### EC 02.03.05 EP 01

The organization tests supervisory signal devices on the inventory with the following time frames: Quarterly for pressure supervisory indicating devices (including both high- and low-air pressure switches), water level supervisory indicating devices, water temperature supervisory indicating devices, room temperature supervisory indicating devices, and other suppression system supervisory initiating devices. Semiannually for valve supervisory switches. Annually for other supervisory initiating devices. NFPA 72-2010 Table 14.4.5

Alarm conditions shall be simulated by activating alarm circuits at alarm sensor locations and all such local or remote alarm indicating devices (visual and audible) shall be observed for operation. (2011 ed.) (NFPA 25 8.3.3.5)

Devices	Tested Q1/23	Pass Q1/23	Fail Q1/23	Tested YTD (2023)	Total Quantity			
Supervisory Signal	0	0	0	0	5			
Device Type	Location	ScanID	Address	Q1/22	Q2/22	Q3/22	Q4/22	Q1/23
Supervisory Signal	Basement Center room 008	30561920	1	03/01-P	06/07-P	09/07-P	12/07-P	
Supervisory Signal	Basement Center room 008	30561923	1	03/01-P	06/07-P	09/07-P	12/07-P	
Supervisory Signal	Basement Center room 008	59342400	1	03/01-P	06/07-P	09/07-P	12/07-P	
Supervisory Signal	1st Center rom 116	59342403	1	03/01-P	06/07-P	09/07-P	12/07-P	
Supervisory Signal	2nd Center rom 216	59342408	1	03/01-P	06/07-P	09/07-P	12/07-P	
<b>Device Total: 5</b>								

<b>EC 02.03.05 EP 02</b>		Six-month testing of tamper switches; vane-type/pressure-type water-flow devices. Quarterly testing of mechanical water-flow devices. NFPA 72-2010 Table 14.4.5; NFPA 25-2011 Table 5.1.1.2.						
Valve shall be operated and signal receipt shall be verified to be within the first two revolutions of the hand wheel or within one-fifth of the travel distance, or per the manufacturer's published instructions. (2010 ed.) (NFPA 72 Table 14.4.2.2 (14i.1))								
<b>Devices</b>	<b>Tested Q1/23</b>	<b>Pass Q1/23</b>	<b>Fail Q1/23</b>	<b>Tested YTD (2023)</b>			<b>Total Quantity</b>	
Tamper Switch	0	0	0	0			5	
<b>Device Type</b>	<b>Location</b>	<b>ScanID</b>	<b>Address</b>	<b>Q1/22</b>	<b>Q2/22</b>	<b>Q3/22</b>	<b>Q4/22</b>	<b>Q1/23</b>
Tamper Switch	Basement Center room 008	30561921	1	03/01-P	06/07-P	09/07-P	12/07-P	
Tamper Switch	Basement Center room 008	30561922	1	03/01-P	06/07-P	09/07-P	12/07-P	
Tamper Switch	Basement Center room 008	59342398	1	03/01-P	06/07-P	09/07-P	12/07-P	
Tamper Switch	Basement Center room 008	59342401	1	03/01-P	06/07-P	09/07-P	12/07-P	
Tamper Switch	1st Center rom 116	59342404	1	03/01-P	06/07-P	09/07-P	12/07-P	
<b>Device Total: 5</b>								

<b>EC 02.03.05 EP 02</b>		Six-month testing of tamper switches; vane-type/pressure-type water-flow devices. Quarterly testing of mechanical water-flow devices. NFPA 72-2010 Table 14.4.5; NFPA 25-2011 Table 5.1.1.2.						
Vane-type and pressure switch-type waterflow alarm devices shall be tested semiannually. Per NFPA 25, Section 5.3.3.1, mechanical waterflow alarm devices shall be tested quarterly. Water shall be flowed through an inspector's test connection indicating the flow of water equal to that from a single sprinkler of the smallest orifice size installed in the system for wet-pipe systems, or an alarm test bypass connection for dry-pipe, pre-action, or deluge systems. (2010 ed.) (NFPA 72 Table 14.4.2.2 (14j))								
<b>Devices</b>	<b>Tested Q1/23</b>	<b>Pass Q1/23</b>	<b>Fail Q1/23</b>	<b>Tested YTD (2023)</b>	<b>Total Quantity</b>			
Waterflow Switch	0	0	0	0	4			
<b>Device Type</b>	<b>Location</b>	<b>ScanID</b>	<b>Address</b>	<b>Q1/22</b>	<b>Q2/22</b>	<b>Q3/22</b>	<b>Q4/22</b>	<b>Q1/23</b>
Waterflow Switch	Basement Center room 008	30561918	1	03/01-P	06/07-P	09/07-P	12/07-P	
Waterflow Switch	Basement Center room 008	59342402	1	03/01-P	06/07-P	09/07-P	12/07-P	
Waterflow Switch	1st Center rom 116	59342405	1	03/01-P	06/07-P	09/07-P	12/07-P	
Waterflow Switch	2nd Center rom 216	59342406	1	03/01-P	06/07-P	09/07-P	12/07-P	
<b>Device Total: 4</b>								

**EC 02.03.05 EP 09**

Annual test of main drains at system low point or at all system risers. NFPA 25–2011: 13.2.5

A main drain test shall be conducted annually at each water-based fire protection system riser to determine whether there has been a change in the condition of the water supply piping and control valves. In systems where the sole water supply is through a backflow preventer, and/or pressure reducing valves, the main drain test of at least one system downstream of the device shall be conducted on a quarterly basis. When there is a 10 percent reduction in full flow pressure when compared to the original acceptance test or previously performed tests, the cause of the reduction shall be identified and corrected if necessary. Auxiliary and low-point drains in preaction or deluge systems shall be operated after each system operation and before the onset of freezing conditions (and thereafter as needed). (2011 ed.) (NFPA 25 13.2.5; 13.2.5.1; 13.25.2; 13.4.4.3.2)

Devices	Tested Q1/23	Pass Q1/23	Fail Q1/23	Tested YTD (2023)	Total Quantity			
Drain	0	0	0	0	1			
Device Type	Location	ScanID	Address	Q1/22	Q2/22	Q3/22	Q4/22	Q1/23
Drain	Basement Center room 008	59342396	0	03/01-P	06/07-P	09/07-P	12/07-P	
<b>Device Total: 1</b>								

**EC 02.03.05 EP 10**

Quarterly inspection of all fire department water supply connections. NFPA 25-2011: 13.7

Fire department connections shall be inspected quarterly to verify the following: Connections are visible and accessible, couplings or swivels are not damaged and rotate smoothly, plugs or caps are in place and undamaged, gaskets are in place and in good condition, identification signs are in place, the check valve is not leaking, the automatic drain valve is in place and operating properly and the clapper is in place and operating properly. (2011 ed.) (NFPA 25 13.7.1)

<b>Devices</b>	<b>Tested Q1/23</b>	<b>Pass Q1/23</b>	<b>Fail Q1/23</b>	<b>Tested YTD (2023)</b>	<b>Total Quantity</b>			
Fire Dep't Connection	1	1	0	1	1			
<b>Device Type</b>	<b>Location</b>	<b>ScanID</b>	<b>Address</b>	<b>Q1/22</b>	<b>Q2/22</b>	<b>Q3/22</b>	<b>Q4/22</b>	<b>Q1/23</b>
Fire Dep't Connection	In yard, south of main entrance	68041242	0	03/01-P	06/07-P	09/07-P	12/07-P	01/27-P
<b>Device Total: 1</b>								

<b>LS 02.01.35 EP</b>		Piping supports are not damaged or loose. Piping not used to support any other item. NFPA 101–2012						
<b>03/EP 04</b>		18/19.3.5						
Sprinkler pipe and fittings shall be inspected annually from the floor level. Pipe and fittings shall be in good condition and free of mechanical damage, leakage, and corrosion. Sprinkler piping shall not be subjected to external loads by materials either resting on the pipe or hung from the pipe. (2011 ed.) (NFPA 25 5.2.2 through 5.2.2.2)								
<b>Devices</b>		<b>Tested Q1/23</b>	<b>Pass Q1/23</b>	<b>Fail Q1/23</b>	<b>Tested YTD (2023)</b>	<b>Total Quantity</b>		
Piping		1	1	0	1	1		
<b>Device Type</b>	<b>Location</b>	<b>ScanID</b>	<b>Address</b>	<b>Q1/22</b>	<b>Q2/22</b>	<b>Q3/22</b>	<b>Q4/22</b>	<b>Q1/23</b>
Piping		68040263	0					01/27-P
<b>Device Total: 1</b>								



**LS 02.01.35 EP 14**

All other Life Safety Code automatic extinguishing requirements related to NFPA 101-2012 18/19.3.5

Monthly: Valves secured with locks or supervised in accordance with applicable NFPA standards shall be permitted to be inspected monthly. Periodically: Each control valve shall be operated annually through its full range and returned to its normal position. (2011 ed.) (NFPA 25 13.3.2.1.1; 13.3.3.1)

Devices	Tested Q1/23	Pass Q1/23	Fail Q1/23	Tested YTD (2023)	Total Quantity			
Control Valve	0	0	0	0	1			
Device Type	Location	ScanID	Address	Q1/22	Q2/22	Q3/22	Q4/22	Q1/23
Control Valve	2nd Center rom 216	59342407	1	03/01-P	06/07-P	09/07-P	12/07-P	
<b>Device Total: 1</b>								

**LS 02.01.35 EP 14**

All other Life Safety Code automatic extinguishing requirements related to NFPA 101-2012 18/19.3.5

Gauges are in good condition and normal pressure is being maintained. [Inspection frequency will depend on type of system gauge];  
 Gauges shall be replaced every 5 years or tested every 5 years by comparison with a calibrated gauge. (2011 ed.) (NFPA 25 13.2.7.1;  
 5.3.2.1)

Devices	Tested Q1/23	Pass Q1/23	Fail Q1/23	Tested YTD (2023)	Total Quantity			
Gauge	1	1	0	1	1			
Device Type	Location	ScanID	Address	Q1/22	Q2/22	Q3/22	Q4/22	Q1/23
Gauge		68040262	0					01/27-P
<b>Device Total: 1</b>								

**LS 02.01.35 EP 14**

All other Life Safety Code automatic extinguishing requirements related to NFPA 101-2012 18/19.3.5

Post indicator valves shall be opened until spring or torsion is felt in the rod, indicating that the rod has not become detached from the valve. Post indicating and outside screw and yoke valves shall be backed a one-quarter turn from the fully open position to prevent jamming. (2011 ed.) (NFPA 25 13.3.3.2/13.3.3.3)

Devices	Tested Q1/23	Pass Q1/23	Fail Q1/23	Tested YTD (2023)	Total Quantity			
Post Indicator Valve	0	0	0	0	1			
Device Type	Location	ScanID	Address	Q1/22	Q2/22	Q3/22	Q4/22	Q1/23
Post Indicator Valve	Garden Center outside Sw side	59342397	0	03/01-P	06/07-P	09/07-P	12/07-P	
<b>Device Total: 1</b>								

# Service Summary

Generated by: BuildingReports.com

Building: Lincoln regional center B 3		
<i>The Service Summary section provides an overview of the services performed in this report.</i>		
Device Type	Service	Quantity
<i><b>Passed</b></i>		
Fire Dep't Connection	5 Year Service	1
Gauge	Annual	1
Piping	Annual	1
<b>Total</b>		<b>3</b>
<i><b>Untested</b></i>		
Control Valve		1
Drain		1
Post Indicator Valve		1
Supervisory Signal		5
Tamper Switch		5
Waterflow Switch		4
<b>Total</b>		<b>17</b>
<b>Grand Total</b>		<b>20</b>

# Wet Pipe Fire Sprinkler Systems

Generated by: *BuildingReports.com*

<b>Building: Lincoln regional center B 3</b>							
<p><i>This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.</i></p>							
<b><i>Devices</i></b>							
<b>Gauge</b>							
<b>Location</b>				<b>Service Date</b>			
				01/27/2023			
<b>Type</b>	<b>Manufacturer</b>	<b>Model #</b>	<b>Static psi</b>	<b>Fill Type</b>	<b>Size</b>	<b>OK</b>	<b>ScanID</b>
City Pressure				Air/Water	1/4	<input checked="" type="checkbox"/>	68040262
<b>Piping</b>							
<b>Location</b>	<b>Type</b>	<b>Size</b>	<b>Internal Date</b>				
	Steel	4 and 1	01/27/2023				
<b>Hangers</b>	<b>Braces</b>	<b>Fittings</b>	<b>Identified</b>	<b>Antifreeze</b>	<b>ScanID</b>		
Normal	Normal	Cast Iron		N/A	68040263		

# Inventory & Warranty Report

Generated by: [BuildingReports.com](http://BuildingReports.com)

**Building: Lincoln regional center B 3**

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

Device or Type	Category	% of Inventory	Quantity
Control Valve	Valve	5.00%	1
Drain	Device	5.00%	1
Fire Dep't Connection	Hose	5.00%	1
Gauge	Device	5.00%	1
Piping	Sprinkler	5.00%	1
Post Indicator Valve	Valve	5.00%	1
Supervisory Signal	Alarm	25.00%	5
Tamper Switch	Alarm	25.00%	5
Waterflow Switch	Alarm	20.00%	4

Device Type	Qty	Model #	Type	Description	Install Date
<b><i>In Service - 2 Years to 3 Years</i></b>					
Control Valve	1		Butterfly	Main Control	03/02/2020
Drain	1		Main		03/02/2020
Fire Dep't Connection	1		Freestanding		03/02/2020
Post Indicator Valve	1		Ground		03/02/2020
Supervisory Signal	5		Pressure		03/02/2020
Tamper Switch	5		Control Valve	Supervisory	03/02/2020
Waterflow Switch	4		Vane	Alarm	03/02/2020
<b>Wet Pipe</b>					
Gauge	1		City Pressure		03/02/2020
Piping	1		Steel		03/02/2020

# Notes & Recommendations

Generated by: BuildingReports.com

Building: Lincoln regional center B 3				
<i>The Notes &amp; Recommendations Report details additional inspection notes made by the Inspectors during the course of the building inspection. Notes are grouped by SystemID.</i>				
Note	Device Type	Location	Comment	ScanID
<b><i>Wet Pipe</i></b>				
1	Piping		Passed	68040263
	5 year internal inspection			

# Sprinkler Inspection, Testing and/or Maintenance Certificate

*For*

Lincoln regional center B 5  
801 west prospector pl  
lincoln, ne 68522

This inspection was performed in accordance with NFPA 101, EDITION 2012, LIFE SAFETY CODE, NFPA 72, EDITION 2010, FIRE ALARM SYSTEMS, NFPA 25, EDITION 2011, WATER-BASED FIRE PROTECTION SYSTEMS and other regulatory standards applicable to this inspection.

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

*5-Year Inspection  
Inspection Completion Date  
Jan 27, 2023*

Building: Lincoln regional center B 5  
Contact: bevin na  
Title: Na

Company: NIFCO Mechanical Systems  
Contact: Jerad Baxter  
Title: Inspector



# *Executive Summary*

Generated by: *BuildingReports.com*

## Building Information

**Building:** Lincoln regional center B 5  
**Address:** 801 west prospector pl  
**Address:**  
**City/State/ZIP Code:** lincoln, ne 68522  
**Country:** United States of America

**Contact:** bevin na  
**Phone:** (402) 471-4444  
**Fax:**  
**Mobile:**  
**Email:**

## Inspection Performed By

**Company:** NIFCO Mechanical Systems  
**Address:** 500 Blue Heron Dr  
**Address:**  
**City/State/ZIP Code:** Lincoln, NE 68522-1701  
**Country:** United States of America

**Inspector:** Jerad Baxter  
**Phone:** 402-477-0666  
**Fax:**  
**Mobile:** 531-220-1709  
**Email:** [jbaxter@nifcomechanical.com](mailto:jbaxter@nifcomechanical.com)

Inspection Completion Date: Jan 27, 2023					
Building: Lincoln regional center B 5					
<b>EC 02.03.05 EP 01</b>		The organization tests supervisory signal devices on the inventory with the following time frames: Quarterly for pressure supervisory indicating devices (including both high- and low-air pressure switches), water level supervisory indicating devices, water temperature supervisory indicating devices, room temperature supervisory indicating devices, and other suppression system supervisory initiating devices. Semiannually for valve supervisory switches. Annually for other supervisory initiating devices. NFPA 72-2010 Table 14.4.5			
Devices	Tested This Quarter	Pass	Fail	Tested YTD (2023)	Total Quantity
Supervisory Signal	0	0	0	0	7
<b>EC 02.03.05 EP 02</b>		Six-month testing of tamper switches; vane-type/pressure-type water-flow devices. Quarterly testing of mechanical water-flow devices. NFPA 72-2010 Table 14.4.5; NFPA 25-2011 Table 5.1.1.2.			
Devices	Tested This Quarter	Pass	Fail	Tested YTD (2023)	Total Quantity
Tamper Switch	0	0	0	0	7
Waterflow Switch	0	0	0	0	7
<b>EC 02.03.05 EP 09</b>		Annual test of main drains at system low point or at all system risers. NFPA 25-2011: 13.2.5			
Devices	Tested This Quarter	Pass	Fail	Tested YTD (2023)	Total Quantity
Drain	0	0	0	0	1
<b>EC 02.03.05 EP 10</b>		Quarterly inspection of all fire department water supply connections. NFPA 25-2011: 13.7			
Devices	Tested This Quarter	Pass	Fail	Tested YTD (2023)	Total Quantity
Fire Dep't Connection	1	1	0	1	1
<b>LS 02.01.35 EP 03/EP 04</b>		Piping supports are not damaged or loose. Piping not used to support any other item. NFPA 101-2012 18/19.3.5			
Devices	Tested This Quarter	Pass	Fail	Tested YTD (2023)	Total Quantity
Piping	1	1	0	1	1
<b>LS 02.01.35 EP 14</b>		All other Life Safety Code automatic extinguishing requirements related to NFPA 101-2012 18/19.3.5			
Devices	Tested This Quarter	Pass	Fail	Tested YTD (2023)	Total Quantity
Control Valve	0	0	0	0	1
Gauge	1	1	0	1	1
Post Indicator Valve	0	0	0	0	1
<b>Total Device Count: 27</b>					

Certification	
<b>Company:</b> NIFCO Mechanical Systems <b>Inspector:</b> Jerad Baxter	<b>Building:</b> Lincoln regional center B 5 <b>Contact:</b> bevin na
Jerad Baxter Certifications	
Certification Type	Number
Nebraska Grade VI Water Operator	8699
NICET Inspection and Testing of Water-Based Systems Level I	

# Inspection & Testing

Generated by: [BuildingReports.com](http://BuildingReports.com)

Building: Lincoln regional center B 5								
<p><i>The Inspection &amp; Testing section lists all of the items inspected in your building, which are then categorized by the applicable code reference. The most recent inspection is listed in the far right column and is based on the Finish Date of that inspection. The latest inspection uploaded in each previous quarter appears in the four columns to the left.</i></p> <p><i>Passed=P, Failed=F, Replaced=R</i></p>								
<b>EC 02.03.05 EP 01</b>		<p>The organization tests supervisory signal devices on the inventory with the following time frames: Quarterly for pressure supervisory indicating devices (including both high- and low-air pressure switches), water level supervisory indicating devices, water temperature supervisory indicating devices, room temperature supervisory indicating devices, and other suppression system supervisory initiating devices. Semiannually for valve supervisory switches. Annually for other supervisory initiating devices. NFPA 72-2010 Table 14.4.5</p>						
<p>Alarm conditions shall be simulated by activating alarm circuits at alarm sensor locations and all such local or remote alarm indicating devices (visual and audible) shall be observed for operation. (2011 ed.) (NFPA 25 8.3.3.5)</p>								
Devices	Tested Q1/23	Pass Q1/23	Fail Q1/23	Tested YTD (2023)	Total Quantity			
Supervisory Signal	0	0	0	0	7			
Device Type	Location	ScanID	Address	Q1/22	Q2/22	Q3/22	Q4/22	Q1/23
Supervisory Signal	Basement Boiler	59342376	1	03/01-P	06/07-P	09/07-P	12/07-P	
Supervisory Signal	Basement Boiler	59342379	1	03/01-P	06/07-P	09/07-P	12/07-P	
Supervisory Signal	1st Closet closet by reception center	59342381	1	03/01-P	06/07-P	09/07-P	12/21-P	
Supervisory Signal	1st Closet room 133a	59342385	1-s-2	03/01-P	06/07-P	09/07-P	12/07-P	
Supervisory Signal	2nd Closet s4 housekeeping cliset	59342387	1	03/01-P	06/07-P	09/07-P	12/07-P	
Supervisory Signal	2nd Closet s4 housekeeping cliset	59342389	1	03/01-P	06/07-P	09/07-P	12/07-P	
Supervisory Signal	2nd Closet s5 west stairwell	59342394	1	03/01-P	06/07-P	09/07-P	12/07-P	
<b>Device Total: 7</b>								

<b>EC 02.03.05 EP 02</b>		Six-month testing of tamper switches; vane-type/pressure-type water-flow devices. Quarterly testing of mechanical water-flow devices. NFPA 72-2010 Table 14.4.5; NFPA 25-2011 Table 5.1.1.2.						
Valve shall be operated and signal receipt shall be verified to be within the first two revolutions of the hand wheel or within one-fifth of the travel distance, or per the manufacturer's published instructions. (2010 ed.) (NFPA 72 Table 14.4.2.2 (14i.1))								
<b>Devices</b>	<b>Tested Q1/23</b>	<b>Pass Q1/23</b>	<b>Fail Q1/23</b>	<b>Tested YTD (2023)</b>			<b>Total Quantity</b>	
Tamper Switch	0	0	0	0			7	
<b>Device Type</b>	<b>Location</b>	<b>ScanID</b>	<b>Address</b>	<b>Q1/22</b>	<b>Q2/22</b>	<b>Q3/22</b>	<b>Q4/22</b>	<b>Q1/23</b>
Tamper Switch	Basement Boiler	59342377	1	03/01-P	06/07-P	09/07-P	12/07-P	
Tamper Switch	Basement Boiler	59342378	1	03/01-P	06/07-P	09/07-P	12/07-P	
Tamper Switch	1st 1st closet by reception desk	59342382	1	03/01-P	06/07-P	09/07-P	12/21-P	
Tamper Switch	1st Closet room 133a	59342386	1	03/01-P	06/07-P	09/07-P	12/07-P	
Tamper Switch	2nd Closet s4 housekeeping cliset	59342388	1	03/01-P	06/07-P	09/07-P	12/07-P	
Tamper Switch	2nd Closet s4 housekeeping cliset	59342390	1	03/01-P	06/07-P	09/07-P	12/07-P	
Tamper Switch	2nd Closet s5 west stairwell	59342395	1	03/01-P	06/07-P	09/07-P	12/07-P	
<b>Device Total: 7</b>								

<b>EC 02.03.05 EP 02</b>		Six-month testing of tamper switches; vane-type/pressure-type water-flow devices. Quarterly testing of mechanical water-flow devices. NFPA 72-2010 Table 14.4.5; NFPA 25-2011 Table 5.1.1.2.						
Vane-type and pressure switch-type waterflow alarm devices shall be tested semiannually. Per NFPA 25, Section 5.3.3.1, mechanical waterflow alarm devices shall be tested quarterly. Water shall be flowed through an inspector's test connection indicating the flow of water equal to that from a single sprinkler of the smallest orifice size installed in the system for wet-pipe systems, or an alarm test bypass connection for dry-pipe, pre-action, or deluge systems. (2010 ed.) (NFPA 72 Table 14.4.2.2 (14j))								
<b>Devices</b>	<b>Tested Q1/23</b>	<b>Pass Q1/23</b>	<b>Fail Q1/23</b>	<b>Tested YTD (2023)</b>			<b>Total Quantity</b>	
Waterflow Switch	0	0	0	0			7	
<b>Device Type</b>	<b>Location</b>	<b>ScanID</b>	<b>Address</b>	<b>Q1/22</b>	<b>Q2/22</b>	<b>Q3/22</b>	<b>Q4/22</b>	<b>Q1/23</b>
Waterflow Switch	Basement Boiler	59342380	1	03/01-P	06/07-P	09/07-P	12/07-P	
Waterflow Switch	1st Closet closet by reception center	59342383	1-s-2	03/01-P	06/07-P	09/07-P	12/07-P	
Waterflow Switch	1st Closet room 133a	59342384	1	03/01-P	06/07-P	09/07-P	12/07-P	
Waterflow Switch	1st Closet room 133a S2	68605364	1	03/01-P	06/07-P	09/07-P	12/07-P	
Waterflow Switch	2nd Closet s4 housekeeping cliset	59342391	1	03/01-P	06/07-P	09/07-P	12/07-P	
Waterflow Switch	2nd Closet s4 housekeeping cliset	59342392	1	03/01-P	06/07-P	09/07-P	12/07-P	
Waterflow Switch	2nd Closet s5 west stairwell	59342393	1	03/01-P	06/07-P	09/07-P	12/07-P	
<b>Device Total: 7</b>								

**EC 02.03.05 EP 09**

Annual test of main drains at system low point or at all system risers. NFPA 25–2011: 13.2.5

A main drain test shall be conducted annually at each water-based fire protection system riser to determine whether there has been a change in the condition of the water supply piping and control valves. In systems where the sole water supply is through a backflow preventer, and/or pressure reducing valves, the main drain test of at least one system downstream of the device shall be conducted on a quarterly basis. When there is a 10 percent reduction in full flow pressure when compared to the original acceptance test or previously performed tests, the cause of the reduction shall be identified and corrected if necessary. Auxiliary and low-point drains in preaction or deluge systems shall be operated after each system operation and before the onset of freezing conditions (and thereafter as needed). (2011 ed.) (NFPA 25 13.2.5; 13.2.5.1; 13.2.5.2; 13.4.4.3.2)

Devices	Tested Q1/23	Pass Q1/23	Fail Q1/23	Tested YTD (2023)	Total Quantity			
Drain	0	0	0	0	1			
Device Type	Location	ScanID	Address	Q1/22	Q2/22	Q3/22	Q4/22	Q1/23
Drain	Basement Boiler	59342375	0	03/01-P	06/07-P	09/07-P	12/07-P	
<b>Device Total: 1</b>								

**EC 02.03.05 EP 10**

Quarterly inspection of all fire department water supply connections. NFPA 25-2011: 13.7

Fire department connections shall be inspected quarterly to verify the following: Connections are visible and accessible, couplings or swivels are not damaged and rotate smoothly, plugs or caps are in place and undamaged, gaskets are in place and in good condition, identification signs are in place, the check valve is not leaking, the automatic drain valve is in place and operating properly and the clapper is in place and operating properly. (2011 ed.) (NFPA 25 13.7.1)

<b>Devices</b>	<b>Tested Q1/23</b>	<b>Pass Q1/23</b>	<b>Fail Q1/23</b>	<b>Tested YTD (2023)</b>	<b>Total Quantity</b>			
Fire Dep't Connection	1	1	0	1	1			
<b>Device Type</b>	<b>Location</b>	<b>ScanID</b>	<b>Address</b>	<b>Q1/22</b>	<b>Q2/22</b>	<b>Q3/22</b>	<b>Q4/22</b>	<b>Q1/23</b>
Fire Dep't Connection	Garden outside ne of entrance	68041241	0	03/01-P	06/07-P	09/07-P	12/07-P	01/27-P
<b>Device Total: 1</b>								



<b>LS 02.01.35 EP</b>		Piping supports are not damaged or loose. Piping not used to support any other item. NFPA 101–2012						
<b>03/EP 04</b>		18/19.3.5						
Sprinkler pipe and fittings shall be inspected annually from the floor level. Pipe and fittings shall be in good condition and free of mechanical damage, leakage, and corrosion. Sprinkler piping shall not be subjected to external loads by materials either resting on the pipe or hung from the pipe. (2011 ed.) (NFPA 25 5.2.2 through 5.2.2.2)								
Devices		Tested Q1/23	Pass Q1/23	Fail Q1/23	Tested YTD (2023)			Total Quantity
Piping		1	1	0	1			1
Device Type	Location	ScanID	Address	Q1/22	Q2/22	Q3/22	Q4/22	Q1/23
Piping		68040264	0					01/27-P
<b>Device Total: 1</b>								

**LS 02.01.35 EP 14**

All other Life Safety Code automatic extinguishing requirements related to NFPA 101-2012 18/19.3.5

Monthly: Valves secured with locks or supervised in accordance with applicable NFPA standards shall be permitted to be inspected monthly. Periodically: Each control valve shall be operated annually through its full range and returned to its normal position. (2011 ed.) (NFPA 25 13.3.2.1.1; 13.3.3.1)

Devices	Tested Q1/23	Pass Q1/23	Fail Q1/23	Tested YTD (2023)	Total Quantity			
Control Valve	0	0	0	0	1			
Device Type	Location	ScanID	Address	Q1/22	Q2/22	Q3/22	Q4/22	Q1/23
Control Valve	1st Closet room 133a S2	68605365	1	03/01-P	06/07-P	09/07-P	12/07-P	
<b>Device Total: 1</b>								

<b>LS 02.01.35 EP 14</b>		All other Life Safety Code automatic extinguishing requirements related to NFPA 101-2012 18/19.3.5						
Gauges are in good condition and normal pressure is being maintained. [Inspection frequency will depend on type of system gauge]; Gauges shall be replaced every 5 years or tested every 5 years by comparison with a calibrated gauge. (2011 ed.) (NFPA 25 13.2.7.1; 5.3.2.1)								
<b>Devices</b>	<b>Tested Q1/23</b>	<b>Pass Q1/23</b>	<b>Fail Q1/23</b>	<b>Tested YTD (2023)</b>	<b>Total Quantity</b>			
Gauge	1	1	0	1	1			
<b>Device Type</b>	<b>Location</b>	<b>ScanID</b>	<b>Address</b>	<b>Q1/22</b>	<b>Q2/22</b>	<b>Q3/22</b>	<b>Q4/22</b>	<b>Q1/23</b>
Gauge	1st 1st closet by reception desk	68040265	0					01/27-P
<b>Device Total: 1</b>								

**LS 02.01.35 EP 14**

All other Life Safety Code automatic extinguishing requirements related to NFPA 101-2012 18/19.3.5

Post indicator valves shall be opened until spring or torsion is felt in the rod, indicating that the rod has not become detached from the valve. Post indicating and outside screw and yoke valves shall be backed a one-quarter turn from the fully open position to prevent jamming. (2011 ed.) (NFPA 25 13.3.3.2/13.3.3.3)

Devices	Tested Q1/23	Pass Q1/23	Fail Q1/23	Tested YTD (2023)	Total Quantity			
Post Indicator Valve	0	0	0	0	1			
Device Type	Location	ScanID	Address	Q1/22	Q2/22	Q3/22	Q4/22	Q1/23
Post Indicator Valve	Garden outside ne of entrance	59342356	0	03/01-P	06/07-P	09/07-P	12/07-P	
<b>Device Total: 1</b>								

# Service Summary

Generated by: BuildingReports.com

Building: Lincoln regional center B 5		
<i>The Service Summary section provides an overview of the services performed in this report.</i>		
Device Type	Service	Quantity
<b><i>Passed</i></b>		
Fire Dep't Connection	5 Year Service	1
Gauge	Annual	1
Piping	Annual	1
<b>Total</b>		<b>3</b>
<b><i>Untested</i></b>		
Control Valve		1
Drain		1
Post Indicator Valve		1
Supervisory Signal		7
Tamper Switch		7
Waterflow Switch		7
<b>Total</b>		<b>24</b>
<b>Grand Total</b>		<b>27</b>

# Wet Pipe Fire Sprinkler Systems

Generated by: *BuildingReports.com*

<b>Building: Lincoln regional center B 5</b>							
<p><i>This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.</i></p>							
<b>Devices</b>							
<b>Gauge</b>							
<b>Location</b>				<b>Service Date</b>			
1st 1st closet by reception desk				01/27/2023			
<b>Type</b>	<b>Manufacturer</b>	<b>Model #</b>	<b>Static psi</b>	<b>Fill Type</b>	<b>Size</b>	<b>OK</b>	<b>ScanID</b>
City Pressure			89	Air/Water	1/4	<input checked="" type="checkbox"/>	68040265
<b>Piping</b>							
<b>Location</b>	<b>Type</b>	<b>Size</b>	<b>Internal Date</b>				
	Steel	4"	06/07/2022				
<b>Hangers</b>	<b>Braces</b>	<b>Fittings</b>	<b>Identified</b>	<b>Antifreeze</b>	<b>ScanID</b>		
Normal	Normal	Cast Iron			68040264		

# Inventory & Warranty Report

Generated by: [BuildingReports.com](http://BuildingReports.com)

Building: Lincoln regional center B 5					
<p><i>The Inventory &amp; Warranty Report lists each of the devices and items that are included in your Inspection Report. A complete inventory count by device type and category is provided. Items installed within the last 90 days, within the last year, and devices installed for two years or more are grouped together for easy reference.</i></p>					
Device or Type	Category	% of Inventory	Quantity		
Control Valve	Valve	3.70%	1		
Drain	Device	3.70%	1		
Fire Dep't Connection	Hose	3.70%	1		
Gauge	Device	3.70%	1		
Piping	Sprinkler	3.70%	1		
Post Indicator Valve	Valve	3.70%	1		
Supervisory Signal	Alarm	25.93%	7		
Tamper Switch	Alarm	25.93%	7		
Waterflow Switch	Alarm	25.93%	7		
Device Type	Qty	Model #	Type	Description	Install Date
<b><i>In Service - 2 Years to 3 Years</i></b>					
Control Valve	1		Butterfly	Main Control	03/02/2020
Drain	1		Main		03/02/2020
Fire Dep't Connection	1		Freestanding		03/02/2020
Post Indicator Valve	1		Ground		03/02/2020
Supervisory Signal	4				03/02/2020
Supervisory Signal	3		Pressure		03/02/2020
Tamper Switch	7		Control Valve	Supervisory	03/02/2020
Waterflow Switch	7		Vane	Alarm	03/02/2020
<b>Wet Pipe</b>					
Gauge	1		City Pressure		03/02/2020
Piping	1		Steel		03/02/2020

# Zone Address Report

Generated by: BuildingReports.com

Building: Lincoln regional center B 5

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

Address	Device Type	Location	Type	ScanID
<b><i>Control Panel 1</i></b>				
<b>Zone/Address: s-2</b>				
	Waterflow Switch	1st Closet closet by reception center	Vane	59342383



# Notes & Recommendations

Generated by: BuildingReports.com

Building: Lincoln regional center B 5				
<i>The Notes &amp; Recommendations Report details additional inspection notes made by the Inspectors during the course of the building inspection. Notes are grouped by SystemID.</i>				
Note	Device Type	Location	Comment	ScanID
1	Fire Dep't Connection	Garden outside ne of entrance	Passed	68041241
Check valve swings freely				
<b><i>Wet Pipe</i></b>				
2	Piping		Passed	68040264
5 year internal inspection, test gauges, fdc check valve, branch line and main				



# Backflow Preventer Test Form

402.441.5912 • e-mail: [Backflow@lincoln.ne.gov](mailto:Backflow@lincoln.ne.gov) • FAX: 402.441.8003

Return to: Lincoln Water System Backflow 2021 North 27th Street, Lincoln, NE 68503

Business/Building \_\_\_\_\_ Contact Person \_\_\_\_\_

Service Address \_\_\_\_\_ Suite# \_\_\_\_\_

Phone# \_\_\_\_\_ e-mail: \_\_\_\_\_

Device Location \_\_\_\_\_

<input type="checkbox"/> Annual Test	<input type="checkbox"/> Repair	<input type="checkbox"/> New Installation
<input type="checkbox"/> DC	<input type="checkbox"/> RPP	Serial #: _____ Size: _____ Manufacturer: _____ Model#: _____
<input type="checkbox"/> Replacement		
<input type="checkbox"/> DC	<input type="checkbox"/> RPP	Serial #: _____ Size: _____ Manufacturer: _____ Model#: _____

<input type="checkbox"/> Domestic Containment	<input type="checkbox"/> Irrigation	<input type="checkbox"/> Fire Service	<input type="checkbox"/> Boiler	<input type="checkbox"/> Carbonator
<input type="checkbox"/> Swimming Pool	<input type="checkbox"/> Cooling Tower	<input type="checkbox"/> Water Cooled Ice Maker	<input type="checkbox"/> Other (Desc): _____	

Reduced Pressure-Double Check Valve		Pressure Vacuum Breaker	
Shut off #2	Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #1	Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #1 _____ PSID	Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #2	Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #2 _____ PSID	Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Check Valve Held at _____ PSID	
Relief Valve (RP only) Opened at _____ PSID		Air vent opened at _____ PSID	

Final Test: Check Valve #1	Check Valve #2	Pressure Relief	PVB/SVB
	Closed Tight <input type="checkbox"/> Yes <input type="checkbox"/> No		Check Valve PSID
PSID	PSID	Replaced PSID	Air Inlet PSID

I hereby certify the above backflow preventer has been tested in accordance with all rules and regulations of the State of Nebraska Health and Human Services, Department of Regulation and Licensure, Title 179, and the Lincoln Water System Title 17, and that all readings are true and accurate to the best of my ability. **Must be returned to LWS within 30 days of performing test.**

State Certified Technician (Please Print) \_\_\_\_\_ Company \_\_\_\_\_ Grade 6 Certificate# \_\_\_\_\_ Cell/Phone# \_\_\_\_\_

State Certified Technician (Signature) \_\_\_\_\_ Customer (Signature) \_\_\_\_\_ Date of Test \_\_\_\_\_

Test Gauge Manufacturer \_\_\_\_\_ Test Gauge Serial # \_\_\_\_\_ Date of Calibration \_\_\_\_\_

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

PLEASE TYPE OR PRINT LEGIBLY



# Backflow Preventer Test Form

402.441.5912 • e-mail: [Backflow@lincoln.ne.gov](mailto:Backflow@lincoln.ne.gov) • FAX: 402.441.8003

Return to: Lincoln Water System Backflow 2021 North 27th Street, Lincoln, NE 68503

Business/Building \_\_\_\_\_ Contact Person \_\_\_\_\_

Service Address \_\_\_\_\_ Suite# \_\_\_\_\_

Phone# \_\_\_\_\_ e-mail: \_\_\_\_\_

Device Location \_\_\_\_\_

<input type="checkbox"/> Annual Test	<input type="checkbox"/> Repair	<input type="checkbox"/> New Installation
<input type="checkbox"/> DC	<input type="checkbox"/> RPP	Serial #: _____ Size: _____ Manufacturer: _____ Model#: _____
<input type="checkbox"/> Replacement		
<input type="checkbox"/> DC	<input type="checkbox"/> RPP	Serial #: _____ Size: _____ Manufacturer: _____ Model#: _____

<input type="checkbox"/> Domestic Containment	<input type="checkbox"/> Irrigation	<input type="checkbox"/> Fire Service	<input type="checkbox"/> Boiler	<input type="checkbox"/> Carbonator
<input type="checkbox"/> Swimming Pool	<input type="checkbox"/> Cooling Tower	<input type="checkbox"/> Water Cooled Ice Maker	<input type="checkbox"/> Other (Desc): _____	

Reduced Pressure-Double Check Valve		Pressure Vacuum Breaker	
Shut off #2	Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #1	Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #1 _____ PSID	Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #2	Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #2 _____ PSID	Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Check Valve Held at _____ PSID	
Relief Valve (RP only) Opened at _____ PSID		Air vent opened at _____ PSID	

Final Test: Check Valve #1	Check Valve #2	Pressure Relief	PVB/SVB
	Closed Tight <input type="checkbox"/> Yes <input type="checkbox"/> No		Check Valve PSID
PSID	PSID	Replaced PSID	Air Inlet PSID

I hereby certify the above backflow preventer has been tested in accordance with all rules and regulations of the State of Nebraska Health and Human Services, Department of Regulation and Licensure, Title 179, and the Lincoln Water System Title 17, and that all readings are true and accurate to the best of my ability. **Must be returned to LWS within 30 days of performing test.**

State Certified Technician (Please Print) \_\_\_\_\_ Company \_\_\_\_\_ Grade 6 Certificate# \_\_\_\_\_ Cell/Phone# \_\_\_\_\_

State Certified Technician (Signature) \_\_\_\_\_ Customer (Signature) \_\_\_\_\_ Date of Test \_\_\_\_\_

Test Gauge Manufacturer \_\_\_\_\_ Test Gauge Serial # \_\_\_\_\_ Date of Calibration \_\_\_\_\_

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

PLEASE TYPE OR PRINT LEGIBLY

# Sprinkler Inspection, Testing and/or Maintenance Certificate

*For*

Lincoln regional center B 3  
801 west prospector  
Lincoln, Ne 68522

This inspection was performed in accordance with NFPA 101, EDITION 2012, LIFE SAFETY CODE, NFPA 72, EDITION 2010, FIRE ALARM SYSTEMS, NFPA 25, EDITION 2011, WATER-BASED FIRE PROTECTION SYSTEMS and other regulatory standards applicable to this inspection.

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

*Quarterly Inspection  
Inspection Completion Date  
Jun 29, 2023*

Building: Lincoln regional center B 3  
Contact: Kris Hoover  
Title: Na

Company: NIFCO Mechanical Systems  
Contact: Jerad Baxter  
Title: Inspector

# *Executive Summary*

Generated by: *BuildingReports.com*

## Building Information

**Building:** Lincoln regional center B 3

**Address:** 801 west prospector

**Address:**

**City/State/ZIP Code:** Lincoln, Ne 68522

**Country:** United States of America

**Contact:** Kris Hoover

**Phone:** Na

**Fax:**

**Mobile:**

**Email:** kris.hoover@nebraska.gov

## Inspection Performed By

**Company:** NIFCO Mechanical Systems

**Address:** 500 Blue Heron Dr

**Address:**

**City/State/ZIP Code:** Lincoln, NE 68522-1701

**Country:** United States of America

**Inspector:** Jerad Baxter

**Phone:** 402-477-0666

**Fax:**

**Mobile:** 531-220-1709

**Email:** jbaxter@nifcomechanical.com

Inspection Completion Date: Jun 29, 2023					
Building: Lincoln regional center B 3					
<b>EC 02.03.05 EP 01</b>		The organization tests supervisory signal devices on the inventory with the following time frames: Quarterly for pressure supervisory indicating devices (including both high- and low-air pressure switches), water level supervisory indicating devices, water temperature supervisory indicating devices, room temperature supervisory indicating devices, and other suppression system supervisory initiating devices. Semiannually for valve supervisory switches. Annually for other supervisory initiating devices. NFPA 72-2010 Table 14.4.5			
Devices	Tested This Quarter	Pass	Fail	Tested YTD (2023)	Total Quantity
Supervisory Signal	5	5	0	5	5
<b>EC 02.03.05 EP 02</b>		Six-month testing of tamper switches; vane-type/pressure-type water-flow devices. Quarterly testing of mechanical water-flow devices. NFPA 72-2010 Table 14.4.5; NFPA 25-2011 Table 5.1.1.2.			
Devices	Tested This Quarter	Pass	Fail	Tested YTD (2023)	Total Quantity
Tamper Switch	5	5	0	5	5
Waterflow Switch	4	4	0	4	4
<b>EC 02.03.05 EP 09</b>		Annual test of main drains at system low point or at all system risers. NFPA 25-2011: 13.2.5			
Devices	Tested This Quarter	Pass	Fail	Tested YTD (2023)	Total Quantity
Drain	1	1	0	1	1
<b>EC 02.03.05 EP 10</b>		Quarterly inspection of all fire department water supply connections. NFPA 25-2011: 13.7			
Devices	Tested This Quarter	Pass	Fail	Tested YTD (2023)	Total Quantity
Fire Dep't Connection	1	1	0	1	1
<b>LS 02.01.35 EP 03/EP 04</b>		Piping supports are not damaged or loose. Piping not used to support any other item. NFPA 101-2012 18/19.3.5			
Devices	Tested This Quarter	Pass	Fail	Tested YTD (2023)	Total Quantity
Piping	0	0	0	1	1
<b>LS 02.01.35 EP 14</b>		All other Life Safety Code automatic extinguishing requirements related to NFPA 101-2012 18/19.3.5			
Devices	Tested This Quarter	Pass	Fail	Tested YTD (2023)	Total Quantity
Control Valve	1	1	0	1	1
Gauge	0	0	0	1	1
Post Indicator Valve	1	1	0	1	1
<b>Total Device Count: 20</b>					

Certification	
<b>Company:</b> NIFCO Mechanical Systems	<b>Building:</b> Lincoln regional center B 3
<b>Inspector:</b> Jerad Baxter	<b>Contact:</b> Kris Hoover
Jerad Baxter Certifications	
Certification Type	Number
NICET Inspection and Testing of Water-Based Systems Level I	
Nebraska Grade VI Water Operator	8699

# Inspection & Testing

Generated by: *BuildingReports.com*

## Building: Lincoln regional center B 3

*The Inspection & Testing section lists all of the items inspected in your building, which are then categorized by the applicable code reference. The most recent inspection is listed in the far right column and is based on the Finish Date of that inspection. The latest inspection uploaded in each previous quarter appears in the four columns to the left.*  
*Passed=P, Failed=F, Replaced=R*

### EC 02.03.05 EP 01

The organization tests supervisory signal devices on the inventory with the following time frames: Quarterly for pressure supervisory indicating devices (including both high- and low-air pressure switches), water level supervisory indicating devices, water temperature supervisory indicating devices, room temperature supervisory indicating devices, and other suppression system supervisory initiating devices. Semiannually for valve supervisory switches. Annually for other supervisory initiating devices. NFPA 72-2010 Table 14.4.5

Alarm conditions shall be simulated by activating alarm circuits at alarm sensor locations and all such local or remote alarm indicating devices (visual and audible) shall be observed for operation. (2011 ed.) (NFPA 25 8.3.3.5)

Devices	Tested Q2/23	Pass Q2/23	Fail Q2/23	Tested YTD (2023)	Total Quantity			
Supervisory Signal	5	5	0	5	5			
Device Type	Location	ScanID	Address	Q2/22	Q3/22	Q4/22	Q1/23	Q2/23
Supervisory Signal	Basement Center room 008	30561923	1	06/07-P	09/07-P	12/07-P	03/30-P	06/29-P
Supervisory Signal	Basement Center room 008	30561920	1	06/07-P	09/07-P	12/07-P	03/30-P	06/29-P
Supervisory Signal	Basement Center room 008	59342400	1	06/07-P	09/07-P	12/07-P	03/30-P	06/29-P
Supervisory Signal	1st Center rom 116	59342403	1	06/07-P	09/07-P	12/07-P	03/30-P	06/29-P
Supervisory Signal	2nd Center rom 216	59342408	1	06/07-P	09/07-P	12/07-P	03/30-P	06/29-P
<b>Device Total: 5</b>								



<b>EC 02.03.05 EP 02</b>		Six-month testing of tamper switches; vane-type/pressure-type water-flow devices. Quarterly testing of mechanical water-flow devices. NFPA 72-2010 Table 14.4.5; NFPA 25-2011 Table 5.1.1.2.						
Valve shall be operated and signal receipt shall be verified to be within the first two revolutions of the hand wheel or within one-fifth of the travel distance, or per the manufacturer's published instructions. (2010 ed.) (NFPA 72 Table 14.4.2.2 (14i.1))								
<b>Devices</b>	<b>Tested Q2/23</b>	<b>Pass Q2/23</b>	<b>Fail Q2/23</b>	<b>Tested YTD (2023)</b>			<b>Total Quantity</b>	
Tamper Switch	5	5	0	5			5	
<b>Device Type</b>	<b>Location</b>	<b>ScanID</b>	<b>Address</b>	<b>Q2/22</b>	<b>Q3/22</b>	<b>Q4/22</b>	<b>Q1/23</b>	<b>Q2/23</b>
Tamper Switch	Basement Center room 008	30561922	1	06/07-P	09/07-P	12/07-P	03/30-P	06/29-P
Tamper Switch	Basement Center room 008	30561921	1	06/07-P	09/07-P	12/07-P	03/30-P	06/29-P
Tamper Switch	Basement Center room 008	59342401	1	06/07-P	09/07-P	12/07-P	03/30-P	06/29-P
Tamper Switch	Basement Center room 008	59342398	1	06/07-P	09/07-P	12/07-P	03/30-P	06/29-P
Tamper Switch	1st Center rom 116	59342404	1	06/07-P	09/07-P	12/07-P	03/30-P	06/29-P
<b>Device Total: 5</b>								

<b>EC 02.03.05 EP 02</b>		Six-month testing of tamper switches; vane-type/pressure-type water-flow devices. Quarterly testing of mechanical water-flow devices. NFPA 72-2010 Table 14.4.5; NFPA 25-2011 Table 5.1.1.2.						
Vane-type and pressure switch-type waterflow alarm devices shall be tested semiannually. Per NFPA 25, Section 5.3.3.1, mechanical waterflow alarm devices shall be tested quarterly. Water shall be flowed through an inspector's test connection indicating the flow of water equal to that from a single sprinkler of the smallest orifice size installed in the system for wet-pipe systems, or an alarm test bypass connection for dry-pipe, pre-action, or deluge systems. (2010 ed.) (NFPA 72 Table 14.4.2.2 (14j))								
<b>Devices</b>	<b>Tested Q2/23</b>	<b>Pass Q2/23</b>	<b>Fail Q2/23</b>	<b>Tested YTD (2023)</b>			<b>Total Quantity</b>	
Waterflow Switch	4	4	0	4			4	
<b>Device Type</b>	<b>Location</b>	<b>ScanID</b>	<b>Address</b>	<b>Q2/22</b>	<b>Q3/22</b>	<b>Q4/22</b>	<b>Q1/23</b>	<b>Q2/23</b>
Waterflow Switch	Basement Center room 008	30561918	1	06/07-P	09/07-P	12/07-P	03/30-P	06/29-P
Waterflow Switch	Basement Center room 008	59342402	1	06/07-P	09/07-P	12/07-P	03/30-P	06/29-P
Waterflow Switch	1st Center rom 116	59342405	1	06/07-P	09/07-P	12/07-P	03/30-P	06/29-P
Waterflow Switch	2nd Center rom 216	59342406	1	06/07-P	09/07-P	12/07-P	03/30-P	06/29-P
<b>Device Total: 4</b>								

**EC 02.03.05 EP 09**

Annual test of main drains at system low point or at all system risers. NFPA 25–2011: 13.2.5

A main drain test shall be conducted annually at each water-based fire protection system riser to determine whether there has been a change in the condition of the water supply piping and control valves. In systems where the sole water supply is through a backflow preventer, and/or pressure reducing valves, the main drain test of at least one system downstream of the device shall be conducted on a quarterly basis. When there is a 10 percent reduction in full flow pressure when compared to the original acceptance test or previously performed tests, the cause of the reduction shall be identified and corrected if necessary. Auxiliary and low-point drains in preaction or deluge systems shall be operated after each system operation and before the onset of freezing conditions (and thereafter as needed). (2011 ed.) (NFPA 25 13.2.5; 13.2.5.1; 13.2.5.2; 13.4.4.3.2)

Devices	Tested Q2/23	Pass Q2/23	Fail Q2/23	Tested YTD (2023)			Total Quantity	
Drain	1	1	0	1				1
Device Type	Location	ScanID	Address	Q2/22	Q3/22	Q4/22	Q1/23	Q2/23
Drain	Basement Center room 008	59342396	0	06/07-P	09/07-P	12/07-P	03/30-P	06/29-P
<b>Device Total: 1</b>								

**EC 02.03.05 EP 10**

Quarterly inspection of all fire department water supply connections. NFPA 25-2011: 13.7

Fire department connections shall be inspected quarterly to verify the following: Connections are visible and accessible, couplings or swivels are not damaged and rotate smoothly, plugs or caps are in place and undamaged, gaskets are in place and in good condition, identification signs are in place, the check valve is not leaking, the automatic drain valve is in place and operating properly and the clapper is in place and operating properly. (2011 ed.) (NFPA 25 13.7.1)

<b>Devices</b>	<b>Tested Q2/23</b>	<b>Pass Q2/23</b>	<b>Fail Q2/23</b>	<b>Tested YTD (2023)</b>	<b>Total Quantity</b>			
Fire Dep't Connection	1	1	0	1	1			
<b>Device Type</b>	<b>Location</b>	<b>ScanID</b>	<b>Address</b>	<b>Q2/22</b>	<b>Q3/22</b>	<b>Q4/22</b>	<b>Q1/23</b>	<b>Q2/23</b>
Fire Dep't Connection	In yard, south of main entrance	68041242	0	06/07-P	09/07-P	12/07-P	03/30-P	06/29-P
<b>Device Total: 1</b>								

<b>LS 02.01.35 EP</b>		Piping supports are not damaged or loose. Piping not used to support any other item. NFPA 101–2012						
<b>03/EP 04</b>		18/19.3.5						
Sprinkler pipe and fittings shall be inspected annually from the floor level. Pipe and fittings shall be in good condition and free of mechanical damage, leakage, and corrosion. Sprinkler piping shall not be subjected to external loads by materials either resting on the pipe or hung from the pipe. (2011 ed.) (NFPA 25 5.2.2 through 5.2.2.2)								
Devices		Tested Q2/23	Pass Q2/23	Fail Q2/23	Tested YTD (2023)			Total Quantity
Piping		0	0	0	1			1
Device Type	Location	ScanID	Address	Q2/22	Q3/22	Q4/22	Q1/23	Q2/23
Piping		68040263	0				03/30-P	
<b>Device Total: 1</b>								

**LS 02.01.35 EP 14**

All other Life Safety Code automatic extinguishing requirements related to NFPA 101-2012 18/19.3.5

Monthly: Valves secured with locks or supervised in accordance with applicable NFPA standards shall be permitted to be inspected monthly. Periodically: Each control valve shall be operated annually through its full range and returned to its normal position. (2011 ed.) (NFPA 25 13.3.2.1.1; 13.3.3.1)

<b>Devices</b>	<b>Tested Q2/23</b>	<b>Pass Q2/23</b>	<b>Fail Q2/23</b>	<b>Tested YTD (2023)</b>	<b>Total Quantity</b>			
Control Valve	1	1	0	1	1			
<b>Device Type</b>	<b>Location</b>	<b>ScanID</b>	<b>Address</b>	<b>Q2/22</b>	<b>Q3/22</b>	<b>Q4/22</b>	<b>Q1/23</b>	<b>Q2/23</b>
Control Valve	2nd Center rom 216	59342407	1	06/07-P	09/07-P	12/07-P	03/30-P	06/29-P
<b>Device Total: 1</b>								

**LS 02.01.35 EP 14**

All other Life Safety Code automatic extinguishing requirements related to NFPA 101-2012 18/19.3.5

Gauges are in good condition and normal pressure is being maintained. [Inspection frequency will depend on type of system gauge];  
 Gauges shall be replaced every 5 years or tested every 5 years by comparison with a calibrated gauge. (2011 ed.) (NFPA 25 13.2.7.1;  
 5.3.2.1)

Devices	Tested Q2/23	Pass Q2/23	Fail Q2/23	Tested YTD (2023)	Total Quantity			
Gauge	0	0	0	1	1			
Device Type	Location	ScanID	Address	Q2/22	Q3/22	Q4/22	Q1/23	Q2/23
Gauge		68040262	0				03/30-P	
<b>Device Total: 1</b>								

**LS 02.01.35 EP 14**

All other Life Safety Code automatic extinguishing requirements related to NFPA 101-2012 18/19.3.5

Post indicator valves shall be opened until spring or torsion is felt in the rod, indicating that the rod has not become detached from the valve. Post indicating and outside screw and yoke valves shall be backed a one-quarter turn from the fully open position to prevent jamming. (2011 ed.) (NFPA 25 13.3.3.2/13.3.3.3)

Devices	Tested Q2/23	Pass Q2/23	Fail Q2/23	Tested YTD (2023)	Total Quantity			
Post Indicator Valve	1	1	0	1	1			
Device Type	Location	ScanID	Address	Q2/22	Q3/22	Q4/22	Q1/23	Q2/23
Post Indicator Valve	Garden Center outside Sw side	59342397	0	06/07-P	09/07-P	12/07-P	03/30-P	06/29-P
<b>Device Total: 1</b>								



# Service Summary

Generated by: BuildingReports.com

<b>Building: Lincoln regional center B 3</b>		
<i>The Service Summary section provides an overview of the services performed in this report.</i>		
Device Type	Service	Quantity
<i><b>Passed</b></i>		
Control Valve	Annual	1
Drain	Annual	1
Fire Dep't Connection	Annual	1
Post Indicator Valve	Annual	1
Supervisory Signal	Tested	5
Tamper Switch	Annual	5
Waterflow Switch	Annual	4
<b>Total</b>		<b>18</b>
<i><b>Untested</b></i>		
Gauge		1
Piping		1
<b>Total</b>		<b>2</b>
<b>Grand Total</b>		<b>20</b>

# Wet Pipe Fire Sprinkler Systems

Generated by: *BuildingReports.com*

<b>Building: Lincoln regional center B 3</b>							
<p><i>This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.</i></p>							
<b>Devices</b>							
<b>Gauge</b>							
<b>Location</b>				<b>Service Date</b>			
				01/27/2023			
<b>Type</b>	<b>Manufacturer</b>	<b>Model #</b>	<b>Static psi</b>	<b>Fill Type</b>	<b>Size</b>	<b>OK</b>	<b>ScanID</b>
City Pressure				Air/Water	1/4	<input type="checkbox"/>	68040262
<b>Piping</b>							
<b>Location</b>	<b>Type</b>	<b>Size</b>	<b>Internal Date</b>				
	Steel	4 and 1	01/27/2023				
<b>Hangers</b>	<b>Braces</b>	<b>Fittings</b>	<b>Identified</b>	<b>Antifreeze</b>	<b>ScanID</b>		
Normal	Normal	Cast Iron		N/A	68040263		

# Inventory & Warranty Report

Generated by: [BuildingReports.com](http://BuildingReports.com)

**Building: Lincoln regional center B 3**

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

Device or Type	Category	% of Inventory	Quantity
Control Valve	Valve	5.00%	1
Drain	Device	5.00%	1
Fire Dep't Connection	Hose	5.00%	1
Gauge	Device	5.00%	1
Piping	Sprinkler	5.00%	1
Post Indicator Valve	Valve	5.00%	1
Supervisory Signal	Alarm	25.00%	5
Tamper Switch	Alarm	25.00%	5
Waterflow Switch	Alarm	20.00%	4

Device Type	Qty	Model #	Type	Description	Install Date
<b><i>In Service - 3 Years to 5 Years</i></b>					
Control Valve	1		Butterfly	Main Control	03/02/2020
Drain	1		Main		03/02/2020
Fire Dep't Connection	1		Freestanding		03/02/2020
Post Indicator Valve	1		Ground		03/02/2020
Supervisory Signal	5		Pressure		03/02/2020
Tamper Switch	5		Control Valve	Supervisory	03/02/2020
Waterflow Switch	4		Vane	Alarm	03/02/2020
<b>Wet Pipe</b>					
Gauge	1		City Pressure		03/02/2020
Piping	1		Steel		03/02/2020

# Sprinkler Inspection, Testing and/or Maintenance Certificate

*For*

Lincoln regional center B 5  
801 west prospector pl  
lincoln, ne 68522

This inspection was performed in accordance with NFPA 101, EDITION 2012, LIFE SAFETY CODE, NFPA 72, EDITION 2010, FIRE ALARM SYSTEMS, NFPA 25, EDITION 2011, WATER-BASED FIRE PROTECTION SYSTEMS and other regulatory standards applicable to this inspection.

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

*Quarterly Inspection  
Inspection Completion Date  
Jun 29, 2023*

Building: Lincoln regional center B 5  
Contact: Kris Hoover  
Title: Na

Company: NIFCO Mechanical Systems  
Contact: Jerad Baxter  
Title: Inspector

# *Executive Summary*

Generated by: *BuildingReports.com*

## Building Information

**Building:** Lincoln regional center B 5  
**Address:** 801 west prospector pl  
**Address:**  
**City/State/ZIP Code:** lincoln, ne 68522  
**Country:** United States of America

**Contact:** Kris Hoover  
**Phone:** (402) 471-4444  
**Fax:**  
**Mobile:**  
**Email:** kris.hoover@nebraska.gov

## Inspection Performed By

**Company:** NIFCO Mechanical Systems  
**Address:** 500 Blue Heron Dr  
**Address:**  
**City/State/ZIP Code:** Lincoln, NE 68522-1701  
**Country:** United States of America





**Inspector:** Jerad Baxter  
**Phone:** 402-477-0666  
**Fax:**  
**Mobile:** 531-220-1709  
**Email:** jbaxter@nifcomechanical.com

Inspection Completion Date: Jun 29, 2023					
Building: Lincoln regional center B 5					
<b>EC 02.03.05 EP 01</b>		The organization tests supervisory signal devices on the inventory with the following time frames: Quarterly for pressure supervisory indicating devices (including both high- and low-air pressure switches), water level supervisory indicating devices, water temperature supervisory indicating devices, room temperature supervisory indicating devices, and other suppression system supervisory initiating devices. Semiannually for valve supervisory switches. Annually for other supervisory initiating devices. NFPA 72-2010 Table 14.4.5			
Devices	Tested This Quarter	Pass	Fail	Tested YTD (2023)	Total Quantity
Supervisory Signal	0	0	0	0	7
<b>EC 02.03.05 EP 02</b>		Six-month testing of tamper switches; vane-type/pressure-type water-flow devices. Quarterly testing of mechanical water-flow devices. NFPA 72-2010 Table 14.4.5; NFPA 25-2011 Table 5.1.1.2.			
Devices	Tested This Quarter	Pass	Fail	Tested YTD (2023)	Total Quantity
Tamper Switch	0	0	0	0	7
Waterflow Switch	0	0	0	0	7
<b>EC 02.03.05 EP 09</b>		Annual test of main drains at system low point or at all system risers. NFPA 25-2011: 13.2.5			
Devices	Tested This Quarter	Pass	Fail	Tested YTD (2023)	Total Quantity
Drain	1	0	1	1	1
<b>EC 02.03.05 EP 10</b>		Quarterly inspection of all fire department water supply connections. NFPA 25-2011: 13.7			
Devices	Tested This Quarter	Pass	Fail	Tested YTD (2023)	Total Quantity
Fire Dep't Connection	0	0	0	1	1
<b>LS 02.01.35 EP 03/EP 04</b>		Piping supports are not damaged or loose. Piping not used to support any other item. NFPA 101-2012 18/19.3.5			
Devices	Tested This Quarter	Pass	Fail	Tested YTD (2023)	Total Quantity
Piping	0	0	0	1	1
<b>LS 02.01.35 EP 14</b>		All other Life Safety Code automatic extinguishing requirements related to NFPA 101-2012 18/19.3.5			
Devices	Tested This Quarter	Pass	Fail	Tested YTD (2023)	Total Quantity
Control Valve	0	0	0	0	1
Gauge	0	0	0	1	1
Post Indicator Valve	0	0	0	0	1
<b>Total Device Count: 27</b>					

Certification	
<b>Company:</b> NIFCO Mechanical Systems	<b>Building:</b> Lincoln regional center B 5
<b>Inspector:</b> Jerad Baxter	<b>Contact:</b> Kris Hoover
Jerad Baxter Certifications	
Certification Type	Number
NICET Inspection and Testing of Water-Based Systems Level I	
Nebraska Grade VI Water Operator	8699

# Discrepancy Report

Generated by: BuildingReports.com

Building: Lincoln regional center B 5				
<i>The Discrepancy Report consolidates each discrepancy listed within the various Testing sections of your Inspection. Discrepancies are listed by Category, and grouped by device type. The description of the problem is provided and where appropriate, code references are listed for your convenience. Any item that was inspected that is subject to a recall or part of a manufacturer's replacement/upgrade program is included.</i>				
Device Type	Manufacturer	ModelNumber	Date	Qty
<i>Items listed for Recall or Replacement/Upgrade</i>				
No items found during this inspection.				
 ScanID	 Location	 Problem	 Reference	
Drain				
59342375	Basement Boiler			



# Proposed Solutions Report

Generated by: BuildingReports.com

Building: Lincoln regional center B 5

*The Proposed Solution Report provides a solution for each discrepancy listed on the Discrepancy Report. Provide a check mark where indicated to approve repairs listed within the report. Items listed as T/M are available for repair on a Time and Materials basis.*

ScanID	Location	Solution	Model #	Cost	Fix
<b>Drain</b>					
59342375	Basement Boiler			T/M	<input type="checkbox"/>
			PO #: (none)	T/M	

# Inspection & Testing

Generated by: [BuildingReports.com](http://BuildingReports.com)

Building: Lincoln regional center B 5								
<p><i>The Inspection &amp; Testing section lists all of the items inspected in your building, which are then categorized by the applicable code reference. The most recent inspection is listed in the far right column and is based on the Finish Date of that inspection. The latest inspection uploaded in each previous quarter appears in the four columns to the left.</i></p> <p><i>Passed=P, Failed=F, Replaced=R</i></p>								
<b>EC 02.03.05 EP 01</b>		The organization tests supervisory signal devices on the inventory with the following time frames: Quarterly for pressure supervisory indicating devices (including both high- and low-air pressure switches), water level supervisory indicating devices, water temperature supervisory indicating devices, room temperature supervisory indicating devices, and other suppression system supervisory initiating devices. Semiannually for valve supervisory switches. Annually for other supervisory initiating devices. NFPA 72-2010 Table 14.4.5						
Alarm conditions shall be simulated by activating alarm circuits at alarm sensor locations and all such local or remote alarm indicating devices (visual and audible) shall be observed for operation. (2011 ed.) (NFPA 25 8.3.3.5)								
Devices	Tested Q2/23	Pass Q2/23	Fail Q2/23	Tested YTD (2023)	Total Quantity			
Supervisory Signal	0	0	0	0	7			
Device Type	Location	ScanID	Address	Q2/22	Q3/22	Q4/22	Q1/23	Q2/23
Supervisory Signal	Basement Boiler	59342376	1	06/07-P	09/07-P	12/07-P		
Supervisory Signal	Basement Boiler	59342379	1	06/07-P	09/07-P	12/07-P		
Supervisory Signal	1st Closet closet by reception center	59342381	1	06/07-P	09/07-P	12/21-P		
Supervisory Signal	1st Closet room 133a	59342385	1-s-2	06/07-P	09/07-P	12/07-P		
Supervisory Signal	2nd Closet s4 housekeeping cliset	59342387	1	06/07-P	09/07-P	12/07-P		
Supervisory Signal	2nd Closet s4 housekeeping cliset	59342389	1	06/07-P	09/07-P	12/07-P		
Supervisory Signal	2nd Closet s5 west stairwell	59342394	1	06/07-P	09/07-P	12/07-P		
<b>Device Total: 7</b>								

<b>EC 02.03.05 EP 02</b>		Six-month testing of tamper switches; vane-type/pressure-type water-flow devices. Quarterly testing of mechanical water-flow devices. NFPA 72-2010 Table 14.4.5; NFPA 25-2011 Table 5.1.1.2.						
Valve shall be operated and signal receipt shall be verified to be within the first two revolutions of the hand wheel or within one-fifth of the travel distance, or per the manufacturer's published instructions. (2010 ed.) (NFPA 72 Table 14.4.2.2 (14i.1))								
<b>Devices</b>	<b>Tested Q2/23</b>	<b>Pass Q2/23</b>	<b>Fail Q2/23</b>	<b>Tested YTD (2023)</b>			<b>Total Quantity</b>	
Tamper Switch	0	0	0	0			7	
<b>Device Type</b>	<b>Location</b>	<b>ScanID</b>	<b>Address</b>	<b>Q2/22</b>	<b>Q3/22</b>	<b>Q4/22</b>	<b>Q1/23</b>	<b>Q2/23</b>
Tamper Switch	Basement Boiler	59342377	1	06/07-P	09/07-P	12/07-P		
Tamper Switch	Basement Boiler	59342378	1	06/07-P	09/07-P	12/07-P		
Tamper Switch	1st 1st closet by reception desk	59342382	1	06/07-P	09/07-P	12/21-P		
Tamper Switch	1st Closet room 133a	59342386	1	06/07-P	09/07-P	12/07-P		
Tamper Switch	2nd Closet s4 housekeeping cliset	59342388	1	06/07-P	09/07-P	12/07-P		
Tamper Switch	2nd Closet s4 housekeeping cliset	59342390	1	06/07-P	09/07-P	12/07-P		
Tamper Switch	2nd Closet s5 west stairwell	59342395	1	06/07-P	09/07-P	12/07-P		
<b>Device Total: 7</b>								

<b>EC 02.03.05 EP 02</b>		Six-month testing of tamper switches; vane-type/pressure-type water-flow devices. Quarterly testing of mechanical water-flow devices. NFPA 72-2010 Table 14.4.5; NFPA 25-2011 Table 5.1.1.2.						
Vane-type and pressure switch-type waterflow alarm devices shall be tested semiannually. Per NFPA 25, Section 5.3.3.1, mechanical waterflow alarm devices shall be tested quarterly. Water shall be flowed through an inspector's test connection indicating the flow of water equal to that from a single sprinkler of the smallest orifice size installed in the system for wet-pipe systems, or an alarm test bypass connection for dry-pipe, pre-action, or deluge systems. (2010 ed.) (NFPA 72 Table 14.4.2.2 (14j))								
<b>Devices</b>		<b>Tested Q2/23</b>	<b>Pass Q2/23</b>	<b>Fail Q2/23</b>	<b>Tested YTD (2023)</b>		<b>Total Quantity</b>	
Waterflow Switch		0	0	0	0		7	
<b>Device Type</b>	<b>Location</b>	<b>ScanID</b>	<b>Address</b>	<b>Q2/22</b>	<b>Q3/22</b>	<b>Q4/22</b>	<b>Q1/23</b>	<b>Q2/23</b>
Waterflow Switch	Basement Boiler	59342380	1	06/07-P	09/07-P	12/07-P		
Waterflow Switch	1st Closet closet by reception center	59342383	1-s-2	06/07-P	09/07-P	12/07-P		
Waterflow Switch	1st Closet room 133a	59342384	1	06/07-P	09/07-P	12/07-P		
Waterflow Switch	1st Closet room 133a S2	68605364	1	06/07-P	09/07-P	12/07-P		
Waterflow Switch	2nd Closet s4 housekeeping cliset	59342391	1	06/07-P	09/07-P	12/07-P		
Waterflow Switch	2nd Closet s4 housekeeping cliset	59342392	1	06/07-P	09/07-P	12/07-P		
Waterflow Switch	2nd Closet s5 west stairwell	59342393	1	06/07-P	09/07-P	12/07-P		
<b>Device Total: 7</b>								

**EC 02.03.05 EP 09**

Annual test of main drains at system low point or at all system risers. NFPA 25–2011: 13.2.5

A main drain test shall be conducted annually at each water-based fire protection system riser to determine whether there has been a change in the condition of the water supply piping and control valves. In systems where the sole water supply is through a backflow preventer, and/or pressure reducing valves, the main drain test of at least one system downstream of the device shall be conducted on a quarterly basis. When there is a 10 percent reduction in full flow pressure when compared to the original acceptance test or previously performed tests, the cause of the reduction shall be identified and corrected if necessary. Auxiliary and low-point drains in preaction or deluge systems shall be operated after each system operation and before the onset of freezing conditions (and thereafter as needed). (2011 ed.) (NFPA 25 13.2.5; 13.2.5.1; 13.2.5.2; 13.4.4.3.2)

Devices	Tested Q2/23	Pass Q2/23	Fail Q2/23	Tested YTD (2023)	Total Quantity			
Drain	1	0	1	1	1			
Device Type	Location	ScanID	Address	Q2/22	Q3/22	Q4/22	Q1/23	Q2/23
Drain	Basement Boiler	59342375	0	06/07-P	09/07-P	12/07-P		06/29-F
<b>Device Total: 1</b>								

**EC 02.03.05 EP 10**

Quarterly inspection of all fire department water supply connections. NFPA 25-2011: 13.7

Fire department connections shall be inspected quarterly to verify the following: Connections are visible and accessible, couplings or swivels are not damaged and rotate smoothly, plugs or caps are in place and undamaged, gaskets are in place and in good condition, identification signs are in place, the check valve is not leaking, the automatic drain valve is in place and operating properly and the clapper is in place and operating properly. (2011 ed.) (NFPA 25 13.7.1)

<b>Devices</b>	<b>Tested Q2/23</b>	<b>Pass Q2/23</b>	<b>Fail Q2/23</b>	<b>Tested YTD (2023)</b>	<b>Total Quantity</b>			
Fire Dep't Connection	0	0	0	1	1			
<b>Device Type</b>	<b>Location</b>	<b>ScanID</b>	<b>Address</b>	<b>Q2/22</b>	<b>Q3/22</b>	<b>Q4/22</b>	<b>Q1/23</b>	<b>Q2/23</b>
Fire Dep't Connection	Garden outside ne of entrance	68041241	0	06/07-P	09/07-P	12/07-P	01/27-P	
<b>Device Total: 1</b>								

<b>LS 02.01.35 EP</b>		Piping supports are not damaged or loose. Piping not used to support any other item. NFPA 101-2012						
<b>03/EP 04</b>		18/19.3.5						
Sprinkler pipe and fittings shall be inspected annually from the floor level. Pipe and fittings shall be in good condition and free of mechanical damage, leakage, and corrosion. Sprinkler piping shall not be subjected to external loads by materials either resting on the pipe or hung from the pipe. (2011 ed.) (NFPA 25 5.2.2 through 5.2.2.2)								
Devices		Tested Q2/23	Pass Q2/23	Fail Q2/23	Tested YTD (2023)			Total Quantity
Piping		0	0	0	1			1
Device Type	Location	ScanID	Address	Q2/22	Q3/22	Q4/22	Q1/23	Q2/23
Piping		68040264	0				01/27-P	
<b>Device Total: 1</b>								

**LS 02.01.35 EP 14**

All other Life Safety Code automatic extinguishing requirements related to NFPA 101-2012 18/19.3.5

Monthly: Valves secured with locks or supervised in accordance with applicable NFPA standards shall be permitted to be inspected monthly. Periodically: Each control valve shall be operated annually through its full range and returned to its normal position. (2011 ed.) (NFPA 25 13.3.2.1.1; 13.3.3.1)

Devices	Tested Q2/23	Pass Q2/23	Fail Q2/23	Tested YTD (2023)	Total Quantity			
Control Valve	0	0	0	0	1			
Device Type	Location	ScanID	Address	Q2/22	Q3/22	Q4/22	Q1/23	Q2/23
Control Valve	1st Closet room 133a S2	68605365	1	06/07-P	09/07-P	12/07-P		
<b>Device Total: 1</b>								



**LS 02.01.35 EP 14**

All other Life Safety Code automatic extinguishing requirements related to NFPA 101-2012 18/19.3.5

Gauges are in good condition and normal pressure is being maintained. [Inspection frequency will depend on type of system gauge];  
 Gauges shall be replaced every 5 years or tested every 5 years by comparison with a calibrated gauge. (2011 ed.) (NFPA 25 13.2.7.1;  
 5.3.2.1)

Devices	Tested Q2/23	Pass Q2/23	Fail Q2/23	Tested YTD (2023)	Total Quantity			
Gauge	0	0	0	1	1			
Device Type	Location	ScanID	Address	Q2/22	Q3/22	Q4/22	Q1/23	Q2/23
Gauge	1st 1st closet by reception desk	68040265	0				01/27-P	
<b>Device Total: 1</b>								

**LS 02.01.35 EP 14**

All other Life Safety Code automatic extinguishing requirements related to NFPA 101-2012 18/19.3.5

Post indicator valves shall be opened until spring or torsion is felt in the rod, indicating that the rod has not become detached from the valve. Post indicating and outside screw and yoke valves shall be backed a one-quarter turn from the fully open position to prevent jamming. (2011 ed.) (NFPA 25 13.3.3.2/13.3.3.3)

<b>Devices</b>	<b>Tested Q2/23</b>	<b>Pass Q2/23</b>	<b>Fail Q2/23</b>	<b>Tested YTD (2023)</b>	<b>Total Quantity</b>			
Post Indicator Valve	0	0	0	0	1			
<b>Device Type</b>	<b>Location</b>	<b>ScanID</b>	<b>Address</b>	<b>Q2/22</b>	<b>Q3/22</b>	<b>Q4/22</b>	<b>Q1/23</b>	<b>Q2/23</b>
Post Indicator Valve	Garden outside ne of entrance	59342356	0	06/07-P	09/07-P	12/07-P		
<b>Device Total: 1</b>								

# Service Summary

Generated by: BuildingReports.com

<b>Building: Lincoln regional center B 5</b>		
<i>The Service Summary section provides an overview of the services performed in this report.</i>		
Device Type	Service	Quantity
<b><i>Failed/Other</i></b>		
Drain	Annual	1
<b>Total</b>		<b>1</b>
<b><i>Untested</i></b>		
Control Valve		1
Fire Dep't Connection		1
Gauge		1
Piping		1
Post Indicator Valve		1
Supervisory Signal		7
Tamper Switch		7
Waterflow Switch		7
<b>Total</b>		<b>26</b>
<b>Grand Total</b>		<b>27</b>

# Wet Pipe Fire Sprinkler Systems

Generated by: *BuildingReports.com*

<b>Building: Lincoln regional center B 5</b>							
<p><i>This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.</i></p>							
<b>Devices</b>							
<b>Gauge</b>							
<b>Location</b>				<b>Service Date</b>			
1st 1st closet by reception desk				01/27/2023			
<b>Type</b>	<b>Manufacturer</b>	<b>Model #</b>	<b>Static psi</b>	<b>Fill Type</b>	<b>Size</b>	<b>OK</b>	<b>ScanID</b>
City Pressure			89	Air/Water	1/4	<input type="checkbox"/>	68040265
<b>Piping</b>							
<b>Location</b>	<b>Type</b>	<b>Size</b>	<b>Internal Date</b>				
	Steel	4"	06/07/2022				
<b>Hangers</b>	<b>Braces</b>	<b>Fittings</b>	<b>Identified</b>	<b>Antifreeze</b>	<b>ScanID</b>		
Normal	Normal	Cast Iron			68040264		

# Inventory & Warranty Report

Generated by: [BuildingReports.com](http://BuildingReports.com)

Building: Lincoln regional center B 5					
<p><i>The Inventory &amp; Warranty Report lists each of the devices and items that are included in your Inspection Report. A complete inventory count by device type and category is provided. Items installed within the last 90 days, within the last year, and devices installed for two years or more are grouped together for easy reference.</i></p>					
Device or Type	Category	% of Inventory	Quantity		
Control Valve	Valve	3.70%	1		
Drain	Device	3.70%	1		
Fire Dep't Connection	Hose	3.70%	1		
Gauge	Device	3.70%	1		
Piping	Sprinkler	3.70%	1		
Post Indicator Valve	Valve	3.70%	1		
Supervisory Signal	Alarm	25.93%	7		
Tamper Switch	Alarm	25.93%	7		
Waterflow Switch	Alarm	25.93%	7		
Device Type	Qty	Model #	Type	Description	Install Date
<b><i>In Service - 3 Years to 5 Years</i></b>					
Control Valve	1		Butterfly	Main Control	03/02/2020
Drain	1		Main		03/02/2020
Fire Dep't Connection	1		Freestanding		03/02/2020
Post Indicator Valve	1		Ground		03/02/2020
Supervisory Signal	4				03/02/2020
Supervisory Signal	3		Pressure		03/02/2020
Tamper Switch	7		Control Valve	Supervisory	03/02/2020
Waterflow Switch	7		Vane	Alarm	03/02/2020
<b>Wet Pipe</b>					
Gauge	1		City Pressure		03/02/2020
Piping	1		Steel		03/02/2020

# Zone Address Report

Generated by: BuildingReports.com

Building: Lincoln regional center B 5				
<i>The Zone Address Report lists all of the devices and items that have an individual address, or are grouped together under a common zone. The device type, location and description are included for your reference. For more information on the device, use the link provided under ScanID.</i>				
Address	Device Type	Location	Type	ScanID
<b><i>Control Panel 1</i></b>				
<b>Zone/Address: s-2</b>				
	Waterflow Switch	1st Closet closet by reception center	Vane	59342383

# Notes & Recommendations

Generated by: BuildingReports.com

Building: Lincoln regional center B 5

*The Notes & Recommendations Report details additional inspection notes made by the Inspectors during the course of the building inspection. Notes are grouped by SystemID.*

Note	Device Type	Location	Comment	ScanID
1	Drain	Basement Boiler		59342375
Did not perform tampers or water flows due to fire panel being out of service				

# Sprinkler Inspection, Testing and/or Maintenance Certificate

*For*

Lincoln regional center B 10  
801 west prospector  
Lincoln, Ne 68522

This inspection was performed in accordance with NFPA 101, EDITION 2012, LIFE SAFETY CODE, NFPA 72, EDITION 2010, FIRE ALARM SYSTEMS, NFPA 25, EDITION 2011, WATER-BASED FIRE PROTECTION SYSTEMS and other regulatory standards applicable to this inspection.

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

*Quarterly Inspection  
Inspection Completion Date  
Jun 29, 2023*

Building: Lincoln regional center B 10  
Contact: Kris Hoover  
Title: Maintance manager

Company: NIFCO Mechanical Systems  
Contact: Jerad Baxter  
Title: Inspector



# *Executive Summary*

Generated by: *BuildingReports.com*

## Building Information

**Building:** Lincoln regional center B 10  
**Address:** 801 west prospector  
**Address:**  
**City/State/ZIP Code:** Lincoln, Ne 68522  
**Country:** United States of America

**Contact:** Kris Hoover  
**Phone:** Na  
**Fax:**  
**Mobile:**  
**Email:** kris.hoover@nebraska.gov

## Inspection Performed By

**Company:** NIFCO Mechanical Systems  
**Address:** 500 Blue Heron Dr  
**Address:**  
**City/State/ZIP Code:** Lincoln, NE 68522-1701  
**Country:** United States of America

**Inspector:** Jerad Baxter  
**Phone:** 402-477-0666  
**Fax:**  
**Mobile:** 531-220-1709  
**Email:** jbaxter@nifcomechanical.com

<b>Inspection Completion Date: Jun 29, 2023</b>					
<b>Building: Lincoln regional center B 10</b>					
<b>EC 02.03.05 EP 01</b>	The organization tests supervisory signal devices on the inventory with the following time frames: Quarterly for pressure supervisory indicating devices (including both high- and low-air pressure switches), water level supervisory indicating devices, water temperature supervisory indicating devices, room temperature supervisory indicating devices, and other suppression system supervisory initiating devices. Semiannually for valve supervisory switches. Annually for other supervisory initiating devices. NFPA 72-2010 Table 14.4.5				
<b>Devices</b>	<b>Tested This Quarter</b>	<b>Pass</b>	<b>Fail</b>	<b>Tested YTD (2023)</b>	<b>Total Quantity</b>
Supervisory Signal	6	6	0	6	6
<b>EC 02.03.05 EP 02</b>	Six-month testing of tamper switches; vane-type/pressure-type water-flow devices. Quarterly testing of mechanical water-flow devices. NFPA 72-2010 Table 14.4.5; NFPA 25-2011 Table 5.1.1.2.				
<b>Devices</b>	<b>Tested This Quarter</b>	<b>Pass</b>	<b>Fail</b>	<b>Tested YTD (2023)</b>	<b>Total Quantity</b>
Tamper Switch	7	7	0	7	7
Waterflow Switch	3	3	0	3	3
<b>EC 02.03.05 EP 09</b>	Annual test of main drains at system low point or at all system risers. NFPA 25-2011: 13.2.5				
<b>Devices</b>	<b>Tested This Quarter</b>	<b>Pass</b>	<b>Fail</b>	<b>Tested YTD (2023)</b>	<b>Total Quantity</b>
Drain	1	1	0	1	1
<b>EC 02.03.05 EP 10</b>	Quarterly inspection of all fire department water supply connections. NFPA 25-2011: 13.7				
<b>Devices</b>	<b>Tested This Quarter</b>	<b>Pass</b>	<b>Fail</b>	<b>Tested YTD (2023)</b>	<b>Total Quantity</b>
Fire Dep't Connection	1	1	0	1	1
<b>LS 02.01.35 EP 03/EP 04</b>	Piping supports are not damaged or loose. Piping not used to support any other item. NFPA 101-2012 18/19.3.5				
<b>Devices</b>	<b>Tested This Quarter</b>	<b>Pass</b>	<b>Fail</b>	<b>Tested YTD (2023)</b>	<b>Total Quantity</b>
Piping	1	1	0	1	1
<b>LS 02.01.35 EP 14</b>	All other Life Safety Code automatic extinguishing requirements related to NFPA 101-2012 18/19.3.5				
<b>Devices</b>	<b>Tested This Quarter</b>	<b>Pass</b>	<b>Fail</b>	<b>Tested YTD (2023)</b>	<b>Total Quantity</b>
Gauge	1	1	0	1	1
Inspector's Test	1	1	0	1	1
Post Indicator Valve	1	1	0	1	1
<b>Total Device Count: 22</b>					

Certification	
<b>Company:</b> NIFCO Mechanical Systems <b>Inspector:</b> Jerad Baxter	<b>Building:</b> Lincoln regional center B 10 <b>Contact:</b> Kris Hoover
Jerad Baxter Certifications	
Certification Type	Number
NICET Inspection and Testing of Water-Based Systems Level I	
Nebraska Grade VI Water Operator	8699

# Inspection & Testing

Generated by: [BuildingReports.com](http://BuildingReports.com)

<b>Building: Lincoln regional center B 10</b>								
<p><i>The Inspection &amp; Testing section lists all of the items inspected in your building, which are then categorized by the applicable code reference. The most recent inspection is listed in the far right column and is based on the Finish Date of that inspection. The latest inspection uploaded in each previous quarter appears in the four columns to the left.</i></p> <p><i>Passed=P, Failed=F, Replaced=R</i></p>								
<b>EC 02.03.05 EP 01</b>		<p>The organization tests supervisory signal devices on the inventory with the following time frames: Quarterly for pressure supervisory indicating devices (including both high- and low-air pressure switches), water level supervisory indicating devices, water temperature supervisory indicating devices, room temperature supervisory indicating devices, and other suppression system supervisory initiating devices. Semiannually for valve supervisory switches. Annually for other supervisory initiating devices. NFPA 72-2010 Table 14.4.5</p>						
Alarm conditions shall be simulated by activating alarm circuits at alarm sensor locations and all such local or remote alarm indicating devices (visual and audible) shall be observed for operation. (2011 ed.) (NFPA 25 8.3.3.5)								
<b>Devices</b>	<b>Tested Q2/23</b>	<b>Pass Q2/23</b>	<b>Fail Q2/23</b>	<b>Tested YTD (2023)</b>			<b>Total Quantity</b>	
Supervisory Signal	6	6	0	6			6	
<b>Device Type</b>	<b>Location</b>	<b>ScanID</b>	<b>Address</b>	<b>Q2/22</b>	<b>Q3/22</b>	<b>Q4/22</b>	<b>Q1/23</b>	<b>Q2/23</b>
Supervisory Signal	Basement Center room 013	59342348	1	06/07-P	09/07-P	12/07-P	03/30-P	06/29-P
Supervisory Signal	Basement Center room 013	59342342	1	06/07-P	09/07-P	12/07-P	03/30-P	06/29-P
Supervisory Signal	Basement Center room 013	59342351	1	06/07-P	09/07-P	12/07-P	03/30-P	06/29-P
Supervisory Signal	Basement Center room 013	59342346	1	06/07-P	09/07-P	12/07-P	03/30-P	06/29-P
Supervisory Signal	1st Center room 147	59342410	1	06/07-P	09/07-P	12/07-P	03/30-P	06/29-P
Supervisory Signal	2nd East room 234	59342341	1	06/07-P	09/07-P	12/07-P	03/30-P	06/29-P
<b>Device Total: 6</b>								

<b>EC 02.03.05 EP 02</b>		Six-month testing of tamper switches; vane-type/pressure-type water-flow devices. Quarterly testing of mechanical water-flow devices. NFPA 72-2010 Table 14.4.5; NFPA 25-2011 Table 5.1.1.2.						
Valve shall be operated and signal receipt shall be verified to be within the first two revolutions of the hand wheel or within one-fifth of the travel distance, or per the manufacturer's published instructions. (2010 ed.) (NFPA 72 Table 14.4.2.2 (14i.1))								
<b>Devices</b>	<b>Tested Q2/23</b>	<b>Pass Q2/23</b>	<b>Fail Q2/23</b>	<b>Tested YTD (2023)</b>			<b>Total Quantity</b>	
Tamper Switch	7	7	0	7			7	
<b>Device Type</b>	<b>Location</b>	<b>ScanID</b>	<b>Address</b>	<b>Q2/22</b>	<b>Q3/22</b>	<b>Q4/22</b>	<b>Q1/23</b>	<b>Q2/23</b>
Tamper Switch	Basement Center room 013	59342349	1	06/07-P	09/07-P	12/07-P	03/30-P	06/29-P
Tamper Switch	Basement Center room 013	59342343	1	06/07-P	09/07-P	12/07-P	03/30-P	06/29-P
Tamper Switch	Basement Center room 013	59342344	1	06/07-P	09/07-P	12/07-P	03/30-P	06/29-P
Tamper Switch	Basement Center room 013	59342350	1	06/07-P	09/07-P	12/07-P	03/30-P	06/29-P
Tamper Switch	Basement Center room 013	59342345	1	06/07-P	09/07-P	12/07-P	03/30-P	06/29-P
Tamper Switch	1st Center room 147	59342409	1	06/07-P	09/07-P	12/07-P	03/30-P	06/29-P
Tamper Switch	2nd East room 234	59342340	1	06/07-P	09/07-P	12/07-P	03/30-P	06/29-P
<b>Device Total: 7</b>								

<b>EC 02.03.05 EP 02</b>		Six-month testing of tamper switches; vane-type/pressure-type water-flow devices. Quarterly testing of mechanical water-flow devices. NFPA 72-2010 Table 14.4.5; NFPA 25-2011 Table 5.1.1.2.						
Vane-type and pressure switch-type waterflow alarm devices shall be tested semiannually. Per NFPA 25, Section 5.3.3.1, mechanical waterflow alarm devices shall be tested quarterly. Water shall be flowed through an inspector's test connection indicating the flow of water equal to that from a single sprinkler of the smallest orifice size installed in the system for wet-pipe systems, or an alarm test bypass connection for dry-pipe, pre-action, or deluge systems. (2010 ed.) (NFPA 72 Table 14.4.2.2 (14j))								
<b>Devices</b>		<b>Tested Q2/23</b>	<b>Pass Q2/23</b>	<b>Fail Q2/23</b>	<b>Tested YTD (2023)</b>			<b>Total Quantity</b>
Waterflow Switch		3	3	0	3			3
<b>Device Type</b>	<b>Location</b>	<b>ScanID</b>	<b>Address</b>	<b>Q2/22</b>	<b>Q3/22</b>	<b>Q4/22</b>	<b>Q1/23</b>	<b>Q2/23</b>
Waterflow Switch	Basement Center room 013	59342347	1	06/07-P	09/07-P	12/07-P	03/30-P	06/29-P
Waterflow Switch	1st Center room 147	59342411	1	06/07-P	09/07-P	12/07-P	03/30-P	06/29-P
Waterflow Switch	2nd East room 234	59342339	1	06/07-P	09/07-P	12/07-P	03/30-P	06/29-P
<b>Device Total: 3</b>								

**EC 02.03.05 EP 09**

Annual test of main drains at system low point or at all system risers. NFPA 25–2011: 13.2.5

A main drain test shall be conducted annually at each water-based fire protection system riser to determine whether there has been a change in the condition of the water supply piping and control valves. In systems where the sole water supply is through a backflow preventer, and/or pressure reducing valves, the main drain test of at least one system downstream of the device shall be conducted on a quarterly basis. When there is a 10 percent reduction in full flow pressure when compared to the original acceptance test or previously performed tests, the cause of the reduction shall be identified and corrected if necessary. Auxiliary and low-point drains in preaction or deluge systems shall be operated after each system operation and before the onset of freezing conditions (and thereafter as needed). (2011 ed.) (NFPA 25 13.2.5; 13.2.5.1; 13.2.5.2; 13.4.4.3.2)

Devices	Tested Q2/23	Pass Q2/23	Fail Q2/23	Tested YTD (2023)			Total Quantity	
Drain	1	1	0	1				1
Device Type	Location	ScanID	Address	Q2/22	Q3/22	Q4/22	Q1/23	Q2/23
Drain	Basement Center room 013	59342353	0	06/07-P	09/07-P	12/07-P	03/30-P	06/29-P
<b>Device Total: 1</b>								

**EC 02.03.05 EP 10**

Quarterly inspection of all fire department water supply connections. NFPA 25-2011: 13.7

Fire department connections shall be inspected quarterly to verify the following: Connections are visible and accessible, couplings or swivels are not damaged and rotate smoothly, plugs or caps are in place and undamaged, gaskets are in place and in good condition, identification signs are in place, the check valve is not leaking, the automatic drain valve is in place and operating properly and the clapper is in place and operating properly. (2011 ed.) (NFPA 25 13.7.1)

<b>Devices</b>	<b>Tested Q2/23</b>	<b>Pass Q2/23</b>	<b>Fail Q2/23</b>	<b>Tested YTD (2023)</b>	<b>Total Quantity</b>			
Fire Dep't Connection	1	1	0	1	1			
<b>Device Type</b>	<b>Location</b>	<b>ScanID</b>	<b>Address</b>	<b>Q2/22</b>	<b>Q3/22</b>	<b>Q4/22</b>	<b>Q1/23</b>	<b>Q2/23</b>
Fire Dep't Connection	In yard by main entrance	68041243	0	06/07-P	09/07-P	12/07-P	03/30-P	06/29-P
<b>Device Total: 1</b>								



<b>LS 02.01.35 EP</b>		Piping supports are not damaged or loose. Piping not used to support any other item. NFPA 101-2012						
<b>03/EP 04</b>		18/19.3.5						
Sprinkler pipe and fittings shall be inspected annually from the floor level. Pipe and fittings shall be in good condition and free of mechanical damage, leakage, and corrosion. Sprinkler piping shall not be subjected to external loads by materials either resting on the pipe or hung from the pipe. (2011 ed.) (NFPA 25 5.2.2 through 5.2.2.2)								
<b>Devices</b>		<b>Tested Q2/23</b>	<b>Pass Q2/23</b>	<b>Fail Q2/23</b>	<b>Tested YTD (2023)</b>		<b>Total Quantity</b>	
Piping		1	1	0	1		1	
<b>Device Type</b>	<b>Location</b>	<b>ScanID</b>	<b>Address</b>	<b>Q2/22</b>	<b>Q3/22</b>	<b>Q4/22</b>	<b>Q1/23</b>	<b>Q2/23</b>
Piping		68040250	0				03/30-P	06/29-P
<b>Device Total: 1</b>								

**LS 02.01.35 EP 14**

All other Life Safety Code automatic extinguishing requirements related to NFPA 101-2012 18/19.3.5

Gauges are in good condition and normal pressure is being maintained. [Inspection frequency will depend on type of system gauge];  
 Gauges shall be replaced every 5 years or tested every 5 years by comparison with a calibrated gauge. (2011 ed.) (NFPA 25 13.2.7.1;  
 5.3.2.1)

Devices	Tested Q2/23	Pass Q2/23	Fail Q2/23	Tested YTD (2023)	Total Quantity			
Gauge	1	1	0	1	1			
Device Type	Location	ScanID	Address	Q2/22	Q3/22	Q4/22	Q1/23	Q2/23
Gauge	Basement Center room 013	68040251	0				03/30-P	06/29-P
<b>Device Total: 1</b>								

<b>LS 02.01.35 EP 14</b>		All other Life Safety Code automatic extinguishing requirements related to NFPA 101-2012 18/19.3.5						
Testing the waterflow alarms on wet pipe systems shall be accomplished by opening the inspector's test connection. (2011 ed.) (NFPA 25 5.3.3.3)								
<b>Devices</b>	<b>Tested Q2/23</b>	<b>Pass Q2/23</b>	<b>Fail Q2/23</b>	<b>Tested YTD (2023)</b>			<b>Total Quantity</b>	
Inspector's Test	1	1	0	1			1	
<b>Device Type</b>	<b>Location</b>	<b>ScanID</b>	<b>Address</b>	<b>Q2/22</b>	<b>Q3/22</b>	<b>Q4/22</b>	<b>Q1/23</b>	<b>Q2/23</b>
Inspector's Test	2nd East room 234	Y89971	0	06/07-P	09/07-P	12/07-P	03/30-P	06/29-P
<b>Device Total: 1</b>								

**LS 02.01.35 EP 14**

All other Life Safety Code automatic extinguishing requirements related to NFPA 101-2012 18/19.3.5

Post indicator valves shall be opened until spring or torsion is felt in the rod, indicating that the rod has not become detached from the valve. Post indicating and outside screw and yoke valves shall be backed a one-quarter turn from the fully open position to prevent jamming. (2011 ed.) (NFPA 25 13.3.3.2/13.3.3.3)

<b>Devices</b>	<b>Tested Q2/23</b>	<b>Pass Q2/23</b>	<b>Fail Q2/23</b>	<b>Tested YTD (2023)</b>	<b>Total Quantity</b>			
Post Indicator Valve	1	1	0	1	1			
<b>Device Type</b>	<b>Location</b>	<b>ScanID</b>	<b>Address</b>	<b>Q2/22</b>	<b>Q3/22</b>	<b>Q4/22</b>	<b>Q1/23</b>	<b>Q2/23</b>
Post Indicator Valve	Basement Center room 013	59342352	0	06/07-P	09/07-P	12/07-P	03/30-P	06/29-P
<b>Device Total: 1</b>								

# Service Summary

Generated by: BuildingReports.com

**Building: Lincoln regional center B 10**

*The Service Summary section provides an overview of the services performed in this report.*

Device Type	Service	Quantity
<i>Passed</i>		
Drain	Annual	1
Fire Dep't Connection	Annual	1
Gauge	Annual	1
Inspector's Test	Annual	1
Piping	Annual	1
Post Indicator Valve	Annual	1
Supervisory Signal	Tested	6
Tamper Switch	Annual	7
Waterflow Switch	Annual	3
<b>Total</b>		<b>22</b>
<b>Grand Total</b>		<b>22</b>

# Wet Pipe Fire Sprinkler Systems

Generated by: BuildingReports.com

<b>Building: Lincoln regional center B 10</b>							
<p><i>This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.</i></p>							
<b>Devices</b>							
<b>Gauge</b>							
<b>Location</b>				<b>Service Date</b>			
Basement Center room 013				01/25/2023			
<b>Type</b>	<b>Manufacturer</b>	<b>Model #</b>	<b>Static psi</b>	<b>Fill Type</b>	<b>Size</b>	<b>OK</b>	<b>ScanID</b>
City Pressure			81	Air/Water	1/4	<input checked="" type="checkbox"/>	68040251
<b>Piping</b>							
<b>Location</b>	<b>Type</b>	<b>Size</b>	<b>Internal Date</b>				
	Steel	6"	01/25/2023				
<b>Hangers</b>	<b>Braces</b>	<b>Fittings</b>	<b>Identified</b>	<b>Antifreeze</b>	<b>ScanID</b>		
Normal	Normal	Cast Iron			68040250		

# Inventory & Warranty Report

Generated by: [BuildingReports.com](http://BuildingReports.com)

Building: Lincoln regional center B 10					
<p><i>The Inventory &amp; Warranty Report lists each of the devices and items that are included in your Inspection Report. A complete inventory count by device type and category is provided. Items installed within the last 90 days, within the last year, and devices installed for two years or more are grouped together for easy reference.</i></p>					
Device or Type	Category	% of Inventory	Quantity		
Drain	Device	4.55%	1		
Fire Dep't Connection	Hose	4.55%	1		
Gauge	Device	4.55%	1		
Inspector's Test	Valve	4.55%	1		
Piping	Sprinkler	4.55%	1		
Post Indicator Valve	Valve	4.55%	1		
Supervisory Signal	Alarm	27.27%	6		
Tamper Switch	Alarm	31.82%	7		
Waterflow Switch	Alarm	13.64%	3		
Device Type	Qty	Model #	Type	Description	Install Date
<i>In Service - 3 Years to 5 Years</i>					
Drain	1		Main		03/02/2020
Fire Dep't Connection	1		Freestanding		03/02/2020
Inspector's Test	1				03/02/2020
Post Indicator Valve	1		Ground		03/02/2020
Supervisory Signal	4				03/02/2020
Supervisory Signal	2		Pressure		03/02/2020
Tamper Switch	6		Control Valve	Supervisory	03/02/2020
Tamper Switch	1		OS&Y	Supervisory	03/02/2020
Waterflow Switch	3		Vane	Alarm	03/02/2020
<i>In Service - 15 Years to 25 Years</i>					
Wet Pipe					
Gauge	1		City Pressure		03/02/2008
Piping	1		Steel		03/02/2008

# Sprinkler Inspection, Testing and/or Maintenance Certificate

*For*

Lincoln regional center B 14  
801 west prospector  
Lincoln, Ne 68522

This inspection was performed in accordance with NFPA 101, EDITION 2012, LIFE SAFETY CODE, NFPA 72, EDITION 2010, FIRE ALARM SYSTEMS, NFPA 25, EDITION 2011, WATER-BASED FIRE PROTECTION SYSTEMS and other regulatory standards applicable to this inspection.

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

*Quarterly Inspection  
Inspection Completion Date  
Jun 29, 2023*

Building: Lincoln regional center B 14  
Contact: Kris Hoover  
Title: Maintance manager

Company: NIFCO Mechanical Systems  
Contact: Jerad Baxter  
Title: Inspector



# Executive Summary

Generated by: *BuildingReports.com*

## Building Information

**Building:** Lincoln regional center B 14  
**Address:** 801 west prospector  
**Address:**  
**City/State/ZIP Code:** Lincoln, Ne 68522  
**Country:** United States of America

**Contact:** Kris Hoover  
**Phone:** 479-5452  
**Fax:**  
**Mobile:**  
**Email:** kris.hoover@nebraska.gov

## Inspection Performed By

**Company:** NIFCO Mechanical Systems  
**Address:** 500 Blue Heron Dr  
**Address:**  
**City/State/ZIP Code:** Lincoln, NE 68522-1701  
**Country:** United States of America

**Inspector:** Jerad Baxter  
**Phone:** 402-477-0666  
**Fax:**  
**Mobile:** 531-220-1709  
**Email:** jbaxter@nifcomechanical.com

<b>Inspection Completion Date: Jun 29, 2023</b>					
<b>Building: Lincoln regional center B 14</b>					
<b>EC 02.03.05 EP 01</b>	The organization tests supervisory signal devices on the inventory with the following time frames: Quarterly for pressure supervisory indicating devices (including both high- and low-air pressure switches), water level supervisory indicating devices, water temperature supervisory indicating devices, room temperature supervisory indicating devices, and other suppression system supervisory initiating devices. Semiannually for valve supervisory switches. Annually for other supervisory initiating devices. NFPA 72-2010 Table 14.4.5				
<b>Devices</b>	<b>Tested This Quarter</b>	<b>Pass</b>	<b>Fail</b>	<b>Tested YTD (2023)</b>	<b>Total Quantity</b>
Supervisory Signal	11	11	0	11	11
<b>EC 02.03.05 EP 02</b>	Six-month testing of tamper switches; vane-type/pressure-type water-flow devices. Quarterly testing of mechanical water-flow devices. NFPA 72-2010 Table 14.4.5; NFPA 25-2011 Table 5.1.1.2.				
<b>Devices</b>	<b>Tested This Quarter</b>	<b>Pass</b>	<b>Fail</b>	<b>Tested YTD (2023)</b>	<b>Total Quantity</b>
Tamper Switch	9	9	0	9	9
Waterflow Switch	5	5	0	5	5
<b>EC 02.03.05 EP 09</b>	Annual test of main drains at system low point or at all system risers. NFPA 25-2011: 13.2.5				
<b>Devices</b>	<b>Tested This Quarter</b>	<b>Pass</b>	<b>Fail</b>	<b>Tested YTD (2023)</b>	<b>Total Quantity</b>
Drain	1	1	0	1	1
<b>EC 02.03.05 EP 10</b>	Quarterly inspection of all fire department water supply connections. NFPA 25-2011: 13.7				
<b>Devices</b>	<b>Tested This Quarter</b>	<b>Pass</b>	<b>Fail</b>	<b>Tested YTD (2023)</b>	<b>Total Quantity</b>
Fire Dep't Connection	1	1	0	1	1
<b>LS 02.01.35 EP 03/EP 04</b>	Piping supports are not damaged or loose. Piping not used to support any other item. NFPA 101-2012 18/19.3.5				
<b>Devices</b>	<b>Tested This Quarter</b>	<b>Pass</b>	<b>Fail</b>	<b>Tested YTD (2023)</b>	<b>Total Quantity</b>
Piping	1	1	0	1	1
<b>LS 02.01.35 EP 14</b>	All other Life Safety Code automatic extinguishing requirements related to NFPA 101-2012 18/19.3.5				
<b>Devices</b>	<b>Tested This Quarter</b>	<b>Pass</b>	<b>Fail</b>	<b>Tested YTD (2023)</b>	<b>Total Quantity</b>
Check Valve	1	1	0	1	1
Control Valve	2	2	0	2	2
Gauge	1	1	0	1	1
Post Indicator Valve	1	1	0	1	1
<b>Total Device Count: 33</b>					

Certification	
<b>Company:</b> NIFCO Mechanical Systems <b>Inspector:</b> Jerad Baxter	<b>Building:</b> Lincoln regional center B 14 <b>Contact:</b> Kris Hoover
Jerad Baxter Certifications	
Certification Type	Number
NICET Inspection and Testing of Water-Based Systems Level I	
Nebraska Grade VI Water Operator	8699

# Inspection & Testing

Generated by: BuildingReports.com

Building: Lincoln regional center B 14								
<p><i>The Inspection &amp; Testing section lists all of the items inspected in your building, which are then categorized by the applicable code reference. The most recent inspection is listed in the far right column and is based on the Finish Date of that inspection. The latest inspection uploaded in each previous quarter appears in the four columns to the left.</i></p> <p><i>Passed=P, Failed=F, Replaced=R</i></p>								
<p><b>EC 02.03.05 EP 01</b></p> <p>The organization tests supervisory signal devices on the inventory with the following time frames: Quarterly for pressure supervisory indicating devices (including both high- and low-air pressure switches), water level supervisory indicating devices, water temperature supervisory indicating devices, room temperature supervisory indicating devices, and other suppression system supervisory initiating devices. Semiannually for valve supervisory switches. Annually for other supervisory initiating devices. NFPA 72-2010 Table 14.4.5</p> <p>Alarm conditions shall be simulated by activating alarm circuits at alarm sensor locations and all such local or remote alarm indicating devices (visual and audible) shall be observed for operation. (2011 ed.) (NFPA 25 8.3.3.5)</p>								
Devices	Tested Q2/23	Pass Q2/23	Fail Q2/23	Tested YTD (2023)			Total Quantity	
Supervisory Signal	11	11	0	11			11	
Device Type	Location	ScanID	Address	Q2/22	Q3/22	Q4/22	Q1/23	Q2/23
Supervisory Signal	Basement Room 42	59342429	1	06/07-P	09/07-P	12/07-P	03/30-P	06/29-P
Supervisory Signal	Basement Room 42	59342431	1	06/07-P	09/07-P	12/07-P	03/30-P	06/29-P
Supervisory Signal	Basement Room 42	59342436	1	06/07-P	09/07-P	12/07-P	03/30-P	06/29-P
Supervisory Signal	Basement Room 42	59342439	1	06/07-P	09/07-P	12/07-P	03/30-P	06/29-P
Supervisory Signal	Basement Center Room 039	59342336	1	06/07-P	09/07-P	12/07-P	03/30-P	06/29-P
Supervisory Signal	Basement Center Room 039	59342337	1	06/07-P	09/07-P	12/07-P	03/30-P	06/29-P
Supervisory Signal	1st Center Room 135 above ceiling	59342413	1	06/07-P	09/07-P	12/07-P	03/30-P	06/29-P
Supervisory Signal	2nd Center Room 247 above ceiling	59342415	1	06/07-P	09/07-P	12/07-P	03/30-P	06/29-P
Supervisory Signal	3rd Center Room 340	59342418	1	06/07-P	09/07-P	12/07-P	03/30-P	06/29-P
Supervisory Signal	3rd Center Room 340	59342420	1-3rd floor	06/07-P	09/07-P	12/07-P	03/30-P	06/29-P
Supervisory Signal	Penthouse Elevator room	59342424	1	06/07-P	09/07-P	12/07-P	03/30-P	06/29-P
<b>Device Total: 11</b>								

<b>EC 02.03.05 EP 02</b>		Six-month testing of tamper switches; vane-type/pressure-type water-flow devices. Quarterly testing of mechanical water-flow devices. NFPA 72-2010 Table 14.4.5; NFPA 25-2011 Table 5.1.1.2.						
Valve shall be operated and signal receipt shall be verified to be within the first two revolutions of the hand wheel or within one-fifth of the travel distance, or per the manufacturer's published instructions. (2010 ed.) (NFPA 72 Table 14.4.2.2 (14i.1))								
<b>Devices</b>	<b>Tested Q2/23</b>	<b>Pass Q2/23</b>	<b>Fail Q2/23</b>	<b>Tested YTD (2023)</b>			<b>Total Quantity</b>	
Tamper Switch	9	9	0	9			9	
<b>Device Type</b>	<b>Location</b>	<b>ScanID</b>	<b>Address</b>	<b>Q2/22</b>	<b>Q3/22</b>	<b>Q4/22</b>	<b>Q1/23</b>	<b>Q2/23</b>
Tamper Switch	Basement Room 42	59342430	1	06/07-P	09/07-P	12/07-P	03/30-P	06/29-P
Tamper Switch	Basement Room 42	59342432	1	06/07-P	09/07-P	12/07-P	03/30-P	06/29-P
Tamper Switch	Basement Room 42	59342437	1	06/07-P	09/07-P	12/07-P	03/30-P	06/29-P
Tamper Switch	Basement Room 42	59342438	1	06/07-P	09/07-P	12/07-P	03/30-P	06/29-P
Tamper Switch	Basement Center Room 039	59342335	1	06/07-P	09/07-P	12/07-P	03/30-P	06/29-P
Tamper Switch	Basement Center Room 039	59342338	1	06/07-P	09/07-P	12/07-P	03/30-P	06/29-P
Tamper Switch	1st Center Room 135 above ceiling	59342412	1	06/07-P	09/07-P	12/07-P	03/30-P	06/29-P
Tamper Switch	3rd Center Room 340	59342419	1	06/07-P	09/07-P	12/07-P	03/30-P	06/29-P
Tamper Switch	3rd Center Room 340	59342421	1-3rd floor	06/07-P	09/07-P	12/07-P	03/30-P	06/29-P
<b>Device Total: 9</b>								

<b>EC 02.03.05 EP 02</b>		Six-month testing of tamper switches; vane-type/pressure-type water-flow devices. Quarterly testing of mechanical water-flow devices. NFPA 72-2010 Table 14.4.5; NFPA 25-2011 Table 5.1.1.2.						
Vane-type and pressure switch-type waterflow alarm devices shall be tested semiannually. Per NFPA 25, Section 5.3.3.1, mechanical waterflow alarm devices shall be tested quarterly. Water shall be flowed through an inspector's test connection indicating the flow of water equal to that from a single sprinkler of the smallest orifice size installed in the system for wet-pipe systems, or an alarm test bypass connection for dry-pipe, pre-action, or deluge systems. (2010 ed.) (NFPA 72 Table 14.4.2.2 (14j))								
<b>Devices</b>		<b>Tested Q2/23</b>	<b>Pass Q2/23</b>	<b>Fail Q2/23</b>	<b>Tested YTD (2023)</b>			<b>Total Quantity</b>
Waterflow Switch		5	5	0	5			5
<b>Device Type</b>	<b>Location</b>	<b>ScanID</b>	<b>Address</b>	<b>Q2/22</b>	<b>Q3/22</b>	<b>Q4/22</b>	<b>Q1/23</b>	<b>Q2/23</b>
Waterflow Switch	Basement Room 42	59342427	1	06/07-P	09/07-P	12/07-P	03/30-P	06/29-P
Waterflow Switch	1st Center Room 135 above ceiling	59342414	1	06/07-P	09/07-P	12/07-P	03/30-P	06/29-P
Waterflow Switch	2nd Center Room 247 above ceiling	59342417	1	06/07-P	09/07-P	12/07-P	03/30-P	06/29-P
Waterflow Switch	3rd Center Room 340	59342422	1-3rd floor	06/07-P	09/07-P	12/07-P	03/30-P	06/29-P
Waterflow Switch	3rd Center Room 340	59342423	1	06/07-P	09/07-P	12/07-P	03/30-P	06/29-P
<b>Device Total: 5</b>								

**EC 02.03.05 EP 09**

Annual test of main drains at system low point or at all system risers. NFPA 25–2011: 13.2.5

A main drain test shall be conducted annually at each water-based fire protection system riser to determine whether there has been a change in the condition of the water supply piping and control valves. In systems where the sole water supply is through a backflow preventer, and/or pressure reducing valves, the main drain test of at least one system downstream of the device shall be conducted on a quarterly basis. When there is a 10 percent reduction in full flow pressure when compared to the original acceptance test or previously performed tests, the cause of the reduction shall be identified and corrected if necessary. Auxiliary and low-point drains in preaction or deluge systems shall be operated after each system operation and before the onset of freezing conditions (and thereafter as needed). (2011 ed.) (NFPA 25 13.2.5; 13.2.5.1; 13.2.5.2; 13.4.4.3.2)

Devices	Tested Q2/23	Pass Q2/23	Fail Q2/23	Tested YTD (2023)			Total Quantity	
Drain	1	1	0	1				1
Device Type	Location	ScanID	Address	Q2/22	Q3/22	Q4/22	Q1/23	Q2/23
Drain	Basement Room 42	59342426	0	06/07-P	09/07-P	12/07-P	03/30-P	06/29-P
<b>Device Total: 1</b>								

**EC 02.03.05 EP 10**

Quarterly inspection of all fire department water supply connections. NFPA 25-2011: 13.7

Fire department connections shall be inspected quarterly to verify the following: Connections are visible and accessible, couplings or swivels are not damaged and rotate smoothly, plugs or caps are in place and undamaged, gaskets are in place and in good condition, identification signs are in place, the check valve is not leaking, the automatic drain valve is in place and operating properly and the clapper is in place and operating properly. (2011 ed.) (NFPA 25 13.7.1)

<b>Devices</b>	<b>Tested Q2/23</b>	<b>Pass Q2/23</b>	<b>Fail Q2/23</b>	<b>Tested YTD (2023)</b>	<b>Total Quantity</b>			
Fire Dep't Connection	1	1	0	1	1			
<b>Device Type</b>	<b>Location</b>	<b>ScanID</b>	<b>Address</b>	<b>Q2/22</b>	<b>Q3/22</b>	<b>Q4/22</b>	<b>Q1/23</b>	<b>Q2/23</b>
Fire Dep't Connection	Basement Room 42	59342433	0	06/07-P	09/07-P	12/07-P	03/30-P	06/29-P
<b>Device Total: 1</b>								



<b>LS 02.01.35 EP</b>		Piping supports are not damaged or loose. Piping not used to support any other item. NFPA 101–2012						
<b>03/EP 04</b>		18/19.3.5						
Sprinkler pipe and fittings shall be inspected annually from the floor level. Pipe and fittings shall be in good condition and free of mechanical damage, leakage, and corrosion. Sprinkler piping shall not be subjected to external loads by materials either resting on the pipe or hung from the pipe. (2011 ed.) (NFPA 25 5.2.2 through 5.2.2.2)								
<b>Devices</b>	<b>Tested Q2/23</b>	<b>Pass Q2/23</b>	<b>Fail Q2/23</b>	<b>Tested YTD (2023)</b>	<b>Total Quantity</b>			
Piping	1	1	0	1	1			
<b>Device Type</b>	<b>Location</b>	<b>ScanID</b>	<b>Address</b>	<b>Q2/22</b>	<b>Q3/22</b>	<b>Q4/22</b>	<b>Q1/23</b>	<b>Q2/23</b>
Piping	Throughout building	68040252	0				03/30-P	06/29-P
<b>Device Total: 1</b>								

<b>LS 02.01.35 EP 14</b>		All other Life Safety Code automatic extinguishing requirements related to NFPA 101-2012 18/19.3.5						
Monthly: Alarm valves and system riser check valves shall be externally inspected monthly. Periodically: Internal components shall be cleaned/repared as necessary in accordance with the manufacturer's instructions. (2011 ed.) (NFPA 25 13.4.1.1)								
<b>Devices</b>		<b>Tested Q2/23</b>	<b>Pass Q2/23</b>	<b>Fail Q2/23</b>	<b>Tested YTD (2023)</b>			<b>Total Quantity</b>
Check Valve		1	1	0	1			1
<b>Device Type</b>	<b>Location</b>	<b>ScanID</b>	<b>Address</b>	<b>Q2/22</b>	<b>Q3/22</b>	<b>Q4/22</b>	<b>Q1/23</b>	<b>Q2/23</b>
Check Valve	Basement Room 42	59342434	1		09/07-P	12/07-P	03/30-P	06/29-P
<b>Device Total: 1</b>								

**LS 02.01.35 EP 14**

All other Life Safety Code automatic extinguishing requirements related to NFPA 101-2012 18/19.3.5

Monthly: Valves secured with locks or supervised in accordance with applicable NFPA standards shall be permitted to be inspected monthly. Periodically: Each control valve shall be operated annually through its full range and returned to its normal position. (2011 ed.) (NFPA 25 13.3.2.1.1; 13.3.3.1)

<b>Devices</b>	<b>Tested Q2/23</b>	<b>Pass Q2/23</b>	<b>Fail Q2/23</b>	<b>Tested YTD (2023)</b>			<b>Total Quantity</b>	
Control Valve	2	2	0	2			2	
<b>Device Type</b>	<b>Location</b>	<b>ScanID</b>	<b>Address</b>	<b>Q2/22</b>	<b>Q3/22</b>	<b>Q4/22</b>	<b>Q1/23</b>	<b>Q2/23</b>
Control Valve	2nd Center Room 247 above ceiling	59342416	1	06/07-P	09/07-P	12/07-P	03/30-P	06/29-P
Control Valve	Penthouse Elevator room	59342425	1	06/07-P	09/07-P	12/07-P	03/30-P	06/29-P
<b>Device Total: 2</b>								

<b>LS 02.01.35 EP 14</b>		All other Life Safety Code automatic extinguishing requirements related to NFPA 101-2012 18/19.3.5						
Gauges are in good condition and normal pressure is being maintained. [Inspection frequency will depend on type of system gauge]; Gauges shall be replaced every 5 years or tested every 5 years by comparison with a calibrated gauge. (2011 ed.) (NFPA 25 13.2.7.1; 5.3.2.1)								
<b>Devices</b>	<b>Tested Q2/23</b>	<b>Pass Q2/23</b>	<b>Fail Q2/23</b>	<b>Tested YTD (2023)</b>	<b>Total Quantity</b>			
Gauge	1	1	0	1	1			
<b>Device Type</b>	<b>Location</b>	<b>ScanID</b>	<b>Address</b>	<b>Q2/22</b>	<b>Q3/22</b>	<b>Q4/22</b>	<b>Q1/23</b>	<b>Q2/23</b>
Gauge	Basement mech room	68040253	0				03/30-P	06/29-P
<b>Device Total: 1</b>								

**LS 02.01.35 EP 14**

All other Life Safety Code automatic extinguishing requirements related to NFPA 101-2012 18/19.3.5

Post indicator valves shall be opened until spring or torsion is felt in the rod, indicating that the rod has not become detached from the valve. Post indicating and outside screw and yoke valves shall be backed a one-quarter turn from the fully open position to prevent jamming. (2011 ed.) (NFPA 25 13.3.3.2/13.3.3.3)

<b>Devices</b>	<b>Tested Q2/23</b>	<b>Pass Q2/23</b>	<b>Fail Q2/23</b>	<b>Tested YTD (2023)</b>	<b>Total Quantity</b>			
Post Indicator Valve	1	1	0	1	1			
<b>Device Type</b>	<b>Location</b>	<b>ScanID</b>	<b>Address</b>	<b>Q2/22</b>	<b>Q3/22</b>	<b>Q4/22</b>	<b>Q1/23</b>	<b>Q2/23</b>
Post Indicator Valve	Garden South In yard south of building	59342435	0	06/07-P	09/07-P	12/07-P	03/30-P	06/29-P
<b>Device Total: 1</b>								

# Service Summary

Generated by: BuildingReports.com

Building: Lincoln regional center B 14

The Service Summary section provides an overview of the services performed in this report.

Device Type	Service	Quantity
<i>Passed</i>		
Check Valve	Annual	1
Control Valve	Annual	2
Drain	Annual	1
Fire Dep't Connection	Annual	1
Gauge	Annual	1
Piping	Annual	1
Post Indicator Valve	Annual	1
Supervisory Signal	Tested	11
Tamper Switch	Annual	9
Waterflow Switch	Annual	5
<b>Total</b>		<b>33</b>
<b>Grand Total</b>		<b>33</b>

# Wet Pipe Fire Sprinkler Systems

Generated by: [BuildingReports.com](http://BuildingReports.com)

<b>Building: Lincoln regional center B 14</b>							
<p><i>This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.</i></p>							
<b>Alarms</b>							
<b>Waterflow Switch</b>							
Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID
Vane			44	4	1	<input checked="" type="checkbox"/>	59342417
<b>Devices</b>							
<b>Fire Dep't Connection</b>							
Location	Type	BallDrip	Rotating Swivels	Size	OK	ScanID	
Basement Room 42	Wall	Yes	Yes	4"	<input checked="" type="checkbox"/>	59342433	
<b>Gauge</b>							
Location	Service Date						
Basement mech room	03/02/2020						
Type	Manufacturer	Model #	Static psi	Fill Type	Size	OK	ScanID
City Pressure	wika			Air/Water	1/4	<input checked="" type="checkbox"/>	68040253
<b>Piping</b>							
Location	Type	Size	Internal Date				
Throughout building	Steel	1"	01/25/2023				
Hangers	Braces	Fittings	Identified	Antifreeze	ScanID		
Normal	Normal	Cast Iron			68040252		

# Inventory & Warranty Report

Generated by: [BuildingReports.com](http://BuildingReports.com)

Building: Lincoln regional center B 14					
<p><i>The Inventory &amp; Warranty Report lists each of the devices and items that are included in your Inspection Report. A complete inventory count by device type and category is provided. Items installed within the last 90 days, within the last year, and devices installed for two years or more are grouped together for easy reference.</i></p>					
Device or Type	Category	% of Inventory	Quantity		
Check Valve	Valve	3.03%	1		
Control Valve	Valve	6.06%	2		
Drain	Device	3.03%	1		
Fire Dep't Connection	Hose	3.03%	1		
Gauge	Device	3.03%	1		
Piping	Sprinkler	3.03%	1		
Post Indicator Valve	Valve	3.03%	1		
Supervisory Signal	Alarm	33.33%	11		
Tamper Switch	Alarm	27.27%	9		
Waterflow Switch	Alarm	15.15%	5		
Device Type	Qty	Model #	Type	Description	Install Date
<i><b>In Service - 3 Years to 5 Years</b></i>					
Check Valve	1		Grooved		03/02/2020
Control Valve	2		Butterfly	Isolation	03/02/2020
Drain	1		Main		03/02/2020
Post Indicator Valve	1		Ground		03/02/2020
Supervisory Signal	11		Pressure		03/02/2020
Tamper Switch	9		Control Valve	Supervisory	03/02/2020
Waterflow Switch	4		Vane	Alarm	03/02/2020
<i><b>Wet Pipe</b></i>					
Fire Dep't Connection	1		Wall		03/02/2020
Waterflow Switch	1		Vane	Alarm	03/02/2020
Gauge	1		City Pressure		03/02/2020
<i><b>In Service - 25 Years or Older</b></i>					
<i><b>Wet Pipe</b></i>					
Piping	1		Steel		10/02/1982



# Zone Address Report

Generated by: BuildingReports.com

Building: Lincoln regional center B 14

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

Address	Device Type	Location	Type	ScanID
<b><i>Control Panel 1</i></b>				
<b>Zone/Address: 3rd floor</b>				
	Tamper Switch	3rd Center Room 340	Control Valve	59342421
	Waterflow Switch	3rd Center Room 340	Vane	59342422

# Sprinkler Inspection Certificate

*For*

Lincoln regional center B 3  
801 west prospector  
Lincoln, Ne 68522

Tested to NFPA 25 Standards

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

*Semi-Annual Inspection*

*Inspection Date*

*Sep 29, 2023*

Building: Lincoln regional center B 3

Contact: Kris Hoover

Title: Na

Company: NIFCO Mechanical Systems

Contact: Jerad Baxter

Title: Inspector

# Executive Summary

Generated by: BuildingReports.com

Building Information			
<b>Building:</b> Lincoln regional center B 3	<b>Contact:</b> Kris Hoover		
<b>Address:</b> 801 west prospector	<b>Phone:</b> Na		
<b>Address:</b>	<b>Fax:</b>		
<b>City/State/ZIP Code:</b> Lincoln, Ne 68522	<b>Mobile:</b>		
<b>Country:</b> United States of America	<b>Email:</b> kris.hoover@nebraska.gov		
Inspection Performed By			
<b>Company:</b> NIFCO Mechanical Systems	<b>Inspector:</b> Jerad Baxter		
<b>Address:</b> 500 Blue Heron Dr	<b>Phone:</b> 402-477-0666		
<b>Address:</b>	<b>Fax:</b>		
<b>City/State/ZIP Code:</b> Lincoln, NE 68522-1701	<b>Mobile:</b> 531-220-1709		
<b>Country:</b> United States of America	<b>Email:</b> jbaxter@nifcomechanical.com		
System Control Unit			
System Type	System Location	Protected Area	Devices
Wet Pipe			2

Inspection Summary								
Category	Total Items		Serviced		Passed		Failed/Other	
	Qty	%	Qty	%	Qty	%	Qty	%
Alarm	14	70.00%	14	100.00%	14	100.00%	0	0.00%
Device	2	10.00%	2	100.00%	2	100.00%	0	0.00%
Hose	1	5.00%	1	100.00%	1	100.00%	0	0.00%
Sprinkler	1	5.00%	1	100.00%	1	100.00%	0	0.00%
Valve	2	10.00%	2	100.00%	2	100.00%	0	0.00%
<b>Totals</b>	<b>20</b>	<b>100%</b>	<b>20</b>	<b>100.00%</b>	<b>20</b>	<b>100.00%</b>	<b>0</b>	<b>0.00%</b>

### Certification

**Company:** NIFCO Mechanical Systems

**Building:** Lincoln regional center B 3

**Inspector:** Jerad Baxter

**Contact:** Kris Hoover

### Jerad Baxter Certifications

Certification Type	Number
NICET Inspection and Testing of Water-Based Systems Level I	
Nebraska Grade VI Water Operator	8699

# Inspection & Testing

Generated by: BuildingReports.com

Building: Lincoln regional center B 3				
<p><i>The Inspection &amp; Testing section lists all of the items inspected in your building. Items are grouped by Passed or Failed/Other. Items are listed by Category. Each item includes the services performed, and the time &amp; date at which testing occurred.</i></p>				
Device Type	Location	Service	Time	Date
<b><i>Passed</i></b>				
Supervisory Signal	Basement Center room 008	Tested	9:45:37 AM	09/29/2023
Supervisory Signal	Basement Center room 008	Tested	9:46:19 AM	09/29/2023
Supervisory Signal	Basement Center room 008	Tested	9:46:55 AM	09/29/2023
Supervisory Signal	1st Center rom 116	Tested	9:31:12 AM	09/29/2023
Supervisory Signal	2nd Center rom 216	Tested	9:27:52 AM	09/29/2023
Tamper Switch	Basement Center room 008	Annual	9:45:52 AM	09/29/2023
Tamper Switch	Basement Center room 008	Annual	9:46:08 AM	09/29/2023
Tamper Switch	Basement Center room 008	Annual	9:46:31 AM	09/29/2023
Tamper Switch	Basement Center room 008	Annual	9:47:14 AM	09/29/2023
Tamper Switch	1st Center rom 116	Annual	9:31:17 AM	09/29/2023
Waterflow Switch	Basement Center room 008	Annual	9:45:12 AM	09/29/2023
Waterflow Switch	Basement Center room 008	Annual	9:45:21 AM	09/29/2023
Waterflow Switch	1st Center rom 116	Annual	9:31:22 AM	09/29/2023
Waterflow Switch	2nd Center rom 216	Annual	9:28:31 AM	09/29/2023
Drain	Basement Center room 008	Annual	9:47:02 AM	09/29/2023
Fire Dep't Connection	In yard, south of main entrance	Annual	9:47:33 AM	09/29/2023
Control Valve	2nd Center rom 216	Annual	9:28:23 AM	09/29/2023
Post Indicator Valve	Garden Center outside Sw side	Annual	9:47:21 AM	09/29/2023
<b>Wet Pipe</b>				
Gauge		Annual	9:47:45 AM	09/29/2023
Piping		Annual	9:47:40 AM	09/29/2023

# Wet Pipe Fire Sprinkler Systems

Generated by: *BuildingReports.com*

<b>Building: Lincoln regional center B 3</b>							
<p><i>This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.</i></p>							
<b>Devices</b>							
<b>Gauge</b>							
<b>Location</b>				<b>Service Date</b>			
				01/27/2023			
<b>Type</b>	<b>Manufacturer</b>	<b>Model #</b>	<b>Static psi</b>	<b>Fill Type</b>	<b>Size</b>	<b>OK</b>	<b>ScanID</b>
City Pressure				Air/Water	1/4	<input checked="" type="checkbox"/>	68040262
<b>Piping</b>							
<b>Location</b>	<b>Type</b>	<b>Size</b>	<b>Internal Date</b>				
	Steel	4 and 1	01/27/2023				
<b>Hangers</b>	<b>Braces</b>	<b>Fittings</b>	<b>Identified</b>	<b>Antifreeze</b>	<b>ScanID</b>		
Normal	Normal	Cast Iron		N/A	68040263		

# Inventory & Warranty Report

Generated by: [BuildingReports.com](http://BuildingReports.com)

**Building: Lincoln regional center B 3**

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

Device or Type	Category	% of Inventory	Quantity
Control Valve	Valve	5.00%	1
Drain	Device	5.00%	1
Fire Dep't Connection	Hose	5.00%	1
Gauge	Device	5.00%	1
Piping	Sprinkler	5.00%	1
Post Indicator Valve	Valve	5.00%	1
Supervisory Signal	Alarm	25.00%	5
Tamper Switch	Alarm	25.00%	5
Waterflow Switch	Alarm	20.00%	4

Device Type	Qty	Model #	Type	Description	Install Date
<b><i>In Service - 3 Years to 5 Years</i></b>					
Control Valve	1		Butterfly	Main Control	03/02/2020
Drain	1		Main		03/02/2020
Fire Dep't Connection	1		Freestanding		03/02/2020
Post Indicator Valve	1		Ground		03/02/2020
Supervisory Signal	5		Pressure		03/02/2020
Tamper Switch	5		Control Valve	Supervisory	03/02/2020
Waterflow Switch	4		Vane	Alarm	03/02/2020
<b>Wet Pipe</b>					
Gauge	1		City Pressure		03/02/2020
Piping	1		Steel		03/02/2020

# Sprinkler Inspection Certificate

*For*

Lincoln regional center B 5  
801 west prospector pl  
lincoln, ne 68522

Tested to NFPA 25 Standards

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

*Semi-Annual Inspection*

*Inspection Date*

*Sep 29, 2023*

Building: Lincoln regional center B 5

Contact: Kris Hoover

Title: Na

Company: NIFCO Mechanical Systems

Contact: Jerad Baxter

Title: Inspector



# Executive Summary

Generated by: BuildingReports.com

Building Information			
<b>Building:</b> Lincoln regional center B 5			<b>Contact:</b> Kris Hoover
<b>Address:</b> 801 west prospector pl			<b>Phone:</b> (402) 471-4444
<b>Address:</b>			<b>Fax:</b>
<b>City/State/ZIP Code:</b> lincoln, ne 68522			<b>Mobile:</b>
<b>Country:</b> United States of America			<b>Email:</b> kris.hoover@nebraska.gov
Inspection Performed By			
<b>Company:</b> NIFCO Mechanical Systems			<b>Inspector:</b> Jerad Baxter
<b>Address:</b> 500 Blue Heron Dr			<b>Phone:</b> 402-477-0666
<b>Address:</b>			<b>Fax:</b>
<b>City/State/ZIP Code:</b> Lincoln, NE 68522-1701			<b>Mobile:</b> 531-220-1709
<b>Country:</b> United States of America			<b>Email:</b> jbxter@nifcomechanical.com
System Control Unit			
System Type	System Location	Protected Area	Devices
Wet Pipe			2

Inspection Summary								
Category	Total Items		Serviced		Passed		Failed/Other	
	Qty	%	Qty	%	Qty	%	Qty	%
Alarm	21	77.78%	21	100.00%	21	100.00%	0	0.00%
Device	2	7.41%	2	100.00%	2	100.00%	0	0.00%
Hose	1	3.70%	1	100.00%	1	100.00%	0	0.00%
Sprinkler	1	3.70%	1	100.00%	1	100.00%	0	0.00%
Valve	2	7.41%	2	100.00%	2	100.00%	0	0.00%
<b>Totals</b>	<b>27</b>	<b>100%</b>	<b>27</b>	<b>100.00%</b>	<b>27</b>	<b>100.00%</b>	<b>0</b>	<b>0.00%</b>

### Certification

**Company:** NIFCO Mechanical Systems

**Building:** Lincoln regional center B 5

**Inspector:** Jerad Baxter

**Contact:** Kris Hoover

### Jerad Baxter Certifications

Certification Type	Number
NICET Inspection and Testing of Water-Based Systems Level I	
Nebraska Grade VI Water Operator	8699

# Inspection & Testing

Generated by: BuildingReports.com

Building: Lincoln regional center B 5				
<p><i>The Inspection &amp; Testing section lists all of the items inspected in your building. Items are grouped by Passed or Failed/Other. Items are listed by Category. Each item includes the services performed, and the time &amp; date at which testing occurred.</i></p>				
Device Type	Location	Service	Time	Date
<b><i>Passed</i></b>				
Supervisory Signal	Basement Boiler	Tested	11:06:41 AM	09/29/2023
Supervisory Signal	Basement Boiler	Tested	11:06:58 AM	09/29/2023
Supervisory Signal	1st Closet closet by reception center	Tested	10:24:00 AM	09/29/2023
Supervisory Signal	1st Closet room 133a	Tested	10:33:40 AM	09/29/2023
Supervisory Signal	2nd Closet s4 housekeeping cliset	Tested	10:16:14 AM	09/29/2023
Supervisory Signal	2nd Closet s5 west stairwell	Tested	10:20:30 AM	09/29/2023
Supervisory Signal	2nd Closet s4 housekeeping cliset	Tested	10:20:55 AM	09/29/2023
Tamper Switch	Basement Boiler	Annual	11:06:46 AM	09/29/2023
Tamper Switch	Basement Boiler	Annual	11:06:52 AM	09/29/2023
Tamper Switch	1st 1st closet by reception desk	Annual	10:23:51 AM	09/29/2023
Tamper Switch	1st Closet room 133a	Annual	10:26:01 AM	09/29/2023
Tamper Switch	2nd Closet s4 housekeeping cliset	Annual	10:16:08 AM	09/29/2023
Tamper Switch	2nd Closet s5 west stairwell	Annual	10:20:16 AM	09/29/2023
Tamper Switch	2nd Closet s4 housekeeping cliset	Annual	10:20:59 AM	09/29/2023
Waterflow Switch	Basement Boiler	Annual	11:07:06 AM	09/29/2023
Waterflow Switch	1st Closet room 133a S2	Annual	10:32:32 AM	09/29/2023
Waterflow Switch	1st Closet closet by reception center	Annual	10:33:24 AM	09/29/2023
Waterflow Switch	1st Closet room 133a	Annual	10:33:30 AM	09/29/2023
Waterflow Switch	2nd Closet s4 housekeeping cliset	Annual	10:15:49 AM	09/29/2023
Waterflow Switch	2nd Closet s4 housekeeping cliset	Annual	10:15:58 AM	09/29/2023
Waterflow Switch	2nd Closet s5 west stairwell	Annual	10:20:05 AM	09/29/2023
Drain	Basement Boiler	Annual	11:06:32 AM	09/29/2023
Fire Dep't Connection	Garden outside ne of entrance	Annual	11:06:24 AM	09/29/2023
Control Valve	1st Closet room 133a S2	Annual	10:32:24 AM	09/29/2023
Post Indicator Valve	Garden outside ne of entrance	Annual	11:06:13 AM	09/29/2023
<b>Wet Pipe</b>				
Gauge	1st 1st closet by reception desk	Annual	10:32:41 AM	09/29/2023
Piping		Annual	10:20:37 AM	09/29/2023

# Wet Pipe Fire Sprinkler Systems

Generated by: *BuildingReports.com*

<b>Building: Lincoln regional center B 5</b>							
<p><i>This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.</i></p>							
<b><i>Devices</i></b>							
<b>Gauge</b>							
<b>Location</b>				<b>Service Date</b>			
1st 1st closet by reception desk				01/27/2023			
<b>Type</b>	<b>Manufacturer</b>	<b>Model #</b>	<b>Static psi</b>	<b>Fill Type</b>	<b>Size</b>	<b>OK</b>	<b>ScanID</b>
City Pressure			89	Air/Water	1/4	<input checked="" type="checkbox"/>	68040265
<b>Piping</b>							
<b>Location</b>	<b>Type</b>	<b>Size</b>	<b>Internal Date</b>				
	Steel	4"	06/07/2022				
<b>Hangers</b>	<b>Braces</b>	<b>Fittings</b>	<b>Identified</b>	<b>Antifreeze</b>	<b>ScanID</b>		
Normal	Normal	Cast Iron			68040264		

# Inventory & Warranty Report

Generated by: [BuildingReports.com](http://BuildingReports.com)

Building: Lincoln regional center B 5					
<p><i>The Inventory &amp; Warranty Report lists each of the devices and items that are included in your Inspection Report. A complete inventory count by device type and category is provided. Items installed within the last 90 days, within the last year, and devices installed for two years or more are grouped together for easy reference.</i></p>					
Device or Type	Category	% of Inventory	Quantity		
Control Valve	Valve	3.70%	1		
Drain	Device	3.70%	1		
Fire Dep't Connection	Hose	3.70%	1		
Gauge	Device	3.70%	1		
Piping	Sprinkler	3.70%	1		
Post Indicator Valve	Valve	3.70%	1		
Supervisory Signal	Alarm	25.93%	7		
Tamper Switch	Alarm	25.93%	7		
Waterflow Switch	Alarm	25.93%	7		
Device Type	Qty	Model #	Type	Description	Install Date
<b><i>In Service - 3 Years to 5 Years</i></b>					
Control Valve	1		Butterfly	Main Control	03/02/2020
Drain	1		Main		03/02/2020
Fire Dep't Connection	1		Freestanding		03/02/2020
Post Indicator Valve	1		Ground		03/02/2020
Supervisory Signal	4				03/02/2020
Supervisory Signal	3		Pressure		03/02/2020
Tamper Switch	7		Control Valve	Supervisory	03/02/2020
Waterflow Switch	7		Vane	Alarm	03/02/2020
<b>Wet Pipe</b>					
Gauge	1		City Pressure		03/02/2020
Piping	1		Steel		03/02/2020

# Zone Address Report

Generated by: BuildingReports.com

Building: Lincoln regional center B 5

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

Address	Device Type	Location	Type	ScanID
<b><i>Control Panel 1</i></b>				
<b>Zone/Address: s-2</b>				
	Waterflow Switch	1st Closet closet by reception center	Vane	59342383

# Sprinkler Inspection Certificate

*For*

Lincoln regional center B 10  
801 west prospector  
Lincoln, Ne 68522

Tested to NFPA 25 Standards

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

*Semi-Annual Inspection*

*Inspection Date*

*Sep 29, 2023*

Building: Lincoln regional center B 10  
Contact: Kris Hoover  
Title: Maintance manager

Company: NIFCO Mechanical Systems  
Contact: Jerad Baxter  
Title: Inspector

# Executive Summary

Generated by: BuildingReports.com

Building Information			
<b>Building:</b> Lincoln regional center B 10	<b>Contact:</b> Kris Hoover		
<b>Address:</b> 801 west prospector	<b>Phone:</b> Na		
<b>Address:</b>	<b>Fax:</b>		
<b>City/State/ZIP Code:</b> Lincoln, Ne 68522	<b>Mobile:</b>		
<b>Country:</b> United States of America	<b>Email:</b> kris.hoover@nebraska.gov		
Inspection Performed By			
<b>Company:</b> NIFCO Mechanical Systems	<b>Inspector:</b> Jerad Baxter		
<b>Address:</b> 500 Blue Heron Dr	<b>Phone:</b> 402-477-0666		
<b>Address:</b>	<b>Fax:</b>		
<b>City/State/ZIP Code:</b> Lincoln, NE 68522-1701	<b>Mobile:</b> 531-220-1709		
<b>Country:</b> United States of America	<b>Email:</b> jbxter@nifcomechanical.com		
System Control Unit			
System Type	System Location	Protected Area	Devices
Wet Pipe			2



Inspection Summary								
Category	Total Items		Serviced		Passed		Failed/Other	
	Qty	%	Qty	%	Qty	%	Qty	%
Alarm	16	72.73%	16	100.00%	16	100.00%	0	0.00%
Device	2	9.09%	2	100.00%	2	100.00%	0	0.00%
Hose	1	4.55%	1	100.00%	1	100.00%	0	0.00%
Sprinkler	1	4.55%	1	100.00%	1	100.00%	0	0.00%
Valve	2	9.09%	2	100.00%	2	100.00%	0	0.00%
<b>Totals</b>	<b>22</b>	<b>100%</b>	<b>22</b>	<b>100.00%</b>	<b>22</b>	<b>100.00%</b>	<b>0</b>	<b>0.00%</b>

### Certification

**Company:** NIFCO Mechanical Systems

**Building:** Lincoln regional center B 10

**Inspector:** Jerad Baxter

**Contact:** Kris Hoover

### Jerad Baxter Certifications

Certification Type	Number
NICET Inspection and Testing of Water-Based Systems Level I	
Nebraska Grade VI Water Operator	8699

# Inspection & Testing

Generated by: BuildingReports.com

Building: Lincoln regional center B 10				
<p><i>The Inspection &amp; Testing section lists all of the items inspected in your building. Items are grouped by Passed or Failed/Other. Items are listed by Category. Each item includes the services performed, and the time &amp; date at which testing occurred.</i></p>				
Device Type	Location	Service	Time	Date
<b><i>Passed</i></b>				
Supervisory Signal	Basement Center room 013	Tested	8:59:09 AM	09/29/2023
Supervisory Signal	Basement Center room 013	Tested	8:59:31 AM	09/29/2023
Supervisory Signal	Basement Center room 013	Tested	8:59:50 AM	09/29/2023
Supervisory Signal	Basement Center room 013	Tested	9:00:02 AM	09/29/2023
Supervisory Signal	1st Center room 147	Tested	8:52:20 AM	09/29/2023
Supervisory Signal	2nd East room 234	Tested	8:47:32 AM	09/29/2023
Tamper Switch	Basement Center room 013	Annual	8:57:03 AM	09/29/2023
Tamper Switch	Basement Center room 013	Annual	8:59:16 AM	09/29/2023
Tamper Switch	Basement Center room 013	Annual	8:59:21 AM	09/29/2023
Tamper Switch	Basement Center room 013	Annual	8:59:55 AM	09/29/2023
Tamper Switch	Basement Center room 013	Annual	8:59:58 AM	09/29/2023
Tamper Switch	1st Center room 147	Annual	8:52:29 AM	09/29/2023
Tamper Switch	2nd East room 234	Annual	8:47:24 AM	09/29/2023
Waterflow Switch	Basement Center room 013	Annual	8:59:36 AM	09/29/2023
Waterflow Switch	1st Center room 147	Annual	8:52:38 AM	09/29/2023
Waterflow Switch	2nd East room 234	Annual	8:47:40 AM	09/29/2023
Drain	Basement Center room 013	Annual	9:00:30 AM	09/29/2023
Fire Dep't Connection	In yard by main entrance	Annual	8:53:33 AM	09/29/2023
Inspector's Test	2nd East room 234	Annual	8:50:03 AM	09/29/2023
Post Indicator Valve	Basement Center room 013	Annual	9:00:06 AM	09/29/2023
<b>Wet Pipe</b>				
Gauge	Basement Center room 013	Annual	9:00:40 AM	09/29/2023
Piping		Annual	8:53:39 AM	09/29/2023

# Wet Pipe Fire Sprinkler Systems

Generated by: *BuildingReports.com*

<b>Building: Lincoln regional center B 10</b>							
<p><i>This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.</i></p>							
<b>Devices</b>							
<b>Gauge</b>							
<b>Location</b>				<b>Service Date</b>			
Basement Center room 013				01/25/2023			
<b>Type</b>	<b>Manufacturer</b>	<b>Model #</b>	<b>Static psi</b>	<b>Fill Type</b>	<b>Size</b>	<b>OK</b>	<b>ScanID</b>
City Pressure			81	Air/Water	1/4	<input checked="" type="checkbox"/>	68040251
<b>Piping</b>							
<b>Location</b>	<b>Type</b>	<b>Size</b>	<b>Internal Date</b>				
	Steel	6"	01/25/2023				
<b>Hangers</b>	<b>Braces</b>	<b>Fittings</b>	<b>Identified</b>	<b>Antifreeze</b>	<b>ScanID</b>		
Normal	Normal	Cast Iron			68040250		

# Inventory & Warranty Report

Generated by: BuildingReports.com

**Building: Lincoln regional center B 10**

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

Device or Type	Category	% of Inventory	Quantity
Drain	Device	4.55%	1
Fire Dep't Connection	Hose	4.55%	1
Gauge	Device	4.55%	1
Inspector's Test	Valve	4.55%	1
Piping	Sprinkler	4.55%	1
Post Indicator Valve	Valve	4.55%	1
Supervisory Signal	Alarm	27.27%	6
Tamper Switch	Alarm	31.82%	7
Waterflow Switch	Alarm	13.64%	3

Device Type	Qty	Model #	Type	Description	Install Date
<b><i>In Service - 3 Years to 5 Years</i></b>					
Drain	1		Main		03/02/2020
Fire Dep't Connection	1		Freestanding		03/02/2020
Inspector's Test	1				03/02/2020
Post Indicator Valve	1		Ground		03/02/2020
Supervisory Signal	4				03/02/2020
Supervisory Signal	2		Pressure		03/02/2020
Tamper Switch	6		Control Valve	Supervisory	03/02/2020
Tamper Switch	1		OS&Y	Supervisory	03/02/2020
Waterflow Switch	3		Vane	Alarm	03/02/2020
<b><i>In Service - 15 Years to 25 Years</i></b>					
<b>Wet Pipe</b>					
Gauge	1		City Pressure		03/02/2008
Piping	1		Steel		03/02/2008

# Sprinkler Inspection Certificate

*For*

Lincoln regional center B 14  
801 west prospector  
Lincoln, Ne 68522

Tested to NFPA 25 Standards

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

*Semi-Annual Inspection*

*Inspection Date*

*Sep 29, 2023*

Building: Lincoln regional center B 14  
Contact: Kris Hoover  
Title: Maintance manager

Company: NIFCO Mechanical Systems  
Contact: Jerad Baxter  
Title: Inspector

# Executive Summary

Generated by: BuildingReports.com

Building Information			
<b>Building:</b> Lincoln regional center B 14	<b>Contact:</b> Kris Hoover		
<b>Address:</b> 801 west prospector	<b>Phone:</b> 479-5452		
<b>Address:</b>	<b>Fax:</b>		
<b>City/State/ZIP Code:</b> Lincoln, Ne 68522	<b>Mobile:</b>		
<b>Country:</b> United States of America	<b>Email:</b> kris.hoover@nebraska.gov		
Inspection Performed By			
<b>Company:</b> NIFCO Mechanical Systems	<b>Inspector:</b> Jerad Baxter		
<b>Address:</b> 500 Blue Heron Dr	<b>Phone:</b> 402-477-0666		
<b>Address:</b>	<b>Fax:</b>		
<b>City/State/ZIP Code:</b> Lincoln, NE 68522-1701	<b>Mobile:</b> 531-220-1709		
<b>Country:</b> United States of America	<b>Email:</b> jbxter@nifcomechanical.com		
System Control Unit			
System Type	System Location	Protected Area	Devices
Wet Pipe			4

Inspection Summary								
Category	Total Items		Serviced		Passed		Failed/Other	
	Qty	%	Qty	%	Qty	%	Qty	%
Alarm	25	75.76%	25	100.00%	25	100.00%	0	0.00%
Device	2	6.06%	2	100.00%	2	100.00%	0	0.00%
Hose	1	3.03%	1	100.00%	1	100.00%	0	0.00%
Sprinkler	1	3.03%	1	100.00%	1	100.00%	0	0.00%
Valve	4	12.12%	4	100.00%	4	100.00%	0	0.00%
<b>Totals</b>	<b>33</b>	<b>100%</b>	<b>33</b>	<b>100.00%</b>	<b>33</b>	<b>100.00%</b>	<b>0</b>	<b>0.00%</b>

### Certification

**Company:** NIFCO Mechanical Systems

**Building:** Lincoln regional center B 14

**Inspector:** Jerad Baxter

**Contact:** Kris Hoover

### Jerad Baxter Certifications

Certification Type	Number
NICET Inspection and Testing of Water-Based Systems Level I	
Nebraska Grade VI Water Operator	8699

# Inspection & Testing

Generated by: [BuildingReports.com](http://BuildingReports.com)

**Building: Lincoln regional center B 14**

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

Device Type	Location	Service	Time	Date
<b><i>Passed</i></b>				
Supervisory Signal	Basement Center Room 039	Tested	8:17:51 AM	09/29/2023
Supervisory Signal	Basement Center Room 039	Tested	8:18:37 AM	09/29/2023
Supervisory Signal	Basement Room 42	Tested	8:25:00 AM	09/29/2023
Supervisory Signal	Basement Room 42	Tested	8:25:09 AM	09/29/2023
Supervisory Signal	Basement Room 42	Tested	8:25:23 AM	09/29/2023
Supervisory Signal	Basement Room 42	Tested	8:25:35 AM	09/29/2023
Supervisory Signal	1st Center Room 135 above ceiling	Tested	8:15:52 AM	09/29/2023
Supervisory Signal	2nd Center Room 247 above ceiling	Tested	8:05:50 AM	09/29/2023
Supervisory Signal	3rd Center Room 340	Tested	8:00:05 AM	09/29/2023
Supervisory Signal	3rd Center Room 340	Tested	8:01:47 AM	09/29/2023
Supervisory Signal	Penthouse Elevator room	Tested	7:54:40 AM	09/29/2023
Tamper Switch	Basement Center Room 039	Annual	8:17:40 AM	09/29/2023
Tamper Switch	Basement Center Room 039	Annual	8:18:41 AM	09/29/2023
Tamper Switch	Basement Room 42	Annual	8:25:04 AM	09/29/2023
Tamper Switch	Basement Room 42	Annual	8:25:13 AM	09/29/2023
Tamper Switch	Basement Room 42	Annual	8:25:28 AM	09/29/2023
Tamper Switch	Basement Room 42	Annual	8:25:32 AM	09/29/2023
Tamper Switch	1st Center Room 135 above ceiling	Annual	8:15:58 AM	09/29/2023
Tamper Switch	3rd Center Room 340	Annual	7:59:59 AM	09/29/2023
Tamper Switch	3rd Center Room 340	Annual	8:01:40 AM	09/29/2023
Waterflow Switch	Basement Room 42	Annual	8:24:54 AM	09/29/2023
Waterflow Switch	1st Center Room 135 above ceiling	Annual	8:15:47 AM	09/29/2023
Waterflow Switch	3rd Center Room 340	Annual	8:02:05 AM	09/29/2023
Waterflow Switch	3rd Center Room 340	Annual	8:02:15 AM	09/29/2023
Drain	Basement Room 42	Annual	8:24:26 AM	09/29/2023
Check Valve	Basement Room 42	Annual	8:24:19 AM	09/29/2023
Control Valve	2nd Center Room 247 above ceiling	Annual	8:05:41 AM	09/29/2023
Control Valve	Penthouse Elevator room	Annual	7:54:59 AM	09/29/2023
Post Indicator Valve	Garden South In yard south of building	Annual	8:24:13 AM	09/29/2023
<b>Wet Pipe</b>				
Waterflow Switch	2nd Center Room 247 above ceiling	Annual	8:07:47 AM	09/29/2023
Gauge	Basement mech room	Annual	8:08:13 AM	09/29/2023
Fire Dep't Connection	Basement Room 42	Annual	8:25:18 AM	09/29/2023
Piping	Throughout building	Annual	8:08:07 AM	09/29/2023



# Wet Pipe Fire Sprinkler Systems

Generated by: *BuildingReports.com*

<b>Building: Lincoln regional center B 14</b>							
<p><i>This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.</i></p>							
<b>Alarms</b>							
<b>Waterflow Switch</b>							
Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID
Vane			53.4700 0	4	1	<input checked="" type="checkbox"/>	59342417
<b>Devices</b>							
<b>Fire Dep't Connection</b>							
Location	Type	BallDrip	Rotating Swivels	Size	OK	ScanID	
Basement Room 42	Wall	Yes	Yes	4"	<input checked="" type="checkbox"/>	59342433	
<b>Gauge</b>							
Location				Service Date			
Basement mech room				03/02/2020			
Type	Manufacturer	Model #	Static psi	Fill Type	Size	OK	ScanID
City Pressure	wika			Air/Water	1/4	<input checked="" type="checkbox"/>	68040253
<b>Piping</b>							
Location	Type	Size	Internal Date				
Throughout building	Steel	1"	01/25/2023				
Hangers	Braces	Fittings	Identified	Antifreeze	ScanID		
Normal	Normal	Cast Iron			68040252		

# Inventory & Warranty Report

Generated by: [BuildingReports.com](http://BuildingReports.com)

Building: Lincoln regional center B 14					
<p><i>The Inventory &amp; Warranty Report lists each of the devices and items that are included in your Inspection Report. A complete inventory count by device type and category is provided. Items installed within the last 90 days, within the last year, and devices installed for two years or more are grouped together for easy reference.</i></p>					
Device or Type	Category	% of Inventory	Quantity		
Check Valve	Valve	3.03%	1		
Control Valve	Valve	6.06%	2		
Drain	Device	3.03%	1		
Fire Dep't Connection	Hose	3.03%	1		
Gauge	Device	3.03%	1		
Piping	Sprinkler	3.03%	1		
Post Indicator Valve	Valve	3.03%	1		
Supervisory Signal	Alarm	33.33%	11		
Tamper Switch	Alarm	27.27%	9		
Waterflow Switch	Alarm	15.15%	5		
Device Type	Qty	Model #	Type	Description	Install Date
<i><b>In Service - 3 Years to 5 Years</b></i>					
Check Valve	1		Grooved		03/02/2020
Control Valve	2		Butterfly	Isolation	03/02/2020
Drain	1		Main		03/02/2020
Post Indicator Valve	1		Ground		03/02/2020
Supervisory Signal	11		Pressure		03/02/2020
Tamper Switch	9		Control Valve	Supervisory	03/02/2020
Waterflow Switch	4		Vane	Alarm	03/02/2020
<i><b>Wet Pipe</b></i>					
Fire Dep't Connection	1		Wall		03/02/2020
Waterflow Switch	1		Vane	Alarm	03/02/2020
Gauge	1		City Pressure		03/02/2020
<i><b>In Service - 25 Years or Older</b></i>					
<i><b>Wet Pipe</b></i>					
Piping	1		Steel		10/02/1982

# Zone Address Report

Generated by: BuildingReports.com

Building: Lincoln regional center B 14

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

Address	Device Type	Location	Type	ScanID
<b><i>Control Panel 1</i></b>				
<b>Zone/Address: 3rd floor</b>				
	Tamper Switch	3rd Center Room 340	Control Valve	59342421
	Waterflow Switch	3rd Center Room 340	Vane	59342422

# Fire Alarm Supplementary Form



**Location Code:** HOLOAIZ

**Contact:** Bevan flynn

**Contact Address:** Building 14 - 801 West Prospector Place  
Lincoln, NE 68522

**Phone:** (402) 479-5453

**Email:** Bevan.Flynn@nebraska.gov

**Property Evaluated:** Lincoln Regional Center - Building 14  
(Detention/Correctional)  
Building 14 - 801 West Prospector Place  
Lincoln, NE 68522

**Description:** Fire Alarm Supplement (EP3 INITIATING)

**Company:** Omaha Office

**Address:** 6775 South 118th Street  
Omaha, NE 68137

**Company Phone:** 402-592-8225

**Inspector:** Keith Allen Benne  
J13

**Date of Work:** 2/24/2023

**Frequency:** Semi-Annual

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## Deficiency Summary

There are no reported deficiencies for this submission

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## General Comments

There are no general comments for this submission



**Omaha Office**  
 6775 South 118th Street  
 Omaha, NE 68137  
 Phone: 402-592-8225

## Fire Alarm Supplementary Form

The work covered on this form is (select one):

Annual

Date of Work

2/24/2023

Account Information		
Facility Name: Lincoln Regional Center - Building 14	Property Type: Detention/Correctional	Location Code: HOLOAIZ
Service Address: Building 14 - 801 West Prospector Place, Lincoln, NE, 68522		
Owner: Bevan flynn	Owner's Phone: (402) 479-5453	
Owner's Address: Building 14 - 801 West Prospector Place, Lincoln, NE, 68522		

Legend				
AS - Abort Station	BATT - Batteries	CoD - Carbon Monoxide Detector	CM - Control Module	DA - Damper
DD - Duct Detector	DH - Door Holder	EL - Emergency/Exit Light	FACP - Fire Alarm Control Panel	HD - Heat Detector
HORN - Horns	H/S - Horn-Strobes	LA - Low Air	MM - Monitor Module (Ansul, temp, CO, etc)	
MR - Manual Release	Other	PR - Phase Reversal	PS - Pull Station	PWS - Power Supply
SC - Signal/Sounder Control	SD - Smoke Detector	SD-Ion - Ion Smoke Detector	SD-Photo - Photo Smoke Detector	SPKR - Speakers
S/S - Speaker-Strobes	STROBE - Strobes	TS - Tamper Switch	WF - Waterflow	

Type	Total	Tested	Not Tested	Passed	Failed
DD	2	2	0	2	0
PS	16	16	0	16	0
SD-Photo	167	167	0	167	0

Type	Total	Tested	Not Tested	Passed	Failed
HD	146	146	0	146	0
SD-Ion	1	1	0	1	0

Zone: EP3 PG 1

Zone: EP3 PG 1							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
SD-Photo	L1D32	BED RM 019		Semi-Annual	2/24/2023	Pass	
HD	L2D11	BREAK RM 139		Semi-Annual	2/24/2023	Pass	
HD	L1D27	BREAK RM		Semi-Annual	2/24/2023	Pass	
HD	L1D28	BREAK RM		Semi-Annual	2/24/2023	Pass	



**Omaha Office**  
 6775 South 118th Street  
 Omaha, NE 68137  
 Phone: 402-592-8225

Zone: EP3 PG 1							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
● SD-Photo	L2D2	CENTER CORRIDOR		Semi-Annual	2/24/2023	Pass	
● SD-Photo	L2D3	CENTER CORRIDOR		Semi-Annual	2/24/2023	Pass	
● SD-Photo	L2D4	CENTER CORRIDOR		Semi-Annual	2/24/2023	Pass	
● SD-Photo	L2D1	CHASE 134		Semi-Annual	2/24/2023	Pass	
☼ HD	L1D56	CHILLER RM 051A		Semi-Annual	2/24/2023	Pass	
☼ HD	L1D76	CONTRACTOR STORAGE		Semi-Annual	2/24/2023	Pass	
● SD-Photo	L1D23	CORRIDOR 017		Semi-Annual	2/24/2023	Pass	
● SD-Photo	L1D26	CORRIDOR 017		Semi-Annual	2/24/2023	Pass	
● SD-Photo	L1D29	CORRIDOR 017		Semi-Annual	2/24/2023	Pass	
● SD-Photo	L1D33	CORRIDOR 017		Semi-Annual	2/24/2023	Pass	
● SD-Photo	L1D17	CORRIDOR 028		Semi-Annual	2/24/2023	Pass	
● SD-Photo	L1D22	CORRIDOR 028		Semi-Annual	2/24/2023	Pass	
● SD-Photo	L1D8	CORRIDOR 033		Semi-Annual	2/24/2023	Pass	
● SD-Photo	L1D9	CORRIDOR 033		Semi-Annual	2/24/2023	Pass	
● SD-Photo	L1D4	CORRIDOR 036		Semi-Annual	2/24/2023	Pass	
● SD-Photo	L1D7	CORRIDOR 036		Semi-Annual	2/24/2023	Pass	
● SD-Photo	L1D42	CORRIDOR 36		Semi-Annual	2/24/2023	Pass	
● SD-Photo	L1D53	CORRIDOR 050		Semi-Annual	2/24/2023	Pass	
● SD-Photo	L1D57	CORRIDOR 050		Semi-Annual	2/24/2023	Pass	
● SD-Photo	L2D5	CORRIDOR 174		Semi-Annual	2/24/2023	Pass	
● SD-Photo	L2D10	CORRIDOR 174		Semi-Annual	2/24/2023	Pass	
☼ HD	L2D12	DINING HALL		Semi-Annual	2/24/2023	Pass	
☼ HD	L1D58	DRYER RM 052		Semi-Annual	2/24/2023	Pass	
☼ HD	L1D61	EAST GAME RM		Semi-Annual	2/24/2023	Pass	
☼ HD	L1D62	EAST GAME RM		Semi-Annual	2/24/2023	Pass	
☼ HD	L1D63	EAST GAME RM		Semi-Annual	2/24/2023	Pass	
☼ HD	L1D64	EAST GAME RM		Semi-Annual	2/24/2023	Pass	
☼ HD	L1D65	EAST GAME RM		Semi-Annual	2/24/2023	Pass	
☼ HD	L1D66	EAST GAME RM		Semi-Annual	2/24/2023	Pass	
☼ HD	L1D67	EAST GAME RM		Semi-Annual	2/24/2023	Pass	
☼ HD	L1D68	EAST GAME RM		Semi-Annual	2/24/2023	Pass	
☼ HD	L1D69	EAST GAME RM		Semi-Annual	2/24/2023	Pass	
● SD-Photo	L1D80	EAST STAIR HALL		Semi-Annual	2/24/2023	Pass	
● SD-Photo	L1D75	EAST STAIRS HALL		Semi-Annual	2/24/2023	Pass	
☼ HD	L1D50	EAST STORAGE 44		Semi-Annual	2/24/2023	Pass	
☼ HD	L1D38	ELEC RM 39		Semi-Annual	2/24/2023	Pass	



**Omaha Office**  
 6775 South 118th Street  
 Omaha, NE 68137  
 Phone: 402-592-8225

Zone: EP3 PG 1							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
● SD-Photo	L1D39	ELEC RM 39		Semi-Annual	2/24/2023	Pass	
● HD	L1D40	ELEV EQUIP RM		Semi-Annual	2/24/2023	Pass	
● SD-Photo	L1D41	ELEV EQUIP RM		Semi-Annual	2/24/2023	Pass	
● SD-Photo	L1D43	ELEV LOBBY 040		Semi-Annual	2/24/2023	Pass	
● HD	L1D85	ELEV PIT		Semi-Annual	2/24/2023	Pass	
● HD	L1D82	EXERCISE RM 062		Semi-Annual	2/24/2023	Pass	
● HD	L1D83	EXERCISE RM 062		Semi-Annual	2/24/2023	Pass	
● HD	L1D84	EXERCISE RM 062		Semi-Annual	2/24/2023	Pass	
● HD	L1D6	HOUSE KEEPING		Semi-Annual	2/24/2023	Pass	
● HD	L1D5	HOUSE KEEPING OFFICE		Semi-Annual	2/24/2023	Pass	
● HD	L2D6	KITCHEN 166		Semi-Annual	2/24/2023	Pass	
● HD	L2D7	KITCHEN 166		Semi-Annual	2/24/2023	Pass	
● HD	L2D8	KITCHEN 166		Semi-Annual	2/24/2023	Pass	
● HD	L2D9	KITCHEN 166		Semi-Annual	2/24/2023	Pass	
● HD	L1D54	LAUNDRY 048		Semi-Annual	2/24/2023	Pass	
● SD-Photo	L1D1	MAIN ELEC RM 038		Semi-Annual	2/24/2023	Pass	
● SD-Photo	L1D35	MAINT ENTRANCE		Semi-Annual	2/24/2023	Pass	
● SD-Photo	L1D36	MAINT ENTRANCE		Semi-Annual	2/24/2023	Pass	
● HD	L1D60	MAINT OFFICE 054		Semi-Annual	2/24/2023	Pass	
● HD	L1D37	MAINT PRINT RM		Semi-Annual	2/24/2023	Pass	
● HD	L1D78	MAINT STORAGE		Semi-Annual	2/24/2023	Pass	
● HD	L1D30	MECH CHASE		Semi-Annual	2/24/2023	Pass	
● HD	L1D31	MECH CHASE		Semi-Annual	2/24/2023	Pass	
● HD	L1D34	MECH EQUIP 018		Semi-Annual	2/24/2023	Pass	
○ DD	L1D24	MECH RM 015		Semi-Annual	2/24/2023	Pass	
● HD	L1D25	MECH RM 015		Semi-Annual	2/24/2023	Pass	
● HD	L1D48	MECH RM 42		Semi-Annual	2/24/2023	Pass	
● SD-Photo	L1D47	MECH RM 42		Semi-Annual	2/24/2023	Pass	
● HD	L1D46	MECH RM 45		Semi-Annual	2/24/2023	Pass	
● HD	L1D44	MECH RM 046		Semi-Annual	2/24/2023	Pass	
○ DD	L1D72	MECH RM 056B		Semi-Annual	2/24/2023	Pass	
● HD	L1D71	MECH RM 056B		Semi-Annual	2/24/2023	Pass	
● HD	L1D70	MINI GYM 056		Semi-Annual	2/24/2023	Pass	
● HD	L1D73	MINI GYM 056		Semi-Annual	2/24/2023	Pass	
● HD	L1D74	MINI GYM 056		Semi-Annual	2/24/2023	Pass	
● HD	L1D10	O.T. RM		Semi-Annual	2/24/2023	Pass	



**Omaha Office**  
 6775 South 118th Street  
 Omaha, NE 68137  
 Phone: 402-592-8225

**Zone: EP3 PG 1**

Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
HD	L1D11	O.T. RM		Semi-Annual	2/24/2023	Pass	
HD	L1D12	O.T. RM		Semi-Annual	2/24/2023	Pass	
HD	L1D16	O.T. RR		Semi-Annual	2/24/2023	Pass	
HD	L1D13	O.T. SMALL STORAGE		Semi-Annual	2/24/2023	Pass	
HD	L1D14	O.T. STORAGE RM		Semi-Annual	2/24/2023	Pass	
HD	L1D15	O.T. STORAGE RM		Semi-Annual	2/24/2023	Pass	
HD	L1D55	OPEN RM 049		Semi-Annual	2/24/2023	Pass	
HD	L1D21	PATIENT STORAGE 023		Semi-Annual	2/24/2023	Pass	
HD	L1D20	PATIENT STORAGE 24		Semi-Annual	2/24/2023	Pass	
HD	L1D81	RESTROOM 061		Semi-Annual	2/24/2023	Pass	
HD	L1D59	SEWING RM 051B		Semi-Annual	2/24/2023	Pass	
HD	L1D19	STORAGE 023		Semi-Annual	2/24/2023	Pass	
HD	L1D18	STORAGE 026		Semi-Annual	2/24/2023	Pass	
HD	L1D77	STORAGE 059		Semi-Annual	2/24/2023	Pass	
HD	L1D79	STORAGE 060		Semi-Annual	2/24/2023	Pass	
HD	L1D86	STREET LVL ENTRANCE		Semi-Annual	2/24/2023	Pass	
HD	L1D3	TELEPHONE EQUIP RM		Semi-Annual	2/24/2023	Pass	
SD-Photo	L1D2	TELEPHONE EQUIP RM		Semi-Annual	2/24/2023	Pass	
SD-Photo	L1D45	TUNNEL HALL		Semi-Annual	2/24/2023	Pass	
SD-Photo	L1D49	TUNNEL HALL		Semi-Annual	2/24/2023	Pass	
SD-Photo	L1D52	TUNNEL HALL		Semi-Annual	2/24/2023	Pass	
HD	L1D51	WEST STORAGE 043		Semi-Annual	2/24/2023	Pass	
HD	L2D13	WOMENS RR 171		Semi-Annual	2/24/2023	Pass	

**Zone: EP3 PG 2**

<b>Zone: EP3 PG 2</b>							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
SD-Photo	L2D96	ACTIVITIES 151		Semi-Annual	2/24/2023	Pass	
HD	L3D78	BREAK RM 247		Semi-Annual	2/24/2023	Pass	
SD-Photo	L2D85	CENTER CORRIDOR		Semi-Annual	2/24/2023	Pass	
SD-Photo	L2D87	CENTER CORRIDOR		Semi-Annual	2/24/2023	Pass	
SD-Photo	L2D89	CENTER CORRIDOR		Semi-Annual	2/24/2023	Pass	
SD-Photo	L2D91	CENTER CORRIDOR		Semi-Annual	2/24/2023	Pass	
SD-Photo	L3D49	CHART RM 274		Semi-Annual	2/24/2023	Pass	
HD	L2D90	CHASE 129		Semi-Annual	2/24/2023	Pass	





**Omaha Office**  
 6775 South 118th Street  
 Omaha, NE 68137  
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Zone: EP3 PG 2							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
● SD-Photo	L3D72	CLOSET		Semi-Annual	2/24/2023	Pass	
● SD-Photo	L2D118	CONF. 107		Semi-Annual	2/24/2023	Pass	
● SD-Photo	L2D117	CONF. 108		Semi-Annual	2/24/2023	Pass	
⚙ HD	L3D79	CONF. 242		Semi-Annual	2/24/2023	Pass	
● SD-Photo	L3D51	CONF. 277		Semi-Annual	2/24/2023	Pass	
● SD-Photo	L2D113	CORRIDOR 108A		Semi-Annual	2/24/2023	Pass	
● SD-Photo	L2D116	CORRIDOR 108A		Semi-Annual	2/24/2023	Pass	
● SD-Photo	L2D104	CORRIDOR 116		Semi-Annual	2/24/2023	Pass	
● SD-Photo	L2D105	CORRIDOR 116		Semi-Annual	2/24/2023	Pass	
● SD-Photo	L2D109	CORRIDOR 116		Semi-Annual	2/24/2023	Pass	
● SD-Photo	L2D111	CORRIDOR 116		Semi-Annual	2/24/2023	Pass	
● SD-Photo	L2D92	CORRIDOR 143		Semi-Annual	2/24/2023	Pass	
● SD-Photo	L2D95	CORRIDOR 143		Semi-Annual	2/24/2023	Pass	
● SD-Photo	L2D99	CORRIDOR 143		Semi-Annual	2/24/2023	Pass	
● SD-Photo	L2D100	CORRIDOR 143		Semi-Annual	2/24/2023	Pass	
● SD-Photo	L2D103	CORRIDOR 143		Semi-Annual	2/24/2023	Pass	
● SD-Photo	L2D17	CORRIDOR 174		Semi-Annual	2/24/2023	Pass	
● SD-Photo	L2D21	CORRIDOR 174		Semi-Annual	2/24/2023	Pass	
● SD-Photo	L2D22	CORRIDOR 174		Semi-Annual	2/24/2023	Pass	
● SD-Photo	L2D23	CORRIDOR 184		Semi-Annual	2/24/2023	Pass	
● SD-Photo	L2D26	CORRIDOR 184		Semi-Annual	2/24/2023	Pass	
● SD-Photo	L2D28	CORRIDOR 184		Semi-Annual	2/24/2023	Pass	
● SD-Photo	L2D29	CORRIDOR 184		Semi-Annual	2/24/2023	Pass	
● SD-Photo	L3D34	CORRIDOR 241		Semi-Annual	2/24/2023	Pass	
● SD-Photo	L3D35	CORRIDOR 241		Semi-Annual	2/24/2023	Pass	
● SD-Photo	L3D37	CORRIDOR 241		Semi-Annual	2/24/2023	Pass	
● SD-Photo	L3D40	CORRIDOR 241		Semi-Annual	2/24/2023	Pass	
● SD-Photo	L3D47	CORRIDOR 241		Semi-Annual	2/24/2023	Pass	
● SD-Photo	L3D59	CORRIDOR 241		Semi-Annual	2/24/2023	Pass	
● SD-Photo	L3D64	CORRIDOR 241		Semi-Annual	2/24/2023	Pass	
● SD-Photo	L3D66	CORRIDOR 241		Semi-Annual	2/24/2023	Pass	
● SD-Photo	L3D71	CORRIDOR 241		Semi-Annual	2/24/2023	Pass	
● SD-Photo	L3D77	CORRIDOR 241		Semi-Annual	2/24/2023	Pass	
● SD-Photo	L3D73	CORRIDOR 241B		Semi-Annual	2/24/2023	Pass	
● SD-Photo	L3D38	CORRIDOR 241G		Semi-Annual	2/24/2023	Pass	
● SD-Photo	L3D53	CORRIDOR 241M		Semi-Annual	2/24/2023	Pass	



**Omaha Office**  
 6775 South 118th Street  
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Zone: EP3 PG 2							
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● SD-Photo	L3D54	CORRIDOR 241M		Semi-Annual	2/24/2023	Pass	
● SD-Photo	L3D55	CORRIDOR 241M		Semi-Annual	2/24/2023	Pass	
● SD-Photo	L3D56	CORRIDOR 241M		Semi-Annual	2/24/2023	Pass	
● SD-Photo	L3D57	CORRIDOR 241M		Semi-Annual	2/24/2023	Pass	
● SD-Photo	L2D18	DAY HALL 175		Semi-Annual	2/24/2023	Pass	
● SD-Photo	L3D61	DAY RM 298		Semi-Annual	2/24/2023	Pass	
● SD-Photo	L3D62	DAY RM 298		Semi-Annual	2/24/2023	Pass	
● SD-Photo	L3D60	DAY RM 299		Semi-Annual	2/24/2023	Pass	
● SD-Photo	L3D42	DINING 272		Semi-Annual	2/24/2023	Pass	
● SD-Photo	L3D44	DINING 272		Semi-Annual	2/24/2023	Pass	
☀ HD	L2D16	DINING RM 168		Semi-Annual	2/24/2023	Pass	
☀ HD	L2D15	DINING RM 170		Semi-Annual	2/24/2023	Pass	
☀ HD	L3D36	ELEC. 165		Semi-Annual	2/24/2023	Pass	
● SD-Photo	L2D88	ELEV. LOBBY		Semi-Annual	2/24/2023	Pass	
● SD-Photo	L3D63	ELEV LOBBY		Semi-Annual	2/24/2023	Pass	
● SD-Photo	L3D48	EXAM 275		Semi-Annual	2/24/2023	Pass	
☀ HD	L3D69	IT 255		Semi-Annual	2/24/2023	Pass	
☀ HD	L3D67	IT 256		Semi-Annual	2/24/2023	Pass	
● SD-Photo	L2D31	JC 198		Semi-Annual	2/24/2023	Pass	
☀ HD	L3D39	KITCHEN 271		Semi-Annual	2/24/2023	Pass	
☀ HD	L2D119	LAUNDRY 104		Semi-Annual	2/24/2023	Pass	
☀ HD	L2D19	LAUNDRY 173A		Semi-Annual	2/24/2023	Pass	
☀ HD	L2D20	LAUNDRY 173B		Semi-Annual	2/24/2023	Pass	
☀ HD	L3D43	LAUNDRY 270		Semi-Annual	2/24/2023	Pass	
☀ HD	L2D108	LINEN 113		Semi-Annual	2/24/2023	Pass	
☀ HD	L3D65	LINEN CLOSET 257		Semi-Annual	2/24/2023	Pass	
● SD-Photo	L2D32	LOBBY 199		Semi-Annual	2/24/2023	Pass	
☀ HD	L2D110	LOUNGE 112		Semi-Annual	2/24/2023	Pass	
☀ HD	L2D27	LOUNGE 179		Semi-Annual	2/24/2023	Pass	
● SD-Photo	L3D52	MED RM 279		Semi-Annual	2/24/2023	Pass	
● SD-Photo	L2D33	MEETING RM 192		Semi-Annual	2/24/2023	Pass	
☀ HD	L2D94	MENS RR 152		Semi-Annual	2/24/2023	Pass	
☀ HD	L2D14	MENS RR 172		Semi-Annual	2/24/2023	Pass	
☀ HD	L3D75	MENS RR 251		Semi-Annual	2/24/2023	Pass	
● SD-Photo	L3D45	NURSES STATION 241		Semi-Annual	2/24/2023	Pass	
● SD-Photo	L3D50	PHYSICIAN 276		Semi-Annual	2/24/2023	Pass	



**Omaha Office**  
 6775 South 118th Street  
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Zone: EP3 PG 2							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
● SD-Photo	L3D70	PRINTER 252		Semi-Annual	2/24/2023	Pass	
● SD-Photo	L2D97	REC RM 149		Semi-Annual	2/24/2023	Pass	
● SD-Photo	L2D98	REC RM 149		Semi-Annual	2/24/2023	Pass	
● SD-Photo	L2D112	RELIGIOUS RM 109		Semi-Annual	2/24/2023	Pass	
☀ HD	L2D107	SHOWER 114		Semi-Annual	2/24/2023	Pass	
☀ HD	L2D106	SHOWER 115		Semi-Annual	2/24/2023	Pass	
☀ HD	L2D24	SHOWER 177		Semi-Annual	2/24/2023	Pass	
☀ HD	L2D25	SHOWER 178		Semi-Annual	2/24/2023	Pass	
☀ HD	L3D41	SHOWER 269		Semi-Annual	2/24/2023	Pass	
☀ HD	L3D46	STAFF RR 273		Semi-Annual	2/24/2023	Pass	
☀ HD	L2D114	STORAGE 102		Semi-Annual	2/24/2023	Pass	
☀ HD	L2D115	STORAGE 102		Semi-Annual	2/24/2023	Pass	
☀ HD	L2D101	STORAGE 147A		Semi-Annual	2/24/2023	Pass	
☀ HD	L2D102	STORAGE 147B		Semi-Annual	2/24/2023	Pass	
☀ HD	L3D68	STORAGE 254		Semi-Annual	2/24/2023	Pass	
☀ HD	L3D58	STORAGE 295		Semi-Annual	2/24/2023	Pass	
● SD-Photo	L3D76	VENDING 249		Semi-Annual	2/24/2023	Pass	
☀ HD	L2D93	WOMENS RR 153		Semi-Annual	2/24/2023	Pass	
☀ HD	L3D74	WOMENS RR 250		Semi-Annual	2/24/2023	Pass	

Zone: EP3 PG 3

Zone: EP3 PG 3							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
● SD-Photo	L4D4	BREAK RM 303		Semi-Annual	2/24/2023	Pass	
● SD-Photo	L4D5	BREAK RM 303		Semi-Annual	2/24/2023	Pass	
☀ HD	L4D22	BREAK RM 310		Semi-Annual	2/24/2023	Pass	
☀ HD	L3D95	CLOSET 225		Semi-Annual	2/24/2023	Pass	
● SD-Photo	L3D117	CONF. 208		Semi-Annual	2/24/2023	Pass	
● SD-Photo	L3D85	CONF. 240		Semi-Annual	2/24/2023	Pass	
● SD-Photo	L4D30	CONF. 316		Semi-Annual	2/24/2023	Pass	
● SD-Photo	L4D31	CONF. 316		Semi-Annual	2/24/2023	Pass	
● SD-Photo	L4D32	CONF. 316		Semi-Annual	2/24/2023	Pass	
● SD-Photo	L4D33	CONF. 316		Semi-Annual	2/24/2023	Pass	
● SD-Photo	L4D34	CONF. 316		Semi-Annual	2/24/2023	Pass	
● SD-Photo	L4D18	CONF. 324		Semi-Annual	2/24/2023	Pass	



**Omaha Office**  
 6775 South 118th Street  
 Omaha, NE 68137  
 Phone: 402-592-8225

Zone: EP3 PG 3							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
● SD-Photo	L4D26	CONF. 331		Semi-Annual	2/24/2023	Pass	
● SD-Photo	L3D108	CORRIDOR 201		Semi-Annual	2/24/2023	Pass	
● SD-Photo	L3D109	CORRIDOR 201		Semi-Annual	2/24/2023	Pass	
● SD-Photo	L3D80	CORRIDOR 241		Semi-Annual	2/24/2023	Pass	
● SD-Photo	L3D84	CORRIDOR 241		Semi-Annual	2/24/2023	Pass	
● SD-Photo	L3D86	CORRIDOR 241		Semi-Annual	2/24/2023	Pass	
● SD-Photo	L3D88	CORRIDOR 241		Semi-Annual	2/24/2023	Pass	
● SD-Photo	L3D93	CORRIDOR 241		Semi-Annual	2/24/2023	Pass	
● SD-Photo	L3D106	CORRIDOR 241		Semi-Annual	2/24/2023	Pass	
● SD-Photo	L4D2	CORRIDOR 308		Semi-Annual	2/24/2023	Pass	
● SD-Photo	L4D6	CORRIDOR 308		Semi-Annual	2/24/2023	Pass	
● SD-Photo	L4D8	CORRIDOR 308		Semi-Annual	2/24/2023	Pass	
● SD-Photo	L4D10	CORRIDOR 308		Semi-Annual	2/24/2023	Pass	
● SD-Photo	L4D13	CORRIDOR 308		Semi-Annual	2/24/2023	Pass	
● SD-Photo	L4D14	CORRIDOR 308		Semi-Annual	2/24/2023	Pass	
● SD-Photo	L4D15	CORRIDOR 308		Semi-Annual	2/24/2023	Pass	
● SD-Photo	L4D36	CORRIDOR 308		Semi-Annual	2/24/2023	Pass	
● SD-Photo	L4D17	CORRIDOR 317		Semi-Annual	2/24/2023	Pass	
● SD-Photo	L4D19	CORRIDOR 317		Semi-Annual	2/24/2023	Pass	
● SD-Photo	L4D21	CORRIDOR 317		Semi-Annual	2/24/2023	Pass	
● SD-Photo	L4D24	CORRIDOR 317		Semi-Annual	2/24/2023	Pass	
● SD-Photo	L4D25	CORRIDOR 317		Semi-Annual	2/24/2023	Pass	
● SD-Photo	L3D102	DAY RM 202		Semi-Annual	2/24/2023	Pass	
● SD-Photo	L3D105	DAY RM 202		Semi-Annual	2/24/2023	Pass	
⚙ HD	L3D96	DAY RM		Semi-Annual	2/24/2023	Pass	
● SD-Photo	L3D94	DAY RM		Semi-Annual	2/24/2023	Pass	
● SD-Photo	L3D100	DAY RM		Semi-Annual	2/24/2023	Pass	
● SD-Ion	L4D59	EAST CORR		Semi-Annual	2/24/2023	Pass	
● SD-Photo	L4D53	EAST CORR		Semi-Annual	2/24/2023	Pass	
● SD-Photo	L4D63	EAST CORR		Semi-Annual	2/24/2023	Pass	
⚙ HD	L3D110	ELEC 214		Semi-Annual	2/24/2023	Pass	
⚙ HD	L3D81	ELEC. 243		Semi-Annual	2/24/2023	Pass	
⚙ HD	L3D92	ELEC RM		Semi-Annual	2/24/2023	Pass	
● SD-Photo	L4D7	ELEV LOBBY		Semi-Annual	2/24/2023	Pass	
⚙ HD	L4D54	EMERG. PREP		Semi-Annual	2/24/2023	Pass	
⚙ HD	L3D111	JC 206		Semi-Annual	2/24/2023	Pass	



**Omaha Office**  
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 Phone: 402-592-8225

**Zone: EP3 PG 3**

Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
HD	L3D104	KITCHEN 217		Semi-Annual	2/24/2023	Pass	
HD	L3D107	LINEN CLOSET 204		Semi-Annual	2/24/2023	Pass	
SD-Photo	L3D115	LIVING 207		Semi-Annual	2/24/2023	Pass	
SD-Photo	L3D116	LIVING 207		Semi-Annual	2/24/2023	Pass	
SD-Photo	L3D118	LIVING 207		Semi-Annual	2/24/2023	Pass	
HD	L4D58	MED RECORDS		Semi-Annual	2/24/2023	Pass	
HD	L4D62	MED RECORDS		Semi-Annual	2/24/2023	Pass	
SD-Photo	L3D87	MED RM 233		Semi-Annual	2/24/2023	Pass	
HD	L3D89	MENS RR 231		Semi-Annual	2/24/2023	Pass	
HD	L4D11	MENS RR 335		Semi-Annual	2/24/2023	Pass	
HD	L4D28	MENS RR 337		Semi-Annual	2/24/2023	Pass	
SD-Photo	L3D91	OBSERVATION 230		Semi-Annual	2/24/2023	Pass	
HD	L3D103	PANTRY 218		Semi-Annual	2/24/2023	Pass	
HD	L4D1	RECORDS 333		Semi-Annual	2/24/2023	Pass	
HD	L4D57	RECORDS 348		Semi-Annual	2/24/2023	Pass	
HD	L4D42	RECORDS STORAGE		Semi-Annual	2/24/2023	Pass	
HD	L3D114	RR 211		Semi-Annual	2/24/2023	Pass	
SD-Photo	L3D82	RT FITNESS		Semi-Annual	2/24/2023	Pass	
SD-Photo	L3D83	RT FITNESS		Semi-Annual	2/24/2023	Pass	
HD	L3D112	SHOWER 213		Semi-Annual	2/24/2023	Pass	
HD	L3D98	SHOWER 228		Semi-Annual	2/24/2023	Pass	
SD-Photo	L4D9	STAFFING OFFICE 304		Semi-Annual	2/24/2023	Pass	
SD-Photo	L4D3	STAIRWELL		Semi-Annual	2/24/2023	Pass	
SD-Photo	L4D27	STAIRWELL		Semi-Annual	2/24/2023	Pass	
HD	L4D20	STORAGE 318		Semi-Annual	2/24/2023	Pass	
SD-Photo	L4D35	STORAGE 334		Semi-Annual	2/24/2023	Pass	
SD-Photo	L4D43	STORAGE 334		Semi-Annual	2/24/2023	Pass	
SD-Photo	L4D44	STORAGE 334		Semi-Annual	2/24/2023	Pass	
SD-Photo	L4D45	STORAGE 334		Semi-Annual	2/24/2023	Pass	
SD-Photo	L4D46	STORAGE 334		Semi-Annual	2/24/2023	Pass	
SD-Photo	L4D40	STORAGE 335		Semi-Annual	2/24/2023	Pass	
HD	L4D41	STORAGE 336		Semi-Annual	2/24/2023	Pass	
HD	L4D37	STORAGE 339		Semi-Annual	2/24/2023	Pass	
HD	L4D38	STORAGE 339		Semi-Annual	2/24/2023	Pass	
SD-Photo	L4D47	STORAGE 343		Semi-Annual	2/24/2023	Pass	
SD-Photo	L4D48	STORAGE 343		Semi-Annual	2/24/2023	Pass	



**Omaha Office**  
 6775 South 118th Street  
 Omaha, NE 68137  
 Phone: 402-592-8225

**Zone: EP3 PG 3**

Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
● SD-Photo	L4D49	STORAGE 343		Semi-Annual	2/24/2023	Pass	
● SD-Photo	L4D50	STORAGE 343		Semi-Annual	2/24/2023	Pass	
● SD-Photo	L4D51	STORAGE 343		Semi-Annual	2/24/2023	Pass	
● SD-Photo	L4D52	STORAGE 343		Semi-Annual	2/24/2023	Pass	
☀ HD	L4D55	STORAGE 346		Semi-Annual	2/24/2023	Pass	
☀ HD	L4D60	STORAGE 352		Semi-Annual	2/24/2023	Pass	
☀ HD	L4D61	STORAGE 352		Semi-Annual	2/24/2023	Pass	
☀ HD	L3D97	STORAGE		Semi-Annual	2/24/2023	Pass	
☀ HD	L3D99	STORAGE		Semi-Annual	2/24/2023	Pass	
● SD-Photo	L4D23	TRAINING 327		Semi-Annual	2/24/2023	Pass	
● SD-Photo	L4D16	TRAINING RM 306		Semi-Annual	2/24/2023	Pass	
☀ HD	L3D113	WASHER/DRYER 212		Semi-Annual	2/24/2023	Pass	
☀ HD	L3D90	WOMENS RR 232		Semi-Annual	2/24/2023	Pass	
☀ HD	L4D12	WOMENS RR 334		Semi-Annual	2/24/2023	Pass	
☀ HD	L4D29	WOMENS RR 337		Semi-Annual	2/24/2023	Pass	

**Zone: EP3 PG 4**

<b>Zone: EP3 PG 4</b>							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
☐ PS	L3M18	2ND FLR CENTER		Semi-Annual	2/24/2023	Pass	
☐ PS	L3M22	2ND FLR NURSE		Semi-Annual	2/24/2023	Pass	
☐ PS	L3M26	2ND FLR OBSEVRATION		Semi-Annual	2/24/2023	Pass	
☐ PS	L4M11	3RD FLR EAST STAIRS		Semi-Annual	2/24/2023	Pass	
☐ PS	L4M13	3RD FLR EAST STAIRS		Semi-Annual	2/24/2023	Pass	
☐ PS	L4M5	3RD FLR WEST		Semi-Annual	2/24/2023	Pass	
☐ PS	L4M15	4TH FLR		Semi-Annual	2/24/2023	Pass	
☐ PS	L1M5	CORR 036		Semi-Annual	2/24/2023	Pass	
☐ PS	L1M12	CORRIDOR 17		Semi-Annual	2/24/2023	Pass	
☐ PS	L4M1	CORRIDOR 306		Semi-Annual	2/24/2023	Pass	
☐ PS	L1M2	CORRIDOR EAST STREET		Semi-Annual	2/24/2023	Pass	
● SD-Photo	L4D68	EAST CORR		Semi-Annual	2/24/2023	Pass	
☐ PS	L2M5	EAST PULL		Semi-Annual	2/24/2023	Pass	
● SD-Photo	L4D81	ELEV SHAFT		Semi-Annual	2/24/2023	Pass	
☐ PS	L1M1	EXERCISE RM		Semi-Annual	2/24/2023	Pass	
☐ PS	L1M14	MAINT ENTRY		Semi-Annual	2/24/2023	Pass	



**Omaha Office**  
 6775 South 118th Street  
 Omaha, NE 68137  
 Phone: 402-592-8225

Zone: EP3 PG 4							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
HD	L4D69	MAINT STORAGE 355		Semi-Annual	2/24/2023	Pass	
HD	L4D70	OFFICE STORAGE 356		Semi-Annual	2/24/2023	Pass	
HD	L4D71	OFFICE STORAGE		Semi-Annual	2/24/2023	Pass	
HD	L4D72	OFFICE STORAGE		Semi-Annual	2/24/2023	Pass	
HD	L4D82	PENTHOUSE		Semi-Annual	2/24/2023	Pass	
SD-Photo	L4D83	PENTHOUSE		Semi-Annual	2/24/2023	Pass	
SD-Photo	L4D66	STAIRWELL		Semi-Annual	2/24/2023	Pass	
SD-Photo	L4D77	STAIRWELL		Semi-Annual	2/24/2023	Pass	
PS	L1M13	STAIRWELL WEST		Semi-Annual	2/24/2023	Pass	
HD	L4D67	STORAGE 352		Semi-Annual	2/24/2023	Pass	
HD	L4D64	STORAGE 353		Semi-Annual	2/24/2023	Pass	
HD	L4D65	STORAGE 353		Semi-Annual	2/24/2023	Pass	
HD	L4D73	STORAGE 404		Semi-Annual	2/24/2023	Pass	
HD	L4D74	STORAGE		Semi-Annual	2/24/2023	Pass	
HD	L4D75	STORAGE		Semi-Annual	2/24/2023	Pass	
HD	L4D76	STORAGE		Semi-Annual	2/24/2023	Pass	
HD	L4D79	STORAGE		Semi-Annual	2/24/2023	Pass	
SD-Photo	L4D78	STORAGE		Semi-Annual	2/24/2023	Pass	
PS	L2M42	WEST PULL		Semi-Annual	2/24/2023	Pass	

**Comments**

Any deficiencies or other problems found with the devices must be explained using the comment specific for each device. Additional comments can be added here.  
 Please see the summary section at the top of the form for the comments.

**Inspector's Information**

Inspected By  
 Inspector License:

Keith Allen Benne  
 J13

I state that the information on this form is correct at the time and place of my inspection, and that all equipment tested at this time was left in operating condition upon completion of this inspection except as noted in the *Comments*.

Signature of Inspector

2/24/2023

Date  
**Owner or Owner's Representative**

Owner or Owner's Representative Name  
 Owner or Owner's Representative Signature

No Signature Available

Date

2/24/2023

# Fire Alarm Supplementary Form



**Location Code:** HOLOAIZ

**Contact:** Bevan flynn

**Contact Address:** Building 14 - 801 West Prospector Place  
Lincoln, NE 68522

**Phone:** (402) 479-5453

**Email:** Bevan.Flynn@nebraska.gov

**Property Evaluated:** Lincoln Regional Center - Building 14  
(Detention/Correctional)  
Building 14 - 801 West Prospector Place  
Lincoln, NE 68522

**Description:** Fire Alarm Supplement (EP4 NOTIFICATION)

**Company:** Omaha Office

**Address:** 6775 South 118th Street  
Omaha, NE 68137

**Company Phone:** 402-592-8225

**Inspector:** Keith Allen Benne  
J13

**Date of Work:** 2/24/2023

**Frequency:** Semi-Annual

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## Deficiency Summary

There are no reported deficiencies for this submission

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## General Comments

There are no general comments for this submission





**Omaha Office**  
 6775 South 118th Street  
 Omaha, NE 68137  
 Phone: 402-592-8225

## Fire Alarm Supplementary Form

The work covered on this form is (select one):

Annual

Date of Work

2/24/2023

Account Information		
Facility Name: Lincoln Regional Center - Building 14	Property Type: Detention/Correctional	Location Code: HOLOAIZ
Service Address: Building 14 - 801 West Prospector Place, Lincoln, NE, 68522		
Owner: Bevan flynn	Owner's Phone: (402) 479-5453	
Owner's Address: Building 14 - 801 West Prospector Place, Lincoln, NE, 68522		

Legend				
AS - Abort Station	BATT - Batteries	CoD - Carbon Monoxide Detector	CM - Control Module	DA - Damper
DD - Duct Detector	DH - Door Holder	EL - Emergency/Exit Light	FACP - Fire Alarm Control Panel	HD - Heat Detector
HORN - Horns	H/S - Horn-Strobes	LA - Low Air	MM - Monitor Module (Ansul, temp, CO, etc)	
MR - Manual Release	Other	PR - Phase Reversal	PS - Pull Station	PWS - Power Supply
SC - Signal/Sounder Control	SD - Smoke Detector	SD-Ion - Ion Smoke Detector	SD-Photo - Photo Smoke Detector	SPKR - Speakers
S/S - Speaker-Strobes	STROBE - Strobes	TS - Tamper Switch	WF - Waterflow	

Type	Total	Tested	Not Tested	Passed	Failed
■ S/S	5	5	0	5	0

Type	Total	Tested	Not Tested	Passed	Failed

Zone: EP4

Zone: EP4							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
■ S/S	ALL SPEAKERS AND STROBES	1ST FLR		Semi-Annual	2/24/2023	Pass	
■ S/S	ALL SPEAKERS AND STROBES	2ND FLR		Semi-Annual	2/24/2023	Pass	



**Omaha Office**  
 6775 South 118th Street  
 Omaha, NE 68137  
 Phone: 402-592-8225

Zone: EP4							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
■ S/S	ALL SPEAKERS AND STROBES	3RD FLR		Semi-Annual	2/24/2023	Pass	
■ S/S	ALL SPEAKERS AND STROBES	4TH FLR AND PENTHOUSE		Semi-Annual	2/24/2023	Pass	
■ S/S	ALL SPEAKERS AND STROBES	BSMT		Semi-Annual	2/24/2023	Pass	

**Comments**

Any deficiencies or other problems found with the devices must be explained using the comment specific for each device. Additional comments can be added here.

Please see the summary section at the top of the form for the comments.

**Inspector's Information**

Inspected By

Inspector License:

I state that the information on this form is correct at the time and place of my inspection, and that all equipment tested at this time was left in operating condition upon completion of this inspection except as noted in the *Comments*.

Signature of Inspector

Date

**Owner or Owner's Representative**

Owner or Owner's Representative Name

Owner or Owner's Representative Signature

Date

Keith Allen Benne

J13

2/24/2023

No Signature Available

2/24/2023

# Fire Alarm Supplementary Form



**Location Code:** HOLOAIZ

**Contact:** Bevan flynn

**Contact Address:** Building 14 - 801 West Prospector Place  
Lincoln, NE 68522

**Phone:** (402) 479-5453

**Email:** Bevan.Flynn@nebraska.gov

**Property Evaluated:** Lincoln Regional Center - Building 14  
(Detention/Correctional)  
Building 14 - 801 West Prospector Place  
Lincoln, NE 68522

**Description:** Fire Alarm Supplement (EP5 EQUIPMENT)

**Company:** Omaha Office

**Address:** 6775 South 118th Street  
Omaha, NE 68137

**Company Phone:** 402-592-8225

**Inspector:** Keith Allen Benne  
J13

**Date of Work:** 2/24/2023

**Frequency:** Semi-Annual

---

## Deficiency Summary

There are no reported deficiencies for this submission

---

## General Comments

There are no general comments for this submission



**Omaha Office**  
 6775 South 118th Street  
 Omaha, NE 68137  
 Phone: 402-592-8225

## Fire Alarm Supplementary Form

The work covered on this form is (select one):

Annual

Date of Work

2/24/2023

Account Information		
Facility Name: Lincoln Regional Center - Building 14	Property Type: Detention/Correctional	Location Code: HOLOAIZ
Service Address: Building 14 - 801 West Prospector Place, Lincoln, NE, 68522		
Owner: Bevan flynn	Owner's Phone: (402) 479-5453	
Owner's Address: Building 14 - 801 West Prospector Place, Lincoln, NE, 68522		

Legend				
AS - Abort Station	BATT - Batteries	CoD - Carbon Monoxide Detector	CM - Control Module	DA - Damper
DD - Duct Detector	DH - Door Holder	EL - Emergency/Exit Light	FACP - Fire Alarm Control Panel	HD - Heat Detector
HORN - Horns	H/S - Horn-Strobes	LA - Low Air	MM - Monitor Module (Ansul, temp, CO, etc)	
MR - Manual Release	Other	PR - Phase Reversal	PS - Pull Station	PWS - Power Supply
SC - Signal/Sounder Control	SD - Smoke Detector	SD-Ion - Ion Smoke Detector	SD-Photo - Photo Smoke Detector	SPKR - Speakers
S/S - Speaker-Strobes	STROBE - Strobes	TS - Tamper Switch	WF - Waterflow	

Type	Total	Tested	Not Tested	Passed	Failed
<input checked="" type="checkbox"/> AMPLIFIER	8	8	0	8	0
<input checked="" type="checkbox"/> DVC/KD	1	1	0	1	0
<input checked="" type="checkbox"/> LCD-160,,ACM,REM MIC	1	1	0	1	0
<input checked="" type="checkbox"/> PWS PWS	6	6	0	6	0

Type	Total	Tested	Not Tested	Passed	Failed
<input checked="" type="checkbox"/> BATT	7	7	0	7	0
<input checked="" type="checkbox"/> FACP FACP	1	1	0	1	0
<input checked="" type="checkbox"/> LCD-160,ACM,REM MIC	8	8	0	8	0

Zone: EP5

Zone: EP5							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
<input checked="" type="checkbox"/> LCD-160,ACM,RE M MIC	3	1ST FLR CENTER		Semi-Annual	2/24/2023	Pass	



**Omaha Office**  
 6775 South 118th Street  
 Omaha, NE 68137  
 Phone: 402-592-8225

Zone: EP5							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
LCD-160,ACM,RE M MIC	4	1ST FLR EAST		Semi-Annual	2/24/2023	Pass	
PWS	PWS 2	1ST FLR STROBES		Semi-Annual	2/24/2023	Pass	
LCD-160,ACM,RE M MIC	5	1ST FLR WEST		Semi-Annual	2/24/2023	Pass	
LCD-160,ACM,RE M MIC	6	2ND FLR CENTER		Semi-Annual	2/24/2023	Pass	
LCD-160,ACM,RE M MIC	7	2ND FLR EAST		Semi-Annual	2/24/2023	Pass	
AMPLIFIER	AMP 4	2ND FLR ELEC.		Semi-Annual	2/24/2023	Pass	
AMPLIFIER	AMP 5	2ND FLR ELEC.		Semi-Annual	2/24/2023	Pass	
AMPLIFIER	AMP 6	2ND FLR ELEC.		Semi-Annual	2/24/2023	Pass	
AMPLIFIER	AMP 2	2ND FLR ELECTRICAL		Semi-Annual	2/24/2023	Pass	
AMPLIFIER	AMP3	2ND FLR ELECTRICAL		Semi-Annual	2/24/2023	Pass	
BATT	PWS 3	2ND FLR STROBES	12V 8 AMP X 2	Semi-Annual	2/24/2023	Pass	
PWS	PWS 3	2ND FLR STROBES		Semi-Annual	2/24/2023	Pass	
LCD-160,ACM,RE M MIC	8	2ND FLR WEST		Semi-Annual	2/24/2023	Pass	
BATT	PWS 4	3RD FLR	12V 8 AMP X 2	Semi-Annual	2/24/2023	Pass	
BATT	PWS 5	3RD FLR	12V 8 AMP X 2	Semi-Annual	2/24/2023	Pass	
PWS	PWS 4	3RD FLR		Semi-Annual	2/24/2023	Pass	
PWS	PWS 5	3RD FLR		Semi-Annual	2/24/2023	Pass	
LCD-160,ACM,RE M MIC	9	3RD FLR CENTER		Semi-Annual	2/24/2023	Pass	
AMPLIFIER	AMP 7	3RD FLR STORAGE		Semi-Annual	2/24/2023	Pass	
AMPLIFIER	AMP 8	3RD FLR STORAGE		Semi-Annual	2/24/2023	Pass	
BATT	AMP 7-8	3RD FLR STORAGE	12V 26AMP X 2	Semi-Annual	2/24/2023	Pass	
BATT	PWS 1	BSMT ELECTRICAL	12V 8 AMP X 2	Semi-Annual	2/24/2023	Pass	
FACP	NFS2-3030	BSMT ELECTRICAL		Semi-Annual	2/24/2023	Pass	



**Omaha Office**  
 6775 South 118th Street  
 Omaha, NE 68137  
 Phone: 402-592-8225

Zone: EP5							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
PWS	PWS 1	BSMT ELECTRICAL		Semi-Annual	2/24/2023	Pass	
AMPLIFIER	AMP 1	FACP		Semi-Annual	2/24/2023	Pass	
BATT	12V 55 AMP X 2	FACP		Semi-Annual	2/24/2023	Pass	
DVC/KD	DVC	FACP		Semi-Annual	2/24/2023	Pass	
PWS	AMPS24	FACP		Semi-Annual	2/24/2023	Pass	
LCD-160,ACM,RE M MIC	1	MAINTENANCE ENTRANCE	BSMT	Semi-Annual	2/24/2023	Pass	
BATT	PWS 2	PWS 2	12V 8 AMP X 2	Semi-Annual	2/24/2023	Pass	
LCD-160,ACM,RE M MIC	2	STREET LEVEL ENTRANCE		Semi-Annual	2/24/2023	Pass	

**Comments**

Any deficiencies or other problems found with the devices must be explained using the comment specific for each device. Additional comments can be added here.  
 Please see the summary section at the top of the form for the comments.

**Inspector's Information**

Inspected By

Inspector License:

I state that the information on this form is correct at the time and place of my inspection, and that all equipment tested at this time was left in operating condition upon completion of this inspection except as noted in the *Comments*.

Signature of Inspector

Date

**Owner or Owner's Representative**

Owner or Owner's Representative Name

Owner or Owner's Representative Signature

Date

Keith Allen Benne

J13

2/24/2023

No Signature Available

2/24/2023

# Fire Alarm Supplementary Form



**Location Code:** HOLOAIZ

**Contact:** Bevan flynn

**Contact Address:** Building 14 - 801 West Prospector Place  
Lincoln, NE 68522

**Phone:** (402) 479-5453

**Email:** Bevan.Flynn@nebraska.gov

**Property Evaluated:** Lincoln Regional Center - Building 14  
(Detention/Correctional)  
Building 14 - 801 West Prospector Place  
Lincoln, NE 68522

**Description:** Fire Alarm Supplement (EP19 SHUTDOWN)

**Company:** Omaha Office

**Address:** 6775 South 118th Street  
Omaha, NE 68137

**Company Phone:** 402-592-8225

**Inspector:** Keith Allen Benne  
J13

**Date of Work:** 2/24/2023

**Frequency:** Semi-Annual

---

## Deficiency Summary

There are no reported deficiencies for this submission

---

## General Comments

There are no general comments for this submission



**Omaha Office**  
 6775 South 118th Street  
 Omaha, NE 68137  
 Phone: 402-592-8225

## Fire Alarm Supplementary Form

The work covered on this form is (select one):

Annual

Date of Work

2/24/2023

Account Information		
Facility Name: Lincoln Regional Center - Building 14	Property Type: Detention/Correctional	Location Code: HOLOAIZ
Service Address: Building 14 - 801 West Prospector Place, Lincoln, NE, 68522		
Owner: Bevan flynn	Owner's Phone: (402) 479-5453	
Owner's Address: Building 14 - 801 West Prospector Place, Lincoln, NE, 68522		

Legend				
AS - Abort Station	BATT - Batteries	CoD - Carbon Monoxide Detector	CM - Control Module	DA - Damper
DD - Duct Detector	DH - Door Holder	EL - Emergency/Exit Light	FACP - Fire Alarm Control Panel	HD - Heat Detector
HORN - Horns	H/S - Horn-Strobes	LA - Low Air	MM - Monitor Module (Ansul, temp, CO, etc)	
MR - Manual Release	Other	PR - Phase Reversal	PS - Pull Station	PWS - Power Supply
SC - Signal/Sounder Control	SD - Smoke Detector	SD-Ion - Ion Smoke Detector	SD-Photo - Photo Smoke Detector	SPKR - Speakers
S/S - Speaker-Strobes	STROBE - Strobes	TS - Tamper Switch	WF - Waterflow	

Type	Total	Tested	Not Tested	Passed	Failed
↗ Relay Module	15	15	0	15	0

Type	Total	Tested	Not Tested	Passed	Failed

Zone: EP19

Zone: EP19							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
↗ Relay Module	L4M12	3RD FLR MAG HOLDS		Semi-Annual	2/24/2023	Pass	
↗ Relay Module	L1M24	AHU 1 MECH 015		Semi-Annual	2/24/2023	Pass	
↗ Relay Module	L1M25	AHU 2 MECH 056B		Semi-Annual	2/24/2023	Pass	
↗ Relay Module	L1M26	DAMPER GAME RM		Semi-Annual	2/24/2023	Pass	





**Omaha Office**  
 6775 South 118th Street  
 Omaha, NE 68137  
 Phone: 402-592-8225

Zone: EP19							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
✔ Relay Module	L1M28	DAMPER HALL 028		Semi-Annual	2/24/2023	Pass	
✔ Relay Module	L1M16	DAMPER MECH 045		Semi-Annual	2/24/2023	Pass	
✔ Relay Module	L4M10	EAST DAMPERS		Semi-Annual	2/24/2023	Pass	
✔ Relay Module	L2M8	EAST SIDE DAMPERS		Semi-Annual	2/24/2023	Pass	
✔ Relay Module	L1M30	ELEV MECH	PRIMARY RECALL	Semi-Annual	2/24/2023	Pass	
✔ Relay Module	L1M31	ELEV MECH	ALTERNATE RECALL	Semi-Annual	2/24/2023	Pass	
✔ Relay Module	L1M32	ELEV MECH	FLASH HAT	Semi-Annual	2/24/2023	Pass	
✔ Relay Module	L1M33	ELEV MECH	SHUNT TRIP	Semi-Annual	2/24/2023	Pass	
✔ Relay Module	L1M95	TELEPHONE EQUIP	SECURITY DOORS	Semi-Annual	2/24/2023	Pass	
✔ Relay Module	L4M14	WEST DAMPERS		Semi-Annual	2/24/2023	Pass	
✔ Relay Module	L2M7	WEST SIDE DAMPERS		Semi-Annual	2/24/2023	Pass	

**Comments**

Any deficiencies or other problems found with the devices must be explained using the comment specific for each device. Additional comments can be added here.

Please see the summary section at the top of the form for the comments.

**Inspector's Information**

Inspected By

Keith Allen Benne

Inspector License:

J13

I state that the information on this form is correct at the time and place of my inspection, and that all equipment tested at this time was left in operating condition upon completion of this inspection except as noted in the *Comments*.

Signature of Inspector

Date

2/24/2023

**Owner or Owner's Representative**

Owner or Owner's Representative Name

Owner or Owner's Representative Signature

No Signature Available

Date

2/24/2023

# Form for Inspection, Testing and Maintenance of Fire Alarms and Signaling Systems



**Location Code:** HOLOAIZ

**Contact:** Bevan Flynn

**Contact Address:** Building 14 - 801 West Prospector Place  
Lincoln, NE 68522

**Phone:** (402) 479-5453

**Email:** Bevan.Flynn@nebraska.gov

**Property Evaluated:** Lincoln Regional Center - Building 14  
(Detention/Correctional)  
Building 14 - 801 West Prospector Place  
Lincoln, NE 68522

**Description:** Fire Alarm (FORM)

**Company:** Omaha Office

**Address:** 6775 South 118th Street  
Omaha, NE 68137

**Company Phone:** 402-592-8225

**Inspector:** Keith Allen Benne  
J13

**Date of Work:** 2/24/2023

**Frequency:** Annual

---

## Deficiency Summary

Please refer to the Deficiency Summary located on applicable Fire Alarm Supplementary Forms for additional deficiency details.

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## General Comments

There are no general comments for this submission



**Omaha Office**  
 6775 South 118th Street  
 Omaha, NE 68137  
 Phone: 402-592-8225

## Form for Inspection, Testing and Maintenance of Fire Alarms and Signaling Systems

Separate forms are available for inspection, testing, and maintenance of the rest of the fire protection system of which the fire alarms and signaling systems are a part. More frequent inspection, testing, and maintenance may be necessary depending on the conditions of the occupancy and the water supply.

Notes:

1. All questions are to be answered *Yes, No, or Not Applicable*. All "No" answers are to be explained in the *Comments* for this form.
2. Refer to NFPA-72 for specific inspection frequency requirements for the different components.

The work covered on this form is (select one): \_\_\_\_\_ Annual

Date of Work \_\_\_\_\_ 2/24/2023

All responses refer to the current work (inspection, testing and maintenance) performed on this date.

### 1. Property Information

Owner: \_\_\_\_\_

Bevan flynn

Owner's Phone Number: \_\_\_\_\_

(402) 479-5453

Owner's Address: \_\_\_\_\_

Building 14 - 801 West Prospector Place, Lincoln, NE, 68522

Property Being Evaluated: \_\_\_\_\_

Lincoln Regional Center - Building 14 (Detention/Correctional)

Property Address: \_\_\_\_\_

Building 14 - 801 West Prospector Place, Lincoln, NE, 68522

Assembly Description: \_\_\_\_\_

Fire Alarm (FORM)

### 2. Owner's Section

A. Are the fire alarms and signaling systems in service?  Yes  No

B. Have fire alarms and signaling systems remained in service since the last inspection?  Yes  No

C. Was the system (of which the fire alarm and signaling systems are a part) free of actuation of devices or alarms since the last inspection?  Yes  No

D. The required record documents are available and include the current revisions of all fire alarm software and the revisions of software of any systems with which the fire alarm software interfaces?  Yes  No

### 3. Monitoring Information

Monitoring organization: \_\_\_\_\_ PERMAR

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Account number: \_\_\_\_\_

Phone line 1: \_\_\_\_\_

Phone line 2: \_\_\_\_\_

Means of transmission: \_\_\_\_\_ POTS

Entity to which alarms are retransmitted: \_\_\_\_\_

Phone: \_\_\_\_\_

### 4. System Information

4.1 Control Unit: \_\_\_\_\_

Manufacturer: \_\_\_\_\_ NOTIFIER

Model number: \_\_\_\_\_ NFS2-3030

4.2 Software and Firmware Revision number: \_\_\_\_\_ 26

4.3 System Power: \_\_\_\_\_

4.3.1 Primary (Main) Power: \_\_\_\_\_

Nominal voltage: \_\_\_\_\_ 120VAC

Amps: \_\_\_\_\_ NA

Location: \_\_\_\_\_ BSMT ELECTRICAL

Overcurrent protection type: \_\_\_\_\_ BREAKER

Amps: \_\_\_\_\_ NA

Disconnecting means location: \_\_\_\_\_ BSMT ELECTRICAL

4.3.2 Secondary Power: \_\_\_\_\_

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

Location: \_\_\_\_\_ FACP

Battery type (if applicable):  Lead-acid  Nickel-cadmium

Primary (dry cell)

Sealed lead-acid

Calculated capacity of batteries to drive the system:

In standby mode (hours): \_\_\_\_\_ 24

In alarm mode (minutes): \_\_\_\_\_ 15

### 5. Notifications Made Prior To Testing

	Contact	Time
Monitoring organization:	Per Mar	8am
Building management:	Boiler Rm	8am
Building occupants:	Na	Na
Authority Having Jurisdiction:	Na	Na
Other, if required:		



**6. Testing Results**

**6.1 Control Unit and Related Equipment**

Description	Visual Inspection	Functional Test	Results
Control unit	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Lamps/LEDs/LCDs	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Fuses	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Trouble signals	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Disconnect switches	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Ground-fault monitoring	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Supervision	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Local annunciator	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Remote annunciators	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Remote power panels	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A

**6.2 Secondary Power**

Description	Visual Inspection	Functional Test	Results
Battery condition	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Load voltage	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Discharge test	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Charger test	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Remote panel batteries	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A

**6.3 Alarm and Supervisory Alarm Initiating Device**

Complete supplementary device test form for all initiating devices.

**6.4 Notification Appliances**

Complete supplementary appliance test form for all notification appliances.

**6.5 Interface Equipment**

Complete supplementary interface component test form for all interface components.  
*Circuit Interface / Signaling Line Circuit Interface / Fire Alarm Control Interface*

**6.6 Supervising Station Monitoring**

Description	Yes/No	Time (sec)	Results
Alarm signal	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Alarm restoration	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Trouble signal	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Trouble restoration	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Supervisory signal	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Supervisory restoration	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A

**6.7 Public Emergency Alarm Reporting System**

Description	Yes/No	Time (seconds)	Results
Alarm signal	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Alarm restoration	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Trouble signal	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Trouble restoration	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Supervisory signal	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Supervisory restoration	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A

**7. Notifications That Testing Is Complete**

	Contact	Time
Monitoring organization:	Per Mar	3pm
Building management:	Boiler Rm	3pm
Building occupants:	Na	Na
Authority Having Jurisdiction:	Na	Na
Other, if required:		

**8. System Restored To Normal Operation**

Date: 2/24/2023  
 Time: 3pm

**9. Comments**

*Any "No" answers, test failures or other problems found with the fire alarm system must be explained using the comment specific for each question. Additional comments can be added here.*

Please see the summary section at the top of the form for the comments.

**10. Inspector's Information**

Inspected By: Keith Allen Benne  
 Inspector License: J13

I state that the information on this form is correct at the time and place of my inspection, and that all equipment tested at this time was left in operating condition upon completion of this inspection except as noted in the *Comments*. This system as specified herein has been inspected and tested according to NFPA 72, 2013 edition, Chapter 14.



**Omaha Office**  
6775 South 118th Street  
Omaha, NE 68137  
Phone: 402-592-8225

---

Signature of Inspector

Date

2/24/2023

11. Owner or Owner's Representative

Owner or Owner's Representative Name

Owner or Owner's Representative Signature **No Signature Available**

Date

2/24/2023

# Fire Alarm Supplementary Form



**Location Code:** BFBKVTY

**Contact:** Kurt Anderson

**Contact Address:** Building 9 - 801 West Prospector Place  
Lincoln, NE 68522

**Phone:** (402) 479-5453

**Email:** kurt.anderson@nebraska.gov

**Property Evaluated:** Lincoln Regional Center - Building 9  
(Detention/Correctional)  
Building 9 - 801 West Prospector Place  
Lincoln, NE 68522

**Description:** Fire Alarm Supplement (TJC EP19 Shutdown)

**Company:** Omaha Office

**Address:** 6775 South 118th Street  
Omaha, NE 68137

**Company Phone:** 402-592-8225

**Inspector:** Keith Allen Benne  
J13

**Date of Work:** 2/22/2023

**Frequency:** Semi-Annual

---

## Deficiency Summary

There are no reported deficiencies for this submission

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## General Comments

There are no general comments for this submission



**Omaha Office**  
 6775 South 118th Street  
 Omaha, NE 68137  
 Phone: 402-592-8225

## Fire Alarm Supplementary Form

The work covered on this form is (select one):

Annual

Date of Work

2/22/2023

Account Information		
Facility Name: Lincoln Regional Center - Building 9	Property Type: Detention/Correctional	Location Code: BFBKVTY
Service Address: Building 9 - 801 West Prospector Place, Lincoln, NE, 68522		
Owner: Kurt Anderson	Owner's Phone: (402) 479-5453	
Owner's Address: Building 9 - 801 West Prospector Place, Lincoln, NE, 68522		

Legend				
AS - Abort Station	BATT - Batteries	CoD - Carbon Monoxide Detector	CM - Control Module	DA - Damper
DD - Duct Detector	DH - Door Holder	EL - Emergency/Exit Light	FACP - Fire Alarm Control Panel	HD - Heat Detector
HORN - Horns	H/S - Horn-Strobes	LA - Low Air	MM - Monitor Module (Ansul, temp, CO, etc)	
MR - Manual Release	Other	PR - Phase Reversal	PS - Pull Station	PWS - Power Supply
SC - Signal/Sounder Control	SD - Smoke Detector	SD-Ion - Ion Smoke Detector	SD-Photo - Photo Smoke Detector	SPKR - Speakers
S/S - Speaker-Strobes	STROBE - Strobes	TS - Tamper Switch	WF - Waterflow	

Type	Total	Tested	Not Tested	Passed	Failed
↗ Relay Module	2	2	0	2	0

Type	Total	Tested	Not Tested	Passed	Failed

### Zone: Shutdown's

Zone: Shutdown's							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
↗ Relay Module	L1M08	AHU		Semi-Annual	2/23/2023	Pass	
↗ Relay Module	L1M09	AHU		Semi-Annual	2/23/2023	Pass	

### Comments

Any deficiencies or other problems found with the devices must be explained using the comment specific for each device. Additional comments can be added here.  
 Please see the summary section at the top of the form for the comments.



**Omaha Office**  
6775 South 118th Street  
Omaha, NE 68137  
Phone: 402-592-8225

**Inspector's Information**

Inspected By

Keith Allen Benne

Inspector License:

J13

I state that the information on this form is correct at the time and place of my inspection, and that all equipment tested at this time was left in operating condition upon completion of this inspection except as noted in the *Comments*.

Signature of Inspector

Date

2/22/2023

**Owner or Owner's Representative**

Owner or Owner's Representative Name

Owner or Owner's Representative Signature

No Signature Available

Date

2/22/2023



# Form for Inspection, Testing and Maintenance of Fire Alarms and Signaling Systems



**Location Code:** BFBKVTY

**Contact:** Kurt Anderson

**Contact Address:** Building 9 - 801 West Prospector Place  
Lincoln, NE 68522

**Phone:** (402) 479-5453

**Email:** kurt.anderson@nebraska.gov

**Property Evaluated:** Lincoln Regional Center - Building 9  
(Detention/Correctional)  
Building 9 - 801 West Prospector Place  
Lincoln, NE 68522

**Description:** Fire Alarm (TJC - Fire Alarm)

**Company:** Omaha Office

**Address:** 6775 South 118th Street  
Omaha, NE 68137

**Company Phone:** 402-592-8225

**Inspector:** Keith Allen Benne  
J13

**Date of Work:** 2/22/2023

**Frequency:** Annual

---

## Deficiency Summary

Please refer to the Deficiency Summary located on applicable Fire Alarm Supplementary Forms for additional deficiency details.

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## General Comments

There are no general comments for this submission



## Form for Inspection, Testing and Maintenance of Fire Alarms and Signaling Systems

Separate forms are available for inspection, testing, and maintenance of the rest of the fire protection system of which the fire alarms and signaling systems are a part. More frequent inspection, testing, and maintenance may be necessary depending on the conditions of the occupancy and the water supply.

**Notes:**

1. All questions are to be answered *Yes, No, or Not Applicable*. All "No" answers are to be explained in the *Comments* for this form.
2. Refer to NFPA-72 for specific inspection frequency requirements for the different components.

The work covered on this form is (select one): \_\_\_\_\_ Annual

Date of Work \_\_\_\_\_ 2/22/2023

*All responses refer to the current work (inspection, testing and maintenance) performed on this date.*

**1. Property Information**

Owner: \_\_\_\_\_

Kurt Anderson

Owner's Phone Number: \_\_\_\_\_

(402) 479-5453

Owner's Address: \_\_\_\_\_

Building 9 - 801 West Prospector Place, Lincoln, NE, 68522

Property Being Evaluated: \_\_\_\_\_

Lincoln Regional Center - Building 9 (Detention/Correctional)

Property Address: \_\_\_\_\_

Building 9 - 801 West Prospector Place, Lincoln, NE, 68522

Assembly Description: \_\_\_\_\_

Fire Alarm (TJC - Fire Alarm)

**2. Owner's Section**

A. Are the fire alarms and signaling systems in service?  Yes  No

B. Have fire alarms and signaling systems remained in service since the last inspection?  Yes  No

C. Was the system (of which the fire alarm and signaling systems are a part) free of actuation of devices or alarms since the last inspection?  Yes  No

D. The required record documents are available and include the current revisions of all fire alarm software and the revisions of software of any systems with which the fire alarm software interfaces?  Yes  No

**3. Monitoring Information**

Monitoring organization: \_\_\_\_\_ Per Mar

Address: \_\_\_\_\_ NA

Phone: \_\_\_\_\_ NA

Fax: \_\_\_\_\_ NA

Email: \_\_\_\_\_ NA

Account number: \_\_\_\_\_ NA

Phone line 1: \_\_\_\_\_ NA

Phone line 2: \_\_\_\_\_ NA

Means of transmission: \_\_\_\_\_ NA

Entity to which alarms are retransmitted: \_\_\_\_\_ NA

Phone: \_\_\_\_\_ NA

**4. System Information**

4.1 Control Unit: \_\_\_\_\_

Manufacturer: \_\_\_\_\_ Notifier

Model number: \_\_\_\_\_ NFS-320

4.2 Software and Firmware Revision number: \_\_\_\_\_ 27

4.3 System Power: \_\_\_\_\_

4.3.1 Primary (Main) Power: \_\_\_\_\_

Nominal voltage: \_\_\_\_\_ 120v

Amps: \_\_\_\_\_ NA

Location: \_\_\_\_\_ FACP

Overcurrent protection type: \_\_\_\_\_ NA

Amps: \_\_\_\_\_ NA

Disconnecting means location: \_\_\_\_\_ Breaker

4.3.2 Secondary Power: \_\_\_\_\_

Type: \_\_\_\_\_ 12v 26amp

Location: \_\_\_\_\_ FACP

Battery type (if applicable):  Lead-acid  Nickel-cadmium

Primary (dry cell)

Sealed lead-acid

Calculated capacity of batteries to drive the system: \_\_\_\_\_

In standby mode (hours): \_\_\_\_\_ 24

In alarm mode (minutes): \_\_\_\_\_ 15

**5. Notifications Made Prior To Testing**

	Contact	Time
Monitoring organization:	Pre mar	8am
Building management:	Boiler Rm	8am
Building occupants:	Na	Na
Authority Having Jurisdiction:	Na	Na
Other, if required:	Na	Na



**6. Testing Results**

**6.1 Control Unit and Related Equipment**

Description	Visual Inspection	Functional Test	Results
Control unit	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Lamps/LEDs/LCDs	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Fuses	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Trouble signals	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Disconnect switches	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Ground-fault monitoring	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Supervision	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Local annunciator	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Remote annunciators	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Remote power panels	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A

**6.2 Secondary Power**

Description	Visual Inspection	Functional Test	Results
Battery condition	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Load voltage	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Discharge test	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Charger test	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Remote panel batteries	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A

**6.3 Alarm and Supervisory Alarm Initiating Device**

Complete supplementary device test form for all initiating devices.

**6.4 Notification Appliances**

Complete supplementary appliance test form for all notification appliances.

**6.5 Interface Equipment**

Complete supplementary interface component test form for all interface components.  
*Circuit Interface / Signaling Line Circuit Interface / Fire Alarm Control Interface*

**6.6 Supervising Station Monitoring**

Description	Yes/No	Time (sec)	Results
Alarm signal	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Alarm restoration	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Trouble signal	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Trouble restoration	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Supervisory signal	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Supervisory restoration	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A

**6.7 Public Emergency Alarm Reporting System**

Description	Yes/No	Time (seconds)	Results
Alarm signal	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Alarm restoration	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Trouble signal	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Trouble restoration	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Supervisory signal	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Supervisory restoration	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A

**7. Notifications That Testing Is Complete**

	Contact	Time
Monitoring organization:	Per mar	3pm
Building management:	Boiler Rm	3pm
Building occupants:	Na	Na
Authority Having Jurisdiction:	Na	Na
Other, if required:		

**8. System Restored To Normal Operation**

Date: 2/22/2023  
 Time: 3pm

**9. Comments**

*Any "No" answers, test failures or other problems found with the fire alarm system must be explained using the comment specific for each question. Additional comments can be added here.*

Please see the summary section at the top of the form for the comments.

**10. Inspector's Information**

Inspected By: Keith Allen Benne  
 Inspector License: J13

I state that the information on this form is correct at the time and place of my inspection, and that all equipment tested at this time was left in operating condition upon completion of this inspection except as noted in the *Comments*. This system as specified herein has been inspected and tested according to NFPA 72, 2013 edition, Chapter 14.



**Omaha Office**  
6775 South 118th Street  
Omaha, NE 68137  
Phone: 402-592-8225

---

Signature of Inspector

A handwritten signature in black ink, consisting of several loops and a long horizontal stroke.

Date

2/22/2023

11. Owner or Owner's Representative

Owner or Owner's Representative Name

Owner or Owner's Representative Signature **No Signature Available**

Date

2/22/2023



**Location Code:** BFBKVTY

**Contact:** Kurt Anderson

**Contact Address:** Building 9 - 801 West Prospector Place  
Lincoln, NE 68522

**Phone:** (402) 479-5453

**Email:** kurt.anderson@nebraska.gov

**Property Evaluated:** Lincoln Regional Center - Building 9  
(Detention/Correctional)  
Building 9 - 801 West Prospector Place  
Lincoln, NE 68522

**Description:** Fire Suppression (FS Inspection)

**Company:** Omaha Office

**Address:** 6775 South 118th Street  
Omaha, NE 68137

**Company Phone:** 402-592-8225

**Inspector:** Keith Allen Benne  
J13

**Date of Work:** 2/22/2023

**Frequency:** Semi-Annual

---

## Deficiency Summary

There are no reported deficiencies for this submission

---

## General Comments

There are no general comments for this submission



**Omaha Office**  
 6775 South 118th Street  
 Omaha, NE 68137  
 Phone: 402-592-8225

**Frequency Of Testing**

Frequency:  
 Date

Quarterly  Semi-Annual  Annual  
 2/22/2023

**Account Information**

Account Information		
Facility Name: Lincoln Regional Center - Building 9	Property Type: Fire Suppression (FS Inspection)	Location Code: BFBKVTY
Service Address: 1239 North Minnesota Ave.		
Owner: Protex Central, Inc.		Owner Phone: (402) 479-5453
Owner's Address: Building 9 - 801 West Prospector Place, Lincoln, NE, 68522		

**Panel Information**

Type <input checked="" type="checkbox"/> Releasing Panel <input type="checkbox"/> Power Supply <input type="checkbox"/> Annunciator	Location Telephone Rm	Manufacturer Na	Model: Na	Result <input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
--	--------------------------	--------------------	--------------	--

**Batteries**

Type <input checked="" type="checkbox"/> 12vdc/7ah <input type="checkbox"/> 12vdc/12ah <input type="checkbox"/> 12vdc/18ah <input type="checkbox"/> 12vdc/26ah <input type="checkbox"/> 12vdc/35ah <input type="checkbox"/> 12vdc/55ah	Location In releasing panel	Install Date: 8/2022	Voltage/Amphere Reading 13.2	Result <input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Type <input checked="" type="checkbox"/> 12vdc/7ah <input type="checkbox"/> 12vdc/12ah <input type="checkbox"/> 12vdc/18ah <input type="checkbox"/> 12vdc/26ah <input type="checkbox"/> 12vdc/35ah <input type="checkbox"/> 12vdc/55ah	Location In releasing panel	Install Date: 8/2022	Voltage/Amphere Reading 13.2	Result <input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A

**Cylinder/Tank**

Location Telephone Rm	Serial Number: Na	Manufacture Date: Na	Manufacturer Na	Gross/Agent/PSI Na	Liquid Level Na
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**Devices**

Legend		
Abort - Abort Station	AirPressSw - Air Pressure Switch	BATT - Batteries
BOTTDIS - Bottom Discharge	CntrlMod - Control Module	Combo Detector - Combo Detector
DAMP - Damper	H/S - Horn-Strobes	HD - Heat Detector
HOSE - Hose	Initiator - Initiator	Low Air - Low Air
MAINT - Maintenance Switch	MM - Monitor Module (Ansul, temp, CO, etc)	ManRel - Manual Release
NOZZ - Nozzle	Other - Other	PWS - Power Supply
Relay Module - Relay Module	SD-Ion - Ion Smoke Detector	SD-Photo - Photo Smoke Detector
SOL - Solenoid	STROBE - Strobes	TOPDIS - Top Discharge
TS - Tamper Switch	VES - VESDA	WF - Waterflow

Asset Type	Total	Tested	Not Tested	Passed	Failed
⊕ Abort	1	1	0	1	0
● SD-Photo	2	2	0	2	0

Asset Type	Total	Tested	Not Tested	Passed	Failed
■ ManRel	1	1	0	1	0

Zone: 1



**Omaha Office**  
 6775 South 118th Street  
 Omaha, NE 68137  
 Phone: 402-592-8225

Zone: 1						
Asset Type	Address	Location	Notes	Frequency	Test Results	Comments
⊕ Abort		Telephone Rm		Semi-Annual	Pass	
⊖ ManRel		Telephone Rm		Semi-Annual	Pass	
● SD-Photo		Telephone Rm		Semi-Annual	Pass	
● SD-Photo		Telephone Rm		Semi-Annual	Pass	

**Notification Devices**

**Suppression Questionnaire**

Is system connected to Main Fire Alarm System?  Yes  No  N/A

Is the protected room properly sealed?  Yes  No  N/A

Is there a door sweep?  Yes  No  N/A

Do the trouble signals operate correctly from releasing panel and sub panels (if any)?  Yes  No  N/A

Did alarm signals operate correctly for releasing panel and associated devices when tested?  Yes  No  N/A

Is all wiring installed correctly, terminated and in a serviceable working order?  Yes  No  N/A

Are all switches, indicators, meters, and gauges in good working order both physically and functionally?  Pass  Fail  N/A

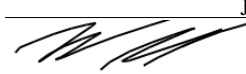
Do all shutdown function relays and devices work as intended? Air handlers, fans, dampers, computer systems.  Yes  No  N/A

Will system operate on batteries for 24 hours in standby and 5 minutes in alarm?  Yes  No  N/A

Date of Work \_\_\_\_\_ 2/22/2023

Inspected By: \_\_\_\_\_ Keith Allen Benne

Inspector License: \_\_\_\_\_ J13

Signature of Inspector: 

# Fire Alarm Supplementary Form



**Location Code:** URVENHG

**Contact:** Bevan Flynn

**Contact Address:** Building 3 - 801 West Prospector Place  
Lincoln, NE 68522

**Phone:** (402) 479-5451

**Email:** bevan.flynn@nebraska.gov

**Property Evaluated:** Lincoln Regional Center - Building 3  
(Detention/Correctional)  
Building 3 - 801 West Prospector Place  
Lincoln, NE 68522

**Description:** Fire Alarm Supplement (TJC EP4 Notification)

**Company:** Omaha Office

**Address:** 6775 South 118th Street  
Omaha, NE 68137

**Company Phone:** 402-592-8225

**Inspector:** Keith Allen Benne  
J13

**Date of Work:** 2/24/2023

**Frequency:** Annual

---

## Deficiency Summary

There are no reported deficiencies for this submission

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## General Comments

There are no general comments for this submission





**Omaha Office**  
 6775 South 118th Street  
 Omaha, NE 68137  
 Phone: 402-592-8225

## Fire Alarm Supplementary Form

The work covered on this form is (select one):

Annual

Date of Work

2/24/2023

Account Information		
Facility Name: Lincoln Regional Center - Building 3	Property Type: Detention/Correctional	Location Code: URVENHG
Service Address: Building 3 - 801 West Prospector Place, Lincoln, NE, 68522		
Owner: Bevan Flynn	Owner's Phone: (402) 479-5451	
Owner's Address: Building 3 - 801 West Prospector Place, Lincoln, NE, 68522		

Legend				
AS - Abort Station	BATT - Batteries	CoD - Carbon Monoxide Detector	CM - Control Module	DA - Damper
DD - Duct Detector	DH - Door Holder	EL - Emergency/Exit Light	FACP - Fire Alarm Control Panel	HD - Heat Detector
HORN - Horns	H/S - Horn-Strobes	LA - Low Air	MM - Monitor Module (Ansul, temp, CO, etc)	
MR - Manual Release	Other	PR - Phase Reversal	PS - Pull Station	PWS - Power Supply
SC - Signal/Sounder Control	SD - Smoke Detector	SD-Ion - Ion Smoke Detector	SD-Photo - Photo Smoke Detector	SPKR - Speakers
S/S - Speaker-Strobes	STROBE - Strobes	TS - Tamper Switch	WF - Waterflow	

### Comments

*Any deficiencies or other problems found with the devices must be explained using the comment specific for each device. Additional comments can be added here.*

*Please see the summary section at the top of the form for the comments.*

### Inspector's Information

Inspected By

Keith Allen Benne

Inspector License:

J13

I state that the information on this form is correct at the time and place of my inspection, and that all equipment tested at this time was left in operating condition upon completion of this inspection except as noted in the *Comments*.

Signature of Inspector

Date

2/24/2023

### Owner or Owner's Representative

Owner or Owner's Representative Name

Owner or Owner's Representative Signature

No Signature Available

Date

2/24/2023

# Form for Inspection, Testing and Maintenance of Fire Alarms and Signaling Systems



**Location Code:** URVENHG

**Contact:** Bevan Flynn

**Contact Address:** Building 3 - 801 West Prospector Place  
Lincoln, NE 68522

**Phone:** (402) 479-5451

**Email:** bevan.flynn@nebraska.gov

**Property Evaluated:** Lincoln Regional Center - Building 3  
(Detention/Correctional)  
Building 3 - 801 West Prospector Place  
Lincoln, NE 68522

**Description:** Fire Alarm (TJC - Fire Alarm)

**Company:** Omaha Office

**Address:** 6775 South 118th Street  
Omaha, NE 68137

**Company Phone:** 402-592-8225

**Inspector:** Keith Allen Benne  
J13

**Date of Work:** 2/24/2023

**Frequency:** Annual

---

## Deficiency Summary

Please refer to the Deficiency Summary located on applicable Fire Alarm Supplementary Forms for additional deficiency details.

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## General Comments

There are no general comments for this submission



**Omaha Office**  
 6775 South 118th Street  
 Omaha, NE 68137  
 Phone: 402-592-8225

# Form for Inspection, Testing and Maintenance of Fire Alarms and Signaling Systems

Separate forms are available for inspection, testing, and maintenance of the rest of the fire protection system of which the fire alarms and signaling systems are a part. More frequent inspection, testing, and maintenance may be necessary depending on the conditions of the occupancy and the water supply.

Notes:

1. All questions are to be answered *Yes, No, or Not Applicable*. All "No" answers are to be explained in the *Comments* for this form.
2. Refer to NFPA-72 for specific inspection frequency requirements for the different components.

The work covered on this form is (select one): \_\_\_\_\_ Annual

Date of Work \_\_\_\_\_ 2/24/2023

*All responses refer to the current work (inspection, testing and maintenance) performed on this date.*

### 1. Property Information

Owner: \_\_\_\_\_

Bevan Flynn

Owner's Phone Number: \_\_\_\_\_

(402) 479-5451

Owner's Address: \_\_\_\_\_

Building 3 - 801 West Prospector Place, Lincoln, NE, 68522

Property Being Evaluated: \_\_\_\_\_

Lincoln Regional Center - Building 3 (Detention/Correctional)

Property Address: \_\_\_\_\_

Building 3 - 801 West Prospector Place, Lincoln, NE, 68522

Assembly Description: \_\_\_\_\_

Fire Alarm (TJC - Fire Alarm)

### 2. Owner's Section

A. Are the fire alarms and signaling systems in service?  Yes  No

B. Have fire alarms and signaling systems remained in service since the last inspection?  Yes  No

C. Was the system (of which the fire alarm and signaling systems are a part) free of actuation of devices or alarms since the last inspection?  Yes  No

D. The required record documents are available and include the current revisions of all fire alarm software and the revisions of software of any systems with which the fire alarm software interfaces?  Yes  No

### 3. Monitoring Information

Monitoring organization: \_\_\_\_\_ Per Mar

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Account number: \_\_\_\_\_

Phone line 1: \_\_\_\_\_

Phone line 2: \_\_\_\_\_

Means of transmission: \_\_\_\_\_

Entity to which alarms are retransmitted: \_\_\_\_\_

Phone: \_\_\_\_\_

### 4. System Information

4.1 Control Unit: \_\_\_\_\_

Manufacturer: \_\_\_\_\_ Notifier

Model number: \_\_\_\_\_ 3030

4.2 Software and Firmware Revision number: \_\_\_\_\_ 27

4.3 System Power: \_\_\_\_\_

4.3.1 Primary (Main) Power: \_\_\_\_\_

Nominal voltage: \_\_\_\_\_ 120v

Amps: \_\_\_\_\_ NA

Location: \_\_\_\_\_ FACP

Overcurrent protection type: \_\_\_\_\_ NA

Amps: \_\_\_\_\_ NA

Disconnecting means location: \_\_\_\_\_ Breaker

4.3.2 Secondary Power: \_\_\_\_\_

Type: \_\_\_\_\_ 12v 26amp

Location: \_\_\_\_\_ IN FACP

Battery type (if applicable):  Lead-acid  Nickel-cadmium

Primary (dry cell)

Sealed lead-acid

Calculated capacity of batteries to drive the system:

In standby mode (hours): \_\_\_\_\_ 24

In alarm mode (minutes): \_\_\_\_\_ 15

### 5. Notifications Made Prior To Testing

	Contact	Time
Monitoring organization:	Per Mar	8am
Building management:	Boiler Rm	8am
Building occupants:	Na	Na
Authority Having Jurisdiction:	Na	Na
Other, if required:		



**6. Testing Results**

**6.1 Control Unit and Related Equipment**

Description	Visual Inspection	Functional Test	Results
Control unit	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Lamps/LEDs/LCDs	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Fuses	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Trouble signals	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Disconnect switches	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Ground-fault monitoring	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Supervision	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Local annunciator	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Remote annunciators	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Remote power panels	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A

**6.2 Secondary Power**

Description	Visual Inspection	Functional Test	Results
Battery condition	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Load voltage	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Discharge test	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Charger test	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Remote panel batteries	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A

**6.3 Alarm and Supervisory Alarm Initiating Device**

Complete supplementary device test form for all initiating devices.

**6.4 Notification Appliances**

Complete supplementary appliance test form for all notification appliances.

**6.5 Interface Equipment**

Complete supplementary interface component test form for all interface components.  
*Circuit Interface / Signaling Line Circuit Interface / Fire Alarm Control Interface*

**6.6 Supervising Station Monitoring**

Description	Yes/No	Time (sec)	Results
Alarm signal	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Alarm restoration	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Trouble signal	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Trouble restoration	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Supervisory signal	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Supervisory restoration	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A

**6.7 Public Emergency Alarm Reporting System**

Description	Yes/No	Time (seconds)	Results
Alarm signal	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Alarm restoration	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Trouble signal	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Trouble restoration	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Supervisory signal	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Supervisory restoration	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A

**7. Notifications That Testing Is Complete**

	Contact	Time
Monitoring organization:	Per Mar	3pm
Building management:	Boiler Rm	3pm
Building occupants:	Na	Na
Authority Having Jurisdiction:	Na	Na
Other, if required:		

**8. System Restored To Normal Operation**

Date: 2/24/2023  
 Time: 3pm

**9. Comments**

*Any "No" answers, test failures or other problems found with the fire alarm system must be explained using the comment specific for each question. Additional comments can be added here.*

Please see the summary section at the top of the form for the comments.

**10. Inspector's Information**

Inspected By: Keith Allen Benne  
 Inspector License: J13

I state that the information on this form is correct at the time and place of my inspection, and that all equipment tested at this time was left in operating condition upon completion of this inspection except as noted in the *Comments*. This system as specified herein has been inspected and tested according to NFPA 72, 2013 edition, Chapter 14.



**Omaha Office**  
6775 South 118th Street  
Omaha, NE 68137  
Phone: 402-592-8225

---

Signature of Inspector

A handwritten signature in black ink, appearing to be 'W. W.' with a flourish.

Date

2/24/2023

11. Owner or Owner's Representative

Owner or Owner's Representative Name

Owner or Owner's Representative Signature **No Signature Available**

Date

2/24/2023



**Location Code:** URVENHG

**Contact:** Bevan Flynn

**Contact Address:** Building 3 - 801 West Prospector Place  
Lincoln, NE 68522

**Phone:** (402) 479-5451

**Email:** bevan.flynn@nebraska.gov

**Property Evaluated:** Lincoln Regional Center - Building 3  
(Detention/Correctional)  
Building 3 - 801 West Prospector Place  
Lincoln, NE 68522

**Description:** Fire Suppression (Generator Suppression  
System)

**Company:** Omaha Office

**Address:** 6775 South 118th Street  
Omaha, NE 68137

**Company Phone:** 402-592-8225

**Inspector:** Keith Allen Benne  
J13

**Date of Work:** 2/23/2023

**Frequency:** Annual

---

### Deficiency Summary

There are no reported deficiencies for this submission

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### General Comments

There are no general comments for this submission



**Omaha Office**  
 6775 South 118th Street  
 Omaha, NE 68137  
 Phone: 402-592-8225

**Frequency Of Testing**

Frequency:  
 Date

Quarterly  Semi-Annual  Annual  
 2/23/2023

**Account Information**

Account Information		
Facility Name: Lincoln Regional Center - Building 3	Property Type: Fire Suppression (Generator Suppression System)	Location Code: URVENHG
Service Address: 1239 North Minnesota Ave.		
Owner: Protex Central, Inc.		Owner Phone: (402) 479-5451
Owner's Address: Building 3 - 801 West Prospector Place, Lincoln, NE, 68522		

**Panel Information**

Type <input checked="" type="checkbox"/> Releasing Panel <input type="checkbox"/> Power Supply <input type="checkbox"/> Annunciator	Location FACP Front Entrance	Manufacturer Notifier	Model: 3030	Result <input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
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**Batteries**

Type <input type="checkbox"/> 12vdc/7ah <input type="checkbox"/> 12vdc/12ah <input checked="" type="checkbox"/> 12vdc/18ah <input type="checkbox"/> 12vdc/26ah <input type="checkbox"/> 12vdc/35ah <input type="checkbox"/> 12vdc/55ah	Location IN FACP	Install Date: 2021	Voltage/Amphere Reading 13.7	Result <input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
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**Cylinder/Tank**

Location Generator	Serial Number: Na	Manufacture Date: NA	Manufacturer Stat-X	Gross/Agent/PSI NA	Liquid Level NA
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**Devices**

Legend		
Abort - Abort Station	AirPressSw - Air Pressure Switch	BATT - Batteries
BOTTDIS - Bottom Discharge	CntrlMod - Control Module	Combo Detector - Combo Detector
DAMP - Damper	H/S - Horn-Strobes	HD - Heat Detector
HOSE - Hose	Initiator - Initiator	Low Air - Low Air
MAINT - Maintenance Switch	MM - Monitor Module (Ansul, temp, CO, etc)	ManRel - Manual Release
NOZZ - Nozzle	Other - Other	PWS - Power Supply
Relay Module - Relay Module	SD-Ion - Ion Smoke Detector	SD-Photo - Photo Smoke Detector
SOL - Solenoid	STROBE - Strobes	TOPDIS - Top Discharge
TS - Tamper Switch	VES - VESDA	WF - Waterflow

Asset Type	Total	Tested	Not Tested	Passed	Failed
⊕ Abort	2	2	0	2	0
⚙️ HD	2	2	0	2	0

Asset Type	Total	Tested	Not Tested	Passed	Failed
■ H/S	2	2	0	2	0
▣ ManRel	1	1	0	1	0

Zone: NA



**Omaha Office**  
 6775 South 118th Street  
 Omaha, NE 68137  
 Phone: 402-592-8225

Zone: NA						
Asset Type	Address	Location	Notes	Frequency	Test Results	Comments
H/S		Gen Wall Outside		Annual	Pass	
H/S		Gen Wall Outside		Annual	Pass	
Abort		IN Generator		Annual	Pass	
Abort		IN Generator		Annual	Pass	
HD		IN Generator		Annual	Pass	
HD		IN Generator		Annual	Pass	
ManRel		IN Generator		Annual	Pass	

**Notification Devices**

**Suppression Questionnaire**

Is system connected to Main Fire Alarm System?  Yes  No  N/A

Is the protected room properly sealed?  Yes  No  N/A

Is there a door sweep?  Yes  No  N/A

Do the trouble signals operate correctly from releasing panel and sub panels (if any)?  Yes  No  N/A

Did alarm signals operate correctly for releasing panel and associated devices when tested?  Yes  No  N/A

Is all wiring installed correctly, terminated and in a serviceable working order?  Yes  No  N/A

Are all switches, indicators, meters, and gauges in good working order both physically and functionally?  Pass  Fail  N/A


Do all shutdown function relays and devices work as intended? Air handlers, fans, dampers, computer systems.  Yes  No  N/A

Will system operate on batteries for 24 hours in standby and 5 minutes in alarm?  Yes  No  N/A

Date of Work \_\_\_\_\_ 2/23/2023

Inspected By: \_\_\_\_\_ Keith Allen Benne

Inspector License: \_\_\_\_\_

Signature of Inspector:  \_\_\_\_\_ J13



# Fire Alarm Supplementary Form



**Location Code:** IGEKQEV

**Contact:** Bevan Flynn

**Contact Address:** Building 5 - 801 West Prospector Place  
Lincoln, NE 68522

**Phone:** (402) 479-5453

**Email:** bevan.flynn@nebraska.gov

**Property Evaluated:** Lincoln Regional Center - Building 5  
(Detention/Correctional)  
Building 5 - 801 West Prospector Place  
Lincoln, NE 68522

**Description:** Fire Alarm Supplement (TJC EP5 EQUIPMENT)

**Company:** Omaha Office

**Address:** 6775 South 118th Street  
Omaha, NE 68137

**Company Phone:** 402-592-8225

**Inspector:** Keith Allen Benne  
J13

**Date of Work:** 2/24/2023

**Frequency:** Semi-Annual

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## Deficiency Summary

There are no reported deficiencies for this submission

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## General Comments

There are no general comments for this submission



**Omaha Office**  
 6775 South 118th Street  
 Omaha, NE 68137  
 Phone: 402-592-8225

## Fire Alarm Supplementary Form

The work covered on this form is (select one):

Annual

Date of Work

2/24/2023

Account Information		
Facility Name: Lincoln Regional Center - Building 5	Property Type: Detention/Correctional	Location Code: IGEKQEV
Service Address: Building 5 - 801 West Prospector Place, Lincoln, NE, 68522		
Owner: Bevan Flynn	Owner's Phone: (402) 479-5453	
Owner's Address: Building 5 - 801 West Prospector Place, Lincoln, NE, 68522		

Legend				
AS - Abort Station	BATT - Batteries	CoD - Carbon Monoxide Detector	CM - Control Module	DA - Damper
DD - Duct Detector	DH - Door Holder	EL - Emergency/Exit Light	FACP - Fire Alarm Control Panel	HD - Heat Detector
HORN - Horns	H/S - Horn-Strobes	LA - Low Air	MM - Monitor Module (Ansul, temp, CO, etc)	
MR - Manual Release	Other	PR - Phase Reversal	PS - Pull Station	PWS - Power Supply
SC - Signal/Sounder Control	SD - Smoke Detector	SD-Ion - Ion Smoke Detector	SD-Photo - Photo Smoke Detector	SPKR - Speakers
S/S - Speaker-Strobes	STROBE - Strobes	TS - Tamper Switch	WF - Waterflow	

Type	Total	Tested	Not Tested	Passed	Failed
FACP FACP	1	1	0	1	0

Type	Total	Tested	Not Tested	Passed	Failed
PWS PWS	5	5	0	5	0

Zone: EP5

Zone: EP5							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
PWS PWS	3	BLDG 5	FCPS24S8	Semi-Annual	2/27/2023	Pass	
PWS PWS	4	BLDG 5	FCPS24S8	Semi-Annual	2/27/2023	Pass	
PWS PWS	5	BLDG 5	FCPS24S8	Semi-Annual	2/27/2023	Pass	
PWS PWS	6	BLDG 5	FCPS24S8	Semi-Annual	2/27/2023	Pass	
FACP FACP	1	CONTROL RM	NFS2-3030	Semi-Annual	2/27/2023	Pass	
PWS PWS	2	FACP	AMPS-24	Semi-Annual	2/27/2023	Pass	



**Omaha Office**  
 6775 South 118th Street  
 Omaha, NE 68137  
 Phone: 402-592-8225

**Comments**

*Any deficiencies or other problems found with the devices must be explained using the comment specific for each device. Additional comments can be added here.*  
 Please see the summary section at the top of the form for the comments.

**Inspector's Information**

Inspected By

Keith Allen Benne

Inspector License:

J13

I state that the information on this form is correct at the time and place of my inspection, and that all equipment tested at this time was left in operating condition upon completion of this inspection except as noted in the *Comments*.

Signature of Inspector

Date

2/27/2023

**Owner or Owner's Representative**

Owner or Owner's Representative Name

Owner or Owner's Representative Signature

No Signature Available

Date

2/24/2023

# Fire Alarm Supplementary Form



**Location Code:** IGEKQEV

**Contact:** Bevan Flynn

**Contact Address:** Building 5 - 801 West Prospector Place  
Lincoln, NE 68522

**Phone:** (402) 479-5453

**Email:** bevan.flynn@nebraska.gov

**Property Evaluated:** Lincoln Regional Center - Building 5  
(Detention/Correctional)  
Building 5 - 801 West Prospector Place  
Lincoln, NE 68522

**Description:** Fire Alarm Supplement (TJC EP19 SHUTDOWNS)

**Company:** Omaha Office

**Address:** 6775 South 118th Street  
Omaha, NE 68137

**Company Phone:** 402-592-8225

**Inspector:** Keith Allen Benne  
J13

**Date of Work:** 2/24/2023

**Frequency:** Semi-Annual

---

## Deficiency Summary

There are no reported deficiencies for this submission

---

## General Comments

There are no general comments for this submission



**Omaha Office**  
 6775 South 118th Street  
 Omaha, NE 68137  
 Phone: 402-592-8225

## Fire Alarm Supplementary Form

The work covered on this form is (select one):

Annual

Date of Work

2/24/2023

Account Information		
Facility Name: Lincoln Regional Center - Building 5	Property Type: Detention/Correctional	Location Code: IGEKQEV
Service Address: Building 5 - 801 West Prospector Place, Lincoln, NE, 68522		
Owner: Bevan Flynn	Owner's Phone: (402) 479-5453	
Owner's Address: Building 5 - 801 West Prospector Place, Lincoln, NE, 68522		

Legend				
AS - Abort Station	BATT - Batteries	CoD - Carbon Monoxide Detector	CM - Control Module	DA - Damper
DD - Duct Detector	DH - Door Holder	EL - Emergency/Exit Light	FACP - Fire Alarm Control Panel	HD - Heat Detector
HORN - Horns	H/S - Horn-Strobes	LA - Low Air	MM - Monitor Module (Ansul, temp, CO, etc)	
MR - Manual Release	Other	PR - Phase Reversal	PS - Pull Station	PWS - Power Supply
SC - Signal/Sounder Control	SD - Smoke Detector	SD-Ion - Ion Smoke Detector	SD-Photo - Photo Smoke Detector	SPKR - Speakers
S/S - Speaker-Strobes	STROBE - Strobes	TS - Tamper Switch	WF - Waterflow	

Type	Total	Tested	Not Tested	Passed	Failed
✓ Relay Module	18	18	0	18	0

Type	Total	Tested	Not Tested	Passed	Failed

Zone: EP19

Zone: EP19							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
✓ Relay Module	L1M01	AHU 1		Semi-Annual	2/27/2023	Pass	
✓ Relay Module	L1M23	AHU 2		Semi-Annual	2/27/2023	Pass	
✓ Relay Module	L1M21	AHU 3		Semi-Annual	2/27/2023	Pass	
✓ Relay Module	L1M14	AHU 4		Semi-Annual	2/27/2023	Pass	



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 Phone: 402-592-8225

Zone: EP19							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
✓ Relay Module	L1M24	AHU 5		Semi-Annual	2/27/2023	Pass	
✓ Relay Module	L1M22	AHU 6		Semi-Annual	2/27/2023	Pass	
✓ Relay Module	L1M20	AHU 7		Semi-Annual	2/27/2023	Pass	
✓ Relay Module	L1M18	AHU 8		Semi-Annual	2/27/2023	Pass	
✓ Relay Module	L1M19	AHU 9		Semi-Annual	2/27/2023	Pass	
✓ Relay Module	L1M16	AHU 10		Semi-Annual	2/27/2023	Pass	
✓ Relay Module	L1M17	AHU S GYM		Semi-Annual	2/27/2023	Pass	
✓ Relay Module	L4M21	BSMT DAMPER		Semi-Annual	2/27/2023	Pass	
✓ Relay Module	1	DOOR HOLDER TUNNEL		Semi-Annual	2/27/2023	Pass	
✓ Relay Module	2	DR HOLD ELECTRICAL		Semi-Annual	2/27/2023	Pass	
✓ Relay Module	4	DR HOLDS		Semi-Annual	2/27/2023	Pass	
✓ Relay Module	5	DR HOLDS LL		Semi-Annual	2/27/2023	Pass	
✓ Relay Module	3	DR HOLD STEAM VEST		Semi-Annual	2/27/2023	Pass	
✓ Relay Module	L1M2	RAF 1		Semi-Annual	2/27/2023	Pass	

**Comments**

Any deficiencies or other problems found with the devices must be explained using the comment specific for each device. Additional comments can be added here.

Please see the summary section at the top of the form for the comments.

**Inspector's Information**

Inspected By

Keith Allen Benne

Inspector License:

J13

I state that the information on this form is correct at the time and place of my inspection, and that all equipment tested at this time was left in operating condition upon completion of this inspection except as noted in the *Comments*.

Signature of Inspector

Date

2/27/2023



**Omaha Office**

6775 South 118th Street

Omaha, NE 68137

Phone: 402-592-8225

---

**Owner or Owner's Representative**

Owner or Owner's Representative Name

Owner or Owner's Representative Signature

---

No Signature Available

Date

---

2/24/2023

# Form for Inspection, Testing and Maintenance of Fire Alarms and Signaling Systems



**Location Code:** IGEKQEV

**Contact:** Bevan Flynn

**Contact Address:** Building 5 - 801 West Prospector Place  
Lincoln, NE 68522

**Phone:** (402) 479-5453

**Email:** bevan.flynn@nebraska.gov

**Property Evaluated:** Lincoln Regional Center - Building 5  
(Detention/Correctional)  
Building 5 - 801 West Prospector Place  
Lincoln, NE 68522

**Description:** Fire Alarm (Panel/Batteries)

**Company:** Omaha Office

**Address:** 6775 South 118th Street  
Omaha, NE 68137

**Company Phone:** 402-592-8225

**Inspector:** Keith Allen Benne  
J13

**Date of Work:** 2/24/2023

**Frequency:** Annual

---

## Deficiency Summary

Please refer to the Deficiency Summary located on applicable Fire Alarm Supplementary Forms for additional deficiency details.

---

## General Comments

Building is under construction tested what was working





**Omaha Office**  
 6775 South 118th Street  
 Omaha, NE 68137  
 Phone: 402-592-8225

# Form for Inspection, Testing and Maintenance of Fire Alarms and Signaling Systems

Separate forms are available for inspection, testing, and maintenance of the rest of the fire protection system of which the fire alarms and signaling systems are a part. More frequent inspection, testing, and maintenance may be necessary depending on the conditions of the occupancy and the water supply.

Notes:

1. All questions are to be answered *Yes, No, or Not Applicable*. All "No" answers are to be explained in the *Comments* for this form.
2. Refer to NFPA-72 for specific inspection frequency requirements for the different components.

The work covered on this form is (select one): \_\_\_\_\_ Annual

Date of Work \_\_\_\_\_ 2/24/2023

All responses refer to the current work (inspection, testing and maintenance) performed on this date.

### 1. Property Information

Owner: \_\_\_\_\_

Bevan Flynn

Owner's Phone Number: \_\_\_\_\_

(402) 479-5453

Owner's Address: \_\_\_\_\_

Building 5 - 801 West Prospector Place, Lincoln, NE, 68522

Property Being Evaluated: \_\_\_\_\_

Lincoln Regional Center - Building 5 (Detention/Correctional)

Property Address: \_\_\_\_\_

Building 5 - 801 West Prospector Place, Lincoln, NE, 68522

Assembly Description: \_\_\_\_\_

Fire Alarm (Panel/Batteries)

### 2. Owner's Section

A. Are the fire alarms and signaling systems in service?  Yes  No

B. Have fire alarms and signaling systems remained in service since the last inspection?  Yes  No

C. Was the system (of which the fire alarm and signaling systems are a part) free of actuation of devices or alarms since the last inspection?  Yes  No

D. The required record documents are available and include the current revisions of all fire alarm software and the revisions of software of any systems with which the fire alarm software interfaces?  Yes  No

### 3. Monitoring Information

Monitoring organization: \_\_\_\_\_ PERMAR

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Account number: \_\_\_\_\_

Phone line 1: \_\_\_\_\_

Phone line 2: \_\_\_\_\_

Means of transmission: \_\_\_\_\_

Entity to which alarms are retransmitted: \_\_\_\_\_

Phone: \_\_\_\_\_

### 4. System Information

4.1 Control Unit: \_\_\_\_\_

Manufacturer: \_\_\_\_\_ NOTIFER

Model number: \_\_\_\_\_ NFS2-3030

4.2 Software and Firmware Revision number: \_\_\_\_\_ 26

4.3 System Power: \_\_\_\_\_

4.3.1 Primary (Main) Power: \_\_\_\_\_

Nominal voltage: \_\_\_\_\_ 120VAC

Amps: \_\_\_\_\_ NA

Location: \_\_\_\_\_ CONTROL RM

Overcurrent protection type: \_\_\_\_\_ BREAKER

Amps: \_\_\_\_\_ NA

Disconnecting means location: \_\_\_\_\_ ELECTRICAL

4.3.2 Secondary Power: \_\_\_\_\_

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

Location: \_\_\_\_\_ FACP

Battery type (if applicable):  Lead-acid  Nickel-cadmium

Primary (dry cell)

Sealed lead-acid

Calculated capacity of batteries to drive the system:

In standby mode (hours): \_\_\_\_\_ 24

In alarm mode (minutes): \_\_\_\_\_ 5

### 5. Notifications Made Prior To Testing

	Contact	Time
Monitoring organization:	Per Mar	8am
Building management:	Boiler Rm	8am
Building occupants:	Na	Na
Authority Having Jurisdiction:	Na	Na
Other, if required:		



**6. Testing Results**

**6.1 Control Unit and Related Equipment**

Description	Visual Inspection	Functional Test	Results
Control unit	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Lamps/LEDs/LCDs	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Fuses	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Trouble signals	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Disconnect switches	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Ground-fault monitoring	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Supervision	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Local annunciator	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Remote annunciators	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Remote power panels	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A

**6.2 Secondary Power**

Description	Visual Inspection	Functional Test	Results
Battery condition	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Load voltage	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Discharge test	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Charger test	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Remote panel batteries	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A

**6.3 Alarm and Supervisory Alarm Initiating Device**

Complete supplementary device test form for all initiating devices.

**6.4 Notification Appliances**

Complete supplementary appliance test form for all notification appliances.

**6.5 Interface Equipment**

Complete supplementary interface component test form for all interface components.  
*Circuit Interface / Signaling Line Circuit Interface / Fire Alarm Control Interface*

**6.6 Supervising Station Monitoring**

Description	Yes/No	Time (sec)	Results
Alarm signal	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Alarm restoration	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Trouble signal	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Trouble restoration	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Supervisory signal	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Supervisory restoration	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A

**6.7 Public Emergency Alarm Reporting System**

Description	Yes/No	Time (seconds)	Results
Alarm signal	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Alarm restoration	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Trouble signal	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Trouble restoration	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Supervisory signal	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Supervisory restoration	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A

**7. Notifications That Testing Is Complete**

	Contact	Time
Monitoring organization:	Per Mar	3pm
Building management:	Boiler Rm	3pm
Building occupants:	Na	Na
Authority Having Jurisdiction:	Na	Na
Other, if required:		

**8. System Restored To Normal Operation**

Date: 2/27/2023  
 Time: 3pm

**9. Comments**

*Any "No" answers, test failures or other problems found with the fire alarm system must be explained using the comment specific for each question. Additional comments can be added here.*

Please see the summary section at the top of the form for the comments.

**10. Inspector's Information**

Inspected By: Keith Allen Benne  
 Inspector License: J13

I state that the information on this form is correct at the time and place of my inspection, and that all equipment tested at this time was left in operating condition upon completion of this inspection except as noted in the *Comments*. This system as specified herein has been inspected and tested according to NFPA 72, 2013 edition, Chapter 14.



**Omaha Office**  
6775 South 118th Street  
Omaha, NE 68137  
Phone: 402-592-8225

---

Signature of Inspector

A handwritten signature in black ink, appearing to be 'M. M.', written over a horizontal line.

Date

2/27/2023

11. Owner or Owner's Representative

Owner or Owner's Representative Name

Owner or Owner's Representative Signature **No Signature Available**

Date

2/24/2023

# Fire Alarm Supplementary Form



**Location Code:** VWJJISK

**Contact:** Bevan flynn

**Contact Address:** 801 West Prospector Place  
Lincoln, NE 68522

**Phone:** (402) 479-5453

**Email:** bevan.flynn@nebraska.gov

**Property Evaluated:** Lincoln Regional Center - Annex 5  
(Detention/Correctional)  
801 West Prospector Place  
Lincoln, NE 68522

**Description:** Fire Alarm Supplement (EP4 NOTIFICATION)

**Company:** Omaha Office

**Address:** 6775 South 118th Street  
Omaha, NE 68137

**Company Phone:** 402-592-8225

**Inspector:** Keith Allen Benne  
J13

**Date of Work:** 2/24/2023

**Frequency:** Semi-Annual

---

## Deficiency Summary

There are no reported deficiencies for this submission

---

## General Comments

There are no general comments for this submission



**Omaha Office**  
 6775 South 118th Street  
 Omaha, NE 68137  
 Phone: 402-592-8225

## Fire Alarm Supplementary Form

The work covered on this form is (select one):

Annual

Date of Work

2/24/2023

Account Information		
Facility Name: Lincoln Regional Center - Annex 5	Property Type: Detention/Correctional	Location Code: VWJJISK
Service Address: 801 West Prospector Place, Lincoln, NE, 68522		
Owner: Bevan flynn	Owner's Phone: (402) 479-5453	
Owner's Address: 801 West Prospector Place, Lincoln, NE, 68522		

Legend				
AS - Abort Station	BATT - Batteries	CoD - Carbon Monoxide Detector	CM - Control Module	DA - Damper
DD - Duct Detector	DH - Door Holder	EL - Emergency/Exit Light	FACP - Fire Alarm Control Panel	HD - Heat Detector
HORN - Horns	H/S - Horn-Strobes	LA - Low Air	MM - Monitor Module (Ansul, temp, CO, etc)	
MR - Manual Release	Other	PR - Phase Reversal	PS - Pull Station	PWS - Power Supply
SC - Signal/Sounder Control	SD - Smoke Detector	SD-Ion - Ion Smoke Detector	SD-Photo - Photo Smoke Detector	SPKR - Speakers
S/S - Speaker-Strobes	STROBE - Strobes	TS - Tamper Switch	WF - Waterflow	

Type	Total	Tested	Not Tested	Passed	Failed
■ S/S	6	6	0	6	0
★ STROBE	3	3	0	3	0

Type	Total	Tested	Not Tested	Passed	Failed
🔊 SPKR	1	1	0	1	0

Zone: NOTIFICATION

Zone: NOTIFICATION							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
■ S/S	6	CONF RM		Semi-Annual	2/24/2023	Pass	
■ S/S	1	CORR		Semi-Annual	2/24/2023	Pass	
■ S/S	2	CORR		Semi-Annual	2/24/2023	Pass	
■ S/S	3	CORR		Semi-Annual	2/24/2023	Pass	
■ S/S	4	CORR		Semi-Annual	2/24/2023	Pass	



**Omaha Office**  
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 Omaha, NE 68137  
 Phone: 402-592-8225

Zone: NOTIFICATION							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
■ S/S	5	CORR		Semi-Annual	2/24/2023	Pass	
★ STROBE	10	OFFICE		Semi-Annual	2/24/2023	Pass	
🔊 SPKR	7	OUTSIDE		Semi-Annual	2/24/2023	Pass	
★ STROBE	8	RR		Semi-Annual	2/24/2023	Pass	
★ STROBE	9	RR		Semi-Annual	2/24/2023	Pass	

**Comments**

*Any deficiencies or other problems found with the devices must be explained using the comment specific for each device. Additional comments can be added here.*  
 Please see the summary section at the top of the form for the comments.

**Inspector's Information**

Inspected By

Keith Allen Benne

Inspector License:

J13

I state that the information on this form is correct at the time and place of my inspection, and that all equipment tested at this time was left in operating condition upon completion of this inspection except as noted in the *Comments*.

Signature of Inspector

Date

2/24/2023

**Owner or Owner's Representative**

Owner or Owner's Representative Name

Owner or Owner's Representative Signature

No Signature Available

Date

2/24/2023

# Fire Alarm Supplementary Form



**Location Code:** VWJJISK

**Contact:** Bevan flynn

**Contact Address:** 801 West Prospector Place  
Lincoln, NE 68522

**Phone:** (402) 479-5453

**Email:** bevan.flynn@nebraska.gov

**Property Evaluated:** Lincoln Regional Center - Annex 5  
(Detention/Correctional)  
801 West Prospector Place  
Lincoln, NE 68522

**Description:** Fire Alarm Supplement (EP5 EQUIPMENT)

**Company:** Omaha Office

**Address:** 6775 South 118th Street  
Omaha, NE 68137

**Company Phone:** 402-592-8225

**Inspector:** Keith Allen Benne  
J13

**Date of Work:** 2/24/2023

**Frequency:** Semi-Annual

---

## Deficiency Summary

There are no reported deficiencies for this submission

---

## General Comments

There are no general comments for this submission



**Omaha Office**  
 6775 South 118th Street  
 Omaha, NE 68137  
 Phone: 402-592-8225

## Fire Alarm Supplementary Form

The work covered on this form is (select one):

Annual

Date of Work

2/24/2023

Account Information		
Facility Name: Lincoln Regional Center - Annex 5	Property Type: Detention/Correctional	Location Code: VWJJISK
Service Address: 801 West Prospector Place, Lincoln, NE, 68522		
Owner: Bevan flynn	Owner's Phone: (402) 479-5453	
Owner's Address: 801 West Prospector Place, Lincoln, NE, 68522		

Legend				
AS - Abort Station	BATT - Batteries	CoD - Carbon Monoxide Detector	CM - Control Module	DA - Damper
DD - Duct Detector	DH - Door Holder	EL - Emergency/Exit Light	FACP - Fire Alarm Control Panel	HD - Heat Detector
HORN - Horns	H/S - Horn-Strobes	LA - Low Air	MM - Monitor Module (Ansul, temp, CO, etc)	
MR - Manual Release	Other	PR - Phase Reversal	PS - Pull Station	PWS - Power Supply
SC - Signal/Sounder Control	SD - Smoke Detector	SD-Ion - Ion Smoke Detector	SD-Photo - Photo Smoke Detector	SPKR - Speakers
S/S - Speaker-Strobes	STROBE - Strobes	TS - Tamper Switch	WF - Waterflow	

Type	Total	Tested	Not Tested	Passed	Failed
<input checked="" type="checkbox"/> AMP	1	1	0	1	0
<input checked="" type="checkbox"/> DVC	1	1	0	1	0
<input checked="" type="checkbox"/> PWS PWS	1	1	0	1	0

Type	Total	Tested	Not Tested	Passed	Failed
<input checked="" type="checkbox"/> BATT	1	1	0	1	0
<input checked="" type="checkbox"/> FACP FACP	1	1	0	1	0

### Zone: EQUIPMENT

Zone: EQUIPMENT							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
<input checked="" type="checkbox"/> FACP FACP	1	ENTRY	NFS2-640	Semi-Annual	2/24/2023	Pass	
<input checked="" type="checkbox"/> AMP	4	FACP	DAX-3525 PCA	Semi-Annual	2/24/2023	Pass	
<input checked="" type="checkbox"/> BATT	2	FACP	12V 26 X 2	Semi-Annual	2/24/2023	Pass	
<input checked="" type="checkbox"/> DVC	3	FACP		Semi-Annual	2/24/2023	Pass	





**Omaha Office**  
 6775 South 118th Street  
 Omaha, NE 68137  
 Phone: 402-592-8225

Zone: EQUIPMENT							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
PWS PWS	5	FACP	AMPS 24	Semi-Annual	2/24/2023	Pass	

**Comments**

Any deficiencies or other problems found with the devices must be explained using the comment specific for each device. Additional comments can be added here.

Please see the summary section at the top of the form for the comments.

**Inspector's Information**

Inspected By

Keith Allen Benne

Inspector License:

J13

I state that the information on this form is correct at the time and place of my inspection, and that all equipment tested at this time was left in operating condition upon completion of this inspection except as noted in the *Comments*.

Signature of Inspector

Date

2/24/2023

**Owner or Owner's Representative**

Owner or Owner's Representative Name

Owner or Owner's Representative Signature

No Signature Available

Date

2/24/2023

# Form for Inspection, Testing and Maintenance of Fire Alarms and Signaling Systems



**Location Code:** VWJJISK

**Contact:** Bevan flynn

**Contact Address:** 801 West Prospector Place  
Lincoln, NE 68522

**Phone:** (402) 479-5453

**Email:** bevan.flynn@nebraska.gov

**Property Evaluated:** Lincoln Regional Center - Annex 5  
(Detention/Correctional)  
801 West Prospector Place  
Lincoln, NE 68522

**Description:** Fire Alarm (FORM)

**Company:** Omaha Office

**Address:** 6775 South 118th Street  
Omaha, NE 68137

**Company Phone:** 402-592-8225

**Inspector:** Keith Allen Benne  
J13

**Date of Work:** 2/24/2023

**Frequency:** Annual

---

## Deficiency Summary

Please refer to the Deficiency Summary located on applicable Fire Alarm Supplementary Forms for additional deficiency details.

---

## General Comments

There are no general comments for this submission



**Omaha Office**  
 6775 South 118th Street  
 Omaha, NE 68137  
 Phone: 402-592-8225

# Form for Inspection, Testing and Maintenance of Fire Alarms and Signaling Systems

Separate forms are available for inspection, testing, and maintenance of the rest of the fire protection system of which the fire alarms and signaling systems are a part. More frequent inspection, testing, and maintenance may be necessary depending on the conditions of the occupancy and the water supply.

Notes:

1. All questions are to be answered *Yes, No, or Not Applicable*. All "No" answers are to be explained in the *Comments* for this form.
2. Refer to NFPA-72 for specific inspection frequency requirements for the different components.

The work covered on this form is (select one): Annual

Date of Work 2/24/2023

*All responses refer to the current work (inspection, testing and maintenance) performed on this date.*

### 1. Property Information

Owner: Bevan flynn

Owner's Phone Number: (402) 479-5453

Owner's Address: 801 West Prospector Place, Lincoln, NE, 68522

Property Being Evaluated: Lincoln Regional Center - Annex 5 (Detention/Correctional)

Property Address: 801 West Prospector Place, Lincoln, NE, 68522

Assembly Description: Fire Alarm (FORM)

### 2. Owner's Section

A. Are the fire alarms and signaling systems in service?  Yes  No

B. Have fire alarms and signaling systems remained in service since the last inspection?  Yes  No

C. Was the system (of which the fire alarm and signaling systems are a part) free of actuation of devices or alarms since the last inspection?  Yes  No

D. The required record documents are available and include the current revisions of all fire alarm software and the revisions of software of any systems with which the fire alarm software interfaces?  Yes  No

### 3. Monitoring Information

Monitoring organization: PERMAR

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Account number: \_\_\_\_\_

Phone line 1: \_\_\_\_\_

Phone line 2: \_\_\_\_\_

Means of transmission: \_\_\_\_\_

Entity to which alarms are retransmitted: \_\_\_\_\_

Phone: \_\_\_\_\_

### 4. System Information

4.1 Control Unit: \_\_\_\_\_

Manufacturer: NOTIFIER

Model number: NFS2-640

4.2 Software and Firmware Revision number: 26

4.3 System Power: \_\_\_\_\_

4.3.1 Primary (Main) Power: \_\_\_\_\_

Nominal voltage: 120 VAC

Amps: NA

Location: ENTRY

Overcurrent protection type: BREAKER

Amps: NA

Disconnecting means location: ELECTRICAL

4.3.2 Secondary Power: \_\_\_\_\_

Type: BATTERIES

Location: FACP

Battery type (if applicable):  Lead-acid  Nickel-cadmium

Primary (dry cell)

Sealed lead-acid

Calculated capacity of batteries to drive the system:

In standby mode (hours): 24

In alarm mode (minutes): 15

### 5. Notifications Made Prior To Testing

	Contact	Time
Monitoring organization:	Per Mar	8am
Building management:	Boiler Rm	8am
Building occupants:	Na	Na
Authority Having Jurisdiction:	Na	Na
Other, if required:		



**6. Testing Results**

**6.1 Control Unit and Related Equipment**

Description	Visual Inspection	Functional Test	Results
Control unit	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Lamps/LEDs/LCDs	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Fuses	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Trouble signals	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Disconnect switches	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Ground-fault monitoring	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Supervision	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Local annunciator	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Remote annunciators	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Remote power panels	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A

**6.2 Secondary Power**

Description	Visual Inspection	Functional Test	Results
Battery condition	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Load voltage	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Discharge test	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Charger test	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Remote panel batteries	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A

**6.3 Alarm and Supervisory Alarm Initiating Device**

Complete supplementary device test form for all initiating devices.

**6.4 Notification Appliances**

Complete supplementary appliance test form for all notification appliances.

**6.5 Interface Equipment**

Complete supplementary interface component test form for all interface components.  
*Circuit Interface / Signaling Line Circuit Interface / Fire Alarm Control Interface*

**6.6 Supervising Station Monitoring**

Description	Yes/No	Time (sec)	Results
Alarm signal	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Alarm restoration	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Trouble signal	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Trouble restoration	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Supervisory signal	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Supervisory restoration	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A

**6.7 Public Emergency Alarm Reporting System**

Description	Yes/No	Time (seconds)	Results
Alarm signal	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Alarm restoration	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Trouble signal	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Trouble restoration	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Supervisory signal	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Supervisory restoration	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A

**7. Notifications That Testing Is Complete**

	Contact	Time
Monitoring organization:	Per Mar	3pm
Building management:	Boiler Rm	3pm
Building occupants:	Na	Na
Authority Having Jurisdiction:	Na	Na
Other, if required:		

**8. System Restored To Normal Operation**

Date: 2/24/2023

Time: 3pm

**9. Comments**

*Any "No" answers, test failures or other problems found with the fire alarm system must be explained using the comment specific for each question. Additional comments can be added here.*

Please see the summary section at the top of the form for the comments.

**10. Inspector's Information**

Inspected By: Keith Allen Benne  
 Inspector License: J13

I state that the information on this form is correct at the time and place of my inspection, and that all equipment tested at this time was left in operating condition upon completion of this inspection except as noted in the *Comments*. This system as specified herein has been inspected and tested according to NFPA 72, 2013 edition, Chapter 14.



**Omaha Office**  
6775 South 118th Street  
Omaha, NE 68137  
Phone: 402-592-8225

---

Signature of Inspector

A handwritten signature in black ink, appearing to be 'W. W. W.', written over a horizontal line.

Date

2/24/2023

11. Owner or Owner's Representative

Owner or Owner's Representative Name

Owner or Owner's Representative Signature **No Signature Available**

Date

2/24/2023

# Fire Alarm Supplementary Form



**Location Code:** WPVMKMS

**Contact:** Bevan flynn

**Contact Address:** Building 11 - 801 West Prospector Place  
Lincoln, NE 68522

**Phone:** (402) 479-5453

**Email:** bevan.flynn@nebraska.gov

**Property Evaluated:** Lincoln Regional Center - Building 11  
(Detention/Correctional)  
Building 11 - 801 West Prospector Place  
Lincoln, NE 68522

**Description:** Fire Alarm Supplement (TJC EP5 EQUIPMENT)

**Company:** Omaha Office

**Address:** 6775 South 118th Street  
Omaha, NE 68137

**Company Phone:** 402-592-8225

**Inspector:** Keith Allen Benne  
J13

**Date of Work:** 2/20/2023

**Frequency:** Semi-Annual

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## Deficiency Summary

There are no reported deficiencies for this submission

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## General Comments

There are no general comments for this submission



**Omaha Office**  
 6775 South 118th Street  
 Omaha, NE 68137  
 Phone: 402-592-8225

## Fire Alarm Supplementary Form

The work covered on this form is (select one):

Annual

Date of Work

2/20/2023

Account Information		
Facility Name: Lincoln Regional Center - Building 11	Property Type: Detention/Correctional	Location Code: WPVMMKMS
Service Address: Building 11 - 801 West Prospector Place, Lincoln, NE, 68522		
Owner: Bevan flynn	Owner's Phone: (402) 479-5453	
Owner's Address: Building 11 - 801 West Prospector Place, Lincoln, NE, 68522		

Legend				
AS - Abort Station	BATT - Batteries	CoD - Carbon Monoxide Detector	CM - Control Module	DA - Damper
DD - Duct Detector	DH - Door Holder	EL - Emergency/Exit Light	FACP - Fire Alarm Control Panel	HD - Heat Detector
HORN - Horns	H/S - Horn-Strobes	LA - Low Air	MM - Monitor Module (Ansul, temp, CO, etc)	
MR - Manual Release	Other	PR - Phase Reversal	PS - Pull Station	PWS - Power Supply
SC - Signal/Sounder Control	SD - Smoke Detector	SD-Ion - Ion Smoke Detector	SD-Photo - Photo Smoke Detector	SPKR - Speakers
S/S - Speaker-Strobes	STROBE - Strobes	TS - Tamper Switch	WF - Waterflow	

Type	Total	Tested	Not Tested	Passed	Failed
<input checked="" type="checkbox"/> AMP	1	1	0	1	0
<input checked="" type="checkbox"/> BATT	1	1	0	1	0
<input checked="" type="checkbox"/> FACP FACP	1	1	0	1	0

Type	Total	Tested	Not Tested	Passed	Failed
<input checked="" type="checkbox"/> ANNUNCIATOR	1	1	0	1	0
<input checked="" type="checkbox"/> DVC	1	1	0	1	0
<input checked="" type="checkbox"/> PWS PWS	1	1	0	1	0

### Zone: EQUIPMENT

Zone: EQUIPMENT							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
<input checked="" type="checkbox"/> ANNUNCIATOR	3	BOILER OFFICE	NCA-1	Semi-Annual	2/20/2023	Pass	
<input checked="" type="checkbox"/> AMP	5	FACP	DAA2-5025 PCA	Semi-Annual	2/20/2023	Pass	
<input checked="" type="checkbox"/> BATT	2	FACP	12V 26 AMP X 2	Semi-Annual	2/20/2023	Pass	



**Omaha Office**  
 6775 South 118th Street  
 Omaha, NE 68137  
 Phone: 402-592-8225

Zone: EQUIPMENT							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
<input checked="" type="checkbox"/> DVC	4	FACP	DVC	Semi-Annual	2/20/2023	Pass	
<input checked="" type="checkbox"/> PWS	6	FACP	AMPS-24	Semi-Annual	2/20/2023	Pass	
<input checked="" type="checkbox"/> FACP	1	GROUNDS OFFICE	NFS2-640	Semi-Annual	2/20/2023	Pass	

**Comments**

Any deficiencies or other problems found with the devices must be explained using the comment specific for each device. Additional comments can be added here.

Please see the summary section at the top of the form for the comments.

**Inspector's Information**

Inspected By

Keith Allen Benne

Inspector License:

J13

I state that the information on this form is correct at the time and place of my inspection, and that all equipment tested at this time was left in operating condition upon completion of this inspection except as noted in the *Comments*.

Signature of Inspector

Date

2/20/2023

**Owner or Owner's Representative**

Owner or Owner's Representative Name

Owner or Owner's Representative Signature

No Signature Available

Date

2/20/2023



# Form for Inspection, Testing and Maintenance of Fire Alarms and Signaling Systems



**Location Code:** WPVMKMS

**Contact:** Bevan flynn

**Contact Address:** Building 11 - 801 West Prospector Place  
Lincoln, NE 68522

**Phone:** (402) 479-5453

**Email:** bevan.flynn@nebraska.gov

**Property Evaluated:** Lincoln Regional Center - Building 11  
(Detention/Correctional)  
Building 11 - 801 West Prospector Place  
Lincoln, NE 68522

**Description:** Fire Alarm (FORM)

**Company:** Omaha Office

**Address:** 6775 South 118th Street  
Omaha, NE 68137

**Company Phone:** 402-592-8225

**Inspector:** Keith Allen Benne  
J13

**Date of Work:** 2/20/2023

**Frequency:** Annual

---

## Deficiency Summary

Please refer to the Deficiency Summary located on applicable Fire Alarm Supplementary Forms for additional deficiency details.

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## General Comments

There are no general comments for this submission



**Omaha Office**  
 6775 South 118th Street  
 Omaha, NE 68137  
 Phone: 402-592-8225

# Form for Inspection, Testing and Maintenance of Fire Alarms and Signaling Systems

Separate forms are available for inspection, testing, and maintenance of the rest of the fire protection system of which the fire alarms and signaling systems are a part. More frequent inspection, testing, and maintenance may be necessary depending on the conditions of the occupancy and the water supply.

Notes:

1. All questions are to be answered *Yes, No, or Not Applicable*. All "No" answers are to be explained in the *Comments* for this form.
2. Refer to NFPA-72 for specific inspection frequency requirements for the different components.

The work covered on this form is (select one): \_\_\_\_\_ Annual

Date of Work \_\_\_\_\_ 2/20/2023

*All responses refer to the current work (inspection, testing and maintenance) performed on this date.*

### 1. Property Information

Owner: \_\_\_\_\_

Bevan flynn

Owner's Phone Number: \_\_\_\_\_

(402) 479-5453

Owner's Address: \_\_\_\_\_

Building 11 - 801 West Prospector Place, Lincoln, NE, 68522

Property Being Evaluated: \_\_\_\_\_

Lincoln Regional Center - Building 11 (Detention/Correctional)

Property Address: \_\_\_\_\_

Building 11 - 801 West Prospector Place, Lincoln, NE, 68522

Assembly Description: \_\_\_\_\_

Fire Alarm (FORM)

### 2. Owner's Section

A. Are the fire alarms and signaling systems in service?  Yes  No

B. Have fire alarms and signaling systems remained in service since the last inspection?  Yes  No

C. Was the system (of which the fire alarm and signaling systems are a part) free of actuation of devices or alarms since the last inspection?  Yes  No

D. The required record documents are available and include the current revisions of all fire alarm software and the revisions of software of any systems with which the fire alarm software interfaces?  Yes  No

### 3. Monitoring Information

Monitoring organization: \_\_\_\_\_ PERMAR

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Account number: \_\_\_\_\_

Phone line 1: \_\_\_\_\_

Phone line 2: \_\_\_\_\_

Means of transmission: \_\_\_\_\_ POTS

Entity to which alarms are retransmitted: \_\_\_\_\_

Phone: \_\_\_\_\_

### 4. System Information

4.1 Control Unit: \_\_\_\_\_

Manufacturer: \_\_\_\_\_ NOTIFIER

Model number: \_\_\_\_\_ NFS2-3030

4.2 Software and Firmware Revision number: \_\_\_\_\_ 27

4.3 System Power: \_\_\_\_\_

4.3.1 Primary (Main) Power: \_\_\_\_\_

Nominal voltage: \_\_\_\_\_ 120VAC

Amps: \_\_\_\_\_ NA

Location: \_\_\_\_\_ OFFICE

Overcurrent protection type: \_\_\_\_\_ BREAKER

Amps: \_\_\_\_\_ NA

Disconnecting means location: \_\_\_\_\_ ELECTRICAL

4.3.2 Secondary Power: \_\_\_\_\_

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

Location: \_\_\_\_\_ FACP

Battery type (if applicable):  Lead-acid  Nickel-cadmium

Primary (dry cell)

Sealed lead-acid

Calculated capacity of batteries to drive the system:

In standby mode (hours): \_\_\_\_\_ 24

In alarm mode (minutes): \_\_\_\_\_ 5

### 5. Notifications Made Prior To Testing

	Contact	Time
Monitoring organization:	Permar	9:30am
Building management:	Boiler Bldg	9:30am
Building occupants:	Na	Na
Authority Having Jurisdiction:	Na	Na
Other, if required:	Na	Na



**6. Testing Results**

**6.1 Control Unit and Related Equipment**

Description	Visual Inspection	Functional Test	Results
Control unit	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Lamps/LEDs/LCDs	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Fuses	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Trouble signals	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Disconnect switches	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Ground-fault monitoring	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Supervision	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Local annunciator	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Remote annunciators	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Remote power panels	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A

**6.2 Secondary Power**

Description	Visual Inspection	Functional Test	Results
Battery condition	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Load voltage	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Discharge test	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Charger test	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Remote panel batteries	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A

**6.3 Alarm and Supervisory Alarm Initiating Device**

Complete supplementary device test form for all initiating devices.

**6.4 Notification Appliances**

Complete supplementary appliance test form for all notification appliances.

**6.5 Interface Equipment**

Complete supplementary interface component test form for all interface components.  
*Circuit Interface / Signaling Line Circuit Interface / Fire Alarm Control Interface*

**6.6 Supervising Station Monitoring**

Description	Yes/No	Time (sec)	Results
Alarm signal	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Alarm restoration	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Trouble signal	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Trouble restoration	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Supervisory signal	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Supervisory restoration	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A

**6.7 Public Emergency Alarm Reporting System**

Description	Yes/No	Time (seconds)	Results
Alarm signal	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Alarm restoration	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Trouble signal	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Trouble restoration	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Supervisory signal	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Supervisory restoration	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A

**7. Notifications That Testing Is Complete**

	Contact	Time
Monitoring organization:	Permar	12pm
Building management:	Boiler Bldg	12pm
Building occupants:	Na	Na
Authority Having Jurisdiction:	Na	Na
Other, if required:		

**8. System Restored To Normal Operation**

Date: 2/20/2023  
 Time: 12pm

**9. Comments**

*Any "No" answers, test failures or other problems found with the fire alarm system must be explained using the comment specific for each question. Additional comments can be added here.*

Please see the summary section at the top of the form for the comments.

**10. Inspector's Information**

Inspected By: Keith Allen Benne  
 Inspector License: J13

I state that the information on this form is correct at the time and place of my inspection, and that all equipment tested at this time was left in operating condition upon completion of this inspection except as noted in the *Comments*. This system as specified herein has been inspected and tested according to NFPA 72, 2013 edition, Chapter 14.



**Omaha Office**  
6775 South 118th Street  
Omaha, NE 68137  
Phone: 402-592-8225

---

Signature of Inspector

A handwritten signature in black ink, appearing to be 'M/M'.

Date

2/20/2023

11. Owner or Owner's Representative

Owner or Owner's Representative Name

Owner or Owner's Representative Signature **No Signature Available**

Date

2/20/2023

# Fire Alarm Supplementary Form



**Location Code:** VWJJISK

**Contact:** Kris Hoover

**Contact Address:** 801 West Prospector Place  
Lincoln, NE 68522

**Phone:** (402) 479-5453

**Email:** kris.hoover@nebraska.gov

**Property Evaluated:** Lincoln Regional Center - Annex 5  
(Detention/Correctional)  
801 West Prospector Place  
Lincoln, NE 68522

**Description:** Fire Alarm Supplement (EP5 EQUIPMENT)

**Company:** Omaha Office

**Address:** 6775 South 118th Street  
Omaha, NE 68137

**Company Phone:** 402-592-8225

**Inspector:** Conner Lynn Holsclaw  
O30

**Date of Work:** 10/17/2023

**Frequency:** Semi-Annual

---

## Deficiency Summary

There are no reported deficiencies for this submission

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## General Comments

There are no general comments for this submission



**Omaha Office**  
 6775 South 118th Street  
 Omaha, NE 68137  
 Phone: 402-592-8225

## Fire Alarm Supplementary Form

The work covered on this form is (select one):

Semi-Annual

Date of Work

10/17/2023

Account Information		
Facility Name: Lincoln Regional Center - Annex 5	Property Type: Detention/Correctional	Location Code: VWJJISK
Service Address: 801 West Prospector Place, Lincoln, NE, 68522		
Owner: Kris Hoover	Owner's Phone: (402) 479-5453	
Owner's Address: 801 West Prospector Place, Lincoln, NE, 68522		

Legend				
AS - Abort Station	BATT - Batteries	CoD - Carbon Monoxide Detector	CM - Control Module	DA - Damper
DD - Duct Detector	DH - Door Holder	EL - Emergency/Exit Light	FACP - Fire Alarm Control Panel	HD - Heat Detector
HORN - Horns	H/S - Horn-Strobes	LA - Low Air	MM - Monitor Module (Ansul, temp, CO, etc)	
MR - Manual Release	Other	PR - Phase Reversal	PS - Pull Station	PWS - Power Supply
SC - Signal/Sounder Control	SD - Smoke Detector	SD-Ion - Ion Smoke Detector	SD-Photo - Photo Smoke Detector	SPKR - Speakers
S/S - Speaker-Strobes	STROBE - Strobes	TS - Tamper Switch	WF - Waterflow	

Type	Total	Tested	Not Tested	Passed	Failed
AMP	1	0	1	0	0
DVC	1	0	1	0	0
PWS	1	0	1	0	0

Type	Total	Tested	Not Tested	Passed	Failed
BATT	1	1	0	1	0
FACP	1	0	1	0	0

### Zone: EQUIPMENT

Zone: EQUIPMENT							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
FACP	1	ENTRY	NFS2-640		2/24/2023	N/A	
AMP	4	FACP	DAX-3525 PCA		2/24/2023	N/A	
BATT	2	FACP	12V 35AMP X 2	Semi-Annual	10/17/2023	Pass	
DVC	3	FACP			2/24/2023	N/A	



**Omaha Office**  
 6775 South 118th Street  
 Omaha, NE 68137  
 Phone: 402-592-8225

Zone: EQUIPMENT							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
PWS	5	FACP	AMPS 24		2/24/2023	N/A	

**Comments**

Any deficiencies or other problems found with the devices must be explained using the comment specific for each device. Additional comments can be added here.

Please see the summary section at the top of the form for the comments.

**Inspector's Information**

Inspected By

Conner Lynn Holsclaw

Inspector License:

O30

I state that the information on this form is correct at the time and place of my inspection, and that all equipment tested at this time was left in operating condition upon completion of this inspection except as noted in the *Comments*.

Signature of Inspector

10/17/2023

Date

**Owner or Owner's Representative**

Owner or Owner's Representative Name

NA

Owner or Owner's Representative Signature

No Signature Available

Date

10/17/2023

# Form for Inspection, Testing and Maintenance of Fire Alarms and Signaling Systems



**Location Code:** VWJJISK

**Contact:** Kris Hoover

**Contact Address:** 801 West Prospector Place  
Lincoln, NE 68522

**Phone:** (402) 479-5453

**Email:** kris.hoover@nebraska.gov

**Property Evaluated:** Lincoln Regional Center - Annex 5  
(Detention/Correctional)  
801 West Prospector Place  
Lincoln, NE 68522

**Description:** Fire Alarm (FORM)

**Company:** Omaha Office

**Address:** 6775 South 118th Street  
Omaha, NE 68137

**Company Phone:** 402-592-8225

**Inspector:** Conner Lynn Holsclaw  
O30

**Date of Work:** 10/17/2023

**Frequency:** Semi-Annual

---

## Deficiency Summary

Please refer to the Deficiency Summary located on applicable Fire Alarm Supplementary Forms for additional deficiency details.

---

## General Comments

There are no general comments for this submission





**Omaha Office**  
 6775 South 118th Street  
 Omaha, NE 68137  
 Phone: 402-592-8225

## Form for Inspection, Testing and Maintenance of Fire Alarms and Signaling Systems

Separate forms are available for inspection, testing, and maintenance of the rest of the fire protection system of which the fire alarms and signaling systems are a part. More frequent inspection, testing, and maintenance may be necessary depending on the conditions of the occupancy and the water supply.

Notes:

1. All questions are to be answered *Yes, No, or Not Applicable*. All "No" answers are to be explained in the *Comments* for this form.
2. Refer to NFPA-72 for specific inspection frequency requirements for the different components.

The work covered on this form is (select one): Semi-Annual

Date of Work 10/17/2023

*All responses refer to the current work (inspection, testing and maintenance) performed on this date.*

### 1. Property Information

Owner: Kris Hoover

Owner's Phone Number: (402) 479-5453

Owner's Address: 801 West Prospector Place, Lincoln, NE, 68522

Property Being Evaluated: Lincoln Regional Center - Annex 5 (Detention/Correctional)

Property Address: 801 West Prospector Place, Lincoln, NE, 68522

Assembly Description: Fire Alarm (FORM)

### 2. Owner's Section

A. Are the fire alarms and signaling systems in service?  Yes  No

B. Have fire alarms and signaling systems remained in service since the last inspection?  Yes  No

C. Was the system (of which the fire alarm and signaling systems are a part) free of actuation of devices or alarms since the last inspection?  Yes  No

D. The required record documents are available and include the current revisions of all fire alarm software and the revisions of software of any systems with which the fire alarm software interfaces?  Yes  No

### 3. Monitoring Information

Monitoring organization: PERMAR

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Account number: \_\_\_\_\_

Phone line 1: \_\_\_\_\_

Phone line 2: \_\_\_\_\_

Means of transmission: \_\_\_\_\_

Entity to which alarms are retransmitted: \_\_\_\_\_

Phone: \_\_\_\_\_

### 4. System Information

4.1 Control Unit: \_\_\_\_\_

Manufacturer: NOTIFIER

Model number: NFS2-640

4.2 Software and Firmware Revision number: 26

4.3 System Power: \_\_\_\_\_

4.3.1 Primary (Main) Power: \_\_\_\_\_

Nominal voltage: 120 VAC

Amps: NA

Location: ENTRY

Overcurrent protection type: BREAKER

Amps: NA

Disconnecting means location: ELECTRICAL

4.3.2 Secondary Power: \_\_\_\_\_

Type: BATTERIES

Location: FACP

Battery type (if applicable):  Lead-acid  Nickel-cadmium

Primary (dry cell)

Sealed lead-acid

Calculated capacity of batteries to drive the system:

In standby mode (hours): 24

In alarm mode (minutes): 15

### 5. Notifications Made Prior To Testing

	Contact	Time
Monitoring organization:	PERMAR	1:00
Building management:	MAINTENANCE	1:00
Building occupants:	NA	NA
Authority Having Jurisdiction:	NA	NA
Other, if required:		



**6. Testing Results**

**6.1 Control Unit and Related Equipment**

Description	Visual Inspection	Functional Test	Results
Control unit	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Lamps/LEDs/LCDs	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Fuses	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Trouble signals	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Disconnect switches	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Ground-fault monitoring	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Supervision	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Local annunciator	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Remote annunciators	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Remote power panels	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A

**6.2 Secondary Power**

Description	Visual Inspection	Functional Test	Results
Battery condition	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Load voltage	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Discharge test	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Charger test	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Remote panel batteries	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A

**6.3 Alarm and Supervisory Alarm Initiating Device**

Complete supplementary device test form for all initiating devices.

**6.4 Notification Appliances**

Complete supplementary appliance test form for all notification appliances.

**6.5 Interface Equipment**

Complete supplementary interface component test form for all interface components.  
*Circuit Interface / Signaling Line Circuit Interface / Fire Alarm Control Interface*

**6.6 Supervising Station Monitoring**

Description	Yes/No	Time (sec)	Results
Alarm signal	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Alarm restoration	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Trouble signal	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Trouble restoration	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Supervisory signal	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Supervisory restoration	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A

**6.7 Public Emergency Alarm Reporting System**

Description	Yes/No	Time (seconds)	Results
Alarm signal	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Alarm restoration	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Trouble signal	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Trouble restoration	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Supervisory signal	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Supervisory restoration	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A

**7. Notifications That Testing Is Complete**

	Contact	Time
Monitoring organization:	PERMAR	1:30
Building management:	MAINTENANCE	1:30
Building occupants:	NA	NA
Authority Having Jurisdiction:	NA	NA
Other, if required:		

**8. System Restored To Normal Operation**

Date: 10/17/2023

Time: 1:30

**9. Comments**

*Any "No" answers, test failures or other problems found with the fire alarm system must be explained using the comment specific for each question. Additional comments can be added here.*

Please see the summary section at the top of the form for the comments.

**10. Inspector's Information**

Inspected By: Conner Lynn Holsclaw  
 Inspector License: O30

I state that the information on this form is correct at the time and place of my inspection, and that all equipment tested at this time was left in operating condition upon completion of this inspection except as noted in the *Comments*. This system as specified herein has been inspected and tested according to NFPA 72, 2013 edition, Chapter 14.



**Omaha Office**  
6775 South 118th Street  
Omaha, NE 68137  
Phone: 402-592-8225

---

Signature of Inspector

Date

10/17/2023

11. Owner or Owner's Representative

Owner or Owner's Representative Name

NA

Owner or Owner's Representative Signature

**No Signature Available**

Date

10/17/2023

# Fire Alarm Supplementary Form



**Location Code:** URVENHG

**Contact:** Kris Hoover

**Contact Address:** Building 3 - 801 West Prospector Place  
Lincoln, NE 68522

**Phone:** (402) 479-5451

**Email:** kris.hoover@nebraska.gov

**Property Evaluated:** Lincoln Regional Center - Building 3  
(Detention/Correctional)  
Building 3 - 801 West Prospector Place  
Lincoln, NE 68522

**Description:** Fire Alarm Supplement (TJC EP2 Tamper/ Waterflows)

**Company:** Omaha Office

**Address:** 6775 South 118th Street  
Omaha, NE 68137

**Company Phone:** 402-592-8225

**Inspector:** Conner Lynn Holsclaw  
O30

**Date of Work:** 10/17/2023

**Frequency:** Annual

---

## Deficiency Summary

There are no reported deficiencies for this submission

---

## General Comments

There are no general comments for this submission



**Omaha Office**  
 6775 South 118th Street  
 Omaha, NE 68137  
 Phone: 402-592-8225

## Fire Alarm Supplementary Form

The work covered on this form is (select one):

Semi-Annual

Date of Work

10/17/2023

Account Information		
Facility Name: Lincoln Regional Center - Building 3	Property Type: Detention/Correctional	Location Code: URVENHG
Service Address: Building 3 - 801 West Prospector Place, Lincoln, NE, 68522		
Owner: Kris Hoover	Owner's Phone: (402) 479-5451	
Owner's Address: Building 3 - 801 West Prospector Place, Lincoln, NE, 68522		

Legend				
AS - Abort Station	BATT - Batteries	CoD - Carbon Monoxide Detector	CM - Control Module	DA - Damper
DD - Duct Detector	DH - Door Holder	EL - Emergency/Exit Light	FACP - Fire Alarm Control Panel	HD - Heat Detector
HORN - Horns	H/S - Horn-Strobes	LA - Low Air	MM - Monitor Module (Ansul, temp, CO, etc)	
MR - Manual Release	Other	PR - Phase Reversal	PS - Pull Station	PWS - Power Supply
SC - Signal/Sounder Control	SD - Smoke Detector	SD-Ion - Ion Smoke Detector	SD-Photo - Photo Smoke Detector	SPKR - Speakers
S/S - Speaker-Strobes	STROBE - Strobes	TS - Tamper Switch	WF - Waterflow	

Type	Total	Tested	Not Tested	Passed	Failed
☉ MM	3	3	0	3	0
☰ WF	4	4	0	4	0

Type	Total	Tested	Not Tested	Passed	Failed
☪ TS	3	3	0	3	0

### Zone: Tamper/ Water Flows

Zone: Tamper/ Water Flows							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
☰ WF	L1M33	1st Floor Custodial		Annual	10/17/2023	Pass	
☪ TS	L1M32	1st Flr Custodial		Annual	10/17/2023	Pass	
☪ TS	L2M01	2nd Floor Custodial		Annual	10/17/2023	Pass	
☰ WF	L2M02	2nd Floor Custodial		Annual	10/17/2023	Pass	
☉ MM	L1M14	BackFlow		Annual	10/17/2023	Pass	



**Omaha Office**  
 6775 South 118th Street  
 Omaha, NE 68137  
 Phone: 402-592-8225

Zone: Tamper/ Water Flows							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
TS	L1M17	BSMT Tamper		Annual	10/17/2023	Pass	
WF	L1M11	BSMT Waterflow		Annual	10/17/2023	Pass	
MM	L1M15	PIV		Annual	10/17/2023	Pass	
MM	L1M16	Riser 1 and 2		Annual	10/17/2023	Pass	
WF	L1M12	Riser 1 and 2 Waterflow		Annual	10/17/2023	Pass	

**Comments**

*Any deficiencies or other problems found with the devices must be explained using the comment specific for each device. Additional comments can be added here.*  
 Please see the summary section at the top of the form for the comments.

**Inspector's Information**

Inspected By

Inspector License:

I state that the information on this form is correct at the time and place of my inspection, and that all equipment tested at this time was left in operating condition upon completion of this inspection except as noted in the *Comments*.

Signature of Inspector

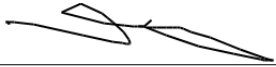
Date

**Owner or Owner's Representative**

Owner or Owner's Representative Name

Owner or Owner's Representative Signature

Date

\_\_\_\_\_  
 Conner Lynn Holsclaw  
 O30  
 \_\_\_\_\_  
  
 \_\_\_\_\_  
 10/17/2023  
 \_\_\_\_\_  
 NA  
 \_\_\_\_\_  
 No Signature Available  
 \_\_\_\_\_  
 10/17/2023  
 \_\_\_\_\_

# Fire Alarm Supplementary Form



**Location Code:** URVENHG

**Contact:** Kris Hoover

**Contact Address:** Building 3 - 801 West Prospector Place  
Lincoln, NE 68522

**Phone:** (402) 479-5451

**Email:** kris.hoover@nebraska.gov

**Property Evaluated:** Lincoln Regional Center - Building 3  
(Detention/Correctional)  
Building 3 - 801 West Prospector Place  
Lincoln, NE 68522

**Description:** Fire Alarm Supplement (TJC EP5 FA Equipment  
Signals)

**Company:** Omaha Office

**Address:** 6775 South 118th Street  
Omaha, NE 68137

**Company Phone:** 402-592-8225

**Inspector:** Conner Lynn Holsclaw  
O30

**Date of Work:** 10/17/2023

**Frequency:** Annual

---

## Deficiency Summary

There are no reported deficiencies for this submission

---

## General Comments

There are no general comments for this submission



**Omaha Office**  
 6775 South 118th Street  
 Omaha, NE 68137  
 Phone: 402-592-8225

## Fire Alarm Supplementary Form

The work covered on this form is (select one):

Semi-Annual

Date of Work

10/17/2023

Account Information		
Facility Name: Lincoln Regional Center - Building 3	Property Type: Detention/Correctional	Location Code: URVENHG
Service Address: Building 3 - 801 West Prospector Place, Lincoln, NE, 68522		
Owner: Kris Hoover	Owner's Phone: (402) 479-5451	
Owner's Address: Building 3 - 801 West Prospector Place, Lincoln, NE, 68522		

Legend				
AS - Abort Station	BATT - Batteries	CoD - Carbon Monoxide Detector	CM - Control Module	DA - Damper
DD - Duct Detector	DH - Door Holder	EL - Emergency/Exit Light	FACP - Fire Alarm Control Panel	HD - Heat Detector
HORN - Horns	H/S - Horn-Strobes	LA - Low Air	MM - Monitor Module (Ansul, temp, CO, etc)	
MR - Manual Release	Other	PR - Phase Reversal	PS - Pull Station	PWS - Power Supply
SC - Signal/Sounder Control	SD - Smoke Detector	SD-Ion - Ion Smoke Detector	SD-Photo - Photo Smoke Detector	SPKR - Speakers
S/S - Speaker-Strobes	STROBE - Strobes	TS - Tamper Switch	WF - Waterflow	

Type	Total	Tested	Not Tested	Passed	Failed
Amplifier	1	0	1	0	0
FACP	1	0	1	0	0

Type	Total	Tested	Not Tested	Passed	Failed
BATT	5	5	0	5	0
PWS	4	3	1	3	0

### Zone: Panels

Zone: Panels							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
PWS	5	1ST FLR ELECTRICAL	PSE-6	Annual	10/17/2023	Pass	
BATT	6	1ST FLR ELECTRICAL PWS		Annual	10/17/2023	Pass	
PWS	7	2ND FLR ELECTRICAL	PSE-6	Annual	10/17/2023	Pass	
BATT	8	2ND FLR ELECTRICAL PWS	12V 7 AMP HR X 2	Annual	10/17/2023	Pass	





**Omaha Office**  
 6775 South 118th Street  
 Omaha, NE 68137  
 Phone: 402-592-8225

Zone: Panels							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
BATT	1	BATTERY BOX	12V 55 AMP X2 FOR FACP AND AMP	Annual	10/17/2023	Pass	
BATT	2	BSMT ELECTRICAL CLOSET	12V 7 AMP HR X 2	Annual	10/17/2023	Pass	
PWS	NA	BSMT ELECTRICAL CLOSET			2/24/2023	N/A	
PWS	3	BSMT STORAGE FOR SUPP.	PSE-6	Annual	10/17/2023	Pass	
BATT	4	BSMT STORAGE PWS	12V 7 AMP X 2	Annual	10/17/2023	Pass	
FACP	NA	Front Entrance			2/24/2023	N/A	
Amplifer	NA	IN FACP Cabinet			2/24/2023	N/A	

**Comments**

Any deficiencies or other problems found with the devices must be explained using the comment specific for each device. Additional comments can be added here.  
 Please see the summary section at the top of the form for the comments.

**Inspector's Information**

Inspected By  
 Inspector License:

\_\_\_\_\_  
 Conner Lynn Holsclaw  
 O30

I state that the information on this form is correct at the time and place of my inspection, and that all equipment tested at this time was left in operating condition upon completion of this inspection except as noted in the *Comments*.

Signature of Inspector

\_\_\_\_\_  
 10/17/2023

Date  
**Owner or Owner's Representative**

Owner or Owner's Representative Name  
 Owner or Owner's Representative Signature

\_\_\_\_\_  
 NA  
 No Signature Available

Date

\_\_\_\_\_  
 10/17/2023

# Form for Inspection, Testing and Maintenance of Fire Alarms and Signaling Systems



**Location Code:** URVENHG

**Contact:** Kris Hoover

**Contact Address:** Building 3 - 801 West Prospector Place  
Lincoln, NE 68522

**Phone:** (402) 479-5451

**Email:** kris.hoover@nebraska.gov

**Property Evaluated:** Lincoln Regional Center - Building 3  
(Detention/Correctional)  
Building 3 - 801 West Prospector Place  
Lincoln, NE 68522

**Description:** Fire Alarm (TJC - Fire Alarm)

**Company:** Omaha Office

**Address:** 6775 South 118th Street  
Omaha, NE 68137

**Company Phone:** 402-592-8225

**Inspector:** Conner Lynn Holsclaw  
O30

**Date of Work:** 10/17/2023

**Frequency:** Semi-Annual

---

## Deficiency Summary

Please refer to the Deficiency Summary located on applicable Fire Alarm Supplementary Forms for additional deficiency details.

---

## General Comments

There are no general comments for this submission



**Omaha Office**  
 6775 South 118th Street  
 Omaha, NE 68137  
 Phone: 402-592-8225

## Form for Inspection, Testing and Maintenance of Fire Alarms and Signaling Systems

Separate forms are available for inspection, testing, and maintenance of the rest of the fire protection system of which the fire alarms and signaling systems are a part. More frequent inspection, testing, and maintenance may be necessary depending on the conditions of the occupancy and the water supply.

**Notes:**

1. All questions are to be answered *Yes, No, or Not Applicable*. All "No" answers are to be explained in the *Comments* for this form.
2. Refer to NFPA-72 for specific inspection frequency requirements for the different components.

The work covered on this form is (select one): Semi-Annual

Date of Work 10/17/2023

*All responses refer to the current work (inspection, testing and maintenance) performed on this date.*

### 1. Property Information

Owner: Kris Hoover

Owner's Phone Number: (402) 479-5451

Owner's Address: Building 3 - 801 West Prospector Place, Lincoln, NE, 68522

Property Being Evaluated: Lincoln Regional Center - Building 3 (Detention/Correctional)

Property Address: Building 3 - 801 West Prospector Place, Lincoln, NE, 68522

Assembly Description: Fire Alarm (TJC - Fire Alarm)

### 2. Owner's Section

A. Are the fire alarms and signaling systems in service?  Yes  No

B. Have fire alarms and signaling systems remained in service since the last inspection?  Yes  No

C. Was the system (of which the fire alarm and signaling systems are a part) free of actuation of devices or alarms since the last inspection?  Yes  No

D. The required record documents are available and include the current revisions of all fire alarm software and the revisions of software of any systems with which the fire alarm software interfaces?  Yes  No

### 3. Monitoring Information

Monitoring organization: Per Mar

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Account number: \_\_\_\_\_

Phone line 1: \_\_\_\_\_

Phone line 2: \_\_\_\_\_

Means of transmission: RADIO

Entity to which alarms are retransmitted: \_\_\_\_\_

Phone: \_\_\_\_\_

### 4. System Information

4.1 Control Unit: Manufacturer: Notifier

Model number: 3030

4.2 Software and Firmware Revision number: 27

4.3 System Power: 4.3.1 Primary (Main) Power: Nominal voltage: 120v

Amps: NA

Location: FACP

Overcurrent protection type: NA

Amps: NA

Disconnecting means location: Breaker

4.3.2 Secondary Power: Type: BATTERY

Location: IN FACP

Battery type (if applicable):  Lead-acid  Nickel-cadmium

Primary (dry cell)

Sealed lead-acid

Calculated capacity of batteries to drive the system:

In standby mode (hours): 24

In alarm mode (minutes): 15

### 5. Notifications Made Prior To Testing

	Contact	Time
Monitoring organization:	PERMAR	12:30
Building management:	MAINTENANCE	12:30
Building occupants:	NA	NA
Authority Having Jurisdiction:	NA	NA
Other, if required:		



**6. Testing Results**

**6.1 Control Unit and Related Equipment**

Description	Visual Inspection	Functional Test	Results
Control unit	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Lamps/LEDs/LCDs	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Fuses	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Trouble signals	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Disconnect switches	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Ground-fault monitoring	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Supervision	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Local annunciator	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Remote annunciators	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Remote power panels	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A

**6.2 Secondary Power**

Description	Visual Inspection	Functional Test	Results
Battery condition	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Load voltage	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Discharge test	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Charger test	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Remote panel batteries	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A

**6.3 Alarm and Supervisory Alarm Initiating Device**

Complete supplementary device test form for all initiating devices.

**6.4 Notification Appliances**

Complete supplementary appliance test form for all notification appliances.

**6.5 Interface Equipment**

Complete supplementary interface component test form for all interface components.  
*Circuit Interface / Signaling Line Circuit Interface / Fire Alarm Control Interface*

**6.6 Supervising Station Monitoring**

Description	Yes/No	Time (sec)	Results
Alarm signal	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Alarm restoration	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Trouble signal	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Trouble restoration	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Supervisory signal	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Supervisory restoration	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A

**6.7 Public Emergency Alarm Reporting System**

Description	Yes/No	Time (seconds)	Results
Alarm signal	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Alarm restoration	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Trouble signal	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Trouble restoration	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Supervisory signal	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Supervisory restoration	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A

**7. Notifications That Testing Is Complete**

	Contact	Time
Monitoring organization:	PERMAR	1:00
Building management:	MAINTENANCE	1:00
Building occupants:	NA	NA
Authority Having Jurisdiction:	NA	NA
Other, if required:		

**8. System Restored To Normal Operation**

Date: 10/17/2023

Time: 1:00

**9. Comments**

*Any "No" answers, test failures or other problems found with the fire alarm system must be explained using the comment specific for each question. Additional comments can be added here.*

Please see the summary section at the top of the form for the comments.

**10. Inspector's Information**

Inspected By: Conner Lynn Holsclaw  
 Inspector License: O30

I state that the information on this form is correct at the time and place of my inspection, and that all equipment tested at this time was left in operating condition upon completion of this inspection except as noted in the *Comments*. This system as specified herein has been inspected and tested according to NFPA 72, 2013 edition, Chapter 14.



**Omaha Office**  
6775 South 118th Street  
Omaha, NE 68137  
Phone: 402-592-8225

---

Signature of Inspector

A handwritten signature in black ink, appearing to be 'J. [unclear]', written over a horizontal line.

Date

10/17/2023

11. Owner or Owner's Representative

Owner or Owner's Representative Name

NA

Owner or Owner's Representative Signature

**No Signature Available**

Date

10/17/2023



**Location Code:** URVENHG

**Contact:** Kris Hoover

**Contact Address:** Building 3 - 801 West Prospector Place  
Lincoln, NE 68522

**Phone:** (402) 479-5451

**Email:** kris.hoover@nebraska.gov

**Property Evaluated:** Lincoln Regional Center - Building 3  
(Detention/Correctional)  
Building 3 - 801 West Prospector Place  
Lincoln, NE 68522

**Description:** Fire Suppression (Generator Suppression  
System)

**Company:** Omaha Office

**Address:** 6775 South 118th Street  
Omaha, NE 68137

**Company Phone:** 402-592-8225

**Inspector:** Conner Lynn Holsclaw  
O30

**Date of Work:** 10/17/2023

**Frequency:** Annual

---

### Deficiency Summary

There are no reported deficiencies for this submission

---

### General Comments

There are no general comments for this submission



**Omaha Office**  
 6775 South 118th Street  
 Omaha, NE 68137  
 Phone: 402-592-8225

**Frequency Of Testing**

Frequency:  
 Date

Quarterly  Semi-Annual  Annual  
 10/17/2023

**Account Information**

Account Information		
Facility Name: Lincoln Regional Center - Building 3	Property Type: Fire Suppression (Generator Suppression System)	Location Code: URVENHG
Service Address: 1239 North Minnesota Ave.		
Owner: Protex Central, Inc.		Owner Phone: (402) 479-5451
Owner's Address: Building 3 - 801 West Prospector Place, Lincoln, NE, 68522		

**Panel Information**

Type <input checked="" type="checkbox"/> Releasing Panel <input type="checkbox"/> Power Supply <input type="checkbox"/> Annunciator	Location FACP Front Entrance	Manufacturer Notifier	Model: 3030	Result <input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
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**Batteries**

Type <input checked="" type="checkbox"/> 12vdc/7ah <input type="checkbox"/> 12vdc/12ah <input type="checkbox"/> 12vdc/18ah <input type="checkbox"/> 12vdc/26ah <input type="checkbox"/> 12vdc/35ah <input type="checkbox"/> 12vdc/55ah	Location PWS IN BASEMENT STORAGE	Install Date: 2021	Voltage/Amphere Reading 13.7	Result <input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
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**Cylinder/Tank**

Location Generator	Serial Number: Na	Manufacture Date: NA	Manufacturer Stat-X	Gross/Agent/PSI NA	Liquid Level NA
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**Devices**

Legend		
Abort - Abort Station	AirPressSw - Air Pressure Switch	BATT - Batteries
BOTTDIS - Bottom Discharge	CntrlMod - Control Module	Combo Detector - Combo Detector
DAMP - Damper	H/S - Horn-Strobes	HD - Heat Detector
HOSE - Hose	Initiator - Initiator	Low Air - Low Air
MAINT - Maintenance Switch	MM - Monitor Module (Ansul, temp, CO, etc)	ManRel - Manual Release
NOZZ - Nozzle	Other - Other	PWS - Power Supply
Relay Module - Relay Module	SD-Ion - Ion Smoke Detector	SD-Photo - Photo Smoke Detector
SOL - Solenoid	STROBE - Strobes	TOPDIS - Top Discharge
TS - Tamper Switch	VES - VESDA	WF - Waterflow

Asset Type	Total	Tested	Not Tested	Passed	Failed
⊕ Abort	2	2	0	2	0
⚙ HD	2	2	0	2	0

Asset Type	Total	Tested	Not Tested	Passed	Failed
■ H/S	2	2	0	2	0
▣ ManRel	1	1	0	1	0

Zone: NA



**Omaha Office**  
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 Omaha, NE 68137  
 Phone: 402-592-8225

Zone: NA						
Asset Type	Address	Location	Notes	Frequency	Test Results	Comments
H/S		Gen Wall Outside		Annual	Pass	
H/S		Gen Wall Outside		Annual	Pass	
Abort		IN Generator		Annual	Pass	
Abort		IN Generator		Annual	Pass	
HD		IN Generator		Annual	Pass	
HD		IN Generator		Annual	Pass	
ManRel		IN Generator		Annual	Pass	

**Notification Devices**

**Suppression Questionnaire**

Is system connected to Main Fire Alarm System?  Yes  No  N/A

Is the protected room properly sealed?  Yes  No  N/A

Is there a door sweep?  Yes  No  N/A

Do the trouble signals operate correctly from releasing panel and sub panels (if any)?  Yes  No  N/A

Did alarm signals operate correctly for releasing panel and associated devices when tested?  Yes  No  N/A

Is all wiring installed correctly, terminated and in a serviceable working order?  Yes  No  N/A

Are all switches, indicators, meters, and gauges in good working order both physically and functionally?  Pass  Fail  N/A


Do all shutdown function relays and devices work as intended? Air handlers, fans, dampers, computer systems.  Yes  No  N/A

Will system operate on batteries for 24 hours in standby and 5 minutes in alarm?  Yes  No  N/A

Date of Work \_\_\_\_\_ 10/17/2023 \_\_\_\_\_

Inspected By: \_\_\_\_\_ Conner Lynn Holsclaw \_\_\_\_\_

Inspector License: \_\_\_\_\_ O30 \_\_\_\_\_

Signature of Inspector: \_\_\_\_\_  \_\_\_\_\_



# Fire Alarm Supplementary Form



**Location Code:** IGEKQEV

**Contact:** Kris Hoover

**Contact Address:** Building 5 - 801 West Prospector Place  
Lincoln, NE 68522

**Phone:** (402) 479-5453

**Email:** kris.hoover@nebraska.gov

**Property Evaluated:** Lincoln Regional Center - Building 5  
(Detention/Correctional)  
Building 5 - 801 West Prospector Place  
Lincoln, NE 68522

**Description:** Fire Alarm Supplement (TJC EP2 SPRINKLER)

**Company:** Omaha Office

**Address:** 6775 South 118th Street  
Omaha, NE 68137

**Company Phone:** 402-592-8225

**Inspector:** Conner Lynn Holsclaw  
O30

**Date of Work:** 10/17/2023

**Frequency:** Semi-Annual

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## Deficiency Summary

There are no reported deficiencies for this submission

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## General Comments

There are no general comments for this submission



**Omaha Office**  
 6775 South 118th Street  
 Omaha, NE 68137  
 Phone: 402-592-8225

## Fire Alarm Supplementary Form

The work covered on this form is (select one):

Semi-Annual

Date of Work

10/17/2023

Account Information		
Facility Name: Lincoln Regional Center - Building 5	Property Type: Detention/Correctional	Location Code: IGEKQEV
Service Address: Building 5 - 801 West Prospector Place, Lincoln, NE, 68522		
Owner: Kris Hoover	Owner's Phone: (402) 479-5453	
Owner's Address: Building 5 - 801 West Prospector Place, Lincoln, NE, 68522		

Legend				
AS - Abort Station	BATT - Batteries	CoD - Carbon Monoxide Detector	CM - Control Module	DA - Damper
DD - Duct Detector	DH - Door Holder	EL - Emergency/Exit Light	FACP - Fire Alarm Control Panel	HD - Heat Detector
HORN - Horns	H/S - Horn-Strobes	LA - Low Air	MM - Monitor Module (Ansul, temp, CO, etc)	
MR - Manual Release	Other	PR - Phase Reversal	PS - Pull Station	PWS - Power Supply
SC - Signal/Sounder Control	SD - Smoke Detector	SD-Ion - Ion Smoke Detector	SD-Photo - Photo Smoke Detector	SPKR - Speakers
S/S - Speaker-Strobes	STROBE - Strobes	TS - Tamper Switch	WF - Waterflow	

Type	Total	Tested	Not Tested	Passed	Failed
☑ TS	7	7	0	7	0

Type	Total	Tested	Not Tested	Passed	Failed
☑ WF	5	5	0	5	0

Zone: EP2

Zone: EP2							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
☑ TS	L1M31	BLDG 5		Semi-Annual	10/17/2023	Pass	
☑ TS	L1M33	BLDG 5		Semi-Annual	10/17/2023	Pass	
☑ TS	L1M36	BLDG 5		Semi-Annual	10/17/2023	Pass	
☑ TS	L2M3	BLDG 5		Semi-Annual	10/17/2023	Pass	
☑ TS	L3M22	BLDG 5		Semi-Annual	10/17/2023	Pass	
☑ TS	L3M24	BLDG 5		Semi-Annual	10/17/2023	Pass	



**Omaha Office**  
 6775 South 118th Street  
 Omaha, NE 68137  
 Phone: 402-592-8225

Zone: EP2								
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments	
WF	L1M23	BLDG 5		Semi-Annual	10/17/2023	Pass		
WF	L1M30	BLDG 5		Semi-Annual	10/17/2023	Pass		
WF	L2M02	BLDG 5		Semi-Annual	10/17/2023	Pass		
WF	L3M21	BLDG 5		Semi-Annual	10/17/2023	Pass		
WF	L3M23	BLDG 5		Semi-Annual	10/17/2023	Pass		
TS	L1M35	PIV		Semi-Annual	10/17/2023	Pass		

**Comments**

Any deficiencies or other problems found with the devices must be explained using the comment specific for each device. Additional comments can be added here.

Please see the summary section at the top of the form for the comments.

**Inspector's Information**

Inspected By

Inspector License:

I state that the information on this form is correct at the time and place of my inspection, and that all equipment tested at this time was left in operating condition upon completion of this inspection except as noted in the *Comments*.

Signature of Inspector

Date

**Owner or Owner's Representative**

Owner or Owner's Representative Name

Owner or Owner's Representative Signature

Date

Conner Lynn Holsclaw

O30



10/17/2023

NA

No Signature Available

10/17/2023

# Fire Alarm Supplementary Form



**Location Code:** IGEKQEV

**Contact:** Kris Hoover

**Contact Address:** Building 5 - 801 West Prospector Place  
Lincoln, NE 68522

**Phone:** (402) 479-5453

**Email:** kris.hoover@nebraska.gov

**Property Evaluated:** Lincoln Regional Center - Building 5  
(Detention/Correctional)  
Building 5 - 801 West Prospector Place  
Lincoln, NE 68522

**Description:** Fire Alarm Supplement (TJC EP5 EQUIPMENT)

**Company:** Omaha Office

**Address:** 6775 South 118th Street  
Omaha, NE 68137

**Company Phone:** 402-592-8225

**Inspector:** Conner Lynn Holsclaw  
O30

**Date of Work:** 10/17/2023

**Frequency:** Semi-Annual

---

## Deficiency Summary

There are no reported deficiencies for this submission

---

## General Comments

There are no general comments for this submission



**Omaha Office**  
 6775 South 118th Street  
 Omaha, NE 68137  
 Phone: 402-592-8225

## Fire Alarm Supplementary Form

The work covered on this form is (select one):

Semi-Annual

Date of Work

10/17/2023

Account Information		
Facility Name: Lincoln Regional Center - Building 5	Property Type: Detention/Correctional	Location Code: IGEKQEV
Service Address: Building 5 - 801 West Prospector Place, Lincoln, NE, 68522		
Owner: Kris Hoover	Owner's Phone: (402) 479-5453	
Owner's Address: Building 5 - 801 West Prospector Place, Lincoln, NE, 68522		

Legend				
AS - Abort Station	BATT - Batteries	CoD - Carbon Monoxide Detector	CM - Control Module	DA - Damper
DD - Duct Detector	DH - Door Holder	EL - Emergency/Exit Light	FACP - Fire Alarm Control Panel	HD - Heat Detector
HORN - Horns	H/S - Horn-Strobes	LA - Low Air	MM - Monitor Module (Ansul, temp, CO, etc)	
MR - Manual Release	Other	PR - Phase Reversal	PS - Pull Station	PWS - Power Supply
SC - Signal/Sounder Control	SD - Smoke Detector	SD-Ion - Ion Smoke Detector	SD-Photo - Photo Smoke Detector	SPKR - Speakers
S/S - Speaker-Strobes	STROBE - Strobes	TS - Tamper Switch	WF - Waterflow	

Type	Total	Tested	Not Tested	Passed	Failed
BATT	6	6	0	6	0
PWS	4	0	4	0	0

Type	Total	Tested	Not Tested	Passed	Failed
FACP	1	0	1	0	0

Zone: EP5

Zone: EP5							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
PWS	5	2ND FLR STROBES	PSE-10		2/27/2023	N/A	
BATT	9	2ND FLR STROBES FCPS	12V 7 AMP X 2	Semi-Annual	10/17/2023	Pass	
PWS	3	ABOVE FACP	PSE-10		2/27/2023	N/A	
BATT	11	AMP 1 AND 2	12V 26AMP HR X 2	Semi-Annual	10/17/2023	Pass	
BATT	12	AMP 3 AND 4	12V 26 AMP X 2	Semi-Annual	10/17/2023	Pass	



**Omaha Office**  
 6775 South 118th Street  
 Omaha, NE 68137  
 Phone: 402-592-8225

Zone: EP5							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
FACP	1	CONTROL RM	NFS2-3030		2/27/2023	N/A	
BATT	10	FACP	12V 55 AMP X 2	Semi-Annual	10/17/2023	Pass	
PWS	2	FACP	AMPS-24		2/27/2023	N/A	
BATT	7	PWS ABOVE FACP	12V 7 AMP HR X2	Semi-Annual	10/17/2023	Pass	
PWS	4	S1 STORAGE	PSE-10		2/27/2023	N/A	
BATT	8	S1 STORAGE FCPS	12V 7 AMP X 2	Semi-Annual	10/17/2023	Pass	

**Comments**

*Any deficiencies or other problems found with the devices must be explained using the comment specific for each device. Additional comments can be added here.*

Please see the summary section at the top of the form for the comments.

**Inspector's Information**

Inspected By

Inspector License:

I state that the information on this form is correct at the time and place of my inspection, and that all equipment tested at this time was left in operating condition upon completion of this inspection except as noted in the *Comments*.

Signature of Inspector

Date

**Owner or Owner's Representative**

Owner or Owner's Representative Name

Owner or Owner's Representative Signature

Date

Conner Lynn Holsclaw  
 O30

10/17/2023

NA

No Signature Available

10/17/2023

# Form for Inspection, Testing and Maintenance of Fire Alarms and Signaling Systems



**Location Code:** IGEKQEV

**Contact:** Kris Hoover

**Contact Address:** Building 5 - 801 West Prospector Place  
Lincoln, NE 68522

**Phone:** (402) 479-5453

**Email:** kris.hoover@nebraska.gov

**Property Evaluated:** Lincoln Regional Center - Building 5  
(Detention/Correctional)  
Building 5 - 801 West Prospector Place  
Lincoln, NE 68522

**Description:** Fire Alarm (Panel/Batteries)

**Company:** Omaha Office

**Address:** 6775 South 118th Street  
Omaha, NE 68137

**Company Phone:** 402-592-8225

**Inspector:** Conner Lynn Holsclaw  
O30

**Date of Work:** 10/17/2023

**Frequency:** Semi-Annual

---

## Deficiency Summary

Please refer to the Deficiency Summary located on applicable Fire Alarm Supplementary Forms for additional deficiency details.

---

## General Comments

There are no general comments for this submission



**Omaha Office**  
 6775 South 118th Street  
 Omaha, NE 68137  
 Phone: 402-592-8225

## Form for Inspection, Testing and Maintenance of Fire Alarms and Signaling Systems

Separate forms are available for inspection, testing, and maintenance of the rest of the fire protection system of which the fire alarms and signaling systems are a part. More frequent inspection, testing, and maintenance may be necessary depending on the conditions of the occupancy and the water supply.

**Notes:**

1. All questions are to be answered *Yes, No, or Not Applicable*. All "No" answers are to be explained in the *Comments* for this form.
2. Refer to NFPA-72 for specific inspection frequency requirements for the different components.

The work covered on this form is (select one): Semi-Annual

Date of Work 10/17/2023

*All responses refer to the current work (inspection, testing and maintenance) performed on this date.*

### 1. Property Information

Owner: Kris Hoover

Owner's Phone Number: (402) 479-5453

Owner's Address: Building 5 - 801 West Prospector Place, Lincoln, NE, 68522

Property Being Evaluated: Lincoln Regional Center - Building 5 (Detention/Correctional)

Property Address: Building 5 - 801 West Prospector Place, Lincoln, NE, 68522

Assembly Description: Fire Alarm (Panel/Batteries)

### 2. Owner's Section

A. Are the fire alarms and signaling systems in service?  Yes  No

B. Have fire alarms and signaling systems remained in service since the last inspection?  Yes  No

C. Was the system (of which the fire alarm and signaling systems are a part) free of actuation of devices or alarms since the last inspection?  Yes  No

D. The required record documents are available and include the current revisions of all fire alarm software and the revisions of software of any systems with which the fire alarm software interfaces?  Yes  No

### 3. Monitoring Information

Monitoring organization: PERMAR

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Account number: \_\_\_\_\_

Phone line 1: \_\_\_\_\_

Phone line 2: \_\_\_\_\_

Means of transmission: RADIO

Entity to which alarms are retransmitted: \_\_\_\_\_

Phone: \_\_\_\_\_

### 4. System Information

4.1 Control Unit:  
 Manufacturer: NOTIFER

Model number: NFS2-3030

4.2 Software and Firmware Revision number: 26

4.3 System Power:

4.3.1 Primary (Main) Power:

Nominal voltage: 120VAC

Amps: NA

Location: CONTROL RM

Overcurrent protection type: BREAKER

Amps: NA

Disconnecting means location: ELECTRICAL

4.3.2 Secondary Power:

Type: BATTERIES

Location: FACP

Battery type (if applicable):  
 Lead-acid  Nickel-cadmium  
 Primary (dry cell)  
 Sealed lead-acid

Calculated capacity of batteries to drive the system:

In standby mode (hours): 24

In alarm mode (minutes): 5

### 5. Notifications Made Prior To Testing

	Contact	Time
Monitoring organization:	PERMAR	11:00
Building management:	MAINTENANCE	11:00
Building occupants:	NA	NA
Authority Having Jurisdiction:	NA	NA
Other, if required:		





**6. Testing Results**

**6.1 Control Unit and Related Equipment**

Description	Visual Inspection	Functional Test	Results
Control unit	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Lamps/LEDs/L CDs	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Fuses	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Trouble signals	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Disconnect switches	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Ground-fault monitoring	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Supervision	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Local annunciator	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Remote annunciators	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Remote power panels	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A

**6.2 Secondary Power**

Description	Visual Inspection	Functional Test	Results
Battery condition	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Load voltage	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Discharge test	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Charger test	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Remote panel batteries	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A

**6.3 Alarm and Supervisory Alarm Initiating Device**

Complete supplementary device test form for all initiating devices.

**6.4 Notification Appliances**

Complete supplementary appliance test form for all notification appliances.

**6.5 Interface Equipment**

Complete supplementary interface component test form for all interface components.  
*Circuit Interface / Signaling Line Circuit Interface / Fire Alarm Control Interface*

**6.6 Supervising Station Monitoring**

Description	Yes/No	Time (sec)	Results
Alarm signal	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Alarm restoration	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Trouble signal	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Trouble restoration	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Supervisory signal	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Supervisory restoration	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A

**6.7 Public Emergency Alarm Reporting System**

Description	Yes/No	Time (seconds)	Results
Alarm signal	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Alarm restoration	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Trouble signal	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Trouble restoration	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Supervisory signal	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Supervisory restoration	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A

**7. Notifications That Testing Is Complete**

	Contact	Time
Monitoring organization:	PERMAR	1:00
Building management:	MAINTENANCE	1:00
Building occupants:	NA	NA
Authority Having Jurisdiction:	NA	NA
Other, if required:		

**8. System Restored To Normal Operation**

Date: 10/17/2023

Time: 1:00

**9. Comments**

*Any "No" answers, test failures or other problems found with the fire alarm system must be explained using the comment specific for each question. Additional comments can be added here.*

Please see the summary section at the top of the form for the comments.

**10. Inspector's Information**

Inspected By: Conner Lynn Holsclaw  
 Inspector License: O30

I state that the information on this form is correct at the time and place of my inspection, and that all equipment tested at this time was left in operating condition upon completion of this inspection except as noted in the *Comments*. This system as specified herein has been inspected and tested according to NFPA 72, 2013 edition, Chapter 14.



**Omaha Office**  
6775 South 118th Street  
Omaha, NE 68137  
Phone: 402-592-8225

---

Signature of Inspector

A handwritten signature in black ink, appearing to be 'J. [unclear]', written over a horizontal line.

Date

10/17/2023

11. Owner or Owner's Representative

Owner or Owner's Representative Name

NA

Owner or Owner's Representative Signature

**No Signature Available**

Date

10/17/2023

# Form for Inspection, Testing and Maintenance of Fire Alarms and Signaling Systems



**Location Code:** BFBKVTY

**Contact:** Kris Hoover

**Contact Address:** Building 9 - 801 West Prospector Place  
Lincoln, NE 68522

**Phone:** (402) 479-5453

**Email:** kris.hoover@nebraska.gov

**Property Evaluated:** Lincoln Regional Center - Building 9  
(Detention/Correctional)  
Building 9 - 801 West Prospector Place  
Lincoln, NE 68522

**Description:** Fire Alarm (TJC - Fire Alarm)

**Company:** Omaha Office

**Address:** 6775 South 118th Street  
Omaha, NE 68137

**Company Phone:** 402-592-8225

**Inspector:** Conner Lynn Holsclaw  
O30

**Date of Work:** 10/17/2023

**Frequency:** Semi-Annual

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## Deficiency Summary

Please refer to the Deficiency Summary located on applicable Fire Alarm Supplementary Forms for additional deficiency details.

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## General Comments

There are no general comments for this submission



**Omaha Office**  
 6775 South 118th Street  
 Omaha, NE 68137  
 Phone: 402-592-8225

# Form for Inspection, Testing and Maintenance of Fire Alarms and Signaling Systems

Separate forms are available for inspection, testing, and maintenance of the rest of the fire protection system of which the fire alarms and signaling systems are a part. More frequent inspection, testing, and maintenance may be necessary depending on the conditions of the occupancy and the water supply.

Notes:

1. All questions are to be answered *Yes, No, or Not Applicable*. All "No" answers are to be explained in the *Comments* for this form.
2. Refer to NFPA-72 for specific inspection frequency requirements for the different components.

The work covered on this form is (select one): Semi-Annual

Date of Work 10/17/2023

*All responses refer to the current work (inspection, testing and maintenance) performed on this date.*

### 1. Property Information

Owner: Kris Hoover

Owner's Phone Number: (402) 479-5453

Owner's Address: Building 9 - 801 West Prospector Place, Lincoln, NE, 68522

Property Being Evaluated: Lincoln Regional Center - Building 9 (Detention/Correctional)

Property Address: Building 9 - 801 West Prospector Place, Lincoln, NE, 68522

Assembly Description: Fire Alarm (TJC - Fire Alarm)

### 2. Owner's Section

A. Are the fire alarms and signaling systems in service?  Yes  No

B. Have fire alarms and signaling systems remained in service since the last inspection?  Yes  No

C. Was the system (of which the fire alarm and signaling systems are a part) free of actuation of devices or alarms since the last inspection?  Yes  No

D. The required record documents are available and include the current revisions of all fire alarm software and the revisions of software of any systems with which the fire alarm software interfaces?  Yes  No

### 3. Monitoring Information

Monitoring organization: Per Mar

Address: NA

Phone: NA

Fax: NA

Email: NA

Account number: NA

Phone line 1: NA

Phone line 2: NA

Means of transmission: RADIO

Entity to which alarms are retransmitted: NA

Phone: NA

### 4. System Information

4.1 Control Unit: Notifier

Manufacturer: NFS2-640

Model number: 27

4.2 Software and Firmware Revision number: 27

4.3 System Power: 120v

4.3.1 Primary (Main) Power: NA

Nominal voltage: FACP

Amps: NA

Location: NA

Overcurrent protection type: NA

Amps: Breaker

Disconnecting means location: BATTERY

4.3.2 Secondary Power: FACP

Type: Lead-acid

Location: Nickel-cadmium

Battery type (if applicable):  Lead-acid  Nickel-cadmium

Primary (dry cell)

Sealed lead-acid

Calculated capacity of batteries to drive the system:

In standby mode (hours): 24

In alarm mode (minutes): 15

### 5. Notifications Made Prior To Testing

	Contact	Time
Monitoring organization:	PERMAR	11:00
Building management:	MAINTENANCE	11:00
Building occupants:	NA	NA
Authority Having Jurisdiction:	NA	NA
Other, if required:		



**6. Testing Results**

**6.1 Control Unit and Related Equipment**

Description	Visual Inspection	Functional Test	Results
Control unit	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Lamps/LEDs/L CDs	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Fuses	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Trouble signals	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Disconnect switches	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Ground-fault monitoring	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Supervision	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Local annunciator	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Remote annunciators	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Remote power panels	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A

**6.2 Secondary Power**

Description	Visual Inspection	Functional Test	Results
Battery condition	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Load voltage	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Discharge test	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Charger test	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Remote panel batteries	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A

**6.3 Alarm and Supervisory Alarm Initiating Device**

Complete supplementary device test form for all initiating devices.

**6.4 Notification Appliances**

Complete supplementary appliance test form for all notification appliances.

**6.5 Interface Equipment**

Complete supplementary interface component test form for all interface components.  
*Circuit Interface / Signaling Line Circuit Interface / Fire Alarm Control Interface*

**6.6 Supervising Station Monitoring**

Description	Yes/No	Time (sec)	Results
Alarm signal	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Alarm restoration	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Trouble signal	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Trouble restoration	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Supervisory signal	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Supervisory restoration	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A

**6.7 Public Emergency Alarm Reporting System**

Description	Yes/No	Time (seconds)	Results
Alarm signal	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Alarm restoration	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Trouble signal	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Trouble restoration	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Supervisory signal	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Supervisory restoration	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A

**7. Notifications That Testing Is Complete**

	Contact	Time
Monitoring organization:	PERMAR	11:30
Building management:	MAINTENANCE	11:30
Building occupants:	NA	NA
Authority Having Jurisdiction:	NA	NA
Other, if required:		

**8. System Restored To Normal Operation**

Date: 10/17/2023  
 Time: 11:30

**9. Comments**

*Any "No" answers, test failures or other problems found with the fire alarm system must be explained using the comment specific for each question. Additional comments can be added here.*

Please see the summary section at the top of the form for the comments.

**10. Inspector's Information**

Inspected By: Conner Lynn Holsclaw  
 Inspector License: O30

I state that the information on this form is correct at the time and place of my inspection, and that all equipment tested at this time was left in operating condition upon completion of this inspection except as noted in the *Comments*. This system as specified herein has been inspected and tested according to NFPA 72, 2013 edition, Chapter 14.



**Omaha Office**  
6775 South 118th Street  
Omaha, NE 68137  
Phone: 402-592-8225

---

Signature of Inspector

A handwritten signature in black ink, appearing to be 'J. Smith', written over a horizontal line.

Date

10/17/2023

11. Owner or Owner's Representative

Owner or Owner's Representative Name

NA

Owner or Owner's Representative Signature

**No Signature Available**

Date

10/17/2023

# Form for Inspection, Testing and Maintenance of Fire Alarms and Signaling Systems



**Location Code:** FOPQBAH

**Contact:** Kris Hoover

**Contact Address:** Building 10 - 801 West Prospector Place  
Lincoln, NE 68522

**Phone:** (402) 309-3231

**Email:** kris.hoover@nebraska.gov

**Property Evaluated:** Lincoln Regional Center - Building 10  
(Detention/Correctional)  
Building 10 - 801 West Prospector Place  
Lincoln, NE 68522

**Description:** Fire Alarm (TJC - Fire Alarm)

**Company:** Omaha Office

**Address:** 6775 South 118th Street  
Omaha, NE 68137

**Company Phone:** 402-592-8225

**Inspector:** Conner Lynn Holsclaw  
O30

**Date of Work:** 10/17/2023

**Frequency:** Semi-Annual

---

## Deficiency Summary

Please refer to the Deficiency Summary located on applicable Fire Alarm Supplementary Forms for additional deficiency details.

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## General Comments

There are no general comments for this submission



# Form for Inspection, Testing and Maintenance of Fire Alarms and Signaling Systems

Separate forms are available for inspection, testing, and maintenance of the rest of the fire protection system of which the fire alarms and signaling systems are a part. More frequent inspection, testing, and maintenance may be necessary depending on the conditions of the occupancy and the water supply.

**Notes:**

1. All questions are to be answered *Yes, No, or Not Applicable*. All "No" answers are to be explained in the *Comments* for this form.
2. Refer to NFPA-72 for specific inspection frequency requirements for the different components.

The work covered on this form is (select one): Semi-Annual

Date of Work 10/17/2023

*All responses refer to the current work (inspection, testing and maintenance) performed on this date.*

**1. Property Information**

Owner: Kris Hoover

Owner's Phone Number: (402) 309-3231

Owner's Address: Building 10 - 801 West Prospector Place, Lincoln, NE, 68522

Property Being Evaluated: Lincoln Regional Center - Building 10 (Detention/Correctional)

Property Address: Building 10 - 801 West Prospector Place, Lincoln, NE, 68522

Assembly Description: Fire Alarm (TJC - Fire Alarm)

**2. Owner's Section**

A. Are the fire alarms and signaling systems in service?  Yes  No

B. Have fire alarms and signaling systems remained in service since the last inspection?  Yes  No

C. Was the system (of which the fire alarm and signaling systems are a part) free of actuation of devices or alarms since the last inspection?  Yes  No

D. The required record documents are available and include the current revisions of all fire alarm software and the revisions of software of any systems with which the fire alarm software interfaces?  Yes  No

**3. Monitoring Information**

Monitoring organization: Per Mar

Address: NA

Phone: NA

Fax: NA

Email: NA

Account number: NA

Phone line 1: NA

Phone line 2: NA

Means of transmission: RADIO

Entity to which alarms are retransmitted: NA

Phone: NA

**4. System Information**

4.1 Control Unit: Notifier

Manufacturer: NFS2-3030

Model number: 27

4.2 Software and Firmware Revision number: 27

4.3 System Power: 120v

4.3.1 Primary (Main) Power: NA

Nominal voltage: FACP

Amps: NA

Location: NA

Overcurrent protection type: NA

Amps: Breaker

Disconnecting means location: BATTERY

4.3.2 Secondary Power: FACP

Type: Lead-acid

Location: Nickel-cadmium

Battery type (if applicable):  Lead-acid  Nickel-cadmium

Primary (dry cell)

Sealed lead-acid

Calculated capacity of batteries to drive the system:

In standby mode (hours): 24

In alarm mode (minutes): 15

**5. Notifications Made Prior To Testing**

	Contact	Time
Monitoring organization:	PERMAR	12:00
Building management:	MAINTENANCE	12:00
Building occupants:	NA	NA
Authority Having Jurisdiction:	NA	NA
Other, if required:		





**6. Testing Results**

**6.1 Control Unit and Related Equipment**

Description	Visual Inspection	Functional Test	Results
Control unit	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Lamps/LEDs/L CDs	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Fuses	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Trouble signals	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Disconnect switches	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Ground-fault monitoring	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Supervision	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Local annunciator	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Remote annunciators	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Remote power panels	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A

**6.2 Secondary Power**

Description	Visual Inspection	Functional Test	Results
Battery condition	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Load voltage	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Discharge test	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Charger test	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Remote panel batteries	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A

**6.3 Alarm and Supervisory Alarm Initiating Device**

Complete supplementary device test form for all initiating devices.

**6.4 Notification Appliances**

Complete supplementary appliance test form for all notification appliances.

**6.5 Interface Equipment**

Complete supplementary interface component test form for all interface components.  
*Circuit Interface / Signaling Line Circuit Interface / Fire Alarm Control Interface*

**6.6 Supervising Station Monitoring**

Description	Yes/No	Time (sec)	Results
Alarm signal	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Alarm restoration	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Trouble signal	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Trouble restoration	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Supervisory signal	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Supervisory restoration	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A

**6.7 Public Emergency Alarm Reporting System**

Description	Yes/No	Time (seconds)	Results
Alarm signal	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Alarm restoration	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Trouble signal	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Trouble restoration	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Supervisory signal	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Supervisory restoration	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A

**7. Notifications That Testing Is Complete**

	Contact	Time
Monitoring organization:	PERMAR	12:30
Building management:	MAINTENANCE	12:30
Building occupants:	NA	NA
Authority Having Jurisdiction:	NA	NA
Other, if required:		

**8. System Restored To Normal Operation**

Date: 10/17/2023  
 Time: 12:30

**9. Comments**

*Any "No" answers, test failures or other problems found with the fire alarm system must be explained using the comment specific for each question. Additional comments can be added here.*

Please see the summary section at the top of the form for the comments.

**10. Inspector's Information**

Inspected By: Conner Lynn Holsclaw  
 Inspector License: O30

I state that the information on this form is correct at the time and place of my inspection, and that all equipment tested at this time was left in operating condition upon completion of this inspection except as noted in the *Comments*. This system as specified herein has been inspected and tested according to NFPA 72, 2013 edition, Chapter 14.



**Omaha Office**  
6775 South 118th Street  
Omaha, NE 68137  
Phone: 402-592-8225

---

Signature of Inspector

A handwritten signature in black ink, appearing to be 'C. S.', written over a horizontal line.

Date

10/17/2023

11. Owner or Owner's Representative

Owner or Owner's Representative Name

MAINTENANCE

Owner or Owner's Representative Signature

**No Signature Available**

Date

10/17/2023



**Location Code:** FOPQBAH

**Contact:** Kris Hoover

**Contact Address:** Building 10 - 801 West Prospector Place  
Lincoln, NE 68522

**Phone:** (402) 309-3231

**Email:** kris.hoover@nebraska.gov

**Property Evaluated:** Lincoln Regional Center - Building 10  
(Detention/Correctional)  
Building 10 - 801 West Prospector Place  
Lincoln, NE 68522

**Description:** Fire Suppression (Generator Suppression  
System)

**Company:** Omaha Office

**Address:** 6775 South 118th Street  
Omaha, NE 68137

**Company Phone:** 402-592-8225

**Inspector:** Conner Lynn Holsclaw  
O30

**Date of Work:** 10/17/2023

**Frequency:** Annual

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### Deficiency Summary

There are no reported deficiencies for this submission

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### General Comments

There are no general comments for this submission



**Omaha Office**  
 6775 South 118th Street  
 Omaha, NE 68137  
 Phone: 402-592-8225

**Frequency Of Testing**

Frequency:  
 Date

Quarterly  Semi-Annual  Annual  
 10/17/2023

**Account Information**

Account Information		
Facility Name: Lincoln Regional Center - Building 10	Property Type: Fire Suppression (Generator Suppression System)	Location Code: FOPQBAH
Service Address: 1239 North Minnesota Ave.		
Owner: Protex Central, Inc.		Owner Phone: (402) 309-3231
Owner's Address: Building 10 - 801 West Prospector Place, Lincoln, NE, 68522		

**Panel Information**

Type <input checked="" type="checkbox"/> Releasing Panel <input type="checkbox"/> Power Supply <input type="checkbox"/> Annunciator	Location FACP Front Entrance	Manufacturer Notifier	Model: 3030	Result <input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
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**Batteries**

Type <input type="checkbox"/> 12vdc/7ah <input type="checkbox"/> 12vdc/12ah <input checked="" type="checkbox"/> 12vdc/18ah <input type="checkbox"/> 12vdc/26ah <input type="checkbox"/> 12vdc/35ah <input type="checkbox"/> 12vdc/55ah	Location Power supply basement storage	Install Date: 2021	Voltage/Amphere Reading 13.7	Result <input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
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**Cylinder/Tank**

Location Generator	Serial Number: NA	Manufacture Date: NA	Manufacturer Stat-X	Gross/Agent/PSI NA	Liquid Level NA
-----------------------	----------------------	-------------------------	------------------------	-----------------------	--------------------

**Devices**

Legend		
Abort - Abort Station	AirPressSw - Air Pressure Switch	BATT - Batteries
BOTTDIS - Bottom Discharge	CntrlMod - Control Module	Combo Detector - Combo Detector
DAMP - Damper	H/S - Horn-Strobes	HD - Heat Detector
HOSE - Hose	Initiator - Initiator	Low Air - Low Air
MAINT - Maintenance Switch	MM - Monitor Module (Ansul, temp, CO, etc)	ManRel - Manual Release
NOZZ - Nozzle	Other - Other	PWS - Power Supply
Relay Module - Relay Module	SD-Ion - Ion Smoke Detector	SD-Photo - Photo Smoke Detector
SOL - Solenoid	STROBE - Strobes	TOPDIS - Top Discharge
TS - Tamper Switch	VES - VESDA	WF - Waterflow

Asset Type	Total	Tested	Not Tested	Passed	Failed
⊕ Abort	2	2	0	2	0
⚙ HD	2	2	0	2	0

Asset Type	Total	Tested	Not Tested	Passed	Failed
■ H/S	2	2	0	2	0
▣ ManRel	1	1	0	1	0

Zone: NA



**Omaha Office**  
 6775 South 118th Street  
 Omaha, NE 68137  
 Phone: 402-592-8225

Zone: NA						
Asset Type	Address	Location	Notes	Frequency	Test Results	Comments
Abort		Generator		Annual	Pass	
Abort		Generator		Annual	Pass	
HD		Generator		Annual	Pass	
HD		Generator		Annual	Pass	
ManRel		Generator		Annual	Pass	
H/S		Gen Wall Outside		Annual	Pass	
H/S		Gen Wall Outside		Annual	Pass	

**Notification Devices**

**Suppression Questionnaire**

Is system connected to Main Fire Alarm System?  Yes  No  N/A

Is the protected room properly sealed?  Yes  No  N/A

Is there a door sweep?  Yes  No  N/A

Do the trouble signals operate correctly from releasing panel and sub panels (if any)?  Yes  No  N/A

Did alarm signals operate correctly for releasing panel and associated devices when tested?  Yes  No  N/A

Is all wiring installed correctly, terminated and in a serviceable working order?  Yes  No  N/A

Are all switches, indicators, meters, and gauges in good working order both physically and functionally?  Pass  Fail  N/A

Do all shutdown function relays and devices work as intended? Air handlers, fans, dampers, computer systems.  Yes  No  N/A

Will system operate on batteries for 24 hours in standby and 5 minutes in alarm?  Yes  No  N/A

Date of Work \_\_\_\_\_ 10/17/2023

Inspected By: \_\_\_\_\_ Conner Lynn Holsclaw

Inspector License: \_\_\_\_\_ O30

Signature of Inspector: \_\_\_\_\_

# Fire Alarm Supplementary Form



**Location Code:** WPVMKMS

**Contact:** Kris Hoover

**Contact Address:** Building 11 - 801 West Prospector Place  
Lincoln, NE 68522

**Phone:** (402) 479-5453

**Email:** kris.hoover@nebraska.gov

**Property Evaluated:** Lincoln Regional Center - Building 11  
(Detention/Correctional)  
Building 11 - 801 West Prospector Place  
Lincoln, NE 68522

**Description:** Fire Alarm Supplement (TJC EP5 EQUIPMENT)

**Company:** Omaha Office

**Address:** 6775 South 118th Street  
Omaha, NE 68137

**Company Phone:** 402-592-8225

**Inspector:** Conner Lynn Holsclaw  
O30

**Date of Work:** 10/17/2023

**Frequency:** Semi-Annual

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## Deficiency Summary

There are no reported deficiencies for this submission

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## General Comments

There are no general comments for this submission



**Omaha Office**  
 6775 South 118th Street  
 Omaha, NE 68137  
 Phone: 402-592-8225

## Fire Alarm Supplementary Form

The work covered on this form is (select one):

Semi-Annual

Date of Work

10/17/2023

Account Information		
Facility Name: Lincoln Regional Center - Building 11	Property Type: Detention/Correctional	Location Code: WPVMKMS
Service Address: Building 11 - 801 West Prospector Place, Lincoln, NE, 68522		
Owner: Kris Hoover	Owner's Phone: (402) 479-5453	
Owner's Address: Building 11 - 801 West Prospector Place, Lincoln, NE, 68522		

Legend				
AS - Abort Station	BATT - Batteries	CoD - Carbon Monoxide Detector	CM - Control Module	DA - Damper
DD - Duct Detector	DH - Door Holder	EL - Emergency/Exit Light	FACP - Fire Alarm Control Panel	HD - Heat Detector
HORN - Horns	H/S - Horn-Strobes	LA - Low Air	MM - Monitor Module (Ansul, temp, CO, etc)	
MR - Manual Release	Other	PR - Phase Reversal	PS - Pull Station	PWS - Power Supply
SC - Signal/Sounder Control	SD - Smoke Detector	SD-Ion - Ion Smoke Detector	SD-Photo - Photo Smoke Detector	SPKR - Speakers
S/S - Speaker-Strobes	STROBE - Strobes	TS - Tamper Switch	WF - Waterflow	

Type	Total	Tested	Not Tested	Passed	Failed
<input checked="" type="checkbox"/> AMP	1	0	1	0	0
<input checked="" type="checkbox"/> BATT	1	1	0	1	0
<input checked="" type="checkbox"/> FACP FACP	1	0	1	0	0

Type	Total	Tested	Not Tested	Passed	Failed
<input checked="" type="checkbox"/> ANNUNCIATOR	1	0	1	0	0
<input checked="" type="checkbox"/> DVC	1	0	1	0	0
<input checked="" type="checkbox"/> PWS PWS	1	0	1	0	0

### Zone: EQUIPMENT

Zone: EQUIPMENT							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
<input checked="" type="checkbox"/> ANNUNCIATOR	3	BOILER OFFICE	NCA-1		2/20/2023	N/A	
<input checked="" type="checkbox"/> AMP	5	FACP	DAA2-5025 PCA		2/20/2023	N/A	
<input checked="" type="checkbox"/> BATT	2	FACP	12V 35 AMP X 2	Semi-Annual	10/17/2023	Pass	



**Omaha Office**  
 6775 South 118th Street  
 Omaha, NE 68137  
 Phone: 402-592-8225

Zone: EQUIPMENT							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
<input checked="" type="checkbox"/> DVC	4	FACP	DVC		2/20/2023	N/A	
<input checked="" type="checkbox"/> PWS	6	FACP	AMPS-24		2/20/2023	N/A	
<input checked="" type="checkbox"/> FACP	1	GROUNDS OFFICE	NFS2-640		2/20/2023	N/A	

**Comments**

Any deficiencies or other problems found with the devices must be explained using the comment specific for each device. Additional comments can be added here.

Please see the summary section at the top of the form for the comments.

**Inspector's Information**

Inspected By

Conner Lynn Holsclaw

Inspector License:

O30

I state that the information on this form is correct at the time and place of my inspection, and that all equipment tested at this time was left in operating condition upon completion of this inspection except as noted in the *Comments*.

Signature of Inspector

10/17/2023

Date

**Owner or Owner's Representative**

Owner or Owner's Representative Name

MAINTENANCE

Owner or Owner's Representative Signature

No Signature Available

Date

10/17/2023



# Form for Inspection, Testing and Maintenance of Fire Alarms and Signaling Systems



**Location Code:** WPVMKMS

**Contact:** Kris Hoover

**Contact Address:** Building 11 - 801 West Prospector Place  
Lincoln, NE 68522

**Phone:** (402) 479-5453

**Email:** kris.hoover@nebraska.gov

**Property Evaluated:** Lincoln Regional Center - Building 11  
(Detention/Correctional)  
Building 11 - 801 West Prospector Place  
Lincoln, NE 68522

**Description:** Fire Alarm (FORM)

**Company:** Omaha Office

**Address:** 6775 South 118th Street  
Omaha, NE 68137

**Company Phone:** 402-592-8225

**Inspector:** Conner Lynn Holsclaw  
O30

**Date of Work:** 10/17/2023

**Frequency:** Semi-Annual

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## Deficiency Summary

Please refer to the Deficiency Summary located on applicable Fire Alarm Supplementary Forms for additional deficiency details.

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## General Comments

There are no general comments for this submission



**Omaha Office**  
 6775 South 118th Street  
 Omaha, NE 68137  
 Phone: 402-592-8225

# Form for Inspection, Testing and Maintenance of Fire Alarms and Signaling Systems

Separate forms are available for inspection, testing, and maintenance of the rest of the fire protection system of which the fire alarms and signaling systems are a part. More frequent inspection, testing, and maintenance may be necessary depending on the conditions of the occupancy and the water supply.

Notes:

1. All questions are to be answered *Yes, No, or Not Applicable*. All "No" answers are to be explained in the *Comments* for this form.
2. Refer to NFPA-72 for specific inspection frequency requirements for the different components.

The work covered on this form is (select one): Semi-Annual

Date of Work 10/17/2023

*All responses refer to the current work (inspection, testing and maintenance) performed on this date.*

### 1. Property Information

Owner: Kris Hoover

Owner's Phone Number: (402) 479-5453

Owner's Address: Building 11 - 801 West Prospector Place, Lincoln, NE, 68522

Property Being Evaluated: Lincoln Regional Center - Building 11 (Detention/Correctional)

Property Address: Building 11 - 801 West Prospector Place, Lincoln, NE, 68522

Assembly Description: Fire Alarm (FORM)

### 2. Owner's Section

A. Are the fire alarms and signaling systems in service?  Yes  No

B. Have fire alarms and signaling systems remained in service since the last inspection?  Yes  No

C. Was the system (of which the fire alarm and signaling systems are a part) free of actuation of devices or alarms since the last inspection?  Yes  No

D. The required record documents are available and include the current revisions of all fire alarm software and the revisions of software of any systems with which the fire alarm software interfaces?  Yes  No

### 3. Monitoring Information

Monitoring organization: PERMAR

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Account number: \_\_\_\_\_

Phone line 1: \_\_\_\_\_

Phone line 2: \_\_\_\_\_

Means of transmission: RADIO

Entity to which alarms are retransmitted: \_\_\_\_\_

Phone: \_\_\_\_\_

### 4. System Information

4.1 Control Unit: Manufacturer: NOTIFIER

Model number: NFS2-640

4.2 Software and Firmware Revision number: 27

4.3 System Power: 4.3.1 Primary (Main) Power: Nominal voltage: 120VAC

Amps: NA

Location: OFFICE

Overcurrent protection type: BREAKER

Amps: NA

Disconnecting means location: ELECTRICAL

4.3.2 Secondary Power: Type: BATTERIES

Location: FACP

Battery type (if applicable):  Lead-acid  Nickel-cadmium

Primary (dry cell)

Sealed lead-acid

Calculated capacity of batteries to drive the system:

In standby mode (hours): 24

In alarm mode (minutes): 5

### 5. Notifications Made Prior To Testing

	Contact	Time
Monitoring organization:	PERMAR	10:30
Building management:	MAINTENANCE	10:30
Building occupants:	NA	NA
Authority Having Jurisdiction:	NA	NA
Other, if required:		



**6. Testing Results**

**6.1 Control Unit and Related Equipment**

Description	Visual Inspection	Functional Test	Results
Control unit	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Lamps/LEDs/LCDs	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Fuses	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Trouble signals	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Disconnect switches	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Ground-fault monitoring	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Supervision	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Local annunciator	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Remote annunciators	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Remote power panels	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A

**6.2 Secondary Power**

Description	Visual Inspection	Functional Test	Results
Battery condition	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Load voltage	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Discharge test	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Charger test	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Remote panel batteries	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A

**6.3 Alarm and Supervisory Alarm Initiating Device**

Complete supplementary device test form for all initiating devices.

**6.4 Notification Appliances**

Complete supplementary appliance test form for all notification appliances.

**6.5 Interface Equipment**

Complete supplementary interface component test form for all interface components.  
*Circuit Interface / Signaling Line Circuit Interface / Fire Alarm Control Interface*

**6.6 Supervising Station Monitoring**

Description	Yes/No	Time (sec)	Results
Alarm signal	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Alarm restoration	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Trouble signal	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Trouble restoration	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Supervisory signal	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Supervisory restoration	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A

**6.7 Public Emergency Alarm Reporting System**

Description	Yes/No	Time (seconds)	Results
Alarm signal	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Alarm restoration	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Trouble signal	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Trouble restoration	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Supervisory signal	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Supervisory restoration	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A

**7. Notifications That Testing Is Complete**

	Contact	Time
Monitoring organization:	PERMAR	11:00
Building management:	MAINTENANCE	11:00
Building occupants:	NA	NA
Authority Having Jurisdiction:	NA	NA
Other, if required:		

**8. System Restored To Normal Operation**

Date: 10/17/2023  
 Time: 11:00

**9. Comments**

*Any "No" answers, test failures or other problems found with the fire alarm system must be explained using the comment specific for each question. Additional comments can be added here.*

Please see the summary section at the top of the form for the comments.

**10. Inspector's Information**

Inspected By: Conner Lynn Holsclaw  
 Inspector License: O30

I state that the information on this form is correct at the time and place of my inspection, and that all equipment tested at this time was left in operating condition upon completion of this inspection except as noted in the *Comments*. This system as specified herein has been inspected and tested according to NFPA 72, 2013 edition, Chapter 14.



**Omaha Office**  
6775 South 118th Street  
Omaha, NE 68137  
Phone: 402-592-8225

---

Signature of Inspector

A handwritten signature in black ink, appearing to be 'J. Smith', written over a horizontal line.

Date

10/17/2023

11. Owner or Owner's Representative

Owner or Owner's Representative Name

NA

Owner or Owner's Representative Signature

**No Signature Available**

Date

10/17/2023

# Fire Alarm Supplementary Form



**Location Code:** HOLOAIZ

**Contact:** Kris Hoover

**Contact Address:** Building 14 - 801 West Prospector Place  
Lincoln, NE 68522

**Phone:** (402) 479-5453

**Email:** kris.hoover@nebraska.gov

**Property Evaluated:** Lincoln Regional Center - Building 14  
(Detention/Correctional)  
Building 14 - 801 West Prospector Place  
Lincoln, NE 68522

**Description:** Fire Alarm Supplement (EP2 SPRINKLER)

**Company:** Omaha Office

**Address:** 6775 South 118th Street  
Omaha, NE 68137

**Company Phone:** 402-592-8225

**Inspector:** Conner Lynn Holsclaw  
O30

**Date of Work:** 10/17/2023

**Frequency:** Semi-Annual

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## Deficiency Summary

There are no reported deficiencies for this submission

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## General Comments

There are no general comments for this submission



**Omaha Office**  
 6775 South 118th Street  
 Omaha, NE 68137  
 Phone: 402-592-8225

## Fire Alarm Supplementary Form

The work covered on this form is (select one):

Semi-Annual

Date of Work

10/17/2023

Account Information		
Facility Name: Lincoln Regional Center - Building 14	Property Type: Detention/Correctional	Location Code: HOLOAIZ
Service Address: Building 14 - 801 West Prospector Place, Lincoln, NE, 68522		
Owner: Kris Hoover	Owner's Phone: (402) 479-5453	
Owner's Address: Building 14 - 801 West Prospector Place, Lincoln, NE, 68522		

Legend				
AS - Abort Station	BATT - Batteries	CoD - Carbon Monoxide Detector	CM - Control Module	DA - Damper
DD - Duct Detector	DH - Door Holder	EL - Emergency/Exit Light	FACP - Fire Alarm Control Panel	HD - Heat Detector
HORN - Horns	H/S - Horn-Strobes	LA - Low Air	MM - Monitor Module (Ansul, temp, CO, etc)	
MR - Manual Release	Other	PR - Phase Reversal	PS - Pull Station	PWS - Power Supply
SC - Signal/Sounder Control	SD - Smoke Detector	SD-Ion - Ion Smoke Detector	SD-Photo - Photo Smoke Detector	SPKR - Speakers
S/S - Speaker-Strobes	STROBE - Strobes	TS - Tamper Switch	WF - Waterflow	

Type	Total	Tested	Not Tested	Passed	Failed
☑ TS	10	10	0	10	0

Type	Total	Tested	Not Tested	Passed	Failed
☑ WF	6	6	0	6	0

Zone: EP2

Zone: EP2							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
☑ TS	L2M2	1ST FLR TAMPER		Semi-Annual	10/17/2023	Pass	
☑ WF	L2M1	1ST FLR WF		Semi-Annual	10/17/2023	Pass	
☑ TS	L3M12	2ND FLR HALL BY VENDING		Semi-Annual	10/17/2023	Pass	
☑ WF	L3M21	2ND FLR HALL BY VENDING		Semi-Annual	10/17/2023	Pass	
☑ WF	L4M6	3RD FLR FLOW		Semi-Annual	10/17/2023	Pass	



**Omaha Office**  
 6775 South 118th Street  
 Omaha, NE 68137  
 Phone: 402-592-8225

Zone: EP2							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
TS	L4M7	3RD FLR TAMPER		Semi-Annual	10/17/2023	Pass	
WF	L4M	4TH FLR FLOW		Semi-Annual	10/17/2023	Pass	
TS	L4M16	4TH FLR TAMPER		Semi-Annual	10/17/2023	Pass	
TS	L1M17	MECH 042		Semi-Annual	10/17/2023	Pass	
TS	L1M18	MECH 042		Semi-Annual	10/17/2023	Pass	
TS	L1M19	MECH 042		Semi-Annual	10/17/2023	Pass	
TS	L1M20	MECH 042		Semi-Annual	10/17/2023	Pass	
WF	L1M23	MECH 042	BLDG 14 WF	Semi-Annual	10/17/2023	Pass	
WF	L4M8	PENTHOUSE FLOW		Semi-Annual	10/17/2023	Pass	
TS	L4M9	PENTHOUSE TAMPER		Semi-Annual	10/17/2023	Pass	
TS	L1M21	PIV		Semi-Annual	10/17/2023	Pass	

**Comments**

Any deficiencies or other problems found with the devices must be explained using the comment specific for each device. Additional comments can be added here.

Please see the summary section at the top of the form for the comments.

**Inspector's Information**

Inspected By

Conner Lynn Holsclaw

Inspector License:

O30

I state that the information on this form is correct at the time and place of my inspection, and that all equipment tested at this time was left in operating condition upon completion of this inspection except as noted in the *Comments*.

Signature of Inspector

Date

10/17/2023

**Owner or Owner's Representative**

Owner or Owner's Representative Name

NA

Owner or Owner's Representative Signature

No Signature Available

Date

10/17/2023

# Fire Alarm Supplementary Form



**Location Code:** HOLOAIZ

**Contact:** Kris Hoover

**Contact Address:** Building 14 - 801 West Prospector Place  
Lincoln, NE 68522

**Phone:** (402) 479-5453

**Email:** kris.hoover@nebraska.gov

**Property Evaluated:** Lincoln Regional Center - Building 14  
(Detention/Correctional)  
Building 14 - 801 West Prospector Place  
Lincoln, NE 68522

**Description:** Fire Alarm Supplement (EP5 EQUIPMENT)

**Company:** Omaha Office

**Address:** 6775 South 118th Street  
Omaha, NE 68137

**Company Phone:** 402-592-8225

**Inspector:** Conner Lynn Holsclaw  
O30

**Date of Work:** 10/17/2023

**Frequency:** Semi-Annual

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## Deficiency Summary

There are no reported deficiencies for this submission

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## General Comments

There are no general comments for this submission





**Omaha Office**  
 6775 South 118th Street  
 Omaha, NE 68137  
 Phone: 402-592-8225

## Fire Alarm Supplementary Form

The work covered on this form is (select one):

Semi-Annual

Date of Work

10/17/2023

Account Information		
Facility Name: Lincoln Regional Center - Building 14	Property Type: Detention/Correctional	Location Code: HOLOAIZ
Service Address: Building 14 - 801 West Prospector Place, Lincoln, NE, 68522		
Owner: Kris Hoover	Owner's Phone: (402) 479-5453	
Owner's Address: Building 14 - 801 West Prospector Place, Lincoln, NE, 68522		

Legend				
AS - Abort Station	BATT - Batteries	CoD - Carbon Monoxide Detector	CM - Control Module	DA - Damper
DD - Duct Detector	DH - Door Holder	EL - Emergency/Exit Light	FACP - Fire Alarm Control Panel	HD - Heat Detector
HORN - Horns	H/S - Horn-Strobes	LA - Low Air	MM - Monitor Module (Ansul, temp, CO, etc)	
MR - Manual Release	Other	PR - Phase Reversal	PS - Pull Station	PWS - Power Supply
SC - Signal/Sounder Control	SD - Smoke Detector	SD-Ion - Ion Smoke Detector	SD-Photo - Photo Smoke Detector	SPKR - Speakers
S/S - Speaker-Strobes	STROBE - Strobes	TS - Tamper Switch	WF - Waterflow	

Type	Total	Tested	Not Tested	Passed	Failed
<input checked="" type="checkbox"/> AMPLIFIER	8	0	8	0	0
<input checked="" type="checkbox"/> DVC/KD	1	0	1	0	0
<input checked="" type="checkbox"/> LCD-160,,ACM,REM MIC	1	0	1	0	0
<input checked="" type="checkbox"/> PWS PWS	6	0	6	0	0

Type	Total	Tested	Not Tested	Passed	Failed
<input checked="" type="checkbox"/> BATT	12	12	0	12	0
<input checked="" type="checkbox"/> FACP FACP	1	0	1	0	0
<input checked="" type="checkbox"/> LCD-160,ACM,REM MIC	8	0	8	0	0

Zone: EP5

Zone: EP5							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
<input checked="" type="checkbox"/> LCD-160,ACM,RE M MIC	3	1ST FLR CENTER			2/24/2023	N/A	



**Omaha Office**  
 6775 South 118th Street  
 Omaha, NE 68137  
 Phone: 402-592-8225

Zone: EP5							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
LCD-160,ACM,RE M MIC	4	1ST FLR EAST			2/24/2023	N/A	
LCD-160,ACM,RE M MIC	5	1ST FLR WEST			2/24/2023	N/A	
LCD-160,ACM,RE M MIC	6	2ND FLR CENTER			2/24/2023	N/A	
LCD-160,ACM,RE M MIC	7	2ND FLR EAST			2/24/2023	N/A	
AMPLIFIER	AMP 4	2ND FLR ELEC.			2/24/2023	N/A	
AMPLIFIER	AMP 5	2ND FLR ELEC.			2/24/2023	N/A	
AMPLIFIER	AMP 6	2ND FLR ELEC.			2/24/2023	N/A	
BATT	004	2ND FLR ELEC. AMP 3	12V 12 AMP X2	Semi-Annual	10/17/2023	Pass	
BATT	006	2ND FLR ELEC. AMP 5 AND 6	12V 26 AMP X 2	Semi-Annual	10/17/2023	Pass	
BATT	005	2ND FLR ELEC AMP 4	12V 12AMP X 2	Semi-Annual	10/17/2023	Pass	
AMPLIFIER	AMP 2	2ND FLR ELECTRICAL			2/24/2023	N/A	
AMPLIFIER	AMP3	2ND FLR ELECTRICAL			2/24/2023	N/A	
BATT	003	2ND FLR ELECTRICAL AMP 2	12V 12 AMP X2	Semi-Annual	10/17/2023	Pass	
BATT	PWS 3	2ND FLR STROBES	12V 8 AMP X 2	Semi-Annual	10/17/2023	Pass	
PWS	PWS 3	2ND FLR STROBES			2/24/2023	N/A	
LCD-160,ACM,RE M MIC	8	2ND FLR WEST			2/24/2023	N/A	
BATT	PWS 4	3RD FLR	12V 8 AMP X 2	Semi-Annual	10/17/2023	Pass	
BATT	PWS 5	3RD FLR	12V 8 X 2	Semi-Annual	10/17/2023	Pass	
PWS	PWS 4	3RD FLR			2/24/2023	N/A	
PWS	PWS 5	3RD FLR			2/24/2023	N/A	
LCD-160,ACM,RE M MIC	9	3RD FLR CENTER			2/24/2023	N/A	
AMPLIFIER	AMP 7	3RD FLR STORAGE			2/24/2023	N/A	



**Omaha Office**  
 6775 South 118th Street  
 Omaha, NE 68137  
 Phone: 402-592-8225

Zone: EP5							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
AMPLIFIER	AMP 8	3RD FLR STORAGE			2/24/2023	N/A	
BATT	AMP 7-8	3RD FLR STORAGE	12V 26AMP X 2	Semi-Annual	10/17/2023	Pass	
BATT	PWS 1	BSMT ELECTRICAL	12V 8 X 2	Semi-Annual	10/17/2023	Pass	
FACP	NFS2-3030	BSMT ELECTRICAL			2/24/2023	N/A	
PWS	PWS 1	BSMT ELECTRICAL			2/24/2023	N/A	
PWS	001	BSMT ELECTRICAL ACROSS FROM FACP	PSE-10			N/A	
BATT	002	BSMT ELECTRICAL PWS	12V 7 AMP X 2	Semi-Annual	10/17/2023	Pass	
AMPLIFIER	AMP 1	FACP			2/24/2023	N/A	
BATT	12V 55 AMP X 2	FACP		Semi-Annual	10/17/2023	Pass	
DVC/KD	DVC	FACP			2/24/2023	N/A	
PWS	AMPS24	FACP			2/24/2023	N/A	
LCD-160,ACM,RE M MIC	1	MAINTENANCE ENTRANCE	BSMT		2/24/2023	N/A	
BATT	PWS 2	PWS 2	12V 12 AMP X 2	Semi-Annual	10/17/2023	Pass	
LCD-160,ACM,RE M MIC	2	STREET LEVEL ENTRANCE			2/24/2023	N/A	

**Comments**

Any deficiencies or other problems found with the devices must be explained using the comment specific for each device. Additional comments can be added here.  
 Please see the summary section at the top of the form for the comments.

**Inspector's Information**

Inspected By

Inspector License:

I state that the information on this form is correct at the time and place of my inspection, and that all equipment tested at this time was left in operating condition upon completion of this inspection except as noted in the *Comments*.

Signature of Inspector


Date

**Owner or Owner's Representative**

Owner or Owner's Representative Name

Owner or Owner's Representative Signature

Date

\_\_\_\_\_  
 Conner Lynn Holsclaw  
 \_\_\_\_\_  
 O30  
 \_\_\_\_\_  
  
 \_\_\_\_\_  
 10/17/2023  
 \_\_\_\_\_  
 NA  
 \_\_\_\_\_  
 No Signature Available  
 \_\_\_\_\_  
 10/17/2023  
 \_\_\_\_\_

# Form for Inspection, Testing and Maintenance of Fire Alarms and Signaling Systems



**Location Code:** HOLOAIZ

**Contact:** Kris Hoover

**Contact Address:** Building 14 - 801 West Prospector Place  
Lincoln, NE 68522

**Phone:** (402) 479-5453

**Email:** kris.hoover@nebraska.gov

**Property Evaluated:** Lincoln Regional Center - Building 14  
(Detention/Correctional)  
Building 14 - 801 West Prospector Place  
Lincoln, NE 68522

**Description:** Fire Alarm (FORM)

**Company:** Omaha Office

**Address:** 6775 South 118th Street  
Omaha, NE 68137

**Company Phone:** 402-592-8225

**Inspector:** Conner Lynn Holsclaw  
O30

**Date of Work:** 10/17/2023

**Frequency:** Semi-Annual

---

## Deficiency Summary

Please refer to the Deficiency Summary located on applicable Fire Alarm Supplementary Forms for additional deficiency details.

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## General Comments

There are no general comments for this submission



**Omaha Office**  
 6775 South 118th Street  
 Omaha, NE 68137  
 Phone: 402-592-8225

# Form for Inspection, Testing and Maintenance of Fire Alarms and Signaling Systems

Separate forms are available for inspection, testing, and maintenance of the rest of the fire protection system of which the fire alarms and signaling systems are a part. More frequent inspection, testing, and maintenance may be necessary depending on the conditions of the occupancy and the water supply.

Notes:

1. All questions are to be answered *Yes, No, or Not Applicable*. All "No" answers are to be explained in the *Comments* for this form.
2. Refer to NFPA-72 for specific inspection frequency requirements for the different components.

The work covered on this form is (select one): Semi-Annual

Date of Work 10/17/2023

*All responses refer to the current work (inspection, testing and maintenance) performed on this date.*

### 1. Property Information

Owner: Kris Hoover

Owner's Phone Number: (402) 479-5453

Owner's Address: Building 14 - 801 West Prospector Place, Lincoln, NE, 68522

Property Being Evaluated: Lincoln Regional Center - Building 14 (Detention/Correctional)

Property Address: Building 14 - 801 West Prospector Place, Lincoln, NE, 68522

Assembly Description: Fire Alarm (FORM)

### 2. Owner's Section

A. Are the fire alarms and signaling systems in service?  Yes  No

B. Have fire alarms and signaling systems remained in service since the last inspection?  Yes  No

C. Was the system (of which the fire alarm and signaling systems are a part) free of actuation of devices or alarms since the last inspection?  Yes  No

D. The required record documents are available and include the current revisions of all fire alarm software and the revisions of software of any systems with which the fire alarm software interfaces?  Yes  No

### 3. Monitoring Information

Monitoring organization: PERMAR

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Account number: \_\_\_\_\_

Phone line 1: \_\_\_\_\_

Phone line 2: \_\_\_\_\_

Means of transmission: RADIO

Entity to which alarms are retransmitted: \_\_\_\_\_

Phone: \_\_\_\_\_

### 4. System Information

4.1 Control Unit: Manufacturer: NOTIFIER

Model number: NFS2-3030

4.2 Software and Firmware Revision number: 26

4.3 System Power: 4.3.1 Primary (Main) Power: Nominal voltage: 120VAC

Amps: NA

Location: BSMT ELECTRICAL

Overcurrent protection type: BREAKER

Amps: NA

Disconnecting means location: BSMT ELECTRICAL

4.3.2 Secondary Power: Type: BATTERIES

Location: FACP

Battery type (if applicable):  Lead-acid  Nickel-cadmium

Primary (dry cell)

Sealed lead-acid

Calculated capacity of batteries to drive the system:

In standby mode (hours): 24

In alarm mode (minutes): 15

### 5. Notifications Made Prior To Testing

	Contact	Time
Monitoring organization:	PERMAR	9:00
Building management:	MAINTENANCE	9:00
Building occupants:	NA	NA
Authority Having Jurisdiction:	NA	NA
Other, if required:		



**6. Testing Results**

**6.1 Control Unit and Related Equipment**

Description	Visual Inspection	Functional Test	Results
Control unit	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Lamps/LEDs/LCDs	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Fuses	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Trouble signals	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Disconnect switches	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Ground-fault monitoring	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Supervision	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Local annunciator	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Remote annunciators	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Remote power panels	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A

**6.2 Secondary Power**

Description	Visual Inspection	Functional Test	Results
Battery condition	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Load voltage	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Discharge test	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Charger test	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Remote panel batteries	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A

**6.3 Alarm and Supervisory Alarm Initiating Device**

Complete supplementary device test form for all initiating devices.

**6.4 Notification Appliances**

Complete supplementary appliance test form for all notification appliances.

**6.5 Interface Equipment**

Complete supplementary interface component test form for all interface components.  
*Circuit Interface / Signaling Line Circuit Interface / Fire Alarm Control Interface*

**6.6 Supervising Station Monitoring**

Description	Yes/No	Time (sec)	Results
Alarm signal	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Alarm restoration	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Trouble signal	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Trouble restoration	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Supervisory signal	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Supervisory restoration	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A

**6.7 Public Emergency Alarm Reporting System**

Description	Yes/No	Time (seconds)	Results
Alarm signal	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Alarm restoration	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Trouble signal	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Trouble restoration	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Supervisory signal	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Supervisory restoration	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A

**7. Notifications That Testing Is Complete**

	Contact	Time
Monitoring organization:	PERMAR	10:30
Building management:	MAINTENANCE	10:30
Building occupants:	NA	NA
Authority Having Jurisdiction:	NA	NA
Other, if required:		

**8. System Restored To Normal Operation**

Date: 10/17/2023  
 Time: 10:30

**9. Comments**

*Any "No" answers, test failures or other problems found with the fire alarm system must be explained using the comment specific for each question. Additional comments can be added here.*

Please see the summary section at the top of the form for the comments.

**10. Inspector's Information**

Inspected By: Conner Lynn Holsclaw  
 Inspector License: O30

I state that the information on this form is correct at the time and place of my inspection, and that all equipment tested at this time was left in operating condition upon completion of this inspection except as noted in the *Comments*. This system as specified herein has been inspected and tested according to NFPA 72, 2013 edition, Chapter 14.



**Omaha Office**  
6775 South 118th Street  
Omaha, NE 68137  
Phone: 402-592-8225

---

Signature of Inspector



Date

10/17/2023

11. Owner or Owner's Representative

Owner or Owner's Representative Name

NA

Owner or Owner's Representative Signature

**No Signature Available**

Date

10/17/2023

# Fire Alarm Supplementary Form



**Location Code:** VWJJISK

**Contact:** Kris Hoover

**Contact Address:** 801 West Prospector Place  
Lincoln, NE 68522

**Phone:** (402) 479-5453

**Email:** kris.hoover@nebraska.gov

**Property Evaluated:** Lincoln Regional Center - Annex 5  
(Detention/Correctional)  
801 West Prospector Place  
Lincoln, NE 68522

**Description:** Fire Alarm Supplement (EP3 INITIATING DEVICES)

**Company:** Omaha Office

**Address:** 6775 South 118th Street  
Omaha, NE 68137

**Company Phone:** 402-592-8225

**Inspector:** Conner Lynn Holsclaw  
O30

**Date of Work:** 2/26/2024

**Frequency:** Semi-Annual

---

## Deficiency Summary

There are no reported deficiencies for this submission

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## General Comments

There are no general comments for this submission





**Omaha Office**  
 6775 South 118th Street  
 Omaha, NE 68137  
 Phone: 402-592-8225

## Fire Alarm Supplementary Form

The work covered on this form is (select one):

Semi-Annual

Date of Work

2/26/2024

Account Information		
Facility Name: Lincoln Regional Center - Annex 5	Property Type: Detention/Correctional	Location Code: VWJJISK
Service Address: 801 West Prospector Place, Lincoln, NE, 68522		
Owner: Kris Hoover	Owner's Phone: (402) 479-5453	
Owner's Address: 801 West Prospector Place, Lincoln, NE, 68522		

Legend				
AS - Abort Station	BATT - Batteries	CoD - Carbon Monoxide Detector	CM - Control Module	DA - Damper
DD - Duct Detector	DH - Door Holder	EL - Emergency/Exit Light	FACP - Fire Alarm Control Panel	HD - Heat Detector
HORN - Horns	H/S - Horn-Strobes	LA - Low Air	MM - Monitor Module (Ansul, temp, CO, etc)	
MR - Manual Release	Other	PR - Phase Reversal	PS - Pull Station	PWS - Power Supply
SC - Signal/Sounder Control	SD - Smoke Detector	SD-Ion - Ion Smoke Detector	SD-Photo - Photo Smoke Detector	SPKR - Speakers
S/S - Speaker-Strobes	STROBE - Strobes	TS - Tamper Switch	WF - Waterflow	

Type	Total	Tested	Not Tested	Passed	Failed
☉ MM	1	1	0	1	0
● SD-Photo	30	30	0	30	0

Type	Total	Tested	Not Tested	Passed	Failed
☐ PS	2	2	0	2	0

Zone: SLC

Zone: SLC							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
● SD-Photo	L1D29	CONF. 118		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D30	CONF. 118		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D27	CONF. RM		Semi-Annual	2/26/2024	Pass	
☐ PS	L1M1	CORR 100		Semi-Annual	2/26/2024	Pass	
☐ PS	L1M2	CORR 100		Semi-Annual	2/26/2024	Pass	



**Omaha Office**  
 6775 South 118th Street  
 Omaha, NE 68137  
 Phone: 402-592-8225

Zone: SLC							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
● SD-Photo	L1D1	CORR 100		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D2	CORR 100		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D6	CORR 100		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D9	CORR 110		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D17	CORR 110		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D20	CORR 110		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D22	CORR 110		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D28	CORR 110		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D12	CUST 114		Semi-Annual	2/26/2024	Pass	
Ⓜ MM	L1M3	FACP	PHONE CALL IN	Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D13	IT 113		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D11	LOUNGE 112		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D14	M.E. 115		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D3	OFFICE 101		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D4	OFFICE 102		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D8	OFFICE 104		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D7	OFFICE 105		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D23	OFFICE 119		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D26	OFFICE 120		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D25	OFFICE 121		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D24	OFFICE 122		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D15	OFFICE 123		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D18	OFFICE 124		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D19	OFFICE 125		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D16	OFFICE 126		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D21	OPEN OFFICE 116		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D5	RR 103		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D10	RR 111		Semi-Annual	2/26/2024	Pass	

**Comments**

Any deficiencies or other problems found with the devices must be explained using the comment specific for each device. Additional comments can be added here.  
 Please see the summary section at the top of the form for the comments.

**Inspector's Information**

Inspected By

Inspector License:

I state that the information on this form is correct at the time and place of my inspection, and that all equipment tested at this time was left in operating condition upon completion of this inspection except as noted in the *Comments*.

Signature of Inspector

Conner Lynn Holsclaw

O30



**Omaha Office**  
6775 South 118th Street  
Omaha, NE 68137  
Phone: 402-592-8225

Date  
**Owner or Owner's Representative**  
Owner or Owner's Representative Name  
Owner or Owner's Representative Signature

2/26/2024

NA

No Signature Available

Date

2/26/2024

# Fire Alarm Supplementary Form



**Location Code:** VWJJISK

**Contact:** Kris Hoover

**Contact Address:** 801 West Prospector Place  
Lincoln, NE 68522

**Phone:** (402) 479-5453

**Email:** kris.hoover@nebraska.gov

**Property Evaluated:** Lincoln Regional Center - Annex 5  
(Detention/Correctional)  
801 West Prospector Place  
Lincoln, NE 68522

**Description:** Fire Alarm Supplement (EP4 NOTIFICATION)

**Company:** Omaha Office

**Address:** 6775 South 118th Street  
Omaha, NE 68137

**Company Phone:** 402-592-8225

**Inspector:** Conner Lynn Holsclaw  
O30

**Date of Work:** 2/26/2024

**Frequency:** Semi-Annual

---

## Deficiency Summary

There are no reported deficiencies for this submission

---

## General Comments

There are no general comments for this submission



**Omaha Office**  
 6775 South 118th Street  
 Omaha, NE 68137  
 Phone: 402-592-8225

## Fire Alarm Supplementary Form

The work covered on this form is (select one):

Semi-Annual

Date of Work

2/26/2024

Account Information		
Facility Name: Lincoln Regional Center - Annex 5	Property Type: Detention/Correctional	Location Code: VWJJISK
Service Address: 801 West Prospector Place, Lincoln, NE, 68522		
Owner: Kris Hoover	Owner's Phone: (402) 479-5453	
Owner's Address: 801 West Prospector Place, Lincoln, NE, 68522		

Legend				
AS - Abort Station	BATT - Batteries	CoD - Carbon Monoxide Detector	CM - Control Module	DA - Damper
DD - Duct Detector	DH - Door Holder	EL - Emergency/Exit Light	FACP - Fire Alarm Control Panel	HD - Heat Detector
HORN - Horns	H/S - Horn-Strobes	LA - Low Air	MM - Monitor Module (Ansul, temp, CO, etc)	
MR - Manual Release	Other	PR - Phase Reversal	PS - Pull Station	PWS - Power Supply
SC - Signal/Sounder Control	SD - Smoke Detector	SD-Ion - Ion Smoke Detector	SD-Photo - Photo Smoke Detector	SPKR - Speakers
S/S - Speaker-Strobes	STROBE - Strobes	TS - Tamper Switch	WF - Waterflow	

Type	Total	Tested	Not Tested	Passed	Failed
■ S/S	3	3	0	3	0
★ STROBE	3	3	0	3	0

Type	Total	Tested	Not Tested	Passed	Failed
🔊 SPKR	1	1	0	1	0

### Zone: NOTIFICATION

Zone: NOTIFICATION							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
■ S/S	6	CONF RM		Semi-Annual	2/26/2024	Pass	
■ S/S	4	CORR		Semi-Annual	2/26/2024	Pass	
■ S/S	5	CORR		Semi-Annual	2/26/2024	Pass	
★ STROBE	10	OFFICE		Semi-Annual	2/26/2024	Pass	
🔊 SPKR	7	OUTSIDE		Semi-Annual	2/26/2024	Pass	



**Omaha Office**  
 6775 South 118th Street  
 Omaha, NE 68137  
 Phone: 402-592-8225

Zone: NOTIFICATION							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
★ STROBE	8	RR		Semi-Annual	2/26/2024	Pass	
★ STROBE	9	RR		Semi-Annual	2/26/2024	Pass	

**Comments**

*Any deficiencies or other problems found with the devices must be explained using the comment specific for each device. Additional comments can be added here.*  
 Please see the summary section at the top of the form for the comments.

**Inspector's Information**

Inspected By

Conner Lynn Holsclaw

Inspector License:

O30

I state that the information on this form is correct at the time and place of my inspection, and that all equipment tested at this time was left in operating condition upon completion of this inspection except as noted in the *Comments*.

Signature of Inspector

Date

2/26/2024

**Owner or Owner's Representative**

Owner or Owner's Representative Name

NA

Owner or Owner's Representative Signature

No Signature Available

Date

2/26/2024

# Fire Alarm Supplementary Form



**Location Code:** VWJJISK

**Contact:** Kris Hoover

**Contact Address:** 801 West Prospector Place  
Lincoln, NE 68522

**Phone:** (402) 479-5453

**Email:** kris.hoover@nebraska.gov

**Property Evaluated:** Lincoln Regional Center - Annex 5  
(Detention/Correctional)  
801 West Prospector Place  
Lincoln, NE 68522

**Description:** Fire Alarm Supplement (EP5 EQUIPMENT)

**Company:** Omaha Office

**Address:** 6775 South 118th Street  
Omaha, NE 68137

**Company Phone:** 402-592-8225

**Inspector:** Conner Lynn Holsclaw  
O30

**Date of Work:** 2/26/2024

**Frequency:** Semi-Annual

---

## Deficiency Summary

There are no reported deficiencies for this submission

---

## General Comments

There are no general comments for this submission



**Omaha Office**  
 6775 South 118th Street  
 Omaha, NE 68137  
 Phone: 402-592-8225

## Fire Alarm Supplementary Form

The work covered on this form is (select one):

Semi-Annual

Date of Work

2/26/2024

Account Information		
Facility Name: Lincoln Regional Center - Annex 5	Property Type: Detention/Correctional	Location Code: VWJJISK
Service Address: 801 West Prospector Place, Lincoln, NE, 68522		
Owner: Kris Hoover	Owner's Phone: (402) 479-5453	
Owner's Address: 801 West Prospector Place, Lincoln, NE, 68522		

Legend				
AS - Abort Station	BATT - Batteries	CoD - Carbon Monoxide Detector	CM - Control Module	DA - Damper
DD - Duct Detector	DH - Door Holder	EL - Emergency/Exit Light	FACP - Fire Alarm Control Panel	HD - Heat Detector
HORN - Horns	H/S - Horn-Strobes	LA - Low Air	MM - Monitor Module (Ansul, temp, CO, etc)	
MR - Manual Release	Other	PR - Phase Reversal	PS - Pull Station	PWS - Power Supply
SC - Signal/Sounder Control	SD - Smoke Detector	SD-Ion - Ion Smoke Detector	SD-Photo - Photo Smoke Detector	SPKR - Speakers
S/S - Speaker-Strobes	STROBE - Strobes	TS - Tamper Switch	WF - Waterflow	

Type	Total	Tested	Not Tested	Passed	Failed
<input checked="" type="checkbox"/> AMP	1	1	0	1	0
<input checked="" type="checkbox"/> DVC	1	1	0	1	0
<input checked="" type="checkbox"/> PWS PWS	1	1	0	1	0

Type	Total	Tested	Not Tested	Passed	Failed
<input checked="" type="checkbox"/> BATT	1	1	0	1	0
<input checked="" type="checkbox"/> FACP FACP	1	1	0	1	0

### Zone: EQUIPMENT

Zone: EQUIPMENT							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
<input checked="" type="checkbox"/> FACP FACP	1	ENTRY	NFS2-640	Semi-Annual	2/26/2024	Pass	
<input checked="" type="checkbox"/> AMP	4	FACP	DAX-3525 PCA	Semi-Annual	2/26/2024	Pass	
<input checked="" type="checkbox"/> BATT	2	FACP	12V 35AMP X 2	Semi-Annual	2/26/2024	Pass	
<input checked="" type="checkbox"/> DVC	3	FACP		Semi-Annual	2/26/2024	Pass	





**Omaha Office**  
 6775 South 118th Street  
 Omaha, NE 68137  
 Phone: 402-592-8225

Zone: EQUIPMENT							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
PWS PWS	5	FACP	AMPS 24	Semi-Annual	2/26/2024	Pass	

**Comments**

Any deficiencies or other problems found with the devices must be explained using the comment specific for each device. Additional comments can be added here.

Please see the summary section at the top of the form for the comments.

**Inspector's Information**

Inspected By

Conner Lynn Holsclaw

Inspector License:

O30

I state that the information on this form is correct at the time and place of my inspection, and that all equipment tested at this time was left in operating condition upon completion of this inspection except as noted in the *Comments*.

Signature of Inspector

Date

2/26/2024

**Owner or Owner's Representative**

Owner or Owner's Representative Name

NA

Owner or Owner's Representative Signature

No Signature Available

Date

2/26/2024

# Form for Inspection, Testing and Maintenance of Fire Alarms and Signaling Systems



**Location Code:** VWJJISK

**Contact:** Kris Hoover

**Contact Address:** 801 West Prospector Place  
Lincoln, NE 68522

**Phone:** (402) 479-5453

**Email:** kris.hoover@nebraska.gov

**Property Evaluated:** Lincoln Regional Center - Annex 5  
(Detention/Correctional)  
801 West Prospector Place  
Lincoln, NE 68522

**Description:** Fire Alarm (FORM)

**Company:** Omaha Office

**Address:** 6775 South 118th Street  
Omaha, NE 68137

**Company Phone:** 402-592-8225

**Inspector:** Conner Lynn Holsclaw  
O30

**Date of Work:** 2/26/2024

**Frequency:** Semi-Annual

---

## Deficiency Summary

Please refer to the Deficiency Summary located on applicable Fire Alarm Supplementary Forms for additional deficiency details.

---

## General Comments

There are no general comments for this submission



**Omaha Office**  
 6775 South 118th Street  
 Omaha, NE 68137  
 Phone: 402-592-8225

## Form for Inspection, Testing and Maintenance of Fire Alarms and Signaling Systems

Separate forms are available for inspection, testing, and maintenance of the rest of the fire protection system of which the fire alarms and signaling systems are a part. More frequent inspection, testing, and maintenance may be necessary depending on the conditions of the occupancy and the water supply.

Notes:

1. All questions are to be answered *Yes, No, or Not Applicable*. All "No" answers are to be explained in the *Comments* for this form.
2. Refer to NFPA-72 for specific inspection frequency requirements for the different components.

The work covered on this form is (select one): Semi-Annual

Date of Work 2/26/2024

*All responses refer to the current work (inspection, testing and maintenance) performed on this date.*

### 1. Property Information

Owner: Kris Hoover

Owner's Phone Number: (402) 479-5453

Owner's Address: 801 West Prospector Place, Lincoln, NE, 68522

Property Being Evaluated: Lincoln Regional Center - Annex 5 (Detention/Correctional)

Property Address: 801 West Prospector Place, Lincoln, NE, 68522

Assembly Description: Fire Alarm (FORM)

### 2. Owner's Section

A. Are the fire alarms and signaling systems in service?  Yes  No

B. Have fire alarms and signaling systems remained in service since the last inspection?  Yes  No

C. Was the system (of which the fire alarm and signaling systems are a part) free of actuation of devices or alarms since the last inspection?  Yes  No

D. The required record documents are available and include the current revisions of all fire alarm software and the revisions of software of any systems with which the fire alarm software interfaces?  Yes  No

### 3. Monitoring Information

Monitoring organization: PERMAR

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Account number: \_\_\_\_\_

Phone line 1: \_\_\_\_\_

Phone line 2: \_\_\_\_\_

Means of transmission: \_\_\_\_\_

Entity to which alarms are retransmitted: \_\_\_\_\_

Phone: \_\_\_\_\_

### 4. System Information

4.1 Control Unit: Manufacturer: NOTIFIER

Model number: NFS2-640

4.2 Software and Firmware Revision number: 26

4.3 System Power:

4.3.1 Primary (Main) Power: Nominal voltage: 120 VAC

Amps: NA

Location: ENTRY

Overcurrent protection type: BREAKER

Amps: NA

Disconnecting means location: ELECTRICAL

4.3.2 Secondary Power: Type: BATTERIES

Location: FACP

Battery type (if applicable):  Lead-acid  Nickel-cadmium

Primary (dry cell)

Sealed lead-acid

Calculated capacity of batteries to drive the system:

In standby mode (hours): 24

In alarm mode (minutes): 15

### 5. Notifications Made Prior To Testing

	Contact	Time
Monitoring organization:	Permar	7:00
Building management:	NA	NA
Building occupants:	NA	NA
Authority Having Jurisdiction:	NA	NA
Other, if required:		



**6. Testing Results**

**6.1 Control Unit and Related Equipment**

Description	Visual Inspection	Functional Test	Results
Control unit	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Lamps/LEDs/LCDs	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Fuses	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Trouble signals	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Disconnect switches	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Ground-fault monitoring	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Supervision	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Local annunciator	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Remote annunciators	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Remote power panels	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A

**6.2 Secondary Power**

Description	Visual Inspection	Functional Test	Results
Battery condition	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Load voltage	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Discharge test	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Charger test	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Remote panel batteries	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A

**6.3 Alarm and Supervisory Alarm Initiating Device**

Complete supplementary device test form for all initiating devices.

**6.4 Notification Appliances**

Complete supplementary appliance test form for all notification appliances.

**6.5 Interface Equipment**

Complete supplementary interface component test form for all interface components.  
*Circuit Interface / Signaling Line Circuit Interface / Fire Alarm Control Interface*

**6.6 Supervising Station Monitoring**

Description	Yes/No	Time (sec)	Results
Alarm signal	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Alarm restoration	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Trouble signal	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Trouble restoration	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Supervisory signal	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Supervisory restoration	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A

**6.7 Public Emergency Alarm Reporting System**

Description	Yes/No	Time (seconds)	Results
Alarm signal	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Alarm restoration	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Trouble signal	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Trouble restoration	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Supervisory signal	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Supervisory restoration	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A

**7. Notifications That Testing Is Complete**

	Contact	Time
Monitoring organization:	PERMAR	3:00
Building management:	NA	NA
Building occupants:	NA	NA
Authority Having Jurisdiction:	NA	NA
Other, if required:		

**8. System Restored To Normal Operation**

Date: 2/26/2024

Time: 3:00

**9. Comments**

*Any "No" answers, test failures or other problems found with the fire alarm system must be explained using the comment specific for each question. Additional comments can be added here.*

Please see the summary section at the top of the form for the comments.

**10. Inspector's Information**

Inspected By: Conner Lynn Holsclaw  
 Inspector License: O30

I state that the information on this form is correct at the time and place of my inspection, and that all equipment tested at this time was left in operating condition upon completion of this inspection except as noted in the *Comments*. This system as specified herein has been inspected and tested according to NFPA 72, 2013 edition, Chapter 14.



**Omaha Office**  
6775 South 118th Street  
Omaha, NE 68137  
Phone: 402-592-8225

---

Signature of Inspector

A handwritten signature in black ink, appearing to be 'J. [unclear]', written over a horizontal line.

Date

2/26/2024

11. Owner or Owner's Representative

Owner or Owner's Representative Name

NA

Owner or Owner's Representative Signature

**No Signature Available**

Date

2/26/2024

# Fire Alarm Supplementary Form



**Location Code:** VWJJISK

**Contact:** Kris Hoover

**Contact Address:** 801 West Prospector Place  
Lincoln, NE 68522

**Phone:** (402) 479-5453

**Email:** kris.hoover@nebraska.gov

**Property Evaluated:** Lincoln Regional Center - Annex 5  
(Detention/Correctional)  
801 West Prospector Place  
Lincoln, NE 68522

**Description:** Fire Alarm Supplement (EP5 EQUIPMENT)

**Company:** Omaha Office

**Address:** 6775 South 118th Street  
Omaha, NE 68137

**Company Phone:** 402-592-8225

**Inspector:** Keith Allen Benne  
J13

**Date of Work:** 8/22/2024

**Frequency:** Semi-Annual

---

## Deficiency Summary

There are no reported deficiencies for this submission

---

## General Comments

There are no general comments for this submission



**Omaha Office**  
 6775 South 118th Street  
 Omaha, NE 68137  
 Phone: 402-592-8225

## Fire Alarm Supplementary Form

Account Information		
Facility Name: Lincoln Regional Center - Annex 5	Property Type: Detention/Correctional	Location Code: VWJJISK
Service Address: 801 West Prospector Place, Lincoln, NE, 68522		
Owner: Kris Hoover	Owner's Phone: (402) 479-5453	
Owner's Address: 801 West Prospector Place, Lincoln, NE, 68522		

Legend				
AS - Abort Station	BATT - Batteries	CoD - Carbon Monoxide Detector	CM - Control Module	DA - Damper
DD - Duct Detector	DH - Door Holder	EL - Emergency/Exit Light	FACP - Fire Alarm Control Panel	HD - Heat Detector
HORN - Horns	H/S - Horn-Strobes	LA - Low Air	MM - Monitor Module (Ansul, temp, CO, etc)	
MR - Manual Release	Other	PR - Phase Reversal	PS - Pull Station	PWS - Power Supply
SC - Signal/Sounder Control	SD - Smoke Detector	SD-Ion - Ion Smoke Detector	SD-Photo - Photo Smoke Detector	SPKR - Speakers
S/S - Speaker-Strobes	STROBE - Strobes	TS - Tamper Switch	WF - Waterflow	

Type	Total	Tested	Not Tested	Passed	Failed
AMP	1	1	0	1	0
DVC	1	1	0	1	0
PWS	1	1	0	1	0

Type	Total	Tested	Not Tested	Passed	Failed
BATT	1	1	0	1	0
FACP	1	1	0	1	0

### Zone: EQUIPMENT

Zone: EQUIPMENT							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
FACP	1	ENTRY	NFS2-640	Semi-Annual	9/5/2024	Pass	
AMP	4	FACP	DAX-3525 PCA	Semi-Annual	9/5/2024	Pass	
BATT	2	FACP	12V 35AMP X 2	Semi-Annual	9/5/2024	Pass	
DVC	3	FACP		Semi-Annual	9/5/2024	Pass	
PWS	5	FACP	AMPS 24	Semi-Annual	9/5/2024	Pass	



**Omaha Office**  
 6775 South 118th Street  
 Omaha, NE 68137  
 Phone: 402-592-8225

**Comments**

*Any deficiencies or other problems found with the devices must be explained using the comment specific for each device. Additional comments can be added here.*  
 Please see the summary section at the top of the form for the comments.

**Inspector's Information**

Inspected By

Keith Allen Benne

Inspector License:

J13

I state that the information on this form is correct at the time and place of my inspection, and that all equipment tested at this time was left in operating condition upon completion of this inspection except as noted in the *Comments*.

Signature of Inspector

Date

9/5/2024

**Owner or Owner's Representative**

Owner or Owner's Representative Name

Owner or Owner's Representative Signature

No Signature Available

Date

9/5/2024



# Form for Inspection, Testing and Maintenance of Fire Alarms and Signaling Systems



**Location Code:** VWJJISK

**Contact:** Kris Hoover

**Contact Address:** 801 West Prospector Place  
Lincoln, NE 68522

**Phone:** (402) 479-5453

**Email:** kris.hoover@nebraska.gov

**Property Evaluated:** Lincoln Regional Center - Annex 5  
(Detention/Correctional)  
801 West Prospector Place  
Lincoln, NE 68522

**Description:** Fire Alarm (FORM)

**Company:** Omaha Office

**Address:** 6775 South 118th Street  
Omaha, NE 68137

**Company Phone:** 402-592-8225

**Inspector:** Keith Allen Benne  
J13

**Date of Work:** 8/22/2024

**Frequency:** Semi-Annual

---

## Deficiency Summary

Please refer to the Deficiency Summary located on applicable Fire Alarm Supplementary Forms for additional deficiency details.

---

## General Comments

There are no general comments for this submission



**Omaha Office**  
 6775 South 118th Street  
 Omaha, NE 68137  
 Phone: 402-592-8225

# Form for Inspection, Testing and Maintenance of Fire Alarms and Signaling Systems

Separate forms are available for inspection, testing, and maintenance of the rest of the fire protection system of which the fire alarms and signaling systems are a part. More frequent inspection, testing, and maintenance may be necessary depending on the conditions of the occupancy and the water supply.

Notes:

1. All questions are to be answered *Yes, No, or Not Applicable*. All "No" answers are to be explained in the *Comments* for this form.
2. Refer to NFPA-72 for specific inspection frequency requirements for the different components.

### 1. Property Information

Owner:

Kris Hoover

Owner's Phone Number:

(402) 479-5453

Owner's Address:

801 West Prospector Place, Lincoln, NE, 68522

Property Being Evaluated:

Lincoln Regional Center - Annex 5 (Detention/Correctional)

Property Address:

801 West Prospector Place, Lincoln, NE, 68522

Assembly Description:

Fire Alarm (FORM)

### 2. Owner's Section

A. Are the fire alarms and signaling systems in service?  Yes  No

B. Have fire alarms and signaling systems remained in service since the last inspection?  Yes  No

C. Was the system (of which the fire alarm and signaling systems are a part) free of actuation of devices or alarms since the last inspection?  Yes  No

D. The required record documents are available and include the current revisions of all fire alarm software and the revisions of software of any systems with which the fire alarm software interfaces?  Yes  No

### 3. Monitoring Information

Monitoring organization: PERMAR

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Account number: \_\_\_\_\_

Phone line 1: \_\_\_\_\_

Phone line 2: \_\_\_\_\_

Means of transmission: \_\_\_\_\_

Entity to which alarms are retransmitted: \_\_\_\_\_

Phone: \_\_\_\_\_

### 4. System Information

4.1 Control Unit:

Manufacturer: NOTIFIER

Model number: NFS2-640

4.2 Software and Firmware Revision number: 26

4.3 System Power:

4.3.1 Primary (Main) Power:

Nominal voltage: 120 VAC

Amps: NA

Location: ENTRY

Overcurrent protection type: BREAKER

Amps: NA

Disconnecting means location: ELECTRICAL

4.3.2 Secondary Power:

Type: BATTERIES

Location: FACP

Battery type (if applicable):  
 Lead-acid  Nickel-cadmium  
 Primary (dry cell)  
 Sealed lead-acid

Calculated capacity of batteries to drive the system:

In standby mode (hours): 24

In alarm mode (minutes): 15

### 5. Notifications Made Prior To Testing

	Contact	Time
Monitoring organization:	NA	NA
Building management:	BOILER BUILDING	8AM
Building occupants:	NA	NA
Authority Having Jurisdiction:	NA	NA
Other, if required:	NA	NA



**6. Testing Results**

**6.1 Control Unit and Related Equipment**

Description	Visual Inspection	Functional Test	Results
Control unit	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Lamps/LEDs/L CDs	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Fuses	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Trouble signals	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Disconnect switches	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Ground-fault monitoring	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Supervision	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Local annunciator	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Remote annunciators	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Remote power panels	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A

**6.2 Secondary Power**

Description	Visual Inspection	Functional Test	Results
Battery condition	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Load voltage	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Discharge test	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Charger test	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Remote panel batteries	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A

**6.3 Alarm and Supervisory Alarm Initiating Device**

Complete supplementary device test form for all initiating devices.

**6.4 Notification Appliances**

Complete supplementary appliance test form for all notification appliances.

**6.5 Interface Equipment**

Complete supplementary interface component test form for all interface components.  
*Circuit Interface / Signaling Line Circuit Interface / Fire Alarm Control Interface*

**6.6 Supervising Station Monitoring**

Description	Yes/No	Time (sec)	Results
Alarm signal	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Alarm restoration	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Trouble signal	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Trouble restoration	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Supervisory signal	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Supervisory restoration	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A

**6.7 Public Emergency Alarm Reporting System**

Description	Yes/No	Time (seconds)	Results
Alarm signal	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Alarm restoration	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Trouble signal	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Trouble restoration	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Supervisory signal	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Supervisory restoration	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A

**7. Notifications That Testing Is Complete**

	Contact	Time
Monitoring organization:	NA	NA
Building management:	BOILER BLDG	3PM
Building occupants:	NA	NA
Authority Having Jurisdiction:	NA	NA
Other, if required:	NA	NA

**8. System Restored To Normal Operation**

Date: 8/22/2024  
 Time: 3PM

**9. Comments**

*Any "No" answers, test failures or other problems found with the fire alarm system must be explained using the comment specific for each question. Additional comments can be added here.*

Please see the summary section at the top of the form for the comments.

**10. Inspector's Information**

Inspected By: Keith Allen Benne  
 Inspector License: J13

I state that the information on this form is correct at the time and place of my inspection, and that all equipment tested at this time was left in operating condition upon completion of this inspection except as noted in the *Comments*. This system as specified herein has been inspected and tested according to NFPA 72, 2013 edition, Chapter 14.



**Omaha Office**  
6775 South 118th Street  
Omaha, NE 68137  
Phone: 402-592-8225

---

Signature of Inspector

A handwritten signature in black ink, appearing to be 'J. Smith'.

Date

9/5/2024

11. Owner or Owner's Representative

Owner or Owner's Representative Name

Owner or Owner's Representative Signature **No Signature Available**

Date

9/5/2024



# Backflow Preventer Test Form

402.441.5912 • e-mail: [Backflow@lincoln.ne.gov](mailto:Backflow@lincoln.ne.gov) • FAX: 402.441.8003

Return to: Lincoln Water System Backflow 2021 North 27th Street, Lincoln, NE 68503

Business/Building \_\_\_\_\_ Contact Person \_\_\_\_\_

Service Address \_\_\_\_\_ Suite# \_\_\_\_\_

Phone# \_\_\_\_\_ e-mail: \_\_\_\_\_

Device Location \_\_\_\_\_

<input type="checkbox"/> Annual Test	<input type="checkbox"/> Repair	<input type="checkbox"/> New Installation
<input type="checkbox"/> DC	<input type="checkbox"/> RPP	Serial #: _____ Size: _____ Manufacturer: _____ Model#: _____
<input type="checkbox"/> Replacement		
<input type="checkbox"/> DC	<input type="checkbox"/> RPP	Serial #: _____ Size: _____ Manufacturer: _____ Model#: _____

<input type="checkbox"/> Domestic Containment	<input type="checkbox"/> Irrigation	<input type="checkbox"/> Fire Service	<input type="checkbox"/> Boiler	<input type="checkbox"/> Carbonator
<input type="checkbox"/> Swimming Pool	<input type="checkbox"/> Cooling Tower	<input type="checkbox"/> Water Cooled Ice Maker	<input type="checkbox"/> Other (Desc): _____	

Reduced Pressure-Double Check Valve		Pressure Vacuum Breaker	
Shut off #2	Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #1	Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #1 _____ PSID	Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #2	Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #2 _____ PSID	Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Check Valve Held at _____ PSID	
Relief Valve (RP only) Opened at _____ PSID		Air vent opened at _____ PSID	

Final Test: Check Valve #1	Check Valve #2	Pressure Relief	PVB/SVB
	Closed Tight <input type="checkbox"/> Yes <input type="checkbox"/> No		Check Valve PSID
PSID	PSID	Replaced PSID	Air Inlet PSID

I hereby certify the above backflow preventer has been tested in accordance with all rules and regulations of the State of Nebraska Health and Human Services, Department of Regulation and Licensure, Title 179, and the Lincoln Water System Title 17, and that all readings are true and accurate to the best of my ability. **Must be returned to LWS within 30 days of performing test.**

State Certified Technician (Please Print) \_\_\_\_\_ Company \_\_\_\_\_ Grade 6 Certificate# \_\_\_\_\_ Cell/Phone# \_\_\_\_\_

State Certified Technician (Signature) \_\_\_\_\_ Customer (Signature) \_\_\_\_\_ Date of Test \_\_\_\_\_

Test Gauge Manufacturer \_\_\_\_\_ Test Gauge Serial # \_\_\_\_\_ Date of Calibration \_\_\_\_\_

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

PLEASE TYPE OR PRINT LEGIBLY



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Phone# \_\_\_\_\_ e-mail: \_\_\_\_\_

Device Location \_\_\_\_\_

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<input type="checkbox"/> DC	<input type="checkbox"/> RPP	Serial #: _____ Size: _____ Manufacturer: _____ Model#: _____
<input type="checkbox"/> Replacement		
<input type="checkbox"/> DC	<input type="checkbox"/> RPP	Serial #: _____ Size: _____ Manufacturer: _____ Model#: _____

<input type="checkbox"/> Domestic Containment	<input type="checkbox"/> Irrigation	<input type="checkbox"/> Fire Service	<input type="checkbox"/> Boiler	<input type="checkbox"/> Carbonator
<input type="checkbox"/> Swimming Pool	<input type="checkbox"/> Cooling Tower	<input type="checkbox"/> Water Cooled Ice Maker	<input type="checkbox"/> Other (Desc): _____	

Reduced Pressure-Double Check Valve		Pressure Vacuum Breaker	
Shut off #2	Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #1	Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #1 _____ PSID	Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #2	Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #2 _____ PSID	Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Check Valve Held at _____ PSID	
Relief Valve (RP only) Opened at _____ PSID		Air vent opened at _____ PSID	

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<input type="checkbox"/> DC	<input type="checkbox"/> RPP	Serial #: _____ Size: _____ Manufacturer: _____ Model#: _____
<input type="checkbox"/> Replacement		
<input type="checkbox"/> DC	<input type="checkbox"/> RPP	Serial #: _____ Size: _____ Manufacturer: _____ Model#: _____

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<input type="checkbox"/> Swimming Pool	<input type="checkbox"/> Cooling Tower	<input type="checkbox"/> Water Cooled Ice Maker	<input type="checkbox"/> Other (Desc): _____	

Reduced Pressure-Double Check Valve		Pressure Vacuum Breaker	
Shut off #2	Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #1	Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #1 _____ PSID	Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #2	Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #2 _____ PSID	Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Check Valve Held at _____ PSID	
Relief Valve (RP only) Opened at _____ PSID		Air vent opened at _____ PSID	

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	Closed Tight <input type="checkbox"/> Yes <input type="checkbox"/> No		Check Valve PSID
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Test Gauge Manufacturer \_\_\_\_\_ Test Gauge Serial # \_\_\_\_\_ Date of Calibration \_\_\_\_\_

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

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Phone# \_\_\_\_\_ e-mail: \_\_\_\_\_

Device Location \_\_\_\_\_

<input type="checkbox"/> Annual Test	<input type="checkbox"/> Repair	<input type="checkbox"/> New Installation
<input type="checkbox"/> DC	<input type="checkbox"/> RPP	Serial #: _____ Size: _____ Manufacturer: _____ Model#: _____
<input type="checkbox"/> Replacement		
<input type="checkbox"/> DC	<input type="checkbox"/> RPP	Serial #: _____ Size: _____ Manufacturer: _____ Model#: _____

<input type="checkbox"/> Domestic Containment	<input type="checkbox"/> Irrigation	<input type="checkbox"/> Fire Service	<input type="checkbox"/> Boiler	<input type="checkbox"/> Carbonator
<input type="checkbox"/> Swimming Pool	<input type="checkbox"/> Cooling Tower	<input type="checkbox"/> Water Cooled Ice Maker	<input type="checkbox"/> Other (Desc): _____	

Reduced Pressure-Double Check Valve		Pressure Vacuum Breaker	
Shut off #2	Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #1	Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #1 _____ PSID	Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #2	Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #2 _____ PSID	Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Check Valve Held at _____ PSID	
Relief Valve (RP only) Opened at _____ PSID		Air vent opened at _____ PSID	

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Test Gauge Manufacturer \_\_\_\_\_ Test Gauge Serial # \_\_\_\_\_ Date of Calibration \_\_\_\_\_

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Service Address \_\_\_\_\_ Suite# \_\_\_\_\_

Phone# \_\_\_\_\_ e-mail: \_\_\_\_\_

Device Location \_\_\_\_\_

<input type="checkbox"/> Annual Test	<input type="checkbox"/> Repair	<input type="checkbox"/> New Installation
<input type="checkbox"/> DC	<input type="checkbox"/> RPP	Serial #: _____ Size: _____ Manufacturer: _____ Model#: _____
<input type="checkbox"/> Replacement		
<input type="checkbox"/> DC	<input type="checkbox"/> RPP	Serial #: _____ Size: _____ Manufacturer: _____ Model#: _____

<input type="checkbox"/> Domestic Containment	<input type="checkbox"/> Irrigation	<input type="checkbox"/> Fire Service	<input type="checkbox"/> Boiler	<input type="checkbox"/> Carbonator
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Reduced Pressure-Double Check Valve		Pressure Vacuum Breaker	
Shut off #2	Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #1	Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #1 _____ PSID	Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #2	Held <input type="checkbox"/> Yes <input type="checkbox"/> No
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Test Gauge Manufacturer \_\_\_\_\_ Test Gauge Serial # \_\_\_\_\_ Date of Calibration \_\_\_\_\_

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Device Location \_\_\_\_\_

<input type="checkbox"/> Annual Test	<input type="checkbox"/> Repair	<input type="checkbox"/> New Installation
<input type="checkbox"/> DC	<input type="checkbox"/> RPP	Serial #: _____ Size: _____ Manufacturer: _____ Model#: _____
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Reduced Pressure-Double Check Valve		Pressure Vacuum Breaker	
Shut off #2	Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #1	Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #1 _____ PSID	Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #2	Held <input type="checkbox"/> Yes <input type="checkbox"/> No
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Test Gauge Manufacturer \_\_\_\_\_ Test Gauge Serial # \_\_\_\_\_ Date of Calibration \_\_\_\_\_

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Device Location \_\_\_\_\_

<input type="checkbox"/> Annual Test	<input type="checkbox"/> Repair	<input type="checkbox"/> New Installation
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Reduced Pressure-Double Check Valve		Pressure Vacuum Breaker	
Shut off #2	Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #1	Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #1 _____ PSID	Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #2	Held <input type="checkbox"/> Yes <input type="checkbox"/> No
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Test Gauge Manufacturer \_\_\_\_\_ Test Gauge Serial # \_\_\_\_\_ Date of Calibration \_\_\_\_\_

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<input type="checkbox"/> DC	<input type="checkbox"/> RPP	Serial #: _____ Size: _____ Manufacturer: _____ Model#: _____
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<input type="checkbox"/> DC	<input type="checkbox"/> RPP	Serial #: _____ Size: _____ Manufacturer: _____ Model#: _____

<input type="checkbox"/> Domestic Containment	<input type="checkbox"/> Irrigation	<input type="checkbox"/> Fire Service	<input type="checkbox"/> Boiler	<input type="checkbox"/> Carbonator
<input type="checkbox"/> Swimming Pool	<input type="checkbox"/> Cooling Tower	<input type="checkbox"/> Water Cooled Ice Maker	<input type="checkbox"/> Other (Desc): _____	

Reduced Pressure-Double Check Valve		Pressure Vacuum Breaker	
Shut off #2	Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #1	Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #1 _____ PSID	Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #2	Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #2 _____ PSID	Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Check Valve Held at _____ PSID	
Relief Valve (RP only) Opened at _____ PSID		Air vent opened at _____ PSID	

Final Test: Check Valve #1	Check Valve #2	Pressure Relief	PVB/SVB
	Closed Tight <input type="checkbox"/> Yes <input type="checkbox"/> No		Check Valve PSID
PSID	PSID	Replaced PSID	Air Inlet PSID

I hereby certify the above backflow preventer has been tested in accordance with all rules and regulations of the State of Nebraska Health and Human Services, Department of Regulation and Licensure, Title 179, and the Lincoln Water System Title 17, and that all readings are true and accurate to the best of my ability. **Must be returned to LWS within 30 days of performing test.**

State Certified Technician (Please Print) \_\_\_\_\_ Company \_\_\_\_\_ Grade 6 Certificate# \_\_\_\_\_ Cell/Phone# \_\_\_\_\_

State Certified Technician (Signature) \_\_\_\_\_ Customer (Signature) \_\_\_\_\_ Date of Test \_\_\_\_\_

Test Gauge Manufacturer \_\_\_\_\_ Test Gauge Serial # \_\_\_\_\_ Date of Calibration \_\_\_\_\_

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

PLEASE TYPE OR PRINT LEGIBLY



# Backflow Preventer Test Form

402.441.5912 • e-mail: [Backflow@lincoln.ne.gov](mailto:Backflow@lincoln.ne.gov) • FAX: 402.441.8003

Return to: Lincoln Water System Backflow 2021 North 27th Street, Lincoln, NE 68503

Business/Building \_\_\_\_\_ Contact Person \_\_\_\_\_

Service Address \_\_\_\_\_ Suite# \_\_\_\_\_

Phone# \_\_\_\_\_ e-mail: \_\_\_\_\_

Device Location \_\_\_\_\_

<input type="checkbox"/> Annual Test	<input type="checkbox"/> Repair	<input type="checkbox"/> New Installation
<input type="checkbox"/> DC	<input type="checkbox"/> RPP	Serial #: _____ Size: _____ Manufacturer: _____ Model#: _____
<input type="checkbox"/> Replacement		
<input type="checkbox"/> DC	<input type="checkbox"/> RPP	Serial #: _____ Size: _____ Manufacturer: _____ Model#: _____

<input type="checkbox"/> Domestic Containment	<input type="checkbox"/> Irrigation	<input type="checkbox"/> Fire Service	<input type="checkbox"/> Boiler	<input type="checkbox"/> Carbonator
<input type="checkbox"/> Swimming Pool	<input type="checkbox"/> Cooling Tower	<input type="checkbox"/> Water Cooled Ice Maker	<input type="checkbox"/> Other (Desc): _____	

Reduced Pressure-Double Check Valve		Pressure Vacuum Breaker	
Shut off #2	Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #1	Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #1 _____ PSID	Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #2	Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #2 _____ PSID	Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Check Valve Held at _____ PSID	
Relief Valve (RP only) Opened at _____ PSID		Air vent opened at _____ PSID	

Final Test: Check Valve #1	Check Valve #2	Pressure Relief	PVB/SVB
	Closed Tight <input type="checkbox"/> Yes <input type="checkbox"/> No		Check Valve PSID
PSID	PSID	Replaced PSID	Air Inlet PSID

I hereby certify the above backflow preventer has been tested in accordance with all rules and regulations of the State of Nebraska Health and Human Services, Department of Regulation and Licensure, Title 179, and the Lincoln Water System Title 17, and that all readings are true and accurate to the best of my ability. **Must be returned to LWS within 30 days of performing test.**

State Certified Technician (Please Print) \_\_\_\_\_ Company \_\_\_\_\_ Grade 6 Certificate# \_\_\_\_\_ Cell/Phone# \_\_\_\_\_

State Certified Technician (Signature) \_\_\_\_\_ Customer (Signature) \_\_\_\_\_ Date of Test \_\_\_\_\_

Test Gauge Manufacturer \_\_\_\_\_ Test Gauge Serial # \_\_\_\_\_ Date of Calibration \_\_\_\_\_

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

PLEASE TYPE OR PRINT LEGIBLY



# Backflow Preventer Test Form

402.441.5912 • e-mail: [Backflow@lincoln.ne.gov](mailto:Backflow@lincoln.ne.gov) • FAX: 402.441.8003

Return to: Lincoln Water System Backflow 2021 North 27th Street, Lincoln, NE 68503

Business/Building \_\_\_\_\_ Contact Person \_\_\_\_\_

Service Address \_\_\_\_\_ Suite# \_\_\_\_\_

Phone# \_\_\_\_\_ e-mail: \_\_\_\_\_

Device Location \_\_\_\_\_

<input type="checkbox"/> Annual Test	<input type="checkbox"/> Repair	<input type="checkbox"/> New Installation
<input type="checkbox"/> DC	<input type="checkbox"/> RPP	Serial #: _____ Size: _____ Manufacturer: _____ Model#: _____
<input type="checkbox"/> Replacement		
<input type="checkbox"/> DC	<input type="checkbox"/> RPP	Serial #: _____ Size: _____ Manufacturer: _____ Model#: _____

<input type="checkbox"/> Domestic Containment	<input type="checkbox"/> Irrigation	<input type="checkbox"/> Fire Service	<input type="checkbox"/> Boiler	<input type="checkbox"/> Carbonator
<input type="checkbox"/> Swimming Pool	<input type="checkbox"/> Cooling Tower	<input type="checkbox"/> Water Cooled Ice Maker	<input type="checkbox"/> Other (Desc): _____	

Reduced Pressure-Double Check Valve		Pressure Vacuum Breaker	
Shut off #2	Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #1	Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #1 _____ PSID	Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #2	Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #2 _____ PSID	Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Check Valve Held at _____ PSID	
Relief Valve (RP only) Opened at _____ PSID		Air vent opened at _____ PSID	

Final Test: Check Valve #1	Check Valve #2	Pressure Relief	PVB/SVB
	Closed Tight <input type="checkbox"/> Yes <input type="checkbox"/> No		Check Valve PSID
PSID	PSID	Replaced PSID	Air Inlet PSID

I hereby certify the above backflow preventer has been tested in accordance with all rules and regulations of the State of Nebraska Health and Human Services, Department of Regulation and Licensure, Title 179, and the Lincoln Water System Title 17, and that all readings are true and accurate to the best of my ability. **Must be returned to LWS within 30 days of performing test.**

State Certified Technician (Please Print) \_\_\_\_\_ Company \_\_\_\_\_ Grade 6 Certificate# \_\_\_\_\_ Cell/Phone# \_\_\_\_\_

State Certified Technician (Signature) \_\_\_\_\_ Customer (Signature) \_\_\_\_\_ Date of Test \_\_\_\_\_

Test Gauge Manufacturer \_\_\_\_\_ Test Gauge Serial # \_\_\_\_\_ Date of Calibration \_\_\_\_\_

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

PLEASE TYPE OR PRINT LEGIBLY



# Backflow Preventer Test Form

402.441.5912 • e-mail: [Backflow@lincoln.ne.gov](mailto:Backflow@lincoln.ne.gov) • FAX: 402.441.8003

Return to: Lincoln Water System Backflow 2021 North 27th Street, Lincoln, NE 68503

Business/Building \_\_\_\_\_ Contact Person \_\_\_\_\_

Service Address \_\_\_\_\_ Suite# \_\_\_\_\_

Phone# \_\_\_\_\_ e-mail: \_\_\_\_\_

Device Location \_\_\_\_\_

<input type="checkbox"/> Annual Test	<input type="checkbox"/> Repair	<input type="checkbox"/> New Installation
<input type="checkbox"/> DC	<input type="checkbox"/> RPP	Serial #: _____ Size: _____ Manufacturer: _____ Model#: _____
<input type="checkbox"/> Replacement		
<input type="checkbox"/> DC	<input type="checkbox"/> RPP	Serial #: _____ Size: _____ Manufacturer: _____ Model#: _____

<input type="checkbox"/> Domestic Containment	<input type="checkbox"/> Irrigation	<input type="checkbox"/> Fire Service	<input type="checkbox"/> Boiler	<input type="checkbox"/> Carbonator
<input type="checkbox"/> Swimming Pool	<input type="checkbox"/> Cooling Tower	<input type="checkbox"/> Water Cooled Ice Maker	<input type="checkbox"/> Other (Desc): _____	

Reduced Pressure-Double Check Valve		Pressure Vacuum Breaker	
Shut off #2	Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #1	Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #1 _____ PSID	Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #2	Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #2 _____ PSID	Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Check Valve Held at _____ PSID	
Relief Valve (RP only) Opened at _____ PSID		Air vent opened at _____ PSID	

Final Test: Check Valve #1	Check Valve #2	Pressure Relief	PVB/SVB
	Closed Tight <input type="checkbox"/> Yes <input type="checkbox"/> No		Check Valve PSID
PSID	PSID	Replaced PSID	Air Inlet PSID

I hereby certify the above backflow preventer has been tested in accordance with all rules and regulations of the State of Nebraska Health and Human Services, Department of Regulation and Licensure, Title 179, and the Lincoln Water System Title 17, and that all readings are true and accurate to the best of my ability. **Must be returned to LWS within 30 days of performing test.**

State Certified Technician (Please Print) \_\_\_\_\_ Company \_\_\_\_\_ Grade 6 Certificate# \_\_\_\_\_ Cell/Phone# \_\_\_\_\_

State Certified Technician (Signature) \_\_\_\_\_ Customer (Signature) \_\_\_\_\_ Date of Test \_\_\_\_\_

Test Gauge Manufacturer \_\_\_\_\_ Test Gauge Serial # \_\_\_\_\_ Date of Calibration \_\_\_\_\_

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

PLEASE TYPE OR PRINT LEGIBLY





# Backflow Preventer Test Form

402.441.5912 • e-mail: [Backflow@lincoln.ne.gov](mailto:Backflow@lincoln.ne.gov) • FAX: 402.441.8003

Return to: Lincoln Water System Backflow 2021 North 27th Street, Lincoln, NE 68503

Business/Building \_\_\_\_\_ Contact Person \_\_\_\_\_

Service Address \_\_\_\_\_ Suite# \_\_\_\_\_

Phone# \_\_\_\_\_ e-mail: \_\_\_\_\_

Device Location \_\_\_\_\_

<input type="checkbox"/> Annual Test	<input type="checkbox"/> Repair	<input type="checkbox"/> New Installation
<input type="checkbox"/> DC	<input type="checkbox"/> RPP	Serial #: _____ Size: _____ Manufacturer: _____ Model#: _____
<input type="checkbox"/> Replacement		
<input type="checkbox"/> DC	<input type="checkbox"/> RPP	Serial #: _____ Size: _____ Manufacturer: _____ Model#: _____

<input type="checkbox"/> Domestic Containment	<input type="checkbox"/> Irrigation	<input type="checkbox"/> Fire Service	<input type="checkbox"/> Boiler	<input type="checkbox"/> Carbonator
<input type="checkbox"/> Swimming Pool	<input type="checkbox"/> Cooling Tower	<input type="checkbox"/> Water Cooled Ice Maker	<input type="checkbox"/> Other (Desc): _____	

Reduced Pressure-Double Check Valve		Pressure Vacuum Breaker	
Shut off #2	Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #1	Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #1 _____ PSID	Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #2	Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #2 _____ PSID	Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Check Valve Held at _____ PSID	
Relief Valve (RP only) Opened at _____ PSID		Air vent opened at _____ PSID	

Final Test: Check Valve #1	Check Valve #2	Pressure Relief	PVB/SVB
	Closed Tight <input type="checkbox"/> Yes <input type="checkbox"/> No		Check Valve PSID
PSID	PSID	Replaced PSID	Air Inlet PSID

I hereby certify the above backflow preventer has been tested in accordance with all rules and regulations of the State of Nebraska Health and Human Services, Department of Regulation and Licensure, Title 179, and the Lincoln Water System Title 17, and that all readings are true and accurate to the best of my ability. **Must be returned to LWS within 30 days of performing test.**

State Certified Technician (Please Print) \_\_\_\_\_ Company \_\_\_\_\_ Grade 6 Certificate# \_\_\_\_\_ Cell/Phone# \_\_\_\_\_

State Certified Technician (Signature) \_\_\_\_\_ Customer (Signature) \_\_\_\_\_ Date of Test \_\_\_\_\_

Test Gauge Manufacturer \_\_\_\_\_ Test Gauge Serial # \_\_\_\_\_ Date of Calibration \_\_\_\_\_

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

PLEASE TYPE OR PRINT LEGIBLY

# Form for Inspection, Testing and Maintenance of Fire Alarms and Signaling Systems



**Location Code:** URVENHG

**Contact:** Kris Hoover

**Contact Address:** Building 3 - 801 West Prospector Place  
Lincoln, NE 68522

**Phone:** (402) 479-5451

**Email:** kris.hoover@nebraska.gov

**Property Evaluated:** Lincoln Regional Center - Building 3  
(Detention/Correctional)  
Building 3 - 801 West Prospector Place  
Lincoln, NE 68522

**Description:** Fire Alarm (TJC - Fire Alarm)

**Company:** Omaha Office

**Address:** 6775 South 118th Street  
Omaha, NE 68137

**Company Phone:** 402-592-8225

**Inspector:** Keith Allen Benne  
J13

**Date of Work:** 8/22/2024

**Frequency:** Semi-Annual

---

## Deficiency Summary

Please refer to the Deficiency Summary located on applicable Fire Alarm Supplementary Forms for additional deficiency details.

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## General Comments

There are no general comments for this submission



# Form for Inspection, Testing and Maintenance of Fire Alarms and Signaling Systems

Separate forms are available for inspection, testing, and maintenance of the rest of the fire protection system of which the fire alarms and signaling systems are a part. More frequent inspection, testing, and maintenance may be necessary depending on the conditions of the occupancy and the water supply.

**Notes:**

1. All questions are to be answered *Yes, No, or Not Applicable*. All "No" answers are to be explained in the *Comments* for this form.
2. Refer to NFPA-72 for specific inspection frequency requirements for the different components.

**1. Property Information**

Owner: Kris Hoover  
 Owner's Phone Number: (402) 479-5451  
 Owner's Address: Building 3 - 801 West Prospector Place, Lincoln, NE, 68522  
 Property Being Evaluated: Lincoln Regional Center - Building 3 (Detention/Correctional)  
 Property Address: Building 3 - 801 West Prospector Place, Lincoln, NE, 68522  
 Assembly Description: Fire Alarm (TJC - Fire Alarm)

**2. Owner's Section**

- A. Are the fire alarms and signaling systems in service?  Yes  No
- B. Have fire alarms and signaling systems remained in service since the last inspection?  Yes  No
- C. Was the system (of which the fire alarm and signaling systems are a part) free of actuation of devices or alarms since the last inspection?  Yes  No
- D. The required record documents are available and include the current revisions of all fire alarm software and the revisions of software of any systems with which the fire alarm software interfaces?  Yes  No

**3. Monitoring Information**

Monitoring organization: Per Mar  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Account number: \_\_\_\_\_  
 Phone line 1: \_\_\_\_\_  
 Phone line 2: \_\_\_\_\_  
 Means of transmission: RADIO  
 Entity to which alarms are retransmitted: \_\_\_\_\_  
 Phone: \_\_\_\_\_

**4. System Information**

4.1 Control Unit:  
 Manufacturer: Notifier  
 Model number: 3030  
 4.2 Software and Firmware Revision number: 27  
 4.3 System Power:  
 4.3.1 Primary (Main) Power:  
 Nominal voltage: 120v  
 Amps: NA  
 Location: FACP  
 Overcurrent protection type: NA  
 Amps: NA  
 Disconnecting means location: Breaker  
 4.3.2 Secondary Power:  
 Type: BATTERY  
 Location: IN FACP  
 Battery type (if applicable):  Lead-acid  Nickel-cadmium  Primary (dry cell)  Sealed lead-acid

Calculated capacity of batteries to drive the system:

In standby mode (hours): 24  
 In alarm mode (minutes): 15

**5. Notifications Made Prior To Testing**

	Contact	Time
Monitoring organization:	NA	NA
Building management:	BOILER BUILDING	8AM
Building occupants:	NA	NA
Authority Having Jurisdiction:	NA	NA
Other, if required:	NA	NA



**6. Testing Results**

**6.1 Control Unit and Related Equipment**

Description	Visual Inspection	Functional Test	Results
Control unit	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Lamps/LEDs/LCDs	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Fuses	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Trouble signals	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Disconnect switches	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Ground-fault monitoring	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Supervision	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Local annunciator	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Remote annunciators	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Remote power panels	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A

**6.2 Secondary Power**

Description	Visual Inspection	Functional Test	Results
Battery condition	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Load voltage	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Discharge test	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Charger test	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Remote panel batteries	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A

**6.3 Alarm and Supervisory Alarm Initiating Device**

Complete supplementary device test form for all initiating devices.

**6.4 Notification Appliances**

Complete supplementary appliance test form for all notification appliances.

**6.5 Interface Equipment**

Complete supplementary interface component test form for all interface components.  
*Circuit Interface / Signaling Line Circuit Interface / Fire Alarm Control Interface*

**6.6 Supervising Station Monitoring**

Description	Yes/No	Time (sec)	Results
Alarm signal	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Alarm restoration	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Trouble signal	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Trouble restoration	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Supervisory signal	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Supervisory restoration	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A

**6.7 Public Emergency Alarm Reporting System**

Description	Yes/No	Time (seconds)	Results
Alarm signal	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Alarm restoration	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Trouble signal	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Trouble restoration	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Supervisory signal	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Supervisory restoration	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A

**7. Notifications That Testing Is Complete**

	Contact	Time
Monitoring organization:	NA	NA
Building management:	BOILER BLDG	3PM
Building occupants:	NA	NA
Authority Having Jurisdiction:	NA	NA
Other, if required:	NA	NA

**8. System Restored To Normal Operation**

Date: 8/22/2024  
 Time: 3PM

**9. Comments**

*Any "No" answers, test failures or other problems found with the fire alarm system must be explained using the comment specific for each question. Additional comments can be added here.*

Please see the summary section at the top of the form for the comments.

**10. Inspector's Information**

Inspected By: Keith Allen Benne  
 Inspector License: J13

I state that the information on this form is correct at the time and place of my inspection, and that all equipment tested at this time was left in operating condition upon completion of this inspection except as noted in the *Comments*. This system as specified herein has been inspected and tested according to NFPA 72, 2013 edition, Chapter 14.



**Omaha Office**  
6775 South 118th Street  
Omaha, NE 68137  
Phone: 402-592-8225

---

Signature of Inspector

A handwritten signature in black ink, appearing to be 'K. [unclear]', written over a horizontal line.

Date

9/5/2024

11. Owner or Owner's Representative

Owner or Owner's Representative Name

Owner or Owner's Representative Signature **No Signature Available**

Date

9/5/2024

# Fire Alarm Supplementary Form



**Location Code:** URVENHG

**Contact:** Kris Hoover

**Contact Address:** Building 3 - 801 West Prospector Place  
Lincoln, NE 68522

**Phone:** (402) 479-5451

**Email:** kris.hoover@nebraska.gov

**Property Evaluated:** Lincoln Regional Center - Building 3  
(Detention/Correctional)  
Building 3 - 801 West Prospector Place  
Lincoln, NE 68522

**Description:** Fire Alarm Supplement (TJC EP3 Initiating Devices)

**Company:** Omaha Office

**Address:** 6775 South 118th Street  
Omaha, NE 68137

**Company Phone:** 402-592-8225

**Inspector:** Conner Lynn Holsclaw  
O30

**Date of Work:** 2/26/2024

**Frequency:** Semi-Annual

---

## Deficiency Summary

There are no reported deficiencies for this submission

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## General Comments

There are no general comments for this submission



**Omaha Office**  
 6775 South 118th Street  
 Omaha, NE 68137  
 Phone: 402-592-8225

## Fire Alarm Supplementary Form

The work covered on this form is (select one):

Semi-Annual

Date of Work

2/26/2024

Account Information		
Facility Name: Lincoln Regional Center - Building 3	Property Type: Detention/Correctional	Location Code: URVENHG
Service Address: Building 3 - 801 West Prospector Place, Lincoln, NE, 68522		
Owner: Kris Hoover	Owner's Phone: (402) 479-5451	
Owner's Address: Building 3 - 801 West Prospector Place, Lincoln, NE, 68522		

Legend				
AS - Abort Station	BATT - Batteries	CoD - Carbon Monoxide Detector	CM - Control Module	DA - Damper
DD - Duct Detector	DH - Door Holder	EL - Emergency/Exit Light	FACP - Fire Alarm Control Panel	HD - Heat Detector
HORN - Horns	H/S - Horn-Strobes	LA - Low Air	MM - Monitor Module (Ansul, temp, CO, etc)	
MR - Manual Release	Other	PR - Phase Reversal	PS - Pull Station	PWS - Power Supply
SC - Signal/Sounder Control	SD - Smoke Detector	SD-Ion - Ion Smoke Detector	SD-Photo - Photo Smoke Detector	SPKR - Speakers
S/S - Speaker-Strobes	STROBE - Strobes	TS - Tamper Switch	WF - Waterflow	

Type	Total	Tested	Not Tested	Passed	Failed
DD	3	3	0	3	0
PS	13	13	0	13	0

Type	Total	Tested	Not Tested	Passed	Failed
HD	15	15	0	15	0
SD-Photo	163	163	0	163	0

### Zone: Loop 1 Devices

Zone: Loop 1 Devices							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
SD-Photo	L1D15	Activity Room 002I		Semi-Annual	2/26/2024	Pass	
SD-Photo	L1D13	Class Room 002J		Semi-Annual	2/26/2024	Pass	
SD-Photo	L1D09	Class Room 002K		Semi-Annual	2/26/2024	Pass	
SD-Photo	L1D05	Class Room 002L		Semi-Annual	2/26/2024	Pass	
SD-Photo	L1D04	Corridor 002		Semi-Annual	2/26/2024	Pass	



**Omaha Office**  
 6775 South 118th Street  
 Omaha, NE 68137  
 Phone: 402-592-8225

Zone: Loop 1 Devices							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
● SD-Photo	L1D07	Corridor 002		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D10	Corridor 002		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D14	Corridor 002		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D12	Corridor 002D		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D20	Corridor 016		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D34	Corridor 016		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D03	Corridor 021		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D36	Corridor 021		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D38	Corridor 021A		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D42	Corridor 021A		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D46	Corridor 021A		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D63	Corridor 108		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D68	Corridor 108		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D71	Corridor 108		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D86	Corridor 130		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D99	Corridor 152		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D47	Corridor 163		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D50	Corridor 163		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D51	Corridor 163		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D55	Corridor 163		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D57	Corridor Day Room 142		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D58	Corridor Day Room 142		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D97	Corridor Day Room 142		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D56	Custodial 116		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D24	Day Room 019		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D25	Day Room 019		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D26	Day Room 019		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D27	Day Room 019		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D28	Day Room 019		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D60	Day Room 108C		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D93	Day Room 142		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D94	Day Room 142		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D102	Day Room 152C		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D02	Dirty Linen		Semi-Annual	2/26/2024	Pass	
⚙ HD	L1D76	Dishwashing 141		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D01	Electrical 005		Semi-Annual	2/26/2024	Pass	





**Omaha Office**  
 6775 South 118th Street  
 Omaha, NE 68137  
 Phone: 402-592-8225

Zone: Loop 1 Devices							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
● SD-Photo	L1D49	Electrical 027		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D91	Elevator Lobby		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D80	Elev Corridor		Semi-Annual	2/26/2024	Pass	
⚙ HD	L1D41	Elev Equip Rm		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D40	Elev Equip Rm		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D30	Elev Lobby		Semi-Annual	2/26/2024	Pass	
⚙ HD	L1D32	Elev Pit		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D92	House Keeping		Semi-Annual	2/26/2024	Pass	
⚙ HD	L1D75	Kitchen 140		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D67	Laundry 107		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D98	Linen Storage		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D87	Lobby 131		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D90	Lobby 131		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D85	Locker Room 129		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D89	Mail Room		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D06	Mech 002H		Semi-Annual	2/26/2024	Pass	
⌚ DD	L1D21	Mech Equip 008		Semi-Annual	2/26/2024	Pass	
⌚ DD	L1D22	Mech Equip 008		Semi-Annual	2/26/2024	Pass	
⌚ DD	L1D23	Mech Equip 008		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D16	Office 002A		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D17	Office 002B		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D11	Office 002C		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D08	Office 002F		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D37	Office 020		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D39	Office 022		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D43	Office 023		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D45	Office 024		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D44	Office 025		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D48	Office 028		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D52	Office 029		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D53	Office 031		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D54	Office 031		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D61	Office 113		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D62	Office 114		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D81	Office 122		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D82	Office 122		Semi-Annual	2/26/2024	Pass	



**Omaha Office**  
 6775 South 118th Street  
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 Phone: 402-592-8225

Zone: Loop 1 Devices							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
● SD-Photo	L1D83	Office 124		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D84	Office 126		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D95	Office 142A		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D100	Office 146		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D101	Office 147		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D65	Quiet Room		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D88	Reception 134		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D74	Rest Room 101A		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D69	Rest Room 108A		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D66	Rest Room 108B		Semi-Annual	2/26/2024	Pass	
☀ HD	L1D73	Shower 104		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D29	Snack Kitchen 018		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D19	Staff Break Room		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D77	Staff Lounge 120		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D70	Staff Rest Room		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D18	Stairs 004		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D35	Storage 011		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D72	Storage 103		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D79	Storage 118		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D64	Tech Station		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D96	Tech Station		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D59	Wiring Closet		Semi-Annual	2/26/2024	Pass	

Zone: Loop 1 Devices Page 2

Zone: Loop 1 Devices Page 2							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
☑ PS	L1M46	1st Center Stairs		Semi-Annual	2/26/2024	Pass	
☑ PS	L1M37	1st Floor West Stairs		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D116	Above FACP		Semi-Annual	2/26/2024	Pass	
☑ PS	L1M50	BSMT Center North Door		Semi-Annual	2/26/2024	Pass	
☑ PS	L1M31	BSMT East Stair		Semi-Annual	2/26/2024	Pass	
☑ PS	L1M20	BSMT Elev Lobby		Semi-Annual	2/26/2024	Pass	
☑ PS	L1M19	BSMT South Door		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D103	Corridor 147		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D109	Corridor 152		Semi-Annual	2/26/2024	Pass	



**Omaha Office**  
 6775 South 118th Street  
 Omaha, NE 68137  
 Phone: 402-592-8225

Zone: Loop 1 Devices Page 2							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
● SD-Photo	L1D112	Corridor 152		Semi-Annual	2/26/2024	Pass	
☀ HD	L1D108	Laundry 154		Semi-Annual	2/26/2024	Pass	
☒ PS	L1M39	Main Entrance		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D105	Patient Room 149		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D104	Quiet Room 150		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D110	Rest Room 152A		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D106	Rest Room 152B		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D115	Rest Room 162		Semi-Annual	2/26/2024	Pass	
☀ HD	L1D114	Shower 157		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D111	Staff Rest Room		Semi-Annual	2/26/2024	Pass	
☒ PS	L1M52	Stairwell 161		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D113	Storage 158		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D107	Tech Station		Semi-Annual	2/26/2024	Pass	

Zone: Loop 2 Devices

Zone: Loop 2 Devices							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
● SD-Photo	L2D39	2nd Elev Lobby		Semi-Annual	2/26/2024	Pass	
☒ PS	L2M11	2nd Flr Elev Lobby		Semi-Annual	2/26/2024	Pass	
☒ PS	L2M06	2nd Flr Nurse		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L2D06	Corridor 208		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L2D10	Corridor 208		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L2D16	Corridor 208		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L2D24	Corridor 217		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L2D28	Corridor 220		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L2D32	Corridor 220		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L2D50	Corridor 242		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L2D56	Corridor 242		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L2D61	Corridor 242		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L2D65	Corridor 242		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L2D01	Custodial 216		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L2D03	Day Room 208C		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L2D19	Day Room 233		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L2D46	Day Room 233		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L2D47	Day Room 233		Semi-Annual	2/26/2024	Pass	



**Omaha Office**  
 6775 South 118th Street  
 Omaha, NE 68137  
 Phone: 402-592-8225

Zone: Loop 2 Devices							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
● SD-Photo	L2D48	Day Room 233		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L2D55	Day Room 242C		Semi-Annual	2/26/2024	Pass	
☀ HD	L2D21	Dishwashing 232		Semi-Annual	2/26/2024	Pass	
☀ HD	L2D41	Elev Shaft		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L2D40	Elev Shaft		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L2D26	Exam Rm 220B		Semi-Annual	2/26/2024	Pass	
☑ PS	L2M16	First Floor Nurse		Semi-Annual	2/26/2024	Pass	
☀ HD	L2D20	Kitchen 231		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L2D44	Large Conf. Rm		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L2D45	Large Conf. Rm		Semi-Annual	2/26/2024	Pass	
☀ HD	L2D07	Laundry 207		Semi-Annual	2/26/2024	Pass	
☀ HD	L2D59	Laundry 242		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L2D49	Linen Rm		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L2D25	Medical 220A		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L2D37	Nurses Station 230		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L2D27	Office 220C		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L2D31	Office 222		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L2D33	Office 223		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L2D35	Office 224		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L2D34	Office 225		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L2D30	Office 227		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L2D22	Office 233B		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L2D23	Office 233B		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L2D52	Office 239		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L2D02	Outside Custodial		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L2D51	Patient Rm 236		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L2D53	Patient Rm237		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L2D54	Patient Rm 239		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L2D05	Patient Room 214		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L2D57	Quiet Rm 240		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L2D04	Quiet Room 213		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L2D09	Report Room		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L2D18	RR 201A		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L2D12	RR 208A		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L2D11	RR 208B		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L2D38	RR 230A		Semi-Annual	2/26/2024	Pass	



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Zone: Loop 2 Devices							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
● SD-Photo	L2D64	RR 242A		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L2D60	RR 242B		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L2D68	RR 254		Semi-Annual	2/26/2024	Pass	
☀ HD	L2D13	Shower 204		Semi-Annual	2/26/2024	Pass	
☀ HD	L2D63	Shower 247		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L2D36	Small Conf. Rm 226		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L2D15	Staff RR 206		Semi-Annual	2/26/2024	Pass	
☐ PS	L2M07	Stairs 200		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L2D17	Stairs 200		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L2D43	Stairs 229		Semi-Annual	2/26/2024	Pass	
☐ PS	L2M17	Stairs 251		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L2D67	Stairs 251		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L2D14	Storage 203		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L2D29	Storage 219		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L2D42	Storage 221		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L2D66	Storage 248		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L2D58	Technology Station		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L2D08	Tech Station 210		Semi-Annual	2/26/2024	Pass	
☀ HD	L2D62	Whirlpool Rm 245		Semi-Annual	2/26/2024	Pass	

**Comments**

Any deficiencies or other problems found with the devices must be explained using the comment specific for each device. Additional comments can be added here.

Please see the summary section at the top of the form for the comments.

**Inspector's Information**

Inspected By

Inspector License:

I state that the information on this form is correct at the time and place of my inspection, and that all equipment tested at this time was left in operating condition upon completion of this inspection except as noted in the *Comments*.

Signature of Inspector

Date

**Owner or Owner's Representative**


Owner or Owner's Representative Name

Owner or Owner's Representative Signature

Date

Conner Lynn Holsclaw  
 O30

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2/26/2024

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NA

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No Signature Available

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2/26/2024

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# Fire Alarm Supplementary Form



**Location Code:** URVENHG

**Contact:** Kris Hoover

**Contact Address:** Building 3 - 801 West Prospector Place  
Lincoln, NE 68522

**Phone:** (402) 479-5451

**Email:** kris.hoover@nebraska.gov

**Property Evaluated:** Lincoln Regional Center - Building 3  
(Detention/Correctional)  
Building 3 - 801 West Prospector Place  
Lincoln, NE 68522

**Description:** Fire Alarm Supplement (TJC EP5 FA Equipment  
Signals)

**Company:** Omaha Office

**Address:** 6775 South 118th Street  
Omaha, NE 68137

**Company Phone:** 402-592-8225

**Inspector:** Conner Lynn Holsclaw  
O30

**Date of Work:** 2/26/2024

**Frequency:** Annual

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## Deficiency Summary

There are no reported deficiencies for this submission

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## General Comments

There are no general comments for this submission



**Omaha Office**  
 6775 South 118th Street  
 Omaha, NE 68137  
 Phone: 402-592-8225

## Fire Alarm Supplementary Form

The work covered on this form is (select one):

Semi-Annual

Date of Work

2/26/2024

Account Information		
Facility Name: Lincoln Regional Center - Building 3	Property Type: Detention/Correctional	Location Code: URVENHG
Service Address: Building 3 - 801 West Prospector Place, Lincoln, NE, 68522		
Owner: Kris Hoover	Owner's Phone: (402) 479-5451	
Owner's Address: Building 3 - 801 West Prospector Place, Lincoln, NE, 68522		

Legend				
AS - Abort Station	BATT - Batteries	CoD - Carbon Monoxide Detector	CM - Control Module	DA - Damper
DD - Duct Detector	DH - Door Holder	EL - Emergency/Exit Light	FACP - Fire Alarm Control Panel	HD - Heat Detector
HORN - Horns	H/S - Horn-Strobes	LA - Low Air	MM - Monitor Module (Ansul, temp, CO, etc)	
MR - Manual Release	Other	PR - Phase Reversal	PS - Pull Station	PWS - Power Supply
SC - Signal/Sounder Control	SD - Smoke Detector	SD-Ion - Ion Smoke Detector	SD-Photo - Photo Smoke Detector	SPKR - Speakers
S/S - Speaker-Strobes	STROBE - Strobes	TS - Tamper Switch	WF - Waterflow	

Type	Total	Tested	Not Tested	Passed	Failed
Amplifier	1	1	0	1	0
FACP	1	1	0	1	0

Type	Total	Tested	Not Tested	Passed	Failed
BATT	5	5	0	5	0
PWS	4	4	0	4	0

### Zone: Panels

Zone: Panels							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
PWS	5	1ST FLR ELECTRICAL	PSE-6	Annual	2/26/2024	Pass	
BATT	6	1ST FLR ELECTRICAL PWS		Annual	2/26/2024	Pass	
PWS	7	2ND FLR ELECTRICAL	PSE-6	Annual	2/26/2024	Pass	
BATT	8	2ND FLR ELECTRICAL PWS	12V 7 AMP HR X 2	Annual	2/26/2024	Pass	



**Omaha Office**  
 6775 South 118th Street  
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 Phone: 402-592-8225

Zone: Panels							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
BATT	1	BATTERY BOX	12V 55 AMP X2 FOR FACP AND AMP	Annual	2/26/2024	Pass	
BATT	2	BSMT ELECTRICAL CLOSET	12V 7 AMP HR X 2	Annual	2/26/2024	Pass	
PWS	NA	BSMT ELECTRICAL CLOSET		Annual	2/26/2024	Pass	
PWS	3	BSMT STORAGE FOR SUPP.	PSE-6	Annual	2/26/2024	Pass	
BATT	4	BSMT STORAGE PWS	12V 7 AMP X 2	Annual	2/26/2024	Pass	
FACP	NA	Front Entrance		Annual	2/26/2024	Pass	
Amplifer	NA	IN FACP Cabinet		Annual	2/26/2024	Pass	

**Comments**

Any deficiencies or other problems found with the devices must be explained using the comment specific for each device. Additional comments can be added here.  
 Please see the summary section at the top of the form for the comments.

**Inspector's Information**

Inspected By

Inspector License:

I state that the information on this form is correct at the time and place of my inspection, and that all equipment tested at this time was left in operating condition upon completion of this inspection except as noted in the *Comments*.

Signature of Inspector


Date

**Owner or Owner's Representative**

Owner or Owner's Representative Name

Owner or Owner's Representative Signature

Date

\_\_\_\_\_  
 Conner Lynn Holsclaw  
 O30  
 \_\_\_\_\_  
 I state that the information on this form is correct at the time and place of my inspection, and that all equipment tested at this time was left in operating condition upon completion of this inspection except as noted in the *Comments*.  
  
 \_\_\_\_\_  
 2/26/2024  
 \_\_\_\_\_  
 NA  
 \_\_\_\_\_  
 No Signature Available  
 \_\_\_\_\_  
 2/26/2024



# Form for Inspection, Testing and Maintenance of Fire Alarms and Signaling Systems



**Location Code:** URVENHG

**Contact:** Kris Hoover

**Contact Address:** Building 3 - 801 West Prospector Place  
Lincoln, NE 68522

**Phone:** (402) 479-5451

**Email:** kris.hoover@nebraska.gov

**Property Evaluated:** Lincoln Regional Center - Building 3  
(Detention/Correctional)  
Building 3 - 801 West Prospector Place  
Lincoln, NE 68522

**Description:** Fire Alarm (TJC - Fire Alarm)

**Company:** Omaha Office

**Address:** 6775 South 118th Street  
Omaha, NE 68137

**Company Phone:** 402-592-8225

**Inspector:** Conner Lynn Holsclaw  
O30

**Date of Work:** 2/26/2024

**Frequency:** Semi-Annual

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## Deficiency Summary

Please refer to the Deficiency Summary located on applicable Fire Alarm Supplementary Forms for additional deficiency details.

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## General Comments

There are no general comments for this submission



**Omaha Office**  
 6775 South 118th Street  
 Omaha, NE 68137  
 Phone: 402-592-8225

# Form for Inspection, Testing and Maintenance of Fire Alarms and Signaling Systems

Separate forms are available for inspection, testing, and maintenance of the rest of the fire protection system of which the fire alarms and signaling systems are a part. More frequent inspection, testing, and maintenance may be necessary depending on the conditions of the occupancy and the water supply.

Notes:

1. All questions are to be answered *Yes, No, or Not Applicable*. All "No" answers are to be explained in the *Comments* for this form.
2. Refer to NFPA-72 for specific inspection frequency requirements for the different components.

The work covered on this form is (select one): Semi-Annual

Date of Work 2/26/2024

*All responses refer to the current work (inspection, testing and maintenance) performed on this date.*

### 1. Property Information

Owner: Kris Hoover

Owner's Phone Number: (402) 479-5451

Owner's Address: Building 3 - 801 West Prospector Place, Lincoln, NE, 68522

Property Being Evaluated: Lincoln Regional Center - Building 3 (Detention/Correctional)

Property Address: Building 3 - 801 West Prospector Place, Lincoln, NE, 68522

Assembly Description: Fire Alarm (TJC - Fire Alarm)

### 2. Owner's Section

A. Are the fire alarms and signaling systems in service?  Yes  No

B. Have fire alarms and signaling systems remained in service since the last inspection?  Yes  No

C. Was the system (of which the fire alarm and signaling systems are a part) free of actuation of devices or alarms since the last inspection?  Yes  No

D. The required record documents are available and include the current revisions of all fire alarm software and the revisions of software of any systems with which the fire alarm software interfaces?  Yes  No

### 3. Monitoring Information

Monitoring organization: Per Mar

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Account number: \_\_\_\_\_

Phone line 1: \_\_\_\_\_

Phone line 2: \_\_\_\_\_

Means of transmission: RADIO

Entity to which alarms are retransmitted: \_\_\_\_\_

Phone: \_\_\_\_\_

### 4. System Information

4.1 Control Unit:  
 Manufacturer: Notifier

Model number: 3030

4.2 Software and Firmware Revision number: 27

4.3 System Power:

4.3.1 Primary (Main) Power:

Nominal voltage: 120v

Amps: NA

Location: FACP

Overcurrent protection type: NA

Amps: NA

Disconnecting means location: Breaker

4.3.2 Secondary Power:

Type: BATTERY

Location: IN FACP

Battery type (if applicable):

Lead-acid  Nickel-cadmium

Primary (dry cell)

Sealed lead-acid

Calculated capacity of batteries to drive the system:

In standby mode (hours): 24

In alarm mode (minutes): 15

### 5. Notifications Made Prior To Testing

	Contact	Time
Monitoring organization:	PERMAR	7:00
Building management:	NA	NA
Building occupants:	NA	NA
Authority Having Jurisdiction:	NA	NA
Other, if required:		



**6. Testing Results**

**6.1 Control Unit and Related Equipment**

Description	Visual Inspection	Functional Test	Results
Control unit	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Lamps/LEDs/LCDs	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Fuses	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Trouble signals	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Disconnect switches	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Ground-fault monitoring	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Supervision	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Local annunciator	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Remote annunciators	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Remote power panels	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A

**6.2 Secondary Power**

Description	Visual Inspection	Functional Test	Results
Battery condition	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Load voltage	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Discharge test	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Charger test	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Remote panel batteries	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A

**6.3 Alarm and Supervisory Alarm Initiating Device**

Complete supplementary device test form for all initiating devices.

**6.4 Notification Appliances**

Complete supplementary appliance test form for all notification appliances.

**6.5 Interface Equipment**

Complete supplementary interface component test form for all interface components.  
*Circuit Interface / Signaling Line Circuit Interface / Fire Alarm Control Interface*

**6.6 Supervising Station Monitoring**

Description	Yes/No	Time (sec)	Results
Alarm signal	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Alarm restoration	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Trouble signal	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Trouble restoration	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Supervisory signal	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Supervisory restoration	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A

**6.7 Public Emergency Alarm Reporting System**

Description	Yes/No	Time (seconds)	Results
Alarm signal	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Alarm restoration	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Trouble signal	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Trouble restoration	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Supervisory signal	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Supervisory restoration	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A

**7. Notifications That Testing Is Complete**

	Contact	Time
Monitoring organization:	PERMAR	3:00
Building management:	NA	NA
Building occupants:	NA	NA
Authority Having Jurisdiction:	NA	NA
Other, if required:		

**8. System Restored To Normal Operation**

Date: 2/26/2024

Time: 3:00

**9. Comments**

*Any "No" answers, test failures or other problems found with the fire alarm system must be explained using the comment specific for each question. Additional comments can be added here.*

Please see the summary section at the top of the form for the comments.

**10. Inspector's Information**

Inspected By: Conner Lynn Holsclaw  
 Inspector License: O30

I state that the information on this form is correct at the time and place of my inspection, and that all equipment tested at this time was left in operating condition upon completion of this inspection except as noted in the *Comments*. This system as specified herein has been inspected and tested according to NFPA 72, 2013 edition, Chapter 14.



**Omaha Office**  
6775 South 118th Street  
Omaha, NE 68137  
Phone: 402-592-8225

---

Signature of Inspector

A handwritten signature in black ink, appearing to be 'J. Smith', written over a horizontal line.

Date

2/26/2024

11. Owner or Owner's Representative

Owner or Owner's Representative Name

NA

Owner or Owner's Representative Signature

**No Signature Available**

Date

2/26/2024

# Fire Alarm Supplementary Form



**Location Code:** URVENHG

**Contact:** Kris Hoover

**Contact Address:** Building 3 - 801 West Prospector Place  
Lincoln, NE 68522

**Phone:** (402) 479-5451

**Email:** kris.hoover@nebraska.gov

**Property Evaluated:** Lincoln Regional Center - Building 3  
(Detention/Correctional)  
Building 3 - 801 West Prospector Place  
Lincoln, NE 68522

**Description:** Fire Alarm Supplement (TJC EP4 Notification)

**Company:** Omaha Office

**Address:** 6775 South 118th Street  
Omaha, NE 68137

**Company Phone:** 402-592-8225

**Inspector:** Conner Lynn Holsclaw  
O30

**Date of Work:** 2/26/2024

**Frequency:** Annual

---

## Deficiency Summary

There are no reported deficiencies for this submission

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## General Comments

There are no general comments for this submission



**Omaha Office**  
 6775 South 118th Street  
 Omaha, NE 68137  
 Phone: 402-592-8225

## Fire Alarm Supplementary Form

The work covered on this form is (select one):

Semi-Annual

Date of Work

2/26/2024

Account Information		
Facility Name: Lincoln Regional Center - Building 3	Property Type: Detention/Correctional	Location Code: URVENHG
Service Address: Building 3 - 801 West Prospector Place, Lincoln, NE, 68522		
Owner: Kris Hoover	Owner's Phone: (402) 479-5451	
Owner's Address: Building 3 - 801 West Prospector Place, Lincoln, NE, 68522		

Legend				
AS - Abort Station	BATT - Batteries	CoD - Carbon Monoxide Detector	CM - Control Module	DA - Damper
DD - Duct Detector	DH - Door Holder	EL - Emergency/Exit Light	FACP - Fire Alarm Control Panel	HD - Heat Detector
HORN - Horns	H/S - Horn-Strobes	LA - Low Air	MM - Monitor Module (Ansul, temp, CO, etc)	
MR - Manual Release	Other	PR - Phase Reversal	PS - Pull Station	PWS - Power Supply
SC - Signal/Sounder Control	SD - Smoke Detector	SD-Ion - Ion Smoke Detector	SD-Photo - Photo Smoke Detector	SPKR - Speakers
S/S - Speaker-Strobes	STROBE - Strobes	TS - Tamper Switch	WF - Waterflow	

Type	Total	Tested	Not Tested	Passed	Failed
■ S/S	1	1	0	1	0
★ STROBE	1	1	0	1	0

Type	Total	Tested	Not Tested	Passed	Failed
🔊 SPKR	1	1	0	1	0

Zone: 1

Zone: 1							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
■ S/S	2	BUILDING 3	ALL SPEAKER STROBES	Annual	2/26/2024	Pass	
🔊 SPKR	1	BUILDING 3	ALL SPEAKERS	Annual	2/26/2024	Pass	
★ STROBE	3	BUILDING 3	ALL STROBES	Annual	2/26/2024	Pass	

### Comments

Any deficiencies or other problems found with the devices must be explained using the comment specific for each device. Additional comments can be added here.  
 Please see the summary section at the top of the form for the comments.



**Omaha Office**  
 6775 South 118th Street  
 Omaha, NE 68137  
 Phone: 402-592-8225

**Inspector's Information**

Inspected By

Conner Lynn Holsclaw

Inspector License:

O30

I state that the information on this form is correct at the time and place of my inspection, and that all equipment tested at this time was left in operating condition upon completion of this inspection except as noted in the *Comments*.

Signature of Inspector

2/26/2024

Date

**Owner or Owner's Representative**

Owner or Owner's Representative Name

NA

Owner or Owner's Representative Signature

No Signature Available

Date

2/26/2024

# Fire Alarm Supplementary Form



**Location Code:** URVENHG

**Contact:** Kris Hoover

**Contact Address:** Building 3 - 801 West Prospector Place  
Lincoln, NE 68522

**Phone:** (402) 479-5451

**Email:** kris.hoover@nebraska.gov

**Property Evaluated:** Lincoln Regional Center - Building 3  
(Detention/Correctional)  
Building 3 - 801 West Prospector Place  
Lincoln, NE 68522

**Description:** Fire Alarm Supplement (TJC EP5 FA Equipment  
Signals)

**Company:** Omaha Office

**Address:** 6775 South 118th Street  
Omaha, NE 68137

**Company Phone:** 402-592-8225

**Inspector:** Keith Allen Benne  
J13

**Date of Work:** 8/22/2024

**Frequency:** Annual

---

## Deficiency Summary

There are no reported deficiencies for this submission

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## General Comments

There are no general comments for this submission





**Omaha Office**  
 6775 South 118th Street  
 Omaha, NE 68137  
 Phone: 402-592-8225

## Fire Alarm Supplementary Form

Account Information		
Facility Name: Lincoln Regional Center - Building 3	Property Type: Detention/Correctional	Location Code: URVENHG
Service Address: Building 3 - 801 West Prospector Place, Lincoln, NE, 68522		
Owner: Kris Hoover	Owner's Phone: (402) 479-5451	
Owner's Address: Building 3 - 801 West Prospector Place, Lincoln, NE, 68522		

Legend				
AS - Abort Station	BATT - Batteries	CoD - Carbon Monoxide Detector	CM - Control Module	DA - Damper
DD - Duct Detector	DH - Door Holder	EL - Emergency/Exit Light	FACP - Fire Alarm Control Panel	HD - Heat Detector
HORN - Horns	H/S - Horn-Strobes	LA - Low Air	MM - Monitor Module (Ansul, temp, CO, etc)	
MR - Manual Release	Other	PR - Phase Reversal	PS - Pull Station	PWS - Power Supply
SC - Signal/Sounder Control	SD - Smoke Detector	SD-Ion - Ion Smoke Detector	SD-Photo - Photo Smoke Detector	SPKR - Speakers
S/S - Speaker-Strobes	STROBE - Strobes	TS - Tamper Switch	WF - Waterflow	

Type	Total	Tested	Not Tested	Passed	Failed
Amplifier	1	1	0	1	0
FACP	1	1	0	1	0

Type	Total	Tested	Not Tested	Passed	Failed
BATT	5	5	0	5	0
PWS	4	4	0	4	0

### Zone: Panels

Zone: Panels							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
PWS	5	1ST FLR ELECTRICAL	PSE-6	Annual	9/5/2024	Pass	
BATT	6	1ST FLR ELECTRICAL PWS		Annual	9/5/2024	Pass	
PWS	7	2ND FLR ELECTRICAL	PSE-6	Annual	9/5/2024	Pass	
BATT	8	2ND FLR ELECTRICAL PWS	12V 7 AMP HR X 2	Annual	9/5/2024	Pass	
BATT	1	BATTERY BOX	12V 55 AMP X2 FOR FACP AND AMP	Annual	9/5/2024	Pass	



**Omaha Office**  
 6775 South 118th Street  
 Omaha, NE 68137  
 Phone: 402-592-8225

Zone: Panels							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
BATT	2	BSMT ELECTRICAL CLOSET	12V 7 AMP HR X 2	Annual	9/5/2024	Pass	
PWS	NA	BSMT ELECTRICAL CLOSET		Annual	9/5/2024	Pass	
PWS	3	BSMT STORAGE FOR SUPP.	PSE-6	Annual	9/5/2024	Pass	
BATT	4	BSMT STORAGE PWS	12V 7 AMP X 2	Annual	9/5/2024	Pass	
FACP	NA	Front Entrance		Annual	9/5/2024	Pass	
Amplifier	NA	IN FACP Cabinet		Annual	9/5/2024	Pass	

**Comments**

Any deficiencies or other problems found with the devices must be explained using the comment specific for each device. Additional comments can be added here.

Please see the summary section at the top of the form for the comments.

**Inspector's Information**

Inspected By

Keith Allen Benne

Inspector License:

J13

I state that the information on this form is correct at the time and place of my inspection, and that all equipment tested at this time was left in operating condition upon completion of this inspection except as noted in the *Comments*.

Signature of Inspector

Date

9/5/2024

**Owner or Owner's Representative**

Owner or Owner's Representative Name

Owner or Owner's Representative Signature

No Signature Available

Date

9/5/2024

# Fire Alarm Supplementary Form



**Location Code:** URVENHG

**Contact:** Kris Hoover

**Contact Address:** Building 3 - 801 West Prospector Place  
Lincoln, NE 68522

**Phone:** (402) 479-5451

**Email:** kris.hoover@nebraska.gov

**Property Evaluated:** Lincoln Regional Center - Building 3  
(Detention/Correctional)  
Building 3 - 801 West Prospector Place  
Lincoln, NE 68522

**Description:** Fire Alarm Supplement (TJC EP19 Shutdowns)

**Company:** Omaha Office

**Address:** 6775 South 118th Street  
Omaha, NE 68137

**Company Phone:** 402-592-8225

**Inspector:** Conner Lynn Holsclaw  
O30

**Date of Work:** 2/26/2024

**Frequency:** Annual

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## Deficiency Summary

There are no reported deficiencies for this submission

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## General Comments

There are no general comments for this submission



**Omaha Office**  
 6775 South 118th Street  
 Omaha, NE 68137  
 Phone: 402-592-8225

## Fire Alarm Supplementary Form

The work covered on this form is (select one):

Semi-Annual

Date of Work

2/26/2024

Account Information		
Facility Name: Lincoln Regional Center - Building 3	Property Type: Detention/Correctional	Location Code: URVENHG
Service Address: Building 3 - 801 West Prospector Place, Lincoln, NE, 68522		
Owner: Kris Hoover	Owner's Phone: (402) 479-5451	
Owner's Address: Building 3 - 801 West Prospector Place, Lincoln, NE, 68522		

Legend				
AS - Abort Station	BATT - Batteries	CoD - Carbon Monoxide Detector	CM - Control Module	DA - Damper
DD - Duct Detector	DH - Door Holder	EL - Emergency/Exit Light	FACP - Fire Alarm Control Panel	HD - Heat Detector
HORN - Horns	H/S - Horn-Strobes	LA - Low Air	MM - Monitor Module (Ansul, temp, CO, etc)	
MR - Manual Release	Other	PR - Phase Reversal	PS - Pull Station	PWS - Power Supply
SC - Signal/Sounder Control	SD - Smoke Detector	SD-Ion - Ion Smoke Detector	SD-Photo - Photo Smoke Detector	SPKR - Speakers
S/S - Speaker-Strobes	STROBE - Strobes	TS - Tamper Switch	WF - Waterflow	

Type	Total	Tested	Not Tested	Passed	Failed
↗ Relay Module	13	13	0	13	0

Type	Total	Tested	Not Tested	Passed	Failed

### Zone: Shutdowns

Zone: Shutdowns							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
↗ Relay Module	L1M28	AHU		Annual	2/26/2024	Pass	
↗ Relay Module	L1M30	AHU		Annual	2/26/2024	Pass	
↗ Relay Module	L1M23	Alternate Recall		Annual	2/26/2024	Pass	
↗ Relay Module	L1M08	BSMT Mech AHU 2		Annual	2/26/2024	Pass	



**Omaha Office**  
 6775 South 118th Street  
 Omaha, NE 68137  
 Phone: 402-592-8225

Zone: Shutdowns							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
✔ Relay Module	L1M07	BSMT Mech AHU 7		Annual	2/26/2024	Pass	
✔ Relay Module	L2M12	Damper 2nd Floor		Annual	2/26/2024	Pass	
✔ Relay Module	L2M04	Damper 2nd Flr		Annual	2/26/2024	Pass	
✔ Relay Module	L1M48	Damper Day Rm 142		Annual	2/26/2024	Pass	
✔ Relay Module	L1M24	Flash Hat		Annual	2/26/2024	Pass	
✔ Relay Module	L1M13	MAG Lock Doors		Annual	2/26/2024	Pass	
✔ Relay Module	L1M22	Primary Recall		Annual	2/26/2024	Pass	
✔ Relay Module	L1M25	Shunt Trip		Annual	2/26/2024	Pass	
✔ Relay Module	L1M02	Small Mech RM AHU3		Annual	2/26/2024	Pass	

**Comments**

Any deficiencies or other problems found with the devices must be explained using the comment specific for each device. Additional comments can be added here.  
 Please see the summary section at the top of the form for the comments.

**Inspector's Information**

Inspected By

Inspector License:

I state that the information on this form is correct at the time and place of my inspection, and that all equipment tested at this time was left in operating condition upon completion of this inspection except as noted in the *Comments*.

Signature of Inspector

Date


**Owner or Owner's Representative**

Owner or Owner's Representative Name

Owner or Owner's Representative Signature

Date

\_\_\_\_\_  
 Conner Lynn Holsclaw  
 O30

\_\_\_\_\_  
  
 2/26/2024

\_\_\_\_\_  
 NA  
 No Signature Available

\_\_\_\_\_  
 2/26/2024



CUSTOMER DETAILS											
CUSTOMER:				DATE:							
ADDRESS:				JOB ID:							
SITE NAME:				TECHNICIAN:							
CONTACT NAME:				CONTACT TEL:							
PRODUCT DETAILS											
GEN MAKE				GEN MODEL:							
GEN SERIAL:				GEN HOURS:							
AUTOMATIC TRANSFER SWITCH NOTES							Service Interval				
							Quarterly _____				
							Semi-Annual _____				
							Annual _____				
Nominal Voltage Source					Emergency Voltage Source						
A-B		B-C		C-A		A-B		B-C		C-A	
A-N		B-N		C-B		A-N		B-N		C-B	
A-Amps		B-Amps		C-Amps		A-Amps		B-Amps		C-Amps	
A-Temp		B-Temp		C-Temp		A-Temp		B-Temp		C-Temp	
PRE OPERATION CHECKS				Coolant temp		Battery Charging voltage					
OPERATION CHECKS											
PASS	N/A	NEEDS ATTN									
			CONTROL LIGHTS	Engine Run temp		W/ or W/O Load					
			CONTROL DISPLAY	Oil Pressure		Exercise Duration					
			EMERGENCY STOP	Oil Temp		Day					
			SWITCH/CONTROLS	Battery Voltage		Week					
			CB OPERATION	Frequency Rate		Start Time					
			AUTO OPERATION	RPM							
			COOLANT SYSTEM: Radiator cap, Coolant level, Coolant Condition, Coolant filter, Coolant Heater, All Hoses								
			EXHAUST SYSTEMS CONDITION								
			ENGINE: Ignition system, Belts, Turbo, Air intake system, Air filter, Oil Leaks, Oil level, Crankcase Breather								
			ALTERNATOR CONDITION								
			FULL SERVICE PERFORMED								
			FUEL SYSTEM: Fuel Plumbing, Fuel Filters, Fuel Condition					Fuel Level			
			ENCLOSURE CONDITION								
			BATTERY CONDITION								
			ATS: Housing Condition, Power and Control Cables, Main Connects, Operating Mechanism, Control Boards, Display, Battery Charger								
			OPERATION CHECKS: Engine Run Temp, Oil Pressure, Oil Temp, Battery Voltage, Control Lights, Control Guages, Emergency Stop, Switches/Controls, CB Operation, Auto Operation, Frequency rate, RPM								
			Before Leaving Site: Gen in Auto, Battery Charger ON, Block Heater ON, CB closed, Customer Logs								
Notes:											



**Customer: Lincoln Regional Center #3**

**Generator Model: D300GC**

**Address: 801 W. Prospector Pl. #3, Lincoln, NE 68522**

**Generator Serial: CAT0D300HRE300216**

**Generator kW: 300**

Date	Time	Alternator L1-L2 Voltage (Volts)	Alternator L2-L3 Voltage (Volts)	Alternator L1-L3 Voltage (Volts)	Alternator L1 Current (Amps)	Alternator L2 Current (Amps)	Alternator L3 Current (Amps)	Generator Frequency (Hz)	Alternator Total kW (kW)	Coolant Temperature (degF)	Engine oil PSI	Battery Voltage (Volts)	Engine Running Time (ERT) (hours)
4/30/24	11:30 AM	208	208	208	284	282	283	60	102	132	82	27.4	97.8
	11:45 AM	208	208	208	424	422	426	60	153	186	56	27.3	98.1
	12:00 PM	208	208	208	701	703	701	60	253	188	53	27.3	98.3
	12:15 PM	208	208	208	699	699	698	60	252	188	52	27.2	98.6
	12:30 PM	208	208	208	700	698	700	60	252	188	52	27.2	98.8
	12:45 PM	208	208	208	700	699	702	60	252	188	52	27.3	99.1
	1:00 PM	208	208	208	700	699	701	60	252	188	52	27.3	99.3
	1:15 PM	208	208	208	698	701	702	60	252	188	52	27.3	99.6
	1:30 PM	208	208	208	700	699	701	60	252	188	52	27.3	99.8



CUSTOMER DETAILS											
CUSTOMER:					DATE:						
ADDRESS:					JOB ID:						
SITE NAME:					TECHNICIAN:						
CONTACT NAME:					CONTACT TEL:						
PRODUCT DETAILS											
GEN MAKE					GEN MODEL:						
GEN SERIAL:					GEN HOURS:						
AUTOMATIC TRANSFER SWITCH NOTES								Service Interval			
								Quarterly			
								Semi-Annual			
								Annual			
Nominal Voltage Source					Emergency Voltage Source						
A-B		B-C		C-A	A-B		B-C		C-A		
A-N		B-N		C-B	A-N		B-N		C-B		
A-Amps		B-Amps		C-Amps	A-Amps		B-Amps		C-Amps		
A-Temp		B-Temp		C-Temp	A-Temp		B-Temp		C-Temp		
PRE OPERATION CHECKS				Coolant temp	Battery Charging voltage						
OPERATION CHECKS											
PASS	N/A	NEEDS ATTN									
			CONTROL LIGHTS	Engine Run temp		W/ or W/O Load					
			CONTROL DISPLAY	Oil Pressure		Exercise Duration					
			EMERGENCY STOP	Oil Temp		Day					
			SWITCH/CONTROLS	Battery Voltage		Week					
			CB OPERATION	Frequency Rate		Start Time					
			AUTO OPERATION	RPM							
			COOLANT SYSTEM: Radiator cap, Coolant level, Coolant Condition, Coolant filter, Coolant Heater, All Hoses								
			EXHAUST SYSTEMS CONDITION								
			ENGINE: Ignition system, Belts, Turbo, Air intake system, Air filter, Oil Leaks, Oil level, Crankcase Breather								
			ALTERNATOR CONDITION								
			FULL SERVICE PERFORMED								
			FUEL SYSTEM: Fuel Plumbing, Fuel Filters, Fuel Condition				Fuel Level				
			ENCLOSURE CONDITION								
			BATTERY CONDITION								
			ATS: Housing Condition, Power and Control Cables, Main Connects, Operating Mechanism, Control Boards, Display, Battery Charger								
			OPERATION CHECKS: Engine Run Temp, Oil Pressure, Oil Temp, Battery Voltage, Control Lights, Control Guages, Emergency Stop, Switches/Controls, CB Operation, Auto Operation, Frequency rate, RPM								
			Before Leaving Site: Gen in Auto, Battery Charger ON, Block Heater ON, CB closed, Customer Logs								
Notes:											



**ENGINE**
**EQUIP NUM: RE300216**
**SERIAL NUMBER: RE300216**
**CAT D300**

**No Action Required**
**Interp By: Mary E Churchill**
**Interpreted On: 14-Jul-24**
**E330-54194-0112**

LABEL#: 0112


SHOP JOB NUM : 10242

SAMPLE SHIP TIME (days) : 9

**NEBRASKA GENERATOR**
**SERVICE-LAVISTA**

RECEIVED DATE: 12-Jul-24

NORMAL READINGS. NO PROBLEMS PRESENTLY ASSOCIATED WITH THIS SAMPLE. MORE SAMPLE HISTORY NEEDED TO ESTABLISH A NORMAL WEAR TREND. RESAMPLE AT THE NEXT SERVICE INTERVAL.

**SAMPLE INFORMATION**


Sampled Date	03-Jul-24
Sample Id	E330-54194-0112
Lab Date	12-Jul-24
Meter [Hr]	106
Meter On Fluid	
Fluid Brand	
Fluid Weight	
Fluid Type	
Fluid Change	N
Filter Change	N
Kidney Loop	U
Total Fluid Added	0

For additional sample history, go to:

[S.O.S WEB](#)
**CONDITION / CONTAMINATION**

03-Jul-24

**VISCOSITY (CENTISTOKES) ASTM D445**

V100 Viscosity at 100 C 12.80

**INFRARED (UFM) ASTM E2412**

ST	Soot	0
OXI	Oxidation	18
SUL	Sulfur Products	25
NIT	Nitration	9

**WATER**

W Water N

**WEAR LEVELS / ADDITIVES**

03-Jul-24

**ELEMENTAL ANALYSIS (PPM) ASTM D5185 [OIL] / ASTM D6130 [COOLANT]**

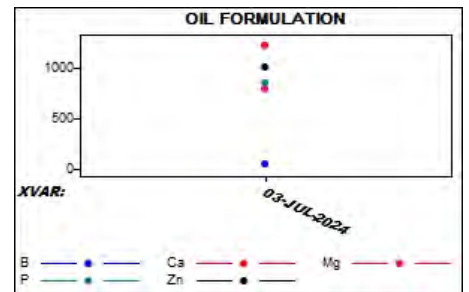
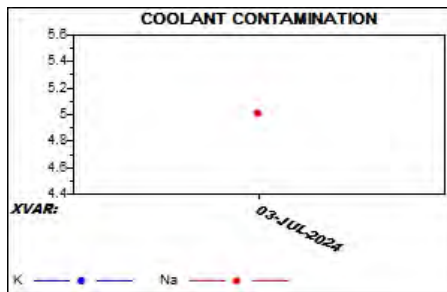
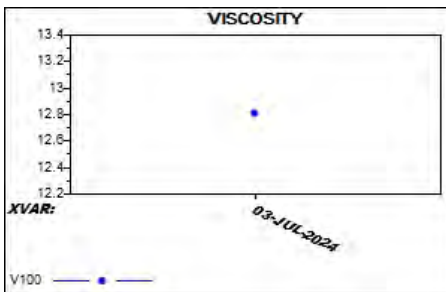
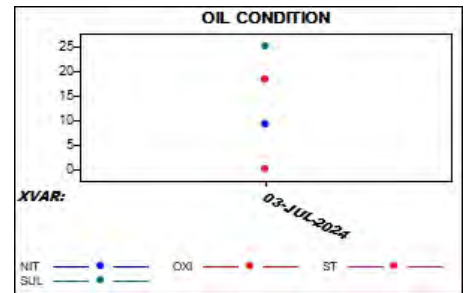
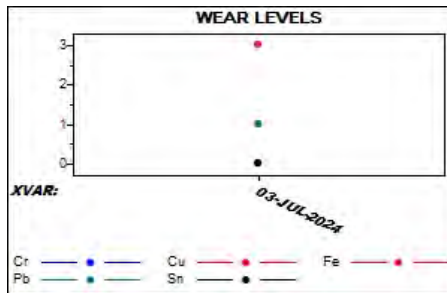
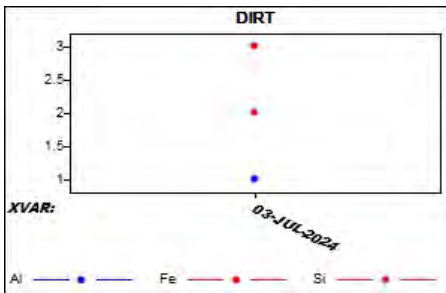
Cu	Copper	1
Fe	Iron	3
Cr	Chromium	0
Al	Aluminum	1
Pb	Lead	1
Sn	Tin	0
Si	Silicon	2
Na	Sodium	5
K	Potassium	5
Mo	Molybdenum	53
Ni	Nickel	0
Ag	Silver	0
Ti	Titanium	0
V	Vanadium	0
Cd	Cadmium	2
Ca	Calcium	1216
P	Phosphorus	847
Zn	Zinc	1004
Mg	Magnesium	788
Ba	Barium	0
B	Boron	42

**ANTIFREEZE**

A Antifreeze N

**FUEL**

F Fuel N



### Report Comment

Our sample reports has been updated! For more information on the new report, go to - <https://www.youtube.com/watch?v=4h8bREJVUrs>



CUSTOMER DETAILS											
CUSTOMER:					DATE:						
ADDRESS:					JOB ID:						
SITE NAME:					TECHNICIAN:						
CONTACT NAME:					CONTACT TEL:						
PRODUCT DETAILS											
GEN MAKE					GEN MODEL:						
GEN SERIAL:					GEN HOURS:						
AUTOMATIC TRANSFER SWITCH NOTES								Service Interval			
								Quarterly			
								Semi-Annual			
								Annual			
Nominal Voltage Source					Emergency Voltage Source						
A-B		B-C		C-A	A-B		B-C		C-A		
A-N		B-N		C-B	A-N		B-N		C-B		
A-Amps		B-Amps		C-Amps	A-Amps		B-Amps		C-Amps		
A-Temp		B-Temp		C-Temp	A-Temp		B-Temp		C-Temp		
PRE OPERATION CHECKS				Coolant temp	Battery Charging voltage						
OPERATION CHECKS											
PASS	N/A	NEEDS ATTN									
			CONTROL LIGHTS	Engine Run temp		W/ or W/O Load					
			CONTROL DISPLAY	Oil Pressure		Exercise Duration					
			EMERGENCY STOP	Oil Temp		Day					
			SWITCH/CONTROLS	Battery Voltage		Week					
			CB OPERATION	Frequency Rate		Start Time					
			AUTO OPERATION	RPM							
			COOLANT SYSTEM: Radiator cap, Coolant level, Coolant Condition, Coolant filter, Coolant Heater, All Hoses								
			EXHAUST SYSTEMS CONDITION								
			ENGINE: Ignition system, Belts, Turbo, Air intake system, Air filter, Oil Leaks, Oil level, Crankcase Breather								
			ALTERNATOR CONDITION								
			FULL SERVICE PERFORMED								
			FUEL SYSTEM: Fuel Plumbing, Fuel Filters, Fuel Condition				Fuel Level				
			ENCLOSURE CONDITION								
			BATTERY CONDITION								
			ATS: Housing Condition, Power and Control Cables, Main Connects, Operating Mechanism, Control Boards, Display, Battery Charger								
			OPERATION CHECKS: Engine Run Temp, Oil Pressure, Oil Temp, Battery Voltage, Control Lights, Control Guages, Emergency Stop, Switches/Controls, CB Operation, Auto Operation, Frequency rate, RPM								
			Before Leaving Site: Gen in Auto, Battery Charger ON, Block Heater ON, CB closed, Customer Logs								
Notes:											

**FUEL SYSTEM**

EQUIP NUM: RE300216

SERIAL NUMBER: RE300216

CAT D300


**No Action Required**

Interp By: Alvin Lingenfelter

Interpreted On: 31-Jul-24

**E330-54193-5216**

LABEL#: 5216


SHOP JOB NUM : 10242

SAMPLE SHIP TIME (days) : 38

**NEBRASKA GENERATOR**
**SERVICE-LAVISTA**

RECEIVED DATE: 11-Jul-24

\*ALL TEST ARE PERFORMED IN ACCORDANCE WITH ASTM D-975\* SAMPLE IS CLEAR AND RED IN COLOR. TRACE AMOUNT OF DEBRIS IN SAMPLE, ALL OTHER TEST APPEAR NORMAL FOR #2 DIESEL. RESAMPLE AT NORMAL INTERVAL.

**SAMPLE INFORMATION**


Sampled Date	03-Jun-24
Sample Id	E330-54193-5216
Lab Date	11-Jul-24
Meter [Hr]	106
Meter On Fluid	
Fluid Brand	
Fluid Weight	
Fluid Type	
Fluid Change	N
Filter Change	N
Total Fluid Added	0

For additional sample history, go to:

[S.O.S WEB](#)
**PROPERTIES / PHYSICALS**

03-Jun-24

**SULFUR (PPM) ASTM D5453**

SULFU	SULFUR	4
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**BIODIESEL (%) EN 14078**

Biodi	Biodiesel	0.09
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**FLASH POINT (°C) ASTM D93**

FL Pt	Flash Point	56.0
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**ELEMENTAL ANALYSIS**

03-Jun-24

**ELEMENTAL ANALYSIS (PPM) ASTM D5185 [OIL] / ASTM D6130 [COOLANT]**

Cu	Copper	0
Fe	Iron	0
Cr	Chromium	0
Al	Aluminum	0
Pb	Lead	0
Sn	Tin	0
Si	Silicon	0
Na	Sodium	0
K	Potassium	0
Mo	Molybdenum	0
Ni	Nickel	0
Ag	Silver	0
Ti	Titanium	0
V	Vanadium	0
Ca	Calcium	0
P	Phosphorus	0
Zn	Zinc	0
Mg	Magnesium	0
B	Boron	0

**PHYSICAL**

App	Appearance	H2O
PAMt	Precip Amount	trace
PProp	Precip Property	non-mag

**CLEANLINESS / CONTAMINATION**

03-Jun-24

**PARTICLE COUNT - ISO 11171:1999 reported per ISO 4406**

ISO	ISO Code Rating	H20
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**WATER CONTENT (%) ASTM D6304**

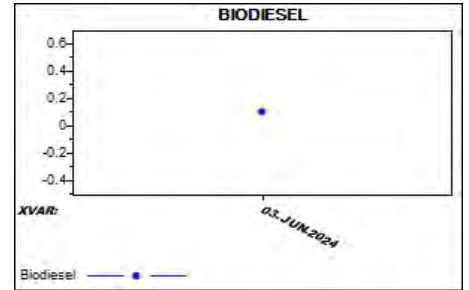
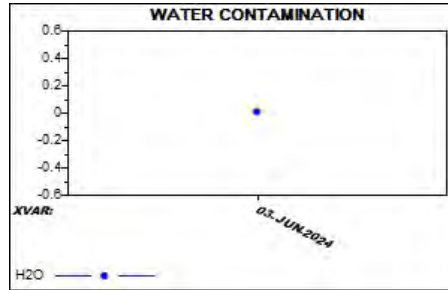
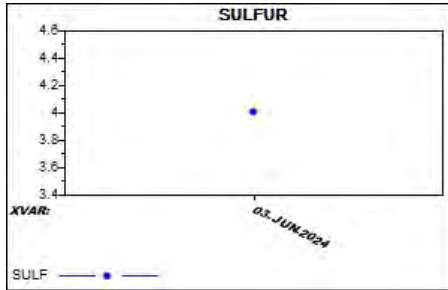
H2O	Water	0.00332
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**MICROBIOLOGY**

Bact	Bacteria	<LDL
Fung	Fungus	<LDL

**SEDIMENT**

VOL	% Volume	0.000
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E330-54193-5216

**Report Comment**

Our sample reports has been updated! For more information on the new report, go to - <https://www.youtube.com/watch?v=4h8bREJVUrs>

**RADIATOR**
**EQUIP NUM: RE300216**
**SERIAL NUMBER: RE300216**
**E330-54193-4049**

LABEL#: 4049

SHOP JOB NUM : 10242

SAMPLE SHIP TIME (days) : 8

**NEBRASKA GENERATOR**
**SERVICE-LAVISTA**

RECEIVED DATE: 11-Jul-24

**CAT D300**

**Monitor Compartment**
**Interp By: Rachel Smith**
**Interpreted On: 25-Jul-24**

 SAMPLE HAS SLIGHTLY CLOUDY APPEARANCE. OTHER READINGS APPEAR NORMAL. OTHER READINGS APPEAR NORMAL.  
 . CONTINUE TO USE THIS COOLANT. SAMPLE AGAIN AT THE REGULAR INTERVAL TO MONITOR THE COOLING SYSTEM.

**SAMPLE INFORMATION**


Sampled Date	03-Jul-24
Sample Id	E330-54193-4049
Lab Date	11-Jul-24
Meter [Hr]	106
Meter On Fluid	
Fluid Brand	
Fluid Weight	
Fluid Type	
Fluid Change	U
Filter Change	N
Total Fluid Added	0

For additional sample history, go to:

[S.O.S WEB](#)
**ADDITIONAL CHARACTERISTICS**

03-Jul-24

**ADDITIONAL ANALYTES (PPM)**

PO4	Phosphate	604
TH	Total Hardness	2

**REFRACTIVE INDEX**

GL	Glycol (%)	55
FP	Freeze Point (°C)	-45
BP	Boil Point (°C)	108

**pH ASTM D1287**

pH	pH	8.1
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**CORROSION LEVELS/ CHEMISTRY**

03-Jul-24

**ELEMENTAL ANALYSIS (PPM) ASTM D5185 [OIL] / ASTM D6130 [COOLANT]**

Na	Sodium	5159
K	Potassium	700
Mo	Molybdenum	774
Cu	Copper	4
Fe	Iron	0
Pb	Lead	0
Sn	Tin	0
Al	Aluminum	1
Zn	Zinc	0

**ANION ANALYSIS (PPM) ASTM D4327**

NO2	Nitrite	515
-----	---------	-----

**ADDITIONAL ANALYTES (PPM)**

MoO4	Molybdate	1291
BO3	Borate	7
SiO3	Silicate	63

**CONDUCTIVITY (µS/cm)**

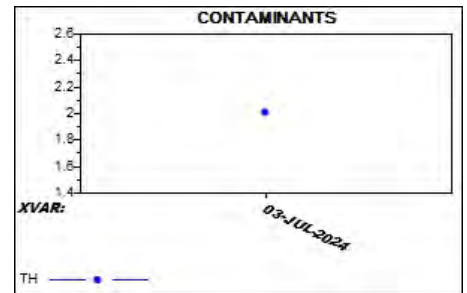
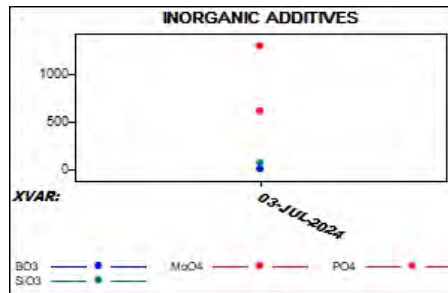
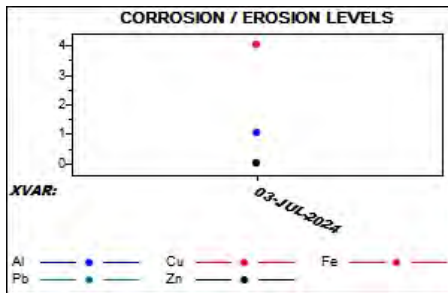
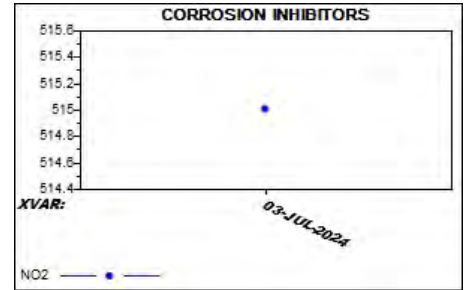
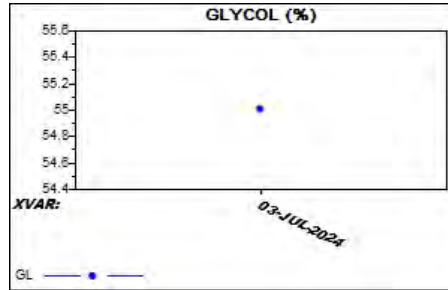
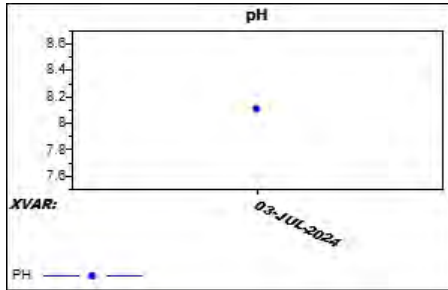
CON	Conductivity	4226
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**PHYSICAL CHARACTERISTICS**

03-Jul-24

**PHYSICAL**

Color	Color	red
App	Appearance	sl cloudy
Odor	Odor	norm
Oil	Oil	none
Foam	Foam	norm
PAmt	Precip Amount	none



**Report Comment**

Our sample reports has been updated! For more information on the new report, go to - <https://www.youtube.com/watch?v=4h8bREJVUrs>



CUSTOMER DETAILS											
CUSTOMER:					DATE:						
ADDRESS:					JOB ID:						
SITE NAME:					TECHNICIAN:						
CONTACT NAME:					CONTACT TEL:						
PRODUCT DETAILS											
GEN MAKE					GEN MODEL:						
GEN SERIAL:					GEN HOURS:						
AUTOMATIC TRANSFER SWITCH NOTES								Service Interval			
								Quarterly			
								Semi-Annual			
								Annual			
Nominal Voltage Source					Emergency Voltage Source						
A-B		B-C		C-A	A-B		B-C		C-A		
A-N		B-N		C-B	A-N		B-N		C-B		
A-Amps		B-Amps		C-Amps	A-Amps		B-Amps		C-Amps		
A-Temp		B-Temp		C-Temp	A-Temp		B-Temp		C-Temp		
PRE OPERATION CHECKS				Coolant temp	Battery Charging voltage						
OPERATION CHECKS											
PASS	N/A	NEEDS ATTN									
			CONTROL LIGHTS	Engine Run temp		W/ or W/O Load					
			CONTROL DISPLAY	Oil Pressure		Exercise Duration					
			EMERGENCY STOP	Oil Temp		Day					
			SWITCH/CONTROLS	Battery Voltage		Week					
			CB OPERATION	Frequency Rate		Start Time					
			AUTO OPERATION	RPM							
			COOLANT SYSTEM: Radiator cap, Coolant level, Coolant Condition, Coolant filter, Coolant Heater, All Hoses								
			EXHAUST SYSTEMS CONDITION								
			ENGINE: Ignition system, Belts, Turbo, Air intake system, Air filter, Oil Leaks, Oil level, Crankcase Breather								
			ALTERNATOR CONDITION								
			FULL SERVICE PERFORMED								
			FUEL SYSTEM: Fuel Plumbing, Fuel Filters, Fuel Condition				Fuel Level				
			ENCLOSURE CONDITION								
			BATTERY CONDITION								
			ATS: Housing Condition, Power and Control Cables, Main Connects, Operating Mechanism, Control Boards, Display, Battery Charger								
			OPERATION CHECKS: Engine Run Temp, Oil Pressure, Oil Temp, Battery Voltage, Control Lights, Control Guages, Emergency Stop, Switches/Controls, CB Operation, Auto Operation, Frequency rate, RPM								
			Before Leaving Site: Gen in Auto, Battery Charger ON, Block Heater ON, CB closed, Customer Logs								
Notes:											





CUSTOMER DETAILS											
CUSTOMER:					DATE:						
ADDRESS:					JOB ID:						
SITE NAME:					TECHNICIAN:						
CONTACT NAME:					CONTACT TEL:						
PRODUCT DETAILS											
GEN MAKE					GEN MODEL:						
GEN SERIAL:					GEN HOURS:						
AUTOMATIC TRANSFER SWITCH NOTES								Service Interval			
								Quarterly			
								Semi-Annual			
								Annual			
Nominal Voltage Source					Emergency Voltage Source						
A-B		B-C		C-A	A-B		B-C		C-A		
A-N		B-N		C-B	A-N		B-N		C-B		
A-Amps		B-Amps		C-Amps	A-Amps		B-Amps		C-Amps		
A-Temp		B-Temp		C-Temp	A-Temp		B-Temp		C-Temp		
PRE OPERATION CHECKS				Coolant temp	Battery Charging voltage						
OPERATION CHECKS											
PASS	N/A	NEEDS ATTN									
			CONTROL LIGHTS	Engine Run temp		W/ or W/O Load					
			CONTROL DISPLAY	Oil Pressure		Exercise Duration					
			EMERGENCY STOP	Oil Temp		Day					
			SWITCH/CONTROLS	Battery Voltage		Week					
			CB OPERATION	Frequency Rate		Start Time					
			AUTO OPERATION	RPM							
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			ENGINE: Ignition system, Belts, Turbo, Air intake system, Air filter, Oil Leaks, Oil level, Crankcase Breather								
			ALTERNATOR CONDITION								
			FULL SERVICE PERFORMED								
			FUEL SYSTEM: Fuel Plumbing, Fuel Filters, Fuel Condition				Fuel Level				
			ENCLOSURE CONDITION								
			BATTERY CONDITION								
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			Before Leaving Site: Gen in Auto, Battery Charger ON, Block Heater ON, CB closed, Customer Logs								
Notes:											



CUSTOMER DETAILS											
CUSTOMER:					DATE:						
ADDRESS:					JOB ID:						
SITE NAME:					TECHNICIAN:						
CONTACT NAME:					CONTACT TEL:						
PRODUCT DETAILS											
GEN MAKE					GEN MODEL:						
GEN SERIAL:					GEN HOURS:						
AUTOMATIC TRANSFER SWITCH NOTES								Service Interval			
								Quarterly			
								Semi-Annual			
								Annual			
Nominal Voltage Source					Emergency Voltage Source						
A-B		B-C		C-A	A-B		B-C		C-A		
A-N		B-N		C-B	A-N		B-N		C-B		
A-Amps		B-Amps		C-Amps	A-Amps		B-Amps		C-Amps		
A-Temp		B-Temp		C-Temp	A-Temp		B-Temp		C-Temp		
PRE OPERATION CHECKS				Coolant temp	Battery Charging voltage						
OPERATION CHECKS											
PASS	N/A	NEEDS ATTN									
			CONTROL LIGHTS	Engine Run temp		W/ or W/O Load					
			CONTROL DISPLAY	Oil Pressure		Exercise Duration					
			EMERGENCY STOP	Oil Temp		Day					
			SWITCH/CONTROLS	Battery Voltage		Week					
			CB OPERATION	Frequency Rate		Start Time					
			AUTO OPERATION	RPM							
			COOLANT SYSTEM: Radiator cap, Coolant level, Coolant Condition, Coolant filter, Coolant Heater, All Hoses								
			EXHAUST SYSTEMS CONDITION								
			ENGINE: Ignition system, Belts, Turbo, Air intake system, Air filter, Oil Leaks, Oil level, Crankcase Breather								
			ALTERNATOR CONDITION								
			FULL SERVICE PERFORMED								
			FUEL SYSTEM: Fuel Plumbing, Fuel Filters, Fuel Condition				Fuel Level				
			ENCLOSURE CONDITION								
			BATTERY CONDITION								
			ATS: Housing Condition, Power and Control Cables, Main Connects, Operating Mechanism, Control Boards, Display, Battery Charger								
			OPERATION CHECKS: Engine Run Temp, Oil Pressure, Oil Temp, Battery Voltage, Control Lights, Control Guages, Emergency Stop, Switches/Controls, CB Operation, Auto Operation, Frequency rate, RPM								
			Before Leaving Site: Gen in Auto, Battery Charger ON, Block Heater ON, CB closed, Customer Logs								
Notes:											



**Location Code:** URVENHG

**Contact:** Kris Hoover

**Contact Address:** Building 3 - 801 West Prospector Place  
Lincoln, NE 68522

**Phone:** (402) 479-5451

**Email:** kris.hoover@nebraska.gov

**Property Evaluated:** Lincoln Regional Center - Building 3  
(Detention/Correctional)  
Building 3 - 801 West Prospector Place  
Lincoln, NE 68522

**Description:** Fire Suppression (Generator Suppression  
System)

**Company:** Omaha Office

**Address:** 6775 South 118th Street  
Omaha, NE 68137

**Company Phone:** 402-592-8225

**Inspector:** Keith Allen Benne  
J13

**Date of Work:** 8/22/2024

**Frequency:** Annual

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### Deficiency Summary

There are no reported deficiencies for this submission

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### General Comments

There are no general comments for this submission



**Omaha Office**  
 6775 South 118th Street  
 Omaha, NE 68137  
 Phone: 402-592-8225

**Frequency Of Testing**

Frequency:  
 Date

Quarterly  Semi-Annual  Annual  
 8/22/2024

**Account Information**

Account Information		
Facility Name: Lincoln Regional Center - Building 3	Property Type: Fire Suppression (Generator Suppression System)	Location Code: URVENHG
Service Address: 1239 North Minnesota Ave.		
Owner: Protex Central, Inc.	Owner Phone: (402) 479-5451	
Owner's Address: Building 3 - 801 West Prospector Place, Lincoln, NE, 68522		

**Panel Information**

Type <input checked="" type="checkbox"/> Releasing Panel <input type="checkbox"/> Power Supply <input type="checkbox"/> Annunciator	Location FACP Front Entrance	Manufacturer Notifier	Model: 3030	Result <input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
--	---------------------------------	--------------------------	----------------	--

**Batteries**

Type <input checked="" type="checkbox"/> 12vdc/7ah <input type="checkbox"/> 12vdc/12ah <input type="checkbox"/> 12vdc/18ah <input type="checkbox"/> 12vdc/26ah <input type="checkbox"/> 12vdc/35ah <input type="checkbox"/> 12vdc/55ah	Location PWS IN BASEMENT STORAGE	Install Date: 2021	Voltage/Amphere Reading 13.7	Result <input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
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**Cylinder/Tank**

Location Generator	Serial Number: Na	Manufacture Date: NA	Manufacturer Stat-X	Gross/Agent/PSI NA	Liquid Level NA
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**Devices**

Legend		
Abort - Abort Station	AirPressSw - Air Pressure Switch	BATT - Batteries
BOTTDIS - Bottom Discharge	CntrlMod - Control Module	Combo Detector - Combo Detector
DAMP - Damper	H/S - Horn-Strobes	HD - Heat Detector
HOSE - Hose	Initiator - Initiator	Low Air - Low Air
MAINT - Maintenance Switch	MM - Monitor Module (Ansul, temp, CO, etc)	ManRel - Manual Release
NOZZ - Nozzle	Other - Other	PWS - Power Supply
Relay Module - Relay Module	SD-Ion - Ion Smoke Detector	SD-Photo - Photo Smoke Detector
SOL - Solenoid	STROBE - Strobes	TOPDIS - Top Discharge
TS - Tamper Switch	VES - VESDA	WF - Waterflow

Asset Type	Total	Tested	Not Tested	Passed	Failed
⊕ Abort	2	2	0	2	0
⚙ HD	2	2	0	2	0

Asset Type	Total	Tested	Not Tested	Passed	Failed
■ H/S	2	2	0	2	0
▣ ManRel	1	1	0	1	0

Zone: NA



**Omaha Office**  
 6775 South 118th Street  
 Omaha, NE 68137  
 Phone: 402-592-8225

Zone: NA						
Asset Type	Address	Location	Notes	Frequency	Test Results	Comments
H/S		Gen Wall Outside		Annual	Pass	
H/S		Gen Wall Outside		Annual	Pass	
Abort		IN Generator		Annual	Pass	
Abort		IN Generator		Annual	Pass	
HD		IN Generator		Annual	Pass	
HD		IN Generator		Annual	Pass	
ManRel		IN Generator		Annual	Pass	

**Notification Devices**

**Suppression Questionnaire**

Is system connected to Main Fire Alarm System?  Yes  No  N/A

Is the protected room properly sealed?  Yes  No  N/A

Is there a door sweep?  Yes  No  N/A

Do the trouble signals operate correctly from releasing panel and sub panels (if any)?  Yes  No  N/A

Did alarm signals operate correctly for releasing panel and associated devices when tested?  Yes  No  N/A

Is all wiring installed correctly, terminated and in a serviceable working order?  Yes  No  N/A

Are all switches, indicators, meters, and gauges in good working order both physically and functionally?  Pass  Fail  N/A

Do all shutdown function relays and devices work as intended? Air handlers, fans, dampers, computer systems.  Yes  No  N/A

Will system operate on batteries for 24 hours in standby and 5 minutes in alarm?  Yes  No  N/A

Date of Work \_\_\_\_\_ 8/22/2024

Inspected By: \_\_\_\_\_ Keith Allen Benne

Inspector License: \_\_\_\_\_ J13

Signature of Inspector:

# NEBRASKA STATE FIRE MARSHAL

## OCCUPANCY PERMIT

Certificate Number: 16086

Name of Facility: **Lincoln Regional Center Bldg #3**

Type of Facility: **Hospital**

Location: **801 W Prospector Pl Lincoln**

Maximum  
Occupancy: **46 Beds**

Date Issued: **2/22/2024**

Inspected By: **Monica Ellis**  
**Deputy State Fire Marshal**

Approved By:   
**State Fire Marshal**



POST IN PROMINENT PLACE



Change in occupancy classification or failure to meet State Fire Marshal codes  
shall invalidate this occupancy permit.

# Form for Inspection, Testing and Maintenance of Fire Alarms and Signaling Systems



**Location Code:** IGEKQEV

**Contact:** Kris Hoover

**Contact Address:** Building 5 - 801 West Prospector Place  
Lincoln, NE 68522

**Phone:** (402) 479-5453

**Email:** kris.hoover@nebraska.gov

**Property Evaluated:** Lincoln Regional Center - Building 5  
(Detention/Correctional)  
Building 5 - 801 West Prospector Place  
Lincoln, NE 68522

**Description:** Fire Alarm (Panel/Batteries)

**Company:** Omaha Office

**Address:** 6775 South 118th Street  
Omaha, NE 68137

**Company Phone:** 402-592-8225

**Inspector:** Conner Lynn Holsclaw  
O30

**Date of Work:** 2/26/2024

**Frequency:** Semi-Annual

---

## Deficiency Summary

Please refer to the Deficiency Summary located on applicable Fire Alarm Supplementary Forms for additional deficiency details.

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## General Comments

There are no general comments for this submission



**Omaha Office**  
 6775 South 118th Street  
 Omaha, NE 68137  
 Phone: 402-592-8225

# Form for Inspection, Testing and Maintenance of Fire Alarms and Signaling Systems

Separate forms are available for inspection, testing, and maintenance of the rest of the fire protection system of which the fire alarms and signaling systems are a part. More frequent inspection, testing, and maintenance may be necessary depending on the conditions of the occupancy and the water supply.

Notes:

1. All questions are to be answered *Yes, No, or Not Applicable*. All "No" answers are to be explained in the *Comments* for this form.
2. Refer to NFPA-72 for specific inspection frequency requirements for the different components.

The work covered on this form is (select one): Semi-Annual

Date of Work 2/26/2024

*All responses refer to the current work (inspection, testing and maintenance) performed on this date.*

### 1. Property Information

Owner: Kris Hoover

Owner's Phone Number: (402) 479-5453

Owner's Address: Building 5 - 801 West Prospector Place, Lincoln, NE, 68522

Property Being Evaluated: Lincoln Regional Center - Building 5 (Detention/Correctional)

Property Address: Building 5 - 801 West Prospector Place, Lincoln, NE, 68522

Assembly Description: Fire Alarm (Panel/Batteries)

### 2. Owner's Section

A. Are the fire alarms and signaling systems in service?  Yes  No

B. Have fire alarms and signaling systems remained in service since the last inspection?  Yes  No

C. Was the system (of which the fire alarm and signaling systems are a part) free of actuation of devices or alarms since the last inspection?  Yes  No

D. The required record documents are available and include the current revisions of all fire alarm software and the revisions of software of any systems with which the fire alarm software interfaces?  Yes  No

### 3. Monitoring Information

Monitoring organization: PERMAR

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Account number: \_\_\_\_\_

Phone line 1: \_\_\_\_\_

Phone line 2: \_\_\_\_\_

Means of transmission: RADIO

Entity to which alarms are retransmitted: \_\_\_\_\_

Phone: \_\_\_\_\_

### 4. System Information

4.1 Control Unit: \_\_\_\_\_

Manufacturer: NOTIFER

Model number: NFS2-3030

4.2 Software and Firmware Revision number: 26

4.3 System Power: \_\_\_\_\_

4.3.1 Primary (Main) Power: \_\_\_\_\_

Nominal voltage: 120VAC

Amps: NA

Location: CONTROL RM

Overcurrent protection type: BREAKER

Amps: NA

Disconnecting means location: ELECTRICAL

4.3.2 Secondary Power: \_\_\_\_\_

Type: BATTERIES

Location: FACP

Battery type (if applicable):  Lead-acid  Nickel-cadmium

Primary (dry cell)

Sealed lead-acid

Calculated capacity of batteries to drive the system:

In standby mode (hours): 24

In alarm mode (minutes): 5

### 5. Notifications Made Prior To Testing

	Contact	Time
Monitoring organization:	PERMAR	7:00
Building management:	NA	NA
Building occupants:	NA	NA
Authority Having Jurisdiction:	NA	NA
Other, if required:		





**6. Testing Results**

**6.1 Control Unit and Related Equipment**

Description	Visual Inspection	Functional Test	Results
Control unit	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Lamps/LEDs/LCDs	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Fuses	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Trouble signals	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Disconnect switches	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Ground-fault monitoring	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Supervision	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Local annunciator	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Remote annunciators	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Remote power panels	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A

**6.2 Secondary Power**

Description	Visual Inspection	Functional Test	Results
Battery condition	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Load voltage	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Discharge test	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Charger test	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Remote panel batteries	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A

**6.3 Alarm and Supervisory Alarm Initiating Device**

Complete supplementary device test form for all initiating devices.

**6.4 Notification Appliances**

Complete supplementary appliance test form for all notification appliances.

**6.5 Interface Equipment**

Complete supplementary interface component test form for all interface components.  
*Circuit Interface / Signaling Line Circuit Interface / Fire Alarm Control Interface*

**6.6 Supervising Station Monitoring**

Description	Yes/No	Time (sec)	Results
Alarm signal	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Alarm restoration	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Trouble signal	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Trouble restoration	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Supervisory signal	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Supervisory restoration	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A

**6.7 Public Emergency Alarm Reporting System**

Description	Yes/No	Time (seconds)	Results
Alarm signal	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Alarm restoration	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Trouble signal	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Trouble restoration	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Supervisory signal	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Supervisory restoration	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A

**7. Notifications That Testing Is Complete**

	Contact	Time
Monitoring organization:	PERMAR	3:00
Building management:	NA	NA
Building occupants:	NA	NA
Authority Having Jurisdiction:	NA	NA
Other, if required:		

**8. System Restored To Normal Operation**

Date: 2/26/2024

Time: 3:00

**9. Comments**

*Any "No" answers, test failures or other problems found with the fire alarm system must be explained using the comment specific for each question. Additional comments can be added here.*

Please see the summary section at the top of the form for the comments.

**10. Inspector's Information**

Inspected By: Conner Lynn Holsclaw  
 Inspector License: O30

I state that the information on this form is correct at the time and place of my inspection, and that all equipment tested at this time was left in operating condition upon completion of this inspection except as noted in the *Comments*. This system as specified herein has been inspected and tested according to NFPA 72, 2013 edition, Chapter 14.



**Omaha Office**  
6775 South 118th Street  
Omaha, NE 68137  
Phone: 402-592-8225

---

Signature of Inspector

A handwritten signature in black ink, appearing to be a stylized 'S' or similar character.

Date

2/26/2024

11. Owner or Owner's Representative

Owner or Owner's Representative Name

NA

Owner or Owner's Representative Signature

**No Signature Available**

Date

2/26/2024

# Fire Alarm Supplementary Form



**Location Code:** IGEKQEV

**Contact:** Kris Hoover

**Contact Address:** Building 5 - 801 West Prospector Place  
Lincoln, NE 68522

**Phone:** (402) 479-5453

**Email:** kris.hoover@nebraska.gov

**Property Evaluated:** Lincoln Regional Center - Building 5  
(Detention/Correctional)  
Building 5 - 801 West Prospector Place  
Lincoln, NE 68522

**Description:** Fire Alarm Supplement (TJC EP19 SHUTDOWNS)

**Company:** Omaha Office

**Address:** 6775 South 118th Street  
Omaha, NE 68137

**Company Phone:** 402-592-8225

**Inspector:** Conner Lynn Holsclaw  
O30

**Date of Work:** 2/26/2024

**Frequency:** Semi-Annual

---

## Deficiency Summary

There are no reported deficiencies for this submission

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## General Comments

There are no general comments for this submission



**Omaha Office**  
 6775 South 118th Street  
 Omaha, NE 68137  
 Phone: 402-592-8225

## Fire Alarm Supplementary Form

The work covered on this form is (select one):

Semi-Annual

Date of Work

2/26/2024

Account Information		
Facility Name: Lincoln Regional Center - Building 5	Property Type: Detention/Correctional	Location Code: IGEKQEV
Service Address: Building 5 - 801 West Prospector Place, Lincoln, NE, 68522		
Owner: Kris Hoover	Owner's Phone: (402) 479-5453	
Owner's Address: Building 5 - 801 West Prospector Place, Lincoln, NE, 68522		

Legend				
AS - Abort Station	BATT - Batteries	CoD - Carbon Monoxide Detector	CM - Control Module	DA - Damper
DD - Duct Detector	DH - Door Holder	EL - Emergency/Exit Light	FACP - Fire Alarm Control Panel	HD - Heat Detector
HORN - Horns	H/S - Horn-Strobes	LA - Low Air	MM - Monitor Module (Ansul, temp, CO, etc)	
MR - Manual Release	Other	PR - Phase Reversal	PS - Pull Station	PWS - Power Supply
SC - Signal/Sounder Control	SD - Smoke Detector	SD-Ion - Ion Smoke Detector	SD-Photo - Photo Smoke Detector	SPKR - Speakers
S/S - Speaker-Strobes	STROBE - Strobes	TS - Tamper Switch	WF - Waterflow	

Type	Total	Tested	Not Tested	Passed	Failed
↗ Relay Module	18	18	0	18	0

Type	Total	Tested	Not Tested	Passed	Failed

Zone: EP19

Zone: EP19							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
↗ Relay Module	L1M01	AHU 1		Semi-Annual	2/26/2024	Pass	
↗ Relay Module	L1M23	AHU 2		Semi-Annual	2/26/2024	Pass	
↗ Relay Module	L1M21	AHU 3		Semi-Annual	2/26/2024	Pass	
↗ Relay Module	L1M14	AHU 4		Semi-Annual	2/26/2024	Pass	



**Omaha Office**  
 6775 South 118th Street  
 Omaha, NE 68137  
 Phone: 402-592-8225

Zone: EP19							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
✓ Relay Module	L1M24	AHU 5		Semi-Annual	2/26/2024	Pass	
✓ Relay Module	L1M22	AHU 6		Semi-Annual	2/26/2024	Pass	
✓ Relay Module	L1M20	AHU 7		Semi-Annual	2/26/2024	Pass	
✓ Relay Module	L1M18	AHU 8		Semi-Annual	2/26/2024	Pass	
✓ Relay Module	L1M19	AHU 9		Semi-Annual	2/26/2024	Pass	
✓ Relay Module	L1M16	AHU 10		Semi-Annual	2/26/2024	Pass	
✓ Relay Module	L1M17	AHU S GYM		Semi-Annual	2/26/2024	Pass	
✓ Relay Module	L4M21	BSMT DAMPER		Semi-Annual	2/26/2024	Pass	
✓ Relay Module	1	DOOR HOLDER TUNNEL		Semi-Annual	2/26/2024	Pass	
✓ Relay Module	2	DR HOLD ELECTRICAL		Semi-Annual	2/26/2024	Pass	
✓ Relay Module	4	DR HOLDS		Semi-Annual	2/26/2024	Pass	
✓ Relay Module	5	DR HOLDS LL		Semi-Annual	2/26/2024	Pass	
✓ Relay Module	3	DR HOLD STEAM VEST		Semi-Annual	2/26/2024	Pass	
✓ Relay Module	L1M2	RAF 1		Semi-Annual	2/26/2024	Pass	

**Comments**

Any deficiencies or other problems found with the devices must be explained using the comment specific for each device. Additional comments can be added here.  
 Please see the summary section at the top of the form for the comments.

**Inspector's Information**


Inspected By

Inspector License:

I state that the information on this form is correct at the time and place of my inspection, and that all equipment tested at this time was left in operating condition upon completion of this inspection except as noted in the *Comments*.

Signature of Inspector

Date

\_\_\_\_\_  
 Conner Lynn Holsclaw  
 \_\_\_\_\_  
 O30  
 \_\_\_\_\_  
  
 \_\_\_\_\_  
 2/26/2024  
 \_\_\_\_\_



**Omaha Office**  
6775 South 118th Street  
Omaha, NE 68137  
Phone: 402-592-8225

---

**Owner or Owner's Representative**

Owner or Owner's Representative Name

Owner or Owner's Representative Signature

NA

No Signature Available

Date

2/26/2024

# Fire Alarm Supplementary Form



**Location Code:** IGEKQEV

**Contact:** Kris Hoover

**Contact Address:** Building 5 - 801 West Prospector Place  
Lincoln, NE 68522

**Phone:** (402) 479-5453

**Email:** kris.hoover@nebraska.gov

**Property Evaluated:** Lincoln Regional Center - Building 5  
(Detention/Correctional)  
Building 5 - 801 West Prospector Place  
Lincoln, NE 68522

**Description:** Fire Alarm Supplement (TJC EP3 INITIATING  
DEVICES)

**Company:** Omaha Office

**Address:** 6775 South 118th Street  
Omaha, NE 68137

**Company Phone:** 402-592-8225

**Inspector:** Conner Lynn Holsclaw  
O30

**Date of Work:** 2/26/2024

**Frequency:** Semi-Annual

---

## Deficiency Summary

There are no reported deficiencies for this submission

---

## General Comments

There are no general comments for this submission



**Omaha Office**  
 6775 South 118th Street  
 Omaha, NE 68137  
 Phone: 402-592-8225

## Fire Alarm Supplementary Form

The work covered on this form is (select one):

Semi-Annual

Date of Work

2/26/2024

Account Information		
Facility Name: Lincoln Regional Center - Building 5	Property Type: Detention/Correctional	Location Code: IGEKQEV
Service Address: Building 5 - 801 West Prospector Place, Lincoln, NE, 68522		
Owner: Kris Hoover	Owner's Phone: (402) 479-5453	
Owner's Address: Building 5 - 801 West Prospector Place, Lincoln, NE, 68522		

Legend				
AS - Abort Station	BATT - Batteries	CoD - Carbon Monoxide Detector	CM - Control Module	DA - Damper
DD - Duct Detector	DH - Door Holder	EL - Emergency/Exit Light	FACP - Fire Alarm Control Panel	HD - Heat Detector
HORN - Horns	H/S - Horn-Strobes	LA - Low Air	MM - Monitor Module (Ansul, temp, CO, etc)	
MR - Manual Release	Other	PR - Phase Reversal	PS - Pull Station	PWS - Power Supply
SC - Signal/Sounder Control	SD - Smoke Detector	SD-Ion - Ion Smoke Detector	SD-Photo - Photo Smoke Detector	SPKR - Speakers
S/S - Speaker-Strobes	STROBE - Strobes	TS - Tamper Switch	WF - Waterflow	

Type	Total	Tested	Not Tested	Passed	Failed
DD	2	2	0	2	0
PS	4	4	0	4	0

Type	Total	Tested	Not Tested	Passed	Failed
HD	4	4	0	4	0
SD-Photo	4	4	0	4	0

Zone: EP3

Zone: EP3							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
PS	BLDG 5 PULL SATATIONS	LOOP 1 TOTAL 5		Semi-Annual	2/26/2024	Pass	
DD	BLDG 5 DUCTS	LOOP 1 TOTAL 8		Semi-Annual	2/26/2024	Pass	
HD	BLDG 5 HEATS	LOOP 1 TOTAL 36		Semi-Annual	2/26/2024	Pass	





**Omaha Office**  
 6775 South 118th Street  
 Omaha, NE 68137  
 Phone: 402-592-8225

Zone: EP3							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
● SD-Photo	BLDG 5 SMOKES	LOOP 1 TOTAL 52		Semi-Annual	2/26/2024	Pass	
▣ PS	BLDG 5 PULLS LOOP 2	LOOP 2 TOTAL 1		Semi-Annual	2/26/2024	Pass	
⚙ HD	BLDG 5 HEATS LOOP 2	LOOP 2 TOTAL 5		Semi-Annual	2/26/2024	Pass	
● SD-Photo	BLDG 5 SMOKES LOOP 2	LOOP 2 TOTAL 92		Semi-Annual	2/26/2024	Pass	
▣ PS	BLDG 5 PULLS LOOP 3	LOOP 3 TOTAL 11		Semi-Annual	2/26/2024	Pass	
⚙ HD	BLDG 5 HEATS LOOP 3	LOOP 3 TOTAL 16		Semi-Annual	2/26/2024	Pass	
● SD-Photo	BLDG 5 SMOKES LOOP 3	LOOP 3 TOTAL 78		Semi-Annual	2/26/2024	Pass	
① DD	BLDG 5 DUCTS LOOP 4	LOOP 4 TOTAL 2		Semi-Annual	2/26/2024	Pass	
▣ PS	BLDG 5 PULLS LOOP 4	LOOP 4 TOTAL 3		Semi-Annual	2/26/2024	Pass	
⚙ HD	BLDG 5 HEATS LOOP	LOOP 4 TOTAL 6		Semi-Annual	2/26/2024	Pass	
● SD-Photo	BLDG 5 SMOKES LOOP 4	LOOP 4 TOTAL 13		Semi-Annual	2/26/2024	Pass	

**Comments**

Any deficiencies or other problems found with the devices must be explained using the comment specific for each device. Additional comments can be added here.

Please see the summary section at the top of the form for the comments.

**Inspector's Information**


Inspected By

Inspector License:

I state that the information on this form is correct at the time and place of my inspection, and that all equipment tested at this time was left in operating condition upon completion of this inspection except as noted in the *Comments*.

Signature of Inspector

Date

\_\_\_\_\_  
 Conner Lynn Holsclaw  
 \_\_\_\_\_  
 O30  
 \_\_\_\_\_  
  
 \_\_\_\_\_  
 2/26/2024  
 \_\_\_\_\_



**Omaha Office**  
6775 South 118th Street  
Omaha, NE 68137  
Phone: 402-592-8225

---

**Owner or Owner's Representative**

Owner or Owner's Representative Name

Owner or Owner's Representative Signature

NA

No Signature Available

Date

2/26/2024

# Fire Alarm Supplementary Form



**Location Code:** IGEKQEV

**Contact:** Kris Hoover

**Contact Address:** Building 5 - 801 West Prospector Place  
Lincoln, NE 68522

**Phone:** (402) 479-5453

**Email:** kris.hoover@nebraska.gov

**Property Evaluated:** Lincoln Regional Center - Building 5  
(Detention/Correctional)  
Building 5 - 801 West Prospector Place  
Lincoln, NE 68522

**Description:** Fire Alarm Supplement (TJC EP4 NOTIFICATION  
UPDATED)

**Company:** Omaha Office

**Address:** 6775 South 118th Street  
Omaha, NE 68137

**Company Phone:** 402-592-8225

**Inspector:** Conner Lynn Holsclaw  
O30

**Date of Work:** 2/26/2024

**Frequency:** Annual

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## Deficiency Summary

There are no reported deficiencies for this submission

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## General Comments

There are no general comments for this submission



**Omaha Office**  
 6775 South 118th Street  
 Omaha, NE 68137  
 Phone: 402-592-8225

## Fire Alarm Supplementary Form

The work covered on this form is (select one):

Semi-Annual

Date of Work

2/26/2024

Account Information		
Facility Name: Lincoln Regional Center - Building 5	Property Type: Detention/Correctional	Location Code: IGEKQEV
Service Address: Building 5 - 801 West Prospector Place, Lincoln, NE, 68522		
Owner: Kris Hoover	Owner's Phone: (402) 479-5453	
Owner's Address: Building 5 - 801 West Prospector Place, Lincoln, NE, 68522		

Legend				
AS - Abort Station	BATT - Batteries	CoD - Carbon Monoxide Detector	CM - Control Module	DA - Damper
DD - Duct Detector	DH - Door Holder	EL - Emergency/Exit Light	FACP - Fire Alarm Control Panel	HD - Heat Detector
HORN - Horns	H/S - Horn-Strobes	LA - Low Air	MM - Monitor Module (Ansul, temp, CO, etc)	
MR - Manual Release	Other	PR - Phase Reversal	PS - Pull Station	PWS - Power Supply
SC - Signal/Sounder Control	SD - Smoke Detector	SD-Ion - Ion Smoke Detector	SD-Photo - Photo Smoke Detector	SPKR - Speakers
S/S - Speaker-Strobes	STROBE - Strobes	TS - Tamper Switch	WF - Waterflow	

Type	Total	Tested	Not Tested	Passed	Failed
■ S/S	1	1	0	1	0
★ STROBE	1	1	0	1	0

Type	Total	Tested	Not Tested	Passed	Failed
🔊 SPKR	1	1	0	1	0

Zone: 1

Zone: 1							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
■ S/S	2	BUILDING 5		Annual	2/26/2024	Pass	
🔊 SPKR	1	BUILDING 5		Annual	2/26/2024	Pass	
★ STROBE	3	BUILDING 5		Annual	2/26/2024	Pass	

### Comments

Any deficiencies or other problems found with the devices must be explained using the comment specific for each device. Additional comments can be added here.  
 Please see the summary section at the top of the form for the comments.



**Omaha Office**  
6775 South 118th Street  
Omaha, NE 68137  
Phone: 402-592-8225

**Inspector's Information**

Inspected By

Conner Lynn Holsclaw

Inspector License:

O30

I state that the information on this form is correct at the time and place of my inspection, and that all equipment tested at this time was left in operating condition upon completion of this inspection except as noted in the *Comments*.

Signature of Inspector

2/26/2024

Date

**Owner or Owner's Representative**

Owner or Owner's Representative Name

NA

Owner or Owner's Representative Signature

No Signature Available

Date

2/26/2024

# Fire Alarm Supplementary Form



**Location Code:** IGEKQEV

**Contact:** Kris Hoover

**Contact Address:** Building 5 - 801 West Prospector Place  
Lincoln, NE 68522

**Phone:** (402) 479-5453

**Email:** kris.hoover@nebraska.gov

**Property Evaluated:** Lincoln Regional Center - Building 5  
(Detention/Correctional)  
Building 5 - 801 West Prospector Place  
Lincoln, NE 68522

**Description:** Fire Alarm Supplement (TJC EP5 EQUIPMENT)

**Company:** Omaha Office

**Address:** 6775 South 118th Street  
Omaha, NE 68137

**Company Phone:** 402-592-8225

**Inspector:** Conner Lynn Holsclaw  
O30

**Date of Work:** 2/26/2024

**Frequency:** Semi-Annual

---

## Deficiency Summary

There are no reported deficiencies for this submission

---

## General Comments

There are no general comments for this submission



**Omaha Office**  
 6775 South 118th Street  
 Omaha, NE 68137  
 Phone: 402-592-8225

## Fire Alarm Supplementary Form

The work covered on this form is (select one):

Semi-Annual

Date of Work

2/26/2024

Account Information		
Facility Name: Lincoln Regional Center - Building 5	Property Type: Detention/Correctional	Location Code: IGEKQEV
Service Address: Building 5 - 801 West Prospector Place, Lincoln, NE, 68522		
Owner: Kris Hoover	Owner's Phone: (402) 479-5453	
Owner's Address: Building 5 - 801 West Prospector Place, Lincoln, NE, 68522		

Legend				
AS - Abort Station	BATT - Batteries	CoD - Carbon Monoxide Detector	CM - Control Module	DA - Damper
DD - Duct Detector	DH - Door Holder	EL - Emergency/Exit Light	FACP - Fire Alarm Control Panel	HD - Heat Detector
HORN - Horns	H/S - Horn-Strobes	LA - Low Air	MM - Monitor Module (Ansul, temp, CO, etc)	
MR - Manual Release	Other	PR - Phase Reversal	PS - Pull Station	PWS - Power Supply
SC - Signal/Sounder Control	SD - Smoke Detector	SD-Ion - Ion Smoke Detector	SD-Photo - Photo Smoke Detector	SPKR - Speakers
S/S - Speaker-Strobes	STROBE - Strobes	TS - Tamper Switch	WF - Waterflow	

Type	Total	Tested	Not Tested	Passed	Failed
<input checked="" type="checkbox"/> BATT	6	6	0	6	0
<input checked="" type="checkbox"/> PWS	4	4	0	4	0

Type	Total	Tested	Not Tested	Passed	Failed
<input checked="" type="checkbox"/> FACP	1	1	0	1	0

Zone: EP5

Zone: EP5							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
<input checked="" type="checkbox"/> PWS	PWS	5	2ND FLR STROBES	PSE-10	Semi-Annual	2/26/2024	Pass
<input checked="" type="checkbox"/> BATT	BATT	9	2ND FLR STROBES FCPS	12V 7 AMP X 2	Semi-Annual	2/26/2024	Pass
<input checked="" type="checkbox"/> PWS	PWS	3	ABOVE FACP	PSE-10	Semi-Annual	2/26/2024	Pass
<input checked="" type="checkbox"/> BATT	BATT	11	AMP 1 AND 2	12V 26AMP HR X 2	Semi-Annual	2/26/2024	Pass
<input checked="" type="checkbox"/> BATT	BATT	12	AMP 3 AND 4	12V 26 AMP X 2	Semi-Annual	2/26/2024	Pass



**Omaha Office**  
 6775 South 118th Street  
 Omaha, NE 68137  
 Phone: 402-592-8225

Zone: EP5							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
FACP	1	CONTROL RM	NFS2-3030	Semi-Annual	2/26/2024	Pass	
BATT	10	FACP	12V 55 AMP X 2	Semi-Annual	2/26/2024	Pass	
PWS	2	FACP	AMPS-24	Semi-Annual	2/26/2024	Pass	
BATT	7	PWS ABOVE FACP	12V 7 AMP HR X2	Semi-Annual	2/26/2024	Pass	
PWS	4	S1 STORAGE	PSE-10	Semi-Annual	2/26/2024	Pass	
BATT	8	S1 STORAGE FCPS	12V 7 AMP X 2	Semi-Annual	2/26/2024	Pass	

**Comments**

*Any deficiencies or other problems found with the devices must be explained using the comment specific for each device. Additional comments can be added here.*

Please see the summary section at the top of the form for the comments.

**Inspector's Information**

Inspected By

Conner Lynn Holsclaw

Inspector License:

O30

I state that the information on this form is correct at the time and place of my inspection, and that all equipment tested at this time was left in operating condition upon completion of this inspection except as noted in the *Comments*.

Signature of Inspector

Date

2/26/2024

**Owner or Owner's Representative**

Owner or Owner's Representative Name

NA

Owner or Owner's Representative Signature

No Signature Available

Date

2/26/2024



# Form for Inspection, Testing and Maintenance of Fire Alarms and Signaling Systems



**Location Code:** IGEKQEV

**Contact:** Kris Hoover

**Contact Address:** Building 5 - 801 West Prospector Place  
Lincoln, NE 68522

**Phone:** (402) 479-5453

**Email:** kris.hoover@nebraska.gov

**Property Evaluated:** Lincoln Regional Center - Building 5  
(Detention/Correctional)  
Building 5 - 801 West Prospector Place  
Lincoln, NE 68522

**Description:** Fire Alarm (Panel/Batteries)

**Company:** Omaha Office

**Address:** 6775 South 118th Street  
Omaha, NE 68137

**Company Phone:** 402-592-8225

**Inspector:** Keith Allen Benne  
J13

**Date of Work:** 8/22/2024

**Frequency:** Semi-Annual

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## Deficiency Summary

Please refer to the Deficiency Summary located on applicable Fire Alarm Supplementary Forms for additional deficiency details.

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## General Comments

There are no general comments for this submission



**Omaha Office**  
 6775 South 118th Street  
 Omaha, NE 68137  
 Phone: 402-592-8225

# Form for Inspection, Testing and Maintenance of Fire Alarms and Signaling Systems

Separate forms are available for inspection, testing, and maintenance of the rest of the fire protection system of which the fire alarms and signaling systems are a part. More frequent inspection, testing, and maintenance may be necessary depending on the conditions of the occupancy and the water supply.

Notes:

1. All questions are to be answered *Yes, No, or Not Applicable*. All "No" answers are to be explained in the *Comments* for this form.
2. Refer to NFPA-72 for specific inspection frequency requirements for the different components.

### 1. Property Information

Owner:

Kris Hoover

Owner's Phone Number:

(402) 479-5453

Owner's Address:

Building 5 - 801 West Prospector Place, Lincoln, NE, 68522

Property Being Evaluated:

Lincoln Regional Center - Building 5 (Detention/Correctional)

Property Address:

Building 5 - 801 West Prospector Place, Lincoln, NE, 68522

Assembly Description:

Fire Alarm (Panel/Batteries)

### 2. Owner's Section

A. Are the fire alarms and signaling systems in service?  Yes  No

B. Have fire alarms and signaling systems remained in service since the last inspection?  Yes  No

C. Was the system (of which the fire alarm and signaling systems are a part) free of actuation of devices or alarms since the last inspection?  Yes  No

D. The required record documents are available and include the current revisions of all fire alarm software and the revisions of software of any systems with which the fire alarm software interfaces?  Yes  No

### 3. Monitoring Information

Monitoring organization: PERMAR

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Account number: \_\_\_\_\_

Phone line 1: \_\_\_\_\_

Phone line 2: \_\_\_\_\_

Means of transmission: RADIO

Entity to which alarms are retransmitted: \_\_\_\_\_

Phone: \_\_\_\_\_

### 4. System Information

4.1 Control Unit:

Manufacturer: NOTIFER

Model number: NFS2-3030

4.2 Software and Firmware Revision number: 26

4.3 System Power:

4.3.1 Primary (Main) Power:

Nominal voltage: 120VAC

Amps: NA

Location: CONTROL RM

Overcurrent protection type: BREAKER

Amps: NA

Disconnecting means location: ELECTRICAL

4.3.2 Secondary Power:

Type: BATTERIES

Location: FACP

Battery type (if applicable):  
 Lead-acid  Nickel-cadmium  
 Primary (dry cell)  
 Sealed lead-acid

Calculated capacity of batteries to drive the system:

In standby mode (hours): 24

In alarm mode (minutes): 5

### 5. Notifications Made Prior To Testing

	Contact	Time
Monitoring organization:	NA	NA
Building management:	BOILER BUILDING	8AM
Building occupants:	NA	NA
Authority Having Jurisdiction:	NA	NA
Other, if required:	NA	NA



**6. Testing Results**

**6.1 Control Unit and Related Equipment**

Description	Visual Inspection	Functional Test	Results
Control unit	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Lamps/LEDs/L CDs	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Fuses	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Trouble signals	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Disconnect switches	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Ground-fault monitoring	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Supervision	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Local annunciator	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Remote annunciators	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Remote power panels	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A

**6.2 Secondary Power**

Description	Visual Inspection	Functional Test	Results
Battery condition	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Load voltage	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Discharge test	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Charger test	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Remote panel batteries	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A

**6.3 Alarm and Supervisory Alarm Initiating Device**

Complete supplementary device test form for all initiating devices.

**6.4 Notification Appliances**

Complete supplementary appliance test form for all notification appliances.

**6.5 Interface Equipment**

Complete supplementary interface component test form for all interface components.  
*Circuit Interface / Signaling Line Circuit Interface / Fire Alarm Control Interface*

**6.6 Supervising Station Monitoring**

Description	Yes/No	Time (sec)	Results
Alarm signal	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Alarm restoration	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Trouble signal	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Trouble restoration	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Supervisory signal	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Supervisory restoration	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A

**6.7 Public Emergency Alarm Reporting System**

Description	Yes/No	Time (seconds)	Results
Alarm signal	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Alarm restoration	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Trouble signal	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Trouble restoration	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Supervisory signal	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Supervisory restoration	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A

**7. Notifications That Testing Is Complete**

	Contact	Time
Monitoring organization:	NA	NA
Building management:	BOILER BLDG	3PM
Building occupants:	NA	NA
Authority Having Jurisdiction:	NA	NA
Other, if required:	NA	NA

**8. System Restored To Normal Operation**

Date: 8/22/2024  
 Time: 3PM

**9. Comments**

*Any "No" answers, test failures or other problems found with the fire alarm system must be explained using the comment specific for each question. Additional comments can be added here.*

Please see the summary section at the top of the form for the comments.

**10. Inspector's Information**

Inspected By: Keith Allen Benne  
 Inspector License: J13

I state that the information on this form is correct at the time and place of my inspection, and that all equipment tested at this time was left in operating condition upon completion of this inspection except as noted in the *Comments*. This system as specified herein has been inspected and tested according to NFPA 72, 2013 edition, Chapter 14.



**Omaha Office**  
6775 South 118th Street  
Omaha, NE 68137  
Phone: 402-592-8225

---

Signature of Inspector

Date

9/5/2024

11. Owner or Owner's Representative

Owner or Owner's Representative Name

Owner or Owner's Representative Signature **No Signature Available**

Date

9/5/2024

# Fire Alarm Supplementary Form



**Location Code:** IGEKQEV

**Contact:** Kris Hoover

**Contact Address:** Building 5 - 801 West Prospector Place  
Lincoln, NE 68522

**Phone:** (402) 479-5453

**Email:** kris.hoover@nebraska.gov

**Property Evaluated:** Lincoln Regional Center - Building 5  
(Detention/Correctional)  
Building 5 - 801 West Prospector Place  
Lincoln, NE 68522

**Description:** Fire Alarm Supplement (TJC EP5 EQUIPMENT)

**Company:** Omaha Office

**Address:** 6775 South 118th Street  
Omaha, NE 68137

**Company Phone:** 402-592-8225

**Inspector:** Keith Allen Benne  
J13

**Date of Work:** 8/22/2024

**Frequency:** Semi-Annual

---

## Deficiency Summary

There are no reported deficiencies for this submission

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## General Comments

There are no general comments for this submission



**Omaha Office**  
 6775 South 118th Street  
 Omaha, NE 68137  
 Phone: 402-592-8225

## Fire Alarm Supplementary Form

Account Information		
Facility Name: Lincoln Regional Center - Building 5	Property Type: Detention/Correctional	Location Code: IGEKQEV
Service Address: Building 5 - 801 West Prospector Place, Lincoln, NE, 68522		
Owner: Kris Hoover	Owner's Phone: (402) 479-5453	
Owner's Address: Building 5 - 801 West Prospector Place, Lincoln, NE, 68522		

Legend				
AS - Abort Station	BATT - Batteries	CoD - Carbon Monoxide Detector	CM - Control Module	DA - Damper
DD - Duct Detector	DH - Door Holder	EL - Emergency/Exit Light	FACP - Fire Alarm Control Panel	HD - Heat Detector
HORN - Horns	H/S - Horn-Strobes	LA - Low Air	MM - Monitor Module (Ansul, temp, CO, etc)	
MR - Manual Release	Other	PR - Phase Reversal	PS - Pull Station	PWS - Power Supply
SC - Signal/Sounder Control	SD - Smoke Detector	SD-Ion - Ion Smoke Detector	SD-Photo - Photo Smoke Detector	SPKR - Speakers
S/S - Speaker-Strobes	STROBE - Strobes	TS - Tamper Switch	WF - Waterflow	

Type	Total	Tested	Not Tested	Passed	Failed
BATT	6	6	0	6	0
PWS	4	4	0	4	0

Type	Total	Tested	Not Tested	Passed	Failed
FACP	1	1	0	1	0

Zone: EP5

Zone: EP5							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
PWS	5	2ND FLR STROBES	PSE-10	Semi-Annual	9/5/2024	Pass	
BATT	9	2ND FLR STROBES FCPS	12V 7 AMP X 2	Semi-Annual	9/5/2024	Pass	
PWS	3	ABOVE FACP	PSE-10	Semi-Annual	9/5/2024	Pass	
BATT	11	AMP 1 AND 2	12V 26AMP HR X 2	Semi-Annual	9/5/2024	Pass	
BATT	12	AMP 3 AND 4	12V 26 AMP X 2	Semi-Annual	9/5/2024	Pass	
FACP	1	CONTROL RM	NFS2-3030	Semi-Annual	9/5/2024	Pass	
BATT	10	FACP	12V 55 AMP X 2	Semi-Annual	9/5/2024	Pass	



**Omaha Office**  
 6775 South 118th Street  
 Omaha, NE 68137  
 Phone: 402-592-8225

Zone: EP5								
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments	
<input checked="" type="checkbox"/> PWS PWS	2	FACP	AMPS-24	Semi-Annual	9/5/2024	Pass		
<input checked="" type="checkbox"/> BATT	7	PWS ABOVE FACP	12V 7 AMP HR X2	Semi-Annual	9/5/2024	Pass		
<input checked="" type="checkbox"/> PWS PWS	4	S1 STORAGE	PSE-10	Semi-Annual	9/5/2024	Pass		
<input checked="" type="checkbox"/> BATT	8	S1 STORAGE FCPS	12V 7 AMP X 2	Semi-Annual	9/5/2024	Pass		

**Comments**

*Any deficiencies or other problems found with the devices must be explained using the comment specific for each device. Additional comments can be added here.*

Please see the summary section at the top of the form for the comments.

**Inspector's Information**

Inspected By

Keith Allen Benne

Inspector License:

J13

I state that the information on this form is correct at the time and place of my inspection, and that all equipment tested at this time was left in operating condition upon completion of this inspection except as noted in the *Comments*.

Signature of Inspector

Date

9/5/2024

**Owner or Owner's Representative**

Owner or Owner's Representative Name

Owner or Owner's Representative Signature

No Signature Available

Date

9/5/2024



CUSTOMER DETAILS										
CUSTOMER:				DATE:						
ADDRESS:				JOB ID:						
SITE NAME:				TECHNICIAN:						
CONTACT NAME:				CONTACT TEL:						
PRODUCT DETAILS										
GEN MAKE				GEN MODEL:						
GEN SERIAL:				GEN HOURS:						
AUTOMATIC TRANSFER SWITCH NOTES								Service Interval		
								Quarterly _____		
								Semi-Annual _____		
								Annual _____		
Nominal Voltage Source					Emergency Voltage Source					
A-B		B-C		C-A	A-B		B-C		C-A	
A-N		B-N		C-B	A-N		B-N		C-B	
A-Amps		B-Amps		C-Amps	A-Amps		B-Amps		C-Amps	
A-Temp		B-Temp		C-Temp	A-Temp		B-Temp		C-Temp	
PRE OPERATION CHECKS				Coolant temp	Battery Charging voltage					
OPERATION CHECKS										
PASS	N/A	NEEDS ATTN								
			CONTROL LIGHTS	Engine Run temp		W/ or W/O Load				
			CONTROL DISPLAY	Oil Pressure		Exercise Duration				
			EMERGENCY STOP	Oil Temp		Day				
			SWITCH/CONTROLS	Battery Voltage		Week				
			CB OPERATION	Frequency Rate		Start Time				
			AUTO OPERATION	RPM						
			COOLANT SYSTEM: Radiator cap, Coolant level, Coolant Condition, Coolant filter, Coolant Heater, All Hoses							
			EXHAUST SYSTEMS CONDITION							
			ENGINE: Ignition system, Belts, Turbo, Air intake system, Air filter, Oil Leaks, Oil level, Crankcase Breather							
			ALTERNATOR CONDITION							
			FULL SERVICE PERFORMED							
			FUEL SYSTEM: Fuel Plumbing, Fuel Filters, Fuel Condition				Fuel Level			
			ENCLOSURE CONDITION							
			BATTERY CONDITION							
			ATS: Housing Condition, Power and Control Cables, Main Connects, Operating Mechanism, Control Boards, Display, Battery Charger							
			OPERATION CHECKS: Engine Run Temp, Oil Pressure, Oil Temp, Battery Voltage, Control Lights, Control Guages, Emergency Stop, Switches/Controls, CB Operation, Auto Operation, Frequency rate, RPM							
			Before Leaving Site: Gen in Auto, Battery Charger ON, Block Heater ON, CB closed, Customer Logs							
Notes:										





CUSTOMER DETAILS											
CUSTOMER:					DATE:						
ADDRESS:					JOB ID:						
SITE NAME:					TECHNICIAN:						
CONTACT NAME:					CONTACT TEL:						
PRODUCT DETAILS											
GEN MAKE					GEN MODEL:						
GEN SERIAL:					GEN HOURS:						
AUTOMATIC TRANSFER SWITCH NOTES								Service Interval			
								Quarterly			
								Semi-Annual			
								Annual			
Nominal Voltage Source					Emergency Voltage Source						
A-B		B-C		C-A	A-B		B-C		C-A		
A-N		B-N		C-B	A-N		B-N		C-B		
A-Amps		B-Amps		C-Amps	A-Amps		B-Amps		C-Amps		
A-Temp		B-Temp		C-Temp	A-Temp		B-Temp		C-Temp		
PRE OPERATION CHECKS				Coolant temp	Battery Charging voltage						
OPERATION CHECKS											
PASS	N/A	NEEDS ATTN									
			CONTROL LIGHTS	Engine Run temp		W/ or W/O Load					
			CONTROL DISPLAY	Oil Pressure		Exercise Duration					
			EMERGENCY STOP	Oil Temp		Day					
			SWITCH/CONTROLS	Battery Voltage		Week					
			CB OPERATION	Frequency Rate		Start Time					
			AUTO OPERATION	RPM							
			COOLANT SYSTEM: Radiator cap, Coolant level, Coolant Condition, Coolant filter, Coolant Heater, All Hoses								
			EXHAUST SYSTEMS CONDITION								
			ENGINE: Ignition system, Belts, Turbo, Air intake system, Air filter, Oil Leaks, Oil level, Crankcase Breather								
			ALTERNATOR CONDITION								
			FULL SERVICE PERFORMED								
			FUEL SYSTEM: Fuel Plumbing, Fuel Filters, Fuel Condition				Fuel Level				
			ENCLOSURE CONDITION								
			BATTERY CONDITION								
			ATS: Housing Condition, Power and Control Cables, Main Connects, Operating Mechanism, Control Boards, Display, Battery Charger								
			OPERATION CHECKS: Engine Run Temp, Oil Pressure, Oil Temp, Battery Voltage, Control Lights, Control Guages, Emergency Stop, Switches/Controls, CB Operation, Auto Operation, Frequency rate, RPM								
			Before Leaving Site: Gen in Auto, Battery Charger ON, Block Heater ON, CB closed, Customer Logs								
Notes:											



**Customer: Lincoln Regional Center**

**Generator Model: 3456**

**Address: 801 W Prospector Pl. #5, Lincoln, NE 68522**

**Generator Serial: CER00941**

**Generator kW: 500**

Date	Time	Alternator L1-L2 Voltage (Volts)	Alternator L2-L3 Voltage (Volts)	Alternator L1-L3 Voltage (Volts)	Alternator L1 Current (Amps)	Alternator L2 Current (Amps)	Alternator L3 Current (Amps)	Generator Frequency (Hz)	Alternator Total kW (kW)	Coolant Temperature (degF)	Engine oil PSI	Battery Voltage (Volts)	Engine Running Time (ERT) (hours)
4/24/24	11:37 AM	480	480	480	252	252	252	60	210	191	76	27	790.0
	11:52 AM	480	480	480	252	252	252	60	210	192	73	27	790.3
	12:07 PM	480	480	480	375	375	375	60	312	192	72	27	790.5
	12:22 PM	480	480	480	499	498	500	60	415	192	72	27	790.8
	12:37 PM	480	480	480	499	498	500	60	415	192	72	27	791.0
	12:52 PM	480	480	480	499	498	500	60	415	192	72	27	791.3
	1:07 PM	480	480	480	499	498	500	60	415	192	72	27	791.5
	1:22 PM	480	480	480	499	498	500	60	415	192	72	27	791.8
	1:37 PM	480	480	480	499	498	500	60	415	192	72	27	792.0

**ENGINE**
**EQUIP NUM: CER00941**
**SERIAL NUMBER: CER00941**
**E330-54194-0113**

LABEL#: 0113

SHOP JOB NUM : 10243

SAMPLE SHIP TIME (days) : 9

**NEBRASKA GENERATOR**
**SERVICE-LAVISTA**


RECEIVED DATE: 12-Jul-24

**CAT 3456**

**No Action Required**

NORMAL READINGS. NO PROBLEMS PRESENTLY ASSOCIATED WITH THIS SAMPLE. MORE SAMPLE HISTORY NEEDED TO ESTABLISH A NORMAL WEAR TREND. RESAMPLE AT THE NEXT SERVICE INTERVAL.

 Interp By: **Mary E Churchill**

 Interpreted On: **14-Jul-24**
**SAMPLE INFORMATION**


Sampled Date	03-Jul-24
Sample Id	E330-54194-0113
Lab Date	12-Jul-24
Meter [Hr]	804
Meter On Fluid	
Fluid Brand	
Fluid Weight	
Fluid Type	
Fluid Change	N
Filter Change	N
Kidney Loop	U
Total Fluid Added	0

For additional sample history, go to:

[S.O.S WEB](#)
**CONDITION / CONTAMINATION**

03-Jul-24

**VISCOSITY (CENTISTOKES) ASTM D445**

V100 Viscosity at 100 C 15.60

**INFRARED (UFM) ASTM E2412**

ST	Soot	0
OXI	Oxidation	14
SUL	Sulfur Products	21
NIT	Nitration	8

**WATER**

W Water N

**WEAR LEVELS / ADDITIVES**

03-Jul-24

**ELEMENTAL ANALYSIS (PPM) ASTM D5185 [OIL] / ASTM D6130 [COOLANT]**

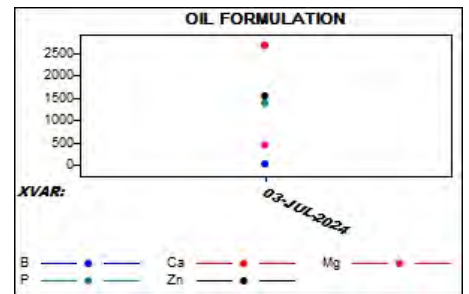
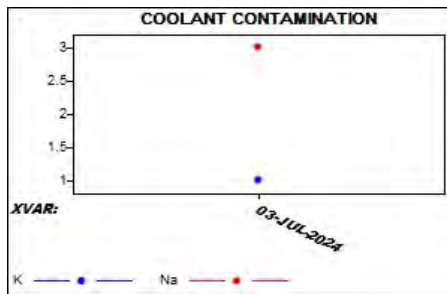
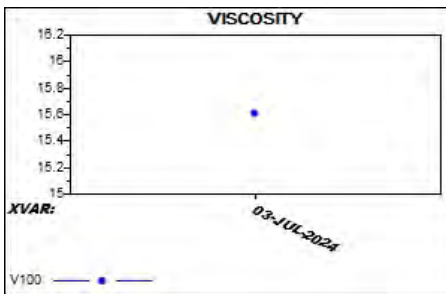
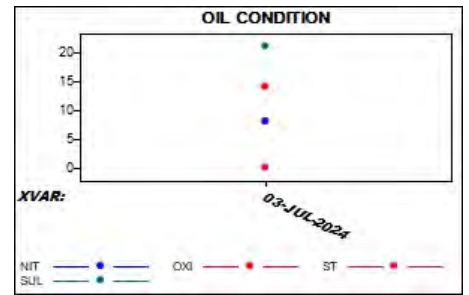
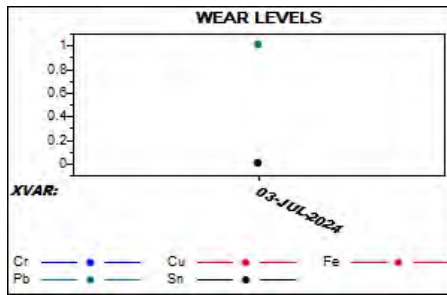
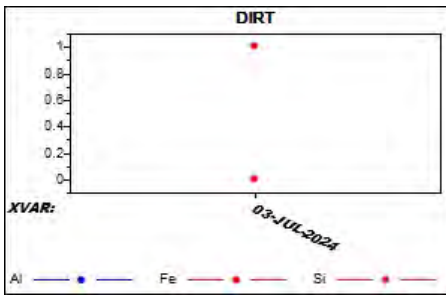
Cu	Copper	0
Fe	Iron	1
Cr	Chromium	0
Al	Aluminum	0
Pb	Lead	1
Sn	Tin	0
Si	Silicon	0
Na	Sodium	3
K	Potassium	1
Mo	Molybdenum	8
Ni	Nickel	0
Ag	Silver	0
Ti	Titanium	0
V	Vanadium	0
Cd	Cadmium	2
Ca	Calcium	2647
P	Phosphorus	1359
Zn	Zinc	1526
Mg	Magnesium	430
Ba	Barium	0
B	Boron	10

**ANTIFREEZE**

A Antifreeze N

**FUEL**

F Fuel N



**Report Comment**

Our sample reports has been updated! For more information on the new report, go to - <https://www.youtube.com/watch?v=4h8bREJVUrs>

**RADIATOR**
**EQUIP NUM: CER00941**
**SERIAL NUMBER: CER00941**
**CAT 3456**

**No Action Required**
**Interp By: Rachel Smith**
**Interpreted On: 25-Jul-24**
**E330-54193-4051**

LABEL#: 4051


SHOP JOB NUM : 10243

SAMPLE SHIP TIME (days) : 8

**NEBRASKA GENERATOR**
**SERVICE-LAVISTA**

RECEIVED DATE: 11-Jul-24

ALL LEVEL 1 TESTS APPEAR NORMAL FOR ELC. CONTINUE TO USE THIS COOLANT. SAMPLE AGAIN AT THE REGULAR INTERVAL TO MONITOR THE COOLING SYSTEM.

**SAMPLE INFORMATION**


Sampled Date	03-Jul-24
Sample Id	E330-54193-4051
Lab Date	11-Jul-24
Meter [Hr]	804
Meter On Fluid	
Fluid Brand	
Fluid Weight	
Fluid Type	
Fluid Change	N
Filter Change	N
Total Fluid Added	0

For additional sample history, go to:

[S.O.S WEB](#)
**ADDITIONAL CHARACTERISTICS**

03-Jul-24

**ADDITIONAL ANALYTES (PPM)**

PO4	Phosphate	21
TH	Total Hardness	16

**REFRACTIVE INDEX**

GL	Glycol (%)	55
FP	Freeze Point (°C)	-45
BP	Boil Point (°C)	108

**pH ASTM D1287**

pH	pH	7.9
----	----	-----

**CORROSION LEVELS/ CHEMISTRY**

03-Jul-24

**ELEMENTAL ANALYSIS (PPM) ASTM D5185 [OIL] / ASTM D6130 [COOLANT]**

Na	Sodium	2225
K	Potassium	5700
Mo	Molybdenum	836
Cu	Copper	0
Fe	Iron	0
Pb	Lead	0
Sn	Tin	0
Al	Aluminum	1
Zn	Zinc	0

**ANION ANALYSIS (PPM) ASTM D4327**

NO2	Nitrite	534
-----	---------	-----

**ADDITIONAL ANALYTES (PPM)**

MoO4	Molybdate	1393
BO3	Borate	0
SiO3	Silicate	14

**CONDUCTIVITY (µS/cm)**

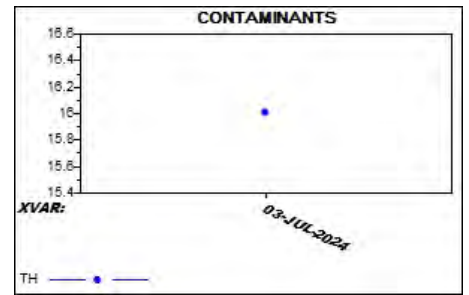
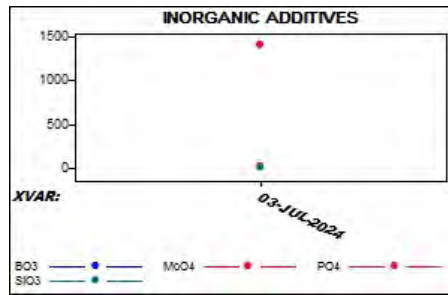
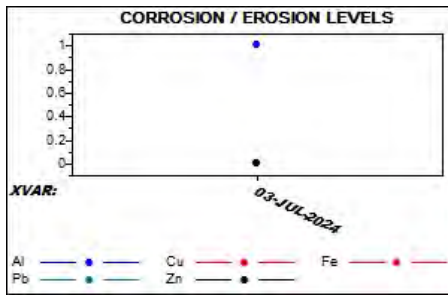
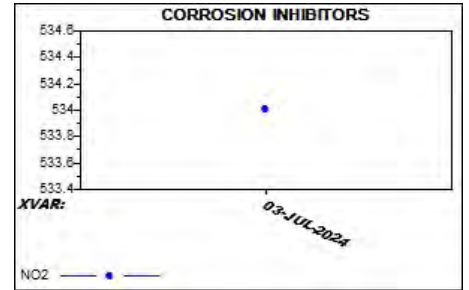
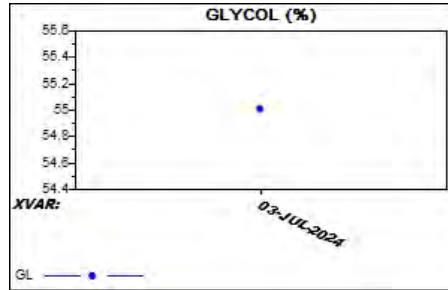
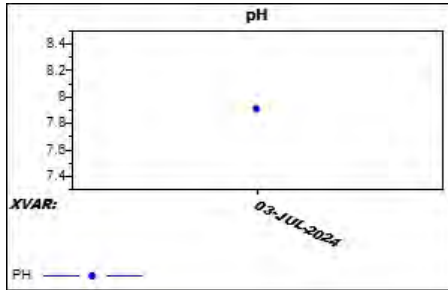
CON	Conductivity	4823
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**PHYSICAL CHARACTERISTICS**

03-Jul-24

**PHYSICAL**

Color	Color	red
App	Appearance	clear
Odor	Odor	norm
Oil	Oil	none
Foam	Foam	norm
PAmt	Precip Amount	none



**Report Comment**

Our sample reports has been updated! For more information on the new report, go to - <https://www.youtube.com/watch?v=4h8bREJVUrs>

**FUEL SYSTEM**
**EQUIP NUM: CER00941**
**SERIAL NUMBER: CER00941**
**CAT 3456**

**No Action Required**
**Interp By: Alvin Lingenfelter**
**Interpreted On: 31-Jul-24**
**E330-54193-5218**

LABEL#: 5218


SHOP JOB NUM : 10243

SAMPLE SHIP TIME (days) : 8

**NEBRASKA GENERATOR**
**SERVICE-LAVISTA**

RECEIVED DATE: 11-Jul-24

\*ALL TEST ARE PERFORMED IN ACCORDANCE WITH ASTM D-975\* SAMPLE IS CLEAR AND RED IN COLOR. TRACE AMOUNT OF DEBRIS IN SAMPLE, ALL OTHER TEST APPEAR NORMAL FOR #2 DIESEL. RESAMPLE AT NORMAL INTERVAL.

**SAMPLE INFORMATION**


Sampled Date	03-Jul-24
Sample Id	E330-54193-5218
Lab Date	11-Jul-24
Meter [Hr]	804
Meter On Fluid	
Fluid Brand	
Fluid Weight	
Fluid Type	
Fluid Change	U
Filter Change	N
Total Fluid Added	0

For additional sample history, go to:

[S.O.S WEB](#)
**PROPERTIES / PHYSICALS**

03-Jul-24

**SULFUR (PPM) ASTM D5453**

SULFU	SULFUR	7
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**BIODIESEL (%) EN 14078**

Biodi	Biodiesel	0.17
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**FLASH POINT (°C) ASTM D93**

FL Pt	Flash Point	57.0
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**ELEMENTAL ANALYSIS**

03-Jul-24

**ELEMENTAL ANALYSIS (PPM) ASTM D5185 [OIL] / ASTM D6130 [COOLANT]**

Cu	Copper	0
Fe	Iron	0
Cr	Chromium	0
Al	Aluminum	0
Pb	Lead	0
Sn	Tin	0
Si	Silicon	0
Na	Sodium	0
K	Potassium	0
Mo	Molybdenum	0
Ni	Nickel	0
Ag	Silver	0
Ti	Titanium	0
V	Vanadium	0
Ca	Calcium	1
P	Phosphorus	1
Zn	Zinc	1
Mg	Magnesium	0
B	Boron	0

**PHYSICAL**

App	Appearance	H2O
PAMt	Precip Amount	trace
PProp	Precip Property	non-mag

**CLEANLINESS / CONTAMINATION**

03-Jul-24

**PARTICLE COUNT - ISO 11171:1999 reported per ISO 4406**

ISO	ISO Code Rating	H20
-----	-----------------	-----

**WATER CONTENT (%) ASTM D6304**

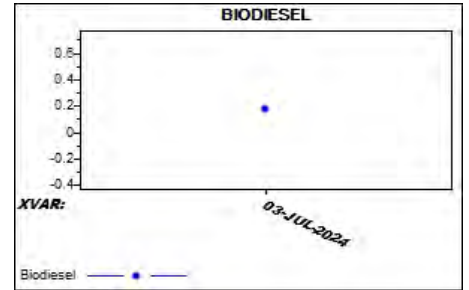
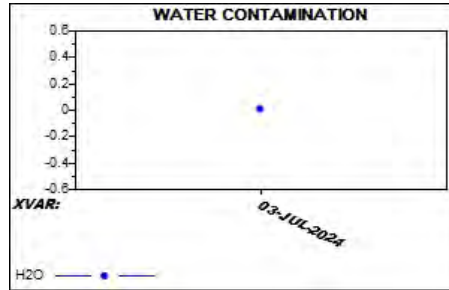
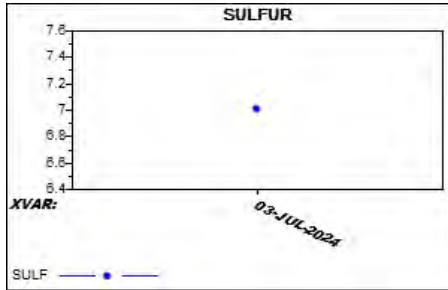
H2O	Water	0.00348
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**MICROBIOLOGY**

Bact	Bacteria	<LDL
Fung	Fungus	<LDL

**SEDIMENT**

VOL	% Volume	0.000
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E330-54193-5218

**Report Comment**

Our sample reports has been updated! For more information on the new report, go to - <https://www.youtube.com/watch?v=4h8bREJVUrs>





CUSTOMER DETAILS											
CUSTOMER:					DATE:						
ADDRESS:					JOB ID:						
SITE NAME:					TECHNICIAN:						
CONTACT NAME:					CONTACT TEL:						
PRODUCT DETAILS											
GEN MAKE					GEN MODEL:						
GEN SERIAL:					GEN HOURS:						
AUTOMATIC TRANSFER SWITCH NOTES								Service Interval			
								Quarterly			
								Semi-Annual			
								Annual			
Nominal Voltage Source					Emergency Voltage Source						
A-B		B-C		C-A	A-B		B-C		C-A		
A-N		B-N		C-B	A-N		B-N		C-B		
A-Amps		B-Amps		C-Amps	A-Amps		B-Amps		C-Amps		
A-Temp		B-Temp		C-Temp	A-Temp		B-Temp		C-Temp		
PRE OPERATION CHECKS				Coolant temp	Battery Charging voltage						
OPERATION CHECKS											
PASS	N/A	NEEDS ATTN									
			CONTROL LIGHTS	Engine Run temp		W/ or W/O Load					
			CONTROL DISPLAY	Oil Pressure		Exercise Duration					
			EMERGENCY STOP	Oil Temp		Day					
			SWITCH/CONTROLS	Battery Voltage		Week					
			CB OPERATION	Frequency Rate		Start Time					
			AUTO OPERATION	RPM							
			COOLANT SYSTEM: Radiator cap, Coolant level, Coolant Condition, Coolant filter, Coolant Heater, All Hoses								
			EXHAUST SYSTEMS CONDITION								
			ENGINE: Ignition system, Belts, Turbo, Air intake system, Air filter, Oil Leaks, Oil level, Crankcase Breather								
			ALTERNATOR CONDITION								
			FULL SERVICE PERFORMED								
			FUEL SYSTEM: Fuel Plumbing, Fuel Filters, Fuel Condition				Fuel Level				
			ENCLOSURE CONDITION								
			BATTERY CONDITION								
			ATS: Housing Condition, Power and Control Cables, Main Connects, Operating Mechanism, Control Boards, Display, Battery Charger								
			OPERATION CHECKS: Engine Run Temp, Oil Pressure, Oil Temp, Battery Voltage, Control Lights, Control Guages, Emergency Stop, Switches/Controls, CB Operation, Auto Operation, Frequency rate, RPM								
			Before Leaving Site: Gen in Auto, Battery Charger ON, Block Heater ON, CB closed, Customer Logs								
Notes:											



CUSTOMER DETAILS											
CUSTOMER:					DATE:						
ADDRESS:					JOB ID:						
SITE NAME:					TECHNICIAN:						
CONTACT NAME:					CONTACT TEL:						
PRODUCT DETAILS											
GEN MAKE					GEN MODEL:						
GEN SERIAL:					GEN HOURS:						
AUTOMATIC TRANSFER SWITCH NOTES								Service Interval			
								Quarterly			
								Semi-Annual			
								Annual			
Nominal Voltage Source					Emergency Voltage Source						
A-B		B-C		C-A	A-B		B-C		C-A		
A-N		B-N		C-B	A-N		B-N		C-B		
A-Amps		B-Amps		C-Amps	A-Amps		B-Amps		C-Amps		
A-Temp		B-Temp		C-Temp	A-Temp		B-Temp		C-Temp		
PRE OPERATION CHECKS				Coolant temp	Battery Charging voltage						
OPERATION CHECKS											
PASS	N/A	NEEDS ATTN									
			CONTROL LIGHTS	Engine Run temp		W/ or W/O Load					
			CONTROL DISPLAY	Oil Pressure		Exercise Duration					
			EMERGENCY STOP	Oil Temp		Day					
			SWITCH/CONTROLS	Battery Voltage		Week					
			CB OPERATION	Frequency Rate		Start Time					
			AUTO OPERATION	RPM							
			COOLANT SYSTEM: Radiator cap, Coolant level, Coolant Condition, Coolant filter, Coolant Heater, All Hoses								
			EXHAUST SYSTEMS CONDITION								
			ENGINE: Ignition system, Belts, Turbo, Air intake system, Air filter, Oil Leaks, Oil level, Crankcase Breather								
			ALTERNATOR CONDITION								
			FULL SERVICE PERFORMED								
			FUEL SYSTEM: Fuel Plumbing, Fuel Filters, Fuel Condition				Fuel Level				
			ENCLOSURE CONDITION								
			BATTERY CONDITION								
			ATS: Housing Condition, Power and Control Cables, Main Connects, Operating Mechanism, Control Boards, Display, Battery Charger								
			OPERATION CHECKS: Engine Run Temp, Oil Pressure, Oil Temp, Battery Voltage, Control Lights, Control Guages, Emergency Stop, Switches/Controls, CB Operation, Auto Operation, Frequency rate, RPM								
			Before Leaving Site: Gen in Auto, Battery Charger ON, Block Heater ON, CB closed, Customer Logs								
Notes:											

# NEBRASKA STATE FIRE MARSHAL

## OCCUPANCY PERMIT

Certificate Number: 16268

Name of Facility: **Lincoln Regional Center Bldg #5 Forensic**

Type of Facility: **Hospital**

Location: **801 W Prospector Pl Lincoln**

Maximum  
Occupancy: **109 Beds**

Date Issued: **4/10/2024**

Inspected By: **Monica Ellis**  
**Deputy State Fire Marshal**

Approved By:   
**State Fire Marshal**



POST IN PROMINENT PLACE



Change in occupancy classification or failure to meet State Fire Marshal codes  
shall invalidate this occupancy permit.

# Fire Alarm Supplementary Form



**Location Code:** BFBKVTY

**Contact:** Kris Hoover

**Contact Address:** Building 9 - 801 West Prospector Place  
Lincoln, NE 68522

**Phone:** (402) 479-5453

**Email:** kris.hoover@nebraska.gov

**Property Evaluated:** Lincoln Regional Center - Building 9  
(Detention/Correctional)  
Building 9 - 801 West Prospector Place  
Lincoln, NE 68522

**Description:** Fire Alarm Supplement (TJC EP19 Shutdown)

**Company:** Omaha Office

**Address:** 6775 South 118th Street  
Omaha, NE 68137

**Company Phone:** 402-592-8225

**Inspector:** Conner Lynn Holsclaw  
O30

**Date of Work:** 2/26/2024

**Frequency:** Semi-Annual

---

## Deficiency Summary

There are no reported deficiencies for this submission

---

## General Comments

There are no general comments for this submission



**Omaha Office**  
 6775 South 118th Street  
 Omaha, NE 68137  
 Phone: 402-592-8225

## Fire Alarm Supplementary Form

The work covered on this form is (select one):

Semi-Annual

Date of Work

2/26/2024

Account Information		
Facility Name: Lincoln Regional Center - Building 9	Property Type: Detention/Correctional	Location Code: BFBKVTY
Service Address: Building 9 - 801 West Prospector Place, Lincoln, NE, 68522		
Owner: Kris Hoover	Owner's Phone: (402) 479-5453	
Owner's Address: Building 9 - 801 West Prospector Place, Lincoln, NE, 68522		

Legend				
AS - Abort Station	BATT - Batteries	CoD - Carbon Monoxide Detector	CM - Control Module	DA - Damper
DD - Duct Detector	DH - Door Holder	EL - Emergency/Exit Light	FACP - Fire Alarm Control Panel	HD - Heat Detector
HORN - Horns	H/S - Horn-Strobes	LA - Low Air	MM - Monitor Module (Ansul, temp, CO, etc)	
MR - Manual Release	Other	PR - Phase Reversal	PS - Pull Station	PWS - Power Supply
SC - Signal/Sounder Control	SD - Smoke Detector	SD-Ion - Ion Smoke Detector	SD-Photo - Photo Smoke Detector	SPKR - Speakers
S/S - Speaker-Strobes	STROBE - Strobes	TS - Tamper Switch	WF - Waterflow	

Type	Total	Tested	Not Tested	Passed	Failed
↗ Relay Module	2	2	0	2	0

Type	Total	Tested	Not Tested	Passed	Failed

### Zone: Shutdown's

Zone: Shutdown's							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
↗ Relay Module	L1M08	AHU		Semi-Annual	2/26/2024	Pass	
↗ Relay Module	L1M09	AHU		Semi-Annual	2/26/2024	Pass	

### Comments

Any deficiencies or other problems found with the devices must be explained using the comment specific for each device. Additional comments can be added here.  
 Please see the summary section at the top of the form for the comments.



**Omaha Office**  
 6775 South 118th Street  
 Omaha, NE 68137  
 Phone: 402-592-8225

**Inspector's Information**

Inspected By

Conner Lynn Holsclaw

Inspector License:

O30

I state that the information on this form is correct at the time and place of my inspection, and that all equipment tested at this time was left in operating condition upon completion of this inspection except as noted in the *Comments*.

Signature of Inspector

Date

2/26/2024

**Owner or Owner's Representative**

Owner or Owner's Representative Name

NA

Owner or Owner's Representative Signature

No Signature Available

Date

2/26/2024

# Fire Alarm Supplementary Form



**Location Code:** BFBKVTY

**Contact:** Kris Hoover

**Contact Address:** Building 9 - 801 West Prospector Place  
Lincoln, NE 68522

**Phone:** (402) 479-5453

**Email:** kris.hoover@nebraska.gov

**Property Evaluated:** Lincoln Regional Center - Building 9  
(Detention/Correctional)  
Building 9 - 801 West Prospector Place  
Lincoln, NE 68522

**Description:** Fire Alarm Supplement (TJC EP3 Initiating Devices)

**Company:** Omaha Office

**Address:** 6775 South 118th Street  
Omaha, NE 68137

**Company Phone:** 402-592-8225

**Inspector:** Conner Lynn Holsclaw  
O30

**Date of Work:** 2/26/2024

**Frequency:** Semi-Annual

---

## Deficiency Summary

There are no reported deficiencies for this submission

---

## General Comments

There are no general comments for this submission



**Omaha Office**  
 6775 South 118th Street  
 Omaha, NE 68137  
 Phone: 402-592-8225

## Fire Alarm Supplementary Form

The work covered on this form is (select one):

Semi-Annual

Date of Work

2/26/2024

Account Information		
Facility Name: Lincoln Regional Center - Building 9	Property Type: Detention/Correctional	Location Code: BFBKVTY
Service Address: Building 9 - 801 West Prospector Place, Lincoln, NE, 68522		
Owner: Kris Hoover	Owner's Phone: (402) 479-5453	
Owner's Address: Building 9 - 801 West Prospector Place, Lincoln, NE, 68522		

Legend				
AS - Abort Station	BATT - Batteries	CoD - Carbon Monoxide Detector	CM - Control Module	DA - Damper
DD - Duct Detector	DH - Door Holder	EL - Emergency/Exit Light	FACP - Fire Alarm Control Panel	HD - Heat Detector
HORN - Horns	H/S - Horn-Strobes	LA - Low Air	MM - Monitor Module (Ansul, temp, CO, etc)	
MR - Manual Release	Other	PR - Phase Reversal	PS - Pull Station	PWS - Power Supply
SC - Signal/Sounder Control	SD - Smoke Detector	SD-Ion - Ion Smoke Detector	SD-Photo - Photo Smoke Detector	SPKR - Speakers
S/S - Speaker-Strobes	STROBE - Strobes	TS - Tamper Switch	WF - Waterflow	

Type	Total	Tested	Not Tested	Passed	Failed
DD	2	2	0	2	0
PS	5	5	0	5	0

Type	Total	Tested	Not Tested	Passed	Failed
HD	11	11	0	11	0
SD-Photo	66	66	0	66	0

### Zone: Loop 1 Detectors

Zone: Loop 1 Detectors							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
SD-Photo	L1D61	Admin Reception Area		Semi-Annual	2/26/2024	Pass	
SD-Photo	L1D32	Business Office		Semi-Annual	2/26/2024	Pass	
SD-Photo	L1D78	Business Office		Semi-Annual	2/26/2024	Pass	
HD	L1D21	Chase		Semi-Annual	2/26/2024	Pass	
HD	L1D19	Closet 123		Semi-Annual	2/26/2024	Pass	





**Omaha Office**  
 6775 South 118th Street  
 Omaha, NE 68137  
 Phone: 402-592-8225

Zone: Loop 1 Detectors							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
● SD-Photo	L1D49	Conference Room 145		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D50	Conference Room 145		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D31	Copy Room 128		Semi-Annual	2/26/2024	Pass	
☐ PS	L1M07	Corridor 126		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D68	Corridor 126		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D71	Corridor 126		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D77	Corridor 126		Semi-Annual	2/26/2024	Pass	
☐ PS	L1M05	Corridor 127		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D14	Corridor 127		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D28	Corridor 127		Semi-Annual	2/26/2024	Pass	
☐ PS	L1M06	Corridor 136		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D30	Corridor 136		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D34	Corridor 136		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D39	Corridor 136		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D44	Corridor 144		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D65	Corridor 144		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D52	Corridor		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D57	Corridor		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D63	Corridor		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D09	Equipment Room		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D26	Financial Res.		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D27	Financial Res.		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D55	Hall 107		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D59	JC 106		Semi-Annual	2/26/2024	Pass	
☀ HD	L1D35	JC 134		Semi-Annual	2/26/2024	Pass	
☐ PS	L1M04	Lobby 119		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D15	Lobby 119		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D16	Lobby 119		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D17	Lobby 119		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D18	Lobby 119		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D38	Lounge 137		Semi-Annual	2/26/2024	Pass	
☀ HD	L1D04	Mech/Elec Room		Semi-Annual	2/26/2024	Pass	
☀ HD	L1D05	Mech/Elec Room		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D43	Med Records		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D74	Med Records Storage		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D75	Med Records Storage		Semi-Annual	2/26/2024	Pass	



**Omaha Office**  
 6775 South 118th Street  
 Omaha, NE 68137  
 Phone: 402-592-8225

Zone: Loop 1 Detectors							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
● SD-Photo	L1D76	Med Records Storage		Semi-Annual	2/26/2024	Pass	
☀ HD	L1D36	Men's Restroom 135		Semi-Annual	2/26/2024	Pass	
☀ HD	L1D22	Men's Restroom		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D24	Museum		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D25	Museum		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D51	Office 100		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D47	Office 102		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D53	Office 102		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D56	Office 108		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D58	Office 109		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D62	Office 110		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D64	Office 111		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D66	Office 112		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D67	Office 113		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D69	Office 114		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D70	Office 115		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D72	Office 116		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D73	Office 117		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D40	Office 140		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D41	Office 141		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D42	Office 142		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D45	Office 146		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D46	Office 147		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D48	Office 148		Semi-Annual	2/26/2024	Pass	
○ DD	L1D79	Penthouse		Semi-Annual	2/26/2024	Pass	
○ DD	L1D81	Penthouse		Semi-Annual	2/26/2024	Pass	
☀ HD	L1D80	Penthouse		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D13	Reception		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D07	Record Storage		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D08	Record Storage		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D10	Record Storage		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D06	Record Storage Office		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D54	Restroom 103		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D33	Room 132		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D29	Server 130		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D60	Storage 105		Semi-Annual	2/26/2024	Pass	



**Omaha Office**  
 6775 South 118th Street  
 Omaha, NE 68137  
 Phone: 402-592-8225

Zone: Loop 1 Detectors							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
HD	L1D03	Telephone Equip Room		Semi-Annual	2/26/2024	Pass	
SD-Photo	L1D01	Tunnel Corr		Semi-Annual	2/26/2024	Pass	
SD-Photo	L1D02	Tunnel Corr		Semi-Annual	2/26/2024	Pass	
PS	L1M01	Tunnel Entrance		Semi-Annual	2/26/2024	Pass	
SD-Photo	L1D23	Vending		Semi-Annual	2/26/2024	Pass	
HD	L1D37	Women's Restroom 135		Semi-Annual	2/26/2024	Pass	
HD	L1D20	Women's Restroom		Semi-Annual	2/26/2024	Pass	

**Comments**

Any deficiencies or other problems found with the devices must be explained using the comment specific for each device. Additional comments can be added here.

Please see the summary section at the top of the form for the comments.

**Inspector's Information**

Inspected By

Conner Lynn Holsclaw

Inspector License:

O30

I state that the information on this form is correct at the time and place of my inspection, and that all equipment tested at this time was left in operating condition upon completion of this inspection except as noted in the *Comments*.

Signature of Inspector

Date

2/26/2024

**Owner or Owner's Representative**

Owner or Owner's Representative Name

NA

Owner or Owner's Representative Signature

No Signature Available

Date

2/26/2024

# Fire Alarm Supplementary Form



**Location Code:** BFBKVTY

**Contact:** Kris Hoover

**Contact Address:** Building 9 - 801 West Prospector Place  
Lincoln, NE 68522

**Phone:** (402) 479-5453

**Email:** kris.hoover@nebraska.gov

**Property Evaluated:** Lincoln Regional Center - Building 9  
(Detention/Correctional)  
Building 9 - 801 West Prospector Place  
Lincoln, NE 68522

**Description:** Fire Alarm Supplement (TJC EP5 FA Equipment  
Signals)

**Company:** Omaha Office

**Address:** 6775 South 118th Street  
Omaha, NE 68137

**Company Phone:** 402-592-8225

**Inspector:** Conner Lynn Holsclaw  
O30

**Date of Work:** 2/26/2024

**Frequency:** Semi-Annual

---

## Deficiency Summary

There are no reported deficiencies for this submission

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## General Comments

There are no general comments for this submission



**Omaha Office**  
 6775 South 118th Street  
 Omaha, NE 68137  
 Phone: 402-592-8225

## Fire Alarm Supplementary Form

The work covered on this form is (select one):

Semi-Annual

Date of Work

2/26/2024

Account Information		
Facility Name: Lincoln Regional Center - Building 9	Property Type: Detention/Correctional	Location Code: BFBKVTY
Service Address: Building 9 - 801 West Prospector Place, Lincoln, NE, 68522		
Owner: Kris Hoover	Owner's Phone: (402) 479-5453	
Owner's Address: Building 9 - 801 West Prospector Place, Lincoln, NE, 68522		

Legend				
AS - Abort Station	BATT - Batteries	CoD - Carbon Monoxide Detector	CM - Control Module	DA - Damper
DD - Duct Detector	DH - Door Holder	EL - Emergency/Exit Light	FACP - Fire Alarm Control Panel	HD - Heat Detector
HORN - Horns	H/S - Horn-Strobes	LA - Low Air	MM - Monitor Module (Ansul, temp, CO, etc)	
MR - Manual Release	Other	PR - Phase Reversal	PS - Pull Station	PWS - Power Supply
SC - Signal/Sounder Control	SD - Smoke Detector	SD-Ion - Ion Smoke Detector	SD-Photo - Photo Smoke Detector	SPKR - Speakers
S/S - Speaker-Strobes	STROBE - Strobes	TS - Tamper Switch	WF - Waterflow	

Type	Total	Tested	Not Tested	Passed	Failed
<input checked="" type="checkbox"/> BATT	1	1	0	1	0
<input checked="" type="checkbox"/> FACP	1	1	0	1	0

Type	Total	Tested	Not Tested	Passed	Failed
<input checked="" type="checkbox"/> DVC	1	1	0	1	0

Zone: FACP

Zone: FACP							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
<input checked="" type="checkbox"/> BATT	NA	In FACP	12v 55 ampX2	Semi-Annual	2/26/2024	Pass	
<input checked="" type="checkbox"/> FACP	Notifier NFS-320	Main Hallway		Semi-Annual	2/26/2024	Pass	
<input checked="" type="checkbox"/> DVC	1	MAIN PANEL		Semi-Annual	2/26/2024	Pass	



**Omaha Office**  
 6775 South 118th Street  
 Omaha, NE 68137  
 Phone: 402-592-8225

**Comments**

*Any deficiencies or other problems found with the devices must be explained using the comment specific for each device. Additional comments can be added here.*  
 Please see the summary section at the top of the form for the comments.

**Inspector's Information**

Inspected By

Conner Lynn Holsclaw

Inspector License:

O30

I state that the information on this form is correct at the time and place of my inspection, and that all equipment tested at this time was left in operating condition upon completion of this inspection except as noted in the *Comments*.

Signature of Inspector

Date

2/26/2024

**Owner or Owner's Representative**

Owner or Owner's Representative Name

NA

Owner or Owner's Representative Signature

No Signature Available

Date

2/26/2024

# Form for Inspection, Testing and Maintenance of Fire Alarms and Signaling Systems



**Location Code:** BFBKVTY

**Contact:** Kris Hoover

**Contact Address:** Building 9 - 801 West Prospector Place  
Lincoln, NE 68522

**Phone:** (402) 479-5453

**Email:** kris.hoover@nebraska.gov

**Property Evaluated:** Lincoln Regional Center - Building 9  
(Detention/Correctional)  
Building 9 - 801 West Prospector Place  
Lincoln, NE 68522

**Description:** Fire Alarm (TJC - Fire Alarm)

**Company:** Omaha Office

**Address:** 6775 South 118th Street  
Omaha, NE 68137

**Company Phone:** 402-592-8225

**Inspector:** Conner Lynn Holsclaw  
O30

**Date of Work:** 2/26/2024

**Frequency:** Semi-Annual

---

## Deficiency Summary

Please refer to the Deficiency Summary located on applicable Fire Alarm Supplementary Forms for additional deficiency details.

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## General Comments

There are no general comments for this submission



**Omaha Office**  
 6775 South 118th Street  
 Omaha, NE 68137  
 Phone: 402-592-8225

# Form for Inspection, Testing and Maintenance of Fire Alarms and Signaling Systems

Separate forms are available for inspection, testing, and maintenance of the rest of the fire protection system of which the fire alarms and signaling systems are a part. More frequent inspection, testing, and maintenance may be necessary depending on the conditions of the occupancy and the water supply.

Notes:

1. All questions are to be answered *Yes, No, or Not Applicable*. All "No" answers are to be explained in the *Comments* for this form.
2. Refer to NFPA-72 for specific inspection frequency requirements for the different components.

The work covered on this form is (select one): Semi-Annual

Date of Work 2/26/2024

*All responses refer to the current work (inspection, testing and maintenance) performed on this date.*

### 1. Property Information

Owner: Kris Hoover

Owner's Phone Number: (402) 479-5453

Owner's Address: Building 9 - 801 West Prospector Place, Lincoln, NE, 68522

Property Being Evaluated: Lincoln Regional Center - Building 9 (Detention/Correctional)

Property Address: Building 9 - 801 West Prospector Place, Lincoln, NE, 68522

Assembly Description: Fire Alarm (TJC - Fire Alarm)

### 2. Owner's Section

A. Are the fire alarms and signaling systems in service?  Yes  No

B. Have fire alarms and signaling systems remained in service since the last inspection?  Yes  No

C. Was the system (of which the fire alarm and signaling systems are a part) free of actuation of devices or alarms since the last inspection?  Yes  No

D. The required record documents are available and include the current revisions of all fire alarm software and the revisions of software of any systems with which the fire alarm software interfaces?  Yes  No

### 3. Monitoring Information

Monitoring organization: Per Mar

Address: NA

Phone: NA

Fax: NA

Email: NA

Account number: NA

Phone line 1: NA

Phone line 2: NA

Means of transmission: RADIO

Entity to which alarms are retransmitted: NA

Phone: NA

### 4. System Information

4.1 Control Unit: Notifier

Manufacturer: Notifier

Model number: NFS2-640

4.2 Software and Firmware Revision number: 27

4.3 System Power:

4.3.1 Primary (Main) Power: 120v

Nominal voltage: 120v

Amps: NA

Location: FACP

Overcurrent protection type: NA

Amps: NA

Disconnecting means location: Breaker

4.3.2 Secondary Power: BATTERY

Type: BATTERY

Location: FACP

Battery type (if applicable):  Lead-acid  Nickel-cadmium

Primary (dry cell)

Sealed lead-acid

Calculated capacity of batteries to drive the system:

In standby mode (hours): 24

In alarm mode (minutes): 15

### 5. Notifications Made Prior To Testing

	Contact	Time
Monitoring organization:	PERMAR	7:00
Building management:	NA	NA
Building occupants:	NA	NA
Authority Having Jurisdiction:	NA	NA
Other, if required:		





**6. Testing Results**

**6.1 Control Unit and Related Equipment**

Description	Visual Inspection	Functional Test	Results
Control unit	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Lamps/LEDs/LCDs	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Fuses	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Trouble signals	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Disconnect switches	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Ground-fault monitoring	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Supervision	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Local annunciator	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Remote annunciators	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Remote power panels	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A

**6.2 Secondary Power**

Description	Visual Inspection	Functional Test	Results
Battery condition	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Load voltage	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Discharge test	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Charger test	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Remote panel batteries	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A

**6.3 Alarm and Supervisory Alarm Initiating Device**

Complete supplementary device test form for all initiating devices.

**6.4 Notification Appliances**

Complete supplementary appliance test form for all notification appliances.

**6.5 Interface Equipment**

Complete supplementary interface component test form for all interface components.  
*Circuit Interface / Signaling Line Circuit Interface / Fire Alarm Control Interface*

**6.6 Supervising Station Monitoring**

Description	Yes/No	Time (sec)	Results
Alarm signal	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Alarm restoration	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Trouble signal	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Trouble restoration	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Supervisory signal	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Supervisory restoration	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A

**6.7 Public Emergency Alarm Reporting System**

Description	Yes/No	Time (seconds)	Results
Alarm signal	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Alarm restoration	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Trouble signal	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Trouble restoration	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Supervisory signal	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Supervisory restoration	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A

**7. Notifications That Testing Is Complete**

	Contact	Time
Monitoring organization:	PERMAR	3:00
Building management:	NA	NA
Building occupants:	NA	NA
Authority Having Jurisdiction:	NA	NA
Other, if required:		

**8. System Restored To Normal Operation**

Date: 2/26/2024  
 Time: 3:00

**9. Comments**

*Any "No" answers, test failures or other problems found with the fire alarm system must be explained using the comment specific for each question. Additional comments can be added here.*

Please see the summary section at the top of the form for the comments.

**10. Inspector's Information**

Inspected By: Conner Lynn Holsclaw  
 Inspector License: O30

I state that the information on this form is correct at the time and place of my inspection, and that all equipment tested at this time was left in operating condition upon completion of this inspection except as noted in the *Comments*. This system as specified herein has been inspected and tested according to NFPA 72, 2013 edition, Chapter 14.



**Omaha Office**  
6775 South 118th Street  
Omaha, NE 68137  
Phone: 402-592-8225

---

Signature of Inspector

Date

2/26/2024

11. Owner or Owner's Representative

Owner or Owner's Representative Name

NA

Owner or Owner's Representative Signature

**No Signature Available**

Date

2/26/2024

# Fire Alarm Supplementary Form



**Location Code:** BFBKVTY

**Contact:** Kris Hoover

**Contact Address:** Building 9 - 801 West Prospector Place  
Lincoln, NE 68522

**Phone:** (402) 479-5453

**Email:** kris.hoover@nebraska.gov

**Property Evaluated:** Lincoln Regional Center - Building 9  
(Detention/Correctional)  
Building 9 - 801 West Prospector Place  
Lincoln, NE 68522

**Description:** Fire Alarm Supplement (TJC EP4 Notification)

**Company:** Omaha Office

**Address:** 6775 South 118th Street  
Omaha, NE 68137

**Company Phone:** 402-592-8225

**Inspector:** Conner Lynn Holsclaw  
O30

**Date of Work:** 2/26/2024

**Frequency:** Semi-Annual

---

## Deficiency Summary

There are no reported deficiencies for this submission

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## General Comments

There are no general comments for this submission



**Omaha Office**  
 6775 South 118th Street  
 Omaha, NE 68137  
 Phone: 402-592-8225

## Fire Alarm Supplementary Form

The work covered on this form is (select one):

Monthly

Date of Work

2/26/2024

Account Information		
Facility Name: Lincoln Regional Center - Building 9	Property Type: Detention/Correctional	Location Code: BFBKVTY
Service Address: Building 9 - 801 West Prospector Place, Lincoln, NE, 68522		
Owner: Kris Hoover	Owner's Phone: (402) 479-5453	
Owner's Address: Building 9 - 801 West Prospector Place, Lincoln, NE, 68522		

Legend				
AS - Abort Station	BATT - Batteries	CoD - Carbon Monoxide Detector	CM - Control Module	DA - Damper
DD - Duct Detector	DH - Door Holder	EL - Emergency/Exit Light	FACP - Fire Alarm Control Panel	HD - Heat Detector
HORN - Horns	H/S - Horn-Strobes	LA - Low Air	MM - Monitor Module (Ansul, temp, CO, etc)	
MR - Manual Release	Other	PR - Phase Reversal	PS - Pull Station	PWS - Power Supply
SC - Signal/Sounder Control	SD - Smoke Detector	SD-Ion - Ion Smoke Detector	SD-Photo - Photo Smoke Detector	SPKR - Speakers
S/S - Speaker-Strobes	STROBE - Strobes	TS - Tamper Switch	WF - Waterflow	

Type	Total	Tested	Not Tested	Passed	Failed
■ S/S	1	1	0	1	0
★ STROBE	1	1	0	1	0

Type	Total	Tested	Not Tested	Passed	Failed
🔊 SPKR	1	1	0	1	0

Zone: 1

Zone: 1							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
■ S/S	2	BUILDING 9	ALL SPEAKER STROBES	Semi-Annual	2/26/2024	Pass	
🔊 SPKR	1	BUILDING 9	ALL SPEAKERS	Semi-Annual	2/26/2024	Pass	
★ STROBE	3	BUILDING 9	ALL STROBES	Semi-Annual	2/26/2024	Pass	

### Comments

Any deficiencies or other problems found with the devices must be explained using the comment specific for each device. Additional comments can be added here.  
 Please see the summary section at the top of the form for the comments.



**Omaha Office**  
6775 South 118th Street  
Omaha, NE 68137  
Phone: 402-592-8225

**Inspector's Information**

Inspected By

Conner Lynn Holsclaw

Inspector License:

O30

I state that the information on this form is correct at the time and place of my inspection, and that all equipment tested at this time was left in operating condition upon completion of this inspection except as noted in the *Comments*.

Signature of Inspector

Date

2/26/2024

**Owner or Owner's Representative**

Owner or Owner's Representative Name

NA

Owner or Owner's Representative Signature

No Signature Available

Date

2/26/2024



**Location Code:** BFBKVTY

**Contact:** Kris Hoover

**Contact Address:** Building 9 - 801 West Prospector Place  
Lincoln, NE 68522

**Phone:** (402) 479-5453

**Email:** kris.hoover@nebraska.gov

**Property Evaluated:** Lincoln Regional Center - Building 9  
(Detention/Correctional)  
Building 9 - 801 West Prospector Place  
Lincoln, NE 68522

**Description:** Fire Suppression (FS Inspection)

**Company:** Omaha Office

**Address:** 6775 South 118th Street  
Omaha, NE 68137

**Company Phone:** 402-592-8225

**Inspector:** Conner Lynn Holsclaw  
O30

**Date of Work:** 2/26/2024

**Frequency:** Semi-Annual

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## Deficiency Summary

There are no reported deficiencies for this submission

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## General Comments

There are no general comments for this submission



**Omaha Office**  
 6775 South 118th Street  
 Omaha, NE 68137  
 Phone: 402-592-8225

**Frequency Of Testing**

Frequency:  
 Date

Quarterly  Semi-Annual  Annual  
 2/26/2024

**Account Information**

Account Information		
Facility Name: Lincoln Regional Center - Building 9	Property Type: Fire Suppression (FS Inspection)	Location Code: BFBKVTY
Service Address: 1239 North Minnesota Ave.		
Owner: Protex Central, Inc.		Owner Phone: (402) 479-5453
Owner's Address: Building 9 - 801 West Prospector Place, Lincoln, NE, 68522		

**Panel Information**

Type <input checked="" type="checkbox"/> Releasing Panel <input type="checkbox"/> Power Supply <input type="checkbox"/> Annunciator	Location Telephone Rm	Manufacturer PYROCHEM	Model: Na	Result <input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
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**Batteries**

Type <input checked="" type="checkbox"/> 12vdc/7ah <input type="checkbox"/> 12vdc/12ah <input type="checkbox"/> 12vdc/18ah <input type="checkbox"/> 12vdc/26ah <input type="checkbox"/> 12vdc/35ah <input type="checkbox"/> 12vdc/55ah	Location In releasing panel	Install Date: 8/2022	Voltage/Amphere Reading 13.2	Result <input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Type <input checked="" type="checkbox"/> 12vdc/7ah <input type="checkbox"/> 12vdc/12ah <input type="checkbox"/> 12vdc/18ah <input type="checkbox"/> 12vdc/26ah <input type="checkbox"/> 12vdc/35ah <input type="checkbox"/> 12vdc/55ah	Location In releasing panel	Install Date: 8/2022	Voltage/Amphere Reading 13.2	Result <input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A

**Cylinder/Tank**

Location Telephone Rm	Serial Number: Na	Manufacture Date: Na	Manufacturer PYROCHEM	Gross/Agent/PSI 180/69/350	Liquid Level Na
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**Devices**

Legend		
Abort - Abort Station	AirPressSw - Air Pressure Switch	BATT - Batteries
BOTTDIS - Bottom Discharge	CntrlMod - Control Module	Combo Detector - Combo Detector
DAMP - Damper	H/S - Horn-Strobes	HD - Heat Detector
HOSE - Hose	Initiator - Initiator	Low Air - Low Air
MAINT - Maintenance Switch	MM - Monitor Module (Ansul, temp, CO, etc)	ManRel - Manual Release
NOZZ - Nozzle	Other - Other	PWS - Power Supply
Relay Module - Relay Module	SD-Ion - Ion Smoke Detector	SD-Photo - Photo Smoke Detector
SOL - Solenoid	STROBE - Strobes	TOPDIS - Top Discharge
TS - Tamper Switch	VES - VESDA	WF - Waterflow

Asset Type	Total	Tested	Not Tested	Passed	Failed
⊕ Abort	1	1	0	1	0
● SD-Photo	2	2	0	2	0

Asset Type	Total	Tested	Not Tested	Passed	Failed
■ ManRel	1	1	0	1	0

Zone: 1



**Omaha Office**  
 6775 South 118th Street  
 Omaha, NE 68137  
 Phone: 402-592-8225

Zone: 1						
Asset Type	Address	Location	Notes	Frequency	Test Results	Comments
✚ Abort		Telephone Rm		Semi-Annual	Pass	
☒ ManRel		Telephone Rm		Semi-Annual	Pass	
● SD-Photo		Telephone Rm		Semi-Annual	Pass	
● SD-Photo		Telephone Rm		Semi-Annual	Pass	

**Notification Devices**

Device Type <input type="checkbox"/> Horn Strobe <input type="checkbox"/> Bell <input type="checkbox"/> Strobe <input checked="" type="checkbox"/> Exterior Strobe	Location HALLWAY OF TELEPHONE ROOM	Result <input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Device Type <input type="checkbox"/> Horn Strobe <input checked="" type="checkbox"/> Bell <input type="checkbox"/> Strobe <input type="checkbox"/> Exterior Strobe	Location TELEPHONE ROOM	Result <input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Device Type <input type="checkbox"/> Horn Strobe <input type="checkbox"/> Bell <input checked="" type="checkbox"/> Strobe <input type="checkbox"/> Exterior Strobe	Location TELEPHONE ROOM	Result <input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A

**Suppression Questionnaire**

Is system connected to Main Fire Alarm System?  Yes  No  N/A

Is the protected room properly sealed?  Yes  No  N/A

Is there a door sweep?  Yes  No  N/A

Do the trouble signals operate correctly from releasing panel and sub panels (if any)?  Yes  No  N/A

Did alarm signals operate correctly for releasing panel and associated devices when tested?  Yes  No  N/A

Is all wiring installed correctly, terminated and in a serviceable working order?  Yes  No  N/A

Are all switches, indicators, meters, and gauges in good working order both physically and functionally?  Pass  Fail  N/A

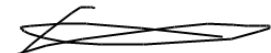
Do all shutdown function relays and devices work as intended? Air handlers, fans, dampers, computer systems.  Yes  No  N/A

Will system operate on batteries for 24 hours in standby and 5 minutes in alarm?  Yes  No  N/A

Date of Work \_\_\_\_\_ 2/26/2024

Inspected By: \_\_\_\_\_ Conner Lynn Holsclaw

Inspector License: \_\_\_\_\_ O30

Signature of Inspector: \_\_\_\_\_ 



# Fire Alarm Supplementary Form



**Location Code:** BFBKVTY

**Contact:** Kris Hoover

**Contact Address:** Building 9 - 801 West Prospector Place  
Lincoln, NE 68522

**Phone:** (402) 479-5453

**Email:** kris.hoover@nebraska.gov

**Property Evaluated:** Lincoln Regional Center - Building 9  
(Detention/Correctional)  
Building 9 - 801 West Prospector Place  
Lincoln, NE 68522

**Description:** Fire Alarm Supplement (TJC EP5 FA Equipment  
Signals)

**Company:** Omaha Office

**Address:** 6775 South 118th Street  
Omaha, NE 68137

**Company Phone:** 402-592-8225

**Inspector:** Keith Allen Benne  
J13

**Date of Work:** 8/22/2024

**Frequency:** Semi-Annual

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## Deficiency Summary

There are no reported deficiencies for this submission

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## General Comments

There are no general comments for this submission



**Omaha Office**  
 6775 South 118th Street  
 Omaha, NE 68137  
 Phone: 402-592-8225

## Fire Alarm Supplementary Form

Account Information		
Facility Name: Lincoln Regional Center - Building 9	Property Type: Detention/Correctional	Location Code: BFBKVTY
Service Address: Building 9 - 801 West Prospector Place, Lincoln, NE, 68522		
Owner: Kris Hoover	Owner's Phone: (402) 479-5453	
Owner's Address: Building 9 - 801 West Prospector Place, Lincoln, NE, 68522		

Legend				
AS - Abort Station	BATT - Batteries	CoD - Carbon Monoxide Detector	CM - Control Module	DA - Damper
DD - Duct Detector	DH - Door Holder	EL - Emergency/Exit Light	FACP - Fire Alarm Control Panel	HD - Heat Detector
HORN - Horns	H/S - Horn-Strobes	LA - Low Air	MM - Monitor Module (Ansul, temp, CO, etc)	
MR - Manual Release	Other	PR - Phase Reversal	PS - Pull Station	PWS - Power Supply
SC - Signal/Sounder Control	SD - Smoke Detector	SD-Ion - Ion Smoke Detector	SD-Photo - Photo Smoke Detector	SPKR - Speakers
S/S - Speaker-Strobes	STROBE - Strobes	TS - Tamper Switch	WF - Waterflow	

Type	Total	Tested	Not Tested	Passed	Failed
<input checked="" type="checkbox"/> BATT	1	1	0	1	0
<input checked="" type="checkbox"/> FACP	1	1	0	1	0

Type	Total	Tested	Not Tested	Passed	Failed
<input checked="" type="checkbox"/> DVC	1	1	0	1	0

Zone: FACP

Zone: FACP							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
<input checked="" type="checkbox"/> BATT	NA	In FACP	12v 55 ampX2	Semi-Annual	9/5/2024	Pass	
<input checked="" type="checkbox"/> FACP	Notifier NFS-320	Main Hallway		Semi-Annual	9/5/2024	Pass	
<input checked="" type="checkbox"/> DVC	1	MAIN PANEL		Semi-Annual	9/5/2024	Pass	

**Comments**

Any deficiencies or other problems found with the devices must be explained using the comment specific for each device. Additional comments can be added here.

Please see the summary section at the top of the form for the comments.

**Inspector's Information**



**Omaha Office**  
6775 South 118th Street  
Omaha, NE 68137  
Phone: 402-592-8225

Inspected By

Keith Allen Benne

Inspector License:

J13

I state that the information on this form is correct at the time and place of my inspection, and that all equipment tested at this time was left in operating condition upon completion of this inspection except as noted in the *Comments*.

Signature of Inspector

Date

9/5/2024

**Owner or Owner's Representative**

Owner or Owner's Representative Name

Owner or Owner's Representative Signature

No Signature Available

Date

9/5/2024

# Form for Inspection, Testing and Maintenance of Fire Alarms and Signaling Systems



**Location Code:** BFBKVTY

**Contact:** Kris Hoover

**Contact Address:** Building 9 - 801 West Prospector Place  
Lincoln, NE 68522

**Phone:** (402) 479-5453

**Email:** kris.hoover@nebraska.gov

**Property Evaluated:** Lincoln Regional Center - Building 9  
(Detention/Correctional)  
Building 9 - 801 West Prospector Place  
Lincoln, NE 68522

**Description:** Fire Alarm (TJC - Fire Alarm)

**Company:** Omaha Office

**Address:** 6775 South 118th Street  
Omaha, NE 68137

**Company Phone:** 402-592-8225

**Inspector:** Keith Allen Benne  
J13

**Date of Work:** 8/22/2024

**Frequency:** Semi-Annual

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## Deficiency Summary

Please refer to the Deficiency Summary located on applicable Fire Alarm Supplementary Forms for additional deficiency details.

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## General Comments

There are no general comments for this submission



# Form for Inspection, Testing and Maintenance of Fire Alarms and Signaling Systems

Separate forms are available for inspection, testing, and maintenance of the rest of the fire protection system of which the fire alarms and signaling systems are a part. More frequent inspection, testing, and maintenance may be necessary depending on the conditions of the occupancy and the water supply.

**Notes:**

1. All questions are to be answered *Yes, No, or Not Applicable*. All "No" answers are to be explained in the *Comments* for this form.
2. Refer to NFPA-72 for specific inspection frequency requirements for the different components.

**1. Property Information**

Owner: Kris Hoover  
 Owner's Phone Number: (402) 479-5453  
 Owner's Address: Building 9 - 801 West Prospector Place, Lincoln, NE, 68522  
 Property Being Evaluated: Lincoln Regional Center - Building 9 (Detention/Correctional)  
 Property Address: Building 9 - 801 West Prospector Place, Lincoln, NE, 68522  
 Assembly Description: Fire Alarm (TJC - Fire Alarm)

**2. Owner's Section**

- A. Are the fire alarms and signaling systems in service?  Yes  No
- B. Have fire alarms and signaling systems remained in service since the last inspection?  Yes  No
- C. Was the system (of which the fire alarm and signaling systems are a part) free of actuation of devices or alarms since the last inspection?  Yes  No
- D. The required record documents are available and include the current revisions of all fire alarm software and the revisions of software of any systems with which the fire alarm software interfaces?  Yes  No

**3. Monitoring Information**

Monitoring organization: Per Mar  
 Address: NA  
 Phone: NA  
 Fax: NA  
 Email: NA  
 Account number: NA  
 Phone line 1: NA  
 Phone line 2: NA  
 Means of transmission: RADIO  
 Entity to which alarms are retransmitted: NA  
 Phone: NA

**4. System Information**

4.1 Control Unit:  
 Manufacturer: Notifier  
 Model number: NFS2-640  
 4.2 Software and Firmware Revision number: 27  
 4.3 System Power:  
 4.3.1 Primary (Main) Power:  
 Nominal voltage: 120v  
 Amps: NA  
 Location: FACP  
 Overcurrent protection type: NA  
 Amps: NA  
 Disconnecting means location: Breaker  
 4.3.2 Secondary Power:  
 Type: BATTERY  
 Location: FACP  
 Battery type (if applicable):  Lead-acid  Nickel-cadmium  Primary (dry cell)  Sealed lead-acid

Calculated capacity of batteries to drive the system:

In standby mode (hours): 24  
 In alarm mode (minutes): 15

**5. Notifications Made Prior To Testing**

	Contact	Time
Monitoring organization:	NA	NA
Building management:	BOILER BUILDING	8AM
Building occupants:	NA	NA
Authority Having Jurisdiction:	NA	NA
Other, if required:	NA	NA



**6. Testing Results**

**6.1 Control Unit and Related Equipment**

Description	Visual Inspection	Functional Test	Results
Control unit	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Lamps/LEDs/L CDs	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Fuses	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Trouble signals	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Disconnect switches	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Ground-fault monitoring	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Supervision	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Local annunciator	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Remote annunciators	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Remote power panels	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A

**6.2 Secondary Power**

Description	Visual Inspection	Functional Test	Results
Battery condition	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Load voltage	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Discharge test	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Charger test	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Remote panel batteries	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A

**6.3 Alarm and Supervisory Alarm Initiating Device**

Complete supplementary device test form for all initiating devices.

**6.4 Notification Appliances**

Complete supplementary appliance test form for all notification appliances.

**6.5 Interface Equipment**

Complete supplementary interface component test form for all interface components.  
*Circuit Interface / Signaling Line Circuit Interface / Fire Alarm Control Interface*

**6.6 Supervising Station Monitoring**

Description	Yes/No	Time (sec)	Results
Alarm signal	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Alarm restoration	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Trouble signal	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Trouble restoration	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Supervisory signal	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Supervisory restoration	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A

**6.7 Public Emergency Alarm Reporting System**

Description	Yes/No	Time (seconds)	Results
Alarm signal	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Alarm restoration	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Trouble signal	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Trouble restoration	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Supervisory signal	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Supervisory restoration	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A

**7. Notifications That Testing Is Complete**

	Contact	Time
Monitoring organization:	NA	NA
Building management:	BOILER BLDG	3PM
Building occupants:	NA	NA
Authority Having Jurisdiction:	NA	NA
Other, if required:	NA	NA

**8. System Restored To Normal Operation**

Date: 8/22/2024  
 Time: 3PM

**9. Comments**

*Any "No" answers, test failures or other problems found with the fire alarm system must be explained using the comment specific for each question. Additional comments can be added here.*

Please see the summary section at the top of the form for the comments.

**10. Inspector's Information**

Inspected By: Keith Allen Benne  
 Inspector License: J13

I state that the information on this form is correct at the time and place of my inspection, and that all equipment tested at this time was left in operating condition upon completion of this inspection except as noted in the *Comments*. This system as specified herein has been inspected and tested according to NFPA 72, 2013 edition, Chapter 14.



**Omaha Office**  
6775 South 118th Street  
Omaha, NE 68137  
Phone: 402-592-8225

---

Signature of Inspector

A handwritten signature in black ink, appearing to be 'K...'.

---

Date

9/5/2024

11. Owner or Owner's Representative

Owner or Owner's Representative Name

Owner or Owner's Representative Signature **No Signature Available**

Date

9/5/2024



**Location Code:** BFBKVTY

**Contact:** Kris Hoover

**Contact Address:** Building 9 - 801 West Prospector Place  
Lincoln, NE 68522

**Phone:** (402) 479-5453

**Email:** kris.hoover@nebraska.gov

**Property Evaluated:** Lincoln Regional Center - Building 9  
(Detention/Correctional)  
Building 9 - 801 West Prospector Place  
Lincoln, NE 68522

**Description:** Fire Suppression (FS Inspection)

**Company:** Omaha Office

**Address:** 6775 South 118th Street  
Omaha, NE 68137

**Company Phone:** 402-592-8225

**Inspector:** Keith Allen Benne  
J13

**Date of Work:** 8/22/2024

**Frequency:** Semi-Annual

---

## Deficiency Summary

There are no reported deficiencies for this submission

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## General Comments

There are no general comments for this submission





**Omaha Office**  
 6775 South 118th Street  
 Omaha, NE 68137  
 Phone: 402-592-8225

**Frequency Of Testing**

Frequency:  
 Date

Quarterly  Semi-Annual  Annual  
 8/22/2024

**Account Information**

Account Information		
Facility Name: Lincoln Regional Center - Building 9	Property Type: Fire Suppression (FS Inspection)	Location Code: BFBKVTY
Service Address: 1239 North Minnesota Ave.		
Owner: Protex Central, Inc.		Owner Phone: (402) 479-5453
Owner's Address: Building 9 - 801 West Prospector Place, Lincoln, NE, 68522		

**Panel Information**

Type <input checked="" type="checkbox"/> Releasing Panel <input type="checkbox"/> Power Supply <input type="checkbox"/> Annunciator	Location Telephone Rm	Manufacturer PYROCHEM	Model: Na	Result <input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
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**Batteries**

Type <input checked="" type="checkbox"/> 12vdc/7ah <input type="checkbox"/> 12vdc/12ah <input type="checkbox"/> 12vdc/18ah <input type="checkbox"/> 12vdc/26ah <input type="checkbox"/> 12vdc/35ah <input type="checkbox"/> 12vdc/55ah	Location In releasing panel	Install Date: 8/2022	Voltage/Amphere Reading 13.2	Result <input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Type <input checked="" type="checkbox"/> 12vdc/7ah <input type="checkbox"/> 12vdc/12ah <input type="checkbox"/> 12vdc/18ah <input type="checkbox"/> 12vdc/26ah <input type="checkbox"/> 12vdc/35ah <input type="checkbox"/> 12vdc/55ah	Location In releasing panel	Install Date: 8/2022	Voltage/Amphere Reading 13.2	Result <input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A

**Cylinder/Tank**

Location Telephone Rm	Serial Number: Na	Manufacture Date: Na	Manufacturer PYROCHEM	Gross/Agent/PSI 180/69/350	Liquid Level Na
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**Devices**

Legend		
Abort - Abort Station	AirPressSw - Air Pressure Switch	BATT - Batteries
BOTTDIS - Bottom Discharge	CntrlMod - Control Module	Combo Detector - Combo Detector
DAMP - Damper	H/S - Horn-Strobes	HD - Heat Detector
HOSE - Hose	Initiator - Initiator	Low Air - Low Air
MAINT - Maintenance Switch	MM - Monitor Module (Ansul, temp, CO, etc)	ManRel - Manual Release
NOZZ - Nozzle	Other - Other	PWS - Power Supply
Relay Module - Relay Module	SD-Ion - Ion Smoke Detector	SD-Photo - Photo Smoke Detector
SOL - Solenoid	STROBE - Strobes	TOPDIS - Top Discharge
TS - Tamper Switch	VES - VESDA	WF - Waterflow

Asset Type	Total	Tested	Not Tested	Passed	Failed
⊕ Abort	1	1	0	1	0
● SD-Photo	2	2	0	2	0

Asset Type	Total	Tested	Not Tested	Passed	Failed
■ ManRel	1	1	0	1	0

Zone: 1



**Omaha Office**  
 6775 South 118th Street  
 Omaha, NE 68137  
 Phone: 402-592-8225

Zone: 1						
Asset Type	Address	Location	Notes	Frequency	Test Results	Comments
✚ Abort		Telephone Rm		Semi-Annual	Pass	
☒ ManRel		Telephone Rm		Semi-Annual	Pass	
● SD-Photo		Telephone Rm		Semi-Annual	Pass	
● SD-Photo		Telephone Rm		Semi-Annual	Pass	

**Notification Devices**

Device Type <input type="checkbox"/> Horn Strobe <input type="checkbox"/> Bell <input type="checkbox"/> Strobe <input checked="" type="checkbox"/> Exterior Strobe	Location HALLWAY OF TELEPHONE ROOM	Result <input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Device Type <input type="checkbox"/> Horn Strobe <input checked="" type="checkbox"/> Bell <input type="checkbox"/> Strobe <input type="checkbox"/> Exterior Strobe	Location TELEPHONE ROOM	Result <input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Device Type <input type="checkbox"/> Horn Strobe <input type="checkbox"/> Bell <input checked="" type="checkbox"/> Strobe <input type="checkbox"/> Exterior Strobe	Location TELEPHONE ROOM	Result <input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A

**Suppression Questionnaire**

Is system connected to Main Fire Alarm System?  Yes  No  N/A

Is the protected room properly sealed?  Yes  No  N/A

Is there a door sweep?  Yes  No  N/A

Do the trouble signals operate correctly from releasing panel and sub panels (if any)?  Yes  No  N/A

Did alarm signals operate correctly for releasing panel and associated devices when tested?  Yes  No  N/A

Is all wiring installed correctly, terminated and in a serviceable working order?  Yes  No  N/A

Are all switches, indicators, meters, and gauges in good working order both physically and functionally?  Pass  Fail  N/A


Do all shutdown function relays and devices work as intended? Air handlers, fans, dampers, computer systems.  Yes  No  N/A

Will system operate on batteries for 24 hours in standby and 5 minutes in alarm?  Yes  No  N/A

Date of Work \_\_\_\_\_ 8/22/2024 \_\_\_\_\_

Inspected By: \_\_\_\_\_ Keith Allen Benne \_\_\_\_\_

Inspector License: \_\_\_\_\_ J13 \_\_\_\_\_

Signature of Inspector: \_\_\_\_\_  \_\_\_\_\_

# Fire Alarm Supplementary Form



**Location Code:** FOPQBAH

**Contact:** Kris Hoover

**Contact Address:** Building 10 - 801 West Prospector Place  
Lincoln, NE 68522

**Phone:** (402) 309-3231

**Email:** kris.hoover@nebraska.gov

**Property Evaluated:** Lincoln Regional Center - Building 10  
(Detention/Correctional)  
Building 10 - 801 West Prospector Place  
Lincoln, NE 68522

**Description:** Fire Alarm Supplement (TJC EP19 Shutdown)

**Company:** Omaha Office

**Address:** 6775 South 118th Street  
Omaha, NE 68137

**Company Phone:** 402-592-8225

**Inspector:** Conner Lynn Holsclaw  
O30

**Date of Work:** 2/26/2024

**Frequency:** Semi-Annual

---

## Deficiency Summary

There are no reported deficiencies for this submission

---

## General Comments

There are no general comments for this submission



**Omaha Office**  
 6775 South 118th Street  
 Omaha, NE 68137  
 Phone: 402-592-8225

## Fire Alarm Supplementary Form

The work covered on this form is (select one):

Semi-Annual

Date of Work

2/26/2024

Account Information		
Facility Name: Lincoln Regional Center - Building 10	Property Type: Detention/Correctional	Location Code: FOPQBAH
Service Address: Building 10 - 801 West Prospector Place, Lincoln, NE, 68522		
Owner: Kris Hoover	Owner's Phone: (402) 309-3231	
Owner's Address: Building 10 - 801 West Prospector Place, Lincoln, NE, 68522		

Legend				
AS - Abort Station	BATT - Batteries	CoD - Carbon Monoxide Detector	CM - Control Module	DA - Damper
DD - Duct Detector	DH - Door Holder	EL - Emergency/Exit Light	FACP - Fire Alarm Control Panel	HD - Heat Detector
HORN - Horns	H/S - Horn-Strobes	LA - Low Air	MM - Monitor Module (Ansul, temp, CO, etc)	
MR - Manual Release	Other	PR - Phase Reversal	PS - Pull Station	PWS - Power Supply
SC - Signal/Sounder Control	SD - Smoke Detector	SD-Ion - Ion Smoke Detector	SD-Photo - Photo Smoke Detector	SPKR - Speakers
S/S - Speaker-Strobes	STROBE - Strobes	TS - Tamper Switch	WF - Waterflow	

Type	Total	Tested	Not Tested	Passed	Failed
↗ Relay Module	15	12	3	12	0

Type	Total	Tested	Not Tested	Passed	Failed

### Zone: Loop 1 Shutdowns

Zone: Loop 1 Shutdowns							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
↗ Relay Module	L1M09	1st Floor Damper		Semi-Annual	2/26/2024	Pass	
↗ Relay Module	L1M39	AHU 1 BSMT		Semi-Annual	2/26/2024	Pass	
↗ Relay Module	L1M15	AHU Fan 1 Shutdown		Semi-Annual	2/26/2024	Pass	
↗ Relay Module	L1M16	AHU Fan 2 Shutdown		Semi-Annual	2/26/2024	Pass	



**Omaha Office**  
 6775 South 118th Street  
 Omaha, NE 68137  
 Phone: 402-592-8225

Zone: Loop 1 Shutdowns							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
✓ Relay Module	L1M71	Alternate Recall		Semi-Annual	2/26/2024	Pass	
✓ Relay Module	L1M13	Door Holder		Semi-Annual	2/26/2024	Pass	
✓ Relay Module	L1M14	Door Holder		Semi-Annual	2/26/2024	Pass	
✓ Relay Module	L1M95	Door Holder		Semi-Annual	2/26/2024	Pass	
✓ Relay Module	L1M07	Fan Shut Down		Semi-Annual	2/26/2024	Pass	
✓ Relay Module	L1M73	Flash Hat		Semi-Annual	2/26/2024	Pass	
✓ Relay Module	L1M72	Primary Recall		Semi-Annual	2/26/2024	Pass	
✓ Relay Module	L1M74	Shunt Trip		Semi-Annual	2/26/2024	Pass	

**Zone: Loop 2 Shutdowns**

Zone: Loop 2 Shutdowns							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
✗ Relay Module	L2M10	2nd Floor Dampers			2/24/2023	N/A	
✗ Relay Module	L2M01	AHU Shutdown Penthouse			2/24/2023	N/A	
✗ Relay Module	L2M03	Door Holder			2/24/2023	N/A	

**Comments**

Any deficiencies or other problems found with the devices must be explained using the comment specific for each device. Additional comments can be added here.

Please see the summary section at the top of the form for the comments.

**Inspector's Information**


Inspected By

Inspector License:

I state that the information on this form is correct at the time and place of my inspection, and that all equipment tested at this time was left in operating condition upon completion of this inspection except as noted in the *Comments*.

Signature of Inspector

Date

\_\_\_\_\_  
 Conner Lynn Holsclaw  
 \_\_\_\_\_  
 O30  
 \_\_\_\_\_  
  
 \_\_\_\_\_  
 2/26/2024



**Omaha Office**  
6775 South 118th Street  
Omaha, NE 68137  
Phone: 402-592-8225

---

**Owner or Owner's Representative**

Owner or Owner's Representative Name  
Owner or Owner's Representative Signature

\_\_\_\_\_  
NA  
\_\_\_\_\_  
No Signature Available

Date

\_\_\_\_\_  
2/26/2024  
\_\_\_\_\_

# Fire Alarm Supplementary Form



**Location Code:** FOPQBAH

**Contact:** Kris Hoover

**Contact Address:** Building 10 - 801 West Prospector Place  
Lincoln, NE 68522

**Phone:** (402) 309-3231

**Email:** kris.hoover@nebraska.gov

**Property Evaluated:** Lincoln Regional Center - Building 10  
(Detention/Correctional)  
Building 10 - 801 West Prospector Place  
Lincoln, NE 68522

**Description:** Fire Alarm Supplement (TJC EP4 Notification)

**Company:** Omaha Office

**Address:** 6775 South 118th Street  
Omaha, NE 68137

**Company Phone:** 402-592-8225

**Inspector:** Conner Lynn Holsclaw  
O30

**Date of Work:** 2/26/2024

**Frequency:** Semi-Annual

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## Deficiency Summary

There are no reported deficiencies for this submission

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## General Comments

There are no general comments for this submission



**Omaha Office**  
 6775 South 118th Street  
 Omaha, NE 68137  
 Phone: 402-592-8225

## Fire Alarm Supplementary Form

The work covered on this form is (select one):

Semi-Annual

Date of Work

2/26/2024

Account Information		
Facility Name: Lincoln Regional Center - Building 10	Property Type: Detention/Correctional	Location Code: FOPQBAH
Service Address: Building 10 - 801 West Prospector Place, Lincoln, NE, 68522		
Owner: Kris Hoover	Owner's Phone: (402) 309-3231	
Owner's Address: Building 10 - 801 West Prospector Place, Lincoln, NE, 68522		

Legend				
AS - Abort Station	BATT - Batteries	CoD - Carbon Monoxide Detector	CM - Control Module	DA - Damper
DD - Duct Detector	DH - Door Holder	EL - Emergency/Exit Light	FACP - Fire Alarm Control Panel	HD - Heat Detector
HORN - Horns	H/S - Horn-Strobes	LA - Low Air	MM - Monitor Module (Ansul, temp, CO, etc)	
MR - Manual Release	Other	PR - Phase Reversal	PS - Pull Station	PWS - Power Supply
SC - Signal/Sounder Control	SD - Smoke Detector	SD-Ion - Ion Smoke Detector	SD-Photo - Photo Smoke Detector	SPKR - Speakers
S/S - Speaker-Strobes	STROBE - Strobes	TS - Tamper Switch	WF - Waterflow	

Type	Total	Tested	Not Tested	Passed	Failed
■ S/S	1	1	0	1	0
★ STROBE	1	1	0	1	0

Type	Total	Tested	Not Tested	Passed	Failed
🔊 SPKR	1	1	0	1	0

Zone: 1

Zone: 1							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
■ S/S	2	BUILDING 10	ALL SPEAKER STROBES	Semi-Annual	2/26/2024	Pass	
🔊 SPKR	1	BUILDING 10	ALL SPEAKERS	Semi-Annual	2/26/2024	Pass	
★ STROBE	3	BUILDING 10	ALL STROBES	Semi-Annual	2/26/2024	Pass	

### Comments

Any deficiencies or other problems found with the devices must be explained using the comment specific for each device. Additional comments can be added here.

Please see the summary section at the top of the form for the comments.





**Omaha Office**  
 6775 South 118th Street  
 Omaha, NE 68137  
 Phone: 402-592-8225

**Inspector's Information**

Inspected By

Conner Lynn Holsclaw

Inspector License:

O30

I state that the information on this form is correct at the time and place of my inspection, and that all equipment tested at this time was left in operating condition upon completion of this inspection except as noted in the *Comments*.

Signature of Inspector

Date

2/26/2024

**Owner or Owner's Representative**

Owner or Owner's Representative Name

NA

Owner or Owner's Representative Signature

No Signature Available

Date

2/26/2024

# Fire Alarm Supplementary Form



**Location Code:** FOPQBAH

**Contact:** Kris Hoover

**Contact Address:** Building 10 - 801 West Prospector Place  
Lincoln, NE 68522

**Phone:** (402) 309-3231

**Email:** kris.hoover@nebraska.gov

**Property Evaluated:** Lincoln Regional Center - Building 10  
(Detention/Correctional)  
Building 10 - 801 West Prospector Place  
Lincoln, NE 68522

**Description:** Fire Alarm Supplement (TJC EP5 FA Equipment  
Signals)

**Company:** Omaha Office

**Address:** 6775 South 118th Street  
Omaha, NE 68137

**Company Phone:** 402-592-8225

**Inspector:** Conner Lynn Holsclaw  
O30

**Date of Work:** 2/26/2024

**Frequency:** Semi-Annual

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## Deficiency Summary

There are no reported deficiencies for this submission

---

## General Comments

There are no general comments for this submission



**Omaha Office**  
 6775 South 118th Street  
 Omaha, NE 68137  
 Phone: 402-592-8225

## Fire Alarm Supplementary Form

The work covered on this form is (select one):

Semi-Annual

Date of Work

2/26/2024

Account Information		
Facility Name: Lincoln Regional Center - Building 10	Property Type: Detention/Correctional	Location Code: FOPQBAH
Service Address: Building 10 - 801 West Prospector Place, Lincoln, NE, 68522		
Owner: Kris Hoover	Owner's Phone: (402) 309-3231	
Owner's Address: Building 10 - 801 West Prospector Place, Lincoln, NE, 68522		

Legend				
AS - Abort Station	BATT - Batteries	CoD - Carbon Monoxide Detector	CM - Control Module	DA - Damper
DD - Duct Detector	DH - Door Holder	EL - Emergency/Exit Light	FACP - Fire Alarm Control Panel	HD - Heat Detector
HORN - Horns	H/S - Horn-Strobes	LA - Low Air	MM - Monitor Module (Ansul, temp, CO, etc)	
MR - Manual Release	Other	PR - Phase Reversal	PS - Pull Station	PWS - Power Supply
SC - Signal/Sounder Control	SD - Smoke Detector	SD-Ion - Ion Smoke Detector	SD-Photo - Photo Smoke Detector	SPKR - Speakers
S/S - Speaker-Strobes	STROBE - Strobes	TS - Tamper Switch	WF - Waterflow	

Type	Total	Tested	Not Tested	Passed	Failed
Amplifier	2	0	2	0	0
FACP	1	0	1	0	0

Type	Total	Tested	Not Tested	Passed	Failed
BATT	6	6	0	6	0
PWS	4	1	3	1	0

### Zone: FA Equipment Signal Batteries

Zone: FA Equipment Signal Batteries							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
BATT	Amplifier	1ST FLR ELECTRICAL AMP 1 AND 2	12v 26amp Left Right	Semi-Annual	2/26/2024	Pass	
BATT	2	BSMT STORAGE PWS	12V 7 AMP X2	Semi-Annual	2/26/2024	Pass	
PWS	1	BSMT STORAGE RM FOR SUPP.		Semi-Annual	2/26/2024	Pass	



**Omaha Office**  
 6775 South 118th Street  
 Omaha, NE 68137  
 Phone: 402-592-8225

Zone: FA Equipment Signal Batteries							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
BATT	FACP	FACP Cabinet	12v 26amp Left Right	Semi-Annual	2/26/2024	Pass	
BATT	Power Supply	PWS 1st Floor Bottom	12v 8amp Left Right	Semi-Annual	2/26/2024	Pass	
BATT	Power Supply	PWS 1st Floor Top	12v 8amp Left Right	Semi-Annual	2/26/2024	Pass	
BATT	Power Supply	PWS BSMT CLOSET	12v 8amp Left Right	Semi-Annual	2/26/2024	Pass	

**Zone: FA Equipment Signals**

Zone: FA Equipment Signals							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
PWS	FCPS	1st Floor FCPS Bottom			8/12/2022	N/A	
PWS	FCPS	1st Floor FCPS Top			8/12/2022	N/A	
Amplifier	NA	BSMT Amplifier			8/12/2022	N/A	
PWS	FCPS	BSMT FCPS			8/12/2022	N/A	
Amplifier	NA	FACP Cabinet			8/12/2022	N/A	
FACP	NFS-3030	Front Entrance			8/12/2022	N/A	

**Comments**

Any deficiencies or other problems found with the devices must be explained using the comment specific for each device. Additional comments can be added here.  
 Please see the summary section at the top of the form for the comments.

**Inspector's Information**

Inspected By

Inspector License:

I state that the information on this form is correct at the time and place of my inspection, and that all equipment tested at this time was left in operating condition upon completion of this inspection except as noted in the *Comments*.

Signature of Inspector

Date


**Owner or Owner's Representative**

Owner or Owner's Representative Name

Owner or Owner's Representative Signature

Date

\_\_\_\_\_  
 Conner Lynn Holsclaw  
 O30

\_\_\_\_\_  
  
 2/26/2024

\_\_\_\_\_  
 NA  
 No Signature Available

\_\_\_\_\_  
 2/26/2024

# Form for Inspection, Testing and Maintenance of Fire Alarms and Signaling Systems



**Location Code:** FOPQBAH

**Contact:** Kris Hoover

**Contact Address:** Building 10 - 801 West Prospector Place  
Lincoln, NE 68522

**Phone:** (402) 309-3231

**Email:** kris.hoover@nebraska.gov

**Property Evaluated:** Lincoln Regional Center - Building 10  
(Detention/Correctional)  
Building 10 - 801 West Prospector Place  
Lincoln, NE 68522

**Description:** Fire Alarm (TJC - Fire Alarm)

**Company:** Omaha Office

**Address:** 6775 South 118th Street  
Omaha, NE 68137

**Company Phone:** 402-592-8225

**Inspector:** Conner Lynn Holsclaw  
O30

**Date of Work:** 2/26/2024

**Frequency:** Semi-Annual

---

## Deficiency Summary

Please refer to the Deficiency Summary located on applicable Fire Alarm Supplementary Forms for additional deficiency details.

---

## General Comments

There are no general comments for this submission



**Omaha Office**  
 6775 South 118th Street  
 Omaha, NE 68137  
 Phone: 402-592-8225

## Form for Inspection, Testing and Maintenance of Fire Alarms and Signaling Systems

Separate forms are available for inspection, testing, and maintenance of the rest of the fire protection system of which the fire alarms and signaling systems are a part. More frequent inspection, testing, and maintenance may be necessary depending on the conditions of the occupancy and the water supply.

Notes:

1. All questions are to be answered *Yes, No, or Not Applicable*. All "No" answers are to be explained in the *Comments* for this form.
2. Refer to NFPA-72 for specific inspection frequency requirements for the different components.

The work covered on this form is (select one): Semi-Annual

Date of Work 2/26/2024

*All responses refer to the current work (inspection, testing and maintenance) performed on this date.*

### 1. Property Information

Owner: Kris Hoover

Owner's Phone Number: (402) 309-3231

Owner's Address: Building 10 - 801 West Prospector Place, Lincoln, NE, 68522

Property Being Evaluated: Lincoln Regional Center - Building 10 (Detention/Correctional)

Property Address: Building 10 - 801 West Prospector Place, Lincoln, NE, 68522

Assembly Description: Fire Alarm (TJC - Fire Alarm)

### 2. Owner's Section

A. Are the fire alarms and signaling systems in service?  Yes  No

B. Have fire alarms and signaling systems remained in service since the last inspection?  Yes  No

C. Was the system (of which the fire alarm and signaling systems are a part) free of actuation of devices or alarms since the last inspection?  Yes  No

D. The required record documents are available and include the current revisions of all fire alarm software and the revisions of software of any systems with which the fire alarm software interfaces?  Yes  No

### 3. Monitoring Information

Monitoring organization: Per Mar

Address: NA

Phone: NA

Fax: NA

Email: NA

Account number: NA

Phone line 1: NA

Phone line 2: NA

Means of transmission: RADIO

Entity to which alarms are retransmitted: NA

Phone: NA

### 4. System Information

4.1 Control Unit: Notifier

Manufacturer: NFS2-3030

Model number: 27

4.2 Software and Firmware Revision number: 27

4.3 System Power: 120v

4.3.1 Primary (Main) Power: 120v

Nominal voltage: NA

Amps: FACP

Location: NA

Overcurrent protection type: NA

Amps: Breaker

Disconnecting means location: BATTERY

4.3.2 Secondary Power: FACP

Type: NA

Location: NA

Battery type (if applicable):  Lead-acid  Nickel-cadmium

Primary (dry cell)

Sealed lead-acid

Calculated capacity of batteries to drive the system:

In standby mode (hours): 24

In alarm mode (minutes): 15

### 5. Notifications Made Prior To Testing

	Contact	Time
Monitoring organization:	PERMAR	7:00
Building management:	NA	NA
Building occupants:	NA	NA
Authority Having Jurisdiction:	NA	NA
Other, if required:		



**6. Testing Results**

**6.1 Control Unit and Related Equipment**

Description	Visual Inspection	Functional Test	Results
Control unit	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Lamps/LEDs/LCDs	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Fuses	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Trouble signals	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Disconnect switches	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Ground-fault monitoring	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Supervision	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Local annunciator	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Remote annunciators	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Remote power panels	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A

**6.2 Secondary Power**

Description	Visual Inspection	Functional Test	Results
Battery condition	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Load voltage	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Discharge test	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Charger test	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Remote panel batteries	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A

**6.3 Alarm and Supervisory Alarm Initiating Device**

Complete supplementary device test form for all initiating devices.

**6.4 Notification Appliances**

Complete supplementary appliance test form for all notification appliances.

**6.5 Interface Equipment**

Complete supplementary interface component test form for all interface components.  
*Circuit Interface / Signaling Line Circuit Interface / Fire Alarm Control Interface*

**6.6 Supervising Station Monitoring**

Description	Yes/No	Time (sec)	Results
Alarm signal	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Alarm restoration	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Trouble signal	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Trouble restoration	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Supervisory signal	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Supervisory restoration	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A

**6.7 Public Emergency Alarm Reporting System**

Description	Yes/No	Time (seconds)	Results
Alarm signal	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Alarm restoration	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Trouble signal	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Trouble restoration	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Supervisory signal	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Supervisory restoration	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A

**7. Notifications That Testing Is Complete**

	Contact	Time
Monitoring organization:	PERMAR	3:00
Building management:	NA	NA
Building occupants:	NA	NA
Authority Having Jurisdiction:	NA	NA
Other, if required:		

**8. System Restored To Normal Operation**

Date: 2/26/2024  
 Time: 3:00

**9. Comments**

*Any "No" answers, test failures or other problems found with the fire alarm system must be explained using the comment specific for each question. Additional comments can be added here.*

Please see the summary section at the top of the form for the comments.

**10. Inspector's Information**

Inspected By: Conner Lynn Holsclaw  
 Inspector License: O30

I state that the information on this form is correct at the time and place of my inspection, and that all equipment tested at this time was left in operating condition upon completion of this inspection except as noted in the *Comments*. This system as specified herein has been inspected and tested according to NFPA 72, 2013 edition, Chapter 14.



**Omaha Office**  
6775 South 118th Street  
Omaha, NE 68137  
Phone: 402-592-8225

---

Signature of Inspector

Date 2/26/2024

11. Owner or Owner's Representative

Owner or Owner's Representative Name NA

Owner or Owner's Representative Signature **No Signature Available**

Date 2/26/2024





**Location Code:** FOPQBAH

**Contact:** Kris Hoover

**Contact Address:** Building 10 - 801 West Prospector Place  
Lincoln, NE 68522

**Phone:** (402) 309-3231

**Email:** kris.hoover@nebraska.gov

**Property Evaluated:** Lincoln Regional Center - Building 10  
(Detention/Correctional)  
Building 10 - 801 West Prospector Place  
Lincoln, NE 68522

**Description:** Fire Suppression (Generator Suppression  
System)

**Company:** Omaha Office

**Address:** 6775 South 118th Street  
Omaha, NE 68137

**Company Phone:** 402-592-8225

**Inspector:** Conner Lynn Holsclaw  
O30

**Date of Work:** 2/26/2024

**Frequency:** Annual

---

### Deficiency Summary

There are no reported deficiencies for this submission

---

### General Comments

There are no general comments for this submission



**Omaha Office**  
 6775 South 118th Street  
 Omaha, NE 68137  
 Phone: 402-592-8225

**Frequency Of Testing**

Frequency:  
 Date

Quarterly  Semi-Annual  Annual  
 2/26/2024

**Account Information**

Account Information		
Facility Name: Lincoln Regional Center - Building 10	Property Type: Fire Suppression (Generator Suppression System)	Location Code: FOPQBAH
Service Address: 1239 North Minnesota Ave.		
Owner: Protex Central, Inc.		Owner Phone: (402) 309-3231
Owner's Address: Building 10 - 801 West Prospector Place, Lincoln, NE, 68522		

**Panel Information**

Type <input checked="" type="checkbox"/> Releasing Panel <input type="checkbox"/> Power Supply <input type="checkbox"/> Annunciator	Location FACP Front Entrance	Manufacturer Notifier	Model: 3030	Result <input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
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**Batteries**

Type <input type="checkbox"/> 12vdc/7ah <input type="checkbox"/> 12vdc/12ah <input checked="" type="checkbox"/> 12vdc/18ah <input type="checkbox"/> 12vdc/26ah <input type="checkbox"/> 12vdc/35ah <input type="checkbox"/> 12vdc/55ah	Location Power supply basement storage	Install Date: 2021	Voltage/Amphere Reading 13.7	Result <input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
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**Cylinder/Tank**

Location Generator	Serial Number: NA	Manufacture Date: NA	Manufacturer Stat-X	Gross/Agent/PSI NA	Liquid Level NA
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**Devices**

Legend		
Abort - Abort Station	AirPressSw - Air Pressure Switch	BATT - Batteries
BOTTDIS - Bottom Discharge	CntrlMod - Control Module	Combo Detector - Combo Detector
DAMP - Damper	H/S - Horn-Strobes	HD - Heat Detector
HOSE - Hose	Initiator - Initiator	Low Air - Low Air
MAINT - Maintenance Switch	MM - Monitor Module (Ansul, temp, CO, etc)	ManRel - Manual Release
NOZZ - Nozzle	Other - Other	PWS - Power Supply
Relay Module - Relay Module	SD-Ion - Ion Smoke Detector	SD-Photo - Photo Smoke Detector
SOL - Solenoid	STROBE - Strobes	TOPDIS - Top Discharge
TS - Tamper Switch	VES - VESDA	WF - Waterflow

Asset Type	Total	Tested	Not Tested	Passed	Failed
⊕ Abort	2	2	0	2	0
⚙️ HD	2	2	0	2	0

Asset Type	Total	Tested	Not Tested	Passed	Failed
■ H/S	2	2	0	2	0
■ ManRel	1	1	0	1	0

Zone: NA



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Zone: NA						
Asset Type	Address	Location	Notes	Frequency	Test Results	Comments
Abort		Generator		Annual	Pass	
Abort		Generator		Annual	Pass	
HD		Generator		Annual	Pass	
HD		Generator		Annual	Pass	
ManRel		Generator		Annual	Pass	
H/S		Gen Wall Outside		Annual	Pass	
H/S		Gen Wall Outside		Annual	Pass	

**Notification Devices**

**Suppression Questionnaire**

Is system connected to Main Fire Alarm System?  Yes  No  N/A

Is the protected room properly sealed?  Yes  No  N/A

Is there a door sweep?  Yes  No  N/A

Do the trouble signals operate correctly from releasing panel and sub panels (if any)?  Yes  No  N/A

Did alarm signals operate correctly for releasing panel and associated devices when tested?  Yes  No  N/A

Is all wiring installed correctly, terminated and in a serviceable working order?  Yes  No  N/A

Are all switches, indicators, meters, and gauges in good working order both physically and functionally?  Pass  Fail  N/A

Do all shutdown function relays and devices work as intended? Air handlers, fans, dampers, computer systems.  Yes  No  N/A

Will system operate on batteries for 24 hours in standby and 5 minutes in alarm?  Yes  No  N/A

Date of Work \_\_\_\_\_ 2/26/2024

Inspected By: \_\_\_\_\_ Conner Lynn Holsclaw

Inspector License: \_\_\_\_\_ O30

Signature of Inspector: \_\_\_\_\_

# Fire Alarm Supplementary Form



**Location Code:** FOPQBAH

**Contact:** Kris Hoover

**Contact Address:** Building 10 - 801 West Prospector Place  
Lincoln, NE 68522

**Phone:** (402) 309-3231

**Email:** kris.hoover@nebraska.gov

**Property Evaluated:** Lincoln Regional Center - Building 10  
(Detention/Correctional)  
Building 10 - 801 West Prospector Place  
Lincoln, NE 68522

**Description:** Fire Alarm Supplement (TJC EP3 Initiating Devices)

**Company:** Omaha Office

**Address:** 6775 South 118th Street  
Omaha, NE 68137

**Company Phone:** 402-592-8225

**Inspector:** Conner Lynn Holsclaw  
O30

**Date of Work:** 2/26/2024

**Frequency:** Semi-Annual

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## Deficiency Summary

There are no reported deficiencies for this submission

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## General Comments

There are no general comments for this submission



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## Fire Alarm Supplementary Form

The work covered on this form is (select one):

Semi-Annual

Date of Work

2/26/2024

Account Information		
Facility Name: Lincoln Regional Center - Building 10	Property Type: Detention/Correctional	Location Code: FOPQBAH
Service Address: Building 10 - 801 West Prospector Place, Lincoln, NE, 68522		
Owner: Kris Hoover	Owner's Phone: (402) 309-3231	
Owner's Address: Building 10 - 801 West Prospector Place, Lincoln, NE, 68522		

Legend				
AS - Abort Station	BATT - Batteries	CoD - Carbon Monoxide Detector	CM - Control Module	DA - Damper
DD - Duct Detector	DH - Door Holder	EL - Emergency/Exit Light	FACP - Fire Alarm Control Panel	HD - Heat Detector
HORN - Horns	H/S - Horn-Strobes	LA - Low Air	MM - Monitor Module (Ansul, temp, CO, etc)	
MR - Manual Release	Other	PR - Phase Reversal	PS - Pull Station	PWS - Power Supply
SC - Signal/Sounder Control	SD - Smoke Detector	SD-Ion - Ion Smoke Detector	SD-Photo - Photo Smoke Detector	SPKR - Speakers
S/S - Speaker-Strobes	STROBE - Strobes	TS - Tamper Switch	WF - Waterflow	

Type	Total	Tested	Not Tested	Passed	Failed
DD	4	4	0	4	0
PS	13	13	0	13	0

Type	Total	Tested	Not Tested	Passed	Failed
HD	40	40	0	40	0
SD-Photo	131	131	0	131	0

### Zone: Loop 1 Devices

Zone: Loop 1 Devices							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
SD-Photo	L1D86	Admission Room 114		Semi-Annual	2/26/2024	Pass	
SD-Photo	L1D54	BSMT. Activities 014		Semi-Annual	2/26/2024	Pass	
SD-Photo	L1D55	BSMT. Activities 014		Semi-Annual	2/26/2024	Pass	
SD-Photo	L1D06	Canteen 005		Semi-Annual	2/26/2024	Pass	
SD-Photo	L1D07	Canteen 005		Semi-Annual	2/26/2024	Pass	



**Omaha Office**  
 6775 South 118th Street  
 Omaha, NE 68137  
 Phone: 402-592-8225

Zone: Loop 1 Devices							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
● SD-Photo	L1D08	Canteen 005		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D10	Canteen 005		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D15	Canteen 005		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D68	Clinic 107		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D56	Corridor 017		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D59	Corridor 017		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D49	Corridor 20		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D53	Corridor 020		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D33	Corridor 021		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D34	Corridor 021		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D60	Corridor 021		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D24	Corridor 022		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D35	Corridor 024		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D16	Corridor 036		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D67	Corridor 105		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D70	Corridor 105		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D71	Corridor 105		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D72	Corridor 105		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D64	Corridor 105A		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D66	Corridor 105A		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D73	Corridor 105A		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D93	Corridor 105A		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D95	Corridor 148		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D97	Corridor 148		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D94	Corridor 150A		Semi-Annual	2/26/2024	Pass	
⚙ HD	L1D81	Corridor 154		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D74	Corridor 154		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D82	Corridor 154		Semi-Annual	2/26/2024	Pass	
⚙ HD	L1D28	Deliveries 029		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D29	Dry Food 028		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D30	Dry Food 028		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D01	Elec. Closet		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D65	Elect. Closet 109		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D58	Electrical 016		Semi-Annual	2/26/2024	Pass	
⚙ HD	L1D03	Elev. Equip. Room		Semi-Annual	2/26/2024	Pass	
⚙ HD	L1D04	Elev. Equip. Room		Semi-Annual	2/26/2024	Pass	



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 6775 South 118th Street  
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Zone: Loop 1 Devices							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
HD	L1D05	Elev. Equip. Room		Semi-Annual	2/26/2024	Pass	
SD-Photo	L1D02	Elev. Equip. Room		Semi-Annual	2/26/2024	Pass	
SD-Photo	L1D92	Elevator 1 Lobby		Semi-Annual	2/26/2024	Pass	
SD-Photo	L1D91	Elevator 2 Lobby		Semi-Annual	2/26/2024	Pass	
HD	L1D69	Janitor Closet 106B		Semi-Annual	2/26/2024	Pass	
HD	L1D63	Janitor Closet 111A		Semi-Annual	2/26/2024	Pass	
HD	L1D89	Janitor Closet 145A		Semi-Annual	2/26/2024	Pass	
HD	L1D32	JC 022A		Semi-Annual	2/26/2024	Pass	
HD	L1D13	Kitchen 004		Semi-Annual	2/26/2024	Pass	
HD	L1D14	Kitchen 004		Semi-Annual	2/26/2024	Pass	
SD-Photo	L1D75	Library 155		Semi-Annual	2/26/2024	Pass	
SD-Photo	L1D76	Library 155		Semi-Annual	2/26/2024	Pass	
SD-Photo	L1D78	Library 155		Semi-Annual	2/26/2024	Pass	
HD	L1D77	Library Closet		Semi-Annual	2/26/2024	Pass	
SD-Photo	L1D83	Life Skills 145		Semi-Annual	2/26/2024	Pass	
SD-Photo	L1D84	Life Skills 145		Semi-Annual	2/26/2024	Pass	
SD-Photo	L1D88	Life Skills 145		Semi-Annual	2/26/2024	Pass	
SD-Photo	L1D85	Life Skills Lab 158		Semi-Annual	2/26/2024	Pass	
SD-Photo	L1D99	Lotus Group Room 140		Semi-Annual	2/26/2024	Pass	
SD-Photo	L1D61	Main Entrance Vest.		Semi-Annual	2/26/2024	Pass	
HD	L1D25	Main Kitchen 027		Semi-Annual	2/26/2024	Pass	
HD	L1D26	Main Kitchen 027		Semi-Annual	2/26/2024	Pass	
HD	L1D27	Main Kitchen 027		Semi-Annual	2/26/2024	Pass	
DD	L1D39	Mech Equip. 019		Semi-Annual	2/26/2024	Pass	
DD	L1D42	Mech Equip. 019		Semi-Annual	2/26/2024	Pass	
DD	L1D43	Mech Equip. 019		Semi-Annual	2/26/2024	Pass	
HD	L1D40	Mech Equip. 019		Semi-Annual	2/26/2024	Pass	
HD	L1D41	Mech Equip. 019		Semi-Annual	2/26/2024	Pass	
HD	L1D44	Mech Equip. 019		Semi-Annual	2/26/2024	Pass	
HD	L1D45	Mech Equip. 019		Semi-Annual	2/26/2024	Pass	
HD	L1D46	Mech Equip. 019		Semi-Annual	2/26/2024	Pass	
HD	L1D47	Mech Equip. 019		Semi-Annual	2/26/2024	Pass	
HD	L1D48	Mech Equip. 019		Semi-Annual	2/26/2024	Pass	
SD-Photo	L1D11	Office 002		Semi-Annual	2/26/2024	Pass	
SD-Photo	L1D12	Office 003		Semi-Annual	2/26/2024	Pass	
SD-Photo	L1D57	Office 020A		Semi-Annual	2/26/2024	Pass	



**Omaha Office**  
 6775 South 118th Street  
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Zone: Loop 1 Devices							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
● SD-Photo	L1D79	Office 153		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D80	Office 153A		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D62	Passage 111		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D37	Patient Storage 010		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D38	Patient Storage 010		Semi-Annual	2/26/2024	Pass	
⚙ HD	L1D90	Phone 112		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D17	R.R. 032		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D19	R.R. 033		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D50	Soiled Linen 011		Semi-Annual	2/26/2024	Pass	
⚙ HD	L1D96	Staff Break Room		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D09	Storage 005A		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D36	Storage 009		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D18	Storage 031		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D20	Storage 038		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D21	Storage 038		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D22	Storage 038		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D23	Storage 038		Semi-Annual	2/26/2024	Pass	
⚙ HD	L1D87	Storage 143		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D98	Therapy Room 136		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D51	Volunteer Shop 012		Semi-Annual	2/26/2024	Pass	
⚙ HD	L1D31	Wash Room 027A		Semi-Annual	2/26/2024	Pass	
⚙ HD	L1D52	Water Entry Room 013		Semi-Annual	2/26/2024	Pass	

Zone: Loop 1 Devices Continued

Zone: Loop 1 Devices Continued							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
● SD-Photo	L1D116	Activity Room 131		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D117	Activity Room 131		Semi-Annual	2/26/2024	Pass	
☑ PS	L1M12	BSMT Center Stair		Semi-Annual	2/26/2024	Pass	
☑ PS	L1M10	BSMT Stair Well North		Semi-Annual	2/26/2024	Pass	
☑ PS	L1M17	Canteen		Semi-Annual	2/26/2024	Pass	
⚙ HD	L1D114	Closet 126A		Semi-Annual	2/26/2024	Pass	
⚙ HD	L1D106	Closet 141		Semi-Annual	2/26/2024	Pass	
☑ PS	L1M11	Corridor 017 East		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D121	Corridor 30		Semi-Annual	2/26/2024	Pass	





**Omaha Office**  
 6775 South 118th Street  
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 Phone: 402-592-8225

Zone: Loop 1 Devices Continued							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
PS	L1M05	Corridor 105 By Stair Well		Semi-Annual	2/26/2024	Pass	
SD-Photo	L1D109	Corridor 116A		Semi-Annual	2/26/2024	Pass	
SD-Photo	L1D112	Corridor 116A		Semi-Annual	2/26/2024	Pass	
SD-Photo	L1D118	Corridor 126		Semi-Annual	2/26/2024	Pass	
SD-Photo	L1D119	Corridor 126		Semi-Annual	2/26/2024	Pass	
SD-Photo	L1D120	Corridor 126		Semi-Annual	2/26/2024	Pass	
PS	L1M04	Corridor 126 By Stair Well		Semi-Annual	2/26/2024	Pass	
SD-Photo	L1D113	Corridor 150A		Semi-Annual	2/26/2024	Pass	
PS	L1M18	Deliveries		Semi-Annual	2/26/2024	Pass	
SD-Photo	L1D122	Detector L01D122		Semi-Annual	2/26/2024	Pass	
SD-Photo	L1D107	Front Lobby 114		Semi-Annual	2/26/2024	Pass	
SD-Photo	L1D108	Front Lobby 114		Semi-Annual	2/26/2024	Pass	
PS	L1M03	Front Lobby		Semi-Annual	2/26/2024	Pass	
SD-Photo	L1D104	Hall 140B		Semi-Annual	2/26/2024	Pass	
SD-Photo	L1D111	HIM Storage Closet		Semi-Annual	2/26/2024	Pass	
SD-Photo	L1D101	Lotus Group Room 140		Semi-Annual	2/26/2024	Pass	
SD-Photo	L1D102	Lotus Group Room 140		Semi-Annual	2/26/2024	Pass	
SD-Photo	L1D110	Mail Room 116		Semi-Annual	2/26/2024	Pass	
PS	L1M01	Main Entrance		Semi-Annual	2/26/2024	Pass	
SD-Photo	L1D115	Mothers Room 132		Semi-Annual	2/26/2024	Pass	
HD	L1D105	RT Closet 142		Semi-Annual	2/26/2024	Pass	
SD-Photo	L1D103	Self-Car E Group 138		Semi-Annual	2/26/2024	Pass	
HD	L1D100	TR Closet 137		Semi-Annual	2/26/2024	Pass	
PS	L1M06	Vestibule 100A		Semi-Annual	2/26/2024	Pass	

Zone: Loop 2 Devices

Zone: Loop 2 Devices							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
SD-Photo	L2D44	Clean Linen 235		Semi-Annual	2/26/2024	Pass	
SD-Photo	L2D17	Comfort Room 252		Semi-Annual	2/26/2024	Pass	
SD-Photo	L2D02	Corridor 207		Semi-Annual	2/26/2024	Pass	
SD-Photo	L2D03	Corridor 207		Semi-Annual	2/26/2024	Pass	
SD-Photo	L2D04	Corridor 207		Semi-Annual	2/26/2024	Pass	
SD-Photo	L2D05	Corridor 207		Semi-Annual	2/26/2024	Pass	
SD-Photo	L2D48	Corridor 217		Semi-Annual	2/26/2024	Pass	



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 Omaha, NE 68137  
 Phone: 402-592-8225

Zone: Loop 2 Devices							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
● SD-Photo	L2D51	Corridor 217		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L2D52	Corridor 217		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L2D19	Corridor 227		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L2D23	Corridor 227		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L2D45	Corridor 227		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L2D46	Corridor 227		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L2D10	Corridor 238		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L2D42	Corridor 238		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L2D38	Corridor 239		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L2D43	Corridor 239		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L2D01	Corridor 242		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L2D09	Corridor 242		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L2D26	Corridor 242		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L2D30	Corridor 242		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L2D33	Corridor 242		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L2D37	Corridor 242		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L2D47	Corridor 242		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L2D13	Corridor 249		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L2D18	Corridor 249		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L2D20	Corridor 249		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L2D55	Corridor 249		Semi-Annual	2/26/2024	Pass	
⚙ HD	L2D15	Custodian 237A		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L2D11	Day Hall 254		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L2D12	Day Hall 254		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L2D56	Day Hall 254		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L2D49	Dining Room 212		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L2D50	Dining Room 212		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L2D34	Elevator 1 039		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L2D31	Elevator 2 040		Semi-Annual	2/26/2024	Pass	
⚙ HD	L2D14	House Keeping Closet		Semi-Annual	2/26/2024	Pass	
⚙ HD	L2D22	House Keeping Closet		Semi-Annual	2/26/2024	Pass	
⚙ HD	L2D28	Kitchen 210		Semi-Annual	2/26/2024	Pass	
⚙ HD	L2D29	Kitchen 210		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L2D24	Maint. Closet 209		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L2D16	Patient Laundry 233		Semi-Annual	2/26/2024	Pass	
○ DD	L2D41	Penthouse		Semi-Annual	2/26/2024	Pass	



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Zone: Loop 2 Devices							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
HD	L2D40	Penthouse		Semi-Annual	2/26/2024	Pass	
PS	L2M18	Penthouse		Semi-Annual	2/26/2024	Pass	
HD	L2D21	Shower 234A		Semi-Annual	2/26/2024	Pass	
SD-Photo	L2D07	South Med Room 256		Semi-Annual	2/26/2024	Pass	
SD-Photo	L2D06	Stairs 200		Semi-Annual	2/26/2024	Pass	
SD-Photo	L2D27	Stairs 208		Semi-Annual	2/26/2024	Pass	
SD-Photo	L2D53	Stairs 216		Semi-Annual	2/26/2024	Pass	
SD-Photo	L2D25	Team Leader Office		Semi-Annual	2/26/2024	Pass	
PS	L2M05	Tech Office		Semi-Annual	2/26/2024	Pass	
SD-Photo	L2D36	Tech Station		Semi-Annual	2/26/2024	Pass	
PS	L2M04	Tech Station North		Semi-Annual	2/26/2024	Pass	
HD	L2D54	Ward Closet 224		Semi-Annual	2/26/2024	Pass	
HD	L2D08	Whirlpool Room 255		Semi-Annual	2/26/2024	Pass	

**Comments**

Any deficiencies or other problems found with the devices must be explained using the comment specific for each device. Additional comments can be added here.  
 Please see the summary section at the top of the form for the comments.

**Inspector's Information**

Inspected By

Inspector License:

I state that the information on this form is correct at the time and place of my inspection, and that all equipment tested at this time was left in operating condition upon completion of this inspection except as noted in the *Comments*.

Signature of Inspector

Date


**Owner or Owner's Representative**

Owner or Owner's Representative Name

Owner or Owner's Representative Signature

Date

Conner Lynn Holsclaw  
 O30

  
 2/26/2024

NA  
 No Signature Available

2/26/2024

# Fire Alarm Supplementary Form



**Location Code:** FOPQBAH

**Contact:** Kris Hoover

**Contact Address:** Building 10 - 801 West Prospector Place  
Lincoln, NE 68522

**Phone:** (402) 309-3231

**Email:** kris.hoover@nebraska.gov

**Property Evaluated:** Lincoln Regional Center - Building 10  
(Detention/Correctional)  
Building 10 - 801 West Prospector Place  
Lincoln, NE 68522

**Description:** Fire Alarm Supplement (TJC EP5 FA Equipment  
Signals)

**Company:** Omaha Office

**Address:** 6775 South 118th Street  
Omaha, NE 68137

**Company Phone:** 402-592-8225

**Inspector:** Keith Allen Benne  
J13

**Date of Work:** 8/21/2024

**Frequency:** Semi-Annual

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## Deficiency Summary

There are no reported deficiencies for this submission

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## General Comments

There are no general comments for this submission



**Omaha Office**  
 6775 South 118th Street  
 Omaha, NE 68137  
 Phone: 402-592-8225

## Fire Alarm Supplementary Form

Account Information		
Facility Name: Lincoln Regional Center - Building 10	Property Type: Detention/Correctional	Location Code: FOFQBAH
Service Address: Building 10 - 801 West Prospector Place, Lincoln, NE, 68522		
Owner: Kris Hoover	Owner's Phone: (402) 309-3231	
Owner's Address: Building 10 - 801 West Prospector Place, Lincoln, NE, 68522		

Legend				
AS - Abort Station	BATT - Batteries	CoD - Carbon Monoxide Detector	CM - Control Module	DA - Damper
DD - Duct Detector	DH - Door Holder	EL - Emergency/Exit Light	FACP - Fire Alarm Control Panel	HD - Heat Detector
HORN - Horns	H/S - Horn-Strobes	LA - Low Air	MM - Monitor Module (Ansul, temp, CO, etc)	
MR - Manual Release	Other	PR - Phase Reversal	PS - Pull Station	PWS - Power Supply
SC - Signal/Sounder Control	SD - Smoke Detector	SD-Ion - Ion Smoke Detector	SD-Photo - Photo Smoke Detector	SPKR - Speakers
S/S - Speaker-Strobes	STROBE - Strobes	TS - Tamper Switch	WF - Waterflow	

Type	Total	Tested	Not Tested	Passed	Failed
Amplifier	2	2	0	2	0
FACP	1	1	0	1	0

Type	Total	Tested	Not Tested	Passed	Failed
BATT	6	6	0	6	0
PWS	4	4	0	4	0

### Zone: FA Equipment Signal Batteries

Zone: FA Equipment Signal Batteries							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
BATT	Amplifier	1ST FLR ELECTRICAL AMP 1 AND 2	12v 26amp Left Right	Semi-Annual	9/5/2024	Pass	
BATT	2	BSMT STORAGE PWS	12V 7 AMP X2	Semi-Annual	9/5/2024	Pass	
PWS	1	BSMT STORAGE RM FOR SUPP.		Semi-Annual	9/5/2024	Pass	
BATT	FACP	FACP Cabinet	12v 26amp Left Right	Semi-Annual	9/5/2024	Pass	



**Omaha Office**  
 6775 South 118th Street  
 Omaha, NE 68137  
 Phone: 402-592-8225

Zone: FA Equipment Signal Batteries							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
BATT	Power Supply	PWS 1st Floor Bottom	12v 8amp Left Right	Semi-Annual	9/5/2024	Pass	
BATT	Power Supply	PWS 1st Floor Top	12v 8amp Left Right	Semi-Annual	9/5/2024	Pass	
BATT	Power Supply	PWS BSMT CLOSET	12v 8amp Left Right	Semi-Annual	9/5/2024	Pass	

**Zone: FA Equipment Signals**

Zone: FA Equipment Signals							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
PWS	FCPS	1st Floor FCPS Bottom		Semi-Annual	9/5/2024	Pass	
PWS	FCPS	1st Floor FCPS Top		Semi-Annual	9/5/2024	Pass	
Amplifier	NA	BSMT Amplifier		Semi-Annual	9/5/2024	Pass	
PWS	FCPS	BSMT FCPS		Semi-Annual	9/5/2024	Pass	
Amplifier	NA	FACP Cabinet		Semi-Annual	9/5/2024	Pass	
FACP	NFS-3030	Front Entrance		Semi-Annual	9/5/2024	Pass	

**Comments**

Any deficiencies or other problems found with the devices must be explained using the comment specific for each device. Additional comments can be added here.

Please see the summary section at the top of the form for the comments.

**Inspector's Information**

Inspected By

Inspector License:

I state that the information on this form is correct at the time and place of my inspection, and that all equipment tested at this time was left in operating condition upon completion of this inspection except as noted in the *Comments*.

Signature of Inspector

Date

**Owner or Owner's Representative**

Owner or Owner's Representative Name

Owner or Owner's Representative Signature

Date

Keith Allen Benne

J13

\_\_\_\_\_

9/5/2024

No Signature Available

9/5/2024

# Form for Inspection, Testing and Maintenance of Fire Alarms and Signaling Systems



**Location Code:** FOPQBAH

**Contact:** Kris Hoover

**Contact Address:** Building 10 - 801 West Prospector Place  
Lincoln, NE 68522

**Phone:** (402) 309-3231

**Email:** kris.hoover@nebraska.gov

**Property Evaluated:** Lincoln Regional Center - Building 10  
(Detention/Correctional)  
Building 10 - 801 West Prospector Place  
Lincoln, NE 68522

**Description:** Fire Alarm (TJC - Fire Alarm)

**Company:** Omaha Office

**Address:** 6775 South 118th Street  
Omaha, NE 68137

**Company Phone:** 402-592-8225

**Inspector:** Keith Allen Benne  
J13

**Date of Work:** 8/21/2024

**Frequency:** Semi-Annual

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## Deficiency Summary

Please refer to the Deficiency Summary located on applicable Fire Alarm Supplementary Forms for additional deficiency details.

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## General Comments

There are no general comments for this submission



# Form for Inspection, Testing and Maintenance of Fire Alarms and Signaling Systems

Separate forms are available for inspection, testing, and maintenance of the rest of the fire protection system of which the fire alarms and signaling systems are a part. More frequent inspection, testing, and maintenance may be necessary depending on the conditions of the occupancy and the water supply.

**Notes:**

1. All questions are to be answered *Yes, No, or Not Applicable*. All "No" answers are to be explained in the *Comments* for this form.
2. Refer to NFPA-72 for specific inspection frequency requirements for the different components.

**1. Property Information**

Owner:

Kris Hoover

Owner's Phone Number:

(402) 309-3231

Owner's Address:

Building 10 - 801 West Prospector Place, Lincoln, NE, 68522

Property Being Evaluated:

Lincoln Regional Center - Building 10 (Detention/Correctional)

Property Address:

Building 10 - 801 West Prospector Place, Lincoln, NE, 68522

Assembly Description:

Fire Alarm (TJC - Fire Alarm)

**2. Owner's Section**

A. Are the fire alarms and signaling systems in service?  Yes  No

B. Have fire alarms and signaling systems remained in service since the last inspection?  Yes  No

C. Was the system (of which the fire alarm and signaling systems are a part) free of actuation of devices or alarms since the last inspection?  Yes  No

D. The required record documents are available and include the current revisions of all fire alarm software and the revisions of software of any systems with which the fire alarm software interfaces?  Yes  No

**3. Monitoring Information**

Monitoring organization: Per Mar

Address: NA

Phone: NA

Fax: NA

Email: NA

Account number: NA

Phone line 1: NA

Phone line 2: NA

Means of transmission: RADIO

Entity to which alarms are retransmitted: NA

Phone: NA

**4. System Information**

4.1 Control Unit:

Manufacturer: Notifier

Model number: NFS2-3030

4.2 Software and Firmware Revision number: 27

4.3 System Power:

4.3.1 Primary (Main) Power:

Nominal voltage: 120v

Amps: NA

Location: FACP

Overcurrent protection type: NA

Amps: NA

Disconnecting means location: Breaker

4.3.2 Secondary Power:

Type: BATTERY

Location: FACP

Battery type (if applicable):  Lead-acid  Nickel-cadmium

Primary (dry cell)

Sealed lead-acid

Calculated capacity of batteries to drive the system:

In standby mode (hours): 24

In alarm mode (minutes): 15

**5. Notifications Made Prior To Testing**

	Contact	Time
Monitoring organization:	NA	NA
Building management:	BOILER BUILDING	8AM
Building occupants:	NA	NA
Authority Having Jurisdiction:	NA	NA
Other, if required:	NA	NA





**6. Testing Results**

**6.1 Control Unit and Related Equipment**

Description	Visual Inspection	Functional Test	Results
Control unit	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Lamps/LEDs/L CDs	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Fuses	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Trouble signals	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Disconnect switches	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Ground-fault monitoring	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Supervision	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Local annunciator	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Remote annunciators	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Remote power panels	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A

**6.2 Secondary Power**

Description	Visual Inspection	Functional Test	Results
Battery condition	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Load voltage	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Discharge test	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Charger test	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Remote panel batteries	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A

**6.3 Alarm and Supervisory Alarm Initiating Device**

Complete supplementary device test form for all initiating devices.

**6.4 Notification Appliances**

Complete supplementary appliance test form for all notification appliances.

**6.5 Interface Equipment**

Complete supplementary interface component test form for all interface components.  
*Circuit Interface / Signaling Line Circuit Interface / Fire Alarm Control Interface*

**6.6 Supervising Station Monitoring**

Description	Yes/No	Time (sec)	Results
Alarm signal	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Alarm restoration	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Trouble signal	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Trouble restoration	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Supervisory signal	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Supervisory restoration	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A

**6.7 Public Emergency Alarm Reporting System**

Description	Yes/No	Time (seconds)	Results
Alarm signal	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Alarm restoration	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Trouble signal	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Trouble restoration	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Supervisory signal	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Supervisory restoration	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A

**7. Notifications That Testing Is Complete**

	Contact	Time
Monitoring organization:	NA	NA
Building management:	BOILER BLDG	1PM
Building occupants:	NA	NA
Authority Having Jurisdiction:	NA	NA
Other, if required:	NA	NA

**8. System Restored To Normal Operation**

Date: 8/21/2024

Time: 1PM

**9. Comments**

*Any "No" answers, test failures or other problems found with the fire alarm system must be explained using the comment specific for each question. Additional comments can be added here.*

Please see the summary section at the top of the form for the comments.

**10. Inspector's Information**

Inspected By: Keith Allen Benne  
 Inspector License: J13

I state that the information on this form is correct at the time and place of my inspection, and that all equipment tested at this time was left in operating condition upon completion of this inspection except as noted in the *Comments*. This system as specified herein has been inspected and tested according to NFPA 72, 2013 edition, Chapter 14.



**Omaha Office**  
6775 South 118th Street  
Omaha, NE 68137  
Phone: 402-592-8225

---

Signature of Inspector

A handwritten signature in black ink, appearing to be 'KS', written over a horizontal line.

Date

9/5/2024

11. Owner or Owner's Representative

Owner or Owner's Representative Name

Owner or Owner's Representative Signature **No Signature Available**

Date

9/5/2024



**Location Code:** FOPQBAH

**Contact:** Kris Hoover

**Contact Address:** Building 10 - 801 West Prospector Place  
Lincoln, NE 68522

**Phone:** (402) 309-3231

**Email:** kris.hoover@nebraska.gov

**Property Evaluated:** Lincoln Regional Center - Building 10  
(Detention/Correctional)  
Building 10 - 801 West Prospector Place  
Lincoln, NE 68522

**Description:** Fire Suppression (Generator Suppression  
System)

**Company:** Omaha Office

**Address:** 6775 South 118th Street  
Omaha, NE 68137

**Company Phone:** 402-592-8225

**Inspector:** Keith Allen Benne  
J13

**Date of Work:** 8/21/2024

**Frequency:** Annual

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### Deficiency Summary

There are no reported deficiencies for this submission

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### General Comments

There are no general comments for this submission



**Omaha Office**  
 6775 South 118th Street  
 Omaha, NE 68137  
 Phone: 402-592-8225

**Frequency Of Testing**

Frequency:  
 Date

Quarterly  Semi-Annual  Annual  
 8/21/2024

**Account Information**

Account Information		
Facility Name: Lincoln Regional Center - Building 10	Property Type: Fire Suppression (Generator Suppression System)	Location Code: FOPQBAH
Service Address: 1239 North Minnesota Ave.		
Owner: Protex Central, Inc.		Owner Phone: (402) 309-3231
Owner's Address: Building 10 - 801 West Prospector Place, Lincoln, NE, 68522		

**Panel Information**

Type <input checked="" type="checkbox"/> Releasing Panel <input type="checkbox"/> Power Supply <input type="checkbox"/> Annunciator	Location FACP Front Entrance	Manufacturer Notifier	Model: 3030	Result <input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
--	---------------------------------	--------------------------	----------------	--

**Batteries**

Type <input type="checkbox"/> 12vdc/7ah <input type="checkbox"/> 12vdc/12ah <input checked="" type="checkbox"/> 12vdc/18ah <input type="checkbox"/> 12vdc/26ah <input type="checkbox"/> 12vdc/35ah <input type="checkbox"/> 12vdc/55ah	Location Power supply basement storage	Install Date: 2021	Voltage/Amphere Reading 13.7	Result <input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
---	---	-----------------------	---------------------------------	---

**Cylinder/Tank**

Location Generator	Serial Number: NA	Manufacture Date: NA	Manufacturer Stat-X	Gross/Agent/PSI NA	Liquid Level NA
-----------------------	----------------------	-------------------------	------------------------	-----------------------	--------------------

**Devices**

Legend		
Abort - Abort Station	AirPressSw - Air Pressure Switch	BATT - Batteries
BOTTDIS - Bottom Discharge	CntrlMod - Control Module	Combo Detector - Combo Detector
DAMP - Damper	H/S - Horn-Strobes	HD - Heat Detector
HOSE - Hose	Initiator - Initiator	Low Air - Low Air
MAINT - Maintenance Switch	MM - Monitor Module (Ansul, temp, CO, etc)	ManRel - Manual Release
NOZZ - Nozzle	Other - Other	PWS - Power Supply
Relay Module - Relay Module	SD-Ion - Ion Smoke Detector	SD-Photo - Photo Smoke Detector
SOL - Solenoid	STROBE - Strobes	TOPDIS - Top Discharge
TS - Tamper Switch	VES - VESDA	WF - Waterflow

Asset Type	Total	Tested	Not Tested	Passed	Failed
⊕ Abort	2	2	0	2	0
⚙ HD	2	2	0	2	0

Asset Type	Total	Tested	Not Tested	Passed	Failed
■ H/S	2	2	0	2	0
▣ ManRel	1	1	0	1	0

Zone: NA



**Omaha Office**  
 6775 South 118th Street  
 Omaha, NE 68137  
 Phone: 402-592-8225

Zone: NA						
Asset Type	Address	Location	Notes	Frequency	Test Results	Comments
Abort		Generator		Annual	Pass	
Abort		Generator		Annual	Pass	
HD		Generator		Annual	Pass	
HD		Generator		Annual	Pass	
ManRel		Generator		Annual	Pass	
H/S		Gen Wall Outside		Annual	Pass	
H/S		Gen Wall Outside		Annual	Pass	

**Notification Devices**

**Suppression Questionnaire**

Is system connected to Main Fire Alarm System?  Yes  No  N/A

Is the protected room properly sealed?  Yes  No  N/A

Is there a door sweep?  Yes  No  N/A

Do the trouble signals operate correctly from releasing panel and sub panels (if any)?  Yes  No  N/A

Did alarm signals operate correctly for releasing panel and associated devices when tested?  Yes  No  N/A

Is all wiring installed correctly, terminated and in a serviceable working order?  Yes  No  N/A

Are all switches, indicators, meters, and gauges in good working order both physically and functionally?  Pass  Fail  N/A


Do all shutdown function relays and devices work as intended? Air handlers, fans, dampers, computer systems.  Yes  No  N/A

Will system operate on batteries for 24 hours in standby and 5 minutes in alarm?  Yes  No  N/A

Date of Work \_\_\_\_\_ 8/21/2024

Inspected By: \_\_\_\_\_ Keith Allen Benne

Inspector License: \_\_\_\_\_

Signature of Inspector:  \_\_\_\_\_

\_\_\_\_\_ J13



CUSTOMER DETAILS											
CUSTOMER:					DATE:						
ADDRESS:					JOB ID:						
SITE NAME:					TECHNICIAN:						
CONTACT NAME:					CONTACT TEL:						
PRODUCT DETAILS											
GEN MAKE					GEN MODEL:						
GEN SERIAL:					GEN HOURS:						
AUTOMATIC TRANSFER SWITCH NOTES								Service Interval			
								Quarterly			
								Semi-Annual			
								Annual			
Nominal Voltage Source					Emergency Voltage Source						
A-B		B-C		C-A	A-B		B-C		C-A		
A-N		B-N		C-B	A-N		B-N		C-B		
A-Amps		B-Amps		C-Amps	A-Amps		B-Amps		C-Amps		
A-Temp		B-Temp		C-Temp	A-Temp		B-Temp		C-Temp		
PRE OPERATION CHECKS				Coolant temp	Battery Charging voltage						
OPERATION CHECKS											
PASS	N/A	NEEDS ATTN									
			CONTROL LIGHTS	Engine Run temp		W/ or W/O Load					
			CONTROL DISPLAY	Oil Pressure		Exercise Duration					
			EMERGENCY STOP	Oil Temp		Day					
			SWITCH/CONTROLS	Battery Voltage		Week					
			CB OPERATION	Frequency Rate		Start Time					
			AUTO OPERATION	RPM							
			COOLANT SYSTEM: Radiator cap, Coolant level, Coolant Condition, Coolant filter, Coolant Heater, All Hoses								
			EXHAUST SYSTEMS CONDITION								
			ENGINE: Ignition system, Belts, Turbo, Air intake system, Air filter, Oil Leaks, Oil level, Crankcase Breather								
			ALTERNATOR CONDITION								
			FULL SERVICE PERFORMED								
			FUEL SYSTEM: Fuel Plumbing, Fuel Filters, Fuel Condition				Fuel Level				
			ENCLOSURE CONDITION								
			BATTERY CONDITION								
			ATS: Housing Condition, Power and Control Cables, Main Connects, Operating Mechanism, Control Boards, Display, Battery Charger								
			OPERATION CHECKS: Engine Run Temp, Oil Pressure, Oil Temp, Battery Voltage, Control Lights, Control Guages, Emergency Stop, Switches/Controls, CB Operation, Auto Operation, Frequency rate, RPM								
			Before Leaving Site: Gen in Auto, Battery Charger ON, Block Heater ON, CB closed, Customer Logs								
Notes:											



**Customer: Lincoln Regional Center**

**Generator Model: D500GC**

**Address: 801 W. Prospector Pl. #10, Lincoln, NE 68522**

**Generator Serial: CAT0D500TRK500126**

**Generator kW: 500**

Date	Time	Alternator L1-L2 Voltage (Volts)	Alternator L2-L3 Voltage (Volts)	Alternator L1-L3 Voltage (Volts)	Alternator L1 Current (Amps)	Alternator L2 Current (Amps)	Alternator L3 Current (Amps)	Generator Frequency (Hz)	Alternator Total kW (kW)	Coolant Temperature (degF)	Engine oil PSI	Battery Voltage (Volts)	Engine Running Time (ERT) (hours)
4/23/24	1:35 PM	480	480	480	181	180	180	60	150	131	77	27.2	119.8
	1:50 PM	480	480	480	181	180	180	60	150	179	67	27.2	120.1
	2:05 PM	480	480	480	362	360	359	60	300	190	64	27.2	120.3
	2:20 PM	480	480	480	554	552	552	60	459	190	62	27.2	120.6
	2:35 PM	480	480	480	554	552	552	60	459	190	62	27.2	120.8
	2:50 PM	480	480	480	554	552	552	60	459	190	62	27.2	121.1
	3:05 PM	480	480	480	554	552	552	60	459	190	62	27.2	121.3
	3:20 PM	480	480	480	554	552	552	60	459	190	62	27.2	121.6
	3:35 PM	480	480	480	554	552	552	60	459	190	62	27.2	121.8



CUSTOMER DETAILS											
CUSTOMER:					DATE:						
ADDRESS:					JOB ID:						
SITE NAME:					TECHNICIAN:						
CONTACT NAME:					CONTACT TEL:						
PRODUCT DETAILS											
GEN MAKE					GEN MODEL:						
GEN SERIAL:					GEN HOURS:						
AUTOMATIC TRANSFER SWITCH NOTES								Service Interval			
								Quarterly			
								Semi-Annual			
								Annual			
Nominal Voltage Source					Emergency Voltage Source						
A-B		B-C		C-A	A-B		B-C		C-A		
A-N		B-N		C-B	A-N		B-N		C-B		
A-Amps		B-Amps		C-Amps	A-Amps		B-Amps		C-Amps		
A-Temp		B-Temp		C-Temp	A-Temp		B-Temp		C-Temp		
PRE OPERATION CHECKS				Coolant temp	Battery Charging voltage						
OPERATION CHECKS											
PASS	N/A	NEEDS ATTN									
			CONTROL LIGHTS	Engine Run temp		W/ or W/O Load					
			CONTROL DISPLAY	Oil Pressure		Exercise Duration					
			EMERGENCY STOP	Oil Temp		Day					
			SWITCH/CONTROLS	Battery Voltage		Week					
			CB OPERATION	Frequency Rate		Start Time					
			AUTO OPERATION	RPM							
			COOLANT SYSTEM: Radiator cap, Coolant level, Coolant Condition, Coolant filter, Coolant Heater, All Hoses								
			EXHAUST SYSTEMS CONDITION								
			ENGINE: Ignition system, Belts, Turbo, Air intake system, Air filter, Oil Leaks, Oil level, Crankcase Breather								
			ALTERNATOR CONDITION								
			FULL SERVICE PERFORMED								
			FUEL SYSTEM: Fuel Plumbing, Fuel Filters, Fuel Condition				Fuel Level				
			ENCLOSURE CONDITION								
			BATTERY CONDITION								
			ATS: Housing Condition, Power and Control Cables, Main Connects, Operating Mechanism, Control Boards, Display, Battery Charger								
			OPERATION CHECKS: Engine Run Temp, Oil Pressure, Oil Temp, Battery Voltage, Control Lights, Control Guages, Emergency Stop, Switches/Controls, CB Operation, Auto Operation, Frequency rate, RPM								
			Before Leaving Site: Gen in Auto, Battery Charger ON, Block Heater ON, CB closed, Customer Logs								
Notes:											



**ENGINE**
**EQUIP NUM: TRK500126**
**SERIAL NUMBER: TRK500126**
**CAT D500GC**

**No Action Required**
**Interp By: Mary E Churchill**
**Interpreted On: 14-Jul-24**
**E330-54194-0111**

LABEL#: 0111


SHOP JOB NUM : 10244

SAMPLE SHIP TIME (days) : 11

**NEBRASKA GENERATOR**
**SERVICE-LAVISTA**

RECEIVED DATE: 12-Jul-24

NORMAL READINGS. NO PROBLEMS PRESENTLY ASSOCIATED WITH THIS SAMPLE. MORE SAMPLE HISTORY NEEDED TO ESTABLISH A NORMAL WEAR TREND. RESAMPLE AT THE NEXT SERVICE INTERVAL.

**SAMPLE INFORMATION**


Sampled Date	01-Jul-24
Sample Id	E330-54194-0111
Lab Date	12-Jul-24
Meter [Hr]	129
Meter On Fluid	129
Fluid Brand	
Fluid Weight	
Fluid Type	
Fluid Change	N
Filter Change	N
Kidney Loop	U
Total Fluid Added	0

For additional sample history, go to:

[S.O.S WEB](#)
**CONDITION / CONTAMINATION**

01-Jul-24

**VISCOSITY (CENTISTOKES) ASTM D445**

V100 Viscosity at 100 C 13.60

**INFRARED (UFM) ASTM E2412**

ST	Soot	0
OXI	Oxidation	17
SUL	Sulfur Products	25
NIT	Nitration	9

**WATER**

W Water N

**WEAR LEVELS / ADDITIVES**

01-Jul-24

**ELEMENTAL ANALYSIS (PPM) ASTM D5185 [OIL] / ASTM D6130 [COOLANT]**

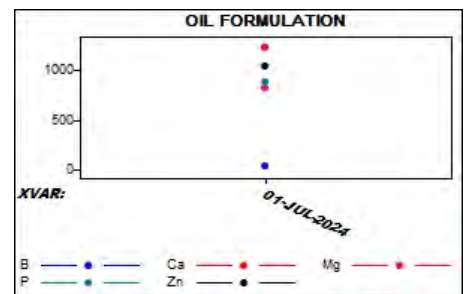
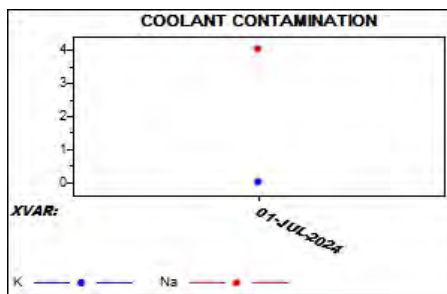
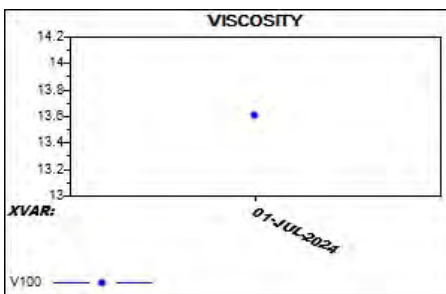
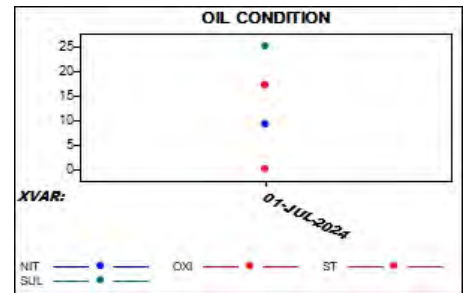
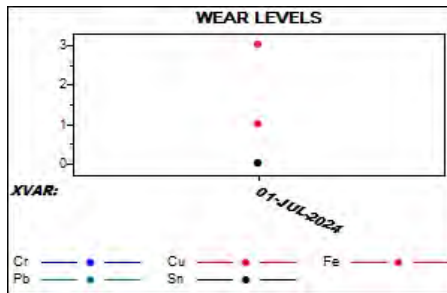
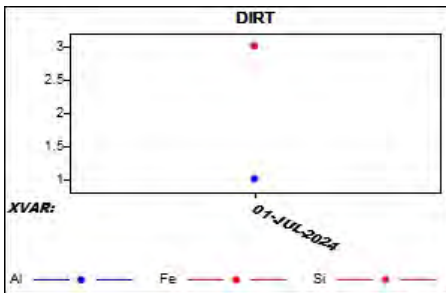
Cu	Copper	1
Fe	Iron	3
Cr	Chromium	0
Al	Aluminum	1
Pb	Lead	0
Sn	Tin	0
Si	Silicon	3
Na	Sodium	4
K	Potassium	0
Mo	Molybdenum	47
Ni	Nickel	0
Ag	Silver	0
Ti	Titanium	3
V	Vanadium	0
Cd	Cadmium	2
Ca	Calcium	1209
P	Phosphorus	864
Zn	Zinc	1024
Mg	Magnesium	807
Ba	Barium	0
B	Boron	36

**ANTIFREEZE**

A Antifreeze N

**FUEL**

F Fuel N



**Report Comment**

Our sample reports has been updated! For more information on the new report, go to - <https://www.youtube.com/watch?v=4h8bREJVUrs>



CUSTOMER DETAILS											
CUSTOMER:					DATE:						
ADDRESS:					JOB ID:						
SITE NAME:					TECHNICIAN:						
CONTACT NAME:					CONTACT TEL:						
PRODUCT DETAILS											
GEN MAKE					GEN MODEL:						
GEN SERIAL:					GEN HOURS:						
AUTOMATIC TRANSFER SWITCH NOTES								Service Interval			
								Quarterly			
								Semi-Annual			
								Annual			
Nominal Voltage Source					Emergency Voltage Source						
A-B		B-C		C-A	A-B		B-C		C-A		
A-N		B-N		C-B	A-N		B-N		C-B		
A-Amps		B-Amps		C-Amps	A-Amps		B-Amps		C-Amps		
A-Temp		B-Temp		C-Temp	A-Temp		B-Temp		C-Temp		
PRE OPERATION CHECKS				Coolant temp	Battery Charging voltage						
OPERATION CHECKS											
PASS	N/A	NEEDS ATTN									
			CONTROL LIGHTS	Engine Run temp		W/ or W/O Load					
			CONTROL DISPLAY	Oil Pressure		Exercise Duration					
			EMERGENCY STOP	Oil Temp		Day					
			SWITCH/CONTROLS	Battery Voltage		Week					
			CB OPERATION	Frequency Rate		Start Time					
			AUTO OPERATION	RPM							
			COOLANT SYSTEM: Radiator cap, Coolant level, Coolant Condition, Coolant filter, Coolant Heater, All Hoses								
			EXHAUST SYSTEMS CONDITION								
			ENGINE: Ignition system, Belts, Turbo, Air intake system, Air filter, Oil Leaks, Oil level, Crankcase Breather								
			ALTERNATOR CONDITION								
			FULL SERVICE PERFORMED								
			FUEL SYSTEM: Fuel Plumbing, Fuel Filters, Fuel Condition				Fuel Level				
			ENCLOSURE CONDITION								
			BATTERY CONDITION								
			ATS: Housing Condition, Power and Control Cables, Main Connects, Operating Mechanism, Control Boards, Display, Battery Charger								
			OPERATION CHECKS: Engine Run Temp, Oil Pressure, Oil Temp, Battery Voltage, Control Lights, Control Guages, Emergency Stop, Switches/Controls, CB Operation, Auto Operation, Frequency rate, RPM								
			Before Leaving Site: Gen in Auto, Battery Charger ON, Block Heater ON, CB closed, Customer Logs								
Notes:											

**FUEL SYSTEM**
**EQUIP NUM: TRK500126**
**SERIAL NUMBER: TRK500126**
**CAT D500GC**

**No Action Required**

Interp By: Alvin Lingenfelter

Interpreted On: 31-Jul-24

**E330-54193-5219**

LABEL#: 5219


SHOP JOB NUM : 10244

SAMPLE SHIP TIME (days) : 2

**NEBRASKA GENERATOR**
**SERVICE-LAVISTA**

RECEIVED DATE: 11-Jul-24

\*ALL TEST ARE PERFORMED IN ACCORDANCE WITH ASTM D-975\* SAMPLE IS CLEAR AND RED IN COLOR. ALL TESTS APPEAR NORMAL FOR #2 DIESEL FUEL. RESAMPLE AT NORMAL INTERVAL.

**SAMPLE INFORMATION**


Sampled Date	09-Jul-24
Sample Id	E330-54193-5219
Lab Date	11-Jul-24
Meter [Hr]	0
Meter On Fluid	0
Fluid Brand	
Fluid Weight	
Fluid Type	
Fluid Change	N
Filter Change	N
Total Fluid Added	0

For additional sample history, go to:

[S.O.S WEB](#)
**PROPERTIES / PHYSICALS**

09-Jul-24

**SULFUR (PPM) ASTM D5453**

SULFU	SULFUR	5
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**BIODIESEL (%) EN 14078**

Biodi	Biodiesel	0.36
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**FLASH POINT (°C) ASTM D93**

FL Pt	Flash Point	58.0
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**ELEMENTAL ANALYSIS**

09-Jul-24

**ELEMENTAL ANALYSIS (PPM) ASTM D5185 [OIL] / ASTM D6130 [COOLANT]**

Cu	Copper	0
Fe	Iron	0
Cr	Chromium	0
Al	Aluminum	0
Pb	Lead	0
Sn	Tin	0
Si	Silicon	0
Na	Sodium	0
K	Potassium	0
Mo	Molybdenum	0
Ni	Nickel	0
Ag	Silver	0
Ti	Titanium	0
V	Vanadium	0
Ca	Calcium	1
P	Phosphorus	1
Zn	Zinc	1
Mg	Magnesium	1
B	Boron	0

**PHYSICAL**

App	Appearance	RED
PAm	Precip Amount	none

**CLEANLINESS / CONTAMINATION**

09-Jul-24

**PARTICLE COUNT - ISO 11171:1999 reported per ISO 4406**

ISO	ISO Code Rating	16/15/12
4µ	4µ	470
6µ	6µ	170
10µ	10µ	58
14µ	14µ	29
21µ	21µ	11
38µ	38µ	2

**WATER CONTENT (%) ASTM D6304**

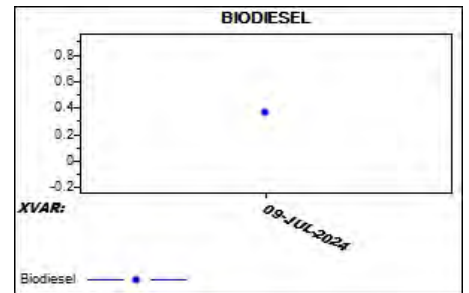
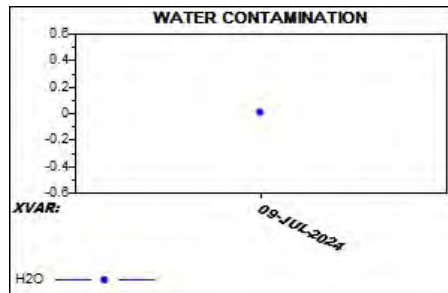
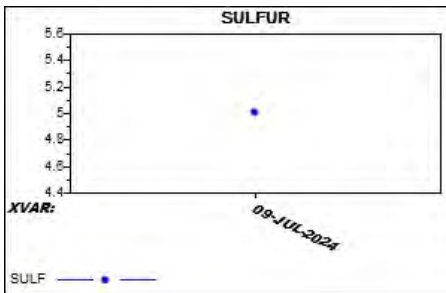
H2O	Water	0.00297
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**MICROBIOLOGY**

Bact	Bacteria	<LDL
Fung	Fungus	<LDL

**SEDIMENT**

VOL	% Volume	0.000
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E330-54193-5219

**Report Comment**

Our sample reports has been updated! For more information on the new report, go to - <https://www.youtube.com/watch?v=4h8bREJUVrs>

**RADIATOR**
**EQUIP NUM: TRK500126**
**SERIAL NUMBER: TRK500126**
**CAT D500GC**

**No Action Required**
**Interp By: Rachel Smith**
**Interpreted On: 25-Jul-24**
**E330-54193-4050**

LABEL#: 4050


SHOP JOB NUM : 10244

SAMPLE SHIP TIME (days) : 8

**NEBRASKA GENERATOR**
**SERVICE-LAVISTA**

RECEIVED DATE: 11-Jul-24

ALL LEVEL 1 TESTS APPEAR NORMAL FOR ELC. CONTINUE TO USE THIS COOLANT. SAMPLE AGAIN AT THE REGULAR INTERVAL TO MONITOR THE COOLING SYSTEM.

**SAMPLE INFORMATION**


Sampled Date	03-Jul-24
Sample Id	E330-54193-4050
Lab Date	11-Jul-24
Meter [Hr]	129
Meter On Fluid	
Fluid Brand	
Fluid Weight	
Fluid Type	
Fluid Change	N
Filter Change	N
Total Fluid Added	0

For additional sample history, go to:

[S.O.S WEB](#)
**ADDITIONAL CHARACTERISTICS**

03-Jul-24

**ADDITIONAL ANALYTES (PPM)**

PO4	Phosphate	1516
TH	Total Hardness	1

**REFRACTIVE INDEX**

GL	Glycol (%)	55
FP	Freeze Point (°C)	-45
BP	Boil Point (°C)	108

**pH ASTM D1287**

pH	pH	8.4
----	----	-----

**CORROSION LEVELS/ CHEMISTRY**

03-Jul-24

**ELEMENTAL ANALYSIS (PPM) ASTM D5185 [OIL] / ASTM D6130 [COOLANT]**

Na	Sodium	5577
K	Potassium	1323
Mo	Molybdenum	847
Cu	Copper	1
Fe	Iron	0
Pb	Lead	0
Sn	Tin	0
Al	Aluminum	0
Zn	Zinc	0

**ANION ANALYSIS (PPM) ASTM D4327**

NO2	Nitrite	499
-----	---------	-----

**ADDITIONAL ANALYTES (PPM)**

MoO4	Molybdate	1412
BO3	Borate	0
SiO3	Silicate	124

**CONDUCTIVITY (µS/cm)**

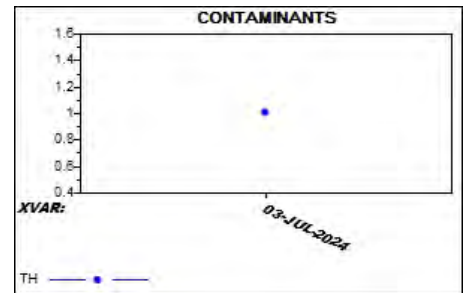
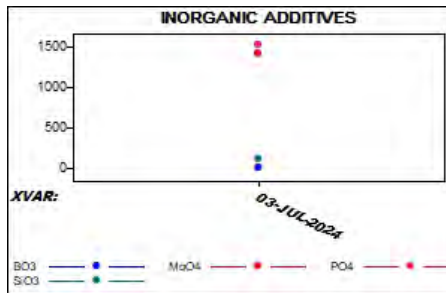
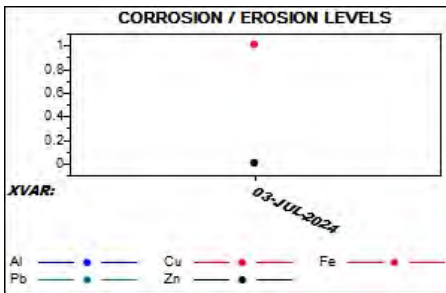
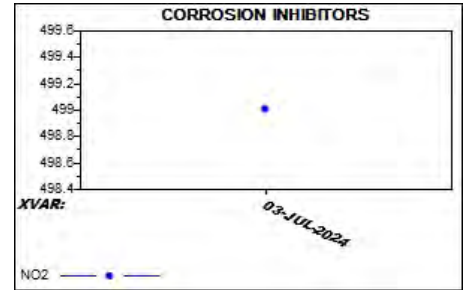
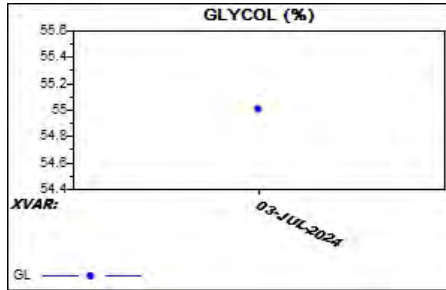
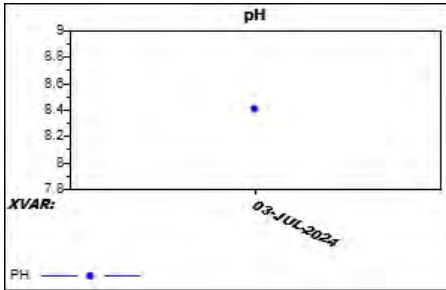
CON	Conductivity	4342
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**PHYSICAL CHARACTERISTICS**

03-Jul-24

**PHYSICAL**

Color	Color	red
App	Appearance	clear
Odor	Odor	norm
Oil	Oil	none
Foam	Foam	norm
PAmt	Precip Amount	none



### Report Comment

Our sample reports has been updated! For more information on the new report, go to - <https://www.youtube.com/watch?v=4h8bREJVUrs>



CUSTOMER DETAILS										
CUSTOMER:				DATE:						
ADDRESS:				JOB ID:						
SITE NAME:				TECHNICIAN:						
CONTACT NAME:				CONTACT TEL:						
PRODUCT DETAILS										
GEN MAKE				GEN MODEL:						
GEN SERIAL:				GEN HOURS:						
AUTOMATIC TRANSFER SWITCH NOTES								Service Interval		
								Quarterly		
								Semi-Annual		
								Annual		
Nominal Voltage Source					Emergency Voltage Source					
A-B		B-C		C-A	A-B		B-C		C-A	
A-N		B-N		C-B	A-N		B-N		C-B	
A-Amps		B-Amps		C-Amps	A-Amps		B-Amps		C-Amps	
A-Temp		B-Temp		C-Temp	A-Temp		B-Temp		C-Temp	
PRE OPERATION CHECKS				Coolant temp		Battery Charging voltage				
OPERATION CHECKS										
PASS	N/A	NEEDS ATTN								
			CONTROL LIGHTS	Engine Run temp		W/ or W/O Load				
			CONTROL DISPLAY	Oil Pressure		Exercise Duration				
			EMERGENCY STOP	Oil Temp		Day				
			SWITCH/CONTROLS	Battery Voltage		Week				
			CB OPERATION	Frequency Rate		Start Time				
			AUTO OPERATION	RPM						
			COOLANT SYSTEM: Radiator cap, Coolant level, Coolant Condition, Coolant filter, Coolant Heater, All Hoses							
			EXHAUST SYSTEMS CONDITION							
			ENGINE: Ignition system, Belts, Turbo, Air intake system, Air filter, Oil Leaks, Oil level, Crankcase Breather							
			ALTERNATOR CONDITION							
			FULL SERVICE PERFORMED							
			FUEL SYSTEM: Fuel Plumbing, Fuel Filters, Fuel Condition				Fuel Level			
			ENCLOSURE CONDITION							
			BATTERY CONDITION							
			ATS: Housing Condition, Power and Control Cables, Main Connects, Operating Mechanism, Control Boards, Display, Battery Charger							
			OPERATION CHECKS: Engine Run Temp, Oil Pressure, Oil Temp, Battery Voltage, Control Lights, Control Guages, Emergency Stop, Switches/Controls, CB Operation, Auto Operation, Frequency rate, RPM							
			Before Leaving Site: Gen in Auto, Battery Charger ON, Block Heater ON, CB closed, Customer Logs							
Notes:										



# NEBRASKA STATE FIRE MARSHAL

## OCCUPANCY PERMIT

Certificate Number: 16870

Name of Facility: **Lincoln Regional Center Bldg #10 Psych Rehab**

Type of Facility: **Hospital**

Location: **801 W Prospector Pl, Lincoln**

Maximum  
Occupancy: **45 Beds**

Date Issued: **10/1/2024**

Inspected By: **Monica Ellis**  
**Deputy State Fire Marshal**

Approved By:   
**State Fire Marshal**



### POST IN PROMINENT PLACE



Change in occupancy classification or failure to meet State Fire Marshal codes  
shall invalidate this occupancy permit.

# Fire Alarm Supplementary Form



**Location Code:** BFBKVTY

**Contact:** Kris Hoover

**Contact Address:** Building 9 - 801 West Prospector Place  
Lincoln, NE 68522

**Phone:** (402) 479-5453

**Email:** kris.hoover@nebraska.gov

**Property Evaluated:** Lincoln Regional Center - Building 9  
(Detention/Correctional)  
Building 9 - 801 West Prospector Place  
Lincoln, NE 68522

**Description:** Fire Alarm Supplement (TJC EP19 Shutdown)

**Company:** Omaha Office

**Address:** 6775 South 118th Street  
Omaha, NE 68137

**Company Phone:** 402-592-8225

**Inspector:** Conner Lynn Holsclaw  
O30

**Date of Work:** 2/26/2024

**Frequency:** Semi-Annual

---

## Deficiency Summary

There are no reported deficiencies for this submission

---

## General Comments

There are no general comments for this submission



**Omaha Office**  
 6775 South 118th Street  
 Omaha, NE 68137  
 Phone: 402-592-8225

## Fire Alarm Supplementary Form

The work covered on this form is (select one):

Semi-Annual

Date of Work

2/26/2024

Account Information		
Facility Name: Lincoln Regional Center - Building 9	Property Type: Detention/Correctional	Location Code: BFBKVTY
Service Address: Building 9 - 801 West Prospector Place, Lincoln, NE, 68522		
Owner: Kris Hoover	Owner's Phone: (402) 479-5453	
Owner's Address: Building 9 - 801 West Prospector Place, Lincoln, NE, 68522		

Legend				
AS - Abort Station	BATT - Batteries	CoD - Carbon Monoxide Detector	CM - Control Module	DA - Damper
DD - Duct Detector	DH - Door Holder	EL - Emergency/Exit Light	FACP - Fire Alarm Control Panel	HD - Heat Detector
HORN - Horns	H/S - Horn-Strobes	LA - Low Air	MM - Monitor Module (Ansul, temp, CO, etc)	
MR - Manual Release	Other	PR - Phase Reversal	PS - Pull Station	PWS - Power Supply
SC - Signal/Sounder Control	SD - Smoke Detector	SD-Ion - Ion Smoke Detector	SD-Photo - Photo Smoke Detector	SPKR - Speakers
S/S - Speaker-Strobes	STROBE - Strobes	TS - Tamper Switch	WF - Waterflow	

Type	Total	Tested	Not Tested	Passed	Failed
↗ Relay Module	2	2	0	2	0

Type	Total	Tested	Not Tested	Passed	Failed

### Zone: Shutdown's

Zone: Shutdown's							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
↗ Relay Module	L1M08	AHU		Semi-Annual	2/26/2024	Pass	
↗ Relay Module	L1M09	AHU		Semi-Annual	2/26/2024	Pass	

### Comments

Any deficiencies or other problems found with the devices must be explained using the comment specific for each device. Additional comments can be added here.  
 Please see the summary section at the top of the form for the comments.



**Omaha Office**  
 6775 South 118th Street  
 Omaha, NE 68137  
 Phone: 402-592-8225

**Inspector's Information**

Inspected By

Conner Lynn Holsclaw

Inspector License:

O30

I state that the information on this form is correct at the time and place of my inspection, and that all equipment tested at this time was left in operating condition upon completion of this inspection except as noted in the *Comments*.

Signature of Inspector

Date

2/26/2024

**Owner or Owner's Representative**

Owner or Owner's Representative Name

NA

Owner or Owner's Representative Signature

No Signature Available

Date

2/26/2024

# Fire Alarm Supplementary Form



**Location Code:** BFBKVTY

**Contact:** Kris Hoover

**Contact Address:** Building 9 - 801 West Prospector Place  
Lincoln, NE 68522

**Phone:** (402) 479-5453

**Email:** kris.hoover@nebraska.gov

**Property Evaluated:** Lincoln Regional Center - Building 9  
(Detention/Correctional)  
Building 9 - 801 West Prospector Place  
Lincoln, NE 68522

**Description:** Fire Alarm Supplement (TJC EP3 Initiating Devices)

**Company:** Omaha Office

**Address:** 6775 South 118th Street  
Omaha, NE 68137

**Company Phone:** 402-592-8225

**Inspector:** Conner Lynn Holsclaw  
O30

**Date of Work:** 2/26/2024

**Frequency:** Semi-Annual

---

## Deficiency Summary

There are no reported deficiencies for this submission

---

## General Comments

There are no general comments for this submission



**Omaha Office**  
 6775 South 118th Street  
 Omaha, NE 68137  
 Phone: 402-592-8225

## Fire Alarm Supplementary Form

The work covered on this form is (select one):

Semi-Annual

Date of Work

2/26/2024

Account Information		
Facility Name: Lincoln Regional Center - Building 9	Property Type: Detention/Correctional	Location Code: BFBKVTY
Service Address: Building 9 - 801 West Prospector Place, Lincoln, NE, 68522		
Owner: Kris Hoover	Owner's Phone: (402) 479-5453	
Owner's Address: Building 9 - 801 West Prospector Place, Lincoln, NE, 68522		

Legend				
AS - Abort Station	BATT - Batteries	CoD - Carbon Monoxide Detector	CM - Control Module	DA - Damper
DD - Duct Detector	DH - Door Holder	EL - Emergency/Exit Light	FACP - Fire Alarm Control Panel	HD - Heat Detector
HORN - Horns	H/S - Horn-Strobes	LA - Low Air	MM - Monitor Module (Ansul, temp, CO, etc)	
MR - Manual Release	Other	PR - Phase Reversal	PS - Pull Station	PWS - Power Supply
SC - Signal/Sounder Control	SD - Smoke Detector	SD-Ion - Ion Smoke Detector	SD-Photo - Photo Smoke Detector	SPKR - Speakers
S/S - Speaker-Strobes	STROBE - Strobes	TS - Tamper Switch	WF - Waterflow	

Type	Total	Tested	Not Tested	Passed	Failed
DD	2	2	0	2	0
PS	5	5	0	5	0

Type	Total	Tested	Not Tested	Passed	Failed
HD	11	11	0	11	0
SD-Photo	66	66	0	66	0

### Zone: Loop 1 Detectors

Zone: Loop 1 Detectors							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
SD-Photo	L1D61	Admin Reception Area		Semi-Annual	2/26/2024	Pass	
SD-Photo	L1D32	Business Office		Semi-Annual	2/26/2024	Pass	
SD-Photo	L1D78	Business Office		Semi-Annual	2/26/2024	Pass	
HD	L1D21	Chase		Semi-Annual	2/26/2024	Pass	
HD	L1D19	Closet 123		Semi-Annual	2/26/2024	Pass	



**Omaha Office**  
 6775 South 118th Street  
 Omaha, NE 68137  
 Phone: 402-592-8225

Zone: Loop 1 Detectors							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
● SD-Photo	L1D49	Conference Room 145		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D50	Conference Room 145		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D31	Copy Room 128		Semi-Annual	2/26/2024	Pass	
☐ PS	L1M07	Corridor 126		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D68	Corridor 126		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D71	Corridor 126		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D77	Corridor 126		Semi-Annual	2/26/2024	Pass	
☐ PS	L1M05	Corridor 127		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D14	Corridor 127		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D28	Corridor 127		Semi-Annual	2/26/2024	Pass	
☐ PS	L1M06	Corridor 136		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D30	Corridor 136		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D34	Corridor 136		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D39	Corridor 136		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D44	Corridor 144		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D65	Corridor 144		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D52	Corridor		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D57	Corridor		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D63	Corridor		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D09	Equipment Room		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D26	Financial Res.		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D27	Financial Res.		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D55	Hall 107		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D59	JC 106		Semi-Annual	2/26/2024	Pass	
☀ HD	L1D35	JC 134		Semi-Annual	2/26/2024	Pass	
☐ PS	L1M04	Lobby 119		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D15	Lobby 119		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D16	Lobby 119		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D17	Lobby 119		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D18	Lobby 119		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D38	Lounge 137		Semi-Annual	2/26/2024	Pass	
☀ HD	L1D04	Mech/Elec Room		Semi-Annual	2/26/2024	Pass	
☀ HD	L1D05	Mech/Elec Room		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D43	Med Records		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D74	Med Records Storage		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D75	Med Records Storage		Semi-Annual	2/26/2024	Pass	



**Omaha Office**  
 6775 South 118th Street  
 Omaha, NE 68137  
 Phone: 402-592-8225

Zone: Loop 1 Detectors							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
● SD-Photo	L1D76	Med Records Storage		Semi-Annual	2/26/2024	Pass	
☀ HD	L1D36	Men's Restroom 135		Semi-Annual	2/26/2024	Pass	
☀ HD	L1D22	Men's Restroom		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D24	Museum		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D25	Museum		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D51	Office 100		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D47	Office 102		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D53	Office 102		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D56	Office 108		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D58	Office 109		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D62	Office 110		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D64	Office 111		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D66	Office 112		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D67	Office 113		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D69	Office 114		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D70	Office 115		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D72	Office 116		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D73	Office 117		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D40	Office 140		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D41	Office 141		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D42	Office 142		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D45	Office 146		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D46	Office 147		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D48	Office 148		Semi-Annual	2/26/2024	Pass	
○ DD	L1D79	Penthouse		Semi-Annual	2/26/2024	Pass	
○ DD	L1D81	Penthouse		Semi-Annual	2/26/2024	Pass	
☀ HD	L1D80	Penthouse		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D13	Reception		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D07	Record Storage		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D08	Record Storage		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D10	Record Storage		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D06	Record Storage Office		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D54	Restroom 103		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D33	Room 132		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D29	Server 130		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D60	Storage 105		Semi-Annual	2/26/2024	Pass	





**Omaha Office**  
 6775 South 118th Street  
 Omaha, NE 68137  
 Phone: 402-592-8225

Zone: Loop 1 Detectors							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
HD	L1D03	Telephone Equip Room		Semi-Annual	2/26/2024	Pass	
SD-Photo	L1D01	Tunnel Corr		Semi-Annual	2/26/2024	Pass	
SD-Photo	L1D02	Tunnel Corr		Semi-Annual	2/26/2024	Pass	
PS	L1M01	Tunnel Entrance		Semi-Annual	2/26/2024	Pass	
SD-Photo	L1D23	Vending		Semi-Annual	2/26/2024	Pass	
HD	L1D37	Women's Restroom 135		Semi-Annual	2/26/2024	Pass	
HD	L1D20	Women's Restroom		Semi-Annual	2/26/2024	Pass	

**Comments**

Any deficiencies or other problems found with the devices must be explained using the comment specific for each device. Additional comments can be added here.

Please see the summary section at the top of the form for the comments.

**Inspector's Information**

Inspected By

Conner Lynn Holsclaw

Inspector License:

O30

I state that the information on this form is correct at the time and place of my inspection, and that all equipment tested at this time was left in operating condition upon completion of this inspection except as noted in the *Comments*.

Signature of Inspector

Date

2/26/2024

**Owner or Owner's Representative**

Owner or Owner's Representative Name

NA

Owner or Owner's Representative Signature

No Signature Available

Date

2/26/2024

# Fire Alarm Supplementary Form



**Location Code:** BFBKVTY

**Contact:** Kris Hoover

**Contact Address:** Building 9 - 801 West Prospector Place  
Lincoln, NE 68522

**Phone:** (402) 479-5453

**Email:** kris.hoover@nebraska.gov

**Property Evaluated:** Lincoln Regional Center - Building 9  
(Detention/Correctional)  
Building 9 - 801 West Prospector Place  
Lincoln, NE 68522

**Description:** Fire Alarm Supplement (TJC EP5 FA Equipment  
Signals)

**Company:** Omaha Office

**Address:** 6775 South 118th Street  
Omaha, NE 68137

**Company Phone:** 402-592-8225

**Inspector:** Conner Lynn Holsclaw  
O30

**Date of Work:** 2/26/2024

**Frequency:** Semi-Annual

---

## Deficiency Summary

There are no reported deficiencies for this submission

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## General Comments

There are no general comments for this submission



**Omaha Office**  
 6775 South 118th Street  
 Omaha, NE 68137  
 Phone: 402-592-8225

## Fire Alarm Supplementary Form

The work covered on this form is (select one):

Semi-Annual

Date of Work

2/26/2024

Account Information		
Facility Name: Lincoln Regional Center - Building 9	Property Type: Detention/Correctional	Location Code: BFBKVTY
Service Address: Building 9 - 801 West Prospector Place, Lincoln, NE, 68522		
Owner: Kris Hoover	Owner's Phone: (402) 479-5453	
Owner's Address: Building 9 - 801 West Prospector Place, Lincoln, NE, 68522		

Legend				
AS - Abort Station	BATT - Batteries	CoD - Carbon Monoxide Detector	CM - Control Module	DA - Damper
DD - Duct Detector	DH - Door Holder	EL - Emergency/Exit Light	FACP - Fire Alarm Control Panel	HD - Heat Detector
HORN - Horns	H/S - Horn-Strobes	LA - Low Air	MM - Monitor Module (Ansul, temp, CO, etc)	
MR - Manual Release	Other	PR - Phase Reversal	PS - Pull Station	PWS - Power Supply
SC - Signal/Sounder Control	SD - Smoke Detector	SD-Ion - Ion Smoke Detector	SD-Photo - Photo Smoke Detector	SPKR - Speakers
S/S - Speaker-Strobes	STROBE - Strobes	TS - Tamper Switch	WF - Waterflow	

Type	Total	Tested	Not Tested	Passed	Failed
<input checked="" type="checkbox"/> BATT	1	1	0	1	0
<input checked="" type="checkbox"/> FACP	1	1	0	1	0

Type	Total	Tested	Not Tested	Passed	Failed
<input checked="" type="checkbox"/> DVC	1	1	0	1	0

Zone: FACP

Zone: FACP							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
<input checked="" type="checkbox"/> BATT	NA	In FACP	12v 55 ampX2	Semi-Annual	2/26/2024	Pass	
<input checked="" type="checkbox"/> FACP	Notifier NFS-320	Main Hallway		Semi-Annual	2/26/2024	Pass	
<input checked="" type="checkbox"/> DVC	1	MAIN PANEL		Semi-Annual	2/26/2024	Pass	



**Omaha Office**  
 6775 South 118th Street  
 Omaha, NE 68137  
 Phone: 402-592-8225

**Comments**

*Any deficiencies or other problems found with the devices must be explained using the comment specific for each device. Additional comments can be added here.*  
 Please see the summary section at the top of the form for the comments.

**Inspector's Information**

Inspected By

Conner Lynn Holsclaw

Inspector License:

O30

I state that the information on this form is correct at the time and place of my inspection, and that all equipment tested at this time was left in operating condition upon completion of this inspection except as noted in the *Comments*.

Signature of Inspector

Date

2/26/2024

**Owner or Owner's Representative**

Owner or Owner's Representative Name

NA

Owner or Owner's Representative Signature

No Signature Available

Date

2/26/2024

# Form for Inspection, Testing and Maintenance of Fire Alarms and Signaling Systems



**Location Code:** BFBKVTY

**Contact:** Kris Hoover

**Contact Address:** Building 9 - 801 West Prospector Place  
Lincoln, NE 68522

**Phone:** (402) 479-5453

**Email:** kris.hoover@nebraska.gov

**Property Evaluated:** Lincoln Regional Center - Building 9  
(Detention/Correctional)  
Building 9 - 801 West Prospector Place  
Lincoln, NE 68522

**Description:** Fire Alarm (TJC - Fire Alarm)

**Company:** Omaha Office

**Address:** 6775 South 118th Street  
Omaha, NE 68137

**Company Phone:** 402-592-8225

**Inspector:** Conner Lynn Holsclaw  
O30

**Date of Work:** 2/26/2024

**Frequency:** Semi-Annual

---

## Deficiency Summary

Please refer to the Deficiency Summary located on applicable Fire Alarm Supplementary Forms for additional deficiency details.

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## General Comments

There are no general comments for this submission



**Omaha Office**  
 6775 South 118th Street  
 Omaha, NE 68137  
 Phone: 402-592-8225

## Form for Inspection, Testing and Maintenance of Fire Alarms and Signaling Systems

Separate forms are available for inspection, testing, and maintenance of the rest of the fire protection system of which the fire alarms and signaling systems are a part. More frequent inspection, testing, and maintenance may be necessary depending on the conditions of the occupancy and the water supply.

Notes:

1. All questions are to be answered *Yes, No, or Not Applicable*. All "No" answers are to be explained in the *Comments* for this form.
2. Refer to NFPA-72 for specific inspection frequency requirements for the different components.

The work covered on this form is (select one): Semi-Annual

Date of Work 2/26/2024

*All responses refer to the current work (inspection, testing and maintenance) performed on this date.*

### 1. Property Information

Owner: Kris Hoover

Owner's Phone Number: (402) 479-5453

Owner's Address: Building 9 - 801 West Prospector Place, Lincoln, NE, 68522

Property Being Evaluated: Lincoln Regional Center - Building 9 (Detention/Correctional)

Property Address: Building 9 - 801 West Prospector Place, Lincoln, NE, 68522

Assembly Description: Fire Alarm (TJC - Fire Alarm)

### 2. Owner's Section

A. Are the fire alarms and signaling systems in service?  Yes  No

B. Have fire alarms and signaling systems remained in service since the last inspection?  Yes  No

C. Was the system (of which the fire alarm and signaling systems are a part) free of actuation of devices or alarms since the last inspection?  Yes  No

D. The required record documents are available and include the current revisions of all fire alarm software and the revisions of software of any systems with which the fire alarm software interfaces?  Yes  No

### 3. Monitoring Information

Monitoring organization: Per Mar

Address: NA

Phone: NA

Fax: NA

Email: NA

Account number: NA

Phone line 1: NA

Phone line 2: NA

Means of transmission: RADIO

Entity to which alarms are retransmitted: NA

Phone: NA

### 4. System Information

4.1 Control Unit: Notifier

Manufacturer: NFS2-640

Model number: 27

4.2 Software and Firmware Revision number: 27

4.3 System Power: 120v

4.3.1 Primary (Main) Power: 120v

Nominal voltage: NA

Amps: FACP

Location: NA

Overcurrent protection type: NA

Amps: Breaker

Disconnecting means location: BATTERY

4.3.2 Secondary Power: FACP

Type: Lead-acid

Location: Nickel-cadmium

Battery type (if applicable):  Lead-acid  Nickel-cadmium

Primary (dry cell)

Sealed lead-acid

Calculated capacity of batteries to drive the system:

In standby mode (hours): 24

In alarm mode (minutes): 15

### 5. Notifications Made Prior To Testing

	Contact	Time
Monitoring organization:	PERMAR	7:00
Building management:	NA	NA
Building occupants:	NA	NA
Authority Having Jurisdiction:	NA	NA
Other, if required:		



**6. Testing Results**

**6.1 Control Unit and Related Equipment**

Description	Visual Inspection	Functional Test	Results
Control unit	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Lamps/LEDs/LCDs	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Fuses	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Trouble signals	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Disconnect switches	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Ground-fault monitoring	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Supervision	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Local annunciator	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Remote annunciators	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Remote power panels	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A

**6.2 Secondary Power**

Description	Visual Inspection	Functional Test	Results
Battery condition	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Load voltage	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Discharge test	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Charger test	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Remote panel batteries	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A

**6.3 Alarm and Supervisory Alarm Initiating Device**

Complete supplementary device test form for all initiating devices.

**6.4 Notification Appliances**

Complete supplementary appliance test form for all notification appliances.

**6.5 Interface Equipment**

Complete supplementary interface component test form for all interface components.  
*Circuit Interface / Signaling Line Circuit Interface / Fire Alarm Control Interface*

**6.6 Supervising Station Monitoring**

Description	Yes/No	Time (sec)	Results
Alarm signal	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Alarm restoration	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Trouble signal	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Trouble restoration	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Supervisory signal	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Supervisory restoration	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A

**6.7 Public Emergency Alarm Reporting System**

Description	Yes/No	Time (seconds)	Results
Alarm signal	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Alarm restoration	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Trouble signal	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Trouble restoration	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Supervisory signal	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Supervisory restoration	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A

**7. Notifications That Testing Is Complete**

	Contact	Time
Monitoring organization:	PERMAR	3:00
Building management:	NA	NA
Building occupants:	NA	NA
Authority Having Jurisdiction:	NA	NA
Other, if required:		

**8. System Restored To Normal Operation**

Date: 2/26/2024

Time: 3:00

**9. Comments**

*Any "No" answers, test failures or other problems found with the fire alarm system must be explained using the comment specific for each question. Additional comments can be added here.*

Please see the summary section at the top of the form for the comments.

**10. Inspector's Information**

Inspected By: Conner Lynn Holsclaw  
 Inspector License: O30

I state that the information on this form is correct at the time and place of my inspection, and that all equipment tested at this time was left in operating condition upon completion of this inspection except as noted in the *Comments*. This system as specified herein has been inspected and tested according to NFPA 72, 2013 edition, Chapter 14.



**Omaha Office**  
6775 South 118th Street  
Omaha, NE 68137  
Phone: 402-592-8225

---

Signature of Inspector

Date

2/26/2024

11. Owner or Owner's Representative

Owner or Owner's Representative Name

NA

Owner or Owner's Representative Signature

**No Signature Available**

Date

2/26/2024



# Fire Alarm Supplementary Form



**Location Code:** BFBKVTY

**Contact:** Kris Hoover

**Contact Address:** Building 9 - 801 West Prospector Place  
Lincoln, NE 68522

**Phone:** (402) 479-5453

**Email:** kris.hoover@nebraska.gov

**Property Evaluated:** Lincoln Regional Center - Building 9  
(Detention/Correctional)  
Building 9 - 801 West Prospector Place  
Lincoln, NE 68522

**Description:** Fire Alarm Supplement (TJC EP4 Notification)

**Company:** Omaha Office

**Address:** 6775 South 118th Street  
Omaha, NE 68137

**Company Phone:** 402-592-8225

**Inspector:** Conner Lynn Holsclaw  
O30

**Date of Work:** 2/26/2024

**Frequency:** Semi-Annual

---

## Deficiency Summary

There are no reported deficiencies for this submission

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## General Comments

There are no general comments for this submission



**Omaha Office**  
 6775 South 118th Street  
 Omaha, NE 68137  
 Phone: 402-592-8225

## Fire Alarm Supplementary Form

The work covered on this form is (select one):

Monthly

Date of Work

2/26/2024

Account Information		
Facility Name: Lincoln Regional Center - Building 9	Property Type: Detention/Correctional	Location Code: BFBKVTY
Service Address: Building 9 - 801 West Prospector Place, Lincoln, NE, 68522		
Owner: Kris Hoover	Owner's Phone: (402) 479-5453	
Owner's Address: Building 9 - 801 West Prospector Place, Lincoln, NE, 68522		

Legend				
AS - Abort Station	BATT - Batteries	CoD - Carbon Monoxide Detector	CM - Control Module	DA - Damper
DD - Duct Detector	DH - Door Holder	EL - Emergency/Exit Light	FACP - Fire Alarm Control Panel	HD - Heat Detector
HORN - Horns	H/S - Horn-Strobes	LA - Low Air	MM - Monitor Module (Ansul, temp, CO, etc)	
MR - Manual Release	Other	PR - Phase Reversal	PS - Pull Station	PWS - Power Supply
SC - Signal/Sounder Control	SD - Smoke Detector	SD-Ion - Ion Smoke Detector	SD-Photo - Photo Smoke Detector	SPKR - Speakers
S/S - Speaker-Strobes	STROBE - Strobes	TS - Tamper Switch	WF - Waterflow	

Type	Total	Tested	Not Tested	Passed	Failed
■ S/S	1	1	0	1	0
★ STROBE	1	1	0	1	0

Type	Total	Tested	Not Tested	Passed	Failed
🔊 SPKR	1	1	0	1	0

Zone: 1

Zone: 1							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
■ S/S	2	BUILDING 9	ALL SPEAKER STROBES	Semi-Annual	2/26/2024	Pass	
🔊 SPKR	1	BUILDING 9	ALL SPEAKERS	Semi-Annual	2/26/2024	Pass	
★ STROBE	3	BUILDING 9	ALL STROBES	Semi-Annual	2/26/2024	Pass	

### Comments

Any deficiencies or other problems found with the devices must be explained using the comment specific for each device. Additional comments can be added here.  
 Please see the summary section at the top of the form for the comments.



**Omaha Office**  
 6775 South 118th Street  
 Omaha, NE 68137  
 Phone: 402-592-8225

**Inspector's Information**

Inspected By

Conner Lynn Holsclaw

Inspector License:

O30

I state that the information on this form is correct at the time and place of my inspection, and that all equipment tested at this time was left in operating condition upon completion of this inspection except as noted in the *Comments*.

Signature of Inspector

Date

2/26/2024

**Owner or Owner's Representative**

Owner or Owner's Representative Name

NA

Owner or Owner's Representative Signature

No Signature Available

Date

2/26/2024



**Location Code:** BFBKVTY

**Contact:** Kris Hoover

**Contact Address:** Building 9 - 801 West Prospector Place  
Lincoln, NE 68522

**Phone:** (402) 479-5453

**Email:** kris.hoover@nebraska.gov

**Property Evaluated:** Lincoln Regional Center - Building 9  
(Detention/Correctional)  
Building 9 - 801 West Prospector Place  
Lincoln, NE 68522

**Description:** Fire Suppression (FS Inspection)

**Company:** Omaha Office

**Address:** 6775 South 118th Street  
Omaha, NE 68137

**Company Phone:** 402-592-8225

**Inspector:** Conner Lynn Holsclaw  
O30

**Date of Work:** 2/26/2024

**Frequency:** Semi-Annual

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## Deficiency Summary

There are no reported deficiencies for this submission

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## General Comments

There are no general comments for this submission



**Omaha Office**  
 6775 South 118th Street  
 Omaha, NE 68137  
 Phone: 402-592-8225

**Frequency Of Testing**

Frequency:  
 Date

Quarterly  Semi-Annual  Annual  
 2/26/2024

**Account Information**

Account Information		
Facility Name: Lincoln Regional Center - Building 9	Property Type: Fire Suppression (FS Inspection)	Location Code: BFBKVTY
Service Address: 1239 North Minnesota Ave.		
Owner: Protex Central, Inc.		Owner Phone: (402) 479-5453
Owner's Address: Building 9 - 801 West Prospector Place, Lincoln, NE, 68522		

**Panel Information**

Type <input checked="" type="checkbox"/> Releasing Panel <input type="checkbox"/> Power Supply <input type="checkbox"/> Annunciator	Location Telephone Rm	Manufacturer PYROCHEM	Model: Na	Result <input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
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**Batteries**

Type <input checked="" type="checkbox"/> 12vdc/7ah <input type="checkbox"/> 12vdc/12ah <input type="checkbox"/> 12vdc/18ah <input type="checkbox"/> 12vdc/26ah <input type="checkbox"/> 12vdc/35ah <input type="checkbox"/> 12vdc/55ah	Location In releasing panel	Install Date: 8/2022	Voltage/Amphere Reading 13.2	Result <input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Type <input checked="" type="checkbox"/> 12vdc/7ah <input type="checkbox"/> 12vdc/12ah <input type="checkbox"/> 12vdc/18ah <input type="checkbox"/> 12vdc/26ah <input type="checkbox"/> 12vdc/35ah <input type="checkbox"/> 12vdc/55ah	Location In releasing panel	Install Date: 8/2022	Voltage/Amphere Reading 13.2	Result <input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A

**Cylinder/Tank**

Location Telephone Rm	Serial Number: Na	Manufacture Date: Na	Manufacturer PYROCHEM	Gross/Agent/PSI 180/69/350	Liquid Level Na
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**Devices**

Legend		
Abort - Abort Station	AirPressSw - Air Pressure Switch	BATT - Batteries
BOTTDIS - Bottom Discharge	CntrlMod - Control Module	Combo Detector - Combo Detector
DAMP - Damper	H/S - Horn-Strobes	HD - Heat Detector
HOSE - Hose	Initiator - Initiator	Low Air - Low Air
MAINT - Maintenance Switch	MM - Monitor Module (Ansul, temp, CO, etc)	ManRel - Manual Release
NOZZ - Nozzle	Other - Other	PWS - Power Supply
Relay Module - Relay Module	SD-Ion - Ion Smoke Detector	SD-Photo - Photo Smoke Detector
SOL - Solenoid	STROBE - Strobes	TOPDIS - Top Discharge
TS - Tamper Switch	VES - VESDA	WF - Waterflow

Asset Type	Total	Tested	Not Tested	Passed	Failed
⊕ Abort	1	1	0	1	0
● SD-Photo	2	2	0	2	0

Asset Type	Total	Tested	Not Tested	Passed	Failed
■ ManRel	1	1	0	1	0

Zone: 1



**Omaha Office**  
 6775 South 118th Street  
 Omaha, NE 68137  
 Phone: 402-592-8225

Zone: 1						
Asset Type	Address	Location	Notes	Frequency	Test Results	Comments
⊕ Abort		Telephone Rm		Semi-Annual	Pass	
⊖ ManRel		Telephone Rm		Semi-Annual	Pass	
● SD-Photo		Telephone Rm		Semi-Annual	Pass	
● SD-Photo		Telephone Rm		Semi-Annual	Pass	

**Notification Devices**

Device Type <input type="checkbox"/> Horn Strobe <input type="checkbox"/> Bell <input type="checkbox"/> Strobe <input checked="" type="checkbox"/> Exterior Strobe	Location HALLWAY OF TELEPHONE ROOM	Result <input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Device Type <input type="checkbox"/> Horn Strobe <input checked="" type="checkbox"/> Bell <input type="checkbox"/> Strobe <input type="checkbox"/> Exterior Strobe	Location TELEPHONE ROOM	Result <input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Device Type <input type="checkbox"/> Horn Strobe <input type="checkbox"/> Bell <input checked="" type="checkbox"/> Strobe <input type="checkbox"/> Exterior Strobe	Location TELEPHONE ROOM	Result <input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A

**Suppression Questionnaire**

Is system connected to Main Fire Alarm System?  Yes  No  N/A

Is the protected room properly sealed?  Yes  No  N/A

Is there a door sweep?  Yes  No  N/A

Do the trouble signals operate correctly from releasing panel and sub panels (if any)?  Yes  No  N/A

Did alarm signals operate correctly for releasing panel and associated devices when tested?  Yes  No  N/A

Is all wiring installed correctly, terminated and in a serviceable working order?  Yes  No  N/A

Are all switches, indicators, meters, and gauges in good working order both physically and functionally?  Pass  Fail  N/A

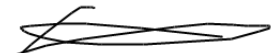
Do all shutdown function relays and devices work as intended? Air handlers, fans, dampers, computer systems.  Yes  No  N/A

Will system operate on batteries for 24 hours in standby and 5 minutes in alarm?  Yes  No  N/A

Date of Work \_\_\_\_\_ 2/26/2024

Inspected By: \_\_\_\_\_ Conner Lynn Holsclaw

Inspector License: \_\_\_\_\_ O30

Signature of Inspector: \_\_\_\_\_ 

# Fire Alarm Supplementary Form



**Location Code:** BFBKVTY

**Contact:** Kris Hoover

**Contact Address:** Building 9 - 801 West Prospector Place  
Lincoln, NE 68522

**Phone:** (402) 479-5453

**Email:** kris.hoover@nebraska.gov

**Property Evaluated:** Lincoln Regional Center - Building 9  
(Detention/Correctional)  
Building 9 - 801 West Prospector Place  
Lincoln, NE 68522

**Description:** Fire Alarm Supplement (TJC EP5 FA Equipment  
Signals)

**Company:** Omaha Office

**Address:** 6775 South 118th Street  
Omaha, NE 68137

**Company Phone:** 402-592-8225

**Inspector:** Keith Allen Benne  
J13

**Date of Work:** 8/22/2024

**Frequency:** Semi-Annual

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## Deficiency Summary

There are no reported deficiencies for this submission

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## General Comments

There are no general comments for this submission



**Omaha Office**  
 6775 South 118th Street  
 Omaha, NE 68137  
 Phone: 402-592-8225

## Fire Alarm Supplementary Form

Account Information		
Facility Name: Lincoln Regional Center - Building 9	Property Type: Detention/Correctional	Location Code: BFBKVTY
Service Address: Building 9 - 801 West Prospector Place, Lincoln, NE, 68522		
Owner: Kris Hoover	Owner's Phone: (402) 479-5453	
Owner's Address: Building 9 - 801 West Prospector Place, Lincoln, NE, 68522		

Legend				
AS - Abort Station	BATT - Batteries	CoD - Carbon Monoxide Detector	CM - Control Module	DA - Damper
DD - Duct Detector	DH - Door Holder	EL - Emergency/Exit Light	FACP - Fire Alarm Control Panel	HD - Heat Detector
HORN - Horns	H/S - Horn-Strobes	LA - Low Air	MM - Monitor Module (Ansul, temp, CO, etc)	
MR - Manual Release	Other	PR - Phase Reversal	PS - Pull Station	PWS - Power Supply
SC - Signal/Sounder Control	SD - Smoke Detector	SD-Ion - Ion Smoke Detector	SD-Photo - Photo Smoke Detector	SPKR - Speakers
S/S - Speaker-Strobes	STROBE - Strobes	TS - Tamper Switch	WF - Waterflow	

Type	Total	Tested	Not Tested	Passed	Failed
<input checked="" type="checkbox"/> BATT	1	1	0	1	0
<input checked="" type="checkbox"/> FACP	1	1	0	1	0

Type	Total	Tested	Not Tested	Passed	Failed
<input checked="" type="checkbox"/> DVC	1	1	0	1	0

Zone: FACP

Zone: FACP							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
<input checked="" type="checkbox"/> BATT	NA	In FACP	12v 55 ampX2	Semi-Annual	9/5/2024	Pass	
<input checked="" type="checkbox"/> FACP	Notifier NFS-320	Main Hallway		Semi-Annual	9/5/2024	Pass	
<input checked="" type="checkbox"/> DVC	1	MAIN PANEL		Semi-Annual	9/5/2024	Pass	

**Comments**

Any deficiencies or other problems found with the devices must be explained using the comment specific for each device. Additional comments can be added here.

Please see the summary section at the top of the form for the comments.

**Inspector's Information**





**Omaha Office**  
 6775 South 118th Street  
 Omaha, NE 68137  
 Phone: 402-592-8225

Inspected By

Keith Allen Benne

Inspector License:

J13

I state that the information on this form is correct at the time and place of my inspection, and that all equipment tested at this time was left in operating condition upon completion of this inspection except as noted in the *Comments*.

Signature of Inspector

Date

9/5/2024

**Owner or Owner's Representative**

Owner or Owner's Representative Name

Owner or Owner's Representative Signature

No Signature Available

Date

9/5/2024

# Form for Inspection, Testing and Maintenance of Fire Alarms and Signaling Systems



**Location Code:** BFBKVTY

**Contact:** Kris Hoover

**Contact Address:** Building 9 - 801 West Prospector Place  
Lincoln, NE 68522

**Phone:** (402) 479-5453

**Email:** kris.hoover@nebraska.gov

**Property Evaluated:** Lincoln Regional Center - Building 9  
(Detention/Correctional)  
Building 9 - 801 West Prospector Place  
Lincoln, NE 68522

**Description:** Fire Alarm (TJC - Fire Alarm)

**Company:** Omaha Office

**Address:** 6775 South 118th Street  
Omaha, NE 68137

**Company Phone:** 402-592-8225

**Inspector:** Keith Allen Benne  
J13

**Date of Work:** 8/22/2024

**Frequency:** Semi-Annual

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## Deficiency Summary

Please refer to the Deficiency Summary located on applicable Fire Alarm Supplementary Forms for additional deficiency details.

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## General Comments

There are no general comments for this submission



# Form for Inspection, Testing and Maintenance of Fire Alarms and Signaling Systems

Separate forms are available for inspection, testing, and maintenance of the rest of the fire protection system of which the fire alarms and signaling systems are a part. More frequent inspection, testing, and maintenance may be necessary depending on the conditions of the occupancy and the water supply.

**Notes:**

1. All questions are to be answered *Yes, No, or Not Applicable*. All "No" answers are to be explained in the *Comments* for this form.
2. Refer to NFPA-72 for specific inspection frequency requirements for the different components.

**1. Property Information**

Owner: Kris Hoover  
 Owner's Phone Number: (402) 479-5453  
 Owner's Address: Building 9 - 801 West Prospector Place, Lincoln, NE, 68522  
 Property Being Evaluated: Lincoln Regional Center - Building 9 (Detention/Correctional)  
 Property Address: Building 9 - 801 West Prospector Place, Lincoln, NE, 68522  
 Assembly Description: Fire Alarm (TJC - Fire Alarm)

**2. Owner's Section**

- A. Are the fire alarms and signaling systems in service?  Yes  No
- B. Have fire alarms and signaling systems remained in service since the last inspection?  Yes  No
- C. Was the system (of which the fire alarm and signaling systems are a part) free of actuation of devices or alarms since the last inspection?  Yes  No
- D. The required record documents are available and include the current revisions of all fire alarm software and the revisions of software of any systems with which the fire alarm software interfaces?  Yes  No

**3. Monitoring Information**

Monitoring organization: Per Mar  
 Address: NA  
 Phone: NA  
 Fax: NA  
 Email: NA  
 Account number: NA  
 Phone line 1: NA  
 Phone line 2: NA  
 Means of transmission: RADIO  
 Entity to which alarms are retransmitted: NA  
 Phone: NA

**4. System Information**

4.1 Control Unit:  
 Manufacturer: Notifier  
 Model number: NFS2-640  
 4.2 Software and Firmware Revision number: 27  
 4.3 System Power:  
 4.3.1 Primary (Main) Power:  
 Nominal voltage: 120v  
 Amps: NA  
 Location: FACP  
 Overcurrent protection type: NA  
 Amps: NA  
 Disconnecting means location: Breaker  
 4.3.2 Secondary Power:  
 Type: BATTERY  
 Location: FACP  
 Battery type (if applicable):  Lead-acid  Nickel-cadmium  Primary (dry cell)  Sealed lead-acid

Calculated capacity of batteries to drive the system:

In standby mode (hours): 24  
 In alarm mode (minutes): 15

**5. Notifications Made Prior To Testing**

	Contact	Time
Monitoring organization:	NA	NA
Building management:	BOILER BUILDING	8AM
Building occupants:	NA	NA
Authority Having Jurisdiction:	NA	NA
Other, if required:	NA	NA



**6. Testing Results**

**6.1 Control Unit and Related Equipment**

Description	Visual Inspection	Functional Test	Results
Control unit	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Lamps/LEDs/L CDs	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Fuses	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Trouble signals	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Disconnect switches	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Ground-fault monitoring	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Supervision	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Local annunciator	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Remote annunciators	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Remote power panels	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A

**6.2 Secondary Power**

Description	Visual Inspection	Functional Test	Results
Battery condition	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Load voltage	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Discharge test	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Charger test	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Remote panel batteries	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A

**6.3 Alarm and Supervisory Alarm Initiating Device**

Complete supplementary device test form for all initiating devices.

**6.4 Notification Appliances**

Complete supplementary appliance test form for all notification appliances.

**6.5 Interface Equipment**

Complete supplementary interface component test form for all interface components.  
*Circuit Interface / Signaling Line Circuit Interface / Fire Alarm Control Interface*

**6.6 Supervising Station Monitoring**

Description	Yes/No	Time (sec)	Results
Alarm signal	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Alarm restoration	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Trouble signal	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Trouble restoration	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Supervisory signal	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Supervisory restoration	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A

**6.7 Public Emergency Alarm Reporting System**

Description	Yes/No	Time (seconds)	Results
Alarm signal	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Alarm restoration	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Trouble signal	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Trouble restoration	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Supervisory signal	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Supervisory restoration	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A

**7. Notifications That Testing Is Complete**

	Contact	Time
Monitoring organization:	NA	NA
Building management:	BOILER BLDG	3PM
Building occupants:	NA	NA
Authority Having Jurisdiction:	NA	NA
Other, if required:	NA	NA

**8. System Restored To Normal Operation**

Date: 8/22/2024  
 Time: 3PM

**9. Comments**

*Any "No" answers, test failures or other problems found with the fire alarm system must be explained using the comment specific for each question. Additional comments can be added here.*

Please see the summary section at the top of the form for the comments.

**10. Inspector's Information**

Inspected By: Keith Allen Benne  
 Inspector License: J13

I state that the information on this form is correct at the time and place of my inspection, and that all equipment tested at this time was left in operating condition upon completion of this inspection except as noted in the *Comments*. This system as specified herein has been inspected and tested according to NFPA 72, 2013 edition, Chapter 14.



**Omaha Office**  
6775 South 118th Street  
Omaha, NE 68137  
Phone: 402-592-8225

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Signature of Inspector

Date

9/5/2024

11. Owner or Owner's Representative

Owner or Owner's Representative Name

Owner or Owner's Representative Signature **No Signature Available**

Date

9/5/2024



**Location Code:** BFBKVTY

**Contact:** Kris Hoover

**Contact Address:** Building 9 - 801 West Prospector Place  
Lincoln, NE 68522

**Phone:** (402) 479-5453

**Email:** kris.hoover@nebraska.gov

**Property Evaluated:** Lincoln Regional Center - Building 9  
(Detention/Correctional)  
Building 9 - 801 West Prospector Place  
Lincoln, NE 68522

**Description:** Fire Suppression (FS Inspection)

**Company:** Omaha Office

**Address:** 6775 South 118th Street  
Omaha, NE 68137

**Company Phone:** 402-592-8225

**Inspector:** Keith Allen Benne  
J13

**Date of Work:** 8/22/2024

**Frequency:** Semi-Annual

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## Deficiency Summary

There are no reported deficiencies for this submission

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## General Comments

There are no general comments for this submission



**Omaha Office**  
 6775 South 118th Street  
 Omaha, NE 68137  
 Phone: 402-592-8225

**Frequency Of Testing**

Frequency:  
 Date

Quarterly  Semi-Annual  Annual  
 8/22/2024

**Account Information**

Account Information		
Facility Name: Lincoln Regional Center - Building 9	Property Type: Fire Suppression (FS Inspection)	Location Code: BFBKVTY
Service Address: 1239 North Minnesota Ave.		
Owner: Protex Central, Inc.		Owner Phone: (402) 479-5453
Owner's Address: Building 9 - 801 West Prospector Place, Lincoln, NE, 68522		

**Panel Information**

Type <input checked="" type="checkbox"/> Releasing Panel <input type="checkbox"/> Power Supply <input type="checkbox"/> Annunciator	Location Telephone Rm	Manufacturer PYROCHEM	Model: Na	Result <input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
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**Batteries**

Type <input checked="" type="checkbox"/> 12vdc/7ah <input type="checkbox"/> 12vdc/12ah <input type="checkbox"/> 12vdc/18ah <input type="checkbox"/> 12vdc/26ah <input type="checkbox"/> 12vdc/35ah <input type="checkbox"/> 12vdc/55ah	Location In releasing panel	Install Date: 8/2022	Voltage/Amphere Reading 13.2	Result <input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Type <input checked="" type="checkbox"/> 12vdc/7ah <input type="checkbox"/> 12vdc/12ah <input type="checkbox"/> 12vdc/18ah <input type="checkbox"/> 12vdc/26ah <input type="checkbox"/> 12vdc/35ah <input type="checkbox"/> 12vdc/55ah	Location In releasing panel	Install Date: 8/2022	Voltage/Amphere Reading 13.2	Result <input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A

**Cylinder/Tank**

Location Telephone Rm	Serial Number: Na	Manufacture Date: Na	Manufacturer PYROCHEM	Gross/Agent/PSI 180/69/350	Liquid Level Na
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**Devices**

Legend		
Abort - Abort Station	AirPressSw - Air Pressure Switch	BATT - Batteries
BOTTDIS - Bottom Discharge	CntrlMod - Control Module	Combo Detector - Combo Detector
DAMP - Damper	H/S - Horn-Strobes	HD - Heat Detector
HOSE - Hose	Initiator - Initiator	Low Air - Low Air
MAINT - Maintenance Switch	MM - Monitor Module (Ansul, temp, CO, etc)	ManRel - Manual Release
NOZZ - Nozzle	Other - Other	PWS - Power Supply
Relay Module - Relay Module	SD-Ion - Ion Smoke Detector	SD-Photo - Photo Smoke Detector
SOL - Solenoid	STROBE - Strobes	TOPDIS - Top Discharge
TS - Tamper Switch	VES - VESDA	WF - Waterflow

Asset Type	Total	Tested	Not Tested	Passed	Failed
⊕ Abort	1	1	0	1	0
● SD-Photo	2	2	0	2	0

Asset Type	Total	Tested	Not Tested	Passed	Failed
■ ManRel	1	1	0	1	0

Zone: 1



**Omaha Office**  
 6775 South 118th Street  
 Omaha, NE 68137  
 Phone: 402-592-8225

Zone: 1						
Asset Type	Address	Location	Notes	Frequency	Test Results	Comments
⊕ Abort		Telephone Rm		Semi-Annual	Pass	
⊖ ManRel		Telephone Rm		Semi-Annual	Pass	
● SD-Photo		Telephone Rm		Semi-Annual	Pass	
● SD-Photo		Telephone Rm		Semi-Annual	Pass	

**Notification Devices**

Device Type <input type="checkbox"/> Horn Strobe <input type="checkbox"/> Bell <input type="checkbox"/> Strobe <input checked="" type="checkbox"/> Exterior Strobe	Location HALLWAY OF TELEPHONE ROOM	Result <input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Device Type <input type="checkbox"/> Horn Strobe <input checked="" type="checkbox"/> Bell <input type="checkbox"/> Strobe <input type="checkbox"/> Exterior Strobe	Location TELEPHONE ROOM	Result <input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Device Type <input type="checkbox"/> Horn Strobe <input type="checkbox"/> Bell <input checked="" type="checkbox"/> Strobe <input type="checkbox"/> Exterior Strobe	Location TELEPHONE ROOM	Result <input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A

**Suppression Questionnaire**

Is system connected to Main Fire Alarm System?  Yes  No  N/A

Is the protected room properly sealed?  Yes  No  N/A

Is there a door sweep?  Yes  No  N/A

Do the trouble signals operate correctly from releasing panel and sub panels (if any)?  Yes  No  N/A

Did alarm signals operate correctly for releasing panel and associated devices when tested?  Yes  No  N/A

Is all wiring installed correctly, terminated and in a serviceable working order?  Yes  No  N/A

Are all switches, indicators, meters, and gauges in good working order both physically and functionally?  Pass  Fail  N/A


Do all shutdown function relays and devices work as intended? Air handlers, fans, dampers, computer systems.  Yes  No  N/A

Will system operate on batteries for 24 hours in standby and 5 minutes in alarm?  Yes  No  N/A

Date of Work \_\_\_\_\_ 8/22/2024 \_\_\_\_\_

Inspected By: \_\_\_\_\_ Keith Allen Benne \_\_\_\_\_

Inspector License: \_\_\_\_\_ J13 \_\_\_\_\_

Signature of Inspector: \_\_\_\_\_  \_\_\_\_\_



# Fire Alarm Supplementary Form



**Location Code:** FOPQBAH

**Contact:** Kris Hoover

**Contact Address:** Building 10 - 801 West Prospector Place  
Lincoln, NE 68522

**Phone:** (402) 309-3231

**Email:** kris.hoover@nebraska.gov

**Property Evaluated:** Lincoln Regional Center - Building 10  
(Detention/Correctional)  
Building 10 - 801 West Prospector Place  
Lincoln, NE 68522

**Description:** Fire Alarm Supplement (TJC EP19 Shutdown)

**Company:** Omaha Office

**Address:** 6775 South 118th Street  
Omaha, NE 68137

**Company Phone:** 402-592-8225

**Inspector:** Conner Lynn Holsclaw  
O30

**Date of Work:** 2/26/2024

**Frequency:** Semi-Annual

---

## Deficiency Summary

There are no reported deficiencies for this submission

---

## General Comments

There are no general comments for this submission



**Omaha Office**  
 6775 South 118th Street  
 Omaha, NE 68137  
 Phone: 402-592-8225

## Fire Alarm Supplementary Form

The work covered on this form is (select one):

Semi-Annual

Date of Work

2/26/2024

Account Information		
Facility Name: Lincoln Regional Center - Building 10	Property Type: Detention/Correctional	Location Code: FOPQBAH
Service Address: Building 10 - 801 West Prospector Place, Lincoln, NE, 68522		
Owner: Kris Hoover	Owner's Phone: (402) 309-3231	
Owner's Address: Building 10 - 801 West Prospector Place, Lincoln, NE, 68522		

Legend				
AS - Abort Station	BATT - Batteries	CoD - Carbon Monoxide Detector	CM - Control Module	DA - Damper
DD - Duct Detector	DH - Door Holder	EL - Emergency/Exit Light	FACP - Fire Alarm Control Panel	HD - Heat Detector
HORN - Horns	H/S - Horn-Strobes	LA - Low Air	MM - Monitor Module (Ansul, temp, CO, etc)	
MR - Manual Release	Other	PR - Phase Reversal	PS - Pull Station	PWS - Power Supply
SC - Signal/Sounder Control	SD - Smoke Detector	SD-Ion - Ion Smoke Detector	SD-Photo - Photo Smoke Detector	SPKR - Speakers
S/S - Speaker-Strobes	STROBE - Strobes	TS - Tamper Switch	WF - Waterflow	

Type	Total	Tested	Not Tested	Passed	Failed
↗ Relay Module	15	12	3	12	0

Type	Total	Tested	Not Tested	Passed	Failed

### Zone: Loop 1 Shutdowns

Zone: Loop 1 Shutdowns							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
↗ Relay Module	L1M09	1st Floor Damper		Semi-Annual	2/26/2024	Pass	
↗ Relay Module	L1M39	AHU 1 BSMT		Semi-Annual	2/26/2024	Pass	
↗ Relay Module	L1M15	AHU Fan 1 Shutdown		Semi-Annual	2/26/2024	Pass	
↗ Relay Module	L1M16	AHU Fan 2 Shutdown		Semi-Annual	2/26/2024	Pass	



**Omaha Office**  
 6775 South 118th Street  
 Omaha, NE 68137  
 Phone: 402-592-8225

Zone: Loop 1 Shutdowns							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
✓ Relay Module	L1M71	Alternate Recall		Semi-Annual	2/26/2024	Pass	
✓ Relay Module	L1M13	Door Holder		Semi-Annual	2/26/2024	Pass	
✓ Relay Module	L1M14	Door Holder		Semi-Annual	2/26/2024	Pass	
✓ Relay Module	L1M95	Door Holder		Semi-Annual	2/26/2024	Pass	
✓ Relay Module	L1M07	Fan Shut Down		Semi-Annual	2/26/2024	Pass	
✓ Relay Module	L1M73	Flash Hat		Semi-Annual	2/26/2024	Pass	
✓ Relay Module	L1M72	Primary Recall		Semi-Annual	2/26/2024	Pass	
✓ Relay Module	L1M74	Shunt Trip		Semi-Annual	2/26/2024	Pass	

**Zone: Loop 2 Shutdowns**

Zone: Loop 2 Shutdowns							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
✗ Relay Module	L2M10	2nd Floor Dampers			2/24/2023	N/A	
✗ Relay Module	L2M01	AHU Shutdown Penthouse			2/24/2023	N/A	
✗ Relay Module	L2M03	Door Holder			2/24/2023	N/A	

**Comments**

Any deficiencies or other problems found with the devices must be explained using the comment specific for each device. Additional comments can be added here.

Please see the summary section at the top of the form for the comments.

**Inspector's Information**


Inspected By

Inspector License:

I state that the information on this form is correct at the time and place of my inspection, and that all equipment tested at this time was left in operating condition upon completion of this inspection except as noted in the *Comments*.

Signature of Inspector

Date

\_\_\_\_\_  
 Conner Lynn Holsclaw  
 \_\_\_\_\_  
 O30  
 \_\_\_\_\_  
  
 \_\_\_\_\_  
 2/26/2024



**Omaha Office**  
6775 South 118th Street  
Omaha, NE 68137  
Phone: 402-592-8225

---

**Owner or Owner's Representative**

Owner or Owner's Representative Name

Owner or Owner's Representative Signature

NA

No Signature Available

Date

2/26/2024

# Fire Alarm Supplementary Form



**Location Code:** FOPQBAH

**Contact:** Kris Hoover

**Contact Address:** Building 10 - 801 West Prospector Place  
Lincoln, NE 68522

**Phone:** (402) 309-3231

**Email:** kris.hoover@nebraska.gov

**Property Evaluated:** Lincoln Regional Center - Building 10  
(Detention/Correctional)  
Building 10 - 801 West Prospector Place  
Lincoln, NE 68522

**Description:** Fire Alarm Supplement (TJC EP4 Notification)

**Company:** Omaha Office

**Address:** 6775 South 118th Street  
Omaha, NE 68137

**Company Phone:** 402-592-8225

**Inspector:** Conner Lynn Holsclaw  
O30

**Date of Work:** 2/26/2024

**Frequency:** Semi-Annual

---

## Deficiency Summary

There are no reported deficiencies for this submission

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## General Comments

There are no general comments for this submission



**Omaha Office**  
 6775 South 118th Street  
 Omaha, NE 68137  
 Phone: 402-592-8225

## Fire Alarm Supplementary Form

The work covered on this form is (select one):

Semi-Annual

Date of Work

2/26/2024

Account Information		
Facility Name: Lincoln Regional Center - Building 10	Property Type: Detention/Correctional	Location Code: FOPQBAH
Service Address: Building 10 - 801 West Prospector Place, Lincoln, NE, 68522		
Owner: Kris Hoover	Owner's Phone: (402) 309-3231	
Owner's Address: Building 10 - 801 West Prospector Place, Lincoln, NE, 68522		

Legend				
AS - Abort Station	BATT - Batteries	CoD - Carbon Monoxide Detector	CM - Control Module	DA - Damper
DD - Duct Detector	DH - Door Holder	EL - Emergency/Exit Light	FACP - Fire Alarm Control Panel	HD - Heat Detector
HORN - Horns	H/S - Horn-Strobes	LA - Low Air	MM - Monitor Module (Ansul, temp, CO, etc)	
MR - Manual Release	Other	PR - Phase Reversal	PS - Pull Station	PWS - Power Supply
SC - Signal/Sounder Control	SD - Smoke Detector	SD-Ion - Ion Smoke Detector	SD-Photo - Photo Smoke Detector	SPKR - Speakers
S/S - Speaker-Strobes	STROBE - Strobes	TS - Tamper Switch	WF - Waterflow	

Type	Total	Tested	Not Tested	Passed	Failed
■ S/S	1	1	0	1	0
★ STROBE	1	1	0	1	0

Type	Total	Tested	Not Tested	Passed	Failed
🔊 SPKR	1	1	0	1	0

Zone: 1

Zone: 1							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
■ S/S	2	BUILDING 10	ALL SPEAKER STROBES	Semi-Annual	2/26/2024	Pass	
🔊 SPKR	1	BUILDING 10	ALL SPEAKERS	Semi-Annual	2/26/2024	Pass	
★ STROBE	3	BUILDING 10	ALL STROBES	Semi-Annual	2/26/2024	Pass	

### Comments

Any deficiencies or other problems found with the devices must be explained using the comment specific for each device. Additional comments can be added here.

Please see the summary section at the top of the form for the comments.



**Omaha Office**  
 6775 South 118th Street  
 Omaha, NE 68137  
 Phone: 402-592-8225

**Inspector's Information**

Inspected By

Conner Lynn Holsclaw

Inspector License:

O30

I state that the information on this form is correct at the time and place of my inspection, and that all equipment tested at this time was left in operating condition upon completion of this inspection except as noted in the *Comments*.

Signature of Inspector

Date

2/26/2024

**Owner or Owner's Representative**

Owner or Owner's Representative Name

NA

Owner or Owner's Representative Signature

No Signature Available

Date

2/26/2024

# Fire Alarm Supplementary Form



**Location Code:** FOPQBAH

**Contact:** Kris Hoover

**Contact Address:** Building 10 - 801 West Prospector Place  
Lincoln, NE 68522

**Phone:** (402) 309-3231

**Email:** kris.hoover@nebraska.gov

**Property Evaluated:** Lincoln Regional Center - Building 10  
(Detention/Correctional)  
Building 10 - 801 West Prospector Place  
Lincoln, NE 68522

**Description:** Fire Alarm Supplement (TJC EP5 FA Equipment  
Signals)

**Company:** Omaha Office

**Address:** 6775 South 118th Street  
Omaha, NE 68137

**Company Phone:** 402-592-8225

**Inspector:** Conner Lynn Holsclaw  
O30

**Date of Work:** 2/26/2024

**Frequency:** Semi-Annual

---

## Deficiency Summary

There are no reported deficiencies for this submission

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## General Comments

There are no general comments for this submission





**Omaha Office**  
 6775 South 118th Street  
 Omaha, NE 68137  
 Phone: 402-592-8225

## Fire Alarm Supplementary Form

The work covered on this form is (select one):

Semi-Annual

Date of Work

2/26/2024

Account Information		
Facility Name: Lincoln Regional Center - Building 10	Property Type: Detention/Correctional	Location Code: FOPQBAH
Service Address: Building 10 - 801 West Prospector Place, Lincoln, NE, 68522		
Owner: Kris Hoover	Owner's Phone: (402) 309-3231	
Owner's Address: Building 10 - 801 West Prospector Place, Lincoln, NE, 68522		

Legend				
AS - Abort Station	BATT - Batteries	CoD - Carbon Monoxide Detector	CM - Control Module	DA - Damper
DD - Duct Detector	DH - Door Holder	EL - Emergency/Exit Light	FACP - Fire Alarm Control Panel	HD - Heat Detector
HORN - Horns	H/S - Horn-Strobes	LA - Low Air	MM - Monitor Module (Ansul, temp, CO, etc)	
MR - Manual Release	Other	PR - Phase Reversal	PS - Pull Station	PWS - Power Supply
SC - Signal/Sounder Control	SD - Smoke Detector	SD-Ion - Ion Smoke Detector	SD-Photo - Photo Smoke Detector	SPKR - Speakers
S/S - Speaker-Strobes	STROBE - Strobes	TS - Tamper Switch	WF - Waterflow	

Type	Total	Tested	Not Tested	Passed	Failed
Amplifier	2	0	2	0	0
FACP	1	0	1	0	0

Type	Total	Tested	Not Tested	Passed	Failed
BATT	6	6	0	6	0
PWS	4	1	3	1	0

### Zone: FA Equipment Signal Batteries

Zone: FA Equipment Signal Batteries							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
BATT	Amplifier	1ST FLR ELECTRICAL AMP 1 AND 2	12v 26amp Left Right	Semi-Annual	2/26/2024	Pass	
BATT	2	BSMT STORAGE PWS	12V 7 AMP X2	Semi-Annual	2/26/2024	Pass	
PWS	1	BSMT STORAGE RM FOR SUPP.		Semi-Annual	2/26/2024	Pass	



**Omaha Office**  
 6775 South 118th Street  
 Omaha, NE 68137  
 Phone: 402-592-8225

Zone: FA Equipment Signal Batteries							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
BATT	FACP	FACP Cabinet	12v 26amp Left Right	Semi-Annual	2/26/2024	Pass	
BATT	Power Supply	PWS 1st Floor Bottom	12v 8amp Left Right	Semi-Annual	2/26/2024	Pass	
BATT	Power Supply	PWS 1st Floor Top	12v 8amp Left Right	Semi-Annual	2/26/2024	Pass	
BATT	Power Supply	PWS BSMT CLOSET	12v 8amp Left Right	Semi-Annual	2/26/2024	Pass	

**Zone: FA Equipment Signals**

Zone: FA Equipment Signals							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
PWS	FCPS	1st Floor FCPS Bottom			8/12/2022	N/A	
PWS	FCPS	1st Floor FCPS Top			8/12/2022	N/A	
Amplifier	NA	BSMT Amplifier			8/12/2022	N/A	
PWS	FCPS	BSMT FCPS			8/12/2022	N/A	
Amplifier	NA	FACP Cabinet			8/12/2022	N/A	
FACP	NFS-3030	Front Entrance			8/12/2022	N/A	

**Comments**

Any deficiencies or other problems found with the devices must be explained using the comment specific for each device. Additional comments can be added here.  
 Please see the summary section at the top of the form for the comments.

**Inspector's Information**

Inspected By

Inspector License:

I state that the information on this form is correct at the time and place of my inspection, and that all equipment tested at this time was left in operating condition upon completion of this inspection except as noted in the *Comments*.

Signature of Inspector

Date


**Owner or Owner's Representative**

Owner or Owner's Representative Name

Owner or Owner's Representative Signature

Date

\_\_\_\_\_  
 Conner Lynn Holsclaw  
 O30

\_\_\_\_\_  
  
 2/26/2024

\_\_\_\_\_  
 NA  
 No Signature Available

\_\_\_\_\_  
 2/26/2024

# Form for Inspection, Testing and Maintenance of Fire Alarms and Signaling Systems



**Location Code:** FOPQBAH

**Contact:** Kris Hoover

**Contact Address:** Building 10 - 801 West Prospector Place  
Lincoln, NE 68522

**Phone:** (402) 309-3231

**Email:** kris.hoover@nebraska.gov

**Property Evaluated:** Lincoln Regional Center - Building 10  
(Detention/Correctional)  
Building 10 - 801 West Prospector Place  
Lincoln, NE 68522

**Description:** Fire Alarm (TJC - Fire Alarm)

**Company:** Omaha Office

**Address:** 6775 South 118th Street  
Omaha, NE 68137

**Company Phone:** 402-592-8225

**Inspector:** Conner Lynn Holsclaw  
O30

**Date of Work:** 2/26/2024

**Frequency:** Semi-Annual

---

## Deficiency Summary

Please refer to the Deficiency Summary located on applicable Fire Alarm Supplementary Forms for additional deficiency details.

---

## General Comments

There are no general comments for this submission



**Omaha Office**  
 6775 South 118th Street  
 Omaha, NE 68137  
 Phone: 402-592-8225

# Form for Inspection, Testing and Maintenance of Fire Alarms and Signaling Systems

Separate forms are available for inspection, testing, and maintenance of the rest of the fire protection system of which the fire alarms and signaling systems are a part. More frequent inspection, testing, and maintenance may be necessary depending on the conditions of the occupancy and the water supply.

Notes:

1. All questions are to be answered *Yes, No, or Not Applicable*. All "No" answers are to be explained in the *Comments* for this form.
2. Refer to NFPA-72 for specific inspection frequency requirements for the different components.

The work covered on this form is (select one): Semi-Annual

Date of Work 2/26/2024

*All responses refer to the current work (inspection, testing and maintenance) performed on this date.*

### 1. Property Information

Owner: Kris Hoover

Owner's Phone Number: (402) 309-3231

Owner's Address: Building 10 - 801 West Prospector Place, Lincoln, NE, 68522

Property Being Evaluated: Lincoln Regional Center - Building 10 (Detention/Correctional)

Property Address: Building 10 - 801 West Prospector Place, Lincoln, NE, 68522

Assembly Description: Fire Alarm (TJC - Fire Alarm)

### 2. Owner's Section

A. Are the fire alarms and signaling systems in service?  Yes  No

B. Have fire alarms and signaling systems remained in service since the last inspection?  Yes  No

C. Was the system (of which the fire alarm and signaling systems are a part) free of actuation of devices or alarms since the last inspection?  Yes  No

D. The required record documents are available and include the current revisions of all fire alarm software and the revisions of software of any systems with which the fire alarm software interfaces?  Yes  No

### 3. Monitoring Information

Monitoring organization: Per Mar

Address: NA

Phone: NA

Fax: NA

Email: NA

Account number: NA

Phone line 1: NA

Phone line 2: NA

Means of transmission: RADIO

Entity to which alarms are retransmitted: NA

Phone: NA

### 4. System Information

4.1 Control Unit: Notifier

Manufacturer: NFS2-3030

Model number: 27

4.2 Software and Firmware Revision number: 27

4.3 System Power: 120v

4.3.1 Primary (Main) Power: NA

Nominal voltage: FACP

Amps: NA

Location: NA

Overcurrent protection type: NA

Amps: Breaker

Disconnecting means location: BATTERY

4.3.2 Secondary Power: FACP

Type: Lead-acid

Location: Nickel-cadmium

Battery type (if applicable):  Lead-acid  Nickel-cadmium

Primary (dry cell)

Sealed lead-acid

Calculated capacity of batteries to drive the system:

In standby mode (hours): 24

In alarm mode (minutes): 15

### 5. Notifications Made Prior To Testing

	Contact	Time
Monitoring organization:	PERMAR	7:00
Building management:	NA	NA
Building occupants:	NA	NA
Authority Having Jurisdiction:	NA	NA
Other, if required:		



**6. Testing Results**

**6.1 Control Unit and Related Equipment**

Description	Visual Inspection	Functional Test	Results
Control unit	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Lamps/LEDs/LCDs	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Fuses	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Trouble signals	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Disconnect switches	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Ground-fault monitoring	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Supervision	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Local annunciator	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Remote annunciators	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Remote power panels	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A

**6.2 Secondary Power**

Description	Visual Inspection	Functional Test	Results
Battery condition	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Load voltage	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Discharge test	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Charger test	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Remote panel batteries	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A

**6.3 Alarm and Supervisory Alarm Initiating Device**

Complete supplementary device test form for all initiating devices.

**6.4 Notification Appliances**

Complete supplementary appliance test form for all notification appliances.

**6.5 Interface Equipment**

Complete supplementary interface component test form for all interface components.  
*Circuit Interface / Signaling Line Circuit Interface / Fire Alarm Control Interface*

**6.6 Supervising Station Monitoring**

Description	Yes/No	Time (sec)	Results
Alarm signal	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Alarm restoration	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Trouble signal	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Trouble restoration	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Supervisory signal	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Supervisory restoration	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A

**6.7 Public Emergency Alarm Reporting System**

Description	Yes/No	Time (seconds)	Results
Alarm signal	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Alarm restoration	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Trouble signal	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Trouble restoration	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Supervisory signal	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Supervisory restoration	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A

**7. Notifications That Testing Is Complete**

	Contact	Time
Monitoring organization:	PERMAR	3:00
Building management:	NA	NA
Building occupants:	NA	NA
Authority Having Jurisdiction:	NA	NA
Other, if required:		

**8. System Restored To Normal Operation**

Date: 2/26/2024

Time: 3:00

**9. Comments**

*Any "No" answers, test failures or other problems found with the fire alarm system must be explained using the comment specific for each question. Additional comments can be added here.*

Please see the summary section at the top of the form for the comments.

**10. Inspector's Information**

Inspected By: Conner Lynn Holsclaw  
 Inspector License: O30

I state that the information on this form is correct at the time and place of my inspection, and that all equipment tested at this time was left in operating condition upon completion of this inspection except as noted in the *Comments*. This system as specified herein has been inspected and tested according to NFPA 72, 2013 edition, Chapter 14.



**Omaha Office**  
6775 South 118th Street  
Omaha, NE 68137  
Phone: 402-592-8225

---

Signature of Inspector

Date 2/26/2024

11. Owner or Owner's Representative

Owner or Owner's Representative Name NA

Owner or Owner's Representative Signature **No Signature Available**

Date 2/26/2024



**Location Code:** FOPQBAH

**Contact:** Kris Hoover

**Contact Address:** Building 10 - 801 West Prospector Place  
Lincoln, NE 68522

**Phone:** (402) 309-3231

**Email:** kris.hoover@nebraska.gov

**Property Evaluated:** Lincoln Regional Center - Building 10  
(Detention/Correctional)  
Building 10 - 801 West Prospector Place  
Lincoln, NE 68522

**Description:** Fire Suppression (Generator Suppression  
System)

**Company:** Omaha Office

**Address:** 6775 South 118th Street  
Omaha, NE 68137

**Company Phone:** 402-592-8225

**Inspector:** Conner Lynn Holsclaw  
O30

**Date of Work:** 2/26/2024

**Frequency:** Annual

---

### Deficiency Summary

There are no reported deficiencies for this submission

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### General Comments

There are no general comments for this submission



**Omaha Office**  
 6775 South 118th Street  
 Omaha, NE 68137  
 Phone: 402-592-8225

**Frequency Of Testing**

Frequency:  
 Date

Quarterly  Semi-Annual  Annual  
 2/26/2024

**Account Information**

Account Information		
Facility Name: Lincoln Regional Center - Building 10	Property Type: Fire Suppression (Generator Suppression System)	Location Code: FOPQBAH
Service Address: 1239 North Minnesota Ave.		
Owner: Protex Central, Inc.		Owner Phone: (402) 309-3231
Owner's Address: Building 10 - 801 West Prospector Place, Lincoln, NE, 68522		

**Panel Information**

Type <input checked="" type="checkbox"/> Releasing Panel <input type="checkbox"/> Power Supply <input type="checkbox"/> Annunciator	Location FACP Front Entrance	Manufacturer Notifier	Model: 3030	Result <input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
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**Batteries**

Type <input type="checkbox"/> 12vdc/7ah <input type="checkbox"/> 12vdc/12ah <input checked="" type="checkbox"/> 12vdc/18ah <input type="checkbox"/> 12vdc/26ah <input type="checkbox"/> 12vdc/35ah <input type="checkbox"/> 12vdc/55ah	Location Power supply basement storage	Install Date: 2021	Voltage/Amphere Reading 13.7	Result <input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
---	---	-----------------------	---------------------------------	---

**Cylinder/Tank**

Location Generator	Serial Number: NA	Manufacture Date: NA	Manufacturer Stat-X	Gross/Agent/PSI NA	Liquid Level NA
-----------------------	----------------------	-------------------------	------------------------	-----------------------	--------------------

**Devices**

Legend		
Abort - Abort Station	AirPressSw - Air Pressure Switch	BATT - Batteries
BOTTDIS - Bottom Discharge	CntrlMod - Control Module	Combo Detector - Combo Detector
DAMP - Damper	H/S - Horn-Strobes	HD - Heat Detector
HOSE - Hose	Initiator - Initiator	Low Air - Low Air
MAINT - Maintenance Switch	MM - Monitor Module (Ansul, temp, CO, etc)	ManRel - Manual Release
NOZZ - Nozzle	Other - Other	PWS - Power Supply
Relay Module - Relay Module	SD-Ion - Ion Smoke Detector	SD-Photo - Photo Smoke Detector
SOL - Solenoid	STROBE - Strobes	TOPDIS - Top Discharge
TS - Tamper Switch	VES - VESDA	WF - Waterflow

Asset Type	Total	Tested	Not Tested	Passed	Failed
⊕ Abort	2	2	0	2	0
⚙ HD	2	2	0	2	0

Asset Type	Total	Tested	Not Tested	Passed	Failed
■ H/S	2	2	0	2	0
▣ ManRel	1	1	0	1	0

Zone: NA





**Omaha Office**  
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 Phone: 402-592-8225

Zone: NA						
Asset Type	Address	Location	Notes	Frequency	Test Results	Comments
Abort		Generator		Annual	Pass	
Abort		Generator		Annual	Pass	
HD		Generator		Annual	Pass	
HD		Generator		Annual	Pass	
ManRel		Generator		Annual	Pass	
H/S		Gen Wall Outside		Annual	Pass	
H/S		Gen Wall Outside		Annual	Pass	

**Notification Devices**

**Suppression Questionnaire**

Is system connected to Main Fire Alarm System?  Yes  No  N/A

Is the protected room properly sealed?  Yes  No  N/A

Is there a door sweep?  Yes  No  N/A

Do the trouble signals operate correctly from releasing panel and sub panels (if any)?  Yes  No  N/A

Did alarm signals operate correctly for releasing panel and associated devices when tested?  Yes  No  N/A

Is all wiring installed correctly, terminated and in a serviceable working order?  Yes  No  N/A

Are all switches, indicators, meters, and gauges in good working order both physically and functionally?  Pass  Fail  N/A

Do all shutdown function relays and devices work as intended? Air handlers, fans, dampers, computer systems.  Yes  No  N/A

Will system operate on batteries for 24 hours in standby and 5 minutes in alarm?  Yes  No  N/A

Date of Work \_\_\_\_\_ 2/26/2024

Inspected By: \_\_\_\_\_ Conner Lynn Holsclaw

Inspector License: \_\_\_\_\_ O30

Signature of Inspector: \_\_\_\_\_

# Fire Alarm Supplementary Form



**Location Code:** FOPQBAH

**Contact:** Kris Hoover

**Contact Address:** Building 10 - 801 West Prospector Place  
Lincoln, NE 68522

**Phone:** (402) 309-3231

**Email:** kris.hoover@nebraska.gov

**Property Evaluated:** Lincoln Regional Center - Building 10  
(Detention/Correctional)  
Building 10 - 801 West Prospector Place  
Lincoln, NE 68522

**Description:** Fire Alarm Supplement (TJC EP3 Initiating Devices)

**Company:** Omaha Office

**Address:** 6775 South 118th Street  
Omaha, NE 68137

**Company Phone:** 402-592-8225

**Inspector:** Conner Lynn Holsclaw  
O30

**Date of Work:** 2/26/2024

**Frequency:** Semi-Annual

---

## Deficiency Summary

There are no reported deficiencies for this submission

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## General Comments

There are no general comments for this submission



**Omaha Office**  
 6775 South 118th Street  
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## Fire Alarm Supplementary Form

The work covered on this form is (select one):

Semi-Annual

Date of Work

2/26/2024

Account Information		
Facility Name: Lincoln Regional Center - Building 10	Property Type: Detention/Correctional	Location Code: FOPQBAH
Service Address: Building 10 - 801 West Prospector Place, Lincoln, NE, 68522		
Owner: Kris Hoover	Owner's Phone: (402) 309-3231	
Owner's Address: Building 10 - 801 West Prospector Place, Lincoln, NE, 68522		

Legend				
AS - Abort Station	BATT - Batteries	CoD - Carbon Monoxide Detector	CM - Control Module	DA - Damper
DD - Duct Detector	DH - Door Holder	EL - Emergency/Exit Light	FACP - Fire Alarm Control Panel	HD - Heat Detector
HORN - Horns	H/S - Horn-Strobes	LA - Low Air	MM - Monitor Module (Ansul, temp, CO, etc)	
MR - Manual Release	Other	PR - Phase Reversal	PS - Pull Station	PWS - Power Supply
SC - Signal/Sounder Control	SD - Smoke Detector	SD-Ion - Ion Smoke Detector	SD-Photo - Photo Smoke Detector	SPKR - Speakers
S/S - Speaker-Strobes	STROBE - Strobes	TS - Tamper Switch	WF - Waterflow	

Type	Total	Tested	Not Tested	Passed	Failed
DD	4	4	0	4	0
PS	13	13	0	13	0

Type	Total	Tested	Not Tested	Passed	Failed
HD	40	40	0	40	0
SD-Photo	131	131	0	131	0

### Zone: Loop 1 Devices

Zone: Loop 1 Devices							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
SD-Photo	L1D86	Admission Room 114		Semi-Annual	2/26/2024	Pass	
SD-Photo	L1D54	BSMT. Activities 014		Semi-Annual	2/26/2024	Pass	
SD-Photo	L1D55	BSMT. Activities 014		Semi-Annual	2/26/2024	Pass	
SD-Photo	L1D06	Canteen 005		Semi-Annual	2/26/2024	Pass	
SD-Photo	L1D07	Canteen 005		Semi-Annual	2/26/2024	Pass	



**Omaha Office**  
 6775 South 118th Street  
 Omaha, NE 68137  
 Phone: 402-592-8225

Zone: Loop 1 Devices							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
● SD-Photo	L1D08	Canteen 005		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D10	Canteen 005		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D15	Canteen 005		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D68	Clinic 107		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D56	Corridor 017		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D59	Corridor 017		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D49	Corridor 20		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D53	Corridor 020		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D33	Corridor 021		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D34	Corridor 021		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D60	Corridor 021		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D24	Corridor 022		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D35	Corridor 024		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D16	Corridor 036		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D67	Corridor 105		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D70	Corridor 105		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D71	Corridor 105		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D72	Corridor 105		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D64	Corridor 105A		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D66	Corridor 105A		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D73	Corridor 105A		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D93	Corridor 105A		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D95	Corridor 148		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D97	Corridor 148		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D94	Corridor 150A		Semi-Annual	2/26/2024	Pass	
⚙ HD	L1D81	Corridor 154		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D74	Corridor 154		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D82	Corridor 154		Semi-Annual	2/26/2024	Pass	
⚙ HD	L1D28	Deliveries 029		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D29	Dry Food 028		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D30	Dry Food 028		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D01	Elec. Closet		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D65	Elect. Closet 109		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D58	Electrical 016		Semi-Annual	2/26/2024	Pass	
⚙ HD	L1D03	Elev. Equip. Room		Semi-Annual	2/26/2024	Pass	
⚙ HD	L1D04	Elev. Equip. Room		Semi-Annual	2/26/2024	Pass	



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Zone: Loop 1 Devices							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
HD	L1D05	Elev. Equip. Room		Semi-Annual	2/26/2024	Pass	
SD-Photo	L1D02	Elev. Equip. Room		Semi-Annual	2/26/2024	Pass	
SD-Photo	L1D92	Elevator 1 Lobby		Semi-Annual	2/26/2024	Pass	
SD-Photo	L1D91	Elevator 2 Lobby		Semi-Annual	2/26/2024	Pass	
HD	L1D69	Janitor Closet 106B		Semi-Annual	2/26/2024	Pass	
HD	L1D63	Janitor Closet 111A		Semi-Annual	2/26/2024	Pass	
HD	L1D89	Janitor Closet 145A		Semi-Annual	2/26/2024	Pass	
HD	L1D32	JC 022A		Semi-Annual	2/26/2024	Pass	
HD	L1D13	Kitchen 004		Semi-Annual	2/26/2024	Pass	
HD	L1D14	Kitchen 004		Semi-Annual	2/26/2024	Pass	
SD-Photo	L1D75	Library 155		Semi-Annual	2/26/2024	Pass	
SD-Photo	L1D76	Library 155		Semi-Annual	2/26/2024	Pass	
SD-Photo	L1D78	Library 155		Semi-Annual	2/26/2024	Pass	
HD	L1D77	Library Closet		Semi-Annual	2/26/2024	Pass	
SD-Photo	L1D83	Life Skills 145		Semi-Annual	2/26/2024	Pass	
SD-Photo	L1D84	Life Skills 145		Semi-Annual	2/26/2024	Pass	
SD-Photo	L1D88	Life Skills 145		Semi-Annual	2/26/2024	Pass	
SD-Photo	L1D85	Life Skills Lab 158		Semi-Annual	2/26/2024	Pass	
SD-Photo	L1D99	Lotus Group Room 140		Semi-Annual	2/26/2024	Pass	
SD-Photo	L1D61	Main Entrance Vest.		Semi-Annual	2/26/2024	Pass	
HD	L1D25	Main Kitchen 027		Semi-Annual	2/26/2024	Pass	
HD	L1D26	Main Kitchen 027		Semi-Annual	2/26/2024	Pass	
HD	L1D27	Main Kitchen 027		Semi-Annual	2/26/2024	Pass	
DD	L1D39	Mech Equip. 019		Semi-Annual	2/26/2024	Pass	
DD	L1D42	Mech Equip. 019		Semi-Annual	2/26/2024	Pass	
DD	L1D43	Mech Equip. 019		Semi-Annual	2/26/2024	Pass	
HD	L1D40	Mech Equip. 019		Semi-Annual	2/26/2024	Pass	
HD	L1D41	Mech Equip. 019		Semi-Annual	2/26/2024	Pass	
HD	L1D44	Mech Equip. 019		Semi-Annual	2/26/2024	Pass	
HD	L1D45	Mech Equip. 019		Semi-Annual	2/26/2024	Pass	
HD	L1D46	Mech Equip. 019		Semi-Annual	2/26/2024	Pass	
HD	L1D47	Mech Equip. 019		Semi-Annual	2/26/2024	Pass	
HD	L1D48	Mech Equip. 019		Semi-Annual	2/26/2024	Pass	
SD-Photo	L1D11	Office 002		Semi-Annual	2/26/2024	Pass	
SD-Photo	L1D12	Office 003		Semi-Annual	2/26/2024	Pass	
SD-Photo	L1D57	Office 020A		Semi-Annual	2/26/2024	Pass	



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 6775 South 118th Street  
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Zone: Loop 1 Devices							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
● SD-Photo	L1D79	Office 153		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D80	Office 153A		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D62	Passage 111		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D37	Patient Storage 010		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D38	Patient Storage 010		Semi-Annual	2/26/2024	Pass	
⚙ HD	L1D90	Phone 112		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D17	R.R. 032		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D19	R.R. 033		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D50	Soiled Linen 011		Semi-Annual	2/26/2024	Pass	
⚙ HD	L1D96	Staff Break Room		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D09	Storage 005A		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D36	Storage 009		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D18	Storage 031		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D20	Storage 038		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D21	Storage 038		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D22	Storage 038		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D23	Storage 038		Semi-Annual	2/26/2024	Pass	
⚙ HD	L1D87	Storage 143		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D98	Therapy Room 136		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D51	Volunteer Shop 012		Semi-Annual	2/26/2024	Pass	
⚙ HD	L1D31	Wash Room 027A		Semi-Annual	2/26/2024	Pass	
⚙ HD	L1D52	Water Entry Room 013		Semi-Annual	2/26/2024	Pass	

Zone: Loop 1 Devices Continued

Zone: Loop 1 Devices Continued							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
● SD-Photo	L1D116	Activity Room 131		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D117	Activity Room 131		Semi-Annual	2/26/2024	Pass	
☑ PS	L1M12	BSMT Center Stair		Semi-Annual	2/26/2024	Pass	
☑ PS	L1M10	BSMT Stair Well North		Semi-Annual	2/26/2024	Pass	
☑ PS	L1M17	Canteen		Semi-Annual	2/26/2024	Pass	
⚙ HD	L1D114	Closet 126A		Semi-Annual	2/26/2024	Pass	
⚙ HD	L1D106	Closet 141		Semi-Annual	2/26/2024	Pass	
☑ PS	L1M11	Corridor 017 East		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D121	Corridor 30		Semi-Annual	2/26/2024	Pass	



**Omaha Office**  
 6775 South 118th Street  
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 Phone: 402-592-8225

Zone: Loop 1 Devices Continued							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
PS	L1M05	Corridor 105 By Stair Well		Semi-Annual	2/26/2024	Pass	
SD-Photo	L1D109	Corridor 116A		Semi-Annual	2/26/2024	Pass	
SD-Photo	L1D112	Corridor 116A		Semi-Annual	2/26/2024	Pass	
SD-Photo	L1D118	Corridor 126		Semi-Annual	2/26/2024	Pass	
SD-Photo	L1D119	Corridor 126		Semi-Annual	2/26/2024	Pass	
SD-Photo	L1D120	Corridor 126		Semi-Annual	2/26/2024	Pass	
PS	L1M04	Corridor 126 By Stair Well		Semi-Annual	2/26/2024	Pass	
SD-Photo	L1D113	Corridor 150A		Semi-Annual	2/26/2024	Pass	
PS	L1M18	Deliveries		Semi-Annual	2/26/2024	Pass	
SD-Photo	L1D122	Detector L01D122		Semi-Annual	2/26/2024	Pass	
SD-Photo	L1D107	Front Lobby 114		Semi-Annual	2/26/2024	Pass	
SD-Photo	L1D108	Front Lobby 114		Semi-Annual	2/26/2024	Pass	
PS	L1M03	Front Lobby		Semi-Annual	2/26/2024	Pass	
SD-Photo	L1D104	Hall 140B		Semi-Annual	2/26/2024	Pass	
SD-Photo	L1D111	HIM Storage Closet		Semi-Annual	2/26/2024	Pass	
SD-Photo	L1D101	Lotus Group Room 140		Semi-Annual	2/26/2024	Pass	
SD-Photo	L1D102	Lotus Group Room 140		Semi-Annual	2/26/2024	Pass	
SD-Photo	L1D110	Mail Room 116		Semi-Annual	2/26/2024	Pass	
PS	L1M01	Main Entrance		Semi-Annual	2/26/2024	Pass	
SD-Photo	L1D115	Mothers Room 132		Semi-Annual	2/26/2024	Pass	
HD	L1D105	RT Closet 142		Semi-Annual	2/26/2024	Pass	
SD-Photo	L1D103	Self-Car E Group 138		Semi-Annual	2/26/2024	Pass	
HD	L1D100	TR Closet 137		Semi-Annual	2/26/2024	Pass	
PS	L1M06	Vestibule 100A		Semi-Annual	2/26/2024	Pass	

Zone: Loop 2 Devices

Zone: Loop 2 Devices							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
SD-Photo	L2D44	Clean Linen 235		Semi-Annual	2/26/2024	Pass	
SD-Photo	L2D17	Comfort Room 252		Semi-Annual	2/26/2024	Pass	
SD-Photo	L2D02	Corridor 207		Semi-Annual	2/26/2024	Pass	
SD-Photo	L2D03	Corridor 207		Semi-Annual	2/26/2024	Pass	
SD-Photo	L2D04	Corridor 207		Semi-Annual	2/26/2024	Pass	
SD-Photo	L2D05	Corridor 207		Semi-Annual	2/26/2024	Pass	
SD-Photo	L2D48	Corridor 217		Semi-Annual	2/26/2024	Pass	



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 Phone: 402-592-8225

Zone: Loop 2 Devices							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
● SD-Photo	L2D51	Corridor 217		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L2D52	Corridor 217		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L2D19	Corridor 227		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L2D23	Corridor 227		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L2D45	Corridor 227		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L2D46	Corridor 227		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L2D10	Corridor 238		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L2D42	Corridor 238		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L2D38	Corridor 239		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L2D43	Corridor 239		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L2D01	Corridor 242		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L2D09	Corridor 242		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L2D26	Corridor 242		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L2D30	Corridor 242		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L2D33	Corridor 242		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L2D37	Corridor 242		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L2D47	Corridor 242		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L2D13	Corridor 249		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L2D18	Corridor 249		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L2D20	Corridor 249		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L2D55	Corridor 249		Semi-Annual	2/26/2024	Pass	
⚙ HD	L2D15	Custodian 237A		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L2D11	Day Hall 254		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L2D12	Day Hall 254		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L2D56	Day Hall 254		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L2D49	Dining Room 212		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L2D50	Dining Room 212		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L2D34	Elevator 1 039		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L2D31	Elevator 2 040		Semi-Annual	2/26/2024	Pass	
⚙ HD	L2D14	House Keeping Closet		Semi-Annual	2/26/2024	Pass	
⚙ HD	L2D22	House Keeping Closet		Semi-Annual	2/26/2024	Pass	
⚙ HD	L2D28	Kitchen 210		Semi-Annual	2/26/2024	Pass	
⚙ HD	L2D29	Kitchen 210		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L2D24	Maint. Closet 209		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L2D16	Patient Laundry 233		Semi-Annual	2/26/2024	Pass	
○ DD	L2D41	Penthouse		Semi-Annual	2/26/2024	Pass	





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Zone: Loop 2 Devices							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
HD	L2D40	Penthouse		Semi-Annual	2/26/2024	Pass	
PS	L2M18	Penthouse		Semi-Annual	2/26/2024	Pass	
HD	L2D21	Shower 234A		Semi-Annual	2/26/2024	Pass	
SD-Photo	L2D07	South Med Room 256		Semi-Annual	2/26/2024	Pass	
SD-Photo	L2D06	Stairs 200		Semi-Annual	2/26/2024	Pass	
SD-Photo	L2D27	Stairs 208		Semi-Annual	2/26/2024	Pass	
SD-Photo	L2D53	Stairs 216		Semi-Annual	2/26/2024	Pass	
SD-Photo	L2D25	Team Leader Office		Semi-Annual	2/26/2024	Pass	
PS	L2M05	Tech Office		Semi-Annual	2/26/2024	Pass	
SD-Photo	L2D36	Tech Station		Semi-Annual	2/26/2024	Pass	
PS	L2M04	Tech Station North		Semi-Annual	2/26/2024	Pass	
HD	L2D54	Ward Closet 224		Semi-Annual	2/26/2024	Pass	
HD	L2D08	Whirlpool Room 255		Semi-Annual	2/26/2024	Pass	

**Comments**

Any deficiencies or other problems found with the devices must be explained using the comment specific for each device. Additional comments can be added here.  
 Please see the summary section at the top of the form for the comments.

**Inspector's Information**

Inspected By

Inspector License:

I state that the information on this form is correct at the time and place of my inspection, and that all equipment tested at this time was left in operating condition upon completion of this inspection except as noted in the *Comments*.

Signature of Inspector

Date


**Owner or Owner's Representative**

Owner or Owner's Representative Name

Owner or Owner's Representative Signature

Date

Conner Lynn Holsclaw  
 O30

  
 2/26/2024

NA  
 No Signature Available

2/26/2024

# Fire Alarm Supplementary Form



**Location Code:** FOPQBAH

**Contact:** Kris Hoover

**Contact Address:** Building 10 - 801 West Prospector Place  
Lincoln, NE 68522

**Phone:** (402) 309-3231

**Email:** kris.hoover@nebraska.gov

**Property Evaluated:** Lincoln Regional Center - Building 10  
(Detention/Correctional)  
Building 10 - 801 West Prospector Place  
Lincoln, NE 68522

**Description:** Fire Alarm Supplement (TJC EP5 FA Equipment  
Signals)

**Company:** Omaha Office

**Address:** 6775 South 118th Street  
Omaha, NE 68137

**Company Phone:** 402-592-8225

**Inspector:** Keith Allen Benne  
J13

**Date of Work:** 8/21/2024

**Frequency:** Semi-Annual

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## Deficiency Summary

There are no reported deficiencies for this submission

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## General Comments

There are no general comments for this submission



**Omaha Office**  
 6775 South 118th Street  
 Omaha, NE 68137  
 Phone: 402-592-8225

## Fire Alarm Supplementary Form

Account Information		
Facility Name: Lincoln Regional Center - Building 10	Property Type: Detention/Correctional	Location Code: FOFQBAH
Service Address: Building 10 - 801 West Prospector Place, Lincoln, NE, 68522		
Owner: Kris Hoover	Owner's Phone: (402) 309-3231	
Owner's Address: Building 10 - 801 West Prospector Place, Lincoln, NE, 68522		

Legend				
AS - Abort Station	BATT - Batteries	CoD - Carbon Monoxide Detector	CM - Control Module	DA - Damper
DD - Duct Detector	DH - Door Holder	EL - Emergency/Exit Light	FACP - Fire Alarm Control Panel	HD - Heat Detector
HORN - Horns	H/S - Horn-Strobes	LA - Low Air	MM - Monitor Module (Ansul, temp, CO, etc)	
MR - Manual Release	Other	PR - Phase Reversal	PS - Pull Station	PWS - Power Supply
SC - Signal/Sounder Control	SD - Smoke Detector	SD-Ion - Ion Smoke Detector	SD-Photo - Photo Smoke Detector	SPKR - Speakers
S/S - Speaker-Strobes	STROBE - Strobes	TS - Tamper Switch	WF - Waterflow	

Type	Total	Tested	Not Tested	Passed	Failed
Amplifier	2	2	0	2	0
FACP	1	1	0	1	0

Type	Total	Tested	Not Tested	Passed	Failed
BATT	6	6	0	6	0
PWS	4	4	0	4	0

### Zone: FA Equipment Signal Batteries

Zone: FA Equipment Signal Batteries							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
BATT	Amplifier	1ST FLR ELECTRICAL AMP 1 AND 2	12v 26amp Left Right	Semi-Annual	9/5/2024	Pass	
BATT	2	BSMT STORAGE PWS	12V 7 AMP X2	Semi-Annual	9/5/2024	Pass	
PWS	1	BSMT STORAGE RM FOR SUPP.		Semi-Annual	9/5/2024	Pass	
BATT	FACP	FACP Cabinet	12v 26amp Left Right	Semi-Annual	9/5/2024	Pass	



**Omaha Office**  
 6775 South 118th Street  
 Omaha, NE 68137  
 Phone: 402-592-8225

Zone: FA Equipment Signal Batteries							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
BATT	Power Supply	PWS 1st Floor Bottom	12v 8amp Left Right	Semi-Annual	9/5/2024	Pass	
BATT	Power Supply	PWS 1st Floor Top	12v 8amp Left Right	Semi-Annual	9/5/2024	Pass	
BATT	Power Supply	PWS BSMT CLOSET	12v 8amp Left Right	Semi-Annual	9/5/2024	Pass	

**Zone: FA Equipment Signals**

Zone: FA Equipment Signals							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
PWS	FCPS	1st Floor FCPS Bottom		Semi-Annual	9/5/2024	Pass	
PWS	FCPS	1st Floor FCPS Top		Semi-Annual	9/5/2024	Pass	
Amplifier	NA	BSMT Amplifier		Semi-Annual	9/5/2024	Pass	
PWS	FCPS	BSMT FCPS		Semi-Annual	9/5/2024	Pass	
Amplifier	NA	FACP Cabinet		Semi-Annual	9/5/2024	Pass	
FACP	NFS-3030	Front Entrance		Semi-Annual	9/5/2024	Pass	

**Comments**

Any deficiencies or other problems found with the devices must be explained using the comment specific for each device. Additional comments can be added here.

Please see the summary section at the top of the form for the comments.

**Inspector's Information**

Inspected By

Inspector License:

I state that the information on this form is correct at the time and place of my inspection, and that all equipment tested at this time was left in operating condition upon completion of this inspection except as noted in the *Comments*.

Signature of Inspector

Date

**Owner or Owner's Representative**

Owner or Owner's Representative Name

Owner or Owner's Representative Signature

Date

Keith Allen Benne

J13

9/5/2024

No Signature Available

9/5/2024

# Form for Inspection, Testing and Maintenance of Fire Alarms and Signaling Systems



**Location Code:** FOPQBAH

**Contact:** Kris Hoover

**Contact Address:** Building 10 - 801 West Prospector Place  
Lincoln, NE 68522

**Phone:** (402) 309-3231

**Email:** kris.hoover@nebraska.gov

**Property Evaluated:** Lincoln Regional Center - Building 10  
(Detention/Correctional)  
Building 10 - 801 West Prospector Place  
Lincoln, NE 68522

**Description:** Fire Alarm (TJC - Fire Alarm)

**Company:** Omaha Office

**Address:** 6775 South 118th Street  
Omaha, NE 68137

**Company Phone:** 402-592-8225

**Inspector:** Keith Allen Benne  
J13

**Date of Work:** 8/21/2024

**Frequency:** Semi-Annual

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## Deficiency Summary

Please refer to the Deficiency Summary located on applicable Fire Alarm Supplementary Forms for additional deficiency details.

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## General Comments

There are no general comments for this submission



**Omaha Office**  
 6775 South 118th Street  
 Omaha, NE 68137  
 Phone: 402-592-8225

# Form for Inspection, Testing and Maintenance of Fire Alarms and Signaling Systems

Separate forms are available for inspection, testing, and maintenance of the rest of the fire protection system of which the fire alarms and signaling systems are a part. More frequent inspection, testing, and maintenance may be necessary depending on the conditions of the occupancy and the water supply.

Notes:

1. All questions are to be answered *Yes, No, or Not Applicable*. All "No" answers are to be explained in the *Comments* for this form.
2. Refer to NFPA-72 for specific inspection frequency requirements for the different components.

### 1. Property Information

Owner:

Kris Hoover

Owner's Phone Number:

(402) 309-3231

Owner's Address:

Building 10 - 801 West Prospector Place, Lincoln, NE, 68522

Property Being Evaluated:

Lincoln Regional Center - Building 10 (Detention/Correctional)

Property Address:

Building 10 - 801 West Prospector Place, Lincoln, NE, 68522

Assembly Description:

Fire Alarm (TJC - Fire Alarm)

### 2. Owner's Section

A. Are the fire alarms and signaling systems in service?  Yes  No

B. Have fire alarms and signaling systems remained in service since the last inspection?  Yes  No

C. Was the system (of which the fire alarm and signaling systems are a part) free of actuation of devices or alarms since the last inspection?  Yes  No

D. The required record documents are available and include the current revisions of all fire alarm software and the revisions of software of any systems with which the fire alarm software interfaces?  Yes  No

### 3. Monitoring Information

Monitoring organization: Per Mar

Address: NA

Phone: NA

Fax: NA

Email: NA

Account number: NA

Phone line 1: NA

Phone line 2: NA

Means of transmission: RADIO

Entity to which alarms are retransmitted: NA

Phone: NA

### 4. System Information

4.1 Control Unit: Notifier

Manufacturer: NFS2-3030

Model number: 27

4.2 Software and Firmware Revision number: 27

4.3 System Power: 120v

4.3.1 Primary (Main) Power: NA

Nominal voltage: FACP

Amps: NA

Location: NA

Overcurrent protection type: NA

Amps: Breaker

Disconnecting means location: BATTERY

4.3.2 Secondary Power: FACP

Type: Lead-acid  Nickel-cadmium

Location: Primary (dry cell)

Battery type (if applicable):  Sealed lead-acid

Calculated capacity of batteries to drive the system:

In standby mode (hours): 24

In alarm mode (minutes): 15

### 5. Notifications Made Prior To Testing

	Contact	Time
Monitoring organization:	NA	NA
Building management:	BOILER BUILDING	8AM
Building occupants:	NA	NA
Authority Having Jurisdiction:	NA	NA
Other, if required:	NA	NA



**6. Testing Results**

**6.1 Control Unit and Related Equipment**

Description	Visual Inspection	Functional Test	Results
Control unit	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Lamps/LEDs/L CDs	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Fuses	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Trouble signals	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Disconnect switches	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Ground-fault monitoring	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Supervision	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Local annunciator	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Remote annunciators	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Remote power panels	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A

**6.2 Secondary Power**

Description	Visual Inspection	Functional Test	Results
Battery condition	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Load voltage	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Discharge test	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Charger test	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Remote panel batteries	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A

**6.3 Alarm and Supervisory Alarm Initiating Device**

Complete supplementary device test form for all initiating devices.

**6.4 Notification Appliances**

Complete supplementary appliance test form for all notification appliances.

**6.5 Interface Equipment**

Complete supplementary interface component test form for all interface components.  
*Circuit Interface / Signaling Line Circuit Interface / Fire Alarm Control Interface*

**6.6 Supervising Station Monitoring**

Description	Yes/No	Time (sec)	Results
Alarm signal	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Alarm restoration	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Trouble signal	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Trouble restoration	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Supervisory signal	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Supervisory restoration	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A

**6.7 Public Emergency Alarm Reporting System**

Description	Yes/No	Time (seconds)	Results
Alarm signal	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Alarm restoration	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Trouble signal	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Trouble restoration	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Supervisory signal	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Supervisory restoration	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A

**7. Notifications That Testing Is Complete**

	Contact	Time
Monitoring organization:	NA	NA
Building management:	BOILER BLDG	1PM
Building occupants:	NA	NA
Authority Having Jurisdiction:	NA	NA
Other, if required:	NA	NA

**8. System Restored To Normal Operation**

Date: 8/21/2024

Time: 1PM

**9. Comments**

*Any "No" answers, test failures or other problems found with the fire alarm system must be explained using the comment specific for each question. Additional comments can be added here.*

Please see the summary section at the top of the form for the comments.

**10. Inspector's Information**

Inspected By: Keith Allen Benne

Inspector License: J13

I state that the information on this form is correct at the time and place of my inspection, and that all equipment tested at this time was left in operating condition upon completion of this inspection except as noted in the *Comments*. This system as specified herein has been inspected and tested according to NFPA 72, 2013 edition, Chapter 14.



**Omaha Office**  
6775 South 118th Street  
Omaha, NE 68137  
Phone: 402-592-8225

---

Signature of Inspector

A handwritten signature in black ink, appearing to be 'KS', written over a horizontal line.

Date

9/5/2024

11. Owner or Owner's Representative

Owner or Owner's Representative Name

Owner or Owner's Representative Signature **No Signature Available**

Date

9/5/2024





**Location Code:** FOPQBAH

**Contact:** Kris Hoover

**Contact Address:** Building 10 - 801 West Prospector Place  
Lincoln, NE 68522

**Phone:** (402) 309-3231

**Email:** kris.hoover@nebraska.gov

**Property Evaluated:** Lincoln Regional Center - Building 10  
(Detention/Correctional)  
Building 10 - 801 West Prospector Place  
Lincoln, NE 68522

**Description:** Fire Suppression (Generator Suppression  
System)

**Company:** Omaha Office

**Address:** 6775 South 118th Street  
Omaha, NE 68137

**Company Phone:** 402-592-8225

**Inspector:** Keith Allen Benne  
J13

**Date of Work:** 8/21/2024

**Frequency:** Annual

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### Deficiency Summary

There are no reported deficiencies for this submission

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### General Comments

There are no general comments for this submission



**Omaha Office**  
 6775 South 118th Street  
 Omaha, NE 68137  
 Phone: 402-592-8225

**Frequency Of Testing**

Frequency:  
 Date

Quarterly  Semi-Annual  Annual  
 8/21/2024

**Account Information**

Account Information		
Facility Name: Lincoln Regional Center - Building 10	Property Type: Fire Suppression (Generator Suppression System)	Location Code: FOPQBAH
Service Address: 1239 North Minnesota Ave.		
Owner: Protex Central, Inc.		Owner Phone: (402) 309-3231
Owner's Address: Building 10 - 801 West Prospector Place, Lincoln, NE, 68522		

**Panel Information**

Type <input checked="" type="checkbox"/> Releasing Panel <input type="checkbox"/> Power Supply <input type="checkbox"/> Annunciator	Location FACP Front Entrance	Manufacturer Notifier	Model: 3030	Result <input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
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**Batteries**

Type <input type="checkbox"/> 12vdc/7ah <input type="checkbox"/> 12vdc/12ah <input checked="" type="checkbox"/> 12vdc/18ah <input type="checkbox"/> 12vdc/26ah <input type="checkbox"/> 12vdc/35ah <input type="checkbox"/> 12vdc/55ah	Location Power supply basement storage	Install Date: 2021	Voltage/Amphere Reading 13.7	Result <input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
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**Cylinder/Tank**

Location Generator	Serial Number: NA	Manufacture Date: NA	Manufacturer Stat-X	Gross/Agent/PSI NA	Liquid Level NA
-----------------------	----------------------	-------------------------	------------------------	-----------------------	--------------------

**Devices**

Legend		
Abort - Abort Station	AirPressSw - Air Pressure Switch	BATT - Batteries
BOTTDIS - Bottom Discharge	CntrlMod - Control Module	Combo Detector - Combo Detector
DAMP - Damper	H/S - Horn-Strobes	HD - Heat Detector
HOSE - Hose	Initiator - Initiator	Low Air - Low Air
MAINT - Maintenance Switch	MM - Monitor Module (Ansul, temp, CO, etc)	ManRel - Manual Release
NOZZ - Nozzle	Other - Other	PWS - Power Supply
Relay Module - Relay Module	SD-Ion - Ion Smoke Detector	SD-Photo - Photo Smoke Detector
SOL - Solenoid	STROBE - Strobes	TOPDIS - Top Discharge
TS - Tamper Switch	VES - VESDA	WF - Waterflow

Asset Type	Total	Tested	Not Tested	Passed	Failed
⊕ Abort	2	2	0	2	0
⚙ HD	2	2	0	2	0

Asset Type	Total	Tested	Not Tested	Passed	Failed
■ H/S	2	2	0	2	0
▣ ManRel	1	1	0	1	0

Zone: NA



**Omaha Office**  
 6775 South 118th Street  
 Omaha, NE 68137  
 Phone: 402-592-8225

Zone: NA						
Asset Type	Address	Location	Notes	Frequency	Test Results	Comments
Abort		Generator		Annual	Pass	
Abort		Generator		Annual	Pass	
HD		Generator		Annual	Pass	
HD		Generator		Annual	Pass	
ManRel		Generator		Annual	Pass	
H/S		Gen Wall Outside		Annual	Pass	
H/S		Gen Wall Outside		Annual	Pass	

**Notification Devices**

**Suppression Questionnaire**

Is system connected to Main Fire Alarm System?  Yes  No  N/A

Is the protected room properly sealed?  Yes  No  N/A

Is there a door sweep?  Yes  No  N/A

Do the trouble signals operate correctly from releasing panel and sub panels (if any)?  Yes  No  N/A

Did alarm signals operate correctly for releasing panel and associated devices when tested?  Yes  No  N/A

Is all wiring installed correctly, terminated and in a serviceable working order?  Yes  No  N/A

Are all switches, indicators, meters, and gauges in good working order both physically and functionally?  Pass  Fail  N/A

Do all shutdown function relays and devices work as intended? Air handlers, fans, dampers, computer systems.  Yes  No  N/A

Will system operate on batteries for 24 hours in standby and 5 minutes in alarm?  Yes  No  N/A

Date of Work \_\_\_\_\_ 8/21/2024

Inspected By: \_\_\_\_\_ Keith Allen Benne

Inspector License: \_\_\_\_\_ J13

Signature of Inspector:



CUSTOMER DETAILS											
CUSTOMER:					DATE:						
ADDRESS:					JOB ID:						
SITE NAME:					TECHNICIAN:						
CONTACT NAME:					CONTACT TEL:						
PRODUCT DETAILS											
GEN MAKE					GEN MODEL:						
GEN SERIAL:					GEN HOURS:						
AUTOMATIC TRANSFER SWITCH NOTES								Service Interval			
								Quarterly			
								Semi-Annual			
								Annual			
Nominal Voltage Source					Emergency Voltage Source						
A-B		B-C		C-A	A-B		B-C		C-A		
A-N		B-N		C-B	A-N		B-N		C-B		
A-Amps		B-Amps		C-Amps	A-Amps		B-Amps		C-Amps		
A-Temp		B-Temp		C-Temp	A-Temp		B-Temp		C-Temp		
PRE OPERATION CHECKS				Coolant temp	Battery Charging voltage						
OPERATION CHECKS											
PASS	N/A	NEEDS ATTN									
			CONTROL LIGHTS	Engine Run temp		W/ or W/O Load					
			CONTROL DISPLAY	Oil Pressure		Exercise Duration					
			EMERGENCY STOP	Oil Temp		Day					
			SWITCH/CONTROLS	Battery Voltage		Week					
			CB OPERATION	Frequency Rate		Start Time					
			AUTO OPERATION	RPM							
			COOLANT SYSTEM: Radiator cap, Coolant level, Coolant Condition, Coolant filter, Coolant Heater, All Hoses								
			EXHAUST SYSTEMS CONDITION								
			ENGINE: Ignition system, Belts, Turbo, Air intake system, Air filter, Oil Leaks, Oil level, Crankcase Breather								
			ALTERNATOR CONDITION								
			FULL SERVICE PERFORMED								
			FUEL SYSTEM: Fuel Plumbing, Fuel Filters, Fuel Condition				Fuel Level				
			ENCLOSURE CONDITION								
			BATTERY CONDITION								
			ATS: Housing Condition, Power and Control Cables, Main Connects, Operating Mechanism, Control Boards, Display, Battery Charger								
			OPERATION CHECKS: Engine Run Temp, Oil Pressure, Oil Temp, Battery Voltage, Control Lights, Control Guages, Emergency Stop, Switches/Controls, CB Operation, Auto Operation, Frequency rate, RPM								
			Before Leaving Site: Gen in Auto, Battery Charger ON, Block Heater ON, CB closed, Customer Logs								
Notes:											



**Customer: Lincoln Regional Center**

**Generator Model: D500GC**

**Address: 801 W. Prospector Pl. #10, Lincoln, NE 68522**

**Generator Serial: CAT0D500TRK500126**

**Generator kW: 500**

Date	Time	Alternator L1-L2 Voltage (Volts)	Alternator L2-L3 Voltage (Volts)	Alternator L1-L3 Voltage (Volts)	Alternator L1 Current (Amps)	Alternator L2 Current (Amps)	Alternator L3 Current (Amps)	Generator Frequency (Hz)	Alternator Total kW (kW)	Coolant Temperature (degF)	Engine oil PSI	Battery Voltage (Volts)	Engine Running Time (ERT) (hours)
4/23/24	1:35 PM	480	480	480	181	180	180	60	150	131	77	27.2	119.8
	1:50 PM	480	480	480	181	180	180	60	150	179	67	27.2	120.1
	2:05 PM	480	480	480	362	360	359	60	300	190	64	27.2	120.3
	2:20 PM	480	480	480	554	552	552	60	459	190	62	27.2	120.6
	2:35 PM	480	480	480	554	552	552	60	459	190	62	27.2	120.8
	2:50 PM	480	480	480	554	552	552	60	459	190	62	27.2	121.1
	3:05 PM	480	480	480	554	552	552	60	459	190	62	27.2	121.3
	3:20 PM	480	480	480	554	552	552	60	459	190	62	27.2	121.6
	3:35 PM	480	480	480	554	552	552	60	459	190	62	27.2	121.8



CUSTOMER DETAILS											
CUSTOMER:				DATE:							
ADDRESS:				JOB ID:							
SITE NAME:				TECHNICIAN:							
CONTACT NAME:				CONTACT TEL:							
PRODUCT DETAILS											
GEN MAKE				GEN MODEL:							
GEN SERIAL:				GEN HOURS:							
AUTOMATIC TRANSFER SWITCH NOTES							Service Interval				
							Quarterly _____				
							Semi-Annual _____				
							Annual _____				
Nominal Voltage Source					Emergency Voltage Source						
A-B		B-C		C-A		A-B		B-C		C-A	
A-N		B-N		C-B		A-N		B-N		C-B	
A-Amps		B-Amps		C-Amps		A-Amps		B-Amps		C-Amps	
A-Temp		B-Temp		C-Temp		A-Temp		B-Temp		C-Temp	
PRE OPERATION CHECKS				Coolant temp		Battery Charging voltage					
OPERATION CHECKS											
PASS	N/A	NEEDS ATTN									
			CONTROL LIGHTS	Engine Run temp		W/ or W/O Load					
			CONTROL DISPLAY	Oil Pressure		Exercise Duration					
			EMERGENCY STOP	Oil Temp		Day					
			SWITCH/CONTROLS	Battery Voltage		Week					
			CB OPERATION	Frequency Rate		Start Time					
			AUTO OPERATION	RPM							
			COOLANT SYSTEM: Radiator cap, Coolant level, Coolant Condition, Coolant filter, Coolant Heater, All Hoses								
			EXHAUST SYSTEMS CONDITION								
			ENGINE: Ignition system, Belts, Turbo, Air intake system, Air filter, Oil Leaks, Oil level, Crankcase Breather								
			ALTERNATOR CONDITION								
			FULL SERVICE PERFORMED								
			FUEL SYSTEM: Fuel Plumbing, Fuel Filters, Fuel Condition					Fuel Level			
			ENCLOSURE CONDITION								
			BATTERY CONDITION								
			ATS: Housing Condition, Power and Control Cables, Main Connects, Operating Mechanism, Control Boards, Display, Battery Charger								
			OPERATION CHECKS: Engine Run Temp, Oil Pressure, Oil Temp, Battery Voltage, Control Lights, Control Guages, Emergency Stop, Switches/Controls, CB Operation, Auto Operation, Frequency rate, RPM								
			Before Leaving Site: Gen in Auto, Battery Charger ON, Block Heater ON, CB closed, Customer Logs								
Notes:											

**ENGINE**
**EQUIP NUM: TRK500126**
**SERIAL NUMBER: TRK500126**
**CAT D500GC**

**No Action Required**
**Interp By: Mary E Churchill**
**Interpreted On: 14-Jul-24**
**E330-54194-0111**

LABEL#: 0111


SHOP JOB NUM : 10244

SAMPLE SHIP TIME (days) : 11

**NEBRASKA GENERATOR**
**SERVICE-LAVISTA**

RECEIVED DATE: 12-Jul-24

NORMAL READINGS. NO PROBLEMS PRESENTLY ASSOCIATED WITH THIS SAMPLE. MORE SAMPLE HISTORY NEEDED TO ESTABLISH A NORMAL WEAR TREND. RESAMPLE AT THE NEXT SERVICE INTERVAL.

**SAMPLE INFORMATION**


Sampled Date	01-Jul-24
Sample Id	E330-54194-0111
Lab Date	12-Jul-24
Meter [Hr]	129
Meter On Fluid	129
Fluid Brand	
Fluid Weight	
Fluid Type	
Fluid Change	N
Filter Change	N
Kidney Loop	U
Total Fluid Added	0

For additional sample history, go to:

[S.O.S WEB](#)
**CONDITION / CONTAMINATION**

01-Jul-24

**VISCOSITY (CENTISTOKES) ASTM D445**

V100 Viscosity at 100 C 13.60

**INFRARED (UFM) ASTM E2412**

ST	Soot	0
OXI	Oxidation	17
SUL	Sulfur Products	25
NIT	Nitration	9

**WATER**

W Water N

**WEAR LEVELS / ADDITIVES**

01-Jul-24

**ELEMENTAL ANALYSIS (PPM) ASTM D5185 [OIL] / ASTM D6130 [COOLANT]**

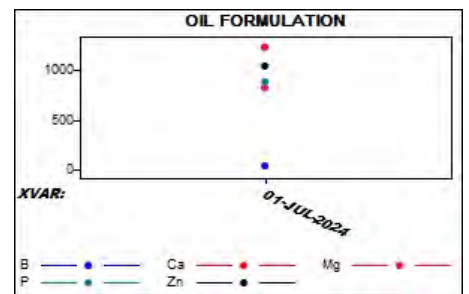
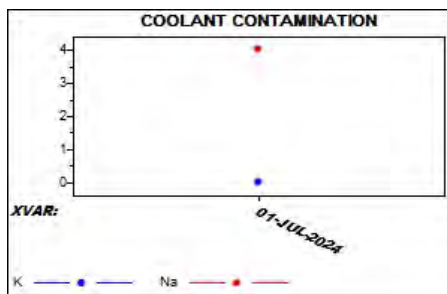
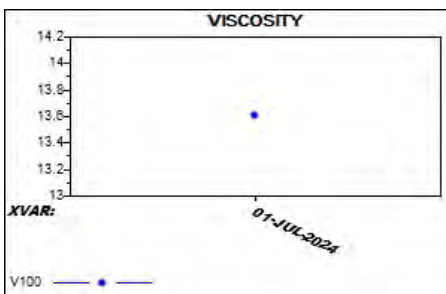
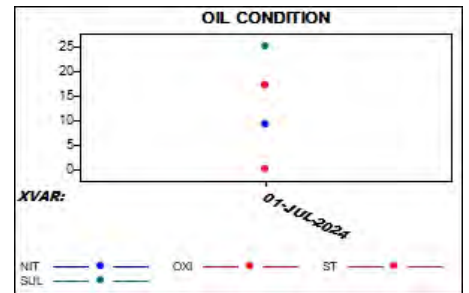
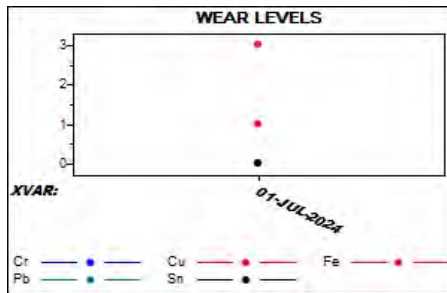
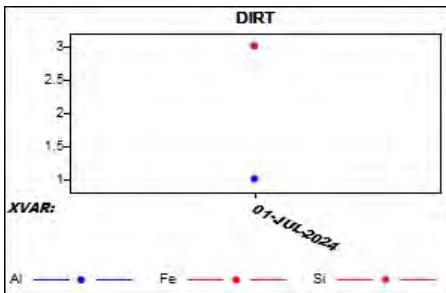
Cu	Copper	1
Fe	Iron	3
Cr	Chromium	0
Al	Aluminum	1
Pb	Lead	0
Sn	Tin	0
Si	Silicon	3
Na	Sodium	4
K	Potassium	0
Mo	Molybdenum	47
Ni	Nickel	0
Ag	Silver	0
Ti	Titanium	3
V	Vanadium	0
Cd	Cadmium	2
Ca	Calcium	1209
P	Phosphorus	864
Zn	Zinc	1024
Mg	Magnesium	807
Ba	Barium	0
B	Boron	36

**ANTIFREEZE**

A Antifreeze N

**FUEL**

F Fuel N



**Report Comment**

Our sample reports has been updated! For more information on the new report, go to - <https://www.youtube.com/watch?v=4h8bREJVUrs>





CUSTOMER DETAILS											
CUSTOMER:					DATE:						
ADDRESS:					JOB ID:						
SITE NAME:					TECHNICIAN:						
CONTACT NAME:					CONTACT TEL:						
PRODUCT DETAILS											
GEN MAKE					GEN MODEL:						
GEN SERIAL:					GEN HOURS:						
AUTOMATIC TRANSFER SWITCH NOTES								Service Interval			
								Quarterly			
								Semi-Annual			
								Annual			
Nominal Voltage Source					Emergency Voltage Source						
A-B		B-C		C-A	A-B		B-C		C-A		
A-N		B-N		C-B	A-N		B-N		C-B		
A-Amps		B-Amps		C-Amps	A-Amps		B-Amps		C-Amps		
A-Temp		B-Temp		C-Temp	A-Temp		B-Temp		C-Temp		
PRE OPERATION CHECKS				Coolant temp	Battery Charging voltage						
OPERATION CHECKS											
PASS	N/A	NEEDS ATTN									
			CONTROL LIGHTS	Engine Run temp		W/ or W/O Load					
			CONTROL DISPLAY	Oil Pressure		Exercise Duration					
			EMERGENCY STOP	Oil Temp		Day					
			SWITCH/CONTROLS	Battery Voltage		Week					
			CB OPERATION	Frequency Rate		Start Time					
			AUTO OPERATION	RPM							
			COOLANT SYSTEM: Radiator cap, Coolant level, Coolant Condition, Coolant filter, Coolant Heater, All Hoses								
			EXHAUST SYSTEMS CONDITION								
			ENGINE: Ignition system, Belts, Turbo, Air intake system, Air filter, Oil Leaks, Oil level, Crankcase Breather								
			ALTERNATOR CONDITION								
			FULL SERVICE PERFORMED								
			FUEL SYSTEM: Fuel Plumbing, Fuel Filters, Fuel Condition				Fuel Level				
			ENCLOSURE CONDITION								
			BATTERY CONDITION								
			ATS: Housing Condition, Power and Control Cables, Main Connects, Operating Mechanism, Control Boards, Display, Battery Charger								
			OPERATION CHECKS: Engine Run Temp, Oil Pressure, Oil Temp, Battery Voltage, Control Lights, Control Guages, Emergency Stop, Switches/Controls, CB Operation, Auto Operation, Frequency rate, RPM								
			Before Leaving Site: Gen in Auto, Battery Charger ON, Block Heater ON, CB closed, Customer Logs								
Notes:											

**FUEL SYSTEM**
**EQUIP NUM: TRK500126**
**SERIAL NUMBER: TRK500126**
**CAT D500GC**

**No Action Required**
**Interp By: Alvin Lingenfelter**
**Interpreted On: 31-Jul-24**
**E330-54193-5219**

LABEL#: 5219


SHOP JOB NUM : 10244

SAMPLE SHIP TIME (days) : 2

**NEBRASKA GENERATOR**
**SERVICE-LAVISTA**

RECEIVED DATE: 11-Jul-24

\*ALL TEST ARE PERFORMED IN ACCORDANCE WITH ASTM D-975\* SAMPLE IS CLEAR AND RED IN COLOR. ALL TESTS APPEAR NORMAL FOR #2 DIESEL FUEL. RESAMPLE AT NORMAL INTERVAL.

**SAMPLE INFORMATION**


Sampled Date	09-Jul-24
Sample Id	E330-54193-5219
Lab Date	11-Jul-24
Meter [Hr]	0
Meter On Fluid	0
Fluid Brand	
Fluid Weight	
Fluid Type	
Fluid Change	N
Filter Change	N
Total Fluid Added	0

For additional sample history, go to:

[S.O.S WEB](#)
**PROPERTIES / PHYSICALS**

09-Jul-24

**SULFUR (PPM) ASTM D5453**

SULFU	SULFUR	5
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**BIODIESEL (%) EN 14078**

Biodi	Biodiesel	0.36
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**FLASH POINT (°C) ASTM D93**

FL Pt	Flash Point	58.0
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**ELEMENTAL ANALYSIS**

09-Jul-24

**ELEMENTAL ANALYSIS (PPM) ASTM D5185 [OIL] / ASTM D6130 [COOLANT]**

Cu	Copper	0
Fe	Iron	0
Cr	Chromium	0
Al	Aluminum	0
Pb	Lead	0
Sn	Tin	0
Si	Silicon	0
Na	Sodium	0
K	Potassium	0
Mo	Molybdenum	0
Ni	Nickel	0
Ag	Silver	0
Ti	Titanium	0
V	Vanadium	0
Ca	Calcium	1
P	Phosphorus	1
Zn	Zinc	1
Mg	Magnesium	1
B	Boron	0

**PHYSICAL**

App	Appearance	RED
PAMt	Precip Amount	none

**CLEANLINESS / CONTAMINATION**

09-Jul-24

**PARTICLE COUNT - ISO 11171:1999 reported per ISO 4406**

ISO	ISO Code Rating	16/15/12
4µ	4µ	470
6µ	6µ	170
10µ	10µ	58
14µ	14µ	29
21µ	21µ	11
38µ	38µ	2

**WATER CONTENT (%) ASTM D6304**

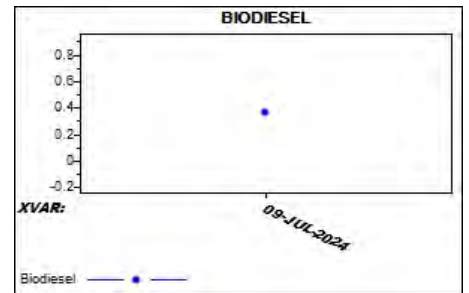
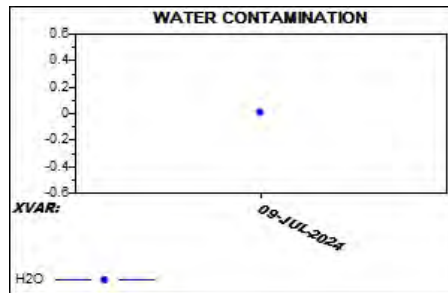
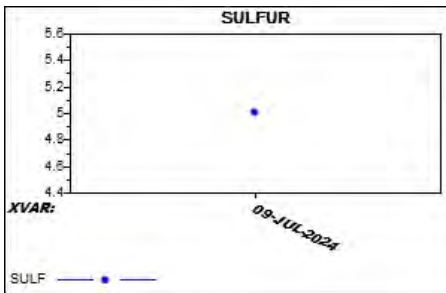
H2O	Water	0.00297
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**MICROBIOLOGY**

Bact	Bacteria	<LDL
Fung	Fungus	<LDL

**SEDIMENT**

VOL	% Volume	0.000
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E330-54193-5219

**Report Comment**

Our sample reports has been updated! For more information on the new report, go to - <https://www.youtube.com/watch?v=4h8bREJVUrs>

**RADIATOR**
**EQUIP NUM: TRK500126**
**SERIAL NUMBER: TRK500126**
**CAT D500GC**

**No Action Required**
**Interp By: Rachel Smith**
**Interpreted On: 25-Jul-24**
**E330-54193-4050**

LABEL#: 4050


SHOP JOB NUM : 10244

SAMPLE SHIP TIME (days) : 8

**NEBRASKA GENERATOR**
**SERVICE-LAVISTA**

RECEIVED DATE: 11-Jul-24

ALL LEVEL 1 TESTS APPEAR NORMAL FOR ELC. CONTINUE TO USE THIS COOLANT. SAMPLE AGAIN AT THE REGULAR INTERVAL TO MONITOR THE COOLING SYSTEM.

**SAMPLE INFORMATION**


Sampled Date	03-Jul-24
Sample Id	E330-54193-4050
Lab Date	11-Jul-24
Meter [Hr]	129
Meter On Fluid	
Fluid Brand	
Fluid Weight	
Fluid Type	
Fluid Change	N
Filter Change	N
Total Fluid Added	0

For additional sample history, go to:

[S.O.S WEB](#)
**ADDITIONAL CHARACTERISTICS**

03-Jul-24

**ADDITIONAL ANALYTES (PPM)**

PO4	Phosphate	1516
TH	Total Hardness	1

**REFRACTIVE INDEX**

GL	Glycol (%)	55
FP	Freeze Point (°C)	-45
BP	Boil Point (°C)	108

**pH ASTM D1287**

pH	pH	8.4
----	----	-----

**CORROSION LEVELS/ CHEMISTRY**

03-Jul-24

**ELEMENTAL ANALYSIS (PPM) ASTM D5185 [OIL] / ASTM D6130 [COOLANT]**

Na	Sodium	5577
K	Potassium	1323
Mo	Molybdenum	847
Cu	Copper	1
Fe	Iron	0
Pb	Lead	0
Sn	Tin	0
Al	Aluminum	0
Zn	Zinc	0

**ANION ANALYSIS (PPM) ASTM D4327**

NO2	Nitrite	499
-----	---------	-----

**ADDITIONAL ANALYTES (PPM)**

MoO4	Molybdate	1412
BO3	Borate	0
SiO3	Silicate	124

**CONDUCTIVITY (µS/cm)**

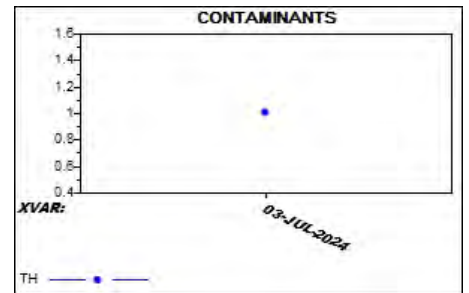
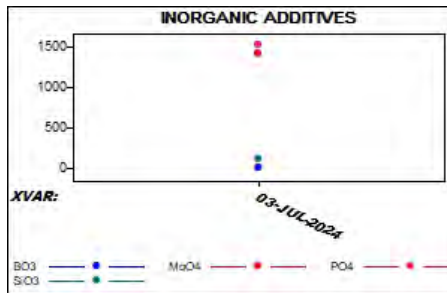
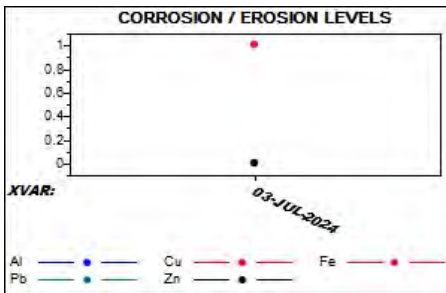
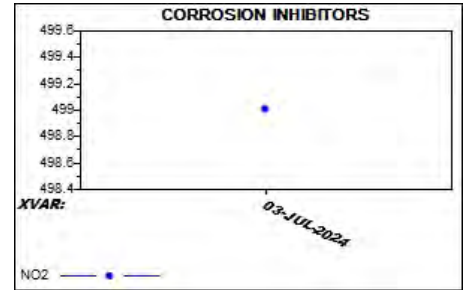
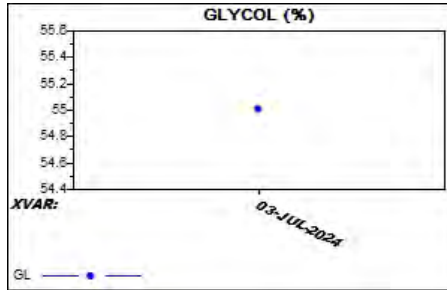
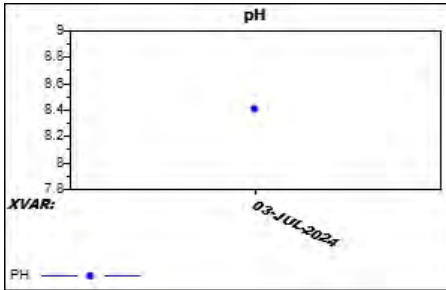
CON	Conductivity	4342
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**PHYSICAL CHARACTERISTICS**

03-Jul-24

**PHYSICAL**

Color	Color	red
App	Appearance	clear
Odor	Odor	norm
Oil	Oil	none
Foam	Foam	norm
PAmt	Precip Amount	none



Report Comment

Our sample reports has been updated! For more information on the new report, go to - <https://www.youtube.com/watch?v=4h8bREJVUrs>



CUSTOMER DETAILS											
CUSTOMER:				DATE:							
ADDRESS:				JOB ID:							
SITE NAME:				TECHNICIAN:							
CONTACT NAME:				CONTACT TEL:							
PRODUCT DETAILS											
GEN MAKE				GEN MODEL:							
GEN SERIAL:				GEN HOURS:							
AUTOMATIC TRANSFER SWITCH NOTES							Service Interval				
							Quarterly _____				
							Semi-Annual _____				
							Annual _____				
Nominal Voltage Source					Emergency Voltage Source						
A-B		B-C		C-A		A-B		B-C		C-A	
A-N		B-N		C-B		A-N		B-N		C-B	
A-Amps		B-Amps		C-Amps		A-Amps		B-Amps		C-Amps	
A-Temp		B-Temp		C-Temp		A-Temp		B-Temp		C-Temp	
PRE OPERATION CHECKS				Coolant temp		Battery Charging voltage					
OPERATION CHECKS											
PASS	N/A	NEEDS ATTN									
			CONTROL LIGHTS	Engine Run temp		W/ or W/O Load					
			CONTROL DISPLAY	Oil Pressure		Exercise Duration					
			EMERGENCY STOP	Oil Temp		Day					
			SWITCH/CONTROLS	Battery Voltage		Week					
			CB OPERATION	Frequency Rate		Start Time					
			AUTO OPERATION	RPM							
			COOLANT SYSTEM: Radiator cap, Coolant level, Coolant Condition, Coolant filter, Coolant Heater, All Hoses								
			EXHAUST SYSTEMS CONDITION								
			ENGINE: Ignition system, Belts, Turbo, Air intake system, Air filter, Oil Leaks, Oil level, Crankcase Breather								
			ALTERNATOR CONDITION								
			FULL SERVICE PERFORMED								
			FUEL SYSTEM: Fuel Plumbing, Fuel Filters, Fuel Condition					Fuel Level			
			ENCLOSURE CONDITION								
			BATTERY CONDITION								
			ATS: Housing Condition, Power and Control Cables, Main Connects, Operating Mechanism, Control Boards, Display, Battery Charger								
			OPERATION CHECKS: Engine Run Temp, Oil Pressure, Oil Temp, Battery Voltage, Control Lights, Control Guages, Emergency Stop, Switches/Controls, CB Operation, Auto Operation, Frequency rate, RPM								
			Before Leaving Site: Gen in Auto, Battery Charger ON, Block Heater ON, CB closed, Customer Logs								
Notes:											

# NEBRASKA STATE FIRE MARSHAL

## OCCUPANCY PERMIT

Certificate Number: 16870

Name of Facility: **Lincoln Regional Center Bldg #10 Psych Rehab**

Type of Facility: **Hospital**

Location: **801 W Prospector Pl, Lincoln**

Maximum  
Occupancy: **45 Beds**

Date Issued: **10/1/2024**

Inspected By: **Monica Ellis**  
**Deputy State Fire Marshal**

Approved By:   
**State Fire Marshal**



POST IN PROMINENT PLACE



Change in occupancy classification or failure to meet State Fire Marshal codes  
shall invalidate this occupancy permit.

# Fire Alarm Supplementary Form



**Location Code:** WPVMKMS

**Contact:** Kris Hoover

**Contact Address:** Building 11 - 801 West Prospector Place  
Lincoln, NE 68522

**Phone:** (402) 479-5453

**Email:** kris.hoover@nebraska.gov

**Property Evaluated:** Lincoln Regional Center - Building 11  
(Detention/Correctional)  
Building 11 - 801 West Prospector Place  
Lincoln, NE 68522

**Description:** Fire Alarm Supplement (TJC EP3 INITIATING  
DEVICES)

**Company:** Omaha Office

**Address:** 6775 South 118th Street  
Omaha, NE 68137

**Company Phone:** 402-592-8225

**Inspector:** Conner Lynn Holsclaw  
O30

**Date of Work:** 2/26/2024

**Frequency:** Semi-Annual

---

## Deficiency Summary

There are no reported deficiencies for this submission

---

## General Comments

There are no general comments for this submission





**Omaha Office**  
 6775 South 118th Street  
 Omaha, NE 68137  
 Phone: 402-592-8225

## Fire Alarm Supplementary Form

The work covered on this form is (select one):

Semi-Annual

Date of Work

2/26/2024

Account Information		
Facility Name: Lincoln Regional Center - Building 11	Property Type: Detention/Correctional	Location Code: WPVMKMS
Service Address: Building 11 - 801 West Prospector Place, Lincoln, NE, 68522		
Owner: Kris Hoover	Owner's Phone: (402) 479-5453	
Owner's Address: Building 11 - 801 West Prospector Place, Lincoln, NE, 68522		

Legend				
AS - Abort Station	BATT - Batteries	CoD - Carbon Monoxide Detector	CM - Control Module	DA - Damper
DD - Duct Detector	DH - Door Holder	EL - Emergency/Exit Light	FACP - Fire Alarm Control Panel	HD - Heat Detector
HORN - Horns	H/S - Horn-Strobes	LA - Low Air	MM - Monitor Module (Ansul, temp, CO, etc)	
MR - Manual Release	Other	PR - Phase Reversal	PS - Pull Station	PWS - Power Supply
SC - Signal/Sounder Control	SD - Smoke Detector	SD-Ion - Ion Smoke Detector	SD-Photo - Photo Smoke Detector	SPKR - Speakers
S/S - Speaker-Strobes	STROBE - Strobes	TS - Tamper Switch	WF - Waterflow	

Type	Total	Tested	Not Tested	Passed	Failed
☀ HD	37	37	0	37	0
● SD-Photo	1	1	0	1	0

Type	Total	Tested	Not Tested	Passed	Failed
☐ PS	4	4	0	4	0

Zone: SLC

Zone: SLC							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
☀ HD	L1D17	BOILER RM		Semi-Annual	2/26/2024	Pass	
☀ HD	L1D18	BOILER RM		Semi-Annual	2/26/2024	Pass	
☀ HD	L1D20	BOILER RM		Semi-Annual	2/26/2024	Pass	
☀ HD	L1D22	BOILER RM		Semi-Annual	2/26/2024	Pass	
☀ HD	L1D23	BOILER RM		Semi-Annual	2/26/2024	Pass	



**Omaha Office**  
 6775 South 118th Street  
 Omaha, NE 68137  
 Phone: 402-592-8225

Zone: SLC							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
HD	L1D24	BOILER RM		Semi-Annual	2/26/2024	Pass	
HD	L1D25	BOILER RM		Semi-Annual	2/26/2024	Pass	
HD	L1D26	BOILER RM		Semi-Annual	2/26/2024	Pass	
HD	L1D27	BOILER RM		Semi-Annual	2/26/2024	Pass	
HD	L1D28	BOILER RM		Semi-Annual	2/26/2024	Pass	
HD	L1D29	BOILER RM		Semi-Annual	2/26/2024	Pass	
HD	L1D30	BOILER RM		Semi-Annual	2/26/2024	Pass	
HD	L1D31	BOILER RM		Semi-Annual	2/26/2024	Pass	
HD	L1D32	BOILER RM		Semi-Annual	2/26/2024	Pass	
HD	L1D33	BOILER RM		Semi-Annual	2/26/2024	Pass	
HD	L1D34	BOILER RM		Semi-Annual	2/26/2024	Pass	
HD	L1D35	BOILER RM		Semi-Annual	2/26/2024	Pass	
HD	L1D36	BOILER RM		Semi-Annual	2/26/2024	Pass	
HD	L1D37	BOILER RM		Semi-Annual	2/26/2024	Pass	
HD	L1D38	BOILER RM		Semi-Annual	2/26/2024	Pass	
HD	L1D39	BOILER RM		Semi-Annual	2/26/2024	Pass	
HD	L1D40	BOILER RM		Semi-Annual	2/26/2024	Pass	
PS	L1M4	BOILER RM		Semi-Annual	2/26/2024	Pass	
PS	L1M5	BOILER RM		Semi-Annual	2/26/2024	Pass	
HD	L1D4	MAINT. SHOP		Semi-Annual	2/26/2024	Pass	
HD	L1D5	MAINT. SHOP		Semi-Annual	2/26/2024	Pass	
HD	L1D6	MAINT. SHOP		Semi-Annual	2/26/2024	Pass	
HD	L1D7	MAINT. SHOP		Semi-Annual	2/26/2024	Pass	
HD	L1D8	MAINT. SHOP		Semi-Annual	2/26/2024	Pass	
HD	L1D9	MAINT. SHOP		Semi-Annual	2/26/2024	Pass	
HD	L1D10	MAINT. SHOP		Semi-Annual	2/26/2024	Pass	
HD	L1D11	MAINT. SHOP		Semi-Annual	2/26/2024	Pass	
HD	L1D13	MAINT. SHOP		Semi-Annual	2/26/2024	Pass	
HD	L1D14	MAINT. SHOP		Semi-Annual	2/26/2024	Pass	
PS	L1M2	MAINT. SHOP		Semi-Annual	2/26/2024	Pass	
PS	L1M3	MAINT. SHOP		Semi-Annual	2/26/2024	Pass	
HD	L1D3	OFFICE		Semi-Annual	2/26/2024	Pass	
HD	L1D16	OFFICE		Semi-Annual	2/26/2024	Pass	
HD	L1D19	OFFICE		Semi-Annual	2/26/2024	Pass	
SD-Photo	L1D1	OFFICE		Semi-Annual	2/26/2024	Pass	



**Omaha Office**  
 6775 South 118th Street  
 Omaha, NE 68137  
 Phone: 402-592-8225

Zone: SLC							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
HD	L1D15	RESTROOM/JANITOR STORAGE		Semi-Annual	2/26/2024	Pass	
HD	L1D21	TUNNEL		Semi-Annual	2/26/2024	Pass	

**Comments**

Any deficiencies or other problems found with the devices must be explained using the comment specific for each device. Additional comments can be added here.

Please see the summary section at the top of the form for the comments.

**Inspector's Information**

Inspected By

Conner Lynn Holsclaw

Inspector License:

O30

I state that the information on this form is correct at the time and place of my inspection, and that all equipment tested at this time was left in operating condition upon completion of this inspection except as noted in the *Comments*.

Signature of Inspector

Date

2/26/2024

**Owner or Owner's Representative**

Owner or Owner's Representative Name

NA

Owner or Owner's Representative Signature

No Signature Available

Date

2/26/2024

# Fire Alarm Supplementary Form



**Location Code:** WPVMKMS

**Contact:** Kris Hoover

**Contact Address:** Building 11 - 801 West Prospector Place  
Lincoln, NE 68522

**Phone:** (402) 479-5453

**Email:** kris.hoover@nebraska.gov

**Property Evaluated:** Lincoln Regional Center - Building 11  
(Detention/Correctional)  
Building 11 - 801 West Prospector Place  
Lincoln, NE 68522

**Description:** Fire Alarm Supplement (TJC EP4 NOTIFICATION)

**Company:** Omaha Office

**Address:** 6775 South 118th Street  
Omaha, NE 68137

**Company Phone:** 402-592-8225

**Inspector:** Conner Lynn Holsclaw  
O30

**Date of Work:** 2/26/2024

**Frequency:** Semi-Annual

---

## Deficiency Summary

There are no reported deficiencies for this submission

---

## General Comments

There are no general comments for this submission



**Omaha Office**  
 6775 South 118th Street  
 Omaha, NE 68137  
 Phone: 402-592-8225

## Fire Alarm Supplementary Form

The work covered on this form is (select one):

Monthly

Date of Work

2/26/2024

Account Information		
Facility Name: Lincoln Regional Center - Building 11	Property Type: Detention/Correctional	Location Code: WPVMKMS
Service Address: Building 11 - 801 West Prospector Place, Lincoln, NE, 68522		
Owner: Kris Hoover	Owner's Phone: (402) 479-5453	
Owner's Address: Building 11 - 801 West Prospector Place, Lincoln, NE, 68522		

Legend				
AS - Abort Station	BATT - Batteries	CoD - Carbon Monoxide Detector	CM - Control Module	DA - Damper
DD - Duct Detector	DH - Door Holder	EL - Emergency/Exit Light	FACP - Fire Alarm Control Panel	HD - Heat Detector
HORN - Horns	H/S - Horn-Strobes	LA - Low Air	MM - Monitor Module (Ansul, temp, CO, etc)	
MR - Manual Release	Other	PR - Phase Reversal	PS - Pull Station	PWS - Power Supply
SC - Signal/Sounder Control	SD - Smoke Detector	SD-Ion - Ion Smoke Detector	SD-Photo - Photo Smoke Detector	SPKR - Speakers
S/S - Speaker-Strobes	STROBE - Strobes	TS - Tamper Switch	WF - Waterflow	

Type	Total	Tested	Not Tested	Passed	Failed
■ S/S	8	8	0	8	0

Type	Total	Tested	Not Tested	Passed	Failed
★ STROBE	5	5	0	5	0

Zone: NOTIFICATION

Zone: NOTIFICATION							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
★ STROBE	9	BATHROOM 1		Semi-Annual	2/26/2024	Pass	
★ STROBE	10	BATHROOM 2		Semi-Annual	2/26/2024	Pass	
★ STROBE	11	BOILER OFFICE		Semi-Annual	2/26/2024	Pass	
■ S/S	5	BOILER RM		Semi-Annual	2/26/2024	Pass	
■ S/S	6	BOILER RM		Semi-Annual	2/26/2024	Pass	
■ S/S	7	BOILER RM		Semi-Annual	2/26/2024	Pass	



**Omaha Office**  
 6775 South 118th Street  
 Omaha, NE 68137  
 Phone: 402-592-8225

Zone: NOTIFICATION							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
■ S/S	8	BOILER RM		Semi-Annual	2/26/2024	Pass	
★ STROBE	12	GROUNDS OFFICE		Semi-Annual	2/26/2024	Pass	
★ STROBE	13	GROUNDS OFFICE		Semi-Annual	2/26/2024	Pass	
■ S/S	1	MAINT. SHOP		Semi-Annual	2/26/2024	Pass	
■ S/S	2	MAINT. SHOP		Semi-Annual	2/26/2024	Pass	
■ S/S	3	MAINT. SHOP		Semi-Annual	2/26/2024	Pass	
■ S/S	4	MAINT. SHOP		Semi-Annual	2/26/2024	Pass	

**Comments**

Any deficiencies or other problems found with the devices must be explained using the comment specific for each device. Additional comments can be added here.

Please see the summary section at the top of the form for the comments.

**Inspector's Information**

Inspected By

Inspector License:

I state that the information on this form is correct at the time and place of my inspection, and that all equipment tested at this time was left in operating condition upon completion of this inspection except as noted in the *Comments*.

Signature of Inspector

Date


**Owner or Owner's Representative**

Owner or Owner's Representative Name

Owner or Owner's Representative Signature

Date

Conner Lynn Holsclaw  
 O30

  
 2/26/2024

NA  
 No Signature Available

2/26/2024

# Fire Alarm Supplementary Form



**Location Code:** WPVMKMS

**Contact:** Kris Hoover

**Contact Address:** Building 11 - 801 West Prospector Place  
Lincoln, NE 68522

**Phone:** (402) 479-5453

**Email:** kris.hoover@nebraska.gov

**Property Evaluated:** Lincoln Regional Center - Building 11  
(Detention/Correctional)  
Building 11 - 801 West Prospector Place  
Lincoln, NE 68522

**Description:** Fire Alarm Supplement (TJC EP5 EQUIPMENT)

**Company:** Omaha Office

**Address:** 6775 South 118th Street  
Omaha, NE 68137

**Company Phone:** 402-592-8225

**Inspector:** Conner Lynn Holsclaw  
O30

**Date of Work:** 2/26/2024

**Frequency:** Semi-Annual

---

## Deficiency Summary

There are no reported deficiencies for this submission

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## General Comments

There are no general comments for this submission



**Omaha Office**  
 6775 South 118th Street  
 Omaha, NE 68137  
 Phone: 402-592-8225

## Fire Alarm Supplementary Form

The work covered on this form is (select one):

Semi-Annual

Date of Work

2/26/2024

Account Information		
Facility Name: Lincoln Regional Center - Building 11	Property Type: Detention/Correctional	Location Code: WPVMKMS
Service Address: Building 11 - 801 West Prospector Place, Lincoln, NE, 68522		
Owner: Kris Hoover	Owner's Phone: (402) 479-5453	
Owner's Address: Building 11 - 801 West Prospector Place, Lincoln, NE, 68522		

Legend				
AS - Abort Station	BATT - Batteries	CoD - Carbon Monoxide Detector	CM - Control Module	DA - Damper
DD - Duct Detector	DH - Door Holder	EL - Emergency/Exit Light	FACP - Fire Alarm Control Panel	HD - Heat Detector
HORN - Horns	H/S - Horn-Strobes	LA - Low Air	MM - Monitor Module (Ansul, temp, CO, etc)	
MR - Manual Release	Other	PR - Phase Reversal	PS - Pull Station	PWS - Power Supply
SC - Signal/Sounder Control	SD - Smoke Detector	SD-Ion - Ion Smoke Detector	SD-Photo - Photo Smoke Detector	SPKR - Speakers
S/S - Speaker-Strobes	STROBE - Strobes	TS - Tamper Switch	WF - Waterflow	

Type	Total	Tested	Not Tested	Passed	Failed
<input checked="" type="checkbox"/> AMP	1	1	0	1	0
<input checked="" type="checkbox"/> BATT	1	1	0	1	0
<input checked="" type="checkbox"/> FACP FACP	1	1	0	1	0

Type	Total	Tested	Not Tested	Passed	Failed
<input checked="" type="checkbox"/> ANNUNCIATOR	1	1	0	1	0
<input checked="" type="checkbox"/> DVC	1	1	0	1	0
<input checked="" type="checkbox"/> PWS PWS	1	1	0	1	0

### Zone: EQUIPMENT

Zone: EQUIPMENT							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
<input checked="" type="checkbox"/> ANNUNCIATOR	3	BOILER OFFICE	NCA-1	Semi-Annual	2/26/2024	Pass	
<input checked="" type="checkbox"/> AMP	5	FACP	DAA2-5025 PCA	Semi-Annual	2/26/2024	Pass	
<input checked="" type="checkbox"/> BATT	2	FACP	12V 35 AMP X 2	Semi-Annual	2/26/2024	Pass	





**Omaha Office**  
 6775 South 118th Street  
 Omaha, NE 68137  
 Phone: 402-592-8225

Zone: EQUIPMENT							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
DVC	4	FACP	DVC	Semi-Annual	2/26/2024	Pass	
PWS	6	FACP	AMPS-24	Semi-Annual	2/26/2024	Pass	
FACP	1	GROUNDS OFFICE	NFS2-640	Semi-Annual	2/26/2024	Pass	

**Comments**

Any deficiencies or other problems found with the devices must be explained using the comment specific for each device. Additional comments can be added here.

Please see the summary section at the top of the form for the comments.

**Inspector's Information**

Inspected By

Conner Lynn Holsclaw

Inspector License:

O30

I state that the information on this form is correct at the time and place of my inspection, and that all equipment tested at this time was left in operating condition upon completion of this inspection except as noted in the *Comments*.

Signature of Inspector

Date

2/26/2024

**Owner or Owner's Representative**

Owner or Owner's Representative Name

NA

Owner or Owner's Representative Signature

No Signature Available

Date

2/26/2024

# Form for Inspection, Testing and Maintenance of Fire Alarms and Signaling Systems



**Location Code:** WPVMKMS

**Contact:** Kris Hoover

**Contact Address:** Building 11 - 801 West Prospector Place  
Lincoln, NE 68522

**Phone:** (402) 479-5453

**Email:** kris.hoover@nebraska.gov

**Property Evaluated:** Lincoln Regional Center - Building 11  
(Detention/Correctional)  
Building 11 - 801 West Prospector Place  
Lincoln, NE 68522

**Description:** Fire Alarm (FORM)

**Company:** Omaha Office

**Address:** 6775 South 118th Street  
Omaha, NE 68137

**Company Phone:** 402-592-8225

**Inspector:** Conner Lynn Holsclaw  
O30

**Date of Work:** 2/26/2024

**Frequency:** Semi-Annual

---

## Deficiency Summary

Please refer to the Deficiency Summary located on applicable Fire Alarm Supplementary Forms for additional deficiency details.

---

## General Comments

There are no general comments for this submission



**Omaha Office**  
 6775 South 118th Street  
 Omaha, NE 68137  
 Phone: 402-592-8225

# Form for Inspection, Testing and Maintenance of Fire Alarms and Signaling Systems

Separate forms are available for inspection, testing, and maintenance of the rest of the fire protection system of which the fire alarms and signaling systems are a part. More frequent inspection, testing, and maintenance may be necessary depending on the conditions of the occupancy and the water supply.

Notes:

1. All questions are to be answered *Yes, No, or Not Applicable*. All "No" answers are to be explained in the *Comments* for this form.
2. Refer to NFPA-72 for specific inspection frequency requirements for the different components.

The work covered on this form is (select one): Semi-Annual

Date of Work 2/26/2024

*All responses refer to the current work (inspection, testing and maintenance) performed on this date.*

### 1. Property Information

Owner: Kris Hoover

Owner's Phone Number: (402) 479-5453

Owner's Address: Building 11 - 801 West Prospector Place, Lincoln, NE, 68522

Property Being Evaluated: Lincoln Regional Center - Building 11 (Detention/Correctional)

Property Address: Building 11 - 801 West Prospector Place, Lincoln, NE, 68522

Assembly Description: Fire Alarm (FORM)

### 2. Owner's Section

A. Are the fire alarms and signaling systems in service?  Yes  No

B. Have fire alarms and signaling systems remained in service since the last inspection?  Yes  No

C. Was the system (of which the fire alarm and signaling systems are a part) free of actuation of devices or alarms since the last inspection?  Yes  No

D. The required record documents are available and include the current revisions of all fire alarm software and the revisions of software of any systems with which the fire alarm software interfaces?  Yes  No

### 3. Monitoring Information

Monitoring organization: PERMAR

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Account number: \_\_\_\_\_

Phone line 1: \_\_\_\_\_

Phone line 2: \_\_\_\_\_

Means of transmission: RADIO

Entity to which alarms are retransmitted: \_\_\_\_\_

Phone: \_\_\_\_\_

### 4. System Information

4.1 Control Unit: Manufacturer: NOTIFIER

Model number: NFS2-640

4.2 Software and Firmware Revision number: 27

4.3 System Power: 4.3.1 Primary (Main) Power: Nominal voltage: 120VAC

Amps: NA

Location: OFFICE

Overcurrent protection type: BREAKER

Amps: NA

Disconnecting means location: ELECTRICAL

4.3.2 Secondary Power: Type: BATTERIES

Location: FACP

Battery type (if applicable):  Lead-acid  Nickel-cadmium

Primary (dry cell)

Sealed lead-acid

Calculated capacity of batteries to drive the system:

In standby mode (hours): 24

In alarm mode (minutes): 5

### 5. Notifications Made Prior To Testing

	Contact	Time
Monitoring organization:	PERMAR	7:00
Building management:	NA	NA
Building occupants:	NA	NA
Authority Having Jurisdiction:	NA	NA
Other, if required:		



**6. Testing Results**

**6.1 Control Unit and Related Equipment**

Description	Visual Inspection	Functional Test	Results
Control unit	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Lamps/LEDs/LCDs	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Fuses	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Trouble signals	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Disconnect switches	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Ground-fault monitoring	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Supervision	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Local annunciator	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Remote annunciators	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Remote power panels	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A

**6.2 Secondary Power**

Description	Visual Inspection	Functional Test	Results
Battery condition	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Load voltage	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Discharge test	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Charger test	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Remote panel batteries	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A

**6.3 Alarm and Supervisory Alarm Initiating Device**

Complete supplementary device test form for all initiating devices.

**6.4 Notification Appliances**

Complete supplementary appliance test form for all notification appliances.

**6.5 Interface Equipment**

Complete supplementary interface component test form for all interface components.  
*Circuit Interface / Signaling Line Circuit Interface / Fire Alarm Control Interface*

**6.6 Supervising Station Monitoring**

Description	Yes/No	Time (sec)	Results
Alarm signal	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Alarm restoration	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Trouble signal	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Trouble restoration	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Supervisory signal	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Supervisory restoration	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A

**6.7 Public Emergency Alarm Reporting System**

Description	Yes/No	Time (seconds)	Results
Alarm signal	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Alarm restoration	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Trouble signal	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Trouble restoration	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Supervisory signal	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Supervisory restoration	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A

**7. Notifications That Testing Is Complete**

	Contact	Time
Monitoring organization:	PERMAR	3:00
Building management:	NA	NA
Building occupants:	NA	NA
Authority Having Jurisdiction:	NA	NA
Other, if required:		

**8. System Restored To Normal Operation**

Date: 2/26/2024

Time: 3:00

**9. Comments**

*Any "No" answers, test failures or other problems found with the fire alarm system must be explained using the comment specific for each question. Additional comments can be added here.*

Please see the summary section at the top of the form for the comments.

**10. Inspector's Information**

Inspected By: Conner Lynn Holsclaw  
 Inspector License: O30

I state that the information on this form is correct at the time and place of my inspection, and that all equipment tested at this time was left in operating condition upon completion of this inspection except as noted in the *Comments*. This system as specified herein has been inspected and tested according to NFPA 72, 2013 edition, Chapter 14.



**Omaha Office**  
6775 South 118th Street  
Omaha, NE 68137  
Phone: 402-592-8225

---

Signature of Inspector

A handwritten signature in black ink, appearing to be a stylized name, written over a horizontal line.

Date

2/26/2024

11. Owner or Owner's Representative

Owner or Owner's Representative Name

NA

Owner or Owner's Representative Signature

**No Signature Available**

Date

2/26/2024

# Fire Alarm Supplementary Form



**Location Code:** WPVMKMS

**Contact:** Kris Hoover

**Contact Address:** Building 11 - 801 West Prospector Place  
Lincoln, NE 68522

**Phone:** (402) 479-5453

**Email:** kris.hoover@nebraska.gov

**Property Evaluated:** Lincoln Regional Center - Building 11  
(Detention/Correctional)  
Building 11 - 801 West Prospector Place  
Lincoln, NE 68522

**Description:** Fire Alarm Supplement (TJC EP5 EQUIPMENT)

**Company:** Omaha Office

**Address:** 6775 South 118th Street  
Omaha, NE 68137

**Company Phone:** 402-592-8225

**Inspector:** Keith Allen Benne  
J13

**Date of Work:** 8/21/2024

**Frequency:** Semi-Annual

---

## Deficiency Summary

There are no reported deficiencies for this submission

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## General Comments

There are no general comments for this submission



**Omaha Office**  
 6775 South 118th Street  
 Omaha, NE 68137  
 Phone: 402-592-8225

## Fire Alarm Supplementary Form

Account Information		
Facility Name: Lincoln Regional Center - Building 11	Property Type: Detention/Correctional	Location Code: WPVMKMS
Service Address: Building 11 - 801 West Prospector Place, Lincoln, NE, 68522		
Owner: Kris Hoover	Owner's Phone: (402) 479-5453	
Owner's Address: Building 11 - 801 West Prospector Place, Lincoln, NE, 68522		

Legend				
AS - Abort Station	BATT - Batteries	CoD - Carbon Monoxide Detector	CM - Control Module	DA - Damper
DD - Duct Detector	DH - Door Holder	EL - Emergency/Exit Light	FACP - Fire Alarm Control Panel	HD - Heat Detector
HORN - Horns	H/S - Horn-Strobes	LA - Low Air	MM - Monitor Module (Ansul, temp, CO, etc)	
MR - Manual Release	Other	PR - Phase Reversal	PS - Pull Station	PWS - Power Supply
SC - Signal/Sounder Control	SD - Smoke Detector	SD-Ion - Ion Smoke Detector	SD-Photo - Photo Smoke Detector	SPKR - Speakers
S/S - Speaker-Strobes	STROBE - Strobes	TS - Tamper Switch	WF - Waterflow	

Type	Total	Tested	Not Tested	Passed	Failed
<input checked="" type="checkbox"/> AMP	1	1	0	1	0
<input checked="" type="checkbox"/> BATT	1	1	0	1	0
<input checked="" type="checkbox"/> FACP FACP	1	1	0	1	0

Type	Total	Tested	Not Tested	Passed	Failed
<input checked="" type="checkbox"/> ANNUNCIATOR	1	1	0	1	0
<input checked="" type="checkbox"/> DVC	1	1	0	1	0
<input checked="" type="checkbox"/> PWS PWS	1	1	0	1	0

### Zone: EQUIPMENT

Zone: EQUIPMENT							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
<input checked="" type="checkbox"/> ANNUNCIATOR	3	BOILER OFFICE	NCA-1	Semi-Annual	9/5/2024	Pass	
<input checked="" type="checkbox"/> AMP	5	FACP	DAA2-5025 PCA	Semi-Annual	9/5/2024	Pass	
<input checked="" type="checkbox"/> BATT	2	FACP	12V 35 AMP X 2	Semi-Annual	9/5/2024	Pass	
<input checked="" type="checkbox"/> DVC	4	FACP	DVC	Semi-Annual	9/5/2024	Pass	
<input checked="" type="checkbox"/> PWS PWS	6	FACP	AMPS-24	Semi-Annual	9/5/2024	Pass	



**Omaha Office**  
 6775 South 118th Street  
 Omaha, NE 68137  
 Phone: 402-592-8225

Zone: EQUIPMENT							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
FACP	1	GROUNDS OFFICE	NFS2-640	Semi-Annual	9/5/2024	Pass	

**Comments**

Any deficiencies or other problems found with the devices must be explained using the comment specific for each device. Additional comments can be added here.  
 Please see the summary section at the top of the form for the comments.

**Inspector's Information**

Inspected By

Keith Allen Benne

Inspector License:

J13

I state that the information on this form is correct at the time and place of my inspection, and that all equipment tested at this time was left in operating condition upon completion of this inspection except as noted in the *Comments*.

Signature of Inspector

Date

9/5/2024

**Owner or Owner's Representative**

Owner or Owner's Representative Name

Owner or Owner's Representative Signature

No Signature Available

Date

9/5/2024



# Form for Inspection, Testing and Maintenance of Fire Alarms and Signaling Systems



**Location Code:** WPVMKMS

**Contact:** Kris Hoover

**Contact Address:** Building 11 - 801 West Prospector Place  
Lincoln, NE 68522

**Phone:** (402) 479-5453

**Email:** kris.hoover@nebraska.gov

**Property Evaluated:** Lincoln Regional Center - Building 11  
(Detention/Correctional)  
Building 11 - 801 West Prospector Place  
Lincoln, NE 68522

**Description:** Fire Alarm (FORM)

**Company:** Omaha Office

**Address:** 6775 South 118th Street  
Omaha, NE 68137

**Company Phone:** 402-592-8225

**Inspector:** Keith Allen Benne  
J13

**Date of Work:** 8/21/2024

**Frequency:** Semi-Annual

---

## Deficiency Summary

Please refer to the Deficiency Summary located on applicable Fire Alarm Supplementary Forms for additional deficiency details.

---

## General Comments

There are no general comments for this submission



**Omaha Office**  
 6775 South 118th Street  
 Omaha, NE 68137  
 Phone: 402-592-8225

# Form for Inspection, Testing and Maintenance of Fire Alarms and Signaling Systems

Separate forms are available for inspection, testing, and maintenance of the rest of the fire protection system of which the fire alarms and signaling systems are a part. More frequent inspection, testing, and maintenance may be necessary depending on the conditions of the occupancy and the water supply.

Notes:

1. All questions are to be answered *Yes, No, or Not Applicable*. All "No" answers are to be explained in the *Comments* for this form.
2. Refer to NFPA-72 for specific inspection frequency requirements for the different components.

### 1. Property Information

Owner:

Kris Hoover

Owner's Phone Number:

(402) 479-5453

Owner's Address:

Building 11 - 801 West Prospector Place, Lincoln, NE, 68522

Property Being Evaluated:

Lincoln Regional Center - Building 11 (Detention/Correctional)

Property Address:

Building 11 - 801 West Prospector Place, Lincoln, NE, 68522

Assembly Description:

Fire Alarm (FORM)

### 2. Owner's Section

A. Are the fire alarms and signaling systems in service?  Yes  No

B. Have fire alarms and signaling systems remained in service since the last inspection?  Yes  No

C. Was the system (of which the fire alarm and signaling systems are a part) free of actuation of devices or alarms since the last inspection?  Yes  No

D. The required record documents are available and include the current revisions of all fire alarm software and the revisions of software of any systems with which the fire alarm software interfaces?  Yes  No

### 3. Monitoring Information

Monitoring organization: PERMAR

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Account number: \_\_\_\_\_

Phone line 1: \_\_\_\_\_

Phone line 2: \_\_\_\_\_

Means of transmission: RADIO

Entity to which alarms are retransmitted: \_\_\_\_\_

Phone: \_\_\_\_\_

### 4. System Information

4.1 Control Unit:

Manufacturer: NOTIFIER

Model number: NFS2-640

4.2 Software and Firmware Revision number: 27

4.3 System Power:

4.3.1 Primary (Main) Power:

Nominal voltage: 120VAC

Amps: NA

Location: OFFICE

Overcurrent protection type: BREAKER

Amps: NA

Disconnecting means location: ELECTRICAL

4.3.2 Secondary Power:

Type: BATTERIES

Location: FACP

Battery type (if applicable):  
 Lead-acid  Nickel-cadmium  
 Primary (dry cell)  
 Sealed lead-acid

Calculated capacity of batteries to drive the system:

In standby mode (hours): 24

In alarm mode (minutes): 5

### 5. Notifications Made Prior To Testing

	Contact	Time
Monitoring organization:	NA	NA
Building management:	BOILER BUILDING	8AM
Building occupants:	NA	NA
Authority Having Jurisdiction:	NA	NA
Other, if required:	NA	NA



**6. Testing Results**

**6.1 Control Unit and Related Equipment**

Description	Visual Inspection	Functional Test	Results
Control unit	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Lamps/LEDs/L CDs	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Fuses	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Trouble signals	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Disconnect switches	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Ground-fault monitoring	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Supervision	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Local annunciator	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Remote annunciators	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Remote power panels	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A

**6.2 Secondary Power**

Description	Visual Inspection	Functional Test	Results
Battery condition	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Load voltage	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Discharge test	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Charger test	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Remote panel batteries	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A

**6.3 Alarm and Supervisory Alarm Initiating Device**

Complete supplementary device test form for all initiating devices.

**6.4 Notification Appliances**

Complete supplementary appliance test form for all notification appliances.

**6.5 Interface Equipment**

Complete supplementary interface component test form for all interface components.  
*Circuit Interface / Signaling Line Circuit Interface / Fire Alarm Control Interface*

**6.6 Supervising Station Monitoring**

Description	Yes/No	Time (sec)	Results
Alarm signal	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Alarm restoration	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Trouble signal	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Trouble restoration	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Supervisory signal	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Supervisory restoration	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A

**6.7 Public Emergency Alarm Reporting System**

Description	Yes/No	Time (seconds)	Results
Alarm signal	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Alarm restoration	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Trouble signal	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Trouble restoration	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Supervisory signal	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Supervisory restoration	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A

**7. Notifications That Testing Is Complete**

	Contact	Time
Monitoring organization:	NA	NA
Building management:	BOILER BLDG	1PM
Building occupants:	NA	NA
Authority Having Jurisdiction:	NA	NA
Other, if required:	NA	NA

**8. System Restored To Normal Operation**

Date: 8/21/2024  
 Time: 1PM

**9. Comments**

*Any "No" answers, test failures or other problems found with the fire alarm system must be explained using the comment specific for each question. Additional comments can be added here.*

Please see the summary section at the top of the form for the comments.

**10. Inspector's Information**

Inspected By: Keith Allen Benne  
 Inspector License: J13

I state that the information on this form is correct at the time and place of my inspection, and that all equipment tested at this time was left in operating condition upon completion of this inspection except as noted in the *Comments*. This system as specified herein has been inspected and tested according to NFPA 72, 2013 edition, Chapter 14.



**Omaha Office**  
6775 South 118th Street  
Omaha, NE 68137  
Phone: 402-592-8225

---

Signature of Inspector

A handwritten signature in black ink, appearing to be 'KB', written over a horizontal line.

Date

9/5/2024

11. Owner or Owner's Representative

Owner or Owner's Representative Name

Owner or Owner's Representative Signature **No Signature Available**

Date

9/5/2024



CUSTOMER DETAILS											
CUSTOMER:					DATE:						
ADDRESS:					JOB ID:						
SITE NAME:					TECHNICIAN:						
CONTACT NAME:					CONTACT TEL:						
PRODUCT DETAILS											
GEN MAKE					GEN MODEL:						
GEN SERIAL:					GEN HOURS:						
AUTOMATIC TRANSFER SWITCH NOTES								Service Interval			
								Quarterly			
								Semi-Annual			
								Annual			
Nominal Voltage Source					Emergency Voltage Source						
A-B		B-C		C-A	A-B		B-C		C-A		
A-N		B-N		C-B	A-N		B-N		C-B		
A-Amps		B-Amps		C-Amps	A-Amps		B-Amps		C-Amps		
A-Temp		B-Temp		C-Temp	A-Temp		B-Temp		C-Temp		
PRE OPERATION CHECKS				Coolant temp	Battery Charging voltage						
OPERATION CHECKS											
PASS	N/A	NEEDS ATTN									
			CONTROL LIGHTS	Engine Run temp		W/ or W/O Load					
			CONTROL DISPLAY	Oil Pressure		Exercise Duration					
			EMERGENCY STOP	Oil Temp		Day					
			SWITCH/CONTROLS	Battery Voltage		Week					
			CB OPERATION	Frequency Rate		Start Time					
			AUTO OPERATION	RPM							
			COOLANT SYSTEM: Radiator cap, Coolant level, Coolant Condition, Coolant filter, Coolant Heater, All Hoses								
			EXHAUST SYSTEMS CONDITION								
			ENGINE: Ignition system, Belts, Turbo, Air intake system, Air filter, Oil Leaks, Oil level, Crankcase Breather								
			ALTERNATOR CONDITION								
			FULL SERVICE PERFORMED								
			FUEL SYSTEM: Fuel Plumbing, Fuel Filters, Fuel Condition					Fuel Level			
			ENCLOSURE CONDITION								
			BATTERY CONDITION								
			ATS: Housing Condition, Power and Control Cables, Main Connects, Operating Mechanism, Control Boards, Display, Battery Charger								
			OPERATION CHECKS: Engine Run Temp, Oil Pressure, Oil Temp, Battery Voltage, Control Lights, Control Guages, Emergency Stop, Switches/Controls, CB Operation, Auto Operation, Frequency rate, RPM								
			Before Leaving Site: Gen in Auto, Battery Charger ON, Block Heater ON, CB closed, Customer Logs								
Notes:											



CUSTOMER DETAILS										
CUSTOMER:				DATE:						
ADDRESS:				JOB ID:						
SITE NAME:				TECHNICIAN:						
CONTACT NAME:				CONTACT TEL:						
PRODUCT DETAILS										
GEN MAKE				GEN MODEL:						
GEN SERIAL:				GEN HOURS:						
AUTOMATIC TRANSFER SWITCH NOTES								Service Interval		
								Quarterly		
								Semi-Annual		
								Annual		
Nominal Voltage Source					Emergency Voltage Source					
A-B		B-C		C-A	A-B		B-C		C-A	
A-N		B-N		C-B	A-N		B-N		C-B	
A-Amps		B-Amps		C-Amps	A-Amps		B-Amps		C-Amps	
A-Temp		B-Temp		C-Temp	A-Temp		B-Temp		C-Temp	
PRE OPERATION CHECKS				Coolant temp		Battery Charging voltage				
OPERATION CHECKS										
PASS	N/A	NEEDS ATTN								
			CONTROL LIGHTS	Engine Run temp		W/ or W/O Load				
			CONTROL DISPLAY	Oil Pressure		Exercise Duration				
			EMERGENCY STOP	Oil Temp		Day				
			SWITCH/CONTROLS	Battery Voltage		Week				
			CB OPERATION	Frequency Rate		Start Time				
			AUTO OPERATION	RPM						
			COOLANT SYSTEM: Radiator cap, Coolant level, Coolant Condition, Coolant filter, Coolant Heater, All Hoses							
			EXHAUST SYSTEMS CONDITION							
			ENGINE: Ignition system, Belts, Turbo, Air intake system, Air filter, Oil Leaks, Oil level, Crankcase Breather							
			ALTERNATOR CONDITION							
			FULL SERVICE PERFORMED							
			FUEL SYSTEM: Fuel Plumbing, Fuel Filters, Fuel Condition				Fuel Level			
			ENCLOSURE CONDITION							
			BATTERY CONDITION							
			ATS: Housing Condition, Power and Control Cables, Main Connects, Operating Mechanism, Control Boards, Display, Battery Charger							
			OPERATION CHECKS: Engine Run Temp, Oil Pressure, Oil Temp, Battery Voltage, Control Lights, Control Guages, Emergency Stop, Switches/Controls, CB Operation, Auto Operation, Frequency rate, RPM							
			Before Leaving Site: Gen in Auto, Battery Charger ON, Block Heater ON, CB closed, Customer Logs							
Notes:										



**Customer: Lincoln Regional Center**

**Generator Model: 115.0WA**

**Address: 01 W. Prospector Pl. #11, Lincoln, NE 68522**

**Generator Serial: E850461977**

**Generator kW: 115**

Date	Time	Alternator L1-L2 Voltage (Volts)	Alternator L2-L3 Voltage (Volts)	Alternator L1-L3 Voltage (Volts)	Alternator L1 Current (Amps)	Alternator L2 Current (Amps)	Alternator L3 Current (Amps)	Generator Frequency (Hz)	Alternator Total kW (kW)	Coolant Temperature (degF)	Engine oil PSI	Battery Voltage (Volts)	Engine Running Time (ERT) (hours)
4/24/24	2:35 PM	240	240	240	89	88	88	60	37	160	45	13.5	1369.6
	2:50 PM	240	240	240	89	88	88	60	37	175	45	13.5	1369.9
	3:05 PM	240	240	240	150	151	150	60	62	180	42	13.5	1370.1
	3:20 PM	240	240	240	235	235	235	60	98	180	42	13.5	1370.4
	3:35 PM	240	240	240	235	235	235	60	98	180	42	13.5	1370.6
	3:50 PM	240	240	240	235	235	235	60	98	180	42	13.5	1370.9
	4:05 PM	240	240	240	235	235	235	60	98	180	42	13.5	1371.1
	4:20 PM	240	240	240	235	235	235	60	98	180	42	13.5	1371.4
	4:35 PM	240	240	240	235	235	235	60	98	180	42	13.5	1371.6

**RADIATOR**
**EQUIP NUM: 5850761477**
**SERIAL NUMBER: 5850761477**
**OTHER WAUKESHA\_OTHER  
 Action Required**

**Interp By: Rachel Smith**
**Interpreted On: 25-Jul-24**
**E330-54193-4058**

LABEL#: 4058

SHOP JOB NUM : 10245

SAMPLE SHIP TIME (days) : 9

**NEBRASKA GENERATOR**
**SERVICE-LAVISTA**

RECEIVED DATE: 11-Jul-24

NITRITES ARE TOO LOW TO PROVIDE CORROSION/EROSION PROTECTION. OTHER READINGS APPEAR NORMAL. ADD 2% OF SYSTEM CAPACITY OF ELC EXTENDER (CAT P/N 119-5152) TO BOOST NITRITE. CONTINUE TO USE THIS COOLANT. SAMPLE AGAIN AT THE REGULAR INTERVAL TO MONITOR THE COOLING SYSTEM.

**SAMPLE INFORMATION**


Sampled Date	02-Jul-24
Sample Id	E330-54193-4058
Lab Date	11-Jul-24
Meter [Hr]	1376
Meter On Fluid	
Fluid Brand	
Fluid Weight	
Fluid Type	
Fluid Change	N
Filter Change	N
Total Fluid Added	0

For additional sample history, go to:

[S.O.S WEB](#)
**ADDITIONAL CHARACTERISTICS**

02-Jul-24

**ADDITIONAL ANALYTES (PPM)**

PO4	Phosphate	396
TH	Total Hardness	17

**REFRACTIVE INDEX**

GL	Glycol (%)	54
FP	Freeze Point (°C)	-43
BP	Boil Point (°C)	108

**pH ASTM D1287**

pH	pH	8.1
----	----	-----

**CORROSION LEVELS/ CHEMISTRY**

02-Jul-24

**ELEMENTAL ANALYSIS (PPM) ASTM D5185 [OIL] / ASTM D6130 [COOLANT]**

Na	Sodium	2190
K	Potassium	3572
Mo	Molybdenum	85
Cu	Copper	1
Fe	Iron	1
Pb	Lead	2
Sn	Tin	1
Al	Aluminum	0
Zn	Zinc	0

**ANION ANALYSIS (PPM) ASTM D4327**

NO2	Nitrite	65
-----	---------	----

**ADDITIONAL ANALYTES (PPM)**

MoO4	Molybdate	142
BO3	Borate	115
SiO3	Silicate	488

**CONDUCTIVITY (µS/cm)**

CON	Conductivity	4165
-----	--------------	------

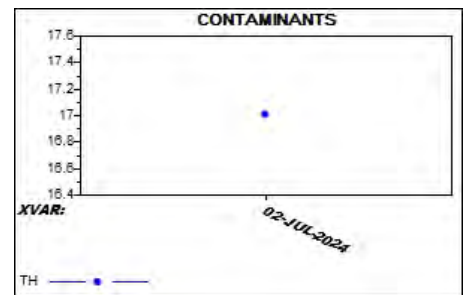
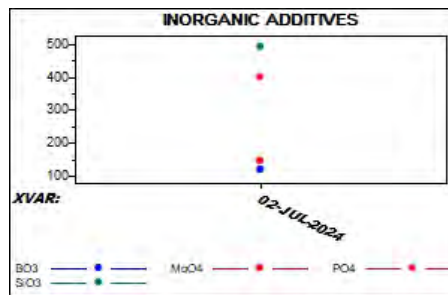
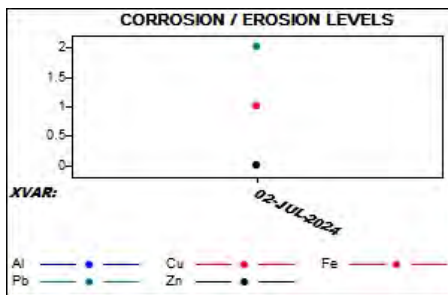
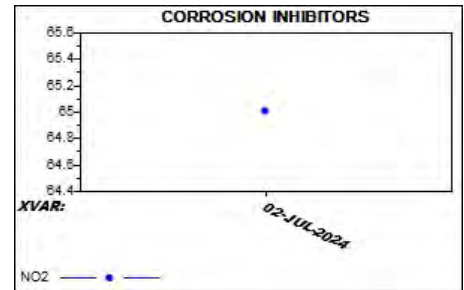
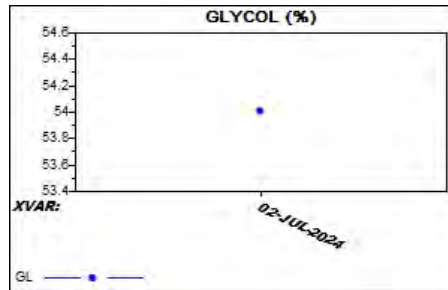
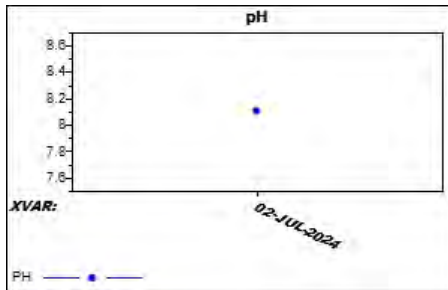
**PHYSICAL CHARACTERISTICS**

02-Jul-24

**PHYSICAL**

Color	Color	blue
App	Appearance	clear
Odor	Odor	norm
Oil	Oil	none
Foam	Foam	norm
PAm	Precip Amount	none





**Report Comment**

Our sample reports has been updated! For more information on the new report, go to - <https://www.youtube.com/watch?v=4h8bREJVUrs>



CUSTOMER DETAILS											
CUSTOMER:					DATE:						
ADDRESS:					JOB ID:						
SITE NAME:					TECHNICIAN:						
CONTACT NAME:					CONTACT TEL:						
PRODUCT DETAILS											
GEN MAKE					GEN MODEL:						
GEN SERIAL:					GEN HOURS:						
AUTOMATIC TRANSFER SWITCH NOTES								Service Interval			
								Quarterly			
								Semi-Annual			
								Annual			
Nominal Voltage Source					Emergency Voltage Source						
A-B		B-C		C-A	A-B		B-C		C-A		
A-N		B-N		C-B	A-N		B-N		C-B		
A-Amps		B-Amps		C-Amps	A-Amps		B-Amps		C-Amps		
A-Temp		B-Temp		C-Temp	A-Temp		B-Temp		C-Temp		
PRE OPERATION CHECKS				Coolant temp	Battery Charging voltage						
OPERATION CHECKS											
PASS	N/A	NEEDS ATTN									
			CONTROL LIGHTS	Engine Run temp		W/ or W/O Load					
			CONTROL DISPLAY	Oil Pressure		Exercise Duration					
			EMERGENCY STOP	Oil Temp		Day					
			SWITCH/CONTROLS	Battery Voltage		Week					
			CB OPERATION	Frequency Rate		Start Time					
			AUTO OPERATION	RPM							
			COOLANT SYSTEM: Radiator cap, Coolant level, Coolant Condition, Coolant filter, Coolant Heater, All Hoses								
			EXHAUST SYSTEMS CONDITION								
			ENGINE: Ignition system, Belts, Turbo, Air intake system, Air filter, Oil Leaks, Oil level, Crankcase Breather								
			ALTERNATOR CONDITION								
			FULL SERVICE PERFORMED								
			FUEL SYSTEM: Fuel Plumbing, Fuel Filters, Fuel Condition				Fuel Level				
			ENCLOSURE CONDITION								
			BATTERY CONDITION								
			ATS: Housing Condition, Power and Control Cables, Main Connects, Operating Mechanism, Control Boards, Display, Battery Charger								
			OPERATION CHECKS: Engine Run Temp, Oil Pressure, Oil Temp, Battery Voltage, Control Lights, Control Guages, Emergency Stop, Switches/Controls, CB Operation, Auto Operation, Frequency rate, RPM								
			Before Leaving Site: Gen in Auto, Battery Charger ON, Block Heater ON, CB closed, Customer Logs								
Notes:											

**ENGINE NATURAL GAS**

**EQUIP NUM: E850761977**

**SERIAL NUMBER: E850761977**

**ONAN 150KW\_ONAN**

**No Action Required**

**Interp By: Mary E Churchill**

**Interpreted On: 12-Jul-24**

**E330-54194-0051**

LABEL#: 0051

SHOP JOB NUM : 10245

SAMPLE SHIP TIME (days) : 10

**LINCOLN REGIONAL**

**CENTER**

RECEIVED DATE: 12-Jul-24

NOTE: TIME BETWEEN SAMPLES, OTHER ANALYSIS READINGS, APPEAR TO BE ACCEPTABLE. RESAMPLE AT THE NEXT SERVICE INTERVAL.

**SAMPLE INFORMATION**

	02-Jul-24	12-Oct-17
Sampled Date	02-Jul-24	12-Oct-17
Sample Id	E330-54194-0051	E330-47290-0030
Lab Date	12-Jul-24	17-Oct-17
Meter [Hr]	1376.7	1154
Comp Meter [Hr]		1154
Meter On Fluid		
Fluid Brand		CAT
Fluid Weight		15W-40
Fluid Type		
Fluid Change	N	Y
Filter Change	N	Y
Kidney Loop	U	U
	0	

**WEAR LEVELS / ADDITIVES**

	02-Jul-24	12-Oct-17
<b>ELEMENTAL ANALYSIS (PPM) ASTM D5185 [OIL] / ASTM D6130 [COOLANT]</b>		
Cu Copper	1	2
Fe Iron	4	13
Cr Chromium	0	1
Al Aluminum	2	2
Pb Lead	1	1
Sn Tin	0	0
Si Silicon	1	7
Na Sodium	4	6
K Potassium	1	1
Mo Molybdenum	51	6
Ni Nickel	0	
Ag Silver	0	0
Ti Titanium	0	
V Vanadium	0	
Cd Cadmium	2	
Ca Calcium	1200	2376
P Phosphorus	786	1164
Zn Zinc	958	1322
Mg Magnesium	741	340
Ba Barium	0	
B Boron	54	

**PREVIOUS SAMPLE**

UNKNOWN ASSOCIATED INTERVAL.	HOURS WITH THIS SAMPLE.	ON OIL.	NORMAL READINGS.	NO PROBLEMS SAMPLING AT THE	PRESENTLY NORMAL
INTERPRETATION BY RACHEL S. - FLUIDS TECH					

For additional sample history, go to: [S.O.S WEB](#)

**CONDITION / CONTAMINATION**

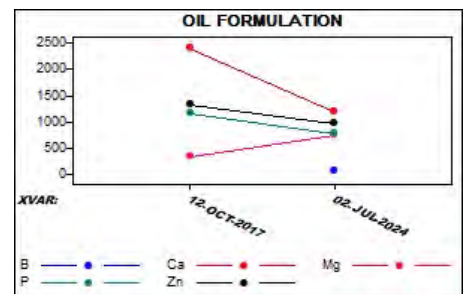
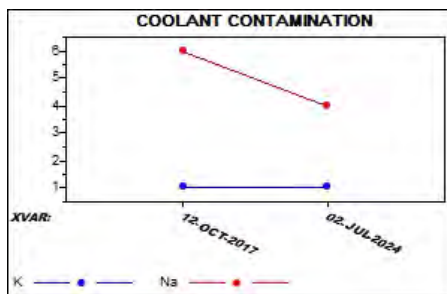
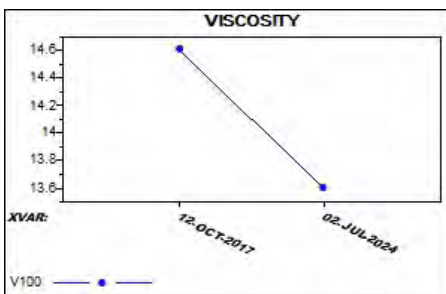
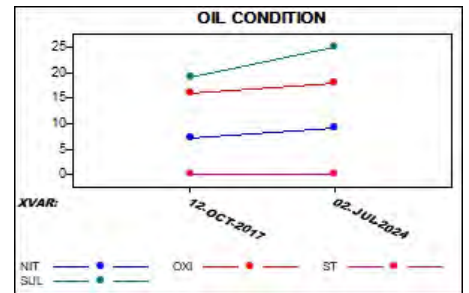
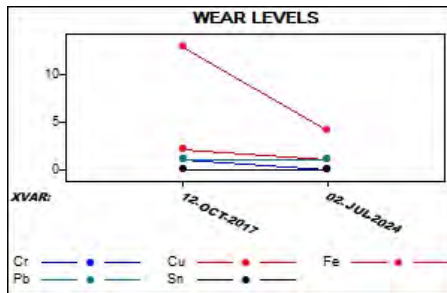
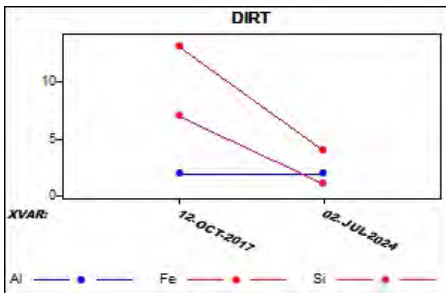
	02-Jul-24	12-Oct-17
<b>VISCOSITY (CENTISTOKES) ASTM D445</b>		
V100 Viscosity at 100 C	13.60	14.6
<b>INFRARED (UFM) ASTM E2412</b>		
ST Soot	0	0
OXI Oxidation	18	16
SUL Sulfur Products	25	19
NIT Nitration	9	7

**WATER**

	02-Jul-24	12-Oct-17
W Water	N	N

**ANTIFREEZE**

	02-Jul-24	12-Oct-17
A Antifreeze	N	N



**Report Comment**

Our sample reports has been updated! For more information on the new report, go to - <https://www.youtube.com/watch?v=4h8bREJVUrs>



CUSTOMER DETAILS											
CUSTOMER:					DATE:						
ADDRESS:					JOB ID:						
SITE NAME:					TECHNICIAN:						
CONTACT NAME:					CONTACT TEL:						
PRODUCT DETAILS											
GEN MAKE					GEN MODEL:						
GEN SERIAL:					GEN HOURS:						
AUTOMATIC TRANSFER SWITCH NOTES								Service Interval			
								Quarterly			
								Semi-Annual			
								Annual			
Nominal Voltage Source					Emergency Voltage Source						
A-B		B-C		C-A	A-B		B-C		C-A		
A-N		B-N		C-B	A-N		B-N		C-B		
A-Amps		B-Amps		C-Amps	A-Amps		B-Amps		C-Amps		
A-Temp		B-Temp		C-Temp	A-Temp		B-Temp		C-Temp		
PRE OPERATION CHECKS				Coolant temp	Battery Charging voltage						
OPERATION CHECKS											
PASS	N/A	NEEDS ATTN									
			CONTROL LIGHTS	Engine Run temp		W/ or W/O Load					
			CONTROL DISPLAY	Oil Pressure		Exercise Duration					
			EMERGENCY STOP	Oil Temp		Day					
			SWITCH/CONTROLS	Battery Voltage		Week					
			CB OPERATION	Frequency Rate		Start Time					
			AUTO OPERATION	RPM							
			COOLANT SYSTEM: Radiator cap, Coolant level, Coolant Condition, Coolant filter, Coolant Heater, All Hoses								
			EXHAUST SYSTEMS CONDITION								
			ENGINE: Ignition system, Belts, Turbo, Air intake system, Air filter, Oil Leaks, Oil level, Crankcase Breather								
			ALTERNATOR CONDITION								
			FULL SERVICE PERFORMED								
			FUEL SYSTEM: Fuel Plumbing, Fuel Filters, Fuel Condition				Fuel Level				
			ENCLOSURE CONDITION								
			BATTERY CONDITION								
			ATS: Housing Condition, Power and Control Cables, Main Connects, Operating Mechanism, Control Boards, Display, Battery Charger								
			OPERATION CHECKS: Engine Run Temp, Oil Pressure, Oil Temp, Battery Voltage, Control Lights, Control Guages, Emergency Stop, Switches/Controls, CB Operation, Auto Operation, Frequency rate, RPM								
			Before Leaving Site: Gen in Auto, Battery Charger ON, Block Heater ON, CB closed, Customer Logs								
Notes:											

# Fire Alarm Supplementary Form



**Location Code:** HOLOAIZ

**Contact:** Kris Hoover

**Contact Address:** Building 14 - 801 West Prospector Place  
Lincoln, NE 68522

**Phone:** (402) 479-5453

**Email:** kris.hoover@nebraska.gov

**Property Evaluated:** Lincoln Regional Center - Building 14  
(Detention/Correctional)  
Building 14 - 801 West Prospector Place  
Lincoln, NE 68522

**Description:** Fire Alarm Supplement (EP3 INITIATING)

**Company:** Omaha Office

**Address:** 6775 South 118th Street  
Omaha, NE 68137

**Company Phone:** 402-592-8225

**Inspector:** Conner Lynn Holsclaw  
O30

**Date of Work:** 2/26/2024

**Frequency:** Semi-Annual

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## Deficiency Summary

There are no reported deficiencies for this submission

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## General Comments

There are no general comments for this submission



**Omaha Office**  
 6775 South 118th Street  
 Omaha, NE 68137  
 Phone: 402-592-8225

## Fire Alarm Supplementary Form

The work covered on this form is (select one):

Semi-Annual

Date of Work

2/26/2024

Account Information		
Facility Name: Lincoln Regional Center - Building 14	Property Type: Detention/Correctional	Location Code: HOLOAIZ
Service Address: Building 14 - 801 West Prospector Place, Lincoln, NE, 68522		
Owner: Kris Hoover	Owner's Phone: (402) 479-5453	
Owner's Address: Building 14 - 801 West Prospector Place, Lincoln, NE, 68522		

Legend				
AS - Abort Station	BATT - Batteries	CoD - Carbon Monoxide Detector	CM - Control Module	DA - Damper
DD - Duct Detector	DH - Door Holder	EL - Emergency/Exit Light	FACP - Fire Alarm Control Panel	HD - Heat Detector
HORN - Horns	H/S - Horn-Strobes	LA - Low Air	MM - Monitor Module (Ansul, temp, CO, etc)	
MR - Manual Release	Other	PR - Phase Reversal	PS - Pull Station	PWS - Power Supply
SC - Signal/Sounder Control	SD - Smoke Detector	SD-Ion - Ion Smoke Detector	SD-Photo - Photo Smoke Detector	SPKR - Speakers
S/S - Speaker-Strobes	STROBE - Strobes	TS - Tamper Switch	WF - Waterflow	

Type	Total	Tested	Not Tested	Passed	Failed
DD	2	2	0	2	0
PS	16	16	0	16	0

Type	Total	Tested	Not Tested	Passed	Failed
HD	146	146	0	146	0
SD-Photo	168	168	0	168	0

Zone: EP3 PG 1

Zone: EP3 PG 1							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
SD-Photo	L1D32	BED RM 019		Semi-Annual	2/26/2024	Pass	
HD	L2D11	BREAK RM 139		Semi-Annual	2/26/2024	Pass	
HD	L1D27	BREAK RM		Semi-Annual	2/26/2024	Pass	
HD	L1D28	BREAK RM		Semi-Annual	2/26/2024	Pass	
SD-Photo	L2D2	CENTER CORRIDOR		Semi-Annual	2/26/2024	Pass	



**Omaha Office**  
 6775 South 118th Street  
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 Phone: 402-592-8225

**Zone: EP3 PG 1**

Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
● SD-Photo	L2D3	CENTER CORRIDOR		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L2D4	CENTER CORRIDOR		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L2D1	CHASE 134		Semi-Annual	2/26/2024	Pass	
☼ HD	L1D56	CHILLER RM 051A		Semi-Annual	2/26/2024	Pass	
☼ HD	L1D76	CONTRACTOR STORAGE		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D23	CORRIDOR 017		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D26	CORRIDOR 017		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D29	CORRIDOR 017		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D33	CORRIDOR 017		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D17	CORRIDOR 028		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D22	CORRIDOR 028		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D8	CORRIDOR 033		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D9	CORRIDOR 033		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D4	CORRIDOR 036		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D7	CORRIDOR 036		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D42	CORRIDOR 36		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D53	CORRIDOR 050		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D57	CORRIDOR 050		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L2D5	CORRIDOR 174		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L2D10	CORRIDOR 174		Semi-Annual	2/26/2024	Pass	
☼ HD	L2D12	DINING HALL		Semi-Annual	2/26/2024	Pass	
☼ HD	L1D58	DRYER RM 052		Semi-Annual	2/26/2024	Pass	
☼ HD	L1D61	EAST GAME RM		Semi-Annual	2/26/2024	Pass	
☼ HD	L1D62	EAST GAME RM		Semi-Annual	2/26/2024	Pass	
☼ HD	L1D63	EAST GAME RM		Semi-Annual	2/26/2024	Pass	
☼ HD	L1D64	EAST GAME RM		Semi-Annual	2/26/2024	Pass	
☼ HD	L1D65	EAST GAME RM		Semi-Annual	2/26/2024	Pass	
☼ HD	L1D66	EAST GAME RM		Semi-Annual	2/26/2024	Pass	
☼ HD	L1D67	EAST GAME RM		Semi-Annual	2/26/2024	Pass	
☼ HD	L1D68	EAST GAME RM		Semi-Annual	2/26/2024	Pass	
☼ HD	L1D69	EAST GAME RM		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D80	EAST STAIR HALL		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D75	EAST STAIRS HALL		Semi-Annual	2/26/2024	Pass	
☼ HD	L1D50	EAST STORAGE 44		Semi-Annual	2/26/2024	Pass	
☼ HD	L1D38	ELEC RM 39		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L1D39	ELEC RM 39		Semi-Annual	2/26/2024	Pass	





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Zone: EP3 PG 1							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
HD	L1D40	ELEV EQUIP RM		Semi-Annual	2/26/2024	Pass	
SD-Photo	L1D41	ELEV EQUIP RM		Semi-Annual	2/26/2024	Pass	
SD-Photo	L1D43	ELEV LOBBY 040		Semi-Annual	2/26/2024	Pass	
HD	L1D85	ELEV PIT		Semi-Annual	2/26/2024	Pass	
HD	L1D82	EXERCISE RM 062		Semi-Annual	2/26/2024	Pass	
HD	L1D83	EXERCISE RM 062		Semi-Annual	2/26/2024	Pass	
HD	L1D84	EXERCISE RM 062		Semi-Annual	2/26/2024	Pass	
HD	L1D6	HOUSE KEEPING		Semi-Annual	2/26/2024	Pass	
HD	L1D5	HOUSE KEEPING OFFICE		Semi-Annual	2/26/2024	Pass	
HD	L2D6	KITCHEN 166		Semi-Annual	2/26/2024	Pass	
HD	L2D7	KITCHEN 166		Semi-Annual	2/26/2024	Pass	
HD	L2D8	KITCHEN 166		Semi-Annual	2/26/2024	Pass	
HD	L2D9	KITCHEN 166		Semi-Annual	2/26/2024	Pass	
HD	L1D54	LAUNDRY 048		Semi-Annual	2/26/2024	Pass	
SD-Photo	L1D1	MAIN ELEC RM 038		Semi-Annual	2/26/2024	Pass	
SD-Photo	L1D35	MAINT ENTRANCE		Semi-Annual	2/26/2024	Pass	
SD-Photo	L1D36	MAINT ENTRANCE		Semi-Annual	2/26/2024	Pass	
HD	L1D60	MAINT OFFICE 054		Semi-Annual	2/26/2024	Pass	
HD	L1D37	MAINT PRINT RM		Semi-Annual	2/26/2024	Pass	
HD	L1D78	MAINT STORAGE		Semi-Annual	2/26/2024	Pass	
HD	L1D30	MECH CHASE		Semi-Annual	2/26/2024	Pass	
HD	L1D31	MECH CHASE		Semi-Annual	2/26/2024	Pass	
HD	L1D34	MECH EQUIP 018		Semi-Annual	2/26/2024	Pass	
DD	L1D24	MECH RM 015		Semi-Annual	2/26/2024	Pass	
HD	L1D25	MECH RM 015		Semi-Annual	2/26/2024	Pass	
HD	L1D48	MECH RM 42		Semi-Annual	2/26/2024	Pass	
SD-Photo	L1D47	MECH RM 42		Semi-Annual	2/26/2024	Pass	
HD	L1D46	MECH RM 45		Semi-Annual	2/26/2024	Pass	
HD	L1D44	MECH RM 046		Semi-Annual	2/26/2024	Pass	
DD	L1D72	MECH RM 056B		Semi-Annual	2/26/2024	Pass	
HD	L1D71	MECH RM 056B		Semi-Annual	2/26/2024	Pass	
HD	L1D70	MINI GYM 056		Semi-Annual	2/26/2024	Pass	
HD	L1D73	MINI GYM 056		Semi-Annual	2/26/2024	Pass	
HD	L1D74	MINI GYM 056		Semi-Annual	2/26/2024	Pass	
HD	L1D10	O.T. RM		Semi-Annual	2/26/2024	Pass	
HD	L1D11	O.T. RM		Semi-Annual	2/26/2024	Pass	



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Zone: EP3 PG 1							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
HD	L1D12	O.T. RM		Semi-Annual	2/26/2024	Pass	
HD	L1D16	O.T. RR		Semi-Annual	2/26/2024	Pass	
HD	L1D13	O.T. SMALL STORAGE		Semi-Annual	2/26/2024	Pass	
HD	L1D14	O.T. STORAGE RM		Semi-Annual	2/26/2024	Pass	
HD	L1D15	O.T. STORAGE RM		Semi-Annual	2/26/2024	Pass	
HD	L1D55	OPEN RM 049		Semi-Annual	2/26/2024	Pass	
HD	L1D21	PATIENT STORAGE 023		Semi-Annual	2/26/2024	Pass	
HD	L1D20	PATIENT STORAGE 24		Semi-Annual	2/26/2024	Pass	
HD	L1D81	RESTROOM 061		Semi-Annual	2/26/2024	Pass	
HD	L1D59	SEWING RM 051B		Semi-Annual	2/26/2024	Pass	
HD	L1D19	STORAGE 023		Semi-Annual	2/26/2024	Pass	
HD	L1D18	STORAGE 026		Semi-Annual	2/26/2024	Pass	
HD	L1D77	STORAGE 059		Semi-Annual	2/26/2024	Pass	
HD	L1D79	STORAGE 060		Semi-Annual	2/26/2024	Pass	
HD	L1D86	STREET LVL ENTRANCE		Semi-Annual	2/26/2024	Pass	
HD	L1D3	TELEPHONE EQUIP RM		Semi-Annual	2/26/2024	Pass	
SD-Photo	L1D2	TELEPHONE EQUIP RM		Semi-Annual	2/26/2024	Pass	
SD-Photo	L1D45	TUNNEL HALL		Semi-Annual	2/26/2024	Pass	
SD-Photo	L1D49	TUNNEL HALL		Semi-Annual	2/26/2024	Pass	
SD-Photo	L1D52	TUNNEL HALL		Semi-Annual	2/26/2024	Pass	
HD	L1D51	WEST STORAGE 043		Semi-Annual	2/26/2024	Pass	
HD	L2D13	WOMENS RR 171		Semi-Annual	2/26/2024	Pass	

Zone: EP3 PG 2

Zone: EP3 PG 2							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
SD-Photo	L2D96	ACTIVITIES 151		Semi-Annual	2/26/2024	Pass	
HD	L3D78	BREAK RM 247		Semi-Annual	2/26/2024	Pass	
SD-Photo	L2D85	CENTER CORRIDOR		Semi-Annual	2/26/2024	Pass	
SD-Photo	L2D87	CENTER CORRIDOR		Semi-Annual	2/26/2024	Pass	
SD-Photo	L2D89	CENTER CORRIDOR		Semi-Annual	2/26/2024	Pass	
SD-Photo	L2D91	CENTER CORRIDOR		Semi-Annual	2/26/2024	Pass	
SD-Photo	L3D49	CHART RM 274		Semi-Annual	2/26/2024	Pass	
HD	L2D90	CHASE 129		Semi-Annual	2/26/2024	Pass	
SD-Photo	L3D72	CLOSET		Semi-Annual	2/26/2024	Pass	



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Zone: EP3 PG 2							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
● SD-Photo	L2D118	CONF. 107		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L2D117	CONF. 108		Semi-Annual	2/26/2024	Pass	
⚙ HD	L3D79	CONF. 242		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L3D51	CONF. 277		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L2D113	CORRIDOR 108A		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L2D116	CORRIDOR 108A		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L2D104	CORRIDOR 116		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L2D105	CORRIDOR 116		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L2D109	CORRIDOR 116		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L2D111	CORRIDOR 116		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L2D92	CORRIDOR 143		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L2D95	CORRIDOR 143		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L2D99	CORRIDOR 143		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L2D100	CORRIDOR 143		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L2D103	CORRIDOR 143		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L2D17	CORRIDOR 174		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L2D21	CORRIDOR 174		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L2D22	CORRIDOR 174		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L2D23	CORRIDOR 184		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L2D26	CORRIDOR 184		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L2D28	CORRIDOR 184		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L2D29	CORRIDOR 184		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L3D34	CORRIDOR 241		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L3D35	CORRIDOR 241		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L3D37	CORRIDOR 241		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L3D40	CORRIDOR 241		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L3D47	CORRIDOR 241		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L3D59	CORRIDOR 241		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L3D64	CORRIDOR 241		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L3D66	CORRIDOR 241		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L3D71	CORRIDOR 241		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L3D77	CORRIDOR 241		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L3D73	CORRIDOR 241B		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L3D38	CORRIDOR 241G		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L3D53	CORRIDOR 241M		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L3D54	CORRIDOR 241M		Semi-Annual	2/26/2024	Pass	



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Zone: EP3 PG 2							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
● SD-Photo	L3D55	CORRIDOR 241M		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L3D56	CORRIDOR 241M		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L3D57	CORRIDOR 241M		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L2D18	DAY HALL 175		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L3D61	DAY RM 298		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L3D62	DAY RM 298		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L3D60	DAY RM 299		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L3D42	DINING 272		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L3D44	DINING 272		Semi-Annual	2/26/2024	Pass	
☀ HD	L2D16	DINING RM 168		Semi-Annual	2/26/2024	Pass	
☀ HD	L2D15	DINING RM 170		Semi-Annual	2/26/2024	Pass	
☀ HD	L3D36	ELEC. 165		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L2D88	ELEV. LOBBY		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L3D63	ELEV LOBBY		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L3D48	EXAM 275		Semi-Annual	2/26/2024	Pass	
☀ HD	L3D69	IT 255		Semi-Annual	2/26/2024	Pass	
☀ HD	L3D67	IT 256		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L2D31	JC 198		Semi-Annual	2/26/2024	Pass	
☀ HD	L3D39	KITCHEN 271		Semi-Annual	2/26/2024	Pass	
☀ HD	L2D119	LAUNDRY 104		Semi-Annual	2/26/2024	Pass	
☀ HD	L2D19	LAUNDRY 173A		Semi-Annual	2/26/2024	Pass	
☀ HD	L2D20	LAUNDRY 173B		Semi-Annual	2/26/2024	Pass	
☀ HD	L3D43	LAUNDRY 270		Semi-Annual	2/26/2024	Pass	
☀ HD	L2D108	LINEN 113		Semi-Annual	2/26/2024	Pass	
☀ HD	L3D65	LINEN CLOSET 257		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L2D32	LOBBY 199		Semi-Annual	2/26/2024	Pass	
☀ HD	L2D110	LOUNGE 112		Semi-Annual	2/26/2024	Pass	
☀ HD	L2D27	LOUNGE 179		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L3D52	MED RM 279		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L2D33	MEETING RM 192		Semi-Annual	2/26/2024	Pass	
☀ HD	L2D94	MENS RR 152		Semi-Annual	2/26/2024	Pass	
☀ HD	L2D14	MENS RR 172		Semi-Annual	2/26/2024	Pass	
☀ HD	L3D75	MENS RR 251		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L3D45	NURSES STATION 241		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L3D50	PHYSICIAN 276		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L3D70	PRINTER 252		Semi-Annual	2/26/2024	Pass	



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**Zone: EP3 PG 2**

Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
● SD-Photo	L2D97	REC RM 149		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L2D98	REC RM 149		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L2D112	RELIGIOUS RM 109		Semi-Annual	2/26/2024	Pass	
☀ HD	L2D107	SHOWER 114		Semi-Annual	2/26/2024	Pass	
☀ HD	L2D106	SHOWER 115		Semi-Annual	2/26/2024	Pass	
☀ HD	L2D24	SHOWER 177		Semi-Annual	2/26/2024	Pass	
☀ HD	L2D25	SHOWER 178		Semi-Annual	2/26/2024	Pass	
☀ HD	L3D41	SHOWER 269		Semi-Annual	2/26/2024	Pass	
☀ HD	L3D46	STAFF RR 273		Semi-Annual	2/26/2024	Pass	
☀ HD	L2D114	STORAGE 102		Semi-Annual	2/26/2024	Pass	
☀ HD	L2D115	STORAGE 102		Semi-Annual	2/26/2024	Pass	
☀ HD	L2D101	STORAGE 147A		Semi-Annual	2/26/2024	Pass	
☀ HD	L2D102	STORAGE 147B		Semi-Annual	2/26/2024	Pass	
☀ HD	L3D68	STORAGE 254		Semi-Annual	2/26/2024	Pass	
☀ HD	L3D58	STORAGE 295		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L3D76	VENDING 249		Semi-Annual	2/26/2024	Pass	
☀ HD	L2D93	WOMENS RR 153		Semi-Annual	2/26/2024	Pass	
☀ HD	L3D74	WOMENS RR 250		Semi-Annual	2/26/2024	Pass	

**Zone: EP3 PG 3**

Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
● SD-Photo	L4D4	BREAK RM 303		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L4D5	BREAK RM 303		Semi-Annual	2/26/2024	Pass	
☀ HD	L4D22	BREAK RM 310		Semi-Annual	2/26/2024	Pass	
☀ HD	L3D95	CLOSET 225		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L3D117	CONF. 208		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L3D85	CONF. 240		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L4D30	CONF. 316		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L4D31	CONF. 316		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L4D32	CONF. 316		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L4D33	CONF. 316		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L4D34	CONF. 316		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L4D18	CONF. 324		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L4D26	CONF. 331		Semi-Annual	2/26/2024	Pass	



**Omaha Office**  
 6775 South 118th Street  
 Omaha, NE 68137  
 Phone: 402-592-8225

Zone: EP3 PG 3							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
● SD-Photo	L3D108	CORRIDOR 201		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L3D109	CORRIDOR 201		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L3D80	CORRIDOR 241		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L3D84	CORRIDOR 241		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L3D86	CORRIDOR 241		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L3D88	CORRIDOR 241		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L3D93	CORRIDOR 241		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L3D106	CORRIDOR 241		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L4D2	CORRIDOR 308		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L4D6	CORRIDOR 308		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L4D8	CORRIDOR 308		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L4D10	CORRIDOR 308		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L4D13	CORRIDOR 308		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L4D14	CORRIDOR 308		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L4D15	CORRIDOR 308		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L4D36	CORRIDOR 308		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L4D17	CORRIDOR 317		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L4D19	CORRIDOR 317		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L4D21	CORRIDOR 317		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L4D24	CORRIDOR 317		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L4D25	CORRIDOR 317		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L3D102	DAY RM 202		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L3D105	DAY RM 202		Semi-Annual	2/26/2024	Pass	
☀ HD	L3D96	DAY RM		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L3D94	DAY RM		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L3D100	DAY RM		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L4D53	EAST CORR		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L4D59	EAST CORR		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L4D63	EAST CORR		Semi-Annual	2/26/2024	Pass	
☀ HD	L3D110	ELEC 214		Semi-Annual	2/26/2024	Pass	
☀ HD	L3D81	ELEC. 243		Semi-Annual	2/26/2024	Pass	
☀ HD	L3D92	ELEC RM		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L4D7	ELEV LOBBY		Semi-Annual	2/26/2024	Pass	
☀ HD	L4D54	EMERG. PREP		Semi-Annual	2/26/2024	Pass	
☀ HD	L3D111	JC 206		Semi-Annual	2/26/2024	Pass	
☀ HD	L3D104	KITCHEN 217		Semi-Annual	2/26/2024	Pass	



**Omaha Office**  
 6775 South 118th Street  
 Omaha, NE 68137  
 Phone: 402-592-8225

Zone: EP3 PG 3							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
HD	L3D107	LINEN CLOSET 204		Semi-Annual	2/26/2024	Pass	
SD-Photo	L3D115	LIVING 207		Semi-Annual	2/26/2024	Pass	
SD-Photo	L3D116	LIVING 207		Semi-Annual	2/26/2024	Pass	
SD-Photo	L3D118	LIVING 207		Semi-Annual	2/26/2024	Pass	
HD	L4D58	MED RECORDS		Semi-Annual	2/26/2024	Pass	
HD	L4D62	MED RECORDS		Semi-Annual	2/26/2024	Pass	
SD-Photo	L3D87	MED RM 233		Semi-Annual	2/26/2024	Pass	
HD	L3D89	MENS RR 231		Semi-Annual	2/26/2024	Pass	
HD	L4D11	MENS RR 335		Semi-Annual	2/26/2024	Pass	
HD	L4D28	MENS RR 337		Semi-Annual	2/26/2024	Pass	
SD-Photo	L3D91	OBSERVATION 230		Semi-Annual	2/26/2024	Pass	
HD	L3D103	PANTRY 218		Semi-Annual	2/26/2024	Pass	
HD	L4D1	RECORDS 333		Semi-Annual	2/26/2024	Pass	
HD	L4D57	RECORDS 348		Semi-Annual	2/26/2024	Pass	
HD	L4D42	RECORDS STORAGE		Semi-Annual	2/26/2024	Pass	
HD	L3D114	RR 211		Semi-Annual	2/26/2024	Pass	
SD-Photo	L3D82	RT FITNESS		Semi-Annual	2/26/2024	Pass	
SD-Photo	L3D83	RT FITNESS		Semi-Annual	2/26/2024	Pass	
HD	L3D112	SHOWER 213		Semi-Annual	2/26/2024	Pass	
HD	L3D98	SHOWER 228		Semi-Annual	2/26/2024	Pass	
SD-Photo	L4D9	STAFFING OFFICE 304		Semi-Annual	2/26/2024	Pass	
SD-Photo	L4D3	STAIRWELL		Semi-Annual	2/26/2024	Pass	
SD-Photo	L4D27	STAIRWELL		Semi-Annual	2/26/2024	Pass	
HD	L4D20	STORAGE 318		Semi-Annual	2/26/2024	Pass	
SD-Photo	L4D35	STORAGE 334		Semi-Annual	2/26/2024	Pass	
SD-Photo	L4D43	STORAGE 334		Semi-Annual	2/26/2024	Pass	
SD-Photo	L4D44	STORAGE 334		Semi-Annual	2/26/2024	Pass	
SD-Photo	L4D45	STORAGE 334		Semi-Annual	2/26/2024	Pass	
SD-Photo	L4D46	STORAGE 334		Semi-Annual	2/26/2024	Pass	
SD-Photo	L4D40	STORAGE 335		Semi-Annual	2/26/2024	Pass	
HD	L4D41	STORAGE 336		Semi-Annual	2/26/2024	Pass	
HD	L4D37	STORAGE 339		Semi-Annual	2/26/2024	Pass	
HD	L4D38	STORAGE 339		Semi-Annual	2/26/2024	Pass	
SD-Photo	L4D47	STORAGE 343		Semi-Annual	2/26/2024	Pass	
SD-Photo	L4D48	STORAGE 343		Semi-Annual	2/26/2024	Pass	
SD-Photo	L4D49	STORAGE 343		Semi-Annual	2/26/2024	Pass	



**Omaha Office**  
 6775 South 118th Street  
 Omaha, NE 68137  
 Phone: 402-592-8225

**Zone: EP3 PG 3**

Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
● SD-Photo	L4D50	STORAGE 343		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L4D51	STORAGE 343		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L4D52	STORAGE 343		Semi-Annual	2/26/2024	Pass	
☀ HD	L4D55	STORAGE 346		Semi-Annual	2/26/2024	Pass	
☀ HD	L4D60	STORAGE 352		Semi-Annual	2/26/2024	Pass	
☀ HD	L4D61	STORAGE 352		Semi-Annual	2/26/2024	Pass	
☀ HD	L3D97	STORAGE		Semi-Annual	2/26/2024	Pass	
☀ HD	L3D99	STORAGE		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L4D23	TRAINING 327		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L4D16	TRAINING RM 306		Semi-Annual	2/26/2024	Pass	
☀ HD	L3D113	WASHER/DRYER 212		Semi-Annual	2/26/2024	Pass	
☀ HD	L3D90	WOMENS RR 232		Semi-Annual	2/26/2024	Pass	
☀ HD	L4D12	WOMENS RR 334		Semi-Annual	2/26/2024	Pass	
☀ HD	L4D29	WOMENS RR 337		Semi-Annual	2/26/2024	Pass	

**Zone: EP3 PG 4**

<b>Zone: EP3 PG 4</b>							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
☐ PS	L3M18	2ND FLR CENTER		Semi-Annual	2/26/2024	Pass	
☐ PS	L3M22	2ND FLR NURSE		Semi-Annual	2/26/2024	Pass	
☐ PS	L3M26	2ND FLR OBSEVRATION		Semi-Annual	2/26/2024	Pass	
☐ PS	L4M11	3RD FLR EAST STAIRS		Semi-Annual	2/26/2024	Pass	
☐ PS	L4M13	3RD FLR EAST STAIRS		Semi-Annual	2/26/2024	Pass	
☐ PS	L4M5	3RD FLR WEST		Semi-Annual	2/26/2024	Pass	
☐ PS	L4M15	4TH FLR		Semi-Annual	2/26/2024	Pass	
☐ PS	L1M5	CORR 036		Semi-Annual	2/26/2024	Pass	
☐ PS	L1M12	CORRIDOR 17		Semi-Annual	2/26/2024	Pass	
☐ PS	L4M1	CORRIDOR 306		Semi-Annual	2/26/2024	Pass	
☐ PS	L1M2	CORRIDOR EAST STREET		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L4D68	EAST CORR		Semi-Annual	2/26/2024	Pass	
☐ PS	L2M5	EAST PULL		Semi-Annual	2/26/2024	Pass	
● SD-Photo	L4D81	ELEV SHAFT		Semi-Annual	2/26/2024	Pass	
☐ PS	L1M1	EXERCISE RM		Semi-Annual	2/26/2024	Pass	
☐ PS	L1M14	MAINT ENTRY		Semi-Annual	2/26/2024	Pass	
☀ HD	L4D69	MAINT STORAGE 355		Semi-Annual	2/26/2024	Pass	





**Omaha Office**  
 6775 South 118th Street  
 Omaha, NE 68137  
 Phone: 402-592-8225

Zone: EP3 PG 4							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
HD	L4D70	OFFICE STORAGE 356		Semi-Annual	2/26/2024	Pass	
HD	L4D71	OFFICE STORAGE		Semi-Annual	2/26/2024	Pass	
HD	L4D72	OFFICE STORAGE		Semi-Annual	2/26/2024	Pass	
HD	L4D82	PENTHOUSE		Semi-Annual	2/26/2024	Pass	
SD-Photo	L4D83	PENTHOUSE		Semi-Annual	2/26/2024	Pass	
SD-Photo	L4D66	STAIRWELL		Semi-Annual	2/26/2024	Pass	
SD-Photo	L4D77	STAIRWELL		Semi-Annual	2/26/2024	Pass	
PS	L1M13	STAIRWELL WEST		Semi-Annual	2/26/2024	Pass	
HD	L4D67	STORAGE 352		Semi-Annual	2/26/2024	Pass	
HD	L4D64	STORAGE 353		Semi-Annual	2/26/2024	Pass	
HD	L4D65	STORAGE 353		Semi-Annual	2/26/2024	Pass	
HD	L4D73	STORAGE 404		Semi-Annual	2/26/2024	Pass	
HD	L4D74	STORAGE		Semi-Annual	2/26/2024	Pass	
HD	L4D75	STORAGE		Semi-Annual	2/26/2024	Pass	
HD	L4D76	STORAGE		Semi-Annual	2/26/2024	Pass	
HD	L4D79	STORAGE		Semi-Annual	2/26/2024	Pass	
SD-Photo	L4D78	STORAGE		Semi-Annual	2/26/2024	Pass	
PS	L2M42	WEST PULL		Semi-Annual	2/26/2024	Pass	

**Comments**

Any deficiencies or other problems found with the devices must be explained using the comment specific for each device. Additional comments can be added here.  
 Please see the summary section at the top of the form for the comments.

**Inspector's Information**

Inspected By

Inspector License:

I state that the information on this form is correct at the time and place of my inspection, and that all equipment tested at this time was left in operating condition upon completion of this inspection except as noted in the *Comments*.

Signature of Inspector

Date

**Owner or Owner's Representative**


Owner or Owner's Representative Name

Owner or Owner's Representative Signature

Date

Conner Lynn Holsclaw  
 O30

---



2/26/2024

---

NA

No Signature Available

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2/26/2024

---

# Fire Alarm Supplementary Form



**Location Code:** HOLOAIZ

**Contact:** Kris Hoover

**Contact Address:** Building 14 - 801 West Prospector Place  
Lincoln, NE 68522

**Phone:** (402) 479-5453

**Email:** kris.hoover@nebraska.gov

**Property Evaluated:** Lincoln Regional Center - Building 14  
(Detention/Correctional)  
Building 14 - 801 West Prospector Place  
Lincoln, NE 68522

**Description:** Fire Alarm Supplement (EP4 NOTIFICATION)

**Company:** Omaha Office

**Address:** 6775 South 118th Street  
Omaha, NE 68137

**Company Phone:** 402-592-8225

**Inspector:** Conner Lynn Holsclaw  
O30

**Date of Work:** 2/26/2024

**Frequency:** Semi-Annual

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## Deficiency Summary

There are no reported deficiencies for this submission

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## General Comments

There are no general comments for this submission



**Omaha Office**  
 6775 South 118th Street  
 Omaha, NE 68137  
 Phone: 402-592-8225

## Fire Alarm Supplementary Form

The work covered on this form is (select one):

Semi-Annual

Date of Work

2/26/2024

Account Information		
Facility Name: Lincoln Regional Center - Building 14	Property Type: Detention/Correctional	Location Code: HOLOAIZ
Service Address: Building 14 - 801 West Prospector Place, Lincoln, NE, 68522		
Owner: Kris Hoover	Owner's Phone: (402) 479-5453	
Owner's Address: Building 14 - 801 West Prospector Place, Lincoln, NE, 68522		

Legend				
AS - Abort Station	BATT - Batteries	CoD - Carbon Monoxide Detector	CM - Control Module	DA - Damper
DD - Duct Detector	DH - Door Holder	EL - Emergency/Exit Light	FACP - Fire Alarm Control Panel	HD - Heat Detector
HORN - Horns	H/S - Horn-Strobes	LA - Low Air	MM - Monitor Module (Ansul, temp, CO, etc)	
MR - Manual Release	Other	PR - Phase Reversal	PS - Pull Station	PWS - Power Supply
SC - Signal/Sounder Control	SD - Smoke Detector	SD-Ion - Ion Smoke Detector	SD-Photo - Photo Smoke Detector	SPKR - Speakers
S/S - Speaker-Strobes	STROBE - Strobes	TS - Tamper Switch	WF - Waterflow	

Type	Total	Tested	Not Tested	Passed	Failed
■ S/S	5	5	0	5	0

Type	Total	Tested	Not Tested	Passed	Failed

Zone: EP4

Zone: EP4							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
■ S/S	ALL SPEAKERS AND STROBES	1ST FLR		Semi-Annual	2/26/2024	Pass	
■ S/S	ALL SPEAKERS AND STROBES	2ND FLR		Semi-Annual	2/26/2024	Pass	



**Omaha Office**  
 6775 South 118th Street  
 Omaha, NE 68137  
 Phone: 402-592-8225

Zone: EP4							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
■ S/S	ALL SPEAKERS AND STROBES	3RD FLR		Semi-Annual	2/26/2024	Pass	
■ S/S	ALL SPEAKERS AND STROBES	4TH FLR AND PENTHOUSE		Semi-Annual	2/26/2024	Pass	
■ S/S	ALL SPEAKERS AND STROBES	BSMT		Semi-Annual	2/26/2024	Pass	

**Comments**

Any deficiencies or other problems found with the devices must be explained using the comment specific for each device. Additional comments can be added here.

Please see the summary section at the top of the form for the comments.

**Inspector's Information**

Inspected By

Inspector License:

I state that the information on this form is correct at the time and place of my inspection, and that all equipment tested at this time was left in operating condition upon completion of this inspection except as noted in the *Comments*.

Signature of Inspector


Date

**Owner or Owner's Representative**

Owner or Owner's Representative Name

Owner or Owner's Representative Signature

Date

\_\_\_\_\_  
 Conner Lynn Holsclaw  
 \_\_\_\_\_  
 O30  
 \_\_\_\_\_  
  
 \_\_\_\_\_  
 2/26/2024  
 \_\_\_\_\_  
 NA  
 No Signature Available  
 \_\_\_\_\_  
 2/26/2024  
 \_\_\_\_\_

# Fire Alarm Supplementary Form



**Location Code:** HOLOAIZ

**Contact:** Kris Hoover

**Contact Address:** Building 14 - 801 West Prospector Place  
Lincoln, NE 68522

**Phone:** (402) 479-5453

**Email:** kris.hoover@nebraska.gov

**Property Evaluated:** Lincoln Regional Center - Building 14  
(Detention/Correctional)  
Building 14 - 801 West Prospector Place  
Lincoln, NE 68522

**Description:** Fire Alarm Supplement (EP5 EQUIPMENT)

**Company:** Omaha Office

**Address:** 6775 South 118th Street  
Omaha, NE 68137

**Company Phone:** 402-592-8225

**Inspector:** Conner Lynn Holsclaw  
O30

**Date of Work:** 2/26/2024

**Frequency:** Semi-Annual

---

## Deficiency Summary

There are no reported deficiencies for this submission

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## General Comments

There are no general comments for this submission



**Omaha Office**  
 6775 South 118th Street  
 Omaha, NE 68137  
 Phone: 402-592-8225

## Fire Alarm Supplementary Form

The work covered on this form is (select one):

Semi-Annual

Date of Work

2/26/2024

Account Information		
Facility Name: Lincoln Regional Center - Building 14	Property Type: Detention/Correctional	Location Code: HOLOAIZ
Service Address: Building 14 - 801 West Prospector Place, Lincoln, NE, 68522		
Owner: Kris Hoover	Owner's Phone: (402) 479-5453	
Owner's Address: Building 14 - 801 West Prospector Place, Lincoln, NE, 68522		

Legend				
AS - Abort Station	BATT - Batteries	CoD - Carbon Monoxide Detector	CM - Control Module	DA - Damper
DD - Duct Detector	DH - Door Holder	EL - Emergency/Exit Light	FACP - Fire Alarm Control Panel	HD - Heat Detector
HORN - Horns	H/S - Horn-Strobes	LA - Low Air	MM - Monitor Module (Ansul, temp, CO, etc)	
MR - Manual Release	Other	PR - Phase Reversal	PS - Pull Station	PWS - Power Supply
SC - Signal/Sounder Control	SD - Smoke Detector	SD-Ion - Ion Smoke Detector	SD-Photo - Photo Smoke Detector	SPKR - Speakers
S/S - Speaker-Strobes	STROBE - Strobes	TS - Tamper Switch	WF - Waterflow	

Type	Total	Tested	Not Tested	Passed	Failed
<input checked="" type="checkbox"/> AMPLIFIER	8	8	0	8	0
<input checked="" type="checkbox"/> DVC/KD	1	1	0	1	0
<input checked="" type="checkbox"/> LCD-160,,ACM,REM MIC	1	1	0	1	0
<input checked="" type="checkbox"/> PWS PWS	6	6	0	6	0

Type	Total	Tested	Not Tested	Passed	Failed
<input checked="" type="checkbox"/> BATT	12	12	0	12	0
<input checked="" type="checkbox"/> FACP FACP	1	1	0	1	0
<input checked="" type="checkbox"/> LCD-160,ACM,REM MIC	8	8	0	8	0

Zone: EP5

Zone: EP5							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
<input checked="" type="checkbox"/> LCD-160,ACM,RE M MIC	3	1ST FLR CENTER		Semi-Annual	2/26/2024	Pass	



**Omaha Office**  
 6775 South 118th Street  
 Omaha, NE 68137  
 Phone: 402-592-8225

Zone: EP5							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
■ LCD-160,ACM,RE M MIC	4	1ST FLR EAST		Semi-Annual	2/26/2024	Pass	
■ LCD-160,ACM,RE M MIC	5	1ST FLR WEST		Semi-Annual	2/26/2024	Pass	
■ LCD-160,ACM,RE M MIC	6	2ND FLR CENTER		Semi-Annual	2/26/2024	Pass	
■ LCD-160,ACM,RE M MIC	7	2ND FLR EAST		Semi-Annual	2/26/2024	Pass	
■ AMPLIFIER	AMP 4	2ND FLR ELEC.		Semi-Annual	2/26/2024	Pass	
■ AMPLIFIER	AMP 5	2ND FLR ELEC.		Semi-Annual	2/26/2024	Pass	
■ AMPLIFIER	AMP 6	2ND FLR ELEC.		Semi-Annual	2/26/2024	Pass	
🔋 BATT	004	2ND FLR ELEC. AMP 3	12V 12 AMP X2	Semi-Annual	2/26/2024	Pass	
🔋 BATT	006	2ND FLR ELEC. AMP 5 AND 6	12V 26 AMP X 2	Semi-Annual	2/26/2024	Pass	
🔋 BATT	005	2ND FLR ELEC AMP 4	12V 12AMP X 2	Semi-Annual	2/26/2024	Pass	
■ AMPLIFIER	AMP 2	2ND FLR ELECTRICAL		Semi-Annual	2/26/2024	Pass	
■ AMPLIFIER	AMP3	2ND FLR ELECTRICAL		Semi-Annual	2/26/2024	Pass	
🔋 BATT	003	2ND FLR ELECTRICAL AMP 2	12V 12 AMP X2	Semi-Annual	2/26/2024	Pass	
🔋 BATT	PWS 3	2ND FLR STROBES	12V 8 AMP X 2	Semi-Annual	2/26/2024	Pass	
🔋 PWS	PWS 3	2ND FLR STROBES		Semi-Annual	2/26/2024	Pass	
■ LCD-160,ACM,RE M MIC	8	2ND FLR WEST		Semi-Annual	2/26/2024	Pass	
🔋 BATT	PWS 4	3RD FLR	12V 8 AMP X 2	Semi-Annual	2/26/2024	Pass	
🔋 BATT	PWS 5	3RD FLR	12V 8 X 2	Semi-Annual	2/26/2024	Pass	
🔋 PWS	PWS 4	3RD FLR		Semi-Annual	2/26/2024	Pass	
🔋 PWS	PWS 5	3RD FLR		Semi-Annual	2/26/2024	Pass	
■ LCD-160,ACM,RE M MIC	9	3RD FLR CENTER		Semi-Annual	2/26/2024	Pass	
■ AMPLIFIER	AMP 7	3RD FLR STORAGE		Semi-Annual	2/26/2024	Pass	



**Omaha Office**  
 6775 South 118th Street  
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 Phone: 402-592-8225

Zone: EP5							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
AMPLIFIER	AMP 8	3RD FLR STORAGE		Semi-Annual	2/26/2024	Pass	
BATT	AMP 7-8	3RD FLR STORAGE	12V 26AMP X 2	Semi-Annual	2/26/2024	Pass	
BATT	PWS 1	BSMT ELECTRICAL	12V 8 X 2	Semi-Annual	2/26/2024	Pass	
FACP	NFS2-3030	BSMT ELECTRICAL		Semi-Annual	2/26/2024	Pass	
PWS	PWS 1	BSMT ELECTRICAL		Semi-Annual	2/26/2024	Pass	
PWS	PWS	001	BSMT ELECTRICAL ACROSS FROM FACP	PSE-10	Semi-Annual	2/26/2024	Pass
BATT	002	BSMT ELECTRICAL PWS	12V 7 AMP X 2	Semi-Annual	2/26/2024	Pass	
AMPLIFIER	AMP 1	FACP		Semi-Annual	2/26/2024	Pass	
BATT	12V 55 AMP X 2	FACP		Semi-Annual	2/26/2024	Pass	
DVC/KD	DVC	FACP		Semi-Annual	2/26/2024	Pass	
PWS	PWS	AMPS24	FACP	Semi-Annual	2/26/2024	Pass	
LCD-160,ACM,RE M MIC	1	MAINTENANCE ENTRANCE	BSMT	Semi-Annual	2/26/2024	Pass	
BATT	PWS 2	PWS 2	12V 12 AMP X 2	Semi-Annual	2/26/2024	Pass	
LCD-160,ACM,RE M MIC	2	STREET LEVEL ENTRANCE		Semi-Annual	2/26/2024	Pass	

**Comments**

Any deficiencies or other problems found with the devices must be explained using the comment specific for each device. Additional comments can be added here.  
 Please see the summary section at the top of the form for the comments.

**Inspector's Information**

Inspected By

Inspector License:

I state that the information on this form is correct at the time and place of my inspection, and that all equipment tested at this time was left in operating condition upon completion of this inspection except as noted in the *Comments*.

Signature of Inspector

Date

**Owner or Owner's Representative**

Owner or Owner's Representative Name

Owner or Owner's Representative Signature

Date

Conner Lynn Holsclaw

O30

2/26/2024

NA

No Signature Available

2/26/2024



# Form for Inspection, Testing and Maintenance of Fire Alarms and Signaling Systems



**Location Code:** HOLOAIZ

**Contact:** Kris Hoover

**Contact Address:** Building 14 - 801 West Prospector Place  
Lincoln, NE 68522

**Phone:** (402) 479-5453

**Email:** kris.hoover@nebraska.gov

**Property Evaluated:** Lincoln Regional Center - Building 14  
(Detention/Correctional)  
Building 14 - 801 West Prospector Place  
Lincoln, NE 68522

**Description:** Fire Alarm (FORM)

**Company:** Omaha Office

**Address:** 6775 South 118th Street  
Omaha, NE 68137

**Company Phone:** 402-592-8225

**Inspector:** Conner Lynn Holsclaw  
O30

**Date of Work:** 2/26/2024

**Frequency:** Semi-Annual

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## Deficiency Summary

Please refer to the Deficiency Summary located on applicable Fire Alarm Supplementary Forms for additional deficiency details.

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## General Comments

There are no general comments for this submission



**Omaha Office**  
 6775 South 118th Street  
 Omaha, NE 68137  
 Phone: 402-592-8225

# Form for Inspection, Testing and Maintenance of Fire Alarms and Signaling Systems

Separate forms are available for inspection, testing, and maintenance of the rest of the fire protection system of which the fire alarms and signaling systems are a part. More frequent inspection, testing, and maintenance may be necessary depending on the conditions of the occupancy and the water supply.

Notes:

1. All questions are to be answered *Yes, No, or Not Applicable*. All "No" answers are to be explained in the *Comments* for this form.
2. Refer to NFPA-72 for specific inspection frequency requirements for the different components.

The work covered on this form is (select one): Semi-Annual

Date of Work 2/26/2024

*All responses refer to the current work (inspection, testing and maintenance) performed on this date.*

### 1. Property Information

Owner: Kris Hoover

Owner's Phone Number: (402) 479-5453

Owner's Address: Building 14 - 801 West Prospector Place, Lincoln, NE, 68522

Property Being Evaluated: Lincoln Regional Center - Building 14 (Detention/Correctional)

Property Address: Building 14 - 801 West Prospector Place, Lincoln, NE, 68522

Assembly Description: Fire Alarm (FORM)

### 2. Owner's Section

A. Are the fire alarms and signaling systems in service?  Yes  No

B. Have fire alarms and signaling systems remained in service since the last inspection?  Yes  No

C. Was the system (of which the fire alarm and signaling systems are a part) free of actuation of devices or alarms since the last inspection?  Yes  No

D. The required record documents are available and include the current revisions of all fire alarm software and the revisions of software of any systems with which the fire alarm software interfaces?  Yes  No

### 3. Monitoring Information

Monitoring organization: PERMAR

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Account number: \_\_\_\_\_

Phone line 1: \_\_\_\_\_

Phone line 2: \_\_\_\_\_

Means of transmission: RADIO

Entity to which alarms are retransmitted: \_\_\_\_\_

Phone: \_\_\_\_\_

### 4. System Information

4.1 Control Unit: Manufacturer: NOTIFIER

Model number: NFS2-3030

4.2 Software and Firmware Revision number: 26

4.3 System Power: 4.3.1 Primary (Main) Power: Nominal voltage: 120VAC

Amps: NA

Location: BSMT ELECTRICAL

Overcurrent protection type: BREAKER

Amps: NA

Disconnecting means location: BSMT ELECTRICAL

4.3.2 Secondary Power: Type: BATTERIES

Location: FACP

Battery type (if applicable):  Lead-acid  Nickel-cadmium

Primary (dry cell)

Sealed lead-acid

Calculated capacity of batteries to drive the system:

In standby mode (hours): 24

In alarm mode (minutes): 15

### 5. Notifications Made Prior To Testing

	Contact	Time
Monitoring organization:	PERMAR	7:00
Building management:	NA	NA
Building occupants:	NA	NA
Authority Having Jurisdiction:	NA	NA
Other, if required:		



**6. Testing Results**

**6.1 Control Unit and Related Equipment**

Description	Visual Inspection	Functional Test	Results
Control unit	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Lamps/LEDs/LCDs	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Fuses	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Trouble signals	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Disconnect switches	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Ground-fault monitoring	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Supervision	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Local annunciator	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Remote annunciators	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Remote power panels	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A

**6.2 Secondary Power**

Description	Visual Inspection	Functional Test	Results
Battery condition	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Load voltage	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Discharge test	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Charger test	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Remote panel batteries	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A

**6.3 Alarm and Supervisory Alarm Initiating Device**

Complete supplementary device test form for all initiating devices.

**6.4 Notification Appliances**

Complete supplementary appliance test form for all notification appliances.

**6.5 Interface Equipment**

Complete supplementary interface component test form for all interface components.  
*Circuit Interface / Signaling Line Circuit Interface / Fire Alarm Control Interface*

**6.6 Supervising Station Monitoring**

Description	Yes/No	Time (sec)	Results
Alarm signal	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Alarm restoration	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Trouble signal	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Trouble restoration	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Supervisory signal	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Supervisory restoration	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A

**6.7 Public Emergency Alarm Reporting System**

Description	Yes/No	Time (seconds)	Results
Alarm signal	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Alarm restoration	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Trouble signal	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Trouble restoration	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Supervisory signal	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Supervisory restoration	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A

**7. Notifications That Testing Is Complete**

	Contact	Time
Monitoring organization:	PERMAR	3:00
Building management:	NA	NA
Building occupants:	NA	NA
Authority Having Jurisdiction:	NA	NA
Other, if required:		

**8. System Restored To Normal Operation**

Date: 2/26/2024

Time: 3:00

**9. Comments**

*Any "No" answers, test failures or other problems found with the fire alarm system must be explained using the comment specific for each question. Additional comments can be added here.*

Please see the summary section at the top of the form for the comments.

**10. Inspector's Information**

Inspected By: Conner Lynn Holsclaw  
 Inspector License: O30

I state that the information on this form is correct at the time and place of my inspection, and that all equipment tested at this time was left in operating condition upon completion of this inspection except as noted in the *Comments*. This system as specified herein has been inspected and tested according to NFPA 72, 2013 edition, Chapter 14.



**Omaha Office**  
6775 South 118th Street  
Omaha, NE 68137  
Phone: 402-592-8225

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Signature of Inspector

A handwritten signature in black ink, appearing to be a stylized 'S' or similar character, written over a horizontal line.

Date 2/26/2024

11. Owner or Owner's Representative

Owner or Owner's Representative Name NA

Owner or Owner's Representative Signature No Signature Available

Date 2/26/2024

# Fire Alarm Supplementary Form



**Location Code:** HOLOAIZ

**Contact:** Kris Hoover

**Contact Address:** Building 14 - 801 West Prospector Place  
Lincoln, NE 68522

**Phone:** (402) 479-5453

**Email:** kris.hoover@nebraska.gov

**Property Evaluated:** Lincoln Regional Center - Building 14  
(Detention/Correctional)  
Building 14 - 801 West Prospector Place  
Lincoln, NE 68522

**Description:** Fire Alarm Supplement (EP5 EQUIPMENT)

**Company:** Omaha Office

**Address:** 6775 South 118th Street  
Omaha, NE 68137

**Company Phone:** 402-592-8225

**Inspector:** Keith Allen Benne  
J13

**Date of Work:** 8/21/2024

**Frequency:** Semi-Annual

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## Deficiency Summary

There are no reported deficiencies for this submission

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## General Comments

There are no general comments for this submission



**Omaha Office**  
 6775 South 118th Street  
 Omaha, NE 68137  
 Phone: 402-592-8225

## Fire Alarm Supplementary Form

Account Information		
Facility Name: Lincoln Regional Center - Building 14	Property Type: Detention/Correctional	Location Code: HOLOAIZ
Service Address: Building 14 - 801 West Prospector Place, Lincoln, NE, 68522		
Owner: Kris Hoover	Owner's Phone: (402) 479-5453	
Owner's Address: Building 14 - 801 West Prospector Place, Lincoln, NE, 68522		

Legend				
AS - Abort Station	BATT - Batteries	CoD - Carbon Monoxide Detector	CM - Control Module	DA - Damper
DD - Duct Detector	DH - Door Holder	EL - Emergency/Exit Light	FACP - Fire Alarm Control Panel	HD - Heat Detector
HORN - Horns	H/S - Horn-Strobes	LA - Low Air	MM - Monitor Module (Ansul, temp, CO, etc)	
MR - Manual Release	Other	PR - Phase Reversal	PS - Pull Station	PWS - Power Supply
SC - Signal/Sounder Control	SD - Smoke Detector	SD-Ion - Ion Smoke Detector	SD-Photo - Photo Smoke Detector	SPKR - Speakers
S/S - Speaker-Strobes	STROBE - Strobes	TS - Tamper Switch	WF - Waterflow	

Type	Total	Tested	Not Tested	Passed	Failed
AMPLIFIER	8	8	0	8	0
DVC/KD	1	1	0	1	0
LCD-160,,ACM,REM MIC	1	1	0	1	0
PWS PWS	6	6	0	6	0

Type	Total	Tested	Not Tested	Passed	Failed
BATT	12	12	0	12	0
FACP	1	1	0	1	0
LCD-160,ACM,REM MIC	8	8	0	8	0

### Zone: EP5

Zone: EP5							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
LCD-160,ACM,RE M MIC	3	1ST FLR CENTER		Semi-Annual	9/5/2024	Pass	
LCD-160,ACM,RE M MIC	4	1ST FLR EAST		Semi-Annual	9/5/2024	Pass	



**Omaha Office**  
 6775 South 118th Street  
 Omaha, NE 68137  
 Phone: 402-592-8225

Zone: EP5							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
■ LCD-160,ACM,RE M MIC	5	1ST FLR WEST		Semi-Annual	9/5/2024	Pass	
■ LCD-160,ACM,RE M MIC	6	2ND FLR CENTER		Semi-Annual	9/5/2024	Pass	
■ LCD-160,ACM,RE M MIC	7	2ND FLR EAST		Semi-Annual	9/5/2024	Pass	
■ AMPLIFIER	AMP 4	2ND FLR ELEC.		Semi-Annual	9/5/2024	Pass	
■ AMPLIFIER	AMP 5	2ND FLR ELEC.		Semi-Annual	9/5/2024	Pass	
■ AMPLIFIER	AMP 6	2ND FLR ELEC.		Semi-Annual	9/5/2024	Pass	
🔋 BATT	004	2ND FLR ELEC. AMP 3	12V 12 AMP X2	Semi-Annual	9/5/2024	Pass	
🔋 BATT	006	2ND FLR ELEC. AMP 5 AND 6	12V 26 AMP X 2	Semi-Annual	9/5/2024	Pass	
🔋 BATT	005	2ND FLR ELEC AMP 4	12V 12AMP X 2	Semi-Annual	9/5/2024	Pass	
■ AMPLIFIER	AMP 2	2ND FLR ELECTRICAL		Semi-Annual	9/5/2024	Pass	
■ AMPLIFIER	AMP3	2ND FLR ELECTRICAL		Semi-Annual	9/5/2024	Pass	
🔋 BATT	003	2ND FLR ELECTRICAL AMP 2	12V 12 AMP X2	Semi-Annual	9/5/2024	Pass	
🔋 BATT	PWS 3	2ND FLR STROBES	12V 8 AMP X 2	Semi-Annual	9/5/2024	Pass	
🔋 PWS	PWS 3	2ND FLR STROBES		Semi-Annual	9/5/2024	Pass	
■ LCD-160,ACM,RE M MIC	8	2ND FLR WEST		Semi-Annual	9/5/2024	Pass	
🔋 BATT	PWS 4	3RD FLR	12V 8 AMP X 2	Semi-Annual	9/5/2024	Pass	
🔋 BATT	PWS 5	3RD FLR	12V 8 X 2	Semi-Annual	9/5/2024	Pass	
🔋 PWS	PWS 4	3RD FLR		Semi-Annual	9/5/2024	Pass	
🔋 PWS	PWS 5	3RD FLR		Semi-Annual	9/5/2024	Pass	
■ LCD-160,ACM,RE M MIC	9	3RD FLR CENTER		Semi-Annual	9/5/2024	Pass	
■ AMPLIFIER	AMP 7	3RD FLR STORAGE		Semi-Annual	9/5/2024	Pass	
■ AMPLIFIER	AMP 8	3RD FLR STORAGE		Semi-Annual	9/5/2024	Pass	
🔋 BATT	AMP 7-8	3RD FLR STORAGE	12V 26AMP X 2	Semi-Annual	9/5/2024	Pass	



**Omaha Office**  
 6775 South 118th Street  
 Omaha, NE 68137  
 Phone: 402-592-8225

Zone: EP5							
Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
BATT	PWS 1	BSMT ELECTRICAL	12V 8 X 2	Semi-Annual	9/5/2024	Pass	
FACP	NFS2-3030	BSMT ELECTRICAL		Semi-Annual	9/5/2024	Pass	
PWS	PWS 1	BSMT ELECTRICAL		Semi-Annual	9/5/2024	Pass	
PWS	001	BSMT ELECTRICAL ACROSS FROM FACP	PSE-10	Semi-Annual	9/5/2024	Pass	
BATT	002	BSMT ELECTRICAL PWS	12V 7 AMP X 2	Semi-Annual	9/5/2024	Pass	
AMPLIFIER	AMP 1	FACP		Semi-Annual	9/5/2024	Pass	
BATT	12V 55 AMP X 2	FACP		Semi-Annual	9/5/2024	Pass	
DVC/KD	DVC	FACP		Semi-Annual	9/5/2024	Pass	
PWS	AMPS24	FACP		Semi-Annual	9/5/2024	Pass	
LCD-160,ACM,RE M MIC	1	MAINTENANCE ENTRANCE	BSMT	Semi-Annual	9/5/2024	Pass	
BATT	PWS 2	PWS 2	12V 12 AMP X 2	Semi-Annual	9/5/2024	Pass	
LCD-160,ACM,RE M MIC	2	STREET LEVEL ENTRANCE		Semi-Annual	9/5/2024	Pass	

**Comments**

Any deficiencies or other problems found with the devices must be explained using the comment specific for each device. Additional comments can be added here.  
 Please see the summary section at the top of the form for the comments.

**Inspector's Information**

Inspected By

Keith Allen Benne

Inspector License:

J13

I state that the information on this form is correct at the time and place of my inspection, and that all equipment tested at this time was left in operating condition upon completion of this inspection except as noted in the *Comments*.

Signature of Inspector

Date

9/5/2024

**Owner or Owner's Representative**

Owner or Owner's Representative Name

Owner or Owner's Representative Signature

No Signature Available

Date

9/5/2024



# Form for Inspection, Testing and Maintenance of Fire Alarms and Signaling Systems



**Location Code:** HOLOAIZ

**Contact:** Kris Hoover

**Contact Address:** Building 14 - 801 West Prospector Place  
Lincoln, NE 68522

**Phone:** (402) 479-5453

**Email:** kris.hoover@nebraska.gov

**Property Evaluated:** Lincoln Regional Center - Building 14  
(Detention/Correctional)  
Building 14 - 801 West Prospector Place  
Lincoln, NE 68522

**Description:** Fire Alarm (FORM)

**Company:** Omaha Office

**Address:** 6775 South 118th Street  
Omaha, NE 68137

**Company Phone:** 402-592-8225

**Inspector:** Keith Allen Benne  
J13

**Date of Work:** 8/21/2024

**Frequency:** Semi-Annual

---

## Deficiency Summary

Please refer to the Deficiency Summary located on applicable Fire Alarm Supplementary Forms for additional deficiency details.

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## General Comments

There are no general comments for this submission



## Form for Inspection, Testing and Maintenance of Fire Alarms and Signaling Systems

Separate forms are available for inspection, testing, and maintenance of the rest of the fire protection system of which the fire alarms and signaling systems are a part. More frequent inspection, testing, and maintenance may be necessary depending on the conditions of the occupancy and the water supply.

**Notes:**

1. All questions are to be answered *Yes, No, or Not Applicable*. All "No" answers are to be explained in the *Comments* for this form.
2. Refer to NFPA-72 for specific inspection frequency requirements for the different components.

**1. Property Information**

Owner: Kris Hoover  
 Owner's Phone Number: (402) 479-5453  
 Owner's Address: Building 14 - 801 West Prospector Place, Lincoln, NE, 68522  
 Property Being Evaluated: Lincoln Regional Center - Building 14 (Detention/Correctional)  
 Property Address: Building 14 - 801 West Prospector Place, Lincoln, NE, 68522  
 Assembly Description: Fire Alarm (FORM)

**2. Owner's Section**

- A. Are the fire alarms and signaling systems in service?  Yes  No
- B. Have fire alarms and signaling systems remained in service since the last inspection?  Yes  No
- C. Was the system (of which the fire alarm and signaling systems are a part) free of actuation of devices or alarms since the last inspection?  Yes  No
- D. The required record documents are available and include the current revisions of all fire alarm software and the revisions of software of any systems with which the fire alarm software interfaces?  Yes  No

**3. Monitoring Information**

Monitoring organization: PERMAR  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Account number: \_\_\_\_\_  
 Phone line 1: \_\_\_\_\_  
 Phone line 2: \_\_\_\_\_  
 Means of transmission: RADIO  
 Entity to which alarms are retransmitted: \_\_\_\_\_  
 Phone: \_\_\_\_\_

**4. System Information**

4.1 Control Unit:  
 Manufacturer: NOTIFIER  
 Model number: NFS2-3030  
 4.2 Software and Firmware Revision number: 26  
 4.3 System Power:  
 4.3.1 Primary (Main) Power:  
 Nominal voltage: 120VAC  
 Amps: NA  
 Location: BSMT ELECTRICAL  
 Overcurrent protection type: BREAKER  
 Amps: NA  
 Disconnecting means location: BSMT ELECTRICAL  
 4.3.2 Secondary Power:  
 Type: BATTERIES  
 Location: FACP  
 Battery type (if applicable):  Lead-acid  Nickel-cadmium  Primary (dry cell)  Sealed lead-acid

Calculated capacity of batteries to drive the system:

In standby mode (hours): 24  
 In alarm mode (minutes): 15

**5. Notifications Made Prior To Testing**

	Contact	Time
Monitoring organization:	NA	NA
Building management:	BOILER BUILDING	8AM
Building occupants:	NA	NA
Authority Having Jurisdiction:	NA	NA
Other, if required:	NA	NA



**6. Testing Results**

**6.1 Control Unit and Related Equipment**

Description	Visual Inspection	Functional Test	Results
Control unit	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Lamps/LEDs/L CDs	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Fuses	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Trouble signals	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Disconnect switches	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Ground-fault monitoring	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Supervision	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Local annunciator	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Remote annunciators	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Remote power panels	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A

**6.2 Secondary Power**

Description	Visual Inspection	Functional Test	Results
Battery condition	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Load voltage	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Discharge test	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Charger test	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Remote panel batteries	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A

**6.3 Alarm and Supervisory Alarm Initiating Device**

Complete supplementary device test form for all initiating devices.

**6.4 Notification Appliances**

Complete supplementary appliance test form for all notification appliances.

**6.5 Interface Equipment**

Complete supplementary interface component test form for all interface components.  
*Circuit Interface / Signaling Line Circuit Interface / Fire Alarm Control Interface*

**6.6 Supervising Station Monitoring**

Description	Yes/No	Time (sec)	Results
Alarm signal	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Alarm restoration	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Trouble signal	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Trouble restoration	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Supervisory signal	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Supervisory restoration	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A

**6.7 Public Emergency Alarm Reporting System**

Description	Yes/No	Time (seconds)	Results
Alarm signal	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Alarm restoration	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Trouble signal	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Trouble restoration	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Supervisory signal	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A
Supervisory restoration	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> N/A

**7. Notifications That Testing Is Complete**

	Contact	Time
Monitoring organization:	NA	NA
Building management:	BOILER BLDG	1PM
Building occupants:	NA	NA
Authority Having Jurisdiction:	NA	NA
Other, if required:	NA	NA

**8. System Restored To Normal Operation**

Date: 8/21/2024  
 Time: 1PM

**9. Comments**

*Any "No" answers, test failures or other problems found with the fire alarm system must be explained using the comment specific for each question. Additional comments can be added here.*

Please see the summary section at the top of the form for the comments.

**10. Inspector's Information**

Inspected By: Keith Allen Benne  
 Inspector License: J13

I state that the information on this form is correct at the time and place of my inspection, and that all equipment tested at this time was left in operating condition upon completion of this inspection except as noted in the *Comments*. This system as specified herein has been inspected and tested according to NFPA 72, 2013 edition, Chapter 14.



**Omaha Office**  
6775 South 118th Street  
Omaha, NE 68137  
Phone: 402-592-8225

---

Signature of Inspector

A handwritten signature in black ink, appearing to be 'J.S.' or similar, written over a horizontal line.

Date

9/5/2024

11. Owner or Owner's Representative

Owner or Owner's Representative Name

Owner or Owner's Representative Signature **No Signature Available**

Date

9/5/2024



CUSTOMER DETAILS											
CUSTOMER:					DATE:						
ADDRESS:					JOB ID:						
SITE NAME:					TECHNICIAN:						
CONTACT NAME:					CONTACT TEL:						
PRODUCT DETAILS											
GEN MAKE					GEN MODEL:						
GEN SERIAL:					GEN HOURS:						
AUTOMATIC TRANSFER SWITCH NOTES								Service Interval			
								Quarterly			
								Semi-Annual			
								Annual			
Nominal Voltage Source					Emergency Voltage Source						
A-B		B-C		C-A	A-B		B-C		C-A		
A-N		B-N		C-B	A-N		B-N		C-B		
A-Amps		B-Amps		C-Amps	A-Amps		B-Amps		C-Amps		
A-Temp		B-Temp		C-Temp	A-Temp		B-Temp		C-Temp		
PRE OPERATION CHECKS				Coolant temp	Battery Charging voltage						
OPERATION CHECKS											
PASS	N/A	NEEDS ATTN									
			CONTROL LIGHTS	Engine Run temp		W/ or W/O Load					
			CONTROL DISPLAY	Oil Pressure		Exercise Duration					
			EMERGENCY STOP	Oil Temp		Day					
			SWITCH/CONTROLS	Battery Voltage		Week					
			CB OPERATION	Frequency Rate		Start Time					
			AUTO OPERATION	RPM							
			COOLANT SYSTEM: Radiator cap, Coolant level, Coolant Condition, Coolant filter, Coolant Heater, All Hoses								
			EXHAUST SYSTEMS CONDITION								
			ENGINE: Ignition system, Belts, Turbo, Air intake system, Air filter, Oil Leaks, Oil level, Crankcase Breather								
			ALTERNATOR CONDITION								
			FULL SERVICE PERFORMED								
			FUEL SYSTEM: Fuel Plumbing, Fuel Filters, Fuel Condition				Fuel Level				
			ENCLOSURE CONDITION								
			BATTERY CONDITION								
			ATS: Housing Condition, Power and Control Cables, Main Connects, Operating Mechanism, Control Boards, Display, Battery Charger								
			OPERATION CHECKS: Engine Run Temp, Oil Pressure, Oil Temp, Battery Voltage, Control Lights, Control Guages, Emergency Stop, Switches/Controls, CB Operation, Auto Operation, Frequency rate, RPM								
			Before Leaving Site: Gen in Auto, Battery Charger ON, Block Heater ON, CB closed, Customer Logs								
Notes:											



CUSTOMER DETAILS											
CUSTOMER:					DATE:						
ADDRESS:					JOB ID:						
SITE NAME:					TECHNICIAN:						
CONTACT NAME:					CONTACT TEL:						
PRODUCT DETAILS											
GEN MAKE					GEN MODEL:						
GEN SERIAL:					GEN HOURS:						
AUTOMATIC TRANSFER SWITCH NOTES								Service Interval			
								Quarterly			
								Semi-Annual			
								Annual			
Nominal Voltage Source					Emergency Voltage Source						
A-B		B-C		C-A	A-B		B-C		C-A		
A-N		B-N		C-B	A-N		B-N		C-B		
A-Amps		B-Amps		C-Amps	A-Amps		B-Amps		C-Amps		
A-Temp		B-Temp		C-Temp	A-Temp		B-Temp		C-Temp		
PRE OPERATION CHECKS				Coolant temp	Battery Charging voltage						
OPERATION CHECKS											
PASS	N/A	NEEDS ATTN									
			CONTROL LIGHTS	Engine Run temp		W/ or W/O Load					
			CONTROL DISPLAY	Oil Pressure		Exercise Duration					
			EMERGENCY STOP	Oil Temp		Day					
			SWITCH/CONTROLS	Battery Voltage		Week					
			CB OPERATION	Frequency Rate		Start Time					
			AUTO OPERATION	RPM							
			COOLANT SYSTEM: Radiator cap, Coolant level, Coolant Condition, Coolant filter, Coolant Heater, All Hoses								
			EXHAUST SYSTEMS CONDITION								
			ENGINE: Ignition system, Belts, Turbo, Air intake system, Air filter, Oil Leaks, Oil level, Crankcase Breather								
			ALTERNATOR CONDITION								
			FULL SERVICE PERFORMED								
			FUEL SYSTEM: Fuel Plumbing, Fuel Filters, Fuel Condition					Fuel Level			
			ENCLOSURE CONDITION								
			BATTERY CONDITION								
			ATS: Housing Condition, Power and Control Cables, Main Connects, Operating Mechanism, Control Boards, Display, Battery Charger								
			OPERATION CHECKS: Engine Run Temp, Oil Pressure, Oil Temp, Battery Voltage, Control Lights, Control Guages, Emergency Stop, Switches/Controls, CB Operation, Auto Operation, Frequency rate, RPM								
			Before Leaving Site: Gen in Auto, Battery Charger ON, Block Heater ON, CB closed, Customer Logs								
Notes:											



**Customer: Lincoln Regional Center**

**Generator Model: 3412**

**Address: 801 W Prospector PL. #14, Lincoln, NE 68522**

**Generator Serial: AER00540**

**Generator kW: 600**

Date	Time	Alternator L1-L2 Voltage (Volts)	Alternator L2-L3 Voltage (Volts)	Alternator L1-L3 Voltage (Volts)	Alternator L1 Current (Amps)	Alternator L2 Current (Amps)	Alternator L3 Current (Amps)	Generator Frequency (Hz)	Alternator Total kW (kW)	Coolant Temperature (degF)	Engine oil PSI	Battery Voltage (Volts)	Engine Running Time (ERT) (hours)
4/23/24	10:40 AM	480	480	480	225	226	180	60	175	125	82	27	761.0
	10:55 AM	480	480	480	225	226	180	60	175	163	76	27	761.3
	11:10 AM	480	480	480	461	460	455	60	381	179	73	27	761.5
	11:25 AM	480	480	480	691	689	675	60	569	185	73	27	761.8
	11:40 AM	480	480	480	691	689	675	60	569	187	72	27	762.0
	11:55 AM	480	480	480	691	689	675	60	569	187	71	27	762.3
	12:10 PM	480	480	480	691	689	675	60	569	186	71	27	762.5
	12:25 PM	480	480	480	691	689	675	60	569	187	71	27	762.8
	12:40 PM	480	480	480	691	689	675	60	569	187	71	27	763.0

**ENGINE**
**EQUIP NUM: AER00540**
**SERIAL NUMBER: AER00540**
**CAT 3412**

**No Action Required**

 Interp By: **Mary E Churchill**

 Interpreted On: **14-Jul-24**
**E330-54194-0114**


LABEL#: 0114

SAMPLE SHIP TIME (days) : 10

**NEBRASKA GENERATOR**
**SERVICE-LAVISTA**

RECEIVED DATE: 12-Jul-24

NORMAL READINGS. NO PROBLEMS PRESENTLY ASSOCIATED WITH THIS SAMPLE. MORE SAMPLE HISTORY NEEDED TO ESTABLISH A NORMAL WEAR TREND. RESAMPLE AT THE NEXT SERVICE INTERVAL.

**SAMPLE INFORMATION**


Sampled Date	02-Jul-24
Sample Id	E330-54194-0114
Lab Date	12-Jul-24
Meter [Hr]	770
Meter On Fluid	770
Fluid Brand	
Fluid Weight	
Fluid Type	
Fluid Change	N
Filter Change	N
Kidney Loop	U
Total Fluid Added	0

For additional sample history, go to:

[S.O.S WEB](#)
**CONDITION / CONTAMINATION**

02-Jul-24

**VISCOSITY (CENTISTOKES) ASTM D445**

V100 Viscosity at 100 C 13.70

**INFRARED (UFM) ASTM E2412**

ST	Soot	0
OXI	Oxidation	18
SUL	Sulfur Products	25
NIT	Nitration	9

**WATER**

W Water N

**WEAR LEVELS / ADDITIVES**

02-Jul-24

**ELEMENTAL ANALYSIS (PPM) ASTM D5185 [OIL] / ASTM D6130 [COOLANT]**

Cu	Copper	0
Fe	Iron	2
Cr	Chromium	0
Al	Aluminum	1
Pb	Lead	1
Sn	Tin	0
Si	Silicon	1
Na	Sodium	4
K	Potassium	1
Mo	Molybdenum	53
Ni	Nickel	0
Ag	Silver	0
Ti	Titanium	0
V	Vanadium	0
Cd	Cadmium	2
Ca	Calcium	1230
P	Phosphorus	957
Zn	Zinc	1108
Mg	Magnesium	847
Ba	Barium	0
B	Boron	33

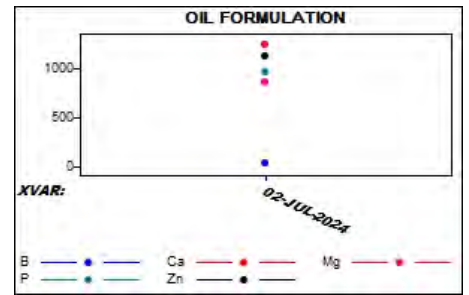
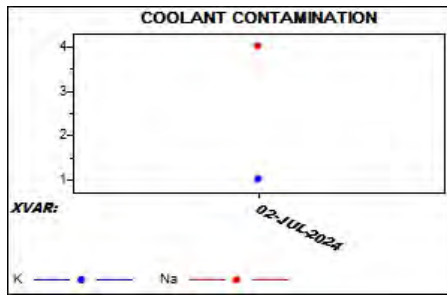
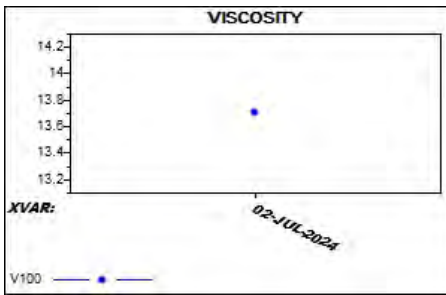
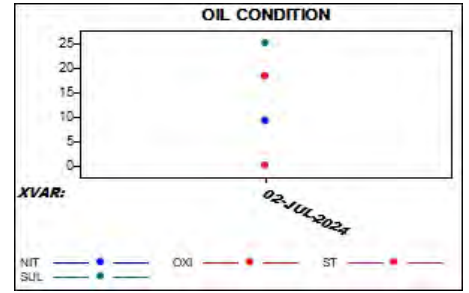
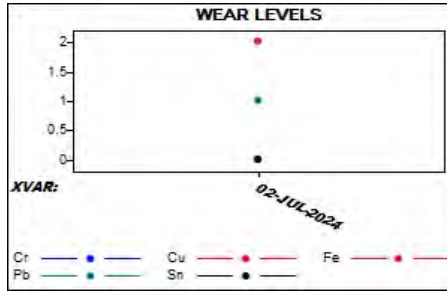
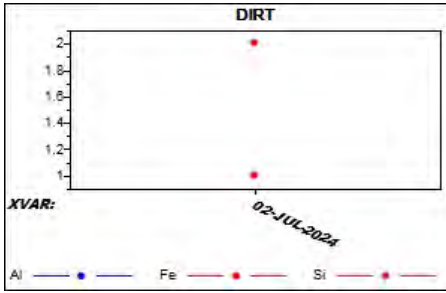
**ANTIFREEZE**

A Antifreeze N

**FUEL**

F Fuel N





**Report Comment**

Our sample reports has been updated! For more information on the new report, go to - <https://www.youtube.com/watch?v=4h8bREJVUrs>

**RADIATOR**

EQUIP NUM: AER00540

SERIAL NUMBER: AER00540

CAT 3412


**Action Required**

Interp By: Rachel Smith

Interpreted On: 25-Jul-24

**E330-54193-4059**

LABEL#: 4059

SHOP JOB NUM : 10246

SAMPLE SHIP TIME (days) : 9

**NEBRASKA GENERATOR**
**SERVICE-LAVISTA**

RECEIVED DATE: 11-Jul-24

SAMPLE HAS CLOUDY APPEARANCE, DUE TO SOLIDS PRESENT. SOLIDS ARE WHITE. OTHER READINGS APPEAR NORMAL. CONTINUE TO USE THIS COOLANT. SAMPLE AGAIN AT THE REGULAR INTERVAL TO MONITOR THE COOLING SYSTEM.

**SAMPLE INFORMATION**


Sampled Date	02-Jul-24
Sample Id	E330-54193-4059
Lab Date	11-Jul-24
Meter [Hr]	770
Meter On Fluid	
Fluid Brand	
Fluid Weight	
Fluid Type	
Fluid Change	N
Filter Change	N
Total Fluid Added	0

For additional sample history, go to:

[S.O.S WEB](#)
**ADDITIONAL CHARACTERISTICS**

02-Jul-24

**ADDITIONAL ANALYTES (PPM)**

PO4	Phosphate	30
TH	Total Hardness	6

**REFRACTIVE INDEX**

GL	Glycol (%)	53
FP	Freeze Point (°C)	-42
BP	Boil Point (°C)	108

**pH ASTM D1287**

pH	pH	7.7
----	----	-----

**CORROSION LEVELS/ CHEMISTRY**

02-Jul-24

**ELEMENTAL ANALYSIS (PPM) ASTM D5185 [OIL] / ASTM D6130 [COOLANT]**

Na	Sodium	2738
K	Potassium	4795
Mo	Molybdenum	621
Cu	Copper	1
Fe	Iron	1
Pb	Lead	0
Sn	Tin	0
Al	Aluminum	0
Zn	Zinc	0

**ANION ANALYSIS (PPM) ASTM D4327**

NO2	Nitrite	340
-----	---------	-----

**ADDITIONAL ANALYTES (PPM)**

MoO4	Molybdate	1034
BO3	Borate	0
SiO3	Silicate	24

**CONDUCTIVITY (µS/cm)**

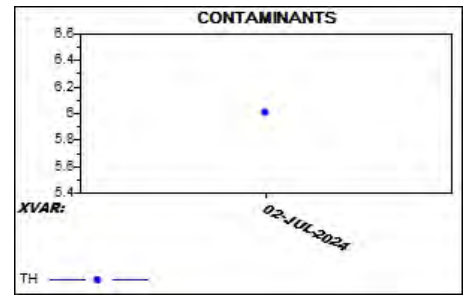
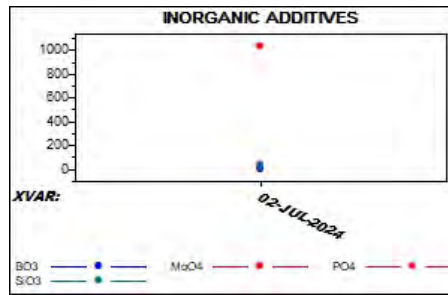
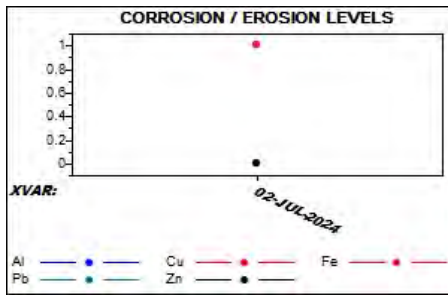
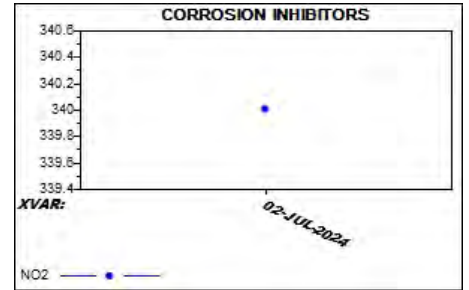
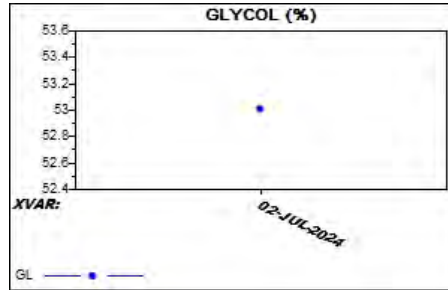
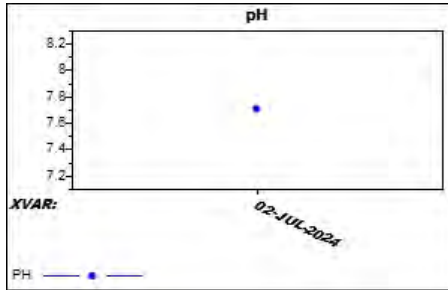
CON	Conductivity	4653
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**PHYSICAL CHARACTERISTICS**

02-Jul-24

**PHYSICAL**

Color	Color	red
App	Appearance	cloudy
Odor	Odor	norm
Oil	Oil	none
Foam	Foam	norm
PAmt	Precip Amount	light
PApp	Precip Appearance	residue
PCol	Precip Color	wht sol



Report Comment

Our sample reports has been updated! For more information on the new report, go to - <https://www.youtube.com/watch?v=4h8bREJVUrs>

**FUEL SYSTEM**

EQUIP NUM: AER00540

SERIAL NUMBER: AER00540

CAT 3412


**No Action Required**

Interp By: Alvin Lingenfelter

Interpreted On: 31-Jul-24

E330-54193-5217

LABEL#: 5217

SAMPLE SHIP TIME (days) : 39

**NEBRASKA GENERATOR**
**SERVICE-LAVISTA**

RECEIVED DATE: 11-Jul-24

\*ALL TEST ARE PERFORMED IN ACCORDANCE WITH ASTM D-975\* SAMPLE IS CLEAR AND RED IN COLOR. TRACE AMOUNT OF DEBRIS IN SAMPLE, ALL OTHER TEST APPEAR NORMAL FOR #2 DIESEL. RESAMPLE AT NORMAL INTERVAL.

**SAMPLE INFORMATION**


Sampled Date	02-Jun-24
Sample Id	E330-54193-5217
Lab Date	11-Jul-24
Meter [Hr]	770
Meter On Fluid	
Fluid Brand	
Fluid Weight	
Fluid Type	
Fluid Change	N
Filter Change	N
Total Fluid Added	0

For additional sample history, go to:

[S.O.S WEB](#)
**PROPERTIES / PHYSICALS**

02-Jun-24

**SULFUR (PPM) ASTM D5453**

SULFU	SULFUR	4
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**BIODIESEL (%) EN 14078**

Biodi	Biodiesel	0.09
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**FLASH POINT (°C) ASTM D93**

FL Pt	Flash Point	58.0
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**ELEMENTAL ANALYSIS**

02-Jun-24

**ELEMENTAL ANALYSIS (PPM) ASTM D5185 [OIL] / ASTM D6130 [COOLANT]**

Cu	Copper	0
Fe	Iron	0
Cr	Chromium	0
Al	Aluminum	0
Pb	Lead	0
Sn	Tin	0
Si	Silicon	0
Na	Sodium	0
K	Potassium	0
Mo	Molybdenum	0
Ni	Nickel	0
Ag	Silver	0
Ti	Titanium	0
V	Vanadium	0
Ca	Calcium	0
P	Phosphorus	0
Zn	Zinc	0
Mg	Magnesium	0
B	Boron	0

**PHYSICAL**

App	Appearance	DEBRIS
PAMt	Precip Amount	trace
PProp	Precip Property	non-mag

**CLEANLINESS / CONTAMINATION**

02-Jun-24

**PARTICLE COUNT - ISO 11171:1999 reported per ISO 4406**

ISO	ISO Code Rating	DEBRIS
-----	-----------------	--------

**WATER CONTENT (%) ASTM D6304**

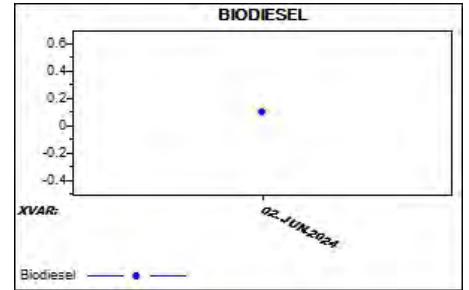
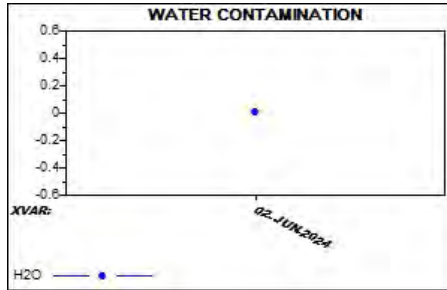
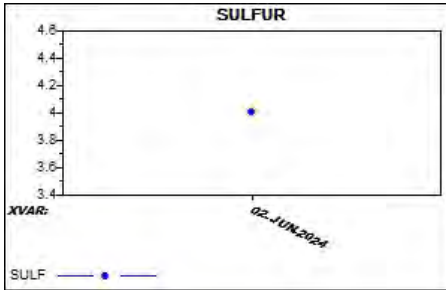
H2O	Water	0.00301
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**MICROBIOLOGY**

Bact	Bacteria	<LDL
Fung	Fungus	<LDL

**SEDIMENT**

VOL	% Volume	0.000
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E330-54193-5217

**Report Comment**

Our sample reports has been updated! For more information on the new report, go to - <https://www.youtube.com/watch?v=4h8bREJVUrs>



CUSTOMER DETAILS											
CUSTOMER:					DATE:						
ADDRESS:					JOB ID:						
SITE NAME:					TECHNICIAN:						
CONTACT NAME:					CONTACT TEL:						
PRODUCT DETAILS											
GEN MAKE					GEN MODEL:						
GEN SERIAL:					GEN HOURS:						
AUTOMATIC TRANSFER SWITCH NOTES							Service Interval				
							Quarterly _____				
							Semi-Annual _____				
							Annual _____				
Nominal Voltage Source					Emergency Voltage Source						
A-B		B-C		C-A	A-B		B-C		C-A		
A-N		B-N		C-B	A-N		B-N		C-B		
A-Amps		B-Amps		C-Amps	A-Amps		B-Amps		C-Amps		
A-Temp		B-Temp		C-Temp	A-Temp		B-Temp		C-Temp		
PRE OPERATION CHECKS				Coolant temp	Battery Charging voltage						
OPERATION CHECKS											
PASS	N/A	NEEDS ATTN									
			CONTROL LIGHTS	Engine Run temp		W/ or W/O Load					
			CONTROL DISPLAY	Oil Pressure		Exercise Duration					
			EMERGENCY STOP	Oil Temp		Day					
			SWITCH/CONTROLS	Battery Voltage		Week					
			CB OPERATION	Frequency Rate		Start Time					
			AUTO OPERATION	RPM							
			COOLANT SYSTEM: Radiator cap, Coolant level, Coolant Condition, Coolant filter, Coolant Heater, All Hoses								
			EXHAUST SYSTEMS CONDITION								
			ENGINE: Ignition system, Belts, Turbo, Air intake system, Air filter, Oil Leaks, Oil level, Crankcase Breather								
			ALTERNATOR CONDITION								
			FULL SERVICE PERFORMED								
			FUEL SYSTEM: Fuel Plumbing, Fuel Filters, Fuel Condition				Fuel Level				
			ENCLOSURE CONDITION								
			BATTERY CONDITION								
			ATS: Housing Condition, Power and Control Cables, Main Connects, Operating Mechanism, Control Boards, Display, Battery Charger								
			OPERATION CHECKS: Engine Run Temp, Oil Pressure, Oil Temp, Battery Voltage, Control Lights, Control Guages, Emergency Stop, Switches/Controls, CB Operation, Auto Operation, Frequency rate, RPM								
			Before Leaving Site: Gen in Auto, Battery Charger ON, Block Heater ON, CB closed, Customer Logs								
Notes:											



CUSTOMER DETAILS											
CUSTOMER:					DATE:						
ADDRESS:					JOB ID:						
SITE NAME:					TECHNICIAN:						
CONTACT NAME:					CONTACT TEL:						
PRODUCT DETAILS											
GEN MAKE					GEN MODEL:						
GEN SERIAL:					GEN HOURS:						
AUTOMATIC TRANSFER SWITCH NOTES								Service Interval			
								Quarterly			
								Semi-Annual			
								Annual			
Nominal Voltage Source					Emergency Voltage Source						
A-B		B-C		C-A	A-B		B-C		C-A		
A-N		B-N		C-B	A-N		B-N		C-B		
A-Amps		B-Amps		C-Amps	A-Amps		B-Amps		C-Amps		
A-Temp		B-Temp		C-Temp	A-Temp		B-Temp		C-Temp		
PRE OPERATION CHECKS				Coolant temp	Battery Charging voltage						
OPERATION CHECKS											
PASS	N/A	NEEDS ATTN									
			CONTROL LIGHTS	Engine Run temp		W/ or W/O Load					
			CONTROL DISPLAY	Oil Pressure		Exercise Duration					
			EMERGENCY STOP	Oil Temp		Day					
			SWITCH/CONTROLS	Battery Voltage		Week					
			CB OPERATION	Frequency Rate		Start Time					
			AUTO OPERATION	RPM							
			COOLANT SYSTEM: Radiator cap, Coolant level, Coolant Condition, Coolant filter, Coolant Heater, All Hoses								
			EXHAUST SYSTEMS CONDITION								
			ENGINE: Ignition system, Belts, Turbo, Air intake system, Air filter, Oil Leaks, Oil level, Crankcase Breather								
			ALTERNATOR CONDITION								
			FULL SERVICE PERFORMED								
			FUEL SYSTEM: Fuel Plumbing, Fuel Filters, Fuel Condition				Fuel Level				
			ENCLOSURE CONDITION								
			BATTERY CONDITION								
			ATS: Housing Condition, Power and Control Cables, Main Connects, Operating Mechanism, Control Boards, Display, Battery Charger								
			OPERATION CHECKS: Engine Run Temp, Oil Pressure, Oil Temp, Battery Voltage, Control Lights, Control Guages, Emergency Stop, Switches/Controls, CB Operation, Auto Operation, Frequency rate, RPM								
			Before Leaving Site: Gen in Auto, Battery Charger ON, Block Heater ON, CB closed, Customer Logs								
Notes:											

# NEBRASKA STATE FIRE MARSHAL

## OCCUPANCY PERMIT

Certificate Number: 16270

Name of Facility: **Lincoln Regional Center Bldg #14**

Type of Facility: **Hospital**

Location: **801 W Prospector Pl Lincoln**

Maximum  
Occupancy: **85 Beds**

Date Issued: **4/10/2024**

Inspected By: **Monica Ellis**  
**Deputy State Fire Marshal**

Approved By:   
**State Fire Marshal**



POST IN PROMINENT PLACE



Change in occupancy classification or failure to meet State Fire Marshal codes  
shall invalidate this occupancy permit.



CENTERS FOR MEDICARE & MEDICAID SERVICES  
CLINICAL LABORATORY IMPROVEMENT AMENDMENTS

*CERTIFICATE OF WAIVER*

**LABORATORY NAME AND ADDRESS**

MEDICAL DIRECTOR, LINCOLN REGIONAL CENTER  
801 W PROSPECTOR PL  
LINCOLN, NE 68522

**CLIA ID NUMBER**

28D0670944

**EFFECTIVE DATE**

09/01/2024

**LABORATORY DIRECTOR**

DR. ROGER DONOVICK

**EXPIRATION DATE**

08/31/2026

Pursuant to Section 353 of the Public Health Services Act (42 U.S.C. 263a) as revised by the Clinical Laboratory Improvement Amendments (CLIA), the above named laboratory located at the address shown hereon (and other approved locations) may accept human specimens for the purposes of performing laboratory examinations or procedures.

This certificate shall be valid until the expiration date above, but is subject to revocation, suspension, limitation, or other sanctions for violation of the Act or the regulations promulgated thereunder.



A handwritten signature in blue ink, appearing to read "Gregg Brandush".

Gregg Brandush, Director  
Division of Clinical Laboratory Improvement & Quality  
Quality & Safety Oversight Group  
Center for Clinical Standards and Quality

If this is a Certificate of Waiver, it certifies the laboratory to perform only examinations or procedures that have been approved as waived tests by the Department of Health and Human Services.

CENTERS FOR MEDICARE & MEDICAID SERVICES  
CLINICAL LABORATORY IMPROVEMENT AMENDMENTS

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A handwritten signature in blue ink, appearing to read "Gregg Brandush". The signature is fluid and cursive.

Gregg Brandush, Director  
Division of Clinical Laboratory Improvement & Quality  
Quality & Safety Oversight Group  
Center for Clinical Standards and Quality

If this is a Certificate of Waiver, it certifies the laboratory to perform only examinations or procedures that have been approved as waived tests by the Department of Health and Human Services.

Nebraska DHHS Licensure Unit

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>500004</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/28/2024</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>LINCOLN REGIONAL CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>801 W PROSPECTOR PLACE</b> <b>LINCOLN, NE 68522</b>
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 000	<p>Initial Comments</p> <p>On 3/25/2024-3/28/2024, DHHS Public Health representatives conducted a licensure survey and complaint investigation to determine compliance with 175 NAC 1, Licensure Regulations for Hospitals. The facility was in compliance with the regulations at the time of survey.</p>	D 000		

Licensure Unit  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

Nebraska DHHS Licensure Unit

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>500004</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/28/2024</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>LINCOLN REGIONAL CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>801 W PROSPECTOR PLACE</b> <b>LINCOLN, NE 68522</b>
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
I 000	<p>Initial Comments</p> <p>On 3/25/2024-3/28/2024, DHHS Public Health representatives conducted a licensure survey and complaint investigation to determine compliance with 175 NAC 9, Licensure Regulations for Hospitals. The facility was in compliance with the regulations at the time of survey.</p>	I 000		

Licensure Unit LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
---	-------	-----------



# E-DOCKET

## Maintenance

NO. e-docket :US520927

page 1

**US serial number :** USV1008538      **Customer Name :** LINCOLN REGIONAL CENTER  
**Lift Number :** 10054 - R BLDG #4      **Supervisor Name :** Brandon L Dunham  
**Unit Type :** Hydraulic      **Branch Name :** OMAHA  
**Building Address :** 801 W PROSPECTOR PLC  
LANCASTER  
68509 LINCOLN  
**IVR WO Number :**

### MAINTENANCE

Task Set : PREVENTATIVE MAINTENANCE

Operating Upon Departure the technician : Yes

#### Elevator

Unit Type	Hydraulic	
Unit Nickname	10054 - R BLDG #4	
Unit	USV1008538	
PERFORMED PREVENTATIVE MAINTENANCE	<input checked="" type="checkbox"/>	
COMPLETED TKE BRAKE MAINTENANCE PROCEDURES	<input type="checkbox"/>	
Material Used/Spare Parts Used	10054 - R BLDG #4 USV1008538-Hydraulic:	

#### Technician's comments and recommendations :

Arrived on site checked in waited for escort did cat one safety test also clean the pit, clean door tracks, interlock, and car

#### Material Used :

### CLIENT COMMENTS

N/A



# E-DOCKET

## Maintenance

NO. e-docket :US520927

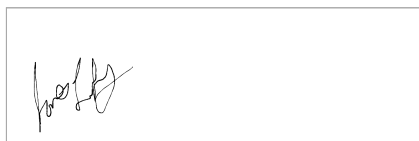
page 2

### Time And Expense Detail

Line Type	Labor Type			Date	Start Time	End Time	Expense Amount
	1.5	1.7	2				
Labor	2.5			08-Nov-2024	07:00 AM	09:30 AM	

### TECHNICIAN SIGNATURE

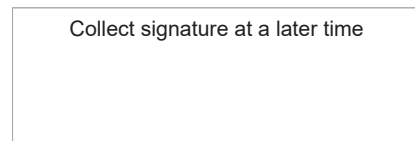
Technician : James Joseph Linhart



### CLIENT SIGNATURE

For the client :

Date : 08-11-2024





# E-DOCKET

## Maintenance

NO. e-docket :US488864

page 1

**US serial number :** USV1008107      **Customer Name :** LINCOLN REGIONAL CENTER  
**Lift Number :** 7183 - SOUTH #2      **Supervisor Name :** Brandon L Dunham  
**Unit Type :** Hydraulic      **Branch Name :** OMAHA  
**Building Address :** 801 W PROSPECTOR PLC  
LANCASTER  
68509 LINCOLN  
**IVR WO Number :**

### MAINTENANCE

Task Set : PREVENTATIVE MAINTENANCE

Operating Upon Departure the technician : Yes

#### Elevator

Unit Type	Hydraulic	
Unit Nickname	7183 - SOUTH #2	
Unit	USV1008107	
PERFORMED PREVENTATIVE MAINTENANCE	<input checked="" type="checkbox"/>	
COMPLETED TKE BRAKE MAINTENANCE PROCEDURES	<input checked="" type="checkbox"/>	
Material Used/Spare Parts Used	7183 - SOUTH #2 USV1008107-Hydraulic:	

#### Technician's comments and recommendations :

Pm completed

#### Material Used :

### CLIENT COMMENTS

N/A



# E-DOCKET

## Maintenance

NO. e-docket :US488864

page 2

### Time And Expense Detail

Line Type	Labor Type			Date	Start Time	End Time	Expense Amount
	1.5	1.7	2				
Labor	0.75			05-Aug-2024	07:00 AM	07:45 AM	

### TECHNICIAN SIGNATURE

Technician : Ryan L Joens

### CLIENT SIGNATURE

For the client :

Date : 05-08-2024

Customer not present





# E-DOCKET

## Maintenance

NO. e-docket :US515096

page 1

**US serial number :** USV1008088      **Customer Name :** LINCOLN REGIONAL CENTER  
**Lift Number :** 7182 - NORTH #1      **Supervisor Name :** Brandon L Dunham  
**Unit Type :** Hydraulic      **Branch Name :** OMAHA  
**Building Address :** 801 W PROSPECTOR PLC  
LANCASTER  
68509 LINCOLN  
**IVR WO Number :**

### MAINTENANCE

Task Set : PREVENTATIVE MAINTENANCE

Operating Upon Departure the technician : Yes

#### Elevator

Unit Type	Hydraulic	
Unit Nickname	7182 - NORTH #1	
Unit	USV1008088	
PERFORMED PREVENTATIVE MAINTENANCE	<input checked="" type="checkbox"/>	
COMPLETED TKE BRAKE MAINTENANCE PROCEDURES	<input type="checkbox"/>	
Material Used/Spare Parts Used	7182 - NORTH #1 USV1008088-Hydraulic:	

#### Technician's comments and recommendations :

Met with building 10 maintenance supervisor got north elevator running interlocks weren't making up clean car top clean dinner locks emptied pit jug put down oil pads for spill oil out of jug went through fault law found magnets were moved reset magnets and inspected

#### Material Used :

### CLIENT COMMENTS

N/A



# E-DOCKET

## Maintenance

NO. e-docket :US515096

page 2

### Time And Expense Detail

Line Type	Labor Type			Date	Start Time	End Time	Expense Amount
	1.5	1.7	2				
Labor	1.5			22-Oct-2024	10:00 AM	11:30 AM	

### TECHNICIAN SIGNATURE

Technician : James Joseph Linhart

### CLIENT SIGNATURE

For the client :

Date : 22-10-2024

Called customer



# E-DOCKET

## Maintenance

NO. e-docket :US515101

page 1

**US serial number :** USV1008107      **Customer Name :** LINCOLN REGIONAL CENTER  
**Lift Number :** 7183 - SOUTH #2      **Supervisor Name :** Brandon L Dunham  
**Unit Type :** Hydraulic      **Branch Name :** OMAHA  
**Building Address :** 801 W PROSPECTOR PLC  
LANCASTER  
68509 LINCOLN  
**IVR WO Number :**

### MAINTENANCE

Task Set : PREVENTATIVE MAINTENANCE

Operating Upon Departure the technician : Yes

#### Elevator

Unit Type	Hydraulic	
Unit Nickname	7183 - SOUTH #2	
Unit	USV1008107	
PERFORMED PREVENTATIVE MAINTENANCE	<input checked="" type="checkbox"/>	
COMPLETED TKE BRAKE MAINTENANCE PROCEDURES	<input type="checkbox"/>	
Material Used/Spare Parts Used	7183 - SOUTH #2 USV1008107-Hydraulic:	

#### Technician's comments and recommendations :

Went through and cleaned interlocks, inspected fire, service, oil, logs, and MCP and checked in with maintenance before leaving to troublecall

#### Material Used :

### CLIENT COMMENTS

N/A



# E-DOCKET

## Maintenance

NO. e-docket :US515101

page 2

### Time And Expense Detail

Line Type	Labor Type			Date	Start Time	End Time	Expense Amount
	1.5	1.7	2				
Labor	1.75			22-Oct-2024	11:30 AM	01:15 PM	

### TECHNICIAN SIGNATURE

Technician : James Joseph Linhart

### CLIENT SIGNATURE

For the client :

Date : 22-10-2024

Called customer



# E-DOCKET

## Maintenance

NO. e-docket :US521069

page 1

**US serial number :** USV1008504      **Customer Name :** LINCOLN REGIONAL CENTER  
**Lift Number :** 7165 - K BLDG #3      **Supervisor Name :** Brandon L Dunham  
**Unit Type :** Hydraulic      **Branch Name :** OMAHA  
**Building Address :** 801 W PROSPECTOR PLC  
LANCASTER  
68509 LINCOLN  
**IVR WO Number :**

### MAINTENANCE

Task Set : PREVENTATIVE MAINTENANCE

Operating Upon Departure the technician : Yes

#### Elevator

Unit Type	Hydraulic	
Unit Nickname	7165 - K BLDG #3	
Unit	USV1008504	
PERFORMED PREVENTATIVE MAINTENANCE	<input checked="" type="checkbox"/>	
COMPLETED TKE BRAKE MAINTENANCE PROCEDURES	<input type="checkbox"/>	
Material Used/Spare Parts Used	7165 - K BLDG #3 USV1008504-Hydraulic:	

#### Technician's comments and recommendations :

Preformed pm and updated logs

#### Material Used :

### CLIENT COMMENTS

N/A



# E-DOCKET

## Maintenance

NO. e-docket :US521069

page 2

### Time And Expense Detail

Line Type	Labor Type			Date	Start Time	End Time	Expense Amount
	1.5	1.7	2				
Labor	0.75			08-Nov-2024	11:30 AM	12:15 PM	

### TECHNICIAN SIGNATURE

Technician : James Joseph Linhart

### CLIENT SIGNATURE

For the client :

Date : 08-11-2024

Called customer



# E-DOCKET

## Maintenance

NO. e-docket :US488888

page 1

**US serial number :** USV1008504      **Customer Name :** LINCOLN REGIONAL CENTER  
**Lift Number :** 7165 - K BLDG #3      **Supervisor Name :** Brandon L Dunham  
**Unit Type :** Hydraulic      **Branch Name :** OMAHA  
**Building Address :** 801 W PROSPECTOR PLC  
LANCASTER  
68509 LINCOLN  
**IVR WO Number :**

### MAINTENANCE

Task Set : PREVENTATIVE MAINTENANCE

Operating Upon Departure the technician : Yes

#### Elevator

Unit Type	Hydraulic	
Unit Nickname	7165 - K BLDG #3	
Unit	USV1008504	
PERFORMED PREVENTATIVE MAINTENANCE	<input checked="" type="checkbox"/>	
COMPLETED TKE BRAKE MAINTENANCE PROCEDURES	<input checked="" type="checkbox"/>	
Material Used/Spare Parts Used	7165 - K BLDG #3 USV1008504-Hydraulic:	

#### Technician's comments and recommendations :

Pm completed

#### Material Used :

### CLIENT COMMENTS

N/A



# E-DOCKET

## Maintenance

NO. e-docket :US488888

page 2

### Time And Expense Detail

Line Type	Labor Type			Date	Start Time	End Time	Expense Amount
		1.5	1.7				
Labor	0.75			05-Aug-2024	08:45 AM	09:30 AM	

### TECHNICIAN SIGNATURE

Technician : Ryan L Joens

### CLIENT SIGNATURE

For the client :

Date : 05-08-2024

Called customer





# E-DOCKET

## Maintenance

NO. e-docket :US488973

page 1

**US serial number :** USV1008559      **Customer Name :** LINCOLN REGIONAL CENTER  
**Lift Number :** 4071 - #6      **Supervisor Name :** Brandon L Dunham  
**Unit Type :** Hydraulic      **Branch Name :** OMAHA  
**Building Address :** 801 W PROSPECTOR PLC  
LANCASTER  
68509 LINCOLN  
**IVR WO Number :**

### MAINTENANCE

Task Set : PREVENTATIVE MAINTENANCE

Operating Upon Departure the technician : Yes

#### Elevator

Unit Type	Hydraulic	
Unit Nickname	4071 - #6	
Unit	USV1008559	
PERFORMED PREVENTATIVE MAINTENANCE	<input checked="" type="checkbox"/>	
COMPLETED TKE BRAKE MAINTENANCE PROCEDURES	<input checked="" type="checkbox"/>	
Material Used/Spare Parts Used	4071 - #6 USV1008559-Hydraulic:	

#### Technician's comments and recommendations :

Pm completed

#### Material Used :

### CLIENT COMMENTS

N/A



# E-DOCKET

## Maintenance

NO. e-docket :US488973

page 2

### Time And Expense Detail

Line Type	Labor Type			Date	Start Time	End Time	Expense Amount
	1.5	1.7	2				
Labor	0.75			05-Aug-2024	10:15 AM	11:00 AM	

### TECHNICIAN SIGNATURE

Technician : Ryan L Joens

### CLIENT SIGNATURE

For the client :

Date : 05-08-2024

Called customer



# E-DOCKET

## Maintenance

NO. e-docket :US521010

page 1

**US serial number :** USV1008559      **Customer Name :** LINCOLN REGIONAL CENTER  
**Lift Number :** 4071 - #6      **Supervisor Name :** Brandon L Dunham  
**Unit Type :** Hydraulic      **Branch Name :** OMAHA  
**Building Address :** 801 W PROSPECTOR PLC  
LANCASTER  
68509 LINCOLN  
**IVR WO Number :**

### MAINTENANCE

Task Set : PREVENTATIVE MAINTENANCE

Operating Upon Departure the technician : Yes

#### Elevator

Unit Type	Hydraulic	
Unit Nickname	4071 - #6	
Unit	USV1008559	
PERFORMED PREVENTATIVE MAINTENANCE	<input checked="" type="checkbox"/>	
COMPLETED TKE BRAKE MAINTENANCE PROCEDURES	<input type="checkbox"/>	
Material Used/Spare Parts Used	4071 - #6 USV1008559-Hydraulic:	

#### Technician's comments and recommendations :

Perform p.m. check fire service, access switches, clean car and hoist sales and car and hoistway door tracks and interlocks updated fire logs and MCP

#### Material Used :

### CLIENT COMMENTS

N/A



# E-DOCKET

## Maintenance

NO. e-docket :US521010

page 2

### Time And Expense Detail

Line Type	Labor Type			Date	Start Time	End Time	Expense Amount
	1.5	1.7	2				
Labor	0.25			08-Nov-2024	11:15 AM	11:30 AM	

### TECHNICIAN SIGNATURE

Technician : James Joseph Linhart

### CLIENT SIGNATURE

For the client :

Date : 08-11-2024

Collect signature at a later time



# E-DOCKET

## Maintenance

NO. e-docket :US476828

page 1

**US serial number :** USV1008559      **Customer Name :** LINCOLN REGIONAL CENTER  
**Lift Number :** 4071 - #6      **Supervisor Name :** Brandon L Dunham  
**Unit Type :** Hydraulic      **Branch Name :** OMAHA  
**Building Address :** 801 W PROSPECTOR PLC  
LANCASTER  
68509 LINCOLN  
**IVR WO Number :**

### MAINTENANCE

Task Set : PREVENTATIVE MAINTENANCE

Operating Upon Departure the technician : Yes

#### Elevator

Unit Type	Hydraulic	
Unit Nickname	4071 - #6	
Unit	USV1008559	
PERFORMED PREVENTATIVE MAINTENANCE	<input checked="" type="checkbox"/>	
COMPLETED TKE BRAKE MAINTENANCE PROCEDURES	<input checked="" type="checkbox"/>	
Material Used/Spare Parts Used	4071 - #6 USV1008559-Hydraulic:	

#### Technician's comments and recommendations :

Pm completed

#### Material Used :

### CLIENT COMMENTS

N/A



# E-DOCKET

## Maintenance

NO. e-docket :US476828

page 2

### Time And Expense Detail

Line Type	Labor Type			Date	Start Time	End Time	Expense Amount
	1.5	1.7	2				
Labor	1			27-Jun-2024	01:00 PM	02:00 PM	

### TECHNICIAN SIGNATURE

Technician : Ryan L Joens

### CLIENT SIGNATURE

For the client :

Date : 27-06-2024

Customer not present



# E-DOCKET

## Maintenance

NO. e-docket :US488866

page 1

**US serial number :** USV1008514      **Customer Name :** LINCOLN REGIONAL CENTER  
**Lift Number :** 4076 - T BLDG #5      **Supervisor Name :** Brandon L Dunham  
**Unit Type :** Hydraulic      **Branch Name :** OMAHA  
**Building Address :** 801 W PROSPECTOR PLC  
LANCASTER  
68509 LINCOLN  
**IVR WO Number :**

### MAINTENANCE

Task Set : PREVENTATIVE MAINTENANCE

Operating Upon Departure the technician : Yes

#### Elevator

Unit Type	Hydraulic	
Unit Nickname	4076 - T BLDG #5	
Unit	USV1008514	
PERFORMED PREVENTATIVE MAINTENANCE	<input checked="" type="checkbox"/>	
COMPLETED TKE BRAKE MAINTENANCE PROCEDURES	<input checked="" type="checkbox"/>	
Material Used/Spare Parts Used	4076 - T BLDG #5 USV1008514-Hydraulic:	

#### Technician's comments and recommendations :

Pm completed

#### Material Used :

### CLIENT COMMENTS

N/A



# E-DOCKET

## Maintenance

NO. e-docket :US488866

page 2

### Time And Expense Detail

Line Type	Labor Type			Date	Start Time	End Time	Expense Amount
		1.5	1.7				
Labor	0.75			05-Aug-2024	08:00 AM	08:45 AM	

### TECHNICIAN SIGNATURE

Technician : Ryan L Joens

### CLIENT SIGNATURE

For the client :

Date : 05-08-2024

Customer not present





# E-DOCKET

## Maintenance

NO. e-docket :US515091

page 1

**US serial number :** USV1008514      **Customer Name :** LINCOLN REGIONAL CENTER  
**Lift Number :** 4076 - T BLDG #5      **Supervisor Name :** Brandon L Dunham  
**Unit Type :** Hydraulic      **Branch Name :** OMAHA  
**Building Address :** 801 W PROSPECTOR PLC  
LANCASTER  
68509 LINCOLN  
**IVR WO Number :**

### MAINTENANCE

Task Set : PREVENTATIVE MAINTENANCE

Operating Upon Departure the technician : Yes

#### Elevator

Unit Type	Hydraulic	
Unit Nickname	4076 - T BLDG #5	
Unit	USV1008514	
PERFORMED PREVENTATIVE MAINTENANCE	<input checked="" type="checkbox"/>	
COMPLETED TKE BRAKE MAINTENANCE PROCEDURES	<input type="checkbox"/>	
Material Used/Spare Parts Used	4076 - T BLDG #5 USV1008514-Hydraulic:	

#### Technician's comments and recommendations :

Met with maintenance inspected doors, cleaned interlocks clean car top, clean pit vacuum sills check fire service emptied oil container in the pit updated MCP's fire log and oil log looked into phone issue

#### Material Used :

### CLIENT COMMENTS

N/A



# E-DOCKET

## Maintenance

NO. e-docket :US515091

page 2

### Time And Expense Detail

Line Type	Labor Type			Date	Start Time	End Time	Expense Amount
	1.5	1.7	2				
Labor	3			22-Oct-2024	07:00 AM	10:00 AM	

### TECHNICIAN SIGNATURE

Technician : James Joseph Linhart

### CLIENT SIGNATURE

For the client :

Date : 22-10-2024

Collect signature at a later time



# E-DOCKET

## Callout

NO. e-docket :US476721

page 1

<b>Call No. :</b>	<b>128740</b>	<b>Customer Name :</b>	<b>LINCOLN REGIONAL CENTER</b>
<b>US serial number (on call) :</b>	<b>USV1008514</b>	<b>Customer Contact Information :</b>	
<b>Lift Number (on call) :</b>	<b>4076 - T BLDG #5</b>	<b>Supervisor Name :</b>	<b>Brandon L Dunham</b>
<b>US serial number (on intervention) :</b>	<b>USV1008514</b>	<b>Branch Name :</b>	<b>OMAHA</b>
<b>Lift Number (on intervention) :</b>	<b>4076 - T BLDG #5</b>	<b>Unit Type :</b>	<b>Hydraulic</b>
<b>Building Address :</b>	<b>801 W PROSPECTOR PLC LANCASTER 68509 LINCOLN</b>	<b>Contract Number :</b>	<b>USC008123.BR.1.0</b>
<b>Project Name :</b>	<b>LRC BUILDING #3 008172</b>	<b>IVR WO Number :</b>	

## Callout

Problem :

Fault Codes :

CHRIS HOOBER  
ELEV 5// CALL BTTN ISNT WRKING/ STK ON UNKN FLR/  
UNOC/ CHRIS HOOBER/ / 1 402-479-5452 SVC TODAY REG  
SBU SHRS

**Current location :** E3-Communication Device/CCTV  
Monitoring/Alarm Device  
**Component :** KG-Incorrect Voltage  
**Resolution :** AX-Action - other

Operating Upon arrival the technician :  No

ENT reported :  No

Operating Upon Departure the technician :  Yes

ENT on arrival the technician :  No

Overtime call out :  No

### Technician's comments and recommendations :

Elevator phone nor working found phone cord unplugged. Alsom looked at building 3 phone button sticking cleaned it



# E-DOCKET

## Callout

NO. e-docket :US476721

page 2

### Material Used :

N/A

### CLIENT COMMENTS

N/A

### Time And Expense Detail

Line Type	Labor Type			Date	Start Time	End Time	Expense Amount
	1.5	1.7	2				
Labor	2			27-Jun-2024	10:00 AM	12:00 PM	

Complete :  Yes

### TECHNICIAN SIGNATURE

Technician : Ryan L Joens

### CLIENT SIGNATURE

For the client :

Date : 27-06-2024

Customer not present



# E-DOCKET

## Callout

NO. e-docket :US436898

page 1

<b>Call No. :</b>	<b>117702</b>	<b>Customer Name :</b>	<b>LINCOLN REGIONAL CENTER</b>
<b>US serial number (on call) :</b>	<b>USV1008514</b>	<b>Customer Contact Information :</b>	
<b>Lift Number (on call) :</b>	<b>4076 - T BLDG #5</b>	<b>Supervisor Name :</b>	<b>Brandon L Dunham</b>
<b>US serial number (on intervention) :</b>	<b>USV1008514</b>	<b>Branch Name :</b>	<b>OMAHA</b>
<b>Lift Number (on intervention) :</b>	<b>4076 - T BLDG #5</b>	<b>Unit Type :</b>	<b>Hydraulic</b>
<b>Building Address :</b>	<b>801 W PROSPECTOR PLC LANCASTER 68509 LINCOLN</b>	<b>Contract Number :</b>	<b>USC008123.BR.1.0</b>
<b>Project Name :</b>	<b>LRC BUILDING #3 008172</b>	<b>IVR WO Number :</b>	

## Callout

Problem :

Fault Codes :

ANDY  
BLDG 5 SOUTH ELEV/ BTTS NT WRKG FOR FLR 2/CANNOT  
CLL TO FLR/ANDY MILLER 4024053635/ SVC TODAY REG  
HRS  
  
SCHEDULED QUARTERLY 2ND WED - BLACK  
BOOK/AUTHORIZED CALLERS;

**Current location :** E1-C.O.P.-  
Buttons/Keyswitches/Indicators/Display/PC  
B  
**Component :** K4-Component Damaged / Broken /  
Stripped  
**Resolution :** A6-Replaced component

Operating Upon arrival the technician :  Yes

ENT reported :  No

Operating Upon Departure the technician :  Yes

ENT on arrival the technician :  No

Overtime call out :  No

### Technician's comments and recommendations :

Dound cop buttons not working found broken buttons replaced buttons.



# E-DOCKET

## Callout

NO. e-docket :US436898

page 2

### Material Used :

N/A

### CLIENT COMMENTS

N/A

### Time And Expense Detail

Line Type	Labor Type			Date	Start Time	End Time	Expense Amount
	1.5	1.7	2				
Labor	1			01-Mar-2024	09:30 AM	10:30 AM	

Complete :  Yes

### TECHNICIAN SIGNATURE

Technician : Ryan L Joens

### CLIENT SIGNATURE

For the client :  
Date : 01-03-2024

Customer not present

**Summit Fire Protection**  
 2431 Fairfield Street Suite A  
 Lincoln, NE 68521-1308  
 Tel: (402) 476-4646  
 Fax:



# Invoice

---

**Bill to:** LRC Maintenance Department  
 PO BOX 94949  
 LINCOLN, NE 68509-4949

**Date:** 09/26/2024  
**Invoice No:** 2691616  
**WO#:** 03942143

**Service at:** LINCOLN REGIONAL CENTER  
 801 W Prospector Pl  
 Bldgs 5 7 10 14  
 Lincoln, NE 68522-1970

**Terms:** Net 30 Days  
**WO Completed:** 09/25/2024

**Customer ID:** 630144

**Reference WO#:** 110426523

**Description:** Work Order 03942143 - Inspection - Fire Extinguisher

**PO Number:**

Description	Quantity	Unit Price	Amount
NT Inspection Fire Extinguisher Labor	6.77	\$0.00	\$0.00
NT Inspection Fire Extinguisher Labor	8.08	\$0.00	\$0.00
NT Inspection Fire Extinguisher Labor	7.9	\$0.00	\$0.00
Fire Extinguisher	1.0	\$832.00	\$832.00
Shop Supplies (Inspection - Fire Extinguisher)	3.0	\$4.00	\$12.00
PTS O-RING OR27	22.0	\$5.00	\$110.00
PTS O-RING OR28	27.0	\$5.00	\$135.00
OR37 O RING	1.0	\$5.00	\$5.00
PTS VERF COLLAR	49.0	\$2.00	\$98.00
PTS VLV STEM ASSY DRYCHE AX	22.0	\$21.00	\$462.00
PTS VLV STEM ASSY DRYCHE BUCKEYE	1.0	\$21.00	\$21.00
429099 VLV STEM ASSY DRY CHEM ANS SENTRY	27.0	\$21.00	\$567.00
UNIVERSAL STRAP 2 24"	2.0	\$1.50	\$3.00
PTS UNIV CLIP	2.0	\$2.50	\$5.00
PTS GAUGE DRYCHE 195#	4.0	\$15.00	\$60.00
PTS C02 SAFETY PLUG AX	1.0	\$21.00	\$21.00
PTS O-RING OR39	1.0	\$6.25	\$6.25

OR29 O RING	2.0	\$0.00	\$0.00
KIT SYS CYL ASSY ANSULEX AGENT 1.5	1.0	\$0.00	\$0.00
429099 VLV STEM ASSY DRY CHEM ANS SENTRY	2.0	\$0.00	\$0.00
PTS VERF COLLAR	2.0	\$0.00	\$0.00
KIT SYS CYL ASSY ANSULEX AGENT 1.5	1.0	\$0.00	\$0.00
429099 VLV STEM ASSY DRY CHEM ANS SENTRY	2.0	\$0.00	\$0.00
PTS VERF COLLAR	2.0	\$0.00	\$0.00
Fire Extinguisher Annual Inspection	114.0	\$7.00	\$798.00
5 LB Dry Chemical Ext. Low Pressure Hydro Test	9.0	\$30.00	\$270.00
5 LB Dry Chemical Extinguisher Recharge	9.0	\$32.00	\$288.00
5 LB Dry Chemical Extinguisher 6-Yr Maintenance	33.0	\$32.00	\$1,056.00
K-Class Extinguisher 5-Yr Service	1.0	\$205.00	\$205.00
10 LB Cartridge Op. Ext. Recharge	1.0	\$31.00	\$31.00
10 LB CO2 Extinguisher High Pressure Hydro Test	1.0	\$35.00	\$35.00
10 LB Dry Chemical Extinguisher Recharge	2.0	\$42.00	\$84.00
10 LB Dry Chemical Ext. Low Pressure Hydro Test	2.0	\$30.00	\$60.00
Truck Charge	1.0	\$68.00	\$68.00

**PLEASE NOTE NEW BANK DETAILS**

**ACH Payments:**

**Beneficiary: Summit Fire Protection**

**Bank: Wells Fargo Bank**

**ABA Number: 121000248**

**Account Number: 4226038909**

**Please send inquiries / remittance to:  
ar@summitcompanies.com**

**PLEASE NOTE NEW REMITTANCE ADDRESS**

**To Pay by Check or Credit Card  
(651) 272-3251**

**Check Payments:**

**Summit Fire Protection**

**PO Box 851675**

**Minneapolis, MN 55485-1675**

**PAY ONLINE:**

<https://summitfire.com/>

<b>Subtotal:</b>	<b>\$5,232.25</b>
<b>Sales Tax:</b>	\$0.00
<b>Total Invoice:</b>	<b>\$5,232.25</b>
<b>Collected Onsite:</b>	
<b>Balance Due:</b>	<b>\$5,232.25</b>

Cust: 630144

Inv: 2691616

**Please reference the above noted  
Customer ID and Invoice Number  
on your remittance.**





# PRE-ENGINEERED FIRE SYSTEM INSPECTION AND MAINTENANCE REPORT

Branch Office: \_\_\_\_\_

Work Order \_\_\_\_\_

Phone No.: \_\_\_\_\_

NAME Lincoln Regional Center

ADDRESS 801 Prospector Place

CITY Lincoln NE, 68522

TELEPHONE 402-479-5453 STORE NO. \_\_\_\_\_

OWNER OR MANAGER Andy / Tom

ANNUAL	SEMI-ANNUAL <input checked="" type="checkbox"/>	RECHARGE	INSTALLATION	RENOVATION
LOCATION OF SYSTEM CYLINDERS <u>Right side of Hood</u>				
MANUFACTURER <u>Ansel</u>	MODEL NUMBER <u>Q-102</u>	WET CHEMICAL <input checked="" type="checkbox"/>	DRY CHEMICAL	
CYLINDER SIZE MASTER <u>300/100</u>	CYLINDER SIZE SLAVE _____	CYLINDER SIZE SLAVE _____		
MANIFOLDED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		PIRANHA WATERFLOW PRESSURE		
FUSE LINKS 360° F <u>3-23</u>	FUSE LINKS 450° F	FUSE LINKS 500° F	OTHER	
MECHANICAL GAS VALVE(S) & SIZE(S) _____	ELECTRICAL GAS VALVE(S) & SIZE(S) _____	MANUAL RESET RELAY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
LAST HYDRO TEST DATE <u>2014</u>		ELECTRIC CONNECTED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		

**NON-COMPLIANT SYSTEMS MAY FAIL TO  
EXTINGUISH/SUPPRESS A FIRE.**

**COOKING APPLIANCE LOCATIONS and SIZES (LEFT TO RIGHT)**

<u>No Appliances at this time</u>							

- |  | YES                                 | NO                       | N/A                                 |   | YES  | NO                       | N/A                                 |
|--|-------------------------------------|--------------------------|-------------------------------------|---|--|--------------------------|-------------------------------------|
| 1. System interlocked with building fire alarm   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 20. Proper separation between fryers and flame                            | <input type="checkbox"/>   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2. Duct and plenum covered with correct nozzles  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 21. Proper clearance - flame to filters                                   | <input type="checkbox"/>   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3. Check positioning of all nozzles  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 22. Exhaust fan in operating order  | <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            |
| 4. Systems installed per U.L. 300 standards and meets manufacturer's U.L. listing and N.F.P.A. standards | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 23. All filters replaced  | <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            |
| 5. Hood/duct penetrations sealed with weld or U.L. device  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 24. Fuel shut-off in on position  | <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            |
| 6. Check if seals intact, evidence of tampering  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 25. Manual and remote set/seals in place                                  | <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            |
| 7. Pressure gauge in proper range (if gauged)  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 26. Replace system covers   | <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            |
| 8. Check cartridge weight (if applicable) <u>43oz</u>  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 27. System operational and seals in place                                 | <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            |
| 9. Dry system 6-year maintenance date<br>Wet system 12-year hydro test date <u>2020</u>                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 28. Slave system operational  | <input type="checkbox"/>   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 10. Inspect cylinder and mount   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 29. Clean cylinder and mount  | <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            |
| 11. Operate system from terminal link  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 30. Fan warning sign on hood  | <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            |
| 12. Test for proper operation from remote  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 31. Proper signage and personnel instructed in manual operation of system | <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            |
| 13. Check operation of micro switch  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 32. Proper hand portable extinguishers                                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            |
| 14. Check operation of gas valve   | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 33. K-Class fire extinguisher in cooking area                             | <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 15. Clean nozzles  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 34. Portable extinguishers properly serviced                              | <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            |
| 16. Proper nozzle covers in place  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 35. Service & Certification tag on system                                 | <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            |
| 17. Replaced fuse links  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 36. Safety chains on all gas appliances attached and secured              | <input type="checkbox"/>   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 18. Check travel of cable  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 37. Status of grease build-up in the hood and duct opening                | <input checked="" type="checkbox"/> CLEAN <input type="checkbox"/> LIGHT <input type="checkbox"/> MEDIUM <input type="checkbox"/> HEAVY <input type="checkbox"/> EXCESSIVE |                          |                                     |
| 19. Piping and conduit securely bracketed  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | ★ NOTE DISCREPANCIES OR DEFICIENCIES BELOW ★                              |  |                          |                                     |

COMMENTS Testing in accordance with NFPA 96 2011 (Edition)

SERVICE TECHNICIAN [Signature]     
 [Signature] PERMIT NO.     
 2-20-24 DATE     
 [Signature] CUSTOMER'S AUTHORIZED AGENT

Building #10 - Canteen



## PRE-ENGINEERED FIRE SYSTEM INSPECTION AND MAINTENANCE REPORT

Branch Office: 1104 Lincoln

Work Order \_\_\_\_\_

Phone No.: (402)-476-4646

NAME Lincoln Regional Center

ADDRESS 801 Prospector Lane

CITY Lincoln, NE 68522

TELEPHONE (402)-479-5453 STORE NO. \_\_\_\_\_

OWNER OR MANAGER Andy Miller

ANNUAL	SEMI-ANNUAL <input checked="" type="checkbox"/>	RECHARGE	INSTALLATION	RENOVATION
LOCATION OF SYSTEM CYLINDERS <u>South Side of Hood</u>				
MANUFACTURER <u>Ansul</u>	MODEL NUMBER <u>R-102</u>	WET CHEMICAL <input checked="" type="checkbox"/>	DRY CHEMICAL	
CYLINDER SIZE MASTER <u>3 gallon</u>	CYLINDER SIZE SLAVE _____	CYLINDER SIZE SLAVE _____		
MANIFOLDED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		PIRANHA WATERFLOW PRESSURE _____		
FUSE LINKS 360° F _____	FUSE LINKS 450° F <u>3</u>	FUSE LINKS 500° F _____	OTHER	
MECHANICAL GAS VALVE(S) & SIZE(S) <u>3/4"</u>	ELECTRICAL GAS VALVE(S) & SIZE(S) _____	MANUAL RESET RELAY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
LAST HYDRO TEST DATE <u>2014</u>		ELECTRIC CONNECTED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		

**NON-COMPLIANT SYSTEMS MAY FAIL TO  
EXTINGUISH/SUPPRESS A FIRE.**

### COOKING APPLIANCE LOCATIONS and SIZES (LEFT TO RIGHT)

<u>4 Burner</u>	<u>Flat grill</u>	<u>Fryer</u>	<u>2 Burner</u>				

- |  | YES                                 | NO                       | N/A                                 |   | YES  | NO                       | N/A                                 |
|--|-------------------------------------|--------------------------|-------------------------------------|---|--|--------------------------|-------------------------------------|
| 1. System interlocked with building fire alarm   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 20. Proper separation between fryers and flame                            | <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            |
| 2. Duct and plenum covered with correct nozzles  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 21. Proper clearance - flame to filters                                   | <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            |
| 3. Check positioning of all nozzles  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 22. Exhaust fan in operating order  | <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            |
| 4. Systems installed per U.L. 300 standards and meets manufacturer's U.L. listing and N.F.P.A. standards | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 23. All filters replaced  | <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            |
| 5. Hood/duct penetrations sealed with weld or U.L. device  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 24. Fuel shut-off in on position  | <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            |
| 6. Check if seals intact, evidence of tampering  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 25. Manual and remote set/seals in place                                  | <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            |
| 7. Pressure gauge in proper range (if gauged)  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 26. Replace system covers   | <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            |
| 8. Check cartridge weight (if applicable) <u>42oz</u>  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 27. System operational and seals in place                                 | <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            |
| 9. Dry system 6-year maintenance date <u>42oz</u><br>Wet system 12-year hydro test date <u>2016</u>      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 28. Slave system operational  | <input type="checkbox"/>   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 10. Inspect cylinder and mount   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 29. Clean cylinder and mount  | <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            |
| 11. Operate system from terminal link  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 30. Fan warning sign on hood  | <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            |
| 12. Test for proper operation from remote  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 31. Proper signage and personnel instructed in manual operation of system | <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            |
| 13. Check operation of micro switch  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 32. Proper hand portable extinguishers                                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            |
| 14. Check operation of gas valve   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 33. K-Class fire extinguisher in cooking area                             | <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            |
| 15. Clean nozzles  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 34. Portable extinguishers properly serviced                              | <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            |
| 16. Proper nozzle covers in place  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 35. Service & Certification tag on system                                 | <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            |
| 17. Replaced fuse links  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 36. Safety chains on all gas appliances attached and secured              | <input type="checkbox"/>   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 18. Check travel of cable  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 37. Status of grease build-up in the hood and duct opening                | <input checked="" type="checkbox"/> CLEAN <input type="checkbox"/> LIGHT <input type="checkbox"/> MEDIUM <input type="checkbox"/> HEAVY <input type="checkbox"/> EXCESSIVE |                          |                                     |
| 19. Piping and conduit securely bracketed  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | ★ NOTE DISCREPANCIES OR DEFICIENCIES BELOW ★                              |  |                          |                                     |

**COMMENTS** - Hood not in use at this time.  
- Tested in Accordance with NFPA 96 2011 edition.

SERVICE TECHNICIAN Jim McCarin #10  
 PERMIT NO. RS011795  
 DATE 02/20/24  
 CUSTOMER'S AUTHORIZED AGENT Jim McCarin Bldg #10

# AUTOMATIC FIRE SUPPRESSION SYSTEM INSPECTION REPORT

Date 08/20/24

Work Order No. \_\_\_\_\_

Semi-Annual

Acceptance

Summit  
Fire  
Protection

2431 Fairfield Street, Lincoln, NE 68521 • (402) 476-4646

Customer Lincoln Regional Center Building #10 Main Kitchen

Address 801 Prospector Place Lincoln, NE 68522

Contact \_\_\_\_\_

Protected Area Kitchen Hood - Main Kitchen

Address Same

Panel Mfg. & Model Core System Captive Airc Agent Water

Monitored By Pesmar  Directly  VIA Fire Alarm System

**Explanation of markings**

<input checked="" type="checkbox"/>	PASSED
<input type="checkbox"/>	NOT APPLICABLE
<input checked="" type="checkbox"/>	SEE COMMENTS

**SIGNALING DEVICES**

	QUANTITY
<input type="checkbox"/> Smoke Detectors	
Ionization Type.....	
Photoelectric Type.....	
<input type="checkbox"/> Heat Detectors .....	<u>3</u>
<input type="checkbox"/> Flame Detectors .....	
<input type="checkbox"/> Manual Stations.....	<u>1</u>

**AUDIBLE ALARM DEVICES**

	TYPE
<input type="checkbox"/> 1st Alarm .....	
<input type="checkbox"/> Pre-Discharge.....	
<input checked="" type="checkbox"/> Discharge.....	<u>Core Panel</u>

**VISUAL ALARM DEVICES**

<input type="checkbox"/> 1st Alarm .....	
<input type="checkbox"/> Pre-Discharge.....	
<input type="checkbox"/> Discharge.....	

**DISCHARGE FUNCTIONS**

<input type="checkbox"/> Time Delay .....	(Seconds) _____
<input checked="" type="checkbox"/> Release Circuits .....	<u>3</u>
<input type="checkbox"/> Release Modules, Heads or Solenoids .....	<u>3</u>
<input type="checkbox"/> Abort Switches .....	

**AUXILIARY RELAYS**

	FUNCTION
<input checked="" type="checkbox"/> 1st Alarm .....	<u>FACP</u>
<input type="checkbox"/> Pre-Discharge.....	
<input checked="" type="checkbox"/> Discharge.....	<u>Gas/Makeup Air/Shunt Trips</u>
<input checked="" type="checkbox"/> Trouble .....	<u>FACP</u>

**GENERAL SYSTEM AND AREA CHECKS**

<input checked="" type="checkbox"/>	System Operation on Batteries .....	(Date Due) <u>2024</u>
<input checked="" type="checkbox"/>	Batteries Under One Amp Load .....	(Volts) <u>27</u>
<input checked="" type="checkbox"/>	Annunciators	
<input checked="" type="checkbox"/>	Panel Lights	
<input checked="" type="checkbox"/>	Auxiliary Power Supply .....	(Volts) _____
<input checked="" type="checkbox"/>	Area Integrity and Design Unchanged	
<input checked="" type="checkbox"/>	Piping and Nozzles Secure	
<input checked="" type="checkbox"/>	Sub-Floor Clean	
<input checked="" type="checkbox"/>	Portable Fire Extinguishers Current	
<input checked="" type="checkbox"/>	Personnel Instructed on System Operation .	<u>02/20/24</u>
<input type="checkbox"/>	Personnel Declined Operating Instructions .	

**VISUAL CONTAINER INSPECTION**

<input type="checkbox"/>	Cylinder Condition .....	(Quantity) _____
<input checked="" type="checkbox"/>	Pressure <u>Core Domestic Water</u> .....	<u>OK</u>
<input checked="" type="checkbox"/>	Level Readings <u>Surfactant</u> .....	<u>OK</u>
<input type="checkbox"/>	Hydro-Test Current .....	(Date Due) _____
<input type="checkbox"/>	10-Year Initiator Replacement .....	(Date Due) _____

**COMMENTS:** Note - testing in accordance with NFPA 96 2011 edition.  
Battery - SLA 1875

INSPECTOR [Signature] LICENSE # K5011795  
CLIENT  Gen m. Co. #10

I have been advised of the above problem(s), but DO NOT authorize repair at this time.



## PRE-ENGINEERED FIRE SYSTEM INSPECTION AND MAINTENANCE REPORT

Branch Office: 1104 Lincoln

Work Order \_\_\_\_\_

Phone No.: (402)-476-4646

NAME Lincoln Regional Center

ADDRESS 801 W. Prospector PL

CITY Lincoln, NE, 68522

TELEPHONE (402)-405-3635 STORE NO. \_\_\_\_\_

OWNER OR MANAGER Andy

ANNUAL	SEMI-ANNUAL <input checked="" type="checkbox"/>	RECHARGE	INSTALLATION	RENOVATION
LOCATION OF SYSTEM CYLINDERS <u>Hood Enclosure</u>				
MANUFACTURER <u>Ansul</u>	MODEL NUMBER <u>R-102</u>	WET CHEMICAL <input checked="" type="checkbox"/>	DRY CHEMICAL	
CYLINDER SIZE MASTER <u>3 gallon</u>	CYLINDER SIZE SLAVE	CYLINDER SIZE SLAVE		
MANIFOLDED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		PIRANHA WATERFLOW PRESSURE		
FUSE LINKS 360° F <u>2</u>	FUSE LINKS 450° F	FUSE LINKS 500° F	OTHER	
MECHANICAL GAS VALVES & SIZES	ELECTRICAL GAS VALVES & SIZES	MANUAL RESET RELAY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
LAST HYDRO TEST DATE <u>2020</u>		ELECTRIC CONNECTED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		

**NON-COMPLIANT SYSTEMS MAY FAIL TO EXTINGUISH/SUPPRESS A FIRE.**

### COOKING APPLIANCE LOCATIONS AND SIZES (LEFT TO RIGHT)

<u>Oven</u>			

	YES	NO	N/A		YES	NO	N/A
1. System interlocked with building fire alarm	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20. Proper separation between fryers and flame	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Duct and plenum covered with correct nozzles	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21. Proper clearance - flame to filters	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Check positioning of all nozzles	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	22. Exhaust fan in operating order	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Systems installed per U.L. 300 standards and meets manufacturer's U.L. listing and N.E.P.A. standards	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	23. All filters replaced	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Hood/duct penetrations sealed with weld or U.L. device	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	24. Fuel shut-off in on position	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Check if seals intact, evidence of tampering	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	25. Manual and remote set/seals in place	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Pressure gauge in proper range (if gauged)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	26. Replace system covers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Check cartridge weight (if applicable) <u>4 1/4 oz</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	27. System operational and seals in place	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Dry system 6-year maintenance date <u>2032</u> Wet system 12-year hydro test date	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	28. Slave system operational	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Inspect cylinder and mount	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	29. Clean cylinder and mount	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Operate system from terminal link	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30. Fan warning sign on hood	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Test for proper operation from remote	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	31. Proper signage and personnel instructed in manual operation of system	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Check operation of micro switch	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	32. Proper hand portable extinguishers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Check operation of gas valve	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	33. K-Class fire extinguisher in cooking area	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Clean nozzles	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	34. Portable extinguishers properly serviced	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Proper nozzle covers in place	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	35. Service & Certification tag on system	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Replaced fuse links	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	36. Safety chains on all gas appliances attached and secured	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
18. Check travel of cable	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	37. Status of grease build-up in the hood and duct opening	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Piping and conduit securely bracketed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> CLEAN <input type="checkbox"/> LIGHT <input type="checkbox"/> MEDIUM <input type="checkbox"/> HEAVY <input type="checkbox"/> EXCESSIVE			

\* NOTE DISCREPANCIES OR DEFICIENCIES BELOW \*

COMMENTS - Fire Alarm came into Panel but did not Set alarms off.  
-Tested in accordance with NFPA 96 edition 12

[Signature]  
SERVICE TECHNICIAN
RS011795  
PERMIT NO.
02/20/24  
DATE
[Signature]  
CUSTOMER'S AUTHORIZED AGENT

THE ABOVE SERVICE TECHNICIAN CERTIFIES THAT THE SYSTEM WAS PERSONALLY INSPECTED AND CONDITIONS WERE FOUND TO BE AS INDICATED ON THIS REPORT.



# PRE-ENGINEERED FIRE SYSTEM INSPECTION AND MAINTENANCE REPORT

Bid # 14

Branch Office: 1104

Work Order 110425446

Phone No.: 1102-4760-4646

NAME Lincoln Regional Center

ADDRESS 801 W. Prospector Pl.

CITY Lincoln, NE 68522

TELEPHONE 402-405-3635 STORE NO. \_\_\_\_\_

OWNER OR MANAGER Andy Miller

**NON-COMPLIANT SYSTEMS MAY FAIL TO  
EXTINGUISH/SUPPRESS A FIRE.**

ANNUAL	SEMI-ANNUAL <input checked="" type="checkbox"/>	RECHARGE	INSTALLATION	RENOVATION
LOCATION OF SYSTEM CYLINDERS <u>Hood enclosure (west side)</u>				
MANUFACTURER <u>Ansel</u>	MODEL NUMBER <u>R-102</u>	WET CHEMICAL <input checked="" type="checkbox"/>	DRY CHEMICAL	
CYLINDER SIZE MASTER <u>3 gal.</u>	CYLINDER SIZE SLAVE	CYLINDER SIZE SLAVE		
MANIFOLDED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		PIRANHA WATERFLOW PRESSURE		
FUSE LINKS 360° F <u>2-360 (511)</u>	FUSE LINKS 450° F	FUSE LINKS 500° F	OTHER	
MECHANICAL GAS VALVE(S) & SIZE(S) <u>N/A</u>		ELECTRICAL GAS VALVE(S) & SIZE(S) <u>N/A</u>		MANUAL RESET RELAY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
LAST HYDRO TEST DATE <u>2020</u>			ELECTRIC CONNECTED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

**COOKING APPLIANCE LOCATIONS and SIZES (LEFT TO RIGHT)**

<u>Oven</u>							

- |  | YES                                 | NO                       | N/A                                 |   | YES  | NO                       | N/A                                 |
|--|-------------------------------------|--------------------------|-------------------------------------|---|--|--------------------------|-------------------------------------|
| 1. System interlocked with building fire alarm   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 20. Proper separation between fryers and flame                            | <input type="checkbox"/>   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2. Duct and plenum covered with correct nozzles  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 21. Proper clearance - flame to filters                                   | <input type="checkbox"/>   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3. Check positioning of all nozzles  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 22. Exhaust fan in operating order  | <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            |
| 4. Systems installed per U.L. 300 standards and meets manufacturer's U.L. listing and N.F.P.A. standards | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 23. All filters replaced  | <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            |
| 5. Hood/duct penetrations sealed with weld or U.L. device  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 24. Fuel shut-off in on position  | <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            |
| 6. Check if seals intact, evidence of tampering  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 25. Manual and remote set/seals in place                                  | <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            |
| 7. Pressure gauge in proper range (if gauged)  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 26. Replace system covers   | <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            |
| 8. Check cartridge weight (if applicable) <u>42, 402</u>   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 27. System operational and seals in place                                 | <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            |
| 9. Dry system 6-year maintenance date<br>Wet system 12-year hydro test date <u>2032</u>                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 28. Slave system operational  | <input type="checkbox"/>   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 10. Inspect cylinder and mount   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 29. Clean cylinder and mount  | <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            |
| 11. Operate system from terminal link  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 30. Fan warning sign on hood  | <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            |
| 12. Test for proper operation from remote  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 31. Proper signage and personnel instructed in manual operation of system | <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            |
| 13. Check operation of micro switch  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 32. Proper hand portable extinguishers                                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            |
| 14. Check operation of gas valve   | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 33. K-Class fire extinguisher in cooking area                             | <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            |
| 15. Clean nozzles  | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | 34. Portable extinguishers properly serviced                              | <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            |
| 16. Proper nozzle covers in place  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 35. Service & Certification tag on system                                 | <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            |
| 17. Replaced fuse links  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 36. Safety chains on all gas appliances attached and secured              | <input type="checkbox"/>   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 18. Check travel of cable  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 37. Status of grease build-up in the hood and duct opening                | <input checked="" type="checkbox"/> CLEAN <input type="checkbox"/> LIGHT <input type="checkbox"/> MEDIUM <input type="checkbox"/> HEAVY <input type="checkbox"/> EXCESSIVE |                          |                                     |
| 19. Piping and conduit securely bracketed  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | ★ NOTE DISCREPANCIES OR DEFICIENCIES BELOW ★                              |  |                          |                                     |

**COMMENTS** Note - tested in Accordance with NFPA 96 (2012 edition)

Doug Schmidt SERVICE TECHNICIAN     
 KM011794 PERMIT NO.     
 8/5/24 DATE     
 Keith Hovner CUSTOMER'S AUTHORIZED AGENT

THE ABOVE SERVICE TECHNICIAN CERTIFIES THAT THE SYSTEM WAS PERSONALLY INSPECTED AND CONDITIONS WERE FOUND TO BE AS INDICATED ON THIS REPORT.

**PRE-ENGINEERED FIRE SYSTEM  
INSPECTION AND MAINTENANCE REPORT**

(Bld #5)

Branch Office: 1104

Work Order 110425440

Phone No.: 1102-476-4646

NAME Lincoln Regional Center

ADDRESS 801 Prospector Place

CITY Lincoln, NE 68522

TELEPHONE 412-479-5453 STORE NO. \_\_\_\_\_

OWNER OR MANAGER Andy

**NON-COMPLIANT SYSTEMS MAY FAIL TO  
EXTINGUISH/SUPPRESS A FIRE.**

ANNUAL	SEMI-ANNUAL <input checked="" type="checkbox"/>	RECHARGE	INSTALLATION	RENOVATION
LOCATION OF SYSTEM CYLINDERS <u>West side of Hood</u>				
MANUFACTURER <u>Ansul</u>	MODEL NUMBER <u>R-102</u>	WET CHEMICAL <input checked="" type="checkbox"/>	DRY CHEMICAL	
CYLINDER SIZE MASTER <u>3 gal.</u>	CYLINDER SIZE SLAVE	CYLINDER SIZE SLAVE		
MANIFOLDED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		PIRANHA WATERFLOW PRESSURE		
FUSE LINKS 360° F <u>3-360 (24)</u>	FUSE LINKS 450° F	FUSE LINKS 500° F	OTHER	
MECHANICAL GAS VALVE(S) & SIZE(S) <u>N/A</u>		ELECTRICAL GAS VALVE(S) & SIZE(S) <u>N/A</u>		MANUAL RESET RELAY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
LAST HYDRO TEST DATE <u>2014</u>		ELECTRIC CONNECTED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		

**COOKING APPLIANCE LOCATIONS and SIZES (LEFT TO RIGHT)**

<u>No Appliances at this time!</u>					

- |  | YES                                 | NO                       | N/A                                 |   | YES  | NO                       | N/A                                 |
|--|-------------------------------------|--------------------------|-------------------------------------|---|--|--------------------------|-------------------------------------|
| 1. System interlocked with building fire alarm   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 20. Proper separation between fryers and flame                            | <input type="checkbox"/>   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2. Duct and plenum covered with correct nozzles  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 21. Proper clearance - flame to filters                                   | <input type="checkbox"/>   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3. Check positioning of all nozzles  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 22. Exhaust fan in operating order  | <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            |
| 4. Systems installed per U.L. 300 standards and meets manufacturer's U.L. listing and N.F.P.A. standards | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 23. All filters replaced  | <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            |
| 5. Hood/duct penetrations sealed with weld or U.L. device  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 24. Fuel shut-off in on position  | <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            |
| 6. Check if seals intact, evidence of tampering  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 25. Manual and remote set/seals in place                                  | <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            |
| 7. Pressure gauge in proper range (if gauged)  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 26. Replace system covers   | <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            |
| 8. Check cartridge weight (if applicable) <u>43.2</u>  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 27. System operational and seals in place                                 | <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            |
| 9. Dry system 6-year maintenance date<br>Wet system 12-year hydro test date <u>2026</u>                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 28. Slave system operational  | <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 10. Inspect cylinder and mount   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 29. Clean cylinder and mount  | <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            |
| 11. Operate system from terminal link  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 30. Fan warning sign on hood  | <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            |
| 12. Test for proper operation from remote  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 31. Proper signage and personnel instructed in manual operation of system | <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            |
| 13. Check operation of micro switch  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 32. Proper hand portable extinguishers                                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            |
| 14. Check operation of gas valve   | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 33. K-Class fire extinguisher in cooking area                             | <input type="checkbox"/>   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 15. Clean nozzles  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 34. Portable extinguishers properly serviced                              | <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            |
| 16. Proper nozzle covers in place  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 35. Service & Certification tag on system                                 | <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            |
| 17. Replaced fuse links  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 36. Safety chains on all gas appliances attached and secured              | <input type="checkbox"/>   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 18. Check travel of cable  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 37. Status of grease build-up in the hood and duct opening                | <input checked="" type="checkbox"/> CLEAN <input type="checkbox"/> LIGHT <input type="checkbox"/> MEDIUM <input type="checkbox"/> HEAVY <input type="checkbox"/> EXCESSIVE |                          |                                     |
| 19. Piping and conduit securely bracketed  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | ★ NOTE DISCREPANCIES OR DEFICIENCIES BELOW ★                              |  |                          |                                     |

**COMMENTS** Note- Hood not in use at this time! (No Appliances present)  
- tested in accordance with NFPA 96 2011 edition

Doug Anzell SERVICE TECHNICIAN      KR 011794 PERMIT NO.      8/5/24 DATE      Kris Hovell CUSTOMER'S AUTHORIZED AGENT

THE ABOVE SERVICE TECHNICIAN CERTIFIES THAT THE SYSTEM WAS PERSONALLY INSPECTED AND CONDITIONS WERE FOUND TO BE AS INDICATED ON THIS REPORT.

**PRE-ENGINEERED FIRE SYSTEM  
INSPECTION AND MAINTENANCE REPORT**

Bld. #10 cont'n

Branch Office: 1104

Work Order 110425446

Phone No.: 402-476-4646

NAME Lincoln Regional Center

ADDRESS 801 Prospector Lane

CITY Lincoln, NE. 68522

TELEPHONE 402-479-5453 STORE NO. \_\_\_\_\_

OWNER OR MANAGER Andy Miller

ANNUAL	SEMI-ANNUAL	RECHARGE	INSTALLATION	RENOVATION
	X			
LOCATION OF SYSTEM CYLINDERS <u>South side of Hood</u>				
MANUFACTURER <u>Angul</u>	MODEL NUMBER <u>R-102</u>	WET CHEMICAL <u>X</u>	DRY CHEMICAL	
CYLINDER SIZE MASTER <u>3 gal.</u>	CYLINDER SIZE SLAVE <u>—</u>	CYLINDER SIZE SLAVE <u>—</u>		
MANIFOLDED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		PIRANHA WATERFLOW PRESSURE <u>—</u>		
FUSE LINKS 360° F <u>—</u>	FUSE LINKS 450° F <u>3-450</u>	FUSE LINKS 500° F <u>—</u>	OTHER <u>—</u>	
MECHANICAL GAS VALVE(S) & SIZE(S) <u>3/4"</u>		ELECTRICAL GAS VALVE(S) & SIZE(S) <u>—</u>		MANUAL RESET RELAY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
LAST HYDRO TEST DATE <u>2014</u>			ELECTRIC CONNECTED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

**NON-COMPLIANT SYSTEMS MAY FAIL TO  
EXTINGUISH/SUPPRESS A FIRE.**

**COOKING APPLIANCE LOCATIONS and SIZES (LEFT TO RIGHT)**

<u>4 Burner Range</u>	<u>Flat grill</u>	<u>Fryer</u>	<u>2 Burner</u>				
-----------------------	-------------------	--------------	-----------------	--	--	--	--

- |  | YES                                 | NO                       | N/A                                 |   | YES  | NO                       | N/A                                 |
|--|-------------------------------------|--------------------------|-------------------------------------|---|--|--------------------------|-------------------------------------|
| 1. System interlocked with building fire alarm   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 20. Proper separation between fryers and flame                            | <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            |
| 2. Duct and plenum covered with correct nozzles  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 21. Proper clearance - flame to filters                                   | <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            |
| 3. Check positioning of all nozzles  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 22. Exhaust fan in operating order  | <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            |
| 4. Systems installed per U.L. 300 standards and meets manufacturer's U.L. listing and N.F.P.A. standards | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 23. All filters replaced  | <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            |
| 5. Hood/duct penetrations sealed with weld or U.L. device  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 24. Fuel shut-off in on position  | <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            |
| 6. Check if seals intact, evidence of tampering  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 25. Manual and remote set/seals in place                                  | <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            |
| 7. Pressure gauge in proper range (if gauged)  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 26. Replace system covers   | <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            |
| 8. Check cartridge weight (if applicable) <u>11oz</u>  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 27. System operational and seals in place                                 | <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            |
| 9. Dry system 6-year maintenance date<br>Wet system 12-year hydro test date <u>2026</u>                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 28. Slave system operational  | <input type="checkbox"/>   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 10. Inspect cylinder and mount   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 29. Clean cylinder and mount  | <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            |
| 11. Operate system from terminal link  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 30. Fan warning sign on hood  | <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            |
| 12. Test for proper operation from remote  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 31. Proper signage and personnel instructed in manual operation of system | <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            |
| 13. Check operation of micro switch  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 32. Proper hand portable extinguishers                                    | <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            |
| 14. Check operation of gas valve   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 33. K-Class fire extinguisher in cooking area                             | <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            |
| 15. Clean nozzles  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 34. Portable extinguishers properly serviced                              | <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            |
| 16. Proper nozzle covers in place  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 35. Service & Certification tag on system                                 | <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            |
| 17. Replaced fuse links  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 36. Safety chains on all gas appliances attached and secured              | <input type="checkbox"/>   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 18. Check travel of cable  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 37. Status of grease build-up in the hood and duct opening                | <input type="checkbox"/> CLEAN <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> MEDIUM <input type="checkbox"/> HEAVY <input type="checkbox"/> EXCESSIVE |                          |                                     |
| 19. Piping and conduit securely bracketed  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | ★ NOTE DISCREPANCIES OR DEFICIENCIES BELOW ★                              |  |                          |                                     |

COMMENTS Note - Hood Not in use at this time.  
(- Tested in Accordance with NFPA 96 2011 edition)

X Doug Amick SERVICE TECHNICIAN      K1011794 PERMIT NO.      8/5/24 DATE      Kris Hoar CUSTOMER'S AUTHORIZED AGENT

THE ABOVE SERVICE TECHNICIAN CERTIFIES THAT THE SYSTEM WAS PERSONALLY INSPECTED AND CONDITIONS WERE FOUND TO BE AS INDICATED ON THIS REPORT.

Bld. #10 Main Kitchen

# AUTOMATIC FIRE SUPPRESSION SYSTEM INSPECTION REPORT

Date 8/5/24

Work Order No. 110425446

Semi-Annual

Acceptance



2431 Fairfield Street, Lincoln, NE 68521 • (402) 476-4646 • (800) 228-4555

Customer Lincoln Regional Center Bld. #10 (Main Kitchen)

Address 801 Prospecter Place Lincoln, NE. 68522

Contact Andy Miller

Protected Area Kitchen Hoods (Main Kitchen)

Address same

Panel Mfg. & Model Core System Captive Air Agent Water

Monitored By Peimar  Directly  VIA Fire Alarm System

**Explanation of markings**

PASSED  
 NOT APPLICABLE  
 SEE COMMENTS

**SIGNALING DEVICES**

<input type="checkbox"/> Smoke Detectors	QUANTITY
Ionization Type.....	_____
Photoelectric Type.....	_____
<input checked="" type="checkbox"/> Heat Detectors	<u>3</u>
<input type="checkbox"/> Flame Detectors	_____
<input checked="" type="checkbox"/> Manual Stations	<u>1</u>

**AUDIBLE ALARM DEVICES**

<input type="checkbox"/> 1st Alarm	TYPE	_____
<input type="checkbox"/> Pre-Discharge	_____	_____
<input checked="" type="checkbox"/> Discharge	<u>core panel</u>	<u>1</u>

**VISUAL ALARM DEVICES**

<input type="checkbox"/> 1st Alarm	_____
<input type="checkbox"/> Pre-Discharge	_____
<input checked="" type="checkbox"/> Discharge	<u>core panel</u> <u>1</u>

**DISCHARGE FUNCTIONS**

<input type="checkbox"/> Time Delay	(Seconds)	_____
<input checked="" type="checkbox"/> Release Circuits	<u>2</u>	
<input checked="" type="checkbox"/> Release Modules, Heads or Solenoids	<u>3</u>	
<input type="checkbox"/> Abort Switches	_____	

**AUXILIARY RELAYS**

<input checked="" type="checkbox"/> 1st Alarm	.....	<u>FACP</u> FUNCTION
<input type="checkbox"/> Pre-Discharge	.....	_____
<input checked="" type="checkbox"/> Discharge	.....	<u>Gas/Makeup Air/shunt trip</u>
<input checked="" type="checkbox"/> Trouble	.....	<u>FACP</u>

**GENERAL SYSTEM AND AREA CHECKS**

<input checked="" type="checkbox"/> System Operation on Batteries	..... (Date Due)	<u>20</u>
<input checked="" type="checkbox"/> Batteries Under One Amp Load	..... (Volts)	<u>27V</u>
<input type="checkbox"/> Annunciators	_____	_____
<input checked="" type="checkbox"/> Panel Lights	_____	_____
<input type="checkbox"/> Auxiliary Power Supply	..... (Volts)	_____
<input checked="" type="checkbox"/> Area Integrity and Design Unchanged	_____	_____
<input type="checkbox"/> Piping and Nozzles Secure	_____	_____
<input type="checkbox"/> Sub-Floor Clean	_____	_____
<input checked="" type="checkbox"/> Portable Fire Extinguishers Current	_____	_____
<input checked="" type="checkbox"/> Personnel Instructed on System Operation	.....	<u>8/5/24</u>
<input type="checkbox"/> Personnel Declined Operating Instructions	.....	_____

**VISUAL CONTAINER INSPECTION**

<input type="checkbox"/> Cylinder Condition	..... (Quantity)	_____
<input checked="" type="checkbox"/> Pressure	<u>core domestic water</u>	<u>OK</u>
<input checked="" type="checkbox"/> Level Readings	<u>Surfactant</u>	<u>OK</u>
<input type="checkbox"/> Hydro-Test Current	..... (Date Due)	_____
<input type="checkbox"/> 10-Year Initiator Replacement	..... (Date Due)	_____

COMMENTS: Note - testing in Accordance with NFPA 96 (2011 edition)

INSPECTOR Drew Ansel LICENSE # KAD311794

CLIENT  Krestover

I have been advised of the above problem(s), but DO NOT authorize repair at this time.



# Joint Commission Health Care Organization

Organization ID: 1640-State of Nebraska Dept. of Admin Services  
801 West Prospector Place PO Box 94949 Lincoln, NE 68522

Accreditation Activity- 60-day Evidence of Standards Compliance  
Print Date: 9/30/2024 (Not Submitted)

Hospital Accreditation Program NR.02.03.01 EP 7

Likelihood: Moderate Scope: WideSpread

Standard Text: The nurse executive directs the implementation of nursing policies and procedures, nursing standards, and a nurse staffing plan(s).

EP Text: A registered nurse provides or supervises the nursing services 24 hours a day, 7 days a week. Note: For hospitals that use Joint Commission accreditation for deemed status purposes: A registered nurse is immediately available for the provision of care of any patient.

Finding(s): 1) Observed in Individual Tracer at State of Nebraska Department of Admin Services (801 West Prospector Place, Lincoln, NE) site .

NON-DEEMED Unit/Building 5. In review of staffing for the month of July, the HCO demonstrated 42% compliance with their license staffing grid. In discussion with the DON, the HCO pulls nursing supervisors or other administrative nurses to provide direct care services when needed, although this still did not consistently meet staffing requirements. Note: the HCO has a full compliment of mental health techs/specialist and has active recruitment processes in place to secure more license nurses. Agency nurses are in use at the facility. This was confirmed with the DON.

## Assigning Accountability

The Director of Nursing is ultimately responsible for all corrective actions and ongoing compliance associated with this element of performance.

Q. Which member(s) of leadership have been involved in the corrective action and are maintaining ongoing involvement with this change? (select one or more)

Chief Operating Officer

Medical Director

Director of Nursing/Nurse Administrator

Facilities Director/Manager

Q. Please describe how the above leadership involvement is helping to support compliance with this element of performance in the future?

The leadership involved in supporting compliance with this element of performance has developed the following.

1. A plan to deploy an aggressive recruitment strategy and plan to fill vacant permanent positions.
2. Increasing frequency for releasing bids to stabilize the time between off boarding and onboarding agency nurse contracts.
3. Modified nurse schedules to meet patient needs and support recruitment and retention preferences for work schedules.

4. Added 26-week contracts to reduce turnover time for agency nurses.

### **Correcting Non - Compliance**

Q. What analysis was completed to ensure not only the noncompliant issue was corrected (surface/high level resolution), but also any underlying reasons for the failure were addressed as well? What analysis was completed to determine the extent to which the noncompliant issue(s) impacted patient care, to ensure that the noncompliant issue(s) were corrected (surface/high level resolution), and that any underlying reasons for the failure(s) were addressed as well? If subsequent analysis of the survey finding identifies additional factors impacting patient care, describe what was identified, what actions were taken to correct the issue(s), and whether follow-up with affected patients was needed and what the follow-up consisted of.

In December 2023, LRC was allocated an additional 25 RN and 20 LPN positions. At the time, a new staffing plan was developed and implementation was initiated. At the time of TJC survey, full implementation of the new staffing plan was still ongoing. After TJC survey, a comparative analysis of licensed nursing staff actual worked hours versus the staffing plan at the time of the survey was completed.

There were no patient care concerns related to the staffing plan. After the analysis, the staffing plan was revised based on current identified needs. Based on the patient census, the average need for all nurses is twenty-three on first and second shifts and sixteen on the third shift. The results for August 2024 were 21 on the first and second shifts, and nineteen on the third shift. In September 2024 to date, the average is twenty-four on the first shift, twenty-two on the second shift and twenty on the third shift. These numbers do not include RN Supervisors scheduled on each shift, which supports nursing ratios across the hospital. With the RN Supervisors included, we would be at twenty-three on the second shift. Therefore, meeting compliance with the current staffing plan.

Q. All corrective actions identified below must be completed prior to submission

1. Comparative Analysis was completed on August 13, 2024.
2. Recruiting and Retention plan was completed on August 14, 2024.
3. Agency Nurse contract management activities were completed on August 16, 2024.

Q. All corrective actions described above were completed by

Sep 09, 2024

### **Ensuring Sustained Compliance**

Q. Describe how the organization will identify issues of non-compliance in a timely manner and

monitor/audit the effectiveness of the corrective action put in place to ensure it is working and sustained. Example: auditing medical records, conducting observations, coding changes in systems, etc.

1. The Staffing office and the Associate Directors of Nursing are in daily communication around the clock for immediate intervention and stabilization. This includes house supervisors, RN supervisors and Manger on Call (RN). This includes addressing absences and calling in additional staff to support patient care and compliance with the staffing plan.
2. Auditing is performed daily with Nursing Administration and weekly with Hospital Leadership.
3. Weekly meetings with HR Talent Acquisition to evaluate progress of recruitment.
4. Weekly meetings with Contract Management team to review agency contract needs and release new bids.

Q.  
Indicate how often the auditing/monitoring will occur (e.g. daily, weekly, monthly).  
Note:

- To ensure sustained compliance, monitoring should be ongoing periodically and not stop after a period of time.
- We encourage organizations to be aggressive in setting 100% compliance goals and monitoring to achieve 100% compliance.

Auditing and monitoring will occur daily and weekly for the first 90 days to support 100% compliance with identified strategies.

Q. Describe the exact data that is being collected from the monitoring/audit as it relates to the appropriate findings.

The data being collected is listed below;

1. Actual hours worked for both LPNs and RNs.
2. Number of interviews scheduled and completed.
3. Number of new nursing staff hired.
4. Number of agency nurses under contract and end date of contract.
5. Number of new bids released for agency nurses.

Q. Describe who will receive the results of the data collected and how often that data will be reported.

Data is reported to Hospital Administration (Hospital Administration, Director of Nursing, Medical Director and Compliance Administrator) weekly during the Administration meeting.





**Final Accreditation Report**

**State of Nebraska Dept. of Admin Services  
801 West Prospector Place PO Box 94949  
Lincoln, NE 68522**

**Organization Identification Number: 1640  
Special Unannounced Event: 1/26/2024 - 1/26/2024**

**Program Surveyed  
Hospital**

# The Joint Commission Table of Contents

<a href="#"><u>Executive Summary</u></a>	<a href="#"><u>3</u></a>
<a href="#"><u>What's Next - Follow-up Activity</u></a>	<a href="#"><u>4</u></a>
<a href="#"><u>Hospital</u></a>	<a href="#"><u>5</u></a>
• SAFER™ Matrix	5
• The Centers for Medicaid and Medicare Services (CMS) Summary	6
• Requirements for Improvement (RFI)	7
<a href="#"><u>Appendix</u></a>	<a href="#"><u>8</u></a>
• The Centers for Medicaid and Medicare Services (CMS) Conditions of Participation (CoP)	8
• Standards/Elements of Performance (EP) Language	9
• Report Section Descriptions	10
• Clarification Instructions	12

## The Joint Commission Executive Summary

Program	Survey Dates	Event Outcome	Follow-up Activity	Follow-up Time Frame or Submission Due Date
<b>Hospital</b>	01/26/2024 - 01/26/2024	Requirements for Improvement	<a href="#">Clarification (Optional)</a>	Submit within 10 Business Days from the final posted report date
			Evidence of Standards Compliance (ESC)	Submit within 60 Calendar Days from the final posted report date

## The Joint Commission What's Next - Follow-up Activity

### Program: Hospital

Standard	EP	SAFER™ Placement	CoP	Tag	Included in the Evidence of Standard Compliance (within 60 calendar days)
<a href="#">NPSG.15.01.01</a>	<a href="#">1</a>	Moderate / Pattern	<a href="#">§482.13 (c)(2)</a>	<a href="#">A-0144</a>	✓



# The Joint Commission SAFER™ Matrix

Program: Hospital

Likelihood to harm a Patient / Visitor / Staff

ITHS			
High			
Moderate		NPSG.15.01.01 EP 1	
Low			
	Limited	Pattern	Widespread

Scope

# The Joint Commission

## The Centers for Medicaid and Medicare Services (CMS) Summary

Program: Hospital

CoP(s)	Tag	CoP Score	Corresponds to:
<a href="#">§482.13</a>	<a href="#">A-0115</a>	Standard	<a href="#">HAP</a>
<a href="#">§482.13(c)(2)</a>	<a href="#">A-0144</a>	Standard	<a href="#">HAP/NPSG.15.01.01/EP1</a>

## The Joint Commission Requirements for Improvement

### Program: Hospital

Standard	EP	SAFER™ Placement	EP Text	Observation	CoP	CoP Score
<a href="#">NPSG.15.01.01</a>	<a href="#">1</a>	Moderate Pattern	<p>For psychiatric hospitals and psychiatric units in general hospitals: The hospital conducts an environmental risk assessment that identifies features in the physical environment that could be used to attempt suicide; the hospital takes necessary action to minimize the risk(s) (for example, removal of anchor points, door hinges, and hooks that can be used for hanging).</p> <p>For nonpsychiatric units in general hospitals: The organization implements procedures to mitigate the risk of suicide for patients at high risk for suicide, such as one-to-one monitoring, removing objects that pose a risk for self-harm if they can be removed without adversely affecting the patient's medical care, assessing objects brought into a room by visitors, and using safe transportation procedures when moving patients to other parts of the hospital. Note: Nonpsychiatric units in general hospitals do not need to be ligature resistant. Nevertheless, these facilities should routinely assess clinical areas to identify objects that could be used for self-harm and remove those objects, when possible, from the area around a patient who has been identified as high risk for suicide. This information can be used for training staff who monitor high-risk patients (for example, developing checklists to help staff remember which equipment should be removed when possible).</p>	1) Observed in Building Tour at State of Nebraska Department of Admin Services (801 West Prospector PlaceLincoln, NE) site . In building 10, in multiple patient rooms, per the organizations own risk assessment and procedures, the beds are not secured to the floor and the corridor doors open into the room, allowing a patient to barricade him / herself in the room: patient rooms 259, 264, 268, 272, 205, 250 and 257. This observation was confirmed by the Compliance Administrator.	<a href="#">§482.13(c)(2)</a>	Standard

**The Joint Commission**  
**Appendix**  
**Conditions of Participation Text**

**Program: Hospital**

<b>CoP</b>	<b>Tag</b>	<b>CoP Standard text</b>
§482.13 Condition of Participation: Patient's Rights	A-0115	§482.13 Condition of Participation: Patient's Rights A hospital must protect and promote each patient's rights.
§482.13(c)(2) Standard: Privacy and Safety	A-0144	(2) The patient has the right to receive care in a safe setting.

# The Joint Commission

## Appendix

### Standard and EP Text

**Program: Hospital**

Standard	EP	Standard Text	EP & Addendum Text
NPSG.15.01.01	1	<p>Reduce the risk for suicide.</p> <p>Note: EPs 2–7 apply to patients in psychiatric hospitals or patients being evaluated or treated for behavioral health conditions as their primary reason for care. In addition, EPs 3–7 apply to all patients who express suicidal ideation during the course of care.</p>	<p>For psychiatric hospitals and psychiatric units in general hospitals: The hospital conducts an environmental risk assessment that identifies features in the physical environment that could be used to attempt suicide; the hospital takes necessary action to minimize the risk(s) (for example, removal of anchor points, door hinges, and hooks that can be used for hanging).</p> <p>For nonpsychiatric units in general hospitals: The organization implements procedures to mitigate the risk of suicide for patients at high risk for suicide, such as one-to-one monitoring, removing objects that pose a risk for self-harm if they can be removed without adversely affecting the patient’s medical care, assessing objects brought into a room by visitors, and using safe transportation procedures when moving patients to other parts of the hospital.</p> <p>Note: Nonpsychiatric units in general hospitals do not need to be ligature resistant. Nevertheless, these facilities should routinely assess clinical areas to identify objects that could be used for self-harm and remove those objects, when possible, from the area around a patient who has been identified as high risk for suicide. This information can be used for training staff who monitor high-risk patients (for example, developing checklists to help staff remember which equipment should be removed when possible).</p>

# The Joint Commission

## Appendix

### Report Section Information

#### SAFER™ Matrix Description

All Requirements for Improvement (RFIs) are plotted on the SAFER matrix according to the likelihood the issue could cause harm to patient(s), staff, and/or visitor(s), and the scope at which the RFI is observed. Combined, these characteristics identify a risk level for each RFI, which in turn will determine the level of required post-survey follow up. As the risk level of an RFI increases, the placement of the standard and Element of Performance moves from the bottom left corner to the upper right. The definitions for the Likelihood to Harm a Patient/Staff/Visitor and Scope are as follows:

**Likelihood to Harm a Patient/Staff/Visitor:**

- Low: harm could happen, but would be rare
- Moderate: harm could happen occasionally
- High: harm could happen any time

**Scope:**

- Limited: unique occurrence that is not representative of routine/regular practice
- Pattern: multiple occurrences with potential to impact few/some patients, staff, visitors and/or settings
- Widespread: multiple occurrences with potential to impact most/all patients, staff, visitors and/or settings

The Evidence of Standards Compliance (ESC) or Plan of Correction (POC) forms with findings of a higher risk will require two additional fields within the ESC or POC. The organization will provide a more detailed description of Leadership Involvement and Preventive Analysis to assist in sustainment of the compliance plan. Additionally, these higher risk findings will be provided to surveyors for possible review or onsite validation during any subsequent onsite surveys, up until the next full survey occurs. The below legend illustrates the follow-up activity associated with each level of risk.

SAFER™ Matrix Placement	Required Follow-Up Activity
HIGH/LIMITED HIGH/PATTERN HIGH/WIDESPREAD	<ul style="list-style-type: none"> <li>Two additional areas surrounding Leadership Involvement and Preventive Analysis will be included in the ESC or POC</li> <li>Finding will be highlighted for potential review by surveyors on subsequent onsite surveys up to and including the next full survey or review</li> </ul>
MODERATE/PATTERN MODERATE/WIDESPREAD	
MODERATE/LIMITED LOW/PATTERN LOW/WIDESPREAD	<ul style="list-style-type: none"> <li>ESC or POC will not include Leadership Involvement and Preventive Analysis</li> </ul>
LOW/LIMITED	

# The Joint Commission

## Appendix

### Report Section Information

#### **CMS Summary Description**

For organizations that utilize The Joint Commission for deeming purposes, observations noted within the Requirements for Improvement (RFI) section that are crosswalked to a CMS Condition of Participation (CoP)/Condition for Coverage (CfC) are highlighted in this section. The table included within this section incorporates, from a Centers for Medicare and Medicaid Services (CMS) perspective, the CoPs/CfCs that were noted as noncompliant during the survey, the Joint Commission standard and element of performance the CoP/CfC is associated with, the CMS score (either Standard or Condition Level), and if the standard and EP will be included in an upcoming Medicare Deficiency Survey (MEDDEF) if applicable.

#### **Requirements for Improvement Description**

Observations noted within the Requirements for Improvement (RFI) section require follow-up through the Evidence of Standards Compliance (ESC) process. The identified timeframes for submission for each observation are found in the Executive Summary section of the Final Report. If a follow-up survey is required, the unannounced visit will focus on the requirements for improvement although other areas, if observed, could still become findings. The time frame to perform the unannounced follow-up visit is dependent on the scope and severity of the issue identified within Requirements for Improvement.

# The Joint Commission

## Appendix

### Report Section Information

#### Clarification Instructions

##### Documents not available at the time of survey

Any required documents that are not available at the time of survey will no longer be eligible for the clarification process. These RFIs will become action items in the post-survey ESC process.

##### Clerical Errors

Clerical errors in the report will no longer be eligible for the clarification process. The Joint Commission will work with the organization to correct the clerical error, so that the report is accurate. The corrected RFIs will become action items in the post-survey process.

##### Audit Option

There will no longer be an audit option as part of the clarification process. With the implementation of the SAFER™ matrix, the "C" Element of Performance (EP) category is eliminated. The "C" EPs were the subject of Clarification Audits.

The clarification process provides an organization the opportunity to demonstrate compliance with standards that were scored “not compliant” at the time of the survey. The organization has 10 business days from the date the report is published on the extranet site to submit the clarification. *The Evidence of Standards Compliance (ESC) due dates will remain the same whether or not the organization submits a clarification and/or is successful in the clarification process.*

Clarifications may take either of the following forms:

- An organization believes it had adequate evidence available to the surveyor(s) and was in compliance **at the time of the survey**. (Please note that actions taken during or immediately after the survey will not be considered.) The organization must use the clarification form to support their contention.
- The organization has detailed evidence that was not immediately available **at the time of the survey**. The clarification must include an explanation as to why the surveyor(s) did not have access to the information or why it was not provided to the surveyor(s) at the time of the survey. However, any required documents that are not available at the time of survey are not eligible for the Clarification Process. These RFIs will become action items in the post-survey ESC process.
- Please do not submit supplemental documentation unless requested by The Joint Commission. If additional information is requested, the organization will be required to highlight the relevance to the standards in the documentation.





**Final Accreditation Report**

**State of Nebraska Dept. of Admin Services  
801 West Prospector Place PO Box 94949  
Lincoln, NE 68522**

**Organization Identification Number: 1640  
60-day Evidence of Standards Compliance Submitted: 9/30/2024**

**ESC Programs Reviewed  
Hospital**

# The Joint Commission Table of Contents

<a href="#"><u>Executive Summary</u></a>	<a href="#"><u>3</u></a>
<a href="#"><u>Hospital</u></a>	<a href="#"><u>4</u></a>
• Requirements for Improvement (RFI) Summary	4
<a href="#"><u>Appendix</u></a>	<a href="#"><u>5</u></a>
• Standards/Elements of Performance (EP) Language	5

## The Joint Commission Executive Summary

<b>Program</b>	<b>Submit Date</b>	<b>Event Outcome</b>	<b>Follow-up Activity</b>	<b>Follow-up Time Frame or Submission Due Date</b>
<b>Hospital</b>	9/30/2024	No Requirements for Improvement	None	None

# The Joint Commission Requirements for Improvement Summary

Program: Hospital

Standard	Level of Compliance
<a href="#">NR.02.03.01</a>	Compliant

# The Joint Commission

## Appendix

### Standard and EP Text

#### Program: Hospital

Standard	EP	Standard Text	EP & Addendum Text
NR.02.03.01	7	The nurse executive directs the implementation of nursing policies and procedures, nursing standards, and a nurse staffing plan(s).	A registered nurse provides or supervises the nursing services 24 hours a day, 7 days a week. Note: For hospitals that use Joint Commission accreditation for deemed status purposes: A registered nurse is immediately available for the provision of care of any patient.

**ENGINE NATURAL GAS**

**EQUIP NUM: E850761977**

**SERIAL NUMBER: E850761977**

E330-54194-0051

LABEL#: 0051

SHOP JOB NUM : 10245

SAMPLE SHIP TIME (days) : 10

LINCOLN REGIONAL -

CENTER

RECEIVED DATE: 12-Jul-24

**ONAN 150KW\_ONAN**

**No Action Required**

NOTE TIME BETWEEN SAMPLES. OTHER ANALYSIS READINGS APPEAR TO BE ACCEPTABLE. RESAMPLE AT THE NEXT SERVICE INTERVAL.

Interp By: Mary E Churchill

Interpreted On: 12-Jul-24

**SAMPLE INFORMATION**

	02-Jul-24	12-Oct-17
Sampled Date	02-Jul-24	12-Oct-17
Sample id	E330-54194-0051	E330-47290-0030
Lab Date	12-Jul-24	17-Oct-17
Meter [Hr]	1376.7	1154
Comp Meter [Hr]		1154
Meter On Fluid		
Fluid Brand		CAT
Fluid Weight		15W-40
Fluid Type		
Fluid Change	N	Y
Filter Change	N	Y
Kidney Loop	U	U
	0	

**PREVIOUS SAMPLE**

UNKNOWN HOURS ON OIL NORMAL READINGS. NO PROBLEMS PRESENTLY ASSOCIATED WITH THIS SAMPLE. CONTINUE SAMPLING AT THE NORMAL INTERVAL. INTERPRETATION BY RACHEL S. - FLUIDS TECH

For additional sample history, go to: [S.O.S WEB](#)

**CONDITION / CONTAMINATION**

	02-Jul-24	12-Oct-17
<b>VISCOSITY (CENTISTOKES) ASTM D445</b>		
V100 Viscosity at 100 C	13.60	14.6

<b>INFRARED (UFM) ASTM E2412</b>			
ST	Soot	0	0
OXI	Oxidation	18	16
SUL	Sulfur Products	25	19
NIT	Nitration	9	7

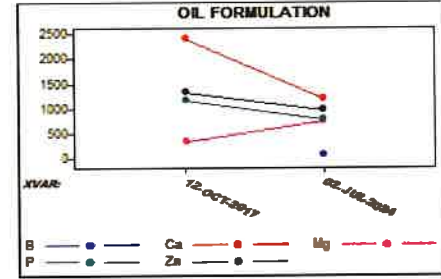
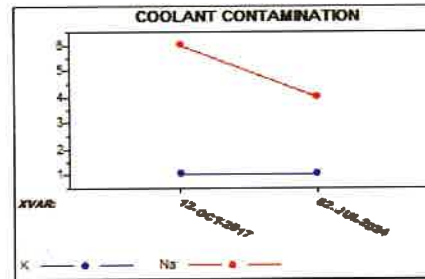
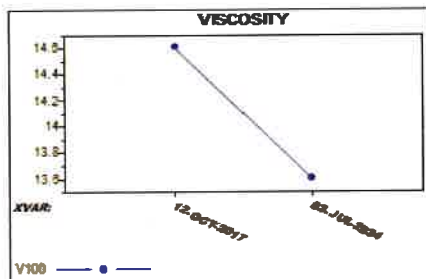
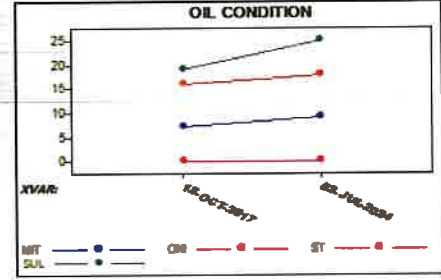
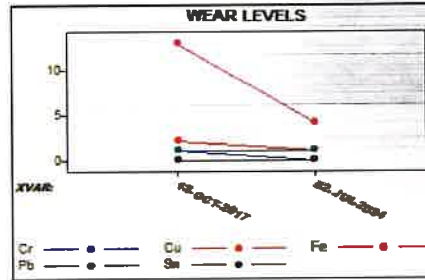
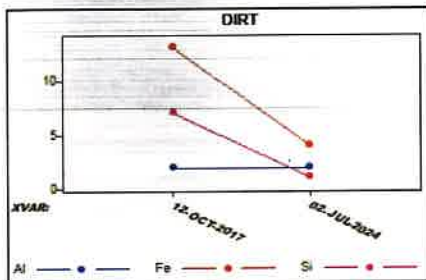
**WEAR LEVELS / ADDITIVES**

02-Jul-24 12-Oct-17  
**ELEMENTAL ANALYSIS (PPM) ASTM D5185 (OIL) / ASTM D6130 (COOLANT)**

	02-Jul-24	12-Oct-17	
Cu	Copper	1	2
Fe	Iron	4	13
Cr	Chromium	0	1
Al	Aluminum	2	2
Pb	Lead	1	1
Sn	Tin	0	0
Si	Silicon	1	7
Na	Sodium	4	6
K	Potassium	1	1
Mo	Molybdenum	51	6
Ni	Nickel	0	
Ag	Silver	0	0
Ti	Titanium	0	
V	Vanadium	0	
Cd	Cadmium	2	
Ca	Calcium	1200	2376
P	Phosphorus	786	1164
Zn	Zinc	958	1322
Mg	Magnesium	741	340
Ba	Barium	0	
B	Boron	54	

<b>WATER</b>			
W	Water	N	N

<b>ANTIFREEZE</b>			
A	Antifreeze	N	N



Report Comment

Our sample reports has been updated! For more information on the new report, go to - <https://www.youtube.com/watch?v=4h8bREJVUr>

KURT ANDERSON  
 LINCOLN REGIONAL CENTER  
 801 W PROSPECTOR PLACE  
 LINCOLN, NE 68509  
 USA



**Nebraska State Fire Marshal Agency  
Boiler Inspection Division**

246 S. 14th Street, Suite 1  
Lincoln, NE 68508

Phone: (402) 471-9902, Email: [sfm.boilers@nebraska.gov](mailto:sfm.boilers@nebraska.gov)

David Pleiss  
Chief Boiler Inspector

Scott Cordes  
State Fire Marshal

**Lincoln Regional Center  
801 W Prospector Pl  
Lincoln, NE 68522-1970**

**02/13/2024**

If you sell, transfer, scrap, disconnect, or relocate this boiler, please notify our office @ (402) 471-9902 or [sfm.boilers@nebraska.gov](mailto:sfm.boilers@nebraska.gov). This certificate shall be posted on or near the unit described. If this unit is exposed to the weather or other possible damage, the certificate may be kept in a central location but shall be available to the inspector or any other legal authority.



**Nebraska State Fire Marshal Agency  
Boiler Inspection Division**

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Lincoln, NE 68508

Phone: (402) 471-9902, Email: [sfm.boilers@nebraska.gov](mailto:sfm.boilers@nebraska.gov)

Owner

**Lincoln Regional Center  
801 W Prospector Pl  
Lincoln, NE 68522-1970**

Location **2136496**

**Lincoln Regional Center  
801 W Prospector Pl  
Lincoln, NE 68522-1970**

**State ID Number: NE01388  
Type: FTSM - FTS Marine Dry Back  
Last External Inspection: 11/01/2023  
Expiration Date: 09/30/2024  
Inspected By: Joshua Shandy  
Inspecting Agency: Zurich American Insurance  
Last Internal Inspection: 10/03/2023  
National Board Number: 36603**

**Pressure Allowed: 150 PSI  
Safety-Relief Valves Setting: 100 PSI  
Manufacturer: Kewanee  
Year Built: 1982  
Print Date: 02/13/2024  
Next Internal Due Date: 10/03/2024  
Serial Number: R4781  
Owner's Equip ID:**

This is to certify that the described unit may be operated at a pressure not to exceed the "Pressure Allowed" as shown. This certificate is valid until the expiration date, another inspection is made, or is withdrawn for cause. Issuance of this certificate does not create liability nor guarantee personal safety. If you have any questions regarding the operation or safety of this unit, contact the owner or the State Chief Boiler Inspector.

Chief Boiler Inspector

David Pleiss





**Nebraska State Fire Marshal Agency**

**Boiler Inspection Division**

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David Pleiss

Chief Boiler Inspector

Scott Cordes

State Fire Marshal

**Lincoln Regional Center  
801 W Prospector Pl  
Lincoln, NE 68522-1970**

**07/09/2024**

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246 S. 14th Street, Suite 1

Lincoln, NE 68508

Phone: (402) 471-9902, Email: [sfm.boilers@nebraska.gov](mailto:sfm.boilers@nebraska.gov)

Owner

**Lincoln Regional Center  
801 W Prospector Pl  
Lincoln, NE 68522-1970**

Location **2136496**

**Lincoln Regional Center  
801 W Prospector Pl  
Lincoln, NE 68522-1970**

**State ID Number: NE01390**

**Type: FTWB - FTS Marine Wet Back**

**Last External Inspection: 01/10/2024**

**Expiration Date: 01/31/2025**

**Inspected By: Joshua Shandy**

**Inspecting Agency: Zurich American Insurance**

**Last Internal Inspection: 07/12/2023**

**National Board Number: 36582**

**Pressure Allowed: 150 PSI**

**Safety-Relief Valves Setting: 100 PSI**

**Manufacturer: Kewanee**

**Year Built: 1982**

**Print Date: 07/09/2024**

**Next Internal Due Date: 07/12/2025**

**Serial Number: P4722**

**Owner's Equip ID:**

This is to certify that the described unit may be operated at a pressure not to exceed the "Pressure Allowed" as shown. This certificate is valid until the expiration date, another inspection is made, or is withdrawn for cause. Issuance of this certificate does not create liability nor guarantee personal safety. If you have any questions regarding the operation or safety of this unit, contact the owner or the State Chief Boiler Inspector.

Chief Boiler Inspector

*David Pleiss*

David Pleiss



**Nebraska State Fire Marshal Agency  
Boiler Inspection Division**

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Lincoln, NE 68508

Phone: (402) 471-9902, Email: [sfm.boilers@nebraska.gov](mailto:sfm.boilers@nebraska.gov)

David Pleiss  
Chief Boiler Inspector

Scott Cordes  
State Fire Marshal

**Lincoln Regional Center  
801 W Prospector PI  
Lincoln, NE 68522-1970**

**07/09/2024**

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Boiler Inspection Division**

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Lincoln, NE 68508

Phone: (402) 471-9902, Email: [sfm.boilers@nebraska.gov](mailto:sfm.boilers@nebraska.gov)

Owner

**Lincoln Regional Center  
801 W Prospector PI  
Lincoln, NE 68522-1970**

Location **2136496**

**Lincoln Regional Center  
801 W Prospector PI  
Lincoln, NE 68522-1970**

**State ID Number: NE25587  
Type: FTWB - FTS Marine Wet Back  
Last External Inspection: 01/10/2024  
Expiration Date: 01/31/2025  
Inspected By: Joshua Shandy  
Inspecting Agency: Zurich American Insurance  
Last Internal Inspection: 10/03/2023  
National Board Number: 21147**

**Pressure Allowed: 150 PSI  
Safety-Relief Valves Setting: 100 PSI  
Manufacturer: Hurst  
Year Built: 2016  
Print Date: 07/09/2024  
Next Internal Due Date: 10/03/2024  
Serial Number: S2500-150-133  
Owner's Equip ID:**

This is to certify that the described unit may be operated at a pressure not to exceed the "Pressure Allowed" as shown. This certificate is valid until the expiration date, another inspection is made, or is withdrawn for cause. Issuance of this certificate does not create liability nor guarantee personal safety. If you have any questions regarding the operation or safety of this unit, contact the owner or the State Chief Boiler Inspector.

Chief Boiler Inspector

David Pleiss

Department of Health and Human Services  
Division of Public Health  
Health Facilities Licensure Unit  
301 Centennial Mall South, P O Box 94669  
Lincoln, NE 68509-4669

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC HEALTH  
CERTIFIES THAT

**Lincoln Regional Center**

MEETS STATUTORY REQUIREMENTS AS  
PSYCHIATRIC HOSPITAL  
Lic # 500004



**EXPIRES**  
12/31/2024

Cut on heavy line and place on license.

Lincoln Regional Center  
ADDRESS: 801 W PROSPECTOR PLACE, LINCOLN, NE 68522

This is to verify that your PSYCHIATRIC HOSPITAL is licensed through the date indicated on the above renewal card. Place the renewal card in the lower left hand corner of your original license.

Please notify this office at the address listed above of any change in name, address, or ownership.

Department of Health and Human Services  
Division of Public Health  
Health Facilities Licensure Unit  
301 Centennial Mall South, P O Box 94669  
Lincoln, NE 68509-4669

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC HEALTH  
CERTIFIES THAT

**Lincoln Regional Center**

MEETS STATUTORY REQUIREMENTS AS  
MENTAL HEALTH SUBSTANCE USE TREATMENT CENTER

Lic # MHSU030



**EXPIRES**  
9/30/2025

Cut on heavy line and place on license.

Lincoln Regional Center

ADDRESS: FOLSOM & PROSPECTOR, BUILDING 14, LINCOLN, NE 68509

This is to verify that your MENTAL HEALTH SUBSTANCE USE TREATMENT CENTER is licensed through the date indicated on the above renewal card. Place the renewal card in the lower left hand corner of your original license.

Please notify this office at the address listed above of any change in name, address, or ownership.



LEAVE NO FIELD BLANK  
NEEDS N/A IF NOT USED

7402 L Street  
Omaha, NE 68127  
605-251-9415

N/A - NOT APPLICABLE ON THIS SERVICE  
CHANGED - FILTER OR PART WAS REPLACED  
PASSED - ITEM CHECKED OUT GOOD

ANNUAL

SEMI-ANNUAL INSPECTION

QUARTERLY INSPECTION

3E's GENERATOR (EPS) MAINTENANCE REPORT

CUSTOMER: LINCOLN REGIONAL CENTER MAKE CAT TYPE SEMI ANNUAL 9896  
CONTACT: BLDG 3 SERIAL CATOD300HRE300216 DATE 12-1-22  
PHONE: MODEL D300GC HRS 39  
ADDRESS 801 W. Prospector Pl. TECH WES  
CITY LINCOLN

AUTOMATIC TRANSFER SWITCHES

MAKE NA SERIAL MODEL  
MAKE NA SERIAL MODEL  
MAKE NA SERIAL MODEL

(1) FUEL SYSTEM

CHECK (A) FUEL LEAKS None  
\* (B) LINES/CONNECTIONS Pass  
\* (C) DAY TANK LEVEL N/A  
\* (D) DAY TANK OPERATION N/A  
\* (E) TRANSFER PUMP N/A  
\* (F) MAIN TANK LEVEL N/A  
\* (G) VENT/OVERFLOW N/A  
\* (H) WATER IN FUEL N/A  
\* (I) INJECTION PUMP N/A  
\* (J) SOLENOID VALVE Pass  
\* CHANGE (K) FUEL FILTER N/A  
\* CHANGE (L) WATER SEPARATOR N/A  
\* TEST (M) FUEL SAMPLE N/A

(6) ELECTRICAL SYSTEM

CHECK (A) WIRING CONNECTIONS Pass  
\* (B) INSTRUMENTATION Pass  
\* (C) SAFETIES SHUTDOWNS Pass  
\* (1) OVERCRANK Pass  
\* (2) HIGH WATER TEMP Pass  
\* (3) LOW OIL PRESSURE Pass  
\* (4) OVERSPEED Pass  
\* (D) ALARMS Pass  
\* (E) PREALARMS Pass  
\* (F) CIRCUIT BREAKERS Pass  
\* (G) FUSES Pass  
\* CHECK (H) INSULATION DAMAGE None  
CLEAN (I) CABINTRY Pass

(2) LUBRICATION

CHECK (A) LEAKS None  
\* (B) ENGINE OIL LEVEL Pass  
\* (C) OIL HEATER N/A  
\* (D) GOVERNOR OIL LEVEL N/A  
\* (E) CRANKCASE BREATHER Pass  
\* CHANGE (F) OIL FILTER NA  
\* CHANGE (G) ENGINE OIL NA  
\* CHANGE (H) GOVERNOR OIL N/A  
\* TEST (I) OIL SAMPLE N/A

(7) PRIME MOVER

CHECK (A) GOVERNOR OPERATION Pass  
\* (B) VIBRATION Pass  
\* (C) TIMING Pass  
\* (D) INJECTORS Pass  
\* (E) MOUNTING HARDWARE Pass  
\* (F) AIR INTAKE Pass  
\* (G) OIL PRESSURE 78  
\* (H) WATER TEMPERATURE NA  
\* (I) DC ALTERNATOR Pass  
\* (1) VOLTS 14  
\* (2) AMPS N/A  
\*\* CHANGE: (J) AIR CLEANER Pass  
\*\* TORQUE: (K) BOLTS Pass

(3) COOLING SYSTEM

CHECK (A) LEAKS PASS  
\* (B) COOLANT LEVEL PASS  
\* (C) FREEZE POINT N/A  
\* (D) RADIATOR AIR FLOW PASS  
\* (E) LOUVER SYSTEMS PASS  
\* (F) BLOCK HEATER PASS  
\* (G) WATER PUMP PASS  
\* (H) HOSES Pass  
\* (I) BELTS Pass  
\* (J) FAN HUB Pass  
\* (K) PULLEYS Pass  
\* (L) RADIATOR PSI N/A  
\* (M) RADIATOR CAP PSI N/A  
\* CHANGE: (N) WATER FILTER N/A  
\*\* CHANGE: (O) ANTIFREEZE PASS

(8) GENERATOR

CHECK (A) ROTOR Pass  
\* (B) STATOR Pass  
\* (C) EXCITOR Pass  
\* (1) STATOR Pass  
\* (2) ROTOR Pass  
\* (U) BEARINGS (IR) Pass  
\* (E) DIODES Pass  
\* (F) AIR FLOW Pass  
\* (G) VOLTAGE REGULATOR Pass  
\* TEST (H) FEED BREAKER Pass  
RECORD (I) VOLTAGE 483  
\* (J) HERTZ 60

(4) EXHAUST SYSTEM

CHECK (A) LEAKS PASS  
\* (B) CONDENSATION TRAP N/A  
\* (C) INSULATION N/A  
\* (D) RESTRICTION Pass  
\* (E) RAINCAP Pass  
CHECK (F) HANGERS/SUPPORT Pass  
\* (G) FLEX SECTIONS Pass

(9) AUTOMATIC TRANSFER SWITCHES

CHECK (A) ATS, CONTACTS Pass  
\* LINEAR MOTORS ACTUATION Pass  
\* MOVING PARTS Pass  
\* (B) SIMULATE POWER FAILURE N/A  
\* (C) TIME DELAYS Pass  
\* (D) CLOCK EXERCISER Pass

(5) BATTERY SYSTEMS

CHECK (A) CHARGER VOLTAGE 27  
\* (1) FLOAT Pass  
\* (2) EQUALIZE N/A  
\* (B) ELECTROLYTE LEVEL N/A  
\* (C) TERMINALS/CABLES Pass  
\* (D) BLANKET HEATER N/A  
\* (E) SPECIFIC GRAVITY N/A  
\* (1) HIGH N/A  
\* (2) LOW N/A  
\* (F) LOAD TEST Pass  
CLEAN (G) CORROSION None

(10) GENERAL CONDITION - EPSS

CHECK (A) UNUSUAL/UNSAFE PASS  
\* (B) HOUSEKEEPING Pass

(11) LOAD TEST

RECORD (A) AMPERAGE/LEG N/A  
\* (B) VOLTAGE/LEG N/A  
\* (C) HERTZ N/A  
\* (D) CB CONNECTIONS N/A  
\* (E) UNIT LOADED N/A

(12) EPSS

CHECK (A) EPS IN AUTO? Pass  
\* (B) BREAKER CLOSED? Pass

\* As needed, specified or during annual inspection only  
\*\* Add item cost if needed or specified.

Comments:

Semi Annual inspection complete. No issues found

2 HRS 32 MILES

Customer Signature \_\_\_\_\_ 3E Signature \_\_\_\_\_ Date 12-1-22



LEAVE NO FIELD BLANK  
NEEDS N/A IF NOT USED

7402 L Street  
Omaha, NE 68127  
605-251-9415

N/A - NOT APPLICABLE ON THIS SERVICE  
CHANGED - FILTER OR PART WAS REPLACED  
PASSED - ITEM CHECKED OUT GOOD

ANNUAL

SEMI-ANNUAL INSPECTION

QUARTERLY INSPECTION

3E's GENERATOR (EPS) MAINTENANCE REPORT

CUSTOMER: LINCOLN REGIONAL CENTER MAKE CAT TYPE ANNUAL 10008 + 10009  
CONTACT: BLDG 3 SERIAL CHTDOD300HRE300216 DATE 5-17-23  
PHONE: MODEL D300GC HRS 56  
ADDRESS 801 W. Prospector Pl. TECH WES  
CITY LINCOLN

AUTOMATIC TRANSFER SWITCHES

MAKE NA SERIAL 1158170001 MODEL SBDS-025W-LMF-ACDKQS  
MAKE NA SERIAL MODEL  
MAKE NA SERIAL MODEL

(1) FUEL SYSTEM

CHECK (A) FUEL LEAKS None  
(B) LINES/CONNECTIONS Pass  
(C) DAY TANK LEVEL 80%  
(D) DAY TANK OPERATION N/A  
(E) TRANSFER PUMP N/A  
(F) MAIN TANK LEVEL N/A  
(G) VENT/OVERFLOW N/A  
(H) WATER IN FUEL PASS  
(I) INJECTION PUMP N/A  
(J) SOI ENOID VALVE Pass  
\* CHANGE (K) FUEL FILTER CHANGED  
\* CHANGE (L) WATER SEPARATOR CHANGED  
\* TEST (M) FUEL SAMPLE TAKEN

(6) ELECTRICAL SYSTEM

CHECK (A) WIRING CONNECTIONS Pass  
(B) INSTRUMENTATION Pass  
(C) SAFETIES SHUTDOWNS Pass  
(1) OVERCRANK Pass  
(2) HIGH WATER TEMP Pass  
(3) LOW OIL PRESSURE Pass  
(4) OVERSPEED Pass  
(D) ALARMS Pass  
(E) PREALARMS Pass  
(F) CIRCUIT BREAKERS Pass  
(G) FUSES Pass  
\* CHECK (H) INSULATION DAMAGE None  
CLEAN (I) CABINERY Pass

(2) LUBRICATION

CHECK (A) LEAKS None  
(B) ENGINE OIL LEVEL Pass  
(C) OIL HEATER N/A  
(D) GOVERNOR OIL LEVEL N/A  
(E) CRANKCASE BREATHER Pass  
\* CHANGE (F) OIL FILTER CHANGED  
\* CHANGE (G) ENGINE OIL CHANGED  
\* CHANGE (H) GOVERNOR OIL N/A  
\* TEST (I) OIL SAMPLE TAKEN

(7) PRIME MOVER

CHECK (A) GOVERNOR OPERATION Pass  
(B) VIBRATION Pass  
(C) TIMING Pass  
(D) INJECTORS Pass  
(E) MOUNTING HARDWARE Pass  
(F) AIR INTAKE Pass  
(G) OIL PRESSURE 58  
(H) WATER TEMPERATURE N/A  
(I) DC ALTERNATOR Pass  
(1) VOLTS 215  
(2) AMPS N/A  
\* CHANGE (J) AIR CLEANER Pass  
\* TORQUE (K) BOLTS Pass

(3) COOLING SYSTEM

CHECK (A) LEAKS PASS  
(B) COOLANT LEVEL PASS  
(C) FREEZE POINT N/A  
(D) RADIATOR AIR FLOW PASS  
(E) LOUVER SYSTEMS PASS  
(F) BLOCK HEATER PASS  
(G) WATER PUMP PASS  
(H) HOSES Pass  
(I) BELTS Pass  
(J) FAN HUB Pass  
(K) PULLEYS Pass  
(L) RADIATOR PSI N/A  
(M) RADIATOR CAP PSI 25  
\* CHANGE (N) WATER FILTER N/A  
\* CHANGE (O) ANTIFREEZE PASS

(8) GENERATOR

CHECK (A) ROTOR Pass  
(B) STATOR Pass  
(C) EXCITOR Pass  
(1) STATOR Pass  
(2) ROTOR Pass  
(D) BEARINGS (IR) Pass  
(E) DIODES Pass  
(F) AIR FLOW Pass  
(G) VOLTAGE REGULATOR Pass  
\* TEST (H) FEED BREAKER Pass  
RECORD (I) VOLTAGE 481  
(J) HERTZ 60

(4) EXHAUST SYSTEM

CHECK (A) LEAKS PASS  
(B) CONDENSATION TRAP N/A  
(C) INSULATION N/A  
(D) RESTRICTION Pass  
(E) RAINGAP Pass  
CHECK (F) HANGERS/SUPPORT Pass  
\* (G) FLEX SECTIONS Pass

(9) AUTOMATIC TRANSFER SWITCHES

CHECK (A) ATS, CONTACTS Pass  
LINEAR MOTORS ACTUATION Pass  
MOVING PARTS Pass  
(B) SIMULATE POWER FAILURE N/A  
(C) TIME DELAYS Pass  
(D) CLOCK EXERCISER

(5) BATTERY SYSTEMS

CHECK (A) CHARGER VOLTAGE 27  
(1) FLOAT Pass  
(2) EQUALIZE N/A  
(B) ELECTROLYTE LEVEL N/A  
(C) TERMINAL SCADLES Pass  
(D) BLANKET HEATER N/A  
(E) SPECIFIC GRAVITY N/A  
(1) HIGH N/A  
(2) LOW N/A  
\* (F) LOAD TEST Pass  
CLEAN (G) CORROSION None

(10) GENERAL CONDITION - EPSS

CHECK (A) UNUSUAL/UNSAFE PASS  
(B) HOUSEKEEPING Pass

(11) LOAD TEST

RECORD (A) AMPERAGE/LEG N/A  
(B) VOLTAGE/LEG N/A  
(C) HERTZ N/A  
(D) CB CONNECTIONS N/A  
(E) UNIT LOADED N/A

(12) EPSS

CHECK (A) EPS IN AUTO? Pass  
(B) BREAKER CLOSED? Pass

\* As needed, specified or during annual inspection only  
\*\* Additional cost if needed or specified

Comments:

Annual complete. No issues found. SAMPLES TAKEN 1 HR 0 MILES JN: 10009  
8 HRS 71 MILES 1:7792 OIL FILTER 1:3606 F/F 1:3640 F/F 20 qrts 15w 40 Took extra time due to filters being extremely tight.

Customer Signature

3E Signature

Date 5-17-23



LEAVE NO FIELD BLANK  
NEEDS N/A IF NOT USED

7402 L Street  
Omaha, NE 68127  
605-251-9415

N/A - NOT APPLICABLE ON THIS SERVICE  
CHANGED - FILTER OR PART WAS REPLACED  
PASSED - ITEM CHECKED OUT GOOD

ANNUAL

SEMI-ANNUAL INSPECTION

QUARTERLY INSPECTION

3E's GENERATOR (EPS) MAINTENANCE REPORT

CUSTOMER: LINCOLN REGIONAL CENTER MAKE CAT TYPE QUARTERLY 9948  
 CONTACT: BLDG 3 SERIAL CAT0D300HRE300216 DATE 2-21-23  
 PHONE: \_\_\_\_\_ MODEL D300GC HRS 47  
 ADDRESS 801 W. Prospector Pl. TECH WES  
 CITY LINCOLN

AUTOMATIC TRANSFER SWITCHES

MAKE NA SERIAL \_\_\_\_\_ MODEL \_\_\_\_\_  
 MAKE NA SERIAL \_\_\_\_\_ MODEL \_\_\_\_\_  
 MAKE NA SERIAL \_\_\_\_\_ MODEL \_\_\_\_\_

(1) FUEL SYSTEM

CHECK (A) FUEL LEAKS None  
 \* (B) LINES/CONNECTIONS Pass  
 \* (C) DAYTANK LEVEL N/A  
 \* (D) DAYTANK OPERATION N/A  
 \* (E) TRANSFER PUMP N/A  
 \* (F) MAIN TANK LEVEL N/A  
 \* (G) VENT/OVERFLOW N/A  
 \* (H) WATER IN FUEL N/A  
 \* (I) INJECTION PUMP N/A  
 \* (J) SOLENOID VALVE Pass  
 \* CHANGE (K) FUEL FILTER N/A  
 \* CHANGE (L) WATER SEPARATOR N/A  
 \* TEST (M) FUEL SAMPLE N/A

(6) ELECTRICAL SYSTEM

CHECK (A) WIRING CONNECTIONS Pass  
 \* (B) INSTRUMENTATION Pass  
 \* (C) SAFETIES SHUTDOWNS Pass  
 (1) OVERCRANK Pass  
 (2) HIGH WATER TEMP Pass  
 (3) LOW OIL PRESSURE Pass  
 (4) OVERSPEED Pass  
 \* (D) ALARMS Pass  
 \* (E) PREALARMS Pass  
 \* (F) CIRCUIT BREAKERS Pass  
 \* (G) FUSES Pass  
 \* CHECK (H) INSULATION DAMAGE None  
 CLEAN (I) CABINETRY Pass

(2) LUBRICATION

CHECK (A) LEAKS None  
 \* (B) ENGINE OIL LEVEL Pass  
 \* (C) OIL HEATER N/A  
 \* (D) GOVERNOR OIL LEVEL N/A  
 \* (E) CRANKCASE BREATHER Pass  
 \* CHANGE (F) OIL FILTER NA  
 \* CHANGE (G) ENGINE OIL NA  
 \* CHANGE (H) GOVERNOR OIL N/A  
 \* TEST (I) OIL SAMPLE N/A

(7) PRIME MOVER

CHECK (A) GOVERNOR OPERATION Pass  
 \* (B) VIBRATION Pass  
 \* (C) TIMING Pass  
 \* (D) INJECTORS Pass  
 \* (E) MOUNTING HARDWARE Pass  
 \* (F) AIR INTAKE Pass  
 \* (G) OIL PRESSURE 78  
 \* (H) WATER TEMPERATURE NA  
 \* (I) DC ALTERNATOR Pass  
 (1) VOLTS 14  
 (2) AMPS N/A  
 \*\* CHANGE (J) AIR CLEANER Pass  
 \*\* TORQUE (K) BOLTS Pass

(3) COOLING SYSTEM

CHECK (A) LEAKS PASS  
 \* (B) COOLANT LEVEL PASS  
 \* (C) FREEZE POINT N/A  
 \* (D) RADIATOR AIR FLOW PASS  
 \* (E) LOUVER SYSTEMS PASS  
 \* (F) BLOCK HEATER PASS  
 \* (G) WATER PUMP PASS  
 \* (H) HOSES Pass  
 \* (I) BELTS Pass  
 \* (J) FAN HUB Pass  
 \* (K) PULLEYS Pass  
 \* (L) RADIATOR PSI N/A  
 \* (M) RADIATOR CAP PSI N/A  
 \* CHANGE (N) WATER FILTER N/A  
 \*\* CHANGE (O) ANTIFREEZE PASS

(8) GENERATOR

CHECK (A) ROTOR Pass  
 \* (B) STATOR Pass  
 \* (C) EXCITOR Pass  
 (1) STATOR Pass  
 (2) ROTOR Pass  
 \* (D) BEARINGS (IR) Pass  
 \* (E) DIODES Pass  
 \* (F) AIR FLOW Pass  
 \* (G) VOLTAGE REGULATOR Pass  
 \* TEST (H) FEED BREAKER Pass  
 RECORD (I) VOLTAGE 48.3  
 \* (J) HERTZ 60

(4) EXHAUST SYSTEM

CHECK (A) LEAKS PASS  
 \* (B) CONDENSATION TRAP N/A  
 \* (C) INSULATION N/A  
 \* (D) RESTRICTION Pass  
 \* (E) RAINCAP Pass  
 CHECK (F) HANGERS/SUPPORT Pass  
 \* (G) FLEX SECTIONS Pass

(9) AUTOMATIC TRANSFER SWITCHES

CHECK (A) ATS, CONTACTS Pass  
 LINEAR MOTORS ACTUATION Pass  
 MOVING PARTS Pass  
 \* (B) SIMULATE POWER FAILURE N/A  
 \* (C) TIME DELAYS Pass  
 \* (D) CLOCK EXERCISER Pass

(5) BATTERY SYSTEMS

CHECK (A) CHARGER VOLTAGE 27  
 (1) FLOAT Pass  
 (2) EQUALIZE N/A  
 \* (B) ELECTROLYTE LEVEL N/A  
 \* (C) TERMINALS/CABLES Pass  
 \* (D) BLANKET HEATER N/A  
 \* (E) SPECIFIC GRAVITY N/A  
 (1) HIGH N/A  
 (2) LOW N/A  
 \* (F) LOAD TEST Pass  
 CLEAN (G) CORROSION None

(10) GENERAL CONDITION - EPSS

CHECK (A) UNUSUAL/UNSAFE PASS  
 \* (B) HOUSEKEEPING Pass

(11) LOAD TEST

RECORD (A) AMPERAGE/LEG N/A  
 \* (B) VOLTAGE/LEG N/A  
 \* (C) HERTZ N/A  
 \* (D) CB CONNECTIONS N/A  
 \* (E) UNIT LOADED N/A

(12) EPSS

CHECK (A) EPS IN AUTO? Pass  
 \* (B) BREAKER CLOSED? Pass

\* As needed, specified or during annual inspection only  
 \*\* Additional test if needed or specified.

Comments:

Semi Annual inspection complete. No issues found

2 HRS 32 MILES

Customer Signature \_\_\_\_\_

3E Signature \_\_\_\_\_

Date 2-21-23

# NEBRASKA STATE FIRE MARSHAL

## OCCUPANCY PERMIT

Certificate Number: 13350

Name of Facility: **Lincoln Regional Center Bldg #3**

Type of Facility: **Hospital**

Location: **801 W Prospector Pl Lincoln**

Maximum  
Occupancy: **46 Beds**

Date Issued: **6/21/2022**

Inspected By: **Monica Ellis**  
**Deputy State Fire Marshal**

Approved By:   
**State Fire Marshal**



POST IN PROMINENT PLACE



Change in occupancy classification or failure to meet State Fire Marshal codes  
shall invalidate this occupancy permit.





LEAVE NO FIELD BLANK  
NEEDS N/A IF NOT USED

7402 L Street  
Omaha, NE 68127  
605-251-9415

N/A - NOT APPLICABLE ON THIS SERVICE  
CHANGED - FILTER OR PART WAS REPLACED  
PASSED - ITEM CHECKED OUT GOOD

ANNUAL

SEMI-ANNUAL INSPECTION

QUARTERLY INSPECTION

3E'S GENERATOR (EPS) MAINTENANCE REPORT

CUSTOMER: LINCOLN REGIONAL CENTER MAKE CAT TYPE ANNUAL 10010 + 10011  
 CONTACT: BLDG 5 SERIAL CER00941 DATE 5-11-23  
 PHONE: \_\_\_\_\_ MODEL 3456 HRS 721  
 ADDRESS 801 W. Prospector Pl. TECH WES  
 CITY LINCOLN

AUTOMATIC TRANSFER SWITCHES

MAKE NA SERIAL TSG01404 MODEL CTS  
 MAKE NA SERIAL TSG01407 MODEL CTS  
 MAKE NA SERIAL TSG071313 MODEL cts

(1) FUEL SYSTEM

CHECK (A) FUEL LEAKS None  
 \* (B) LINES/CONNECTIONS Pass  
 \* (C) DAY TANK LEVEL 90%  
 \* (D) DAY TANK OPERATION N/A  
 \* (E) TRANSFER PUMP N/A  
 \* (F) MAIN TANK LEVEL N/A  
 \* (G) VENT/OVERFLOW N/A  
 \* (H) WATER IN FUEL PASS  
 \* (I) INJECTION PUMP N/A  
 \* (J) SOLENOID VALVE Pass  
 \* CHANGE (K) FUEL FILTER CHANGED  
 \* CHANGE (L) WATER SEPARATOR CHANGED  
 \* TEST (M) FUEL SAMPLE TAKEN

(6) ELECTRICAL SYSTEM

CHECK (A) WIRING CONNECTIONS Pass  
 \* (B) INSTRUMENTATION Pass  
 \* (C) SAFETIES SHUTDOWNS Pass  
 \* (1) OVERCRANK Pass  
 \* (2) HIGH WATER TEMP Pass  
 \* (3) LOW OIL PRESSURE Pass  
 \* (4) OVERSPEED Pass  
 \* (D) ALARMS Pass  
 \* (E) PREALARMS Pass  
 \* (F) CIRCUIT BREAKERS Pass  
 \* (G) FUSES Pass  
 \* CHECK (H) INSULATION DAMAGE None  
 CLEAN (I) CABINETY Pass

(2) LUBRICATION

CHECK (A) LEAKS None  
 \* (B) ENGINE OIL LEVEL Pass  
 \* (C) OIL HEATER N/A  
 \* (D) GOVERNOR OIL LEVEL N/A  
 \* (E) CRANKCASE BREATHER Pass  
 \* CHANGE (F) OIL FILTER CHANGED  
 \* CHANGE (G) ENGINE OIL CHANGED  
 \* CHANGE (H) GOVERNOR OIL N/A  
 \* TEST (I) OIL SAMPLE TAKEN

(7) PRIME MOVER

CHECK (A) GOVERNOR OPERATION Pass  
 \* (B) VIBRATION Pass  
 \* (C) TIMING Pass  
 \* (D) INJECTORS Pass  
 \* (E) MOUNTING HARDWARE Pass  
 \* (F) AIR INTAKE Pass  
 \* (G) OIL PRESSURE 90  
 \* (H) WATER TEMPERATURE N/A  
 \* (I) DC ALTERNATOR Pass  
 \* (1) VOLTS 28  
 \* (2) AMPS N/A  
 \* CHANGE (J) AIR CLEANER Pass  
 \* TEST (K) BOLTS Pass

(3) COOLING SYSTEM

CHECK (A) LEAKS PASS  
 \* (B) COOLANT LEVEL PASS  
 \* (C) FREEZE POINT N/A  
 \* (D) RADIATOR AIR FLOW PASS  
 \* (E) LOUVER SYSTEMS PASS  
 \* (F) BLOCK HEATER PASS  
 \* (G) WATER PUMP PASS  
 \* (H) HOSES Pass  
 \* (I) BELTS Pass  
 \* (J) FAN HUB Pass  
 \* (K) PULLEYS Pass  
 \* (L) RADIATOR PSI N/A  
 \* (M) RADIATOR CAP PSI 25  
 \* CHANGE (N) WATER FILTER N/A  
 \* CHANGE (O) ANTIFREEZE PASS

(8) GENERATOR

CHECK (A) ROTOR Pass  
 \* (B) STATOR Pass  
 \* (C) EXCITOR Pass  
 \* (1) STATOR Pass  
 \* (2) ROTOR Pass  
 \* (D) BEARINGS (IR) Pass  
 \* (E) DIODES Pass  
 \* (F) AIR FLOW Pass  
 \* (G) VOLTAGE REGULATOR Pass  
 \* (H) FEED BREAKER Pass  
 \* TEST (I) VOLTAGE 400  
 \* RECORD (J) HERTZ 60

(4) EXHAUST SYSTEM

CHECK (A) LEAKS PASS  
 \* (B) CONDENSATION TRAP N/A  
 \* (C) INSULATION N/A  
 \* (D) RESTRICTION Pass  
 \* (E) RAINGAP Pass  
 \* CHECK (F) HANGERS/SUPPORT Pass  
 \* (G) FLEX SECTIONS Pass

(9) AUTOMATIC TRANSFER SWITCHES

CHECK (A) ATS, CONTACTS Pass  
 \* LINEAR MOTORS ACTUATION Pass  
 \* MOVING PARTS Pass  
 \* (B) SIMULATE POWER FAILURE N/A  
 \* (C) TIME DELAYS Pass  
 \* (D) CLOCK EXERCISER Pass

(5) BATTERY SYSTEMS

CHECK (A) CHARGER VOLTAGE 27  
 \* (1) FLOAT Pass  
 \* (2) EQUALIZE N/A  
 \* (B) ELECTROLYTE LEVEL N/A  
 \* (C) TERMINALS/CABLES Pass  
 \* (D) BLANKET HEATER N/A  
 \* (E) SPECIFIC GRAVITY N/A  
 \* (1) HIGH N/A  
 \* (2) LOW N/A  
 \* (F) LOAD TEST Pass  
 \* CLEAN (G) CORROSION None

(10) GENERAL CONDITION - EPSS

CHECK (A) UNUSUAL/UNSAFE PASS  
 \* (B) HOUSEKEEPING Pass

(11) LOAD TEST

RECORD (A) AMPERAGE/LEG N/A  
 \* (B) VOLTAGE/LEG N/A  
 \* (C) HERTZ N/A  
 \* (D) CB CONNECTIONS N/A  
 \* (E) UNIT LOADED N/A

(12) EPSS

CHECK (A) EPS IN AUTO? Pass  
 \* (B) BREAKER CLOSED? Pass

\* As needed, specified or during Annual inspection only  
 \*\* Additional cost if needed or specified

Comments:

*oil, coolant + fuel*

Annual complete. No issues found. SAMPLES TAKEN 1 HR @ MILES JN: 10011

9 HRS 32 MILES 1: 1792 OIL FILTER 1:3674 F/F 1:3780 F/F 40 qts 15w 40Took extra time due to filters being extremely tight.

Customer Signature \_\_\_\_\_

3E Signatures \_\_\_\_\_

Date 5-11-23



LEAVE NO FIELD BLANK  
NEEDS N/A IF NOT USED

7402 L Street  
Omaha, NE 68127  
605-251-9415

N/A - NOT APPLICABLE ON THIS SERVICE  
CHANGED - FILTER OR PART WAS REPLACED  
PASSED - ITEM CHECKED OUT GOOD

ANNUAL

SEMI-ANNUAL INSPECTION

QUARTERLY INSPECTION

3E's GENERATOR (EPS) MAINTENANCE REPORT

CUSTOMER: LINCOLN REGIONAL CENTER MAKE CAT TYPE QUARTERLY 9949  
 CONTACT: BLDG 5 SERIAL CER00941 DATE 2-21-23  
 PHONE: \_\_\_\_\_ MODEL SR4B HRS 746  
 ADDRESS 801 W. Prospector Pl. #5 TECH WES  
 CITY LINCOLN

AUTOMATIC TRANSFER SWITCHES

MAKE CAT SERIAL TSG01404 MODEL CTS  
 MAKE CAT SERIAL TSG01407 MODEL CTS  
 MAKE CAT SERIAL TSG071313 MODEL CTS

(1) FUEL SYSTEM

CHECK (A) FUEL LEAKS None  
 \* (B) LINES/CONNECTIONS Pass  
 \* (C) DAY TANK LEVEL N/A  
 \* (D) DAY TANK OPERATION N/A  
 \* (E) TRANSFER PUMP N/A  
 \* (F) MAIN TANK LEVEL N/A  
 \* (G) VENT/OVERFLOW N/A  
 \* (H) WATER IN FUEL N/A  
 \* (I) INJECTION PUMP N/A  
 \* (J) SOLENOID VALVE Pass  
 \* CHANGE (K) FUEL FILTER N/A  
 \* CHANGE (L) WATER SEPARATOR N/A  
 \* TEST (M) FUEL SAMPLE N/A

(6) ELECTRICAL SYSTEM

CHECK (A) WIRING CONNECTIONS Pass  
 \* (B) INSTRUMENTATION Pass  
 \* (C) SAFETIES SHUTOOWNS Pass  
 \* (1) OVERCRANK Pass  
 \* (2) HIGH WATER TEMP Pass  
 \* (3) LOW OIL PRESSURE Pass  
 \* (4) OVERSPEED Pass  
 \* (D) ALARMS Pass  
 \* (E) PREALARMS Pass  
 \* (F) CIRCUIT BREAKERS Pass  
 \* (G) FUSES Pass  
 \* CHECK (H) INSULATION DAMAGE None  
 CLEAN (I) CABINETRY Pass

(2) LUBRICATION

CHECK (A) LEAKS None  
 \* (B) ENGINE OIL LEVEL Pass  
 \* (C) OIL HEATER N/A  
 \* (D) GOVERNOR OIL LEVEL N/A  
 \* (E) CRANKCASE BREATHER Pass  
 \* CHANGE (F) OIL FILTER NA  
 \* CHANGE (G) ENGINE OIL NA  
 \* CHANGE (H) GOVERNOR OIL N/A  
 \* TEST (I) OIL SAMPLE N/A

(7) PRIME MOVER

CHECK (A) GOVERNOR OPERATION Pass  
 \* (B) VIBRATION Pass  
 \* (C) TIMING Pass  
 \* (D) INJECTORS Pass  
 \* (E) MOUNTING HARDWARE Pass  
 \* (F) AIR INTAKE Pass  
 \* (G) OIL PRESSURE 77  
 \* (H) WATER TEMPERATURE NA  
 \* (I) DC ALTERNATOR Pass  
 \* (1) VOLTS 14  
 \* (2) AMPS N/A  
 \* CHANGE (J) AIR CLEANER Pass  
 \*\* TORQUE (K) BOLTS Pass

(3) COOLING SYSTEM

CHECK (A) LEAKS PASS  
 \* (B) COOLANT LEVEL PASS  
 \* (C) FREEZE POINT N/A  
 \* (D) RADIATOR AIR FLOW PASS  
 \* (E) LOUVER SYSTEMS PASS  
 \* (F) BLOCK HEATER PASS  
 \* (G) WATER PUMP PASS  
 \* (H) HOSES Pass  
 \* (I) BELTS Pass  
 \* (J) FAN HUB Pass  
 \* (K) PULLEYS Pass  
 \* (L) RADIATOR PSI N/A  
 \* (M) RADIATOR CAP PSI N/A  
 \* CHANGE (N) WATER FILTER N/A  
 \*\* CHANGE (O) ANTI-FREEZE PASS

(8) GENERATOR

CHECK (A) ROTOR Pass  
 \* (B) STATOR Pass  
 \* (C) EXCITOR Pass  
 \* (1) STATOR Pass  
 \* (2) ROTOR Pass  
 \* (D) BEARINGS (IR) Pass  
 \* (E) DIODES Pass  
 \* (F) AIR FLOW Pass  
 \* (G) VOLTAGE REGULATOR Pass  
 \* (H) FEED BREAKER Pass  
 RECORD (I) VOLTAGE 488  
 \* (J) HERTZ 60

(4) EXHAUST SYSTEM

CHECK (A) LEAKS PASS  
 \* (B) CONDENSATION TRAP N/A  
 \* (C) INSULATION N/A  
 \* (D) RESTRICTION Pass  
 \* (E) RAINCAP Pass  
 CHECK (F) HANGERS/SUPPORT Pass  
 \* (G) FLEX SECTIONS Pass

(9) AUTOMATIC TRANSFER SWITCHES

CHECK (A) ATS, CONTACTS Pass  
 \* LINEAR MOTORS ACTUATION Pass  
 \* MOVING PARTS Pass  
 \* (B) SIMULATE POWER FAILURE N/A  
 \* (C) TIME DELAYS Pass  
 \* (D) CLOCK EXERCISER Pass

(5) BATTERY SYSTEMS

CHECK (A) CHARGER VOLTAGE 27  
 \* (1) FLOAT Pass  
 \* (2) EQUALIZE N/A  
 \* (B) ELECTROLYTE LEVEL N/A  
 \* (C) TERMINALS/CABLES Pass  
 \* (D) BLANKET HEATER N/A  
 \* (E) SPECIFIC GRAVITY N/A  
 \* (1) HIGH N/A  
 \* (2) LOW N/A  
 \* (F) LOAD TEST Pass  
 CLEAN (G) CORROSION None

(10) GENERAL CONDITION - EPSS

CHECK (A) UNUSUAL/UNSAFE PASS  
 \* (B) HOUSEKEEPING Pass

(11) LOAD TEST

RECORD (A) AMPERAGE/LEG N/A  
 \* (B) VOLTAGE/LEG N/A  
 \* (C) HERTZ N/A  
 \* (D) CB CONNECTIONS N/A  
 \* (E) UNIT LOADED N/A

(12) EPSS

CHECK (A) EPS IN AUTO? Pass  
 \* (B) BREAKER CLOSED? Pass

\* As needed, specified or during annual inspection only  
 \*\* Additional cost if needed or specified.

Comments:

Semi Annual inspection complete. No issues found

2 HRS 32 MILES

Customer Signature \_\_\_\_\_

3E Signature \_\_\_\_\_

Date 2-21-23



LEAVE NO FIELD BLANK  
NEEDS N/A IF NOT USED

7402 L Street  
Omaha, NE 68127  
605-251-9415

N/A - NOT APPLICABLE ON THIS SERVICE  
CHANGED - FILTER OR PART WAS REPLACED  
PASSED - ITEM CHECKED OUT GOOD

ANNUAL

SEMI-ANNUAL INSPECTION

QUARTERLY INSPECTION

3E's GENERATOR (EPS) MAINTENANCE REPORT

CUSTOMER: LINCOLN REGIONAL CENTER MAKE CAT TYPE SEMI ANNUAL 9897  
CONTACT: BLDG 5 SERIAL CER00941 DATE 12-1-22  
PHONE: MODEL SR4B HRS 738  
ADDRESS 801 W. Prospector Pl. #5 TECH WES  
CITY LINCOLN

AUTOMATIC TRANSFER SWITCHES

MAKE CAT SERIAL TSG01404 MODEL CTS  
MAKE CAT SERIAL TSG01407 MODEL CTS  
MAKE CAT SERIAL TSG071313 MODEL CTS

(1) FUEL SYSTEM

CHECK (A) FUEL LEAKS None  
\* (B) LINES/CONNECTIONS Pass  
\* (C) DAY TANK LEVEL N/A  
\* (D) DAY TANK OPERATION N/A  
\* (E) TRANSFER PUMP N/A  
\* (F) MAIN TANK LEVEL N/A  
\* (G) VENT/OVERFLOW N/A  
\* (H) WATER IN FUEL N/A  
\* (I) INJECTION PUMP N/A  
\* (J) SOLENOID VALVE Pass  
\* CHANGE (K) FUEL FILTER N/A  
\* CHANGE (L) WATER SEPARATOR N/A  
\* TEST (M) FUEL SAMPLE N/A

(6) ELECTRICAL SYSTEM

CHECK (A) WIRING CONNECTIONS Pass  
\* (B) INSTRUMENTATION Pass  
\* (C) SAFETIES SHUTDOWNS Pass  
\* (1) OVERCRANK Pass  
\* (2) HIGH WATER TEMP Pass  
\* (3) LOW OIL PRESSURE Pass  
\* (4) OVERSPEED Pass  
\* (D) ALARMS Pass  
\* (E) PREALARMS Pass  
\* (F) CIRCUIT BREAKERS Pass  
\* (G) FUSES Pass  
\* CHECK (H) INSULATION DAMAGE None  
CLEAN (I) CABINETY Pass

(2) LUBRICATION

CHECK (A) LEAKS None  
\* (B) ENGINE OIL LEVEL Pass  
\* (C) OIL HEATER N/A  
\* (D) GOVERNOR OIL LEVEL N/A  
\* (E) CRANKCASE BREATHER Pass  
\* CHANGE (F) OIL FILTER NA  
\* CHANGE (G) ENGINE OIL NA  
\* CHANGE (H) GOVERNOR OIL N/A  
\* TEST (I) OIL SAMPLE N/A

(7) PRIME MOVER

CHECK (A) GOVERNOR OPERATION Pass  
\* (B) VIBRATION Pass  
\* (C) TIMING Pass  
\* (D) INJECTORS Pass  
\* (E) MOUNTING HARDWARE Pass  
\* (F) AIR INTAKE Pass  
\* (G) OIL PRESSURE 77  
\* (H) WATER TEMPERATURE NA  
\* (I) DC ALTERNATOR Pass  
\* (1) VOLTS 14  
\* (2) AMPS N/A  
\* CHANGE (J) AIR CLEANER Pass  
\*\* TORQUE (K) BOLTS Pass

(3) COOLING SYSTEM

CHECK (A) LEAKS PASS  
\* (B) COOLANT LEVEL PASS  
\* (C) FREEZE POINT N/A  
\* (D) RADIATOR AIR FLOW PASS  
\* (E) LOUVER SYSTEMS PASS  
\* (F) BLOCK HEATER PASS  
\* (G) WATER PUMP PASS  
\* (H) HOSES Pass  
\* (I) BELTS Pass  
\* (J) FAN HUB Pass  
\* (K) PULLEYS Pass  
\* (L) RADIATOR PSI N/A  
\* (M) RADIATOR CAP PSI N/A  
\* CHANGE (N) WATER FILTER N/A  
\*\* CHANGE (O) ANTI-FREEZE PASS

(8) GENERATOR

CHECK (A) ROTOR Pass  
\* (B) STATOR Pass  
\* (C) EXCITOR Pass  
\* (1) STATOR Pass  
\* (2) ROTOR Pass  
\* (D) BEARINGS (IR) Pass  
\* (E) DIODES Pass  
\* (F) AIR FLOW Pass  
\* (G) VOLTAGE REGULATOR Pass  
\* TEST (H) FEED BREAKER Pass  
RECORD (I) VOLTAGE 480  
\* (J) HERTZ 60

(4) EXHAUST SYSTEM

CHECK (A) LEAKS PASS  
\* (B) CONDENSATION TRAP N/A  
\* (C) INSULATION N/A  
\* (D) RESTRICTION Pass  
\* (E) RAINCAP Pass  
CHECK (F) HANGERS/SUPPORT Pass  
\* (G) FLEX SECTIONS Pass

(9) AUTOMATIC TRANSFER SWITCHES

CHECK (A) ATS, CONTACTS Pass  
\* LINEAR MOTORS ACTUATION Pass  
\* MOVING PARTS Pass  
\* (B) SIMULATE POWER FAILURE N/A  
\* (C) TIME DELAYS Pass  
\* (D) CLOCK EXERCISER Pass

(5) BATTERY SYSTEMS

CHECK (A) CHARGER VOLTAGE 27  
\* (1) FLOAT Pass  
\* (2) EQUALIZE N/A  
\* (R) ELECTROLYTE LEVEL N/A  
\* (C) TERMINALS/CABLES Pass  
\* (D) BLANKET HEATER N/A  
\* (E) SPECIFIC GRAVITY N/A  
\* (1) HIGH N/A  
\* (2) LOW N/A  
\* (F) LOAD TEST Pass  
CLEAN (G) CORROSION None

(10) GENERAL CONDITION - EPSS

CHECK (A) UNUSUAL/UNSAFE PASS  
\* (D) HOUSEKEEPING Pass

(11) LOAD TEST

RECORD (A) AMPERAGE/LEG N/A  
\* (B) VOLTAGE/LEG N/A  
\* (C) HERTZ N/A  
\* (D) CB CONNECTIONS N/A  
\* (E) UNIT LOADED N/A

(12) EPSS

CHECK (A) EPS IN AUTO? Pass  
\* (B) BREAKER CLOSED? Pass

\* As needed, specified or during annual inspection only  
\*\* Additional cost if needed or specified

Comments:

Semi Annual inspection complete. No issues found

2 HRS 32 MILES

Customer Signature \_\_\_\_\_ 3E Signature \_\_\_\_\_ Date 12-1-22

# NEBRASKA STATE FIRE MARSHAL

## OCCUPANCY PERMIT

Certificate Number: 14038

Name of Facility: **Lincoln Regional Center Bldg #5 Forensic**

Type of Facility: **Hospital**

Location: **801 W Prospector Pl Lincoln**

Maximum  
Occupancy: **109 Beds**

Date Issued: **11/9/2022**

Inspected By: **Monica Ellis**  
**Deputy State Fire Marshal**

Approved By:



**State Fire Marshal**



POST IN PROMINENT PLACE



Change in occupancy classification or failure to meet State Fire Marshal codes  
shall invalidate this occupancy permit.



LEAVE NO FIELD BLANK  
NEEDS N/A IF NOT USED

7402 L Street  
Omaha, NE 68127  
605-251-9415

N/A - NOT APPLICABLE ON THIS SERVICE  
CHANGED - FILTER OR PART WAS REPLACED  
PASSED - ITEM CHECKED OUT GOOD

ANNUAL

SEMI-ANNUAL INSPECTION

QUARTERLY INSPECTION

3E's GENERATOR (EPS) MAINTENANCE REPORT

CUSTOMER: LINCOLN REGIONAL CENTER MAKE CAT TYPE ANNUAL 10012 + 10013  
CONTACT: BLDG 10 SERIAL CATCP500TRK500120 DATE 5-12-23  
PHONE: MODEL D500GC HRS 84  
ADDRESS 801 W. Prospector Pl. TECH WES  
CITY LINCOLN

AUTOMATIC TRANSFER SWITCHES

MAKE NA SERIAL TSG05470 MODEL CTS  
MAKE NA SERIAL TSG06004 MODEL CTS  
MAKE NA SERIAL MODEL

(1) FUEL SYSTEM

CHECK (A) FUEL LEAKS None  
(B) LINES/CONNECTIONS Pass  
(C) DAY TANK LEVEL 90%  
(D) DAY TANK OPERATION N/A  
(E) TRANSFER PUMP N/A  
(F) MAIN TANK LEVEL N/A  
(G) VENT/OVERFLOW N/A  
(H) WATER IN FUEL PASS  
(I) INJECTION PUMP N/A  
(J) SOLENOID VALVE Pass  
(K) FUEL FILTER CHANGED  
(L) WATER SEPARATOR CHANGED  
(M) FUEL SAMPLE TAKEN  
\* CHANGE  
\* CHANGE  
\* TEST:

(8) ELECTRICAL SYSTEM

CHECK (A) WIRING CONNECTIONS Pass  
(B) INSTRUMENTATION Pass  
(C) SAFETIES SHUTDOWNS Pass  
(1) OVERCRANK Pass  
(2) HIGH WATER TEMP Pass  
(3) LOW OIL PRESSURE Pass  
(4) OVERSPEED Pass  
(D) ALARMS Pass  
(E) PREALARMS Pass  
(F) CIRCUIT BREAKERS Pass  
(G) FUSES Pass  
(H) INSULATION DAMAGE None  
(I) CABINTRY Pass  
\* CHECK:  
CLEAN

(2) LUBRICATION

CHECK (A) LEAKS None  
(B) ENGINE OIL LEVEL Pass  
(C) OIL HEATER N/A  
(D) GOVERNOR OIL LEVEL N/A  
(E) CRANKCASE BREATHER Pass  
(F) OIL FILTER CHANGED  
(G) ENGINE OIL CHANGED  
(H) GOVERNOR OIL N/A  
(I) OIL SAMPLE TAKEN  
\* CHANGE  
\* CHANGE  
\* CHANGE  
\* TEST

(7) PRIME MOVER

CHECK (A) GOVERNOR OPERATION Pass  
(B) VIBRATION Pass  
(C) TIMING Pass  
(D) INJECTORS Pass  
(E) MOUNTING HARDWARE Pass  
(F) AIR INTAKE Pass  
(G) OIL PRESSURE 50  
(H) WATER TEMPERATURE N/A  
(I) DC ALTERNATOR Pass  
(1) VOLTS 20  
(2) AMPS N/A  
\*\* CHANGE:  
\*\* TORQUE (J) AIR CLEANER Pass  
(K) BOLTS Pass

(3) COOLING SYSTEM

CHECK (A) LEAKS PASS  
(B) COOLANT LEVEL PASS  
(C) FREEZE POINT N/A  
(D) RADIATOR AIR FLOW PASS  
(E) LOUVER SYSTEMS PASS  
(F) BLOCK HEATER PASS  
(G) WATER PUMP PASS  
(H) HOSES Pass  
(I) BELTS Pass  
(J) FAN HUB Pass  
(K) PULLEYS Pass  
(L) RADIATOR PSI N/A  
(M) RADIATOR CAP PSI 25  
(N) WATER FILTER N/A  
\* CHANGE:  
\*\* CHANGE (O) ANTIFREEZE PASS

(8) GENERATOR

CHECK (A) ROTOR Pass  
(B) STATOR Pass  
(C) EXCITOR Pass  
(1) STATOR Pass  
(2) ROTOR Pass  
(D) BEARINGS (IR) Pass  
(E) DIODES Pass  
(F) AIR FLOW Pass  
(G) VOLTAGE REGULATOR Pass  
(H) FEED BREAKER Pass  
\* TEST RECORD (I) VOLTAGE 480  
(J) HERTZ 60

(4) EXHAUST SYSTEM

CHECK (A) LEAKS PASS  
(B) CONDENSATION TRAP N/A  
(C) INSULATION N/A  
(D) RESTRICTION Pass  
(E) RAINGAP Pass  
CHECK (F) HANGERS/SUPPORT Pass  
(G) FLEX SECTIONS Pass

(9) AUTOMATIC TRANSFER SWITCHES

CHECK (A) ATS, CONTACTS Pass  
LINEAR MOTORS ACTUATION Pass  
MOVING PARTS Pass  
(B) SIMULATE POWER FAILURE N/A  
(C) TIME DELAYS Pass  
(D) CLOCK EXERCISER Pass

(5) BATTERY SYSTEMS

CHECK (A) CHARGER VOLTAGE 27  
(1) FLOAT Pass  
(2) EQUALIZE N/A  
(B) ELECTROLYTE LEVEL N/A  
(C) TERMINALS/CABLES Pass  
(D) BLANKET HEATER N/A  
(E) SPECIFIC GRAVITY N/A  
(1) HIGH N/A  
(2) LOW N/A  
(F) LOAD TEST Pass  
CLEAN (G) CORROSION None

(10) GENERAL CONDITION - EPSS

CHECK (A) UNUSUAL/UNSAFE PASS  
(B) HOUSEKEEPING Pass

(11) LOAD TEST

RECORD (A) AMPERAGE/EG N/A  
(B) VOLTAGE/EG N/A  
(C) HERTZ N/A  
(D) CB CONNECTIONS N/A  
(E) UNIT LOADED N/A

(12) EPSS

CHECK (A) EPS IN AUTO? Pass  
(B) BREAKER CLOSE? Pass

\* As needed, specified or during annual inspection only  
\*\* Additional cost if needed or specified

Comments:

Annual complete. No issues found. SAMPLES TAKEN 1 HR 0 MILES JN: 10013  
8 HRS 32 MILES 1:7792 OIL FILTER 1:3674 F/F 1:3751 F/F 28 qrts 15w 40 Took extra time due to filters being extremely tight.

Customer Signature

3E Signature

Date 5-12-23

*oil, fuel, coolant*



LEAVE NO FIELD BLANK  
NEEDS N/A IF NOT USED

7402 L Street  
Omaha, NE 68127  
605-251-9415

N/A - NOT APPLICABLE ON THIS SERVICE  
CHANGED - FILTER OR PART WAS REPLACED  
PASSED - ITEM CHECKED OUT GOOD

ANNUAL

SEMI-ANNUAL INSPECTION

QUARTERLY INSPECTION

3E's GENERATOR (EPS) MAINTENANCE REPORT

CUSTOMER: LINCOLN REGIONAL CENTER MAKE CAT TYPE QUARTERLY 9950  
 CONTACT: BLDG 10 SERIAL CAT0D500TRK500126 DATE 2-21-23  
 PHONE: \_\_\_\_\_ MODEL D500GC HRS 73  
 ADDRESS 801 W. Prospector Pl. TECH WES  
 CITY LINCOLN

AUTOMATIC TRANSFER SWITCHES

MAKE NA SERIAL \_\_\_\_\_ MODEL \_\_\_\_\_  
 MAKE NA SERIAL \_\_\_\_\_ MODEL \_\_\_\_\_  
 MAKE NA SERIAL \_\_\_\_\_ MODEL \_\_\_\_\_

(1) FUEL SYSTEM

CHECK (A) FUEL LEAKS None  
 \* (B) LINES/CONNECTIONS Pass  
 \* (C) DAYTANK LEVEL N/A  
 \* (D) DAYTANK OPERATION N/A  
 \* (E) TRANSFER PUMP N/A  
 \* (F) MAIN TANK LEVEL N/A  
 \* (G) VENT/OVERFLOW N/A  
 \* (H) WATER IN FUEL N/A  
 \* (I) INJECTION PUMP N/A  
 \* (J) SOLENOID VALVE Pass  
 \* CHANGE (K) FUEL FILTER N/A  
 \* CHANGE (L) WATER SEPARATOR N/A  
 \* TEST (M) FUEL SAMPLE N/A

(6) ELECTRICAL SYSTEM

CHECK (A) WIRING CONNECTIONS Pass  
 \* (B) INSTRUMENTATION Pass  
 \* (C) SAFETIES SHUTDOWNS Pass  
 \* (1) OVERCRANK Pass  
 \* (2) HIGH WATER TEMP Pass  
 \* (3) LOW OIL PRESSURE Pass  
 \* (4) OVERSPEED Pass  
 \* (D) ALARMS Pass  
 \* (E) PREALARMS Pass  
 \* (F) CIRCUIT BREAKERS Pass  
 \* (G) FUSES Pass  
 \* CHECK (H) INSULATION DAMAGE None  
 CLEAN (I) CABINETRY Pass

(2) LUBRICATION

CHECK (A) LEAKS None  
 \* (B) ENGINE OIL LEVEL Pass  
 \* (C) OIL HEATER N/A  
 \* (D) GOVERNOR OIL LEVEL N/A  
 \* (E) CRANKCASE BREATHER Pass  
 \* CHANGE (F) OIL FILTER NA  
 \* CHANGE (G) ENGINE OIL NA  
 \* CHANGE (H) GOVERNOR OIL N/A  
 \* TEST (I) OIL SAMPLE N/A

(7) PRIME MOVER

CHECK (A) GOVERNOR OPERATION Pass  
 \* (B) VIBRATION Pass  
 \* (C) TIMING Pass  
 \* (D) INJECTORS Pass  
 \* (E) MOUNTING HARDWARE Pass  
 \* (F) AIR INTAKE Pass  
 \* (G) OIL PRESSURE 72  
 \* (H) WATER TEMPERATURE NA  
 \* (I) DC ALTERNATOR Pass  
 \* (1) VOLTS 14  
 \* (2) AMPS N/A  
 \* CHANGE (J) AIR CLEANER Pass  
 \* TORQUE (K) BOLTS Pass

(3) COOLING SYSTEM

CHECK (A) LEAKS PASS  
 \* (B) COOLANT LEVEL PASS  
 \* (C) FREEZE POINT N/A  
 \* (D) RADIATOR AIR FLOW PASS  
 \* (E) LOUVER SYSTEMS PASS  
 \* (F) BLOCK HEATER PASS  
 \* (G) WATER PUMP PASS  
 \* (H) HOSES Pass  
 \* (I) BELTS Pass  
 \* (J) FAN HUB Pass  
 \* (K) PULLEYS Pass  
 \* (L) RADIATOR PSI N/A  
 \* (M) RADIATOR CAP PSI N/A  
 \* CHANGE (N) WATER FILTER N/A  
 \*\* CHANGE (O) ANTIFREEZE PASS

(8) GENERATOR

CHECK (A) ROTOR Pass  
 \* (B) STATOR Pass  
 \* (C) EXCITOR Pass  
 \* (1) STATOR Pass  
 \* (2) ROTOR Pass  
 \* (D) BEARINGS (IR) Pass  
 \* (E) DIODES Pass  
 \* (F) AIR FLOW Pass  
 \* (G) VOLTAGE REGULATOR Pass  
 \* TEST (H) FEED BREAKER Pass  
 RECORD (I) VOLTAGE 481  
 \* (J) HERTZ 60

(4) EXHAUST SYSTEM

CHECK (A) LEAKS PASS  
 \* (B) CONDENSATION TRAP N/A  
 \* (C) INSULATION N/A  
 \* (D) RESTRICTION Pass  
 \* (E) RAINCAP Pass  
 CHECK (F) HANGERS/SUPPORT Pass  
 \* (G) FLEX SECTIONS Pass

(9) AUTOMATIC TRANSFER SWITCHES

CHECK (A) ATS. CONTACTS Pass  
 LINEAR MOTORS ACTUATION Pass  
 MOVING PARTS Pass  
 \* (B) SIMULATE POWER FAILURE N/A  
 \* (C) TIME DELAYS Pass  
 \* (D) CLOCK EXERCISER Pass

(5) BATTERY SYSTEMS

CHECK (A) CHARGER VOLTAGE 26  
 (1) FLOAT Pass  
 (2) EQUALIZE N/A  
 \* (B) ELECTROLYTE LEVEL N/A  
 \* (C) TERMINALS/CABLES Pass  
 \* (D) BLANKET HEATER N/A  
 \* (E) SPECIFIC GRAVITY N/A  
 (1) HIGH N/A  
 (2) LOW N/A  
 \* (F) LOAD TEST Pass  
 CLEAN (G) CORROSION None

(10) GENERAL CONDITION - EPSS

CHECK (A) UNUSUAL/UNSAFE PASS  
 \* (B) HOUSEKEEPING Pass

(11) LOAD TEST

RECORD (A) AMPERAGE/LEG N/A  
 \* (B) VOLTAGE/LEG N/A  
 \* (C) HERTZ N/A  
 \* (D) CB CONNECTIONS N/A  
 \* (E) UNIT LOADED N/A

(12) EPSS

CHECK (A) EPS IN AUTO? Pass  
 \* (B) BREAKER CLOSED? Pass

\* As needed, specified or during annual inspection only  
 \*\* Additional cost if needed or specified.

Comments:

Semi Annual inspection complete. No issues found

2 HRS 32 MILES

Customer Signature \_\_\_\_\_ 3E Signature \_\_\_\_\_ Date 2-21-23



LEAVE NO FIELD BLANK  
NEEDS N/A IF NOT USED

7402 L Street  
Omaha, NE 68127  
605-251-9415

N/A - NOT APPLICABLE ON THIS SERVICE  
CHANGED - FILTER OR PART WAS REPLACED  
PASSED - ITEM CHECKED OUT GOOD

ANNUAL

SEMI-ANNUAL INSPECTION

QUARTERLY INSPECTION

3E's GENERATOR (EPS) MAINTENANCE REPORT

CUSTOMER: LINCOLN REGIONAL CENTER MAKE CAT TYPE SEMI ANNUAL 9898  
 CONTACT: BLDG 10 SERIAL CAT0D500TRK500126 DATE 12-1-22  
 PHONE: \_\_\_\_\_ MODEL D500GC HRS 65  
 ADDRESS 801 W. Prospector Pl. TECH WES  
 CITY LINCOLN

AUTOMATIC TRANSFER SWITCHES

MAKE NA SERIAL \_\_\_\_\_ MODEL \_\_\_\_\_  
 MAKE NA SERIAL \_\_\_\_\_ MODEL \_\_\_\_\_  
 MAKE NA SERIAL \_\_\_\_\_ MODEL \_\_\_\_\_

(1) FUEL SYSTEM

CHECK (A) FUEL LEAKS Pass  
 \* (B) LINES/CONNECTIONS N/A  
 \* (C) DAY TANK LEVEL N/A  
 \* (D) DAY TANK OPERATION N/A  
 \* (E) TRANSFER PUMP N/A  
 \* (F) MAIN TANK LEVEL N/A  
 \* (G) VENT/OVERFLOW N/A  
 \* (H) WATER IN FUEL N/A  
 \* (I) INJECTION PUMP N/A  
 \* (J) SOLENOID VALVE Pass  
 \* CHANGE (K) FUEL FILTER N/A  
 \* CHANGE (L) WATER SEPARATOR N/A  
 \* TEST (M) FUEL SAMPLE N/A

(6) ELECTRICAL SYSTEM

CHECK (A) WIRING CONNECTIONS Pass  
 \* (B) INSTRUMENTATION Pass  
 \* (C) SAFETIES SHUTDOWNS Pass  
 \* (1) OVERCRANK Pass  
 \* (2) HIGH WATER TEMP Pass  
 \* (3) LOW OIL PRESSURE Pass  
 \* (4) OVERSPEED Pass  
 \* (D) ALARMS Pass  
 \* (E) PREALARMS Pass  
 \* (F) CIRCUIT BREAKERS Pass  
 \* (G) FUSES Pass  
 \* CHECK (H) INSULATION DAMAGE None  
 CLEAN (I) CABINTRY Pass

(2) LUBRICATION

CHECK (A) LEAKS None  
 \* (B) ENGINE OIL LEVEL Pass  
 \* (C) OIL HEATER N/A  
 \* (D) GOVERNOR OIL LEVEL N/A  
 \* (E) CRANKCASE DREATHER Pass  
 \* CHANGE (F) OIL FILTER NA  
 \* CHANGE (G) ENGINE OIL NA  
 \* CHANGE (H) GOVERNOR OIL N/A  
 \* TEST (I) OIL SAMPLE N/A

(7) PRIME MOVER

CHECK (A) GOVERNOR OPERATION Pass  
 \* (B) VIBRATION Pass  
 \* (C) TIMING Pass  
 \* (D) INJECTORS Pass  
 \* (E) MOUNTING HARDWARE Pass  
 \* (F) AIR INTAKE Pass  
 \* (G) OIL PRESSURE 72  
 \* (H) WATER TEMPERATURE NA  
 \* (I) DC ALTERNATOR Pass  
 \* (1) VOLTS 14  
 \* (2) AMPS N/A  
 \* CHANGE (J) AIR CLEANER Pass  
 \* TORQUE (K) BOLTS Pass

(3) COOLING SYSTEM

CHECK (A) LEAKS PASS  
 \* (B) COOLANT LEVEL PASS  
 \* (C) FREEZE POINT N/A  
 \* (D) RADIATOR AIR FLOW PASS  
 \* (E) LOUVER SYSTEMS PASS  
 \* (F) BLOCK HEATER PASS  
 \* (G) WATER PUMP PASS  
 \* (H) HOSES Pass  
 \* (I) BELTS Pass  
 \* (J) FAN HUB Pass  
 \* (K) PDLLEYS Pass  
 \* (L) RADIATOR PSI N/A  
 \* (M) RADIATOR CAP PSI N/A  
 \* CHANGE (N) WATER FILTER N/A  
 \* CHANGE (O) ANTIFREEZE PASS

(8) GENERATOR

CHECK (A) ROTOR Pass  
 \* (B) STATOR Pass  
 \* (C) EXCITOR Pass  
 \* (1) STATOR Pass  
 \* (2) ROTOR Pass  
 \* (D) BEARINGS (R) Pass  
 \* (E) DIODES Pass  
 \* (F) AIR FLOW Pass  
 \* (G) VOLTAGE REGULATOR Pass  
 \* TEST (H) FEED BREAKER Pass  
 RECORD (I) VOLTAGE 48.1  
 \* (J) HERTZ 60

(4) EXHAUST SYSTEM

CHECK (A) LEAKS PASS  
 \* (B) CONDENSATION TRAP N/A  
 \* (C) INSULATION N/A  
 \* (D) RESTRICTION Pass  
 \* (E) RAINCAP Pass  
 CHECK (F) HANGERS/SUPPORT Pass  
 \* (G) FLEX SECTIONS Pass

(9) AUTOMATIC TRANSFER SWITCHES

CHECK (A) ATS, CONTACTS Pass  
 \* LINEAR MOTORS ACTUATION Pass  
 \* MOVING PARTS Pass  
 \* (B) SIMULATE POWER FAILURE N/A  
 \* (C) TIME DELAYS Pass  
 \* (D) CLOCK EXERCISER \_\_\_\_\_

(5) BATTERY SYSTEMS

CHECK (A) CHARGER VOLTAGE 28  
 \* (1) FLOAT Pass  
 \* (2) EQUALIZE N/A  
 \* (B) ELECTROLYTE LEVEL N/A  
 \* (C) TERMINALS/CABLES Pass  
 \* (D) BLANKET HEATER N/A  
 \* (E) SPECIFIC GRAVITY N/A  
 \* (1) HIGH N/A  
 \* (2) LOW N/A  
 \* (F) LOAD TEST Pass  
 CLEAN (G) CORROSION None

(10) GENERAL CONDITION - EPSS

CHECK (A) UNUSUAL/UNSAFE PASS  
 \* (B) HOUSEKEEPING Pass

(11) LOAD TEST

RECORD (A) AMPERAGE/LEG N/A  
 \* (B) VOLTAGE/LEG N/A  
 \* (C) HERTZ N/A  
 \* (D) CB CONNECTIONS N/A  
 \* (E) UNIT LOADED N/A

(12) EPSS

CHECK (A) EPS IN AUTO? Pass  
 \* (B) BREAKER CLOSED? Pass

\* As needed, specified on during annual inspection only  
\*\* Additional cost if needed or specified.

Comments:

Semi Annual inspection complete. No issues found

2 HRS 32 MILES

Customer Signature \_\_\_\_\_

3E Signature \_\_\_\_\_

Date 12-1-22

# NEBRASKA STATE FIRE MARSHAL

## OCCUPANCY PERMIT

Certificate Number: 14938

Name of Facility: **Lincoln Regional Center Bldg #10 Psych Rehab**

Type of Facility: **Hospital**

Location: **801 W Prospector Pl Lincoln**

Maximum  
Occupancy: **45 Beds**

Date Issued: **5/2/2023**

Inspected By: **Monica Ellis**  
**Deputy State Fire Marshal**

Approved By:   
**State Fire Marshal**



### POST IN PROMINENT PLACE



Change in occupancy classification or failure to meet State Fire Marshal codes  
shall invalidate this occupancy permit.





LEAVE NO FIELD BLANK  
NEEDS N/A IF NOT USED

7402 L Street  
Omaha, NE 68127  
605-251-9415

N/A - NOT APPLICABLE ON THIS SERVICE  
CHANGED - FILTER OR PART WAS REPLACED  
PASSED - ITEM CHECKED OUT GOOD

ANNUAL

SEMI-ANNUAL INSPECTION   
3E's GENERATOR (EPS) MAINTENANCE REPORT

QUARTERLY INSPECTION

CUSTOMER: LINCOLN REG CENTER# 11 MAKE ONAN GENSET TYPE  
CONTACT ANDY SERIAL E850761977 DATE 5/9/2023  
PHONE 402-405-3635 MODEL 115.0WA-15R/25122L HRS 1388.5  
ADDRESS 801 W PROSPECTOR PLACE TECH ELPERT BROWN JR  
CITY LINCOLN, NE 68522

AUTOMATIC TRANSFER SWITCHES

MAKE ONAN SERIAL A830647440 MODEL OTBCA400-5DU73103E  
MAKE SERIAL MODEL  
MAKE SERIAL MODEL

(1) FUEL SYSTEM

CHECK (A) FUEL LEAKS OK  
(B) LINES/CONNECTIONS OK  
(C) DAY TANK LEVEL N/A  
(D) DAY TANK OPERATION N/A  
(E) TRANSFER PUMP N/A  
(F) MAIN TANK LEVEL N/A  
(G) VENT/OVERFLOW N/A  
(H) WATER IN FUEL N/A  
(I) INJECTION PUMP OK  
(J) SOLENOID VALVE OK  
\* CHANGE (K) FUEL FILTER N/A  
\* CHANGE (L) WATER SEPARATOR N/A  
\* TEST (M) FUEL SAMPLE N/A

(6) ELECTRICAL SYSTEM

CHECK (A) WIRING CONNECTIONS OK  
(B) INSTRUMENTATION OK  
(C) SAFETIES SHUTDOWNS OK  
(1) OVERCRANK OK  
(2) HIGH WATER TEMP OK  
(3) LOW OIL PRESSURE OK  
(4) OVERSPEED OK  
(D) ALARMS OK  
(E) PREALARMS OK  
(F) CIRCUIT BREAKERS OK  
(G) FUSES OK  
\* CHECK (H) INSULATION DAMAGE OK  
CLEAN (I) CABINERY OK

(2) LUBRICATION

CHECK (A) LEAKS OK  
(B) ENGINE OIL LEVEL OK  
(C) OIL HEATER N/A  
(D) GOVERNOR OIL LEVEL N/A  
(E) CRANKCASE BREATHER OK  
\* CHANGE (F) OIL FILTER OK  
\* CHANGE (G) ENGINE OIL OK  
\* CHANGE (H) GOVERNOR OIL N/A  
\* TEST (I) OIL SAMPLE OK

(7) PRIME MOVER

CHECK (A) GOVERNOR OPERATION OK  
(B) VIBRATION OK  
(C) TIMING OK  
(D) INJECTORS OK  
(E) MOUNTING HARDWARE OK  
(F) AIR INTAKE OK  
(G) OIL PRESSURE OK 45 PSI  
(H) WATER TEMPERATURE OK 170 F  
(I) DC ALTERNATOR OK  
(1) VOLTS OK  
(2) AMPS OK  
\* CHANGE (J) AIR CLEANER OK  
\* TORQUE (K) BOLTS OK

(3) COOLING SYSTEM

CHECK (A) LEAKS OK FULL  
(B) COOLANT LEVEL OK  
(C) FREEZE POINT OK -35  
(D) RADIATOR AIR FLOW OK  
(E) LOUVER SYSTEMS OK  
(F) BLOCK HEATER OK  
(G) WATER PUMP OK  
(H) HOSES OK  
(I) BELTS OK  
(J) FAN HUB OK  
(K) PULLEYS OK  
(L) RADIATOR PSI OK  
(M) RADIATOR CAP PSI OK 7 PSI  
\* CHANGE (N) WATER FILTER N/A  
\* CHANGE (O) ANTIFREEZE N/A

(8) GENERATOR

CHECK (A) ROTOR OK  
(B) STATOR OK  
(C) EXCITOR OK  
(1) STATOR OK  
(2) ROTOR OK  
(D) BEARINGS (IR) OK  
(E) DIODES OK  
(F) AIR FLOW OK  
(G) VOLTAGE REGULATOR OK  
\* TEST (H) FEED BREAKER OK  
RECORD (I) VOLTAGE OK 240 L-L 120 L-N  
(J) HERTZ OK 60HZ

(4) EXHAUST SYSTEM

CHECK (A) LEAKS OK  
(B) CONDENSATION TRAP OK  
(C) INSULATION OK  
(D) RESTRICTION OK  
(E) RAINCAP OK  
CHECK (F) HANGERS/SUPPORT OK  
(G) FLEX SECTIONS OK

(9) AUTOMATIC TRANSFER SWITCHES

CHECK (A) ATS CONTACTS N/A  
LINEAR MOTORS ACTUATION N/A  
ATS Battery Operated Y/N N/A  
(B) SIMULATE POWER N/A  
FAILURE (C) TIME DELAY N/A  
(D) CLOCK EXERCISER OK

(5) BATTERY SYSTEMS

CHECK (A) CHARGER VOLTAGE OK 13.5  
(1) FLOAT OK  
(2) EQUALIZE N/A  
(B) ELECTROLYTE LEVEL N/A  
(C) TERMINALS/CABLES OK  
(D) BLANKET HEATER N/A  
(E) SPECIFIC GRAVITY N/A  
(1) HIGH N/A  
(2) LOW N/A  
(F) LOAD TEST OK  
CLEAN (G) CORROSION OK NONE FOUND

(10) GENERAL CONDITION - EPSS

CHECK (A) UNUSUAL/UNSAFE OK  
(B) HOUSEKEEPING OK

(11) LOAD TEST

RECORD (A) AMPERAGE/LEG N/A  
(B) VOLTAGE/LEG N/A  
(C) HERTZ N/A  
(D) CB CONNECTIONS N/A  
(E) UNIT LOADED N/A

(12) EPSS

CHECK (A) EPS IN AUTO? OK  
(B) BREAKER CLOSED? OK

\* As needed specified or during annual inspection only  
\*\* Additional cost if needed or specified

Comments:

USED 18 QTS 10W-30 OIL, OIL FILTER 1758 2 QTS COOLANT, COLLECTED OIL AND COOLANT SAMPLES  
30 MILES JOB# 923167

Customer Signature

3E Signature

Date 5/9/2023

923167

## LOAD BANK REPORT

**3E ELECTRICAL ENGINEERING & EQUIPMENT COMPANY**  
**7402 L STREET OMAHA NE 68127**

**TECHNICIAN NAME THAT COMPLETED LOAD BANK:**

<b>Customer</b>	LINCOLN REG CNTR	<b>Date</b>	5/16/2023									
<b>Location</b>	BLDG 11	<b>W/O #</b>	10017			<b>Desired load</b>	221.32					
<b>Generator M/N</b>	251221	<b>Hour Meter</b>	1340			<b>Phase ( 1 or 3)</b>	3					
<b>Generator S/N</b>	E850761997	<b>Rated KW</b>	115	<b>Volts</b>	240							

**Generator Make**

	Setup	1	2	3	4	5	6	7	8	9	10	11
<b>Time</b>	11:30	11:45	12:00	12:15	12:30	12:45	1:00	1:15	1:30			
<b>KW</b>	92	92	92	92	92	92	92	92	92	0	0	0
<b>% Desired</b>												
<b>Desired Load</b>	220.71	220.71	220.71	220.71	220.71	220.71	220.71	220.71	220.71	#DIV/0!	#DIV/0!	#DIV/0!
<b>Actual %</b>	33.8	33.8	33.8	33.8	33.8	33.8	33.8	33.8	33.8	0.0	0.0	0.0

### Test Results

<b>Volts</b>												
<b>L1-L2</b>	240	240	240	240	240	240	240	240	240	240		
<b>L2-L3</b>	241	241	241	241	241	241	241	241	241	241		
<b>L1-L3</b>	241	241	241	241	241	241	241	241	241	241		
<b>Average</b>	240.67	240.67	240.67	240.67	240.67	240.67	240.67	240.67	240.67	240.67	0	0
<b>Amps</b>												
<b>A</b>	90	90	90	90	90	90	90	90	90	90		
<b>B</b>	93	93	93	93	93	93	93	93	93	93		
<b>C</b>	97	97	97	97	97	97	97	97	97	97		
<b>Average</b>	93.333	93.333	93.333	93.333	93.333	93.333	93.333	93.333	93.333	93.333	0	0
<b>Hz</b>												

### Engine Instruments

<b>Hour Meter</b>	1338.0	1338.2	1338.5	1338.8	1339.0	1339.2	1339.5	1339.8	1340.0			
<b>Oil Pressure</b>	50	50	50	50	50	50	50	50	50			
<b>Temp</b>	114	188	188	188	188	188	188	188	188			

### Comments



ELECTRIFYING TODAY'S WORLD!

KOHLER®

IN POWER. SINCE 1920.



LEAVE NO FIELD BLANK  
NEEDS N/A IF NOT USED

7402 L Street  
Omaha, NE 68127  
605-251-9415

N/A - NOT APPLICABLE ON THIS SERVICE  
CHANGED - FILTER OR PART WAS REPLACED  
PASSED - ITEM CHECKED OUT GOOD

ANNUAL

SEMI-ANNUAL INSPECTION

QUARTERLY INSPECTION

3E's GENERATOR (EPS) MAINTENANCE REPORT

CUSTOMER: LINCOLN REGIONAL CENTER MAKE CUMMINS TYPE \_\_\_\_\_

CONTACT: BLDG 11 SERIAL E850761997 DATE 2-21-23

PHONE: \_\_\_\_\_ MODEL 251221 HRS 73

ADDRESS 801 W. Prospector Pl. TECH WES

CITY LINCOLN

9951

AUTOMATIC TRANSFER SWITCHES

MAKE NA SERIAL \_\_\_\_\_ MODEL \_\_\_\_\_

MAKE NA SERIAL \_\_\_\_\_ MODEL \_\_\_\_\_

MAKE NA SERIAL \_\_\_\_\_ MODEL \_\_\_\_\_

(1) FUEL SYSTEM

CHECK (A) FUEL LEAKS None

\* (B) LINES/CONNECTIONS Pass

\* (C) DAY TANK LEVEL N/A

\* (D) DAY TANK OPERATION N/A

\* (E) TRANSFER PUMP N/A

\* (F) MAIN TANK LEVEL N/A

\* (G) VENT/OVERFLOW N/A

\* (H) WATER IN FUEL N/A

\* (I) INJECTION PUMP N/A

\* (J) SOLENOID VALVE Pass

\* CHANGE (K) FUEL FILTER N/A

\* CHANGE (L) WATER SEPARATOR N/A

\* TEST (M) FUEL SAMPLE N/A

(6) ELECTRICAL SYSTEM

CHECK (A) WIRING CONNECTIONS Pass

\* (B) INSTRUMENTATION Pass

\* (C) SAFETIES SHUTDOWNS Pass

(1) OVERCRANK Pass

(2) HIGH WATER TEMP Pass

(3) LOW OIL PRESSURE Pass

(4) OVERSPEED Pass

\* (D) ALARMS Pass

\* (E) PREALARMS Pass

\* (F) CIRCUIT BREAKERS Pass

\* (G) FUSES Pass

\* CHECK (H) INSULATION DAMAGE None

CLEAN (I) CABINETRY Pass

(2) LUBRICATION

CHECK (A) LEAKS None

\* (B) ENGINE OIL LEVEL Pass

\* (C) OIL HEATER N/A

\* (D) GOVERNOR OIL LEVEL N/A

\* (E) CRANKCASE BREATHER Pass

\* CHANGE (F) OIL FILTER NA

\* CHANGE (G) ENGINE OIL NA

\* CHANGE (H) GOVERNOR OIL N/A

\* TEST (I) OIL SAMPLE N/A

(7) PRIME MOVER

CHECK (A) GOVERNOR OPERATION Pass

\* (B) VIBRATION Pass

\* (C) TIMING Pass

\* (D) INJECTORS Pass

\* (E) MOUNTING HARDWARE Pass

\* (F) AIR INTAKE Pass

\* (G) OIL PRESSURE BB

\* (H) WATER TEMPERATURE NA

\* (I) DC ALTERNATOR Pass

(1) VOLTS 14

(2) AMPS N/A

\*\* CHANGE (J) AIR CLEANER Pass

\*\* TORQUE (K) BOLTS Pass

(3) COOLING SYSTEM

CHECK (A) LEAKS PASS

\* (B) COOLANT LEVEL PASS

\* (C) FREEZE POINT N/A

\* (D) RADIATOR AIR FLOW PASS

\* (E) LOUVER SYSTEMS PASS

\* (F) BLOCK HEATER PASS

\* (G) WATER PUMP PASS

\* (H) HOSES Pass

\* (I) BELTS Pass

\* (J) FAN HUB Pass

\* (K) PULLEYS Pass

\* (L) RADIATOR PSI N/A

\* (M) RADIATOR CAP PSI N/A

\* CHANGE (N) WATER FILTER N/A

\*\* CHANGE (O) ANTIFREEZE PASS

(8) GENERATOR

CHECK (A) ROTOR Pass

\* (B) STATOR Pass

\* (C) EXCITOR Pass

(1) STATOR Pass

(2) ROTOR Pass

\* (D) BEARINGS (R) Pass

\* (E) DIODES Pass

\* (F) AIR FLOW Pass

\* (G) VOLTAGE REGULATOR Pass

\* TEST (H) FUSE BREAKER Pass

RECORD (I) VOLTAGE 482

\* (J) HERTZ 60

(4) EXHAUST SYSTEM

CHECK (A) LEAKS PASS

\* (B) CONDENSATION TRAP N/A

\* (C) INSULATION N/A

\* (D) RESTRICTION Pass

\* (E) RAINCAP Pass

CHECK (F) HANGERS/SUPPORT Pass

\* (G) FLEX SECTIONS Pass

(9) AUTOMATIC TRANSFER SWITCHES

CHECK (A) ATS CONTACTS Pass

LINEAR MOTORS ACTUATION Pass

MOVING PARTS Pass

\* (B) SIMULATE POWER FAILURE N/A

\* (C) TIME DELAYS Pass

\* (D) CLOCK EXERCISER Pass

(5) BATTERY SYSTEMS

CHECK (A) CHARGER VOLTAGE 26

(1) FLOAT Pass

(2) EQUALIZE N/A

\* (B) ELECTROLYTE LEVEL N/A

\* (C) TERMINALS/CABLES Pass

\* (D) BLANKET HEATER N/A

\* (E) SPECIFIC GRAVITY N/A

(1) HIGH N/A

(2) LOW N/A

\* (F) LOAD TEST Pass

CLEAN (G) CORROSION None

(10) GENERAL CONDITION - EPSS

CHECK (A) UNUSUAL/UNSAFE PASS

\* (B) HOUSEKEEPING Pass

(11) LOAD TEST

RECORD (A) AMPERAGE/LEG N/A

\* (B) VOLTAGE/LEG N/A

\* (C) HERTZ N/A

\* (D) CB CONNECTIONS N/A

\* (E) UNIT LOADED N/A

(12) EPSS

CHECK (A) EPS IN AUTO? Pass

\* (B) BREAKER CLOSED? Pass

\* As needed, specified at during annual inspection only.  
\*\* Additional cost if needed or specified.

Comments:

Semi Annual inspection complete. No issues found

2 HRS 32 MILES

Customer Signature \_\_\_\_\_

3E Signature \_\_\_\_\_

Date 2-21-23



LEAVE NO FIELD BLANK  
NEEDS N/A IF NOT USED

7402 L Street  
Omaha, NE 68127  
605-251-9415

N/A - NOT APPLICABLE ON THIS SERVICE  
CHANGED - FILTER OR PART WAS REPLACED  
PASSED - ITEM CHECKED OUT GOOD

ANNUAL

SEMI-ANNUAL INSPECTION

QUARTERLY INSPECTION

3E's GENERATOR (EPS) MAINTENANCE REPORT

CUSTOMER: Lincoln Reg. Center #11 MAKE Onan TYPE Semi Annual 921444  
 CONTACT: \_\_\_\_\_ SERIAL E850761977 DATE 11/30/2022  
 PHONE: \_\_\_\_\_ MODEL 11530WA-15R/25122L HRS 1325.2  
 ADDRESS \_\_\_\_\_ TECH Daniel  
 CITY Lincoln, NE

AUTOMATIC TRANSFER SWITCHES

MAKE Onan SERIAL A830647440 MODEL OTBCA400-5DU/3103  
 MAKE \_\_\_\_\_ SERIAL \_\_\_\_\_ MODEL \_\_\_\_\_  
 MAKE \_\_\_\_\_ SERIAL \_\_\_\_\_ MODEL \_\_\_\_\_

(1) FUEL SYSTEM

CHECK	(A) FUEL LEAKS	None
*	(B) LINES/CONNECTIONS	Pass
*	(C) DAY TANK LEVEL	N/A
*	(D) DAY TANK OPERATION	N/A
*	(E) TRANSFER PUMP	N/A
*	(F) MAIN TANK LEVEL	N/A
*	(G) VENT/OVERFLOW	N/A
*	(H) WATER IN FUEL	N/A
*	(I) INJECTION PUMP	N/A
*	(J) SOLENOID VALVE	Pass
* CHANGE	(K) FUEL FILTER	N/A
* CHANGE	(L) WATER SEPARATOR	N/A
* TEST	(M) FUEL SAMPLE	N/A

(6) ELECTRICAL SYSTEM

CHECK	(A) WIRING CONNECTIONS	Pass
*	(B) INSTRUMENTATION	Pass
*	(C) SAFETIES SHUTDOWNS	Pass
*	(1) OVERCRANK	Pass
*	(2) HIGH WATER TEMP	Pass
*	(3) LOW OIL PRESSURE	Pass
*	(4) OVERSPEED	Pass
*	(D) ALARMS	Pass
*	(E) PREALARMS	Pass
*	(F) CIRCUIT BREAKERS	Pass
*	(G) FUSES	Pass
* CHECK	(H) INSULATION DAMAGE	None
CLEAN	(I) CABINETRY	Pass

(2) LUBRICATION

CHECK	(A) LEAKS	None
*	(B) ENGINE OIL LEVEL	Pass
*	(C) OIL HEATER	N/A
*	(D) GOVERNOR OIL LEVEL	N/A
*	(E) CRANKCASE BREATHER	Pass
* CHANGE	(F) OIL FILTER	Pass
* CHANGE	(G) ENGINE OIL	Pass
* CHANGE	(H) GOVERNOR OIL	N/A
* TEST	(I) OIL SAMPLE	N/A

(7) PRIME MOVER

CHECK	(A) GOVERNOR OPERATION	Pass
*	(B) VIBRATION	Pass
*	(C) TIMING	Pass
*	(D) INJECTORS	N/A
*	(E) MOUNTING HARDWARE	Pass
*	(F) AIR INTAKE	Pass
*	(G) OIL PRESSURE	45
*	(H) WATER TEMPERATURE	200
*	(I) DC ALTERNATOR	Pass
*	(1) VOLTS	14
*	(2) AMPS	2
** CHANGE	(J) AIR CLEANER	Pass
** TORQUE	(K) BOLTS	Pass

(3) COOLING SYSTEM

CHECK	(A) LEAKS	None
*	(B) COOLANT LEVEL	Pass
*	(C) FREEZE POINT	-35
*	(D) RADIATOR AIR FLOW	Pass
*	(E) LOUVER SYSTEMS	Pass
*	(F) BLOCK HEATER	Pass
*	(G) WATER PUMP	Pass
*	(H) HOSES	Pass
*	(I) BELTS	Pass
*	(J) FAN HUB	Pass
*	(K) PULLEYS	Pass
*	(L) RADIATOR PSI	N/A
*	(M) RADIATOR CAP PSI	N/A
* CHANGE	(N) WATER FILTER	N/A
** CHANGE	(O) ANTIFREEZE	50/50 (Kohler Blue)

(8) GENERATOR

CHECK	(A) ROTOR	Pass
*	(B) STATOR	Pass
*	(C) EXCITOR	Pass
*	(1) STATOR	Pass
*	(2) ROTOR	Pass
*	(D) BEARINGS (IR)	Pass
*	(E) DIODES	Pass
*	(F) AIR FLOW	Pass
*	(G) VOLTAGE REGULATOR	Pass
* TEST	(H) FEED BREAKER	Pass
RECORD	(I) VOLTAGE	240
*	(J) HERTZ	60

(4) EXHAUST SYSTEM

CHECK	(A) LEAKS	None
*	(B) CONDENSATION TRAP	Pass
*	(C) INSULATION	N/A
*	(D) RESTRICTION	Pass
*	(E) RAINGAP	Pass
CHECK	(F) HANGERS/SUPPORT	Pass
*	(G) FLEX SECTIONS	Pass

(9) AUTOMATIC TRANSFER SWITCHES

CHECK	(A) ATS, CONTACTS	Pass
*	LINEAR MOTORS ACTUATION	Pass
*	MOVING PARTS	Pass
*	(B) SIMULATE POWER FAILURE	N/A
*	(C) TIME DELAYS	Pass
*	(D) CLOCK EXERCISER	Well

(5) BATTERY SYSTEMS

CHECK	(A) CHARGER VOLTAGE	14
*	(1) FLOAT	Pass
*	(2) EQUALIZE	N/A
*	(B) ELECTROLYTE LEVEL	N/A
*	(C) TERMINALS/CABLES	Pass
*	(D) BLANKET HEATER	N/A
*	(E) SPECIFIC GRAVITY	N/A
*	(1) HIGH	N/A
*	(2) LOW	N/A
*	(F) LOAD TEST	Pass
CLEAN	(G) CORROSION	none

(10) GENERAL CONDITION - EPSS

CHECK	(A) UNUSUAL/UNSAFE	None
*	(B) HOUSEKEEPING	Pass

(11) LOAD TEST

RECORD	(A) AMPERAGE/LEG	N/A
*	(B) VOLTAGE/LEG	N/A
*	(C) HERTZ	N/A
*	(D) CB CONNECTIONS	N/A
*	(E) UNIT LOADED	N/A

(12) EPSS

CHECK	(A) EPS IN AUTO?	Pass
*	(B) BREAKER CLOSED?	Pass

\* As needed, specified or during annual inspection only  
 \*\* Additional test if needed or specified

Comments:

Semi Annual PM complete nothing unusual noted.

3 Hours 55 Miles

Customer Signature \_\_\_\_\_ 3E Signature \_\_\_\_\_ Date 11/30/2022



LEAVE NO FIELD BLANK  
NEEDS N/A IF NOT USED

7402 L Street  
Omaha, NE 68127  
605-251-9415

N/A - NOT APPLICABLE ON THIS SERVICE  
CHANGED - FILTER OR PART WAS REPLACED  
PASSED - ITEM CHECKED OUT GOOD

ANNUAL

SEMI-ANNUAL INSPECTION

QUARTERLY INSPECTION

3E's GENERATOR (EPS) MAINTENANCE REPORT

CUSTOMER: LINCOLN REGIONAL CENTER MAKE CUMMINS TYPE QUARTERLY 9952  
CONTACT: BLDG 14 SERIAL AER00540 DATE 2-21-23  
PHONE: MODEL 3412 HRS 714  
ADDRESS 801 W. Prospector Pl. TECH WES  
CITY LINCOLN

AUTOMATIC TRANSFER SWITCHES

MAKE NA SERIAL MODEL  
MAKE NA SERIAL MODEL  
MAKE NA SERIAL MODEL

(1) FUEL SYSTEM

CHECK (A) FUEL LEAKS None  
\* (B) LINES/CONNECTIONS Pass  
\* (C) DAY TANK LEVEL N/A  
\* (D) DAY TANK OPERATION N/A  
\* (E) TRANSFER PUMP N/A  
\* (F) MAIN TANK LEVEL N/A  
\* (G) VENT/OVERFLOW N/A  
\* (H) WATER IN FUEL N/A  
\* (I) INJECTION PUMP N/A  
\* (J) SOLENOID VALVE Pass  
\* (K) FUEL FILTER N/A  
\* CHANGE (L) WATER SEPARATOR N/A  
\* TEST (M) FUEL SAMPLE N/A

(6) ELECTRICAL SYSTEM

CHECK (A) WIRING CONNECTIONS Pass  
\* (B) INSTRUMENTATION Pass  
\* (C) SAFETIES SHUTOFFS Pass  
\* (1) OVERCRANK Pass  
\* (2) HIGH WATER TEMP Pass  
\* (3) LOW OIL PRESSURE Pass  
\* (4) OVERSPEED Pass  
\* (D) ALARMS Pass  
\* (E) PREALARMS Pass  
\* (F) CIRCUIT BREAKERS Pass  
\* (G) FUSES Pass  
\* CHECK (H) INSULATION DAMAGE None  
CLEAN (I) CABINETRY Pass

(2) LUBRICATION

CHECK (A) LEAKS None  
\* (B) ENGINE OIL LEVEL Pass  
\* (C) OIL HEATER N/A  
\* (D) GOVERNOR OIL LEVEL N/A  
\* (E) CRANKCASE BREATHER Pass  
\* CHANGE (F) OIL FILTER NA  
\* CHANGE (G) ENGINE OIL NA  
\* CHANGE (H) GOVERNOR OIL N/A  
\* TEST (I) OIL SAMPLE N/A

(7) PRIME MOVER

CHECK (A) GOVERNOR OPERATION Pass  
\* (B) VIBRATION Pass  
\* (C) TIMING Pass  
\* (D) INJECTORS Pass  
\* (E) MOUNTING HARDWARE Pass  
\* (F) AIR INTAKE Pass  
\* (G) OIL PRESSURE 88  
\* (H) WATER TEMPERATURE NA  
\* (I) DC ALTERNATOR Pass  
\* (1) VOLTS 14  
\* (2) AMPS N/A  
\* (J) AIR CLEANER Pass  
\* (K) BOLTS Pass

(3) COOLING SYSTEM

CHECK (A) LEAKS PASS  
\* (B) COOLANT LEVEL PASS  
\* (C) FREEZE POINT N/A  
\* (D) RADIATOR AIR FLOW PASS  
\* (E) LOUVER SYSTEMS PASS  
\* (F) BLOCK HEATER PASS  
\* (G) WATER PUMP PASS  
\* (H) HOSES Pass  
\* (I) BELTS Pass  
\* (J) FAN HUB Pass  
\* (K) PULLEYS Pass  
\* (L) RADIATOR PSI N/A  
\* (M) RADIATOR CAP PSI N/A  
\* CHANGE (N) WATER FILTER N/A  
\*\* CHANGE (O) ANTIFREEZE PASS

(8) GENERATOR

CHECK (A) ROTOR Pass  
\* (B) STATOR Pass  
\* (C) EXCITOR Pass  
\* (1) STATOR Pass  
\* (2) ROTOR Pass  
\* (D) BEARINGS (IR) Pass  
\* (E) DIODES Pass  
\* (F) AIR FLOW Pass  
\* (G) VOLTAGE REGULATOR Pass  
\* TEST (H) FEED BREAKER Pass  
RECORD (I) VOLTAGE 482  
\* (J) HERTZ 60

(4) EXHAUST SYSTEM

CHECK (A) LEAKS PASS  
\* (B) CONDENSATION TRAP N/A  
\* (C) INSULATION N/A  
\* (D) RESTRICTION Pass  
\* (E) RAINGAP Pass  
CHECK (F) HANGERS/SUPPORT Pass  
\* (G) FLEX SECTIONS Pass

(9) AUTOMATIC TRANSFER SWITCHES

CHECK (A) ATS CONTACTS Pass  
\* LINEAR MOTORS ACTUATION Pass  
\* MOVING PARTS Pass  
\* (B) SIMULATE POWER FAILURE N/A  
\* (C) TIME DELAYS Pass  
\* (D) CLOCK EXERCISER Pass

(5) BATTERY SYSTEMS

CHECK (A) CHARGER VOLTAGE 26  
\* (1) FLDAT Pass  
\* (2) EQUALIZE N/A  
\* (B) ELECTROLYTE LEVEL N/A  
\* (C) TERMINALS/CABLES Pass  
\* (D) BLANKET HEATER N/A  
\* (E) SPECIFIC GRAVITY N/A  
\* (1) HIGH N/A  
\* (2) LOW N/A  
\* (F) LOAD TEST Pass  
CLEAN (G) CORROSION None

(10) GENERAL CONDITION - EPSS

CHECK (A) UNUSUAL/UNSAFE PASS  
\* (B) HOUSEKEEPING Pass

(11) LOAD TEST

RECORD (A) AMPERAGE/LEG N/A  
\* (B) VOLTAGE/LEG N/A  
\* (C) HERTZ N/A  
\* (D) CB CONNECTIONS N/A  
\* (E) UNIT LOADED N/A

(12) EPSS

CHECK (A) EPS IN AUTO? Pass  
\* (B) BREAKER CLOSED? Pass

\* As needed, specified or during annual inspection only  
\*\* Additional cost if needed or specified.

Comments:

Semi Annual Inspection complete. No issues found

2 HRS 32 MILES

Customer Signature

3E Signature

Date 2-21-23



LEAVE NO FIELD BLANK  
NEEDS N/A IF NOT USED

7402 L Street  
Omaha, NE 68127  
605-251-9415

N/A - NOT APPLICABLE ON THIS SERVICE  
CHANGED - FILTER OR PART WAS REPLACED  
PASSED - ITEM CHECKED OUT GOOD

ANNUAL

SEMI-ANNUAL INSPECTION

QUARTERLY INSPECTION

3E's GENERATOR (EPS) MAINTENANCE REPORT

CUSTOMER: LINCOLN REGIONAL CENTER MAKE CAT TYPE ANNUAL 10006 + 10007  
CONTACT: BLDG 14 SERIAL AER00540 DATE 5-9-23  
PHONE: MODEL 3412 HRS 721  
ADDRESS 801 W. Prospector Pl. TECH WES  
CITY LINCOLN

AUTOMATIC TRANSFER SWITCHES

MAKE NA SERIAL TSG01724 MODEL 80A CTS  
MAKE NA SERIAL MODEL  
MAKE NA SERIAL MODEL

(1) FUEL SYSTEM

CHECK (A) FUEL LEAKS None  
\* (B) LINES/CONNECTIONS Pass  
\* (C) DAY TANK LEVEL 90%  
\* (D) DAY TANK OPERATION N/A  
\* (E) TRANSFER PUMP N/A  
\* (F) MAIN TANK LEVEL N/A  
\* (G) VENT/OVERFLOW N/A  
\* (H) WATER IN FUEL PASS  
\* (I) INJECTION PUMP N/A  
\* (J) SOLENOID VALVE Pass  
\* CHANGE (K) FUEL FILTER CHANGED  
\* CHANGE (L) WATER SEPARATOR CHANGED  
\* TEST (M) FUEL SAMPLE TAKEN

(6) ELECTRICAL SYSTEM

CHECK (A) WIRING CONNECTIONS Pass  
\* (B) INSTRUMENTATION Pass  
\* (C) SAFETIES SHUTDOWNS Pass  
\* (1) OVERCRANK Pass  
\* (2) HIGH WATER TEMP. Pass  
\* (3) LOW OIL PRESSURE Pass  
\* (4) OVERSPEED Pass  
\* (D) ALARMS Pass  
\* (E) PREALARMS Pass  
\* (F) CIRCUIT BREAKERS Pass  
\* (G) FUSES Pass  
\* CHECK (H) INSULATION DAMAGE None  
CLEAN (I) CABINETRY Pass

(2) LUBRICATION

CHECK (A) LEAKS None  
\* (B) ENGINE OIL LEVEL Pass  
\* (C) OIL HEATER N/A  
\* (D) GOVERNOR OIL LEVEL N/A  
\* (E) CRANKCASE BREATHER Pass  
\* CHANGE (F) OIL FILTER CHANGED  
\* CHANGE (G) ENGINE OIL CHANGED  
\* CHANGE (H) GOVERNOR OIL N/A  
\* TEST (I) OIL SAMPLE TAKEN

(7) PRIME MOVER

CHECK (A) GOVERNOR OPERATION Pass  
\* (B) VIBRATION Pass  
\* (C) TIMING Pass  
\* (D) INJECTORS Pass  
\* (E) MOUNTING HARDWARE Pass  
\* (F) AIR INTAKE Pass  
\* (G) OIL PRESSURE 84  
\* (H) WATER TEMPERATURE N/A  
\* (I) DC ALTERNATOR Pass  
\* (1) VOLTS 28  
\* (2) AMPS N/A  
\* CHANGE (J) AIR CLEANER 8888  
\*\* TORQUE (K) BOLTS pass

(3) COOLING SYSTEM

CHECK (A) LEAKS PASS  
\* (B) COOLANT LEVEL PASS  
\* (C) FREEZE POINT N/A  
\* (D) RADIATOR AIR FLOW PASS  
\* (E) LOUVER SYSTEMS PASS  
\* (F) BLOCK HEATER PASS  
\* (G) WATER PUMP PASS  
\* (H) HOSES Pass  
\* (I) BELTS Pass  
\* (J) FAN HUB Pass  
\* (K) PULLEYS Pass  
\* (L) RADIATOR PSI N/A  
\* (M) RADIATOR CAP PSI 25  
\* CHANGE (N) WATER FILTER N/A  
\*\* CHANGE (O) ANTIFREEZE PASS

(8) GENERATOR

CHECK (A) ROTOR Pass  
\* (B) STATOR Pass  
\* (C) EXCITOR Pass  
\* (1) STATOR Pass  
\* (2) ROTOR Pass  
\* (D) BEARINGS (IR) Pass  
\* (E) DIODES Pass  
\* (F) AIR FLOW Pass  
\* (G) VOLTAGE REGULATOR Pass  
\* TEST (H) FEED BREAKER Pass  
RECORD (I) VOLTAGE 480  
\* (J) HERTZ 60

(4) EXHAUST SYSTEM

CHECK (A) LEAKS PASS  
\* (B) CONDENSATION TRAP N/A  
\* (C) INSULATION N/A  
\* (D) RESTRICTION Pass  
\* (E) RAINGAP Pass  
CHECK (F) HANGERS/SUPPORT Pass  
\* (G) FLEX SECTIONS Pass

(9) AUTOMATIC TRANSFER SWITCHES

CHECK (A) ATS, CONTACTS Pass  
\* LINEAR MOTORS ACTUATION Pass  
\* MOVING PARTS Pass  
\* (B) SIMULATE POWER FAILURE N/A  
\* (C) TIME DELAYS Pass  
\* (D) CLOCK EXERCISER Pass

(5) BATTERY SYSTEMS

CHECK (A) CHARGER VOLTAGE 27  
\* (1) FLOAT Pass  
\* (2) EQUALIZE N/A  
\* (B) ELECTROLYTE LEVEL N/A  
\* (C) TERMINALS/CABLES Pass  
\* (D) BLANKET HEATER N/A  
\* (E) SPECIFIC GRAVITY N/A  
\* (1) HIGH N/A  
\* (2) LOW N/A  
\* (F) LOAD TEST Pass  
CLEAN (G) CORROSION None

(10) GENERAL CONDITION - EPSS

CHECK (A) UNUSUAL/UNSAFE PASS  
\* (B) HOUSEKEEPING Pass

(11) LOAD TEST

RECORD (A) AMPERAGE/LEG N/A  
\* (B) VOLTAGE/LEG N/A  
\* (C) HERTZ N/A  
\* (D) CB CONNECTIONS N/A  
\* (E) UNIT LOADED N/A

(12) EPSS

CHECK (A) EPS IN AUTO? Pass  
\* (D) BREAKER CLOSEO? Pass

\* As needed, specified or using annual inspection only  
\*\* Additional cost if needed or specified.

Comments:

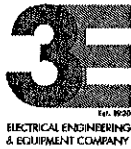
oil, coolant & fuel  
ANNUAL PM COMPLETE NO ISSUES. 1 HR 0 MILES FOR SAMPLES. 10007

10 HRS 32 MILES 2: 7792 O/F 2:3674 F/F 1:3780 F/F 60 qrts 15w 40 Job took extra time due to mess from faulty filter

Customer Signature

3E Signature

Date 5-9-23



3E- GENERATOR VAN  
 953 73RD ST  
 WINDSOR HEIGHTS, IA 50324  
 (402) 3423050 FAX (402) 3426874

# INVOICE

INVOICE DATE	INVOICE NO.
05/17/23	10006-00
PO. NO.	PAGE #
LINCOLN REG CENTER #14	1

<b>TO VIEW AND PAY ONLINE</b>	<b>USE THIS ENROLLMENT TOKEN</b>
<a href="http://3e-co.billtrust.com">http://3e-co.billtrust.com</a>	PQX WHM KVS

BILL TO:

STATE OF NE - BLDG DIVISION  
 1526 K ST SUITE 200  
 LINCOLN, NE 68508-2734

REMIT TO:  
 Consolidated Electrical Distributor  
 PO BOX 850365  
 MINNEAPOLIS, MN 55485-0365

SHIP TO:  
 STATE OF NE - BLDG DIVISION  
 LINCOLN REG CENTER #14  
 GENERAL DELIVERY  
 LINCOLN, NE 68508-2734

PLACED BY		INSTRUCTIONS		REFERENCE			CASH DISCOUNT	
				ANNUAL			0.00	
CUST #		SHIP POINT		SHIP VIA		SHIPPED		IF PAID BY
200310		3E- GENERATOR VAN				05/17/23		06/10/23
LINE NO.	PRODUCT AND DESCRIPTION	QUANTITY ORDERED	QUANTITY B.O.	QTY SHIPPED	QTY U/M	NET PRICE	AMOUNT (NET)	
1	8500GPM SERVICE:PM GENERATOR 5/9/23 ANNUAL SERVICE & INSPECTION	1.00	0.00	1.00	E	900.00	900.00	
2	EEE LABOR LABOR Interchange Prod: LABOR	1.00	0.00	1.00	E	0.00	0.00	
3	7300MILEAGE MILEAGE	32.00	0.00	32.00	E	0.00	0.00	
4	7301MISC Misc mat acct 1143 2 - 7792 OIL FILTER 2 - 3674 FUEL FILTER 1 - 3780 FUEL FILTER	1.00	0.00	1.00	each	0.00	0.00	
5	7080 15W40KOH 15W40 OIL QTS KOHLER	60.00	0.00	60.00	E	0.00	0.00	
5	Lines Total	Qty Shipped Total		95	Total Invoice Total	900.00		900.00

Last Page

Cash Discount 0.00 If Paid By 06/10/23

THIS SALE IS SUBJECT TO OUR TERMS LOCATED AT  
 SALES.OUR-TERMS.COM, WHICH WE MAY CHANGE FROM  
 TIME TO TIME WITH PRIOR NOTICE.



3E- GENERATOR VAN  
 953 73RD ST  
 WINDSOR HEIGHTS, IA 50324  
 (402) 3423050 FAX (402) 3426874

# INVOICE

INVOICE DATE	INVOICE NO.
05/17/23	10007-00
PO. NO.	PAGE #
LINCOLN REG CENTER #14	1

<b>TO VIEW AND PAY ONLINE</b>	<b>USE THIS ENROLLMENT TOKEN</b>
<a href="http://3e-co.billtrust.com">http://3e-co.billtrust.com</a>	<b>PQX WHM KVS</b>

BILL TO:

STATE OF NE - BLDG DIVISION  
 1526 K ST SUITE 200  
 LINCOLN, NE 68508-2734

REMIT TO:  
 Consolidated Electrical Distributor  
 PO BOX 850365  
 MINNEAPOLIS, MN 55485-0365

SHIP TO:  
 STATE OF NE - BLDG DIVISION  
 LINCOLN REG CENTER #14  
 GENERAL DELIVERY  
 LINCOLN, NE 68508-2734

PLACED BY		INSTRUCTIONS		REFERENCE			CASH DISCOUNT	
				SAMPLES			0.00	
CUST #		SHIP POINT		SHIP VIA		SHIPPED		IF PAID BY
200310		3E- GENERATOR VAN				05/17/23		06/10/23
LINE NO.	PRODUCT AND DESCRIPTION	QUANTITY ORDERED	QUANTITY B.O.	QTY SHIPPED	QTY U/M	NET PRICE	AMOUNT (NET)	
1	7000OD8011 OD8011 TITAN KIT W/ ANALYSIS (3EOIL)	1.00	0.00	1.00	E	40.00	40.00	
2	7000OD6666 OD6666 COOLANT SAMPLE KIT (3ECOOL)	1.00	0.00	1.00	E	40.00	40.00	
3	7000BWSFUELSAMPLEKIT BACTERIA WATER & SEDMNT FUEL SAMPLE KIT (3EBAWA)	1.00	0.00	1.00	E	100.00	100.00	
4	EEE LABOR LABOR	1.00	0.00	1.00	E	0.00	0.00	
4	Lines Total	Qty Shipped Total		4 Total		Invoice Total		180.00
							180.00	

Last Page

Cash Discount 0.00 If Paid By 06/10/23

THIS SALE IS SUBJECT TO OUR TERMS LOCATED AT  
 SALES.OUR-TERMS.COM, WHICH WE MAY CHANGE FROM  
 TIME TO TIME WITH PRIOR NOTICE.





LEAVE NO FIELD BLANK  
NEEDS N/A IF NOT USED

7402 L Street  
Omaha, NE 68127  
605-251-9415

N/A - NOT APPLICABLE ON THIS SERVICE  
CHANGED - FILTER OR PART WAS REPLACED  
PASSED - ITEM CHECKED OUT GOOD

ANNUAL

SEMI-ANNUAL INSPECTION

QUARTERLY INSPECTION

3E's GENERATOR (EPS) MAINTENANCE REPORT

CUSTOMER: Lincoln Reg Center #14 MAKE Cat TYPE Semi Annual 921443  
 CONTACT: \_\_\_\_\_ SERIAL AEROQ540 DATE 11/30/2022  
 PHONE: \_\_\_\_\_ MODEL SR4B HRS 706  
 ADDRESS 801 Prospector PL #14 TECH Daniel  
 CITY Lincoln, NE

AUTOMATIC TRANSFER SWITCHES

MAKE Cat SERIAL TSG01714 MODEL CTS  
 MAKE Cat SERIAL TSG01713 MODEL CTS  
 MAKE Cat SERIAL TSG01724 MODEL CTS

(1) FUEL SYSTEM

CHECK (A) FUEL LEAKS None  
 \* (B) LINES/CONNECTIONS Pass  
 \* (C) DAYTANK LEVEL N/A  
 \* (D) DAYTANK OPERATION N/A  
 \* (E) TRANSFER PUMP Pass  
 \* (F) MAIN TANK LEVEL 75%  
 \* (G) VENT/OVERFLOW Pass  
 \* (H) WATER IN FUEL None  
 \* (I) INJECTION PUMP Pass  
 \* (J) SOLENOID VALVE N/A  
 \* CHANGE (K) FUEL FILTER Pass  
 \* CHANGE (L) WATER SEPARATOR Pass  
 \* TEST (M) FUEL SAMPLE N/A

(6) ELECTRICAL SYSTEM

CHECK (A) WIRING CONNECTIONS Pass  
 \* (B) INSTRUMENTATION Pass  
 \* (C) SAFETIES SHUTDOWNS Pass  
 \* (1) OVERCRANK Pass  
 \* (2) HIGH WATER TEMP Pass  
 \* (3) LOW OIL PRESSURE Pass  
 \* (4) OVERSPEED Pass  
 \* (D) ALARMS Pass  
 \* (E) PREALARMS Pass  
 \* (F) CIRCUIT BREAKERS Pass  
 \* (G) FUSES Pass  
 \* CHECK (H) INSULATION DAMAGE None  
 CLEAN (I) CABINETS Pass

(2) LUBRICATION

CHECK (A) LEAKS None  
 \* (B) ENGINE OIL LEVEL Pass  
 \* (C) OIL HEATER N/A  
 \* (D) GOVERNOR OIL LEVEL N/A  
 \* (E) CRANKCASE BREATHER Pass  
 \* CHANGE (F) OIL FILTER Pass  
 \* CHANGE (G) ENGINE OIL Pass  
 \* CHANGE (H) GOVERNOR OIL N/A  
 \* TEST (I) OIL SAMPLE N/A

(7) PRIME MOVER

CHECK (A) GOVERNOR OPERATION Pass  
 \* (B) VIBRATION Pass  
 \* (C) TIMING Pass  
 \* (D) INJECTORS Pass  
 \* (E) MOUNTING HARDWARE Pass  
 \* (F) AIR INTAKE Pass  
 \* (G) OIL PRESSURE 81  
 \* (H) WATER TEMPERATURE 170  
 \* (I) DC ALTERNATOR Pass  
 \* (1) VOLTS 27  
 \* (2) AMPS N/A  
 \*\* CHANGE (J) AIR CLEANER Pass  
 \*\* TORQUE (K) BOLTS Pass

(3) COOLING SYSTEM

CHECK (A) LEAKS None  
 \* (B) COOLANT LEVEL Pass  
 \* (C) FREEZE POINT -30  
 \* (D) RADIATOR AIR FLOW Pass  
 \* (E) LOUVER SYSTEMS N/A  
 \* (F) BLOCK HEATER Pass  
 \* (G) WATER PUMP Pass  
 \* (H) HOSES Pass  
 \* (I) BELTS Pass  
 \* (J) FAN HUB Pass  
 \* (K) PULLEYS Pass  
 \* (L) RADIATOR PSI N/A  
 \* (M) RADIATOR CAP PSI N/A  
 \* CHANGE (N) WATER FILTER N/A  
 \*\* CHANGE (O) ANTI-FREEZE 50/50 (ELC)

(8) GENERATOR

CHECK (A) ROTOR Pass  
 \* (B) STATOR Pass  
 \* (C) EXCITOR Pass  
 \* (1) STATOR Pass  
 \* (2) ROTOR Pass  
 \* (D) BEARINGS (IR) Pass  
 \* (E) DIODES Pass  
 \* (F) AIR FLOW Pass  
 \* (G) VOLTAGE REGULATOR Pass  
 \* (H) FEED BREAKER Pass  
 \* (I) VOLTAGE 480  
 \* (J) HERTZ 60  
 \* TEST RECORD

(4) EXHAUST SYSTEM

CHECK (A) LEAKS None  
 \* (B) CONDENSATION TRAP N/A  
 \* (C) INSULATION N/A  
 \* (D) RESTRICTION Pass  
 \* (E) RAINCAP Pass  
 CHECK (F) HANGERS/SUPPORT Pass  
 \* (G) FLEX SECTIONS Pass

(9) AUTOMATIC TRANSFER SWITCHES

CHECK (A) ATS, CONTACTS Pass  
 LINEAR MOTORS ACTUATION Pass  
 MOVING PARTS Pass  
 \* (B) SIMULATE POWER FAILURE N/A  
 \* (C) TIME DELAYS Pass  
 \* (D) CLOCK EXERCISER Wellheadby

(5) BATTERY SYSTEMS

CHECK (A) CHARGER VOLTAGE 24  
 (1) FLOAT Pass  
 (2) EQUALIZE Pass  
 \* (B) ELECTROLYTE LEVEL N/A  
 \* (C) TERMINALS/CABLES Pass  
 \* (D) BLANKET HEATER N/A  
 \* (E) SPECIFIC GRAVITY N/A  
 (1) HIGH N/A  
 (2) LOW N/A  
 \* (F) LOAD TEST Pass  
 CLEAN (G) CORROSION None

(10) GENERAL CONDITION - EPSS

CHECK (A) UNUSUAL/UNSAFE None  
 \* (B) HOUSEKEEPING Pass

(11) LOAD TEST

RECORD (A) AMPERAGE/LEG N/A  
 \* (B) VOLTAGE/LEG N/A  
 \* (C) HERTZ N/A  
 \* (D) CB CONNECTIONS N/A  
 \* (E) UNIT LOADED N/A

(12) EPSS

CHECK (A) EPS IN AUTO? Pass  
 (B) BREAKER CLOSED? Pass

\* As needed, specified or during annual inspection only.  
 \*\* Additional cost if needed or specified.

Comments:

Semi Annual PM complete nothing unusual noted.

3 Hours 55 Miles

Customer Signature \_\_\_\_\_ 3E Signature \_\_\_\_\_ Date 11/30/2022

# NEBRASKA STATE FIRE MARSHAL

## OCCUPANCY PERMIT

Certificate Number: 11172

Name of Facility: **Lincoln Regional Center Bldg #14**  
Type of Facility: **Hospital**  
Location: **801 W Prospector PL**  
Maximum Occupancy: **85 Beds**  
Date Issued: **11/9/2022**

Inspected By: **Monica Ellis**  
**Deputy State Fire Marshal**

Approved By:



**State Fire Marshal**



POST IN PROMINENT PLACE



Change in occupancy classification or failure to meet State Fire Marshal codes  
shall invalidate this occupancy permit.



**Nebraska State Fire Marshal Agency  
Boiler Inspection Division**

246 S. 14th Street, Suite 1

Lincoln, NE 68508

Phone: (402) 471-9902, Email: [sfm.boilers@nebraska.gov](mailto:sfm.boilers@nebraska.gov)

Levi Nelson  
Chief Boiler Inspector

Scott Cordes  
State Fire Marshal

**Lincoln Regional Center  
ATTN: Tiffany Fitzpatrick-Gutierrez  
801 W Prospector Pl  
Lincoln, NE 68522-1970**

**06/13/2023**

If you sell, transfer, scrap, disconnect, or relocate this boiler, please notify our office @ (402) 471-9902 or [sfm.boilers@nebraska.gov](mailto:sfm.boilers@nebraska.gov). This certificate shall be posted on or near the unit described. If this unit is exposed to the weather or other possible damage, the certificate may be kept in a central location but shall be available to the inspector or any other legal authority.



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Lincoln, NE 68508

Phone: (402) 471-9902, Email: [sfm.boilers@nebraska.gov](mailto:sfm.boilers@nebraska.gov)

Owner

Location **2136496**

**Lincoln Regional Center  
801 W Prospector Pl  
Lincoln, NE 68522-1970**

**Lincoln Regional Center  
801 W Prospector Pl  
Lincoln, NE 68522-1970**

**State ID Number: NE01388**

**Type: FTSM - FTS Marine Dry Back**

**Last External Inspection: 01/25/2023**

**Expiration Date: 09/30/2023**

**Inspected By: Michael Hamer**

**Inspecting Agency: BVI&I**

**Last Internal Inspection: 09/20/2022**

**National Board Number: 36603**

**Pressure Allowed: 150 PSI**

**Safety-Relief Valves Setting: 100 PSI**

**Manufacturer: Kewanee**

**Year Built: 1982**

**Print Date: 06/13/2023**

**Next Internal Due Date: 09/20/2023**

**Serial Number: R4781**

**Owner's Equip ID:**

This is to certify that the described unit may be operated at a pressure not to exceed the "Pressure Allowed" as shown. This certificate is valid until the expiration date, another inspection is made, or is withdrawn for cause. Issuance of this certificate does not create liability nor guarantee personal safety. If you have any questions regarding the operation or safety of this unit, contact the owner or the State Chief Boiler Inspector.

Chief Boiler Inspector

Levi Nelson



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Phone: (402) 471-9902, Email: [sfm.boilers@nebraska.gov](mailto:sfm.boilers@nebraska.gov)

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Chief Boiler Inspector

Scott Cordes  
State Fire Marshal

**Lincoln Regional Center  
ATTN: Tiffany Fitzpatrick-Gutierrez  
801 W Prospector Pl  
Lincoln, NE 68522-1970**

**06/13/2023**

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Owner

**Lincoln Regional Center  
801 W Prospector Pl  
Lincoln, NE 68522-1970**

Location **2136496**

**Lincoln Regional Center  
801 W Prospector Pl  
Lincoln, NE 68522-1970**

**State ID Number: NE01389  
Type: FTSM - FTS Marine Dry Back  
Last External Inspection: 01/25/2023  
Expiration Date: 01/31/2024  
Inspected By: Michael Hamer  
Inspecting Agency: BVI&I  
Last Internal Inspection: 06/09/2021  
National Board Number: 36658**

**Pressure Allowed: 150 PSI  
Safety-Relief Valves Setting: 100 PSI  
Manufacturer: Kewanee  
Year Built: 1982  
Print Date: 06/13/2023  
Next Internal Due Date: 06/09/2023  
Serial Number: P4907  
Owner's Equip ID:**

This is to certify that the described unit may be operated at a pressure not to exceed the "Pressure Allowed" as shown. This certificate is valid until the expiration date, another inspection is made, or is withdrawn for cause. Issuance of this certificate does not create liability nor guarantee personal safety. If you have any questions regarding the operation or safety of this unit, contact the owner or the State Chief Boiler Inspector.

Chief Boiler Inspector

Levi Nelson



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**06/13/2023**

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Owner

**Lincoln Regional Center  
801 W Prospector Pl  
Lincoln, NE 68522-1970**

Location **2136496**

**Lincoln Regional Center  
801 W Prospector Pl  
Lincoln, NE 68522-1970**

**State ID Number: NE01390**

**Type: FTWB - FTS Marine Wet Back**

**Last External Inspection: 01/25/2023**

**Expiration Date: 01/31/2024**

**Inspected By: Michael Hamer**

**Inspecting Agency: BVI&I**

**Last Internal Inspection: 06/09/2021**

**National Board Number: 36582**

**Pressure Allowed: 150 PSI**

**Safety-Relief Valves Setting: 100 PSI**

**Manufacturer: Kewanee**

**Year Built: 1982**

**Print Date: 06/13/2023**

**Next Internal Due Date: 06/09/2023**

**Serial Number: P4722**

**Owner's Equip ID:**

This is to certify that the described unit may be operated at a pressure not to exceed the "Pressure Allowed" as shown. This certificate is valid until the expiration date, another inspection is made, or is withdrawn for cause. Issuance of this certificate does not create liability nor guarantee personal safety. If you have any questions regarding the operation or safety of this unit, contact the owner or the State Chief Boiler Inspector.

Chief Boiler Inspector

Levi Nelson



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Scott Cordes  
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**06/13/2023**

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Owner

Location **2136496**

**Lincoln Regional Center  
801 W Prospector Pl  
Lincoln, NE 68522-1970**

**Lincoln Regional Center  
801 W Prospector Pl  
Lincoln, NE 68522-1970**

**State ID Number: NE25587**

**Type: FTWB - FTS Marine Wet Back**

**Last External Inspection: 01/25/2023**

**Expiration Date: 01/31/2024**

**Inspected By: Michael Hamer**

**Inspecting Agency: BVI&I**

**Last Internal Inspection: 09/20/2022**

**National Board Number: 21147**

**Pressure Allowed: 150 PSI**

**Safety-Relief Valves Setting: 100 PSI**

**Manufacturer: Hurst**

**Year Built: 2016**

**Print Date: 06/13/2023**

**Next Internal Due Date: 09/20/2023**

**Serial Number: S2500-150-133**

**Owner's Equip ID:**

This is to certify that the described unit may be operated at a pressure not to exceed the "Pressure Allowed" as shown. This certificate is valid until the expiration date, another inspection is made, or is withdrawn for cause. Issuance of this certificate does not create liability nor guarantee personal safety. If you have any questions regarding the operation or safety of this unit, contact the owner or the State Chief Boiler Inspector.

Chief Boiler Inspector

Levi Nelson



# Backflow Preventer Test Form

402.441.5912 • e-mail: [Backflow@lincoln.ne.gov](mailto:Backflow@lincoln.ne.gov) • FAX: 402.441.8003

Return to: Lincoln Water System Backflow 2021 North 27th Street, Lincoln, NE 68503

Business/Building \_\_\_\_\_ Contact Person \_\_\_\_\_

Service Address \_\_\_\_\_ Suite# \_\_\_\_\_

Phone# \_\_\_\_\_ e-mail: \_\_\_\_\_

Device Location \_\_\_\_\_

<input type="checkbox"/> Annual Test	<input type="checkbox"/> Repair	<input type="checkbox"/> New Installation
<input type="checkbox"/> DC	<input type="checkbox"/> RPP	Serial #: _____ Size: _____ Manufacturer: _____ Model#: _____
<input type="checkbox"/> Replacement		
<input type="checkbox"/> DC	<input type="checkbox"/> RPP	Serial #: _____ Size: _____ Manufacturer: _____ Model#: _____

<input type="checkbox"/> Domestic Containment	<input type="checkbox"/> Irrigation	<input type="checkbox"/> Fire Service	<input type="checkbox"/> Boiler	<input type="checkbox"/> Carbonator
<input type="checkbox"/> Swimming Pool	<input type="checkbox"/> Cooling Tower	<input type="checkbox"/> Water Cooled Ice Maker	<input type="checkbox"/> Other (Desc): _____	

Reduced Pressure-Double Check Valve		Pressure Vacuum Breaker	
Shut off #2	Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #1	Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #1 _____ PSID	Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #2	Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #2 _____ PSID	Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Check Valve Held at _____ PSID	
Relief Valve (RP only) Opened at _____ PSID		Air vent opened at _____ PSID	

Final Test: Check Valve #1	Check Valve #2	Pressure Relief	PVB/SVB
	Closed Tight <input type="checkbox"/> Yes <input type="checkbox"/> No		Check Valve PSID
PSID	PSID	Replaced PSID	Air Inlet PSID

I hereby certify the above backflow preventer has been tested in accordance with all rules and regulations of the State of Nebraska Health and Human Services, Department of Regulation and Licensure, Title 179, and the Lincoln Water System Title 17, and that all readings are true and accurate to the best of my ability. **Must be returned to LWS within 30 days of performing test.**

State Certified Technician (Please Print) \_\_\_\_\_ Company \_\_\_\_\_ Grade 6 Certificate# \_\_\_\_\_ Cell/Phone# \_\_\_\_\_

State Certified Technician (Signature) \_\_\_\_\_ Customer (Signature) \_\_\_\_\_ Date of Test \_\_\_\_\_

Test Gauge Manufacturer \_\_\_\_\_ Test Gauge Serial # \_\_\_\_\_ Date of Calibration \_\_\_\_\_

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

PLEASE TYPE OR PRINT LEGIBLY



# Backflow Preventer Test Form

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Return to: Lincoln Water System Backflow 2021 North 27th Street, Lincoln, NE 68503

Business/Building \_\_\_\_\_ Contact Person \_\_\_\_\_

Service Address \_\_\_\_\_ Suite# \_\_\_\_\_

Phone# \_\_\_\_\_ e-mail: \_\_\_\_\_

Device Location \_\_\_\_\_

<input type="checkbox"/> Annual Test	<input type="checkbox"/> Repair	<input type="checkbox"/> New Installation
<input type="checkbox"/> DC	<input type="checkbox"/> RPP	Serial #: _____ Size: _____ Manufacturer: _____ Model#: _____
<input type="checkbox"/> Replacement		
<input type="checkbox"/> DC	<input type="checkbox"/> RPP	Serial #: _____ Size: _____ Manufacturer: _____ Model#: _____

<input type="checkbox"/> Domestic Containment	<input type="checkbox"/> Irrigation	<input type="checkbox"/> Fire Service	<input type="checkbox"/> Boiler	<input type="checkbox"/> Carbonator
<input type="checkbox"/> Swimming Pool	<input type="checkbox"/> Cooling Tower	<input type="checkbox"/> Water Cooled Ice Maker	<input type="checkbox"/> Other (Desc): _____	

Reduced Pressure-Double Check Valve		Pressure Vacuum Breaker	
Shut off #2	Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #1	Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #1 _____ PSID	Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #2	Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #2 _____ PSID	Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Check Valve Held at _____ PSID	
Relief Valve (RP only) Opened at _____ PSID		Air vent opened at _____ PSID	

Final Test: Check Valve #1	Check Valve #2	Pressure Relief	PVB/SVB
	Closed Tight <input type="checkbox"/> Yes <input type="checkbox"/> No		Check Valve PSID
PSID	PSID	Replaced PSID	Air Inlet PSID

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Test Gauge Manufacturer \_\_\_\_\_ Test Gauge Serial # \_\_\_\_\_ Date of Calibration \_\_\_\_\_

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

PLEASE TYPE OR PRINT LEGIBLY





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Service Address \_\_\_\_\_ Suite# \_\_\_\_\_

Phone# \_\_\_\_\_ e-mail: \_\_\_\_\_

Device Location \_\_\_\_\_

<input type="checkbox"/> Annual Test	<input type="checkbox"/> Repair	<input type="checkbox"/> New Installation
<input type="checkbox"/> DC	<input type="checkbox"/> RPP	Serial #: _____ Size: _____ Manufacturer: _____ Model#: _____
<input type="checkbox"/> Replacement		
<input type="checkbox"/> DC	<input type="checkbox"/> RPP	Serial #: _____ Size: _____ Manufacturer: _____ Model#: _____

<input type="checkbox"/> Domestic Containment	<input type="checkbox"/> Irrigation	<input type="checkbox"/> Fire Service	<input type="checkbox"/> Boiler	<input type="checkbox"/> Carbonator
<input type="checkbox"/> Swimming Pool	<input type="checkbox"/> Cooling Tower	<input type="checkbox"/> Water Cooled Ice Maker	<input type="checkbox"/> Other (Desc): _____	

Reduced Pressure-Double Check Valve		Pressure Vacuum Breaker	
Shut off #2	Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #1	Held <input type="checkbox"/> Yes <input type="checkbox"/> No
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Check Valve #2 _____ PSID	Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Check Valve Held at _____ PSID	
Relief Valve (RP only) Opened at _____ PSID		Air vent opened at _____ PSID	

Final Test: Check Valve #1	Check Valve #2	Pressure Relief	PVB/SVB
	Closed Tight <input type="checkbox"/> Yes <input type="checkbox"/> No		Check Valve PSID
PSID	PSID	Replaced PSID	Air Inlet PSID

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State Certified Technician (Signature) \_\_\_\_\_ Customer (Signature) \_\_\_\_\_ Date of Test \_\_\_\_\_

Test Gauge Manufacturer \_\_\_\_\_ Test Gauge Serial # \_\_\_\_\_ Date of Calibration \_\_\_\_\_

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

PLEASE TYPE OR PRINT LEGIBLY



# E-DOCKET

## Maintenance

NO. e-docket :US324466

page 1

**US serial number :** USV1008514      **Customer Name :** LINCOLN REGIONAL CENTER  
**Lift Number :** 4076 - T BLDG #5      **Supervisor Name :** James Laverne Geer  
**Unit Type :** Hydraulic      **Branch Name :** OMAHA  
**Building Address :** 801 W PROSPECTOR PLC  
LANCASTER  
68509 LINCOLN  
**IVR WO Number :**

### MAINTENANCE

Task Set : PREVENTATIVE MAINTENANCE

Operating Upon Departure the technician : Yes

#### Elevator

Unit Type	Hydraulic	
Unit Nickname	4076 - T BLDG #5	
Unit	USV1008514	
PERFORMED PREVENTATIVE MAINTENANCE	<input checked="" type="checkbox"/>	
Material Used/Spare Parts Used	4076 - T BLDG #5 USV1008514-Hydraulic:	

#### Technician's comments and recommendations :

Pm tested fire service, updated mcp, assisted in reset for fire alarm guys

#### Material Used :

### CLIENT COMMENTS

N/A



# E-DOCKET

## Maintenance

NO. e-docket :US324466

page 2

### Time And Expense Detail

Line Type	Labor Type				Date	Start Time	End Time	Expense Amount
	0	1.5	1.7	2				
Labor	1				11-Apr-2023	09:00 AM	10:00 AM	

### TECHNICIAN SIGNATURE

Technician : Michael Conrad Laurent

### CLIENT SIGNATURE

For the client :

Date : 11-04-2023

Called customer



# E-DOCKET

## Maintenance

NO. e-docket :US292836

page 1

**US serial number :** USV1008514      **Customer Name :** LINCOLN REGIONAL CENTER  
**Lift Number :** 4076 - T BLDG #5      **Supervisor Name :** JAMES L GEER  
**Unit Type :** Hydraulic      **Branch Name :** OMAHA  
**Building Address :** 801 W PROSPECTOR PLC  
LANCASTER  
68509 LINCOLN  
**IVR WO Number :**

### MAINTENANCE

Task Set : PREVENTATIVE MAINTENANCE

Operating Upon Departure the technician : Yes

#### Elevator

Unit Type	Hydraulic	
Unit Nickname	4076 - T BLDG #5	
Unit	USV1008514	
PERFORMED PREVENTATIVE MAINTENANCE	<input checked="" type="checkbox"/>	
Material Used/Spare Parts Used	4076 - T BLDG #5 USV1008514-Hydraulic:	

#### Technician's comments and recommendations :

Perfomed annual test and pm

#### Material Used :

### CLIENT COMMENTS

N/A



# E-DOCKET

## Maintenance

NO. e-docket :US292836

page 2

### Time And Expense Detail

Line Type	Labor Type				Date	Start Time	End Time	Expense Amount
	0	1.5	1.7	2				
Labor	1.75				17-Jan-2023	01:45 PM	03:30 PM	

### TECHNICIAN SIGNATURE

Technician : MICHAEL LAURENT

### CLIENT SIGNATURE

For the client :

Date : 17-01-2023

Called customer



# E-DOCKET

## Maintenance

NO. e-docket :US364091

page 1

**US serial number :** USV1008514      **Customer Name :** LINCOLN REGIONAL CENTER  
**Lift Number :** 4076 - T BLDG #5      **Supervisor Name :** James Laverne Geer  
**Unit Type :** Hydraulic      **Branch Name :** OMAHA  
**Building Address :** 801 W PROSPECTOR PLC  
LANCASTER  
68509 LINCOLN  
**IVR WO Number :**

### MAINTENANCE

Task Set : PREVENTATIVE MAINTENANCE

Operating Upon Departure the technician : Yes

#### Elevator

Unit Type	Hydraulic	
Unit Nickname	4076 - T BLDG #5	
Unit	USV1008514	
PERFORMED PREVENTATIVE MAINTENANCE	<input checked="" type="checkbox"/>	
COMPLETED TKE BRAKE MAINTENANCE PROCEDURES	<input type="checkbox"/>	
Material Used/Spare Parts Used	4076 - T BLDG #5 USV1008514-Hydraulic:	

#### Technician's comments and recommendations :

Pm cleaned pit, ran hoistway, trouble shoot encoder

#### Material Used :

### CLIENT COMMENTS

N/A



# E-DOCKET

## Maintenance

NO. e-docket :US364091

page 2

### Time And Expense Detail

Line Type	Labor Type				Date	Start Time	End Time	Expense Amount
	0	1.5	1.7	2				
Labor	1.25				31-Jul-2023	10:15 AM	11:30 AM	

### TECHNICIAN SIGNATURE

Technician : Michael Conrad Laurent

### CLIENT SIGNATURE

For the client :

Date : 31-07-2023

Called customer



# Backflow Preventer Test Form

402.441.5912 • e-mail: [Backflow@lincoln.ne.gov](mailto:Backflow@lincoln.ne.gov) • FAX: 402.441.8003

Return to: Lincoln Water System Backflow 2021 North 27th Street, Lincoln, NE 68503

Business/Building \_\_\_\_\_ Contact Person \_\_\_\_\_

Service Address \_\_\_\_\_ Suite# \_\_\_\_\_

Phone# \_\_\_\_\_ e-mail: \_\_\_\_\_

Device Location \_\_\_\_\_

<input type="checkbox"/> Annual Test	<input type="checkbox"/> Repair	<input type="checkbox"/> New Installation
<input type="checkbox"/> DC	<input type="checkbox"/> RPP	Serial #: _____ Size: _____ Manufacturer: _____ Model#: _____
<input type="checkbox"/> Replacement		
<input type="checkbox"/> DC	<input type="checkbox"/> RPP	Serial #: _____ Size: _____ Manufacturer: _____ Model#: _____

<input type="checkbox"/> Domestic Containment	<input type="checkbox"/> Irrigation	<input type="checkbox"/> Fire Service	<input type="checkbox"/> Boiler	<input type="checkbox"/> Carbonator
<input type="checkbox"/> Swimming Pool	<input type="checkbox"/> Cooling Tower	<input type="checkbox"/> Water Cooled Ice Maker	<input type="checkbox"/> Other (Desc): _____	

Reduced Pressure-Double Check Valve		Pressure Vacuum Breaker	
Shut off #2	Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #1	Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #1 _____ PSID	Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #2	Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #2 _____ PSID	Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Check Valve Held at _____ PSID	
Relief Valve (RP only) Opened at _____ PSID		Air vent opened at _____ PSID	

Final Test: Check Valve #1	Check Valve #2	Pressure Relief	PVB/SVB
	Closed Tight <input type="checkbox"/> Yes <input type="checkbox"/> No		Check Valve PSID
PSID	PSID	Replaced PSID	Air Inlet PSID

I hereby certify the above backflow preventer has been tested in accordance with all rules and regulations of the State of Nebraska Health and Human Services, Department of Regulation and Licensure, Title 179, and the Lincoln Water System Title 17, and that all readings are true and accurate to the best of my ability. **Must be returned to LWS within 30 days of performing test.**

State Certified Technician (Please Print) \_\_\_\_\_ Company \_\_\_\_\_ Grade 6 Certificate# \_\_\_\_\_ Cell/Phone# \_\_\_\_\_

State Certified Technician (Signature) \_\_\_\_\_ Customer (Signature) \_\_\_\_\_ Date of Test \_\_\_\_\_

Test Gauge Manufacturer \_\_\_\_\_ Test Gauge Serial # \_\_\_\_\_ Date of Calibration \_\_\_\_\_

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

PLEASE TYPE OR PRINT LEGIBLY





# E-DOCKET

## Maintenance

NO. e-docket :US324582

page 1

**US serial number :** USV1008559      **Customer Name :** LINCOLN REGIONAL CENTER  
**Lift Number :** 4071 - #6      **Supervisor Name :** James Laverne Geer  
**Unit Type :** Hydraulic      **Branch Name :** OMAHA  
**Building Address :** 801 W PROSPECTOR PLC  
LANCASTER  
68509 LINCOLN  
**IVR WO Number :**

### MAINTENANCE

Task Set : PREVENTATIVE MAINTENANCE

Operating Upon Departure the technician : Yes

#### Elevator

Unit Type	Hydraulic	
Unit Nickname	4071 - #6	
Unit	USV1008559	
PERFORMED PREVENTATIVE MAINTENANCE	<input checked="" type="checkbox"/>	
Material Used/Spare Parts Used	4071 - #6 USV1008559-Hydraulic:	

#### Technician's comments and recommendations :

Pm, clean car top, fix alarm bell button

#### Material Used :

### CLIENT COMMENTS

N/A



# E-DOCKET

## Maintenance

NO. e-docket :US324582

page 2

### Time And Expense Detail

Line Type	Labor Type				Date	Start Time	End Time	Expense Amount
	0	1.5	1.7	2				
Labor	1				11-Apr-2023	12:30 PM	01:30 PM	

### TECHNICIAN SIGNATURE

Technician : Michael Conrad Laurent

### CLIENT SIGNATURE

For the client :

Date : 11-04-2023

Called customer



# E-DOCKET

## Maintenance

NO. e-docket :US324586

page 1

**US serial number :** USV1008536      **Customer Name :** LINCOLN REGIONAL CENTER  
**Lift Number :** 6403 - #1      **Supervisor Name :** James Laverne Geer  
**Unit Type :** Hydraulic      **Branch Name :** OMAHA  
**Building Address :** 801 W PROSPECTOR PLC  
LANCASTER  
68509 LINCOLN  
**IVR WO Number :**

### MAINTENANCE

Task Set : PREVENTATIVE MAINTENANCE

Operating Upon Departure the technician : Yes

#### Elevator

Unit Type	Hydraulic	
Unit Nickname	6403 - #1	
Unit	USV1008536	
PERFORMED PREVENTATIVE MAINTENANCE	<input checked="" type="checkbox"/>	
Material Used/Spare Parts Used	6403 - #1 USV1008536-Hydraulic:	

#### Technician's comments and recommendations :

Pm, update mcp, clean car top,

#### Material Used :

### CLIENT COMMENTS

N/A



# E-DOCKET

## Maintenance

NO. e-docket :US324586

page 2

### Time And Expense Detail

Line Type	Labor Type				Date	Start Time	End Time	Expense Amount
	0	1.5	1.7	2				
Labor	0.5				11-Apr-2023	01:30 PM	02:00 PM	

### TECHNICIAN SIGNATURE

Technician : Michael Conrad Laurent

### CLIENT SIGNATURE

For the client :

Date : 11-04-2023

Called customer



# E-DOCKET

## Maintenance

NO. e-docket :US293042

page 1

**US serial number :** USV1008559      **Customer Name :** LINCOLN REGIONAL CENTER  
**Lift Number :** 4071 - #6      **Supervisor Name :** JAMES L GEER  
**Unit Type :** Hydraulic      **Branch Name :** OMAHA  
**Building Address :** 801 W PROSPECTOR PLC  
LANCASTER  
68509 LINCOLN  
**IVR WO Number :**

### MAINTENANCE

Task Set : PREVENTATIVE MAINTENANCE

Operating Upon Departure the technician : Yes

#### Elevator

Unit Type	Hydraulic	
Unit Nickname	4071 - #6	
Unit	USV1008559	
PERFORMED PREVENTATIVE MAINTENANCE	<input checked="" type="checkbox"/>	
Material Used/Spare Parts Used	4071 - #6 USV1008559-Hydraulic:	

#### Technician's comments and recommendations :

Performed annual test and pm

#### Material Used :

### CLIENT COMMENTS

N/A



# E-DOCKET

## Maintenance

NO. e-docket :US293042

page 2

### Time And Expense Detail

Line Type	Labor Type				Date	Start Time	End Time	Expense Amount
	0	1.5	1.7	2				
Labor	2.5				18-Jan-2023	07:00 AM	09:30 AM	

### TECHNICIAN SIGNATURE

Technician : MICHAEL LAURENT

### CLIENT SIGNATURE

For the client :

Date : 18-01-2023

Called customer



# E-DOCKET

## Maintenance

NO. e-docket :US293125

page 1

**US serial number :** USV1008536      **Customer Name :** LINCOLN REGIONAL CENTER  
**Lift Number :** 6403 - #1      **Supervisor Name :** JAMES L GEER  
**Unit Type :** Hydraulic      **Branch Name :** OMAHA  
**Building Address :** 801 W PROSPECTOR PLC  
LANCASTER  
68509 LINCOLN  
**IVR WO Number :**

### MAINTENANCE

Task Set : PREVENTATIVE MAINTENANCE

Operating Upon Departure the technician : Yes

#### Elevator

Unit Type	Hydraulic	
Unit Nickname	6403 - #1	
Unit	USV1008536	
PERFORMED PREVENTATIVE MAINTENANCE	<input checked="" type="checkbox"/>	
Material Used/Spare Parts Used	6403 - #1 USV1008536-Hydraulic:	

#### Technician's comments and recommendations :

Performed annual test and pm

#### Material Used :

### CLIENT COMMENTS

N/A



# E-DOCKET

## Maintenance

NO. e-docket :US293125

page 2

### Time And Expense Detail

Line Type	Labor Type				Date	Start Time	End Time	Expense Amount
	0	1.5	1.7	2				
Labor	1.5				18-Jan-2023	09:30 AM	11:00 AM	

### TECHNICIAN SIGNATURE

Technician : MICHAEL LAURENT

### CLIENT SIGNATURE

For the client :

Date : 18-01-2023

Called customer





# E-DOCKET

## Maintenance

NO. e-docket :US360980

page 1

**US serial number :** USV1008559      **Customer Name :** LINCOLN REGIONAL CENTER  
**Lift Number :** 4071 - #6      **Supervisor Name :** James Laverne Geer  
**Unit Type :** Hydraulic      **Branch Name :** OMAHA  
**Building Address :** 801 W PROSPECTOR PLC  
LANCASTER  
68509 LINCOLN  
**IVR WO Number :**

### MAINTENANCE

Task Set : PREVENTATIVE MAINTENANCE

Operating Upon Departure the technician : Yes

#### Elevator

Unit Type	Hydraulic	
Unit Nickname	4071 - #6	
Unit	USV1008559	
PERFORMED PREVENTATIVE MAINTENANCE	<input checked="" type="checkbox"/>	
COMPLETED TKE BRAKE MAINTENANCE PROCEDURES	<input type="checkbox"/>	
Material Used/Spare Parts Used	4071 - #6 USV1008559-Hydraulic:	

#### Technician's comments and recommendations :

Pm assisted fire alarm contractors in tests

#### Material Used :

### CLIENT COMMENTS

N/A



# E-DOCKET

## Maintenance

NO. e-docket :US360980

page 2

### Time And Expense Detail

Line Type	Labor Type				Date	Start Time	End Time	Expense Amount
	0	1.5	1.7	2				
Labor	1				21-Jul-2023	07:30 AM	08:30 AM	

### TECHNICIAN SIGNATURE

Technician : Michael Conrad Laurent

### CLIENT SIGNATURE

For the client :

Date : 21-07-2023

Called customer



# E-DOCKET

## Maintenance

NO. e-docket :US360984

page 1

**US serial number :** USV1008536      **Customer Name :** LINCOLN REGIONAL CENTER  
**Lift Number :** 6403 - #1      **Supervisor Name :** James Laverne Geer  
**Unit Type :** Hydraulic      **Branch Name :** OMAHA  
**Building Address :** 801 W PROSPECTOR PLC  
LANCASTER  
68509 LINCOLN  
**IVR WO Number :**

### MAINTENANCE

Task Set : PREVENTATIVE MAINTENANCE

Operating Upon Departure the technician : Yes

#### Elevator

Unit Type	Hydraulic	
Unit Nickname	6403 - #1	
Unit	USV1008536	
PERFORMED PREVENTATIVE MAINTENANCE	<input checked="" type="checkbox"/>	
COMPLETED TKE BRAKE MAINTENANCE PROCEDURES	<input type="checkbox"/>	
Material Used/Spare Parts Used	6403 - #1 USV1008536-Hydraulic:	

#### Technician's comments and recommendations :

Pm assisted fire alarm contractors for tests

#### Material Used :

### CLIENT COMMENTS

N/A



# E-DOCKET

## Maintenance

NO. e-docket :US360984

page 2

### Time And Expense Detail

Line Type	Labor Type				Date	Start Time	End Time	Expense Amount
	0	1.5	1.7	2				
Labor	1				21-Jul-2023	08:30 AM	09:30 AM	

### TECHNICIAN SIGNATURE

Technician : Michael Conrad Laurent

### CLIENT SIGNATURE

For the client :

Date : 21-07-2023

Called customer



# E-DOCKET

## Maintenance

NO. e-docket :US324618

page 1

**US serial number :** USV1008504      **Customer Name :** LINCOLN REGIONAL CENTER  
**Lift Number :** 7165 - K BLDG #3      **Supervisor Name :** James Laverne Geer  
**Unit Type :** Hydraulic      **Branch Name :** OMAHA  
**Building Address :** 801 W PROSPECTOR PLC  
LANCASTER  
68509 LINCOLN  
**IVR WO Number :**

### MAINTENANCE

Task Set : PREVENTATIVE MAINTENANCE

Operating Upon Departure the technician : Yes

#### Elevator

Unit Type	Hydraulic	
Unit Nickname	7165 - K BLDG #3	
Unit	USV1008504	
PERFORMED PREVENTATIVE MAINTENANCE	<input checked="" type="checkbox"/>	
Material Used/Spare Parts Used	7165 - K BLDG #3 USV1008504-Hydraulic:	

#### Technician's comments and recommendations :

Pm

#### Material Used :

### CLIENT COMMENTS

N/A



# E-DOCKET

## Maintenance

NO. e-docket :US324618

page 2

### Time And Expense Detail

Line Type	Labor Type				Date	Start Time	End Time	Expense Amount
	0	1.5	1.7	2				
Labor	0.25				11-Apr-2023	02:00 PM	02:15 PM	

### TECHNICIAN SIGNATURE

Technician : Michael Conrad Laurent

### CLIENT SIGNATURE

For the client :

Date : 11-04-2023

Called customer



# E-DOCKET

## Maintenance

NO. e-docket :US324639

page 1

**US serial number :** USV1008504      **Customer Name :** LINCOLN REGIONAL CENTER  
**Lift Number :** 7165 - K BLDG #3      **Supervisor Name :** James Laverne Geer  
**Unit Type :** Hydraulic      **Branch Name :** OMAHA  
**Building Address :** 801 W PROSPECTOR PLC  
LANCASTER  
68509 LINCOLN  
**IVR WO Number :**

### MAINTENANCE

Task Set : PREVENTATIVE MAINTENANCE

Operating Upon Departure the technician : Yes

#### Elevator

Unit Type	Hydraulic	
Unit Nickname	7165 - K BLDG #3	
Unit	USV1008504	
PERFORMED PREVENTATIVE MAINTENANCE	<input checked="" type="checkbox"/>	
Material Used/Spare Parts Used	7165 - K BLDG #3 USV1008504-Hydraulic:	

#### Technician's comments and recommendations :

Pm, Cleaned contacts, updated mcp, cleaned machine room

#### Material Used :

### CLIENT COMMENTS

N/A



# E-DOCKET

## Maintenance

NO. e-docket :US324639

page 2

### Time And Expense Detail

Line Type	Labor Type				Date	Start Time	End Time	Expense Amount
	0	1.5	1.7	2				
Labor	0.75				11-Apr-2023	02:15 PM	03:00 PM	

### TECHNICIAN SIGNATURE

Technician : Michael Conrad Laurent

### CLIENT SIGNATURE

For the client :

Date : 11-04-2023

Called customer





# E-DOCKET

## Maintenance

NO. e-docket :US294156

page 1

**US serial number :** USV1008504      **Customer Name :** LINCOLN REGIONAL CENTER  
**Lift Number :** 7165 - K BLDG #3      **Supervisor Name :** JAMES L GEER  
**Unit Type :** Hydraulic      **Branch Name :** OMAHA  
**Building Address :** 801 W PROSPECTOR PLC  
LANCASTER  
68509 LINCOLN  
**IVR WO Number :**

### MAINTENANCE

Task Set : PREVENTATIVE MAINTENANCE

Operating Upon Departure the technician : Yes

#### Elevator

Unit Type	Hydraulic	
Unit Nickname	7165 - K BLDG #3	
Unit	USV1008504	
PERFORMED PREVENTATIVE MAINTENANCE	<input checked="" type="checkbox"/>	
Material Used/Spare Parts Used	7165 - K BLDG #3 USV1008504-Hydraulic:	

#### Technician's comments and recommendations :

Pm

#### Material Used :

### CLIENT COMMENTS

N/A



# E-DOCKET

## Maintenance

NO. e-docket :US294156

page 2

### Time And Expense Detail

Line Type	Labor Type				Date	Start Time	End Time	Expense Amount
	0	1.5	1.7	2				
Labor	0.75				20-Jan-2023	07:30 AM	08:15 AM	

### TECHNICIAN SIGNATURE

Technician : MICHAEL LAURENT

### CLIENT SIGNATURE

For the client :

Date : 20-01-2023

Called customer



# E-DOCKET

## Maintenance

NO. e-docket :US364033

page 1

**US serial number :** USV1008504      **Customer Name :** LINCOLN REGIONAL CENTER  
**Lift Number :** 7165 - K BLDG #3      **Supervisor Name :** James Laverne Geer  
**Unit Type :** Hydraulic      **Branch Name :** OMAHA  
**Building Address :** 801 W PROSPECTOR PLC  
LANCASTER  
68509 LINCOLN  
**IVR WO Number :**

### MAINTENANCE

Task Set : PREVENTATIVE MAINTENANCE

Operating Upon Departure the technician : Yes

#### Elevator

Unit Type	Hydraulic	
Unit Nickname	7165 - K BLDG #3	
Unit	USV1008504	
PERFORMED PREVENTATIVE MAINTENANCE	<input checked="" type="checkbox"/>	
COMPLETED TKE BRAKE MAINTENANCE PROCEDURES	<input type="checkbox"/>	
Material Used/Spare Parts Used	7165 - K BLDG #3 USV1008504-Hydraulic:	

#### Technician's comments and recommendations :

Pm ran hoist hoistway, cleaned machine room

#### Material Used :

### CLIENT COMMENTS

N/A



# E-DOCKET

## Maintenance

NO. e-docket :US364033

page 2

### Time And Expense Detail

Line Type	Labor Type				Date	Start Time	End Time	Expense Amount
	0	1.5	1.7	2				
Labor	0.75				31-Jul-2023	09:30 AM	10:15 AM	

### TECHNICIAN SIGNATURE

Technician : Michael Conrad Laurent

### CLIENT SIGNATURE

For the client :

Date : 31-07-2023

Called customer



# Backflow Preventer Test Form

402.441.5912 • e-mail: [Backflow@lincoln.ne.gov](mailto:Backflow@lincoln.ne.gov) • FAX: 402.441.8003

Return to: Lincoln Water System Backflow 2021 North 27th Street, Lincoln, NE 68503

Business/Building \_\_\_\_\_ Contact Person \_\_\_\_\_

Service Address \_\_\_\_\_ Suite# \_\_\_\_\_

Phone# \_\_\_\_\_ e-mail: \_\_\_\_\_

Device Location \_\_\_\_\_

<input type="checkbox"/> Annual Test	<input type="checkbox"/> Repair	<input type="checkbox"/> New Installation
<input type="checkbox"/> DC	<input type="checkbox"/> RPP	Serial #: _____ Size: _____ Manufacturer: _____ Model#: _____
<input type="checkbox"/> Replacement		
<input type="checkbox"/> DC	<input type="checkbox"/> RPP	Serial #: _____ Size: _____ Manufacturer: _____ Model#: _____

<input type="checkbox"/> Domestic Containment	<input type="checkbox"/> Irrigation	<input type="checkbox"/> Fire Service	<input type="checkbox"/> Boiler	<input type="checkbox"/> Carbonator
<input type="checkbox"/> Swimming Pool	<input type="checkbox"/> Cooling Tower	<input type="checkbox"/> Water Cooled Ice Maker	<input type="checkbox"/> Other (Desc): _____	

Reduced Pressure-Double Check Valve		Pressure Vacuum Breaker	
Shut off #2	Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #1	Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #1 _____ PSID	Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #2	Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #2 _____ PSID	Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Check Valve Held at _____ PSID	
Relief Valve (RP only) Opened at _____ PSID		Air vent opened at _____ PSID	

Final Test: Check Valve #1	Check Valve #2	Pressure Relief	PVB/SVB
	Closed Tight <input type="checkbox"/> Yes <input type="checkbox"/> No		Check Valve PSID
PSID	PSID	Replaced PSID	Air Inlet PSID

I hereby certify the above backflow preventer has been tested in accordance with all rules and regulations of the State of Nebraska Health and Human Services, Department of Regulation and Licensure, Title 179, and the Lincoln Water System Title 17, and that all readings are true and accurate to the best of my ability. **Must be returned to LWS within 30 days of performing test.**

State Certified Technician (Please Print) \_\_\_\_\_ Company \_\_\_\_\_ Grade 6 Certificate# \_\_\_\_\_ Cell/Phone# \_\_\_\_\_

State Certified Technician (Signature) \_\_\_\_\_ Customer (Signature) \_\_\_\_\_ Date of Test \_\_\_\_\_

Test Gauge Manufacturer \_\_\_\_\_ Test Gauge Serial # \_\_\_\_\_ Date of Calibration \_\_\_\_\_

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

PLEASE TYPE OR PRINT LEGIBLY



# Backflow Preventer Test Form

402.441.5912 • e-mail: [Backflow@lincoln.ne.gov](mailto:Backflow@lincoln.ne.gov) • FAX: 402.441.8003

Return to: Lincoln Water System Backflow 2021 North 27th Street, Lincoln, NE 68503

Business/Building \_\_\_\_\_ Contact Person \_\_\_\_\_

Service Address \_\_\_\_\_ Suite# \_\_\_\_\_

Phone# \_\_\_\_\_ e-mail: \_\_\_\_\_

Device Location \_\_\_\_\_

<input type="checkbox"/> Annual Test	<input type="checkbox"/> Repair	<input type="checkbox"/> New Installation
<input type="checkbox"/> DC	<input type="checkbox"/> RPP	Serial #: _____ Size: _____ Manufacturer: _____ Model#: _____
<input type="checkbox"/> Replacement		
<input type="checkbox"/> DC	<input type="checkbox"/> RPP	Serial #: _____ Size: _____ Manufacturer: _____ Model#: _____

<input type="checkbox"/> Domestic Containment	<input type="checkbox"/> Irrigation	<input type="checkbox"/> Fire Service	<input type="checkbox"/> Boiler	<input type="checkbox"/> Carbonator
<input type="checkbox"/> Swimming Pool	<input type="checkbox"/> Cooling Tower	<input type="checkbox"/> Water Cooled Ice Maker	<input type="checkbox"/> Other (Desc): _____	

Reduced Pressure-Double Check Valve		Pressure Vacuum Breaker	
Shut off #2	Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #1	Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #1 _____ PSID	Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #2	Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #2 _____ PSID	Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Check Valve Held at _____ PSID	
Relief Valve (RP only) Opened at _____ PSID		Air vent opened at _____ PSID	

Final Test: Check Valve #1	Check Valve #2	Pressure Relief	PVB/SVB
	Closed Tight <input type="checkbox"/> Yes <input type="checkbox"/> No		Check Valve PSID
PSID	PSID	Replaced PSID	Air Inlet PSID

I hereby certify the above backflow preventer has been tested in accordance with all rules and regulations of the State of Nebraska Health and Human Services, Department of Regulation and Licensure, Title 179, and the Lincoln Water System Title 17, and that all readings are true and accurate to the best of my ability. **Must be returned to LWS within 30 days of performing test.**

State Certified Technician (Please Print) \_\_\_\_\_ Company \_\_\_\_\_ Grade 6 Certificate# \_\_\_\_\_ Cell/Phone# \_\_\_\_\_

State Certified Technician (Signature) \_\_\_\_\_ Customer (Signature) \_\_\_\_\_ Date of Test \_\_\_\_\_

Test Gauge Manufacturer \_\_\_\_\_ Test Gauge Serial # \_\_\_\_\_ Date of Calibration \_\_\_\_\_

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

PLEASE TYPE OR PRINT LEGIBLY



# Backflow Preventer Test Form

402.441.5912 • e-mail: [Backflow@lincoln.ne.gov](mailto:Backflow@lincoln.ne.gov) • FAX: 402.441.8003

Return to: Lincoln Water System Backflow 2021 North 27th Street, Lincoln, NE 68503

Business/Building \_\_\_\_\_ Contact Person \_\_\_\_\_

Service Address \_\_\_\_\_ Suite# \_\_\_\_\_

Phone# \_\_\_\_\_ e-mail: \_\_\_\_\_

Device Location \_\_\_\_\_

<input type="checkbox"/> Annual Test	<input type="checkbox"/> Repair	<input type="checkbox"/> New Installation
<input type="checkbox"/> DC	<input type="checkbox"/> RPP	Serial #: _____ Size: _____ Manufacturer: _____ Model#: _____
<input type="checkbox"/> Replacement		
<input type="checkbox"/> DC	<input type="checkbox"/> RPP	Serial #: _____ Size: _____ Manufacturer: _____ Model#: _____

<input type="checkbox"/> Domestic Containment	<input type="checkbox"/> Irrigation	<input type="checkbox"/> Fire Service	<input type="checkbox"/> Boiler	<input type="checkbox"/> Carbonator
<input type="checkbox"/> Swimming Pool	<input type="checkbox"/> Cooling Tower	<input type="checkbox"/> Water Cooled Ice Maker	<input type="checkbox"/> Other (Desc): _____	

Reduced Pressure-Double Check Valve		Pressure Vacuum Breaker	
Shut off #2	Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #1	Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #1 _____ PSID	Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #2	Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #2 _____ PSID	Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Check Valve Held at _____ PSID	
Relief Valve (RP only) Opened at _____ PSID		Air vent opened at _____ PSID	

Final Test: Check Valve #1	Check Valve #2	Pressure Relief	PVB/SVB
	Closed Tight <input type="checkbox"/> Yes <input type="checkbox"/> No		Check Valve PSID
PSID	PSID	Replaced PSID	Air Inlet PSID

I hereby certify the above backflow preventer has been tested in accordance with all rules and regulations of the State of Nebraska Health and Human Services, Department of Regulation and Licensure, Title 179, and the Lincoln Water System Title 17, and that all readings are true and accurate to the best of my ability. **Must be returned to LWS within 30 days of performing test.**

State Certified Technician (Please Print) \_\_\_\_\_ Company \_\_\_\_\_ Grade 6 Certificate# \_\_\_\_\_ Cell/Phone# \_\_\_\_\_

State Certified Technician (Signature) \_\_\_\_\_ Customer (Signature) \_\_\_\_\_ Date of Test \_\_\_\_\_

Test Gauge Manufacturer \_\_\_\_\_ Test Gauge Serial # \_\_\_\_\_ Date of Calibration \_\_\_\_\_

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

PLEASE TYPE OR PRINT LEGIBLY



# Backflow Preventer Test Form

402.441.5912 • e-mail: [Backflow@lincoln.ne.gov](mailto:Backflow@lincoln.ne.gov) • FAX: 402.441.8003

Return to: Lincoln Water System Backflow 2021 North 27th Street, Lincoln, NE 68503

Business/Building \_\_\_\_\_ Contact Person \_\_\_\_\_

Service Address \_\_\_\_\_ Suite# \_\_\_\_\_

Phone# \_\_\_\_\_ e-mail: \_\_\_\_\_

Device Location \_\_\_\_\_

<input type="checkbox"/> Annual Test	<input type="checkbox"/> Repair	<input type="checkbox"/> New Installation
<input type="checkbox"/> DC	<input type="checkbox"/> RPP	Serial #: _____ Size: _____ Manufacturer: _____ Model#: _____
<input type="checkbox"/> Replacement		
<input type="checkbox"/> DC	<input type="checkbox"/> RPP	Serial #: _____ Size: _____ Manufacturer: _____ Model#: _____

<input type="checkbox"/> Domestic Containment	<input type="checkbox"/> Irrigation	<input type="checkbox"/> Fire Service	<input type="checkbox"/> Boiler	<input type="checkbox"/> Carbonator
<input type="checkbox"/> Swimming Pool	<input type="checkbox"/> Cooling Tower	<input type="checkbox"/> Water Cooled Ice Maker	<input type="checkbox"/> Other (Desc): _____	

Reduced Pressure-Double Check Valve		Pressure Vacuum Breaker	
Shut off #2	Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #1	Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #1 _____ PSID	Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #2	Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #2 _____ PSID	Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Check Valve Held at _____ PSID	
Relief Valve (RP only) Opened at _____ PSID		Air vent opened at _____ PSID	

Final Test: Check Valve #1	Check Valve #2	Pressure Relief	PVB/SVB
	Closed Tight <input type="checkbox"/> Yes <input type="checkbox"/> No		Check Valve PSID
PSID	PSID	Replaced PSID	Air Inlet PSID

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Phone# \_\_\_\_\_ e-mail: \_\_\_\_\_

Device Location \_\_\_\_\_

<input type="checkbox"/> Annual Test	<input type="checkbox"/> Repair	<input type="checkbox"/> New Installation
<input type="checkbox"/> DC	<input type="checkbox"/> RPP	Serial #: _____ Size: _____ Manufacturer: _____ Model#: _____
<input type="checkbox"/> Replacement		
<input type="checkbox"/> DC	<input type="checkbox"/> RPP	Serial #: _____ Size: _____ Manufacturer: _____ Model#: _____

<input type="checkbox"/> Domestic Containment	<input type="checkbox"/> Irrigation	<input type="checkbox"/> Fire Service	<input type="checkbox"/> Boiler	<input type="checkbox"/> Carbonator
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Reduced Pressure-Double Check Valve		Pressure Vacuum Breaker	
Shut off #2	Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #1	Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #1 _____ PSID	Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #2	Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #2 _____ PSID	Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Check Valve Held at _____ PSID	
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PSID	PSID	Replaced PSID	Air Inlet PSID

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State Certified Technician (Signature) \_\_\_\_\_ Customer (Signature) \_\_\_\_\_ Date of Test \_\_\_\_\_

Test Gauge Manufacturer \_\_\_\_\_ Test Gauge Serial # \_\_\_\_\_ Date of Calibration \_\_\_\_\_

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

PLEASE TYPE OR PRINT LEGIBLY



# E-DOCKET

## Maintenance

NO. e-docket :US324468

page 1

**US serial number :** USV1008088      **Customer Name :** LINCOLN REGIONAL CENTER  
**Lift Number :** 7182 - NORTH #1      **Supervisor Name :** James Laverne Geer  
**Unit Type :** Hydraulic      **Branch Name :** OMAHA  
**Building Address :** 801 W PROSPECTOR PLC  
LANCASTER  
68509 LINCOLN  
**IVR WO Number :**

### MAINTENANCE

Task Set : PREVENTATIVE MAINTENANCE

Operating Upon Departure the technician : Yes

#### Elevator

Unit Type	Hydraulic	
Unit Nickname	7182 - NORTH #1	
Unit	USV1008088	
PERFORMED PREVENTATIVE MAINTENANCE	<input checked="" type="checkbox"/>	
Material Used/Spare Parts Used	7182 - NORTH #1 USV1008088-Hydraulic:	

#### Technician's comments and recommendations :

Pm, assisted fire alarm guys test and reset, cleaned pit

#### Material Used :

### CLIENT COMMENTS

N/A



# E-DOCKET

## Maintenance

NO. e-docket :US324468

page 2

### Time And Expense Detail

Line Type	Labor Type				Date	Start Time	End Time	Expense Amount
	0	1.5	1.7	2				
Labor	1				11-Apr-2023	10:00 AM	11:00 AM	

### TECHNICIAN SIGNATURE

Technician : Michael Conrad Laurent

### CLIENT SIGNATURE

For the client :

Date : 11-04-2023

Called customer



# E-DOCKET

## Maintenance

NO. e-docket :US324579

page 1

**US serial number :** USV1008107      **Customer Name :** LINCOLN REGIONAL CENTER  
**Lift Number :** 7183 - SOUTH #2      **Supervisor Name :** James Laverne Geer  
**Unit Type :** Hydraulic      **Branch Name :** OMAHA  
**Building Address :** 801 W PROSPECTOR PLC  
LANCASTER  
68509 LINCOLN  
**IVR WO Number :**

### MAINTENANCE

Task Set : PREVENTATIVE MAINTENANCE

Operating Upon Departure the technician : Yes

#### Elevator

Unit Type	Hydraulic	
Unit Nickname	7183 - SOUTH #2	
Unit	USV1008107	
PERFORMED PREVENTATIVE MAINTENANCE	<input checked="" type="checkbox"/>	
Material Used/Spare Parts Used	7183 - SOUTH #2 USV1008107-Hydraulic:	

#### Technician's comments and recommendations :

Pm, cleaned car top, lubbed rails, updated mcp, assured fire alarm guys in fire tests

#### Material Used :

### CLIENT COMMENTS

N/A



# E-DOCKET

## Maintenance

NO. e-docket :US324579

page 2

### Time And Expense Detail

Line Type	Labor Type				Date	Start Time	End Time	Expense Amount
	0	1.5	1.7	2				
Labor	1				11-Apr-2023	11:30 AM	12:30 PM	

### TECHNICIAN SIGNATURE

Technician : Michael Conrad Laurent

### CLIENT SIGNATURE

For the client :

Date : 11-04-2023

Called customer



# E-DOCKET

## Maintenance

NO. e-docket :US292825

page 1

**US serial number :** USV1008088      **Customer Name :** LINCOLN REGIONAL CENTER  
**Lift Number :** 7182 - NORTH #1      **Supervisor Name :** JAMES L GEER  
**Unit Type :** Hydraulic      **Branch Name :** OMAHA  
**Building Address :** 801 W PROSPECTOR PLC  
LANCASTER  
68509 LINCOLN  
**IVR WO Number :**

### MAINTENANCE

Task Set : PREVENTATIVE MAINTENANCE

Operating Upon Departure the technician : Yes

#### Elevator

Unit Type	Hydraulic	
Unit Nickname	7182 - NORTH #1	
Unit	USV1008088	
PERFORMED PREVENTATIVE MAINTENANCE	<input checked="" type="checkbox"/>	
Material Used/Spare Parts Used	7182 - NORTH #1 USV1008088-Hydraulic:	

#### Technician's comments and recommendations :

Annua test and pm

#### Material Used :

### CLIENT COMMENTS

N/A



# E-DOCKET

## Maintenance

NO. e-docket :US292825

page 2

### Time And Expense Detail

Line Type	Labor Type				Date	Start Time	End Time	Expense Amount
	0	1.5	1.7	2				
Labor	1.75				17-Jan-2023	11:30 AM	01:15 PM	

### TECHNICIAN SIGNATURE

Technician : MICHAEL LAURENT

### CLIENT SIGNATURE

For the client :

Date : 17-01-2023

Called customer



# E-DOCKET

## Maintenance

NO. e-docket :US292823

page 1

**US serial number :** USV1008107      **Customer Name :** LINCOLN REGIONAL CENTER  
**Lift Number :** 7183 - SOUTH #2      **Supervisor Name :** JAMES L GEER  
**Unit Type :** Hydraulic      **Branch Name :** OMAHA  
**Building Address :** 801 W PROSPECTOR PLC  
LANCASTER  
68509 LINCOLN  
**IVR WO Number :**

### MAINTENANCE

Task Set : PREVENTATIVE MAINTENANCE

Operating Upon Departure the technician : Yes

#### Elevator

Unit Type	Hydraulic	
Unit Nickname	7183 - SOUTH #2	
Unit	USV1008107	
PERFORMED PREVENTATIVE MAINTENANCE	<input checked="" type="checkbox"/>	
Material Used/Spare Parts Used	7183 - SOUTH #2 USV1008107-Hydraulic:	

#### Technician's comments and recommendations :

Performed annual test and pm

#### Material Used :

### CLIENT COMMENTS

N/A





# E-DOCKET

## Maintenance

NO. e-docket :US292823

page 2

### Time And Expense Detail

Line Type	Labor Type				Date	Start Time	End Time	Expense Amount
	0	1.5	1.7	2				
Labor	1.75				17-Jan-2023	09:45 AM	11:30 AM	

### TECHNICIAN SIGNATURE

Technician : MICHAEL LAURENT

### CLIENT SIGNATURE

For the client :

Date : 17-01-2023

Called customer



# E-DOCKET

## Maintenance

NO. e-docket :US364014

page 1

**US serial number :** USV1008107      **Customer Name :** LINCOLN REGIONAL CENTER  
**Lift Number :** 7183 - SOUTH #2      **Supervisor Name :** James Laverne Geer  
**Unit Type :** Hydraulic      **Branch Name :** OMAHA  
**Building Address :** 801 W PROSPECTOR PLC  
LANCASTER  
68509 LINCOLN  
**IVR WO Number :**

### MAINTENANCE

Task Set : PREVENTATIVE MAINTENANCE

Operating Upon Departure the technician : Yes

#### Elevator

Unit Type	Hydraulic	
Unit Nickname	7183 - SOUTH #2	
Unit	USV1008107	
PERFORMED PREVENTATIVE MAINTENANCE	<input checked="" type="checkbox"/>	
COMPLETED TKE BRAKE MAINTENANCE PROCEDURES	<input type="checkbox"/>	
Material Used/Spare Parts Used	7183 - SOUTH #2 USV1008107-Hydraulic: PCB RELAY DPDT PC MOUNT 8 PIN 6 AMP 24 VDC FINDER 44.52.9.024.0000 QTY 2.00	

#### Technician's comments and recommendations :

Changed relays, cleaned put, emptied pit jug, ran hoistway

#### Material Used :

PCB RELAY DPDT PC MOUNT 8 PIN 6 AMP 24 VDC FINDER 44.52.9.024.0000 QTY 2.00

### CLIENT COMMENTS

N/A



# E-DOCKET

## Maintenance

NO. e-docket :US364014

page 2

### Time And Expense Detail

Line Type	Labor Type				Date	Start Time	End Time	Expense Amount
	0	1.5	1.7	2				
Labor	0.75				31-Jul-2023	08:45 AM	09:30 AM	

### TECHNICIAN SIGNATURE

Technician : Michael Conrad Laurent

### CLIENT SIGNATURE

For the client :

Date : 31-07-2023

Called customer



# E-DOCKET

## Maintenance

NO. e-docket :US363980

page 1

**US serial number :** USV1008088      **Customer Name :** LINCOLN REGIONAL CENTER  
**Lift Number :** 7182 - NORTH #1      **Supervisor Name :** James Laverne Geer  
**Unit Type :** Hydraulic      **Branch Name :** OMAHA  
**Building Address :** 801 W PROSPECTOR PLC  
LANCASTER  
68509 LINCOLN  
**IVR WO Number :**

### MAINTENANCE

Task Set : PREVENTATIVE MAINTENANCE

Operating Upon Departure the technician : Yes

#### Elevator

Unit Type	Hydraulic	
Unit Nickname	7182 - NORTH #1	
Unit	USV1008088	
PERFORMED PREVENTATIVE MAINTENANCE	<input checked="" type="checkbox"/>	
COMPLETED TKE BRAKE MAINTENANCE PROCEDURES	<input type="checkbox"/>	
Material Used/Spare Parts Used	7182 - NORTH #1 USV1008088-Hydraulic:	

#### Technician's comments and recommendations :

Pm clean pits, update mcp, ran hoistway

#### Material Used :

### CLIENT COMMENTS

N/A



# E-DOCKET

## Maintenance

NO. e-docket :US363980

page 2

### Time And Expense Detail

Line Type	Labor Type				Date	Start Time	End Time	Expense Amount
	0	1.5	1.7	2				
Labor	0.75				31-Jul-2023	08:00 AM	08:45 AM	

### TECHNICIAN SIGNATURE

Technician : Michael Conrad Laurent

### CLIENT SIGNATURE

For the client :

Date : 31-07-2023

Called customer



# Backflow Preventer Test Form

402.441.5912 • e-mail: [Backflow@lincoln.ne.gov](mailto:Backflow@lincoln.ne.gov) • FAX: 402.441.8003

Return to: Lincoln Water System Backflow 2021 North 27th Street, Lincoln, NE 68503

Business/Building \_\_\_\_\_ Contact Person \_\_\_\_\_

Service Address \_\_\_\_\_ Suite# \_\_\_\_\_

Phone# \_\_\_\_\_ e-mail: \_\_\_\_\_

Device Location \_\_\_\_\_

<input type="checkbox"/> Annual Test	<input type="checkbox"/> Repair	<input type="checkbox"/> New Installation
<input type="checkbox"/> DC	<input type="checkbox"/> RPP	Serial #: _____ Size: _____ Manufacturer: _____ Model#: _____
<input type="checkbox"/> Replacement		
<input type="checkbox"/> DC	<input type="checkbox"/> RPP	Serial #: _____ Size: _____ Manufacturer: _____ Model#: _____

<input type="checkbox"/> Domestic Containment	<input type="checkbox"/> Irrigation	<input type="checkbox"/> Fire Service	<input type="checkbox"/> Boiler	<input type="checkbox"/> Carbonator
<input type="checkbox"/> Swimming Pool	<input type="checkbox"/> Cooling Tower	<input type="checkbox"/> Water Cooled Ice Maker	<input type="checkbox"/> Other (Desc): _____	

Reduced Pressure-Double Check Valve		Pressure Vacuum Breaker	
Shut off #2	Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #1	Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #1 _____ PSID	Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #2	Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #2 _____ PSID	Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Check Valve Held at _____ PSID	
Relief Valve (RP only) Opened at _____ PSID		Air vent opened at _____ PSID	

Final Test: Check Valve #1	Check Valve #2	Pressure Relief	PVB/SVB
	Closed Tight <input type="checkbox"/> Yes <input type="checkbox"/> No		Check Valve PSID
PSID	PSID	Replaced PSID	Air Inlet PSID

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State Certified Technician (Please Print) \_\_\_\_\_ Company \_\_\_\_\_ Grade 6 Certificate# \_\_\_\_\_ Cell/Phone# \_\_\_\_\_

State Certified Technician (Signature) \_\_\_\_\_ Customer (Signature) \_\_\_\_\_ Date of Test \_\_\_\_\_

Test Gauge Manufacturer \_\_\_\_\_ Test Gauge Serial # \_\_\_\_\_ Date of Calibration \_\_\_\_\_

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

PLEASE TYPE OR PRINT LEGIBLY



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Device Location \_\_\_\_\_

<input type="checkbox"/> Annual Test	<input type="checkbox"/> Repair	<input type="checkbox"/> New Installation
<input type="checkbox"/> DC	<input type="checkbox"/> RPP	Serial #: _____ Size: _____ Manufacturer: _____ Model#: _____
<input type="checkbox"/> Replacement		
<input type="checkbox"/> DC	<input type="checkbox"/> RPP	Serial #: _____ Size: _____ Manufacturer: _____ Model#: _____

<input type="checkbox"/> Domestic Containment	<input type="checkbox"/> Irrigation	<input type="checkbox"/> Fire Service	<input type="checkbox"/> Boiler	<input type="checkbox"/> Carbonator
<input type="checkbox"/> Swimming Pool	<input type="checkbox"/> Cooling Tower	<input type="checkbox"/> Water Cooled Ice Maker	<input type="checkbox"/> Other (Desc): _____	

Reduced Pressure-Double Check Valve		Pressure Vacuum Breaker	
Shut off #2	Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #1	Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #1 _____ PSID	Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #2	Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #2 _____ PSID	Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Check Valve Held at _____ PSID	
Relief Valve (RP only) Opened at _____ PSID		Air vent opened at _____ PSID	

Final Test: Check Valve #1	Check Valve #2	Pressure Relief	PVB/SVB
	Closed Tight <input type="checkbox"/> Yes <input type="checkbox"/> No		Check Valve PSID
PSID	PSID	Replaced PSID	Air Inlet PSID

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Test Gauge Manufacturer \_\_\_\_\_ Test Gauge Serial # \_\_\_\_\_ Date of Calibration \_\_\_\_\_

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

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Device Location \_\_\_\_\_

<input type="checkbox"/> Annual Test	<input type="checkbox"/> Repair	<input type="checkbox"/> New Installation
<input type="checkbox"/> DC	<input type="checkbox"/> RPP	Serial #: _____ Size: _____ Manufacturer: _____ Model#: _____
<input type="checkbox"/> Replacement		
<input type="checkbox"/> DC	<input type="checkbox"/> RPP	Serial #: _____ Size: _____ Manufacturer: _____ Model#: _____

<input type="checkbox"/> Domestic Containment	<input type="checkbox"/> Irrigation	<input type="checkbox"/> Fire Service	<input type="checkbox"/> Boiler	<input type="checkbox"/> Carbonator
<input type="checkbox"/> Swimming Pool	<input type="checkbox"/> Cooling Tower	<input type="checkbox"/> Water Cooled Ice Maker	<input type="checkbox"/> Other (Desc): _____	

Reduced Pressure-Double Check Valve		Pressure Vacuum Breaker	
Shut off #2	Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #1	Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #1 _____ PSID	Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #2	Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #2 _____ PSID	Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Check Valve Held at _____ PSID	
Relief Valve (RP only) Opened at _____ PSID		Air vent opened at _____ PSID	

Final Test: Check Valve #1	Check Valve #2	Pressure Relief	PVB/SVB
	Closed Tight <input type="checkbox"/> Yes <input type="checkbox"/> No		Check Valve PSID
PSID	PSID	Replaced PSID	Air Inlet PSID

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State Certified Technician (Signature) \_\_\_\_\_ Customer (Signature) \_\_\_\_\_ Date of Test \_\_\_\_\_

Test Gauge Manufacturer \_\_\_\_\_ Test Gauge Serial # \_\_\_\_\_ Date of Calibration \_\_\_\_\_

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

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Phone# \_\_\_\_\_ e-mail: \_\_\_\_\_

Device Location \_\_\_\_\_

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<input type="checkbox"/> DC	<input type="checkbox"/> RPP	Serial #: _____ Size: _____ Manufacturer: _____ Model#: _____
<input type="checkbox"/> Replacement		
<input type="checkbox"/> DC	<input type="checkbox"/> RPP	Serial #: _____ Size: _____ Manufacturer: _____ Model#: _____

<input type="checkbox"/> Domestic Containment	<input type="checkbox"/> Irrigation	<input type="checkbox"/> Fire Service	<input type="checkbox"/> Boiler	<input type="checkbox"/> Carbonator
<input type="checkbox"/> Swimming Pool	<input type="checkbox"/> Cooling Tower	<input type="checkbox"/> Water Cooled Ice Maker	<input type="checkbox"/> Other (Desc): _____	

Reduced Pressure-Double Check Valve		Pressure Vacuum Breaker	
Shut off #2	Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #1	Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #1 _____ PSID	Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #2	Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #2 _____ PSID	Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Check Valve Held at _____ PSID	
Relief Valve (RP only) Opened at _____ PSID		Air vent opened at _____ PSID	

Final Test: Check Valve #1	Check Valve #2	Pressure Relief	PVB/SVB
	Closed Tight <input type="checkbox"/> Yes <input type="checkbox"/> No		Check Valve PSID
PSID	PSID	Replaced PSID	Air Inlet PSID

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State Certified Technician (Signature) \_\_\_\_\_ Customer (Signature) \_\_\_\_\_ Date of Test \_\_\_\_\_

Test Gauge Manufacturer \_\_\_\_\_ Test Gauge Serial # \_\_\_\_\_ Date of Calibration \_\_\_\_\_

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

PLEASE TYPE OR PRINT LEGIBLY



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402.441.5912 • e-mail: [Backflow@lincoln.ne.gov](mailto:Backflow@lincoln.ne.gov) • FAX: 402.441.8003

Return to: Lincoln Water System Backflow 2021 North 27th Street, Lincoln, NE 68503

Business/Building \_\_\_\_\_ Contact Person \_\_\_\_\_

Service Address \_\_\_\_\_ Suite# \_\_\_\_\_

Phone# \_\_\_\_\_ e-mail: \_\_\_\_\_

Device Location \_\_\_\_\_

<input type="checkbox"/> Annual Test	<input type="checkbox"/> Repair	<input type="checkbox"/> New Installation
<input type="checkbox"/> DC	<input type="checkbox"/> RPP	Serial #: _____ Size: _____ Manufacturer: _____ Model#: _____
<input type="checkbox"/> Replacement		
<input type="checkbox"/> DC	<input type="checkbox"/> RPP	Serial #: _____ Size: _____ Manufacturer: _____ Model#: _____

<input type="checkbox"/> Domestic Containment	<input type="checkbox"/> Irrigation	<input type="checkbox"/> Fire Service	<input type="checkbox"/> Boiler	<input type="checkbox"/> Carbonator
<input type="checkbox"/> Swimming Pool	<input type="checkbox"/> Cooling Tower	<input type="checkbox"/> Water Cooled Ice Maker	<input type="checkbox"/> Other (Desc): _____	

Reduced Pressure-Double Check Valve		Pressure Vacuum Breaker	
Shut off #2	Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #1	Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #1 _____ PSID	Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #2	Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #2 _____ PSID	Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Check Valve Held at _____ PSID	
Relief Valve (RP only) Opened at _____ PSID		Air vent opened at _____ PSID	

Final Test: Check Valve #1	Check Valve #2	Pressure Relief	PVB/SVB
	Closed Tight <input type="checkbox"/> Yes <input type="checkbox"/> No		Check Valve PSID
PSID	PSID	Replaced PSID	Air Inlet PSID

I hereby certify the above backflow preventer has been tested in accordance with all rules and regulations of the State of Nebraska Health and Human Services, Department of Regulation and Licensure, Title 179, and the Lincoln Water System Title 17, and that all readings are true and accurate to the best of my ability. **Must be returned to LWS within 30 days of performing test.**

State Certified Technician (Please Print) \_\_\_\_\_ Company \_\_\_\_\_ Grade 6 Certificate# \_\_\_\_\_ Cell/Phone# \_\_\_\_\_

State Certified Technician (Signature) \_\_\_\_\_ Customer (Signature) \_\_\_\_\_ Date of Test \_\_\_\_\_

Test Gauge Manufacturer \_\_\_\_\_ Test Gauge Serial # \_\_\_\_\_ Date of Calibration \_\_\_\_\_

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

PLEASE TYPE OR PRINT LEGIBLY



# E-DOCKET

## Maintenance

NO. e-docket :US324460

page 1

**US serial number :** USV1008538      **Customer Name :** LINCOLN REGIONAL CENTER  
**Lift Number :** 10054 - R BLDG #4      **Supervisor Name :** James Laverne Geer  
**Unit Type :** Hydraulic      **Branch Name :** OMAHA  
**Building Address :** 801 W PROSPECTOR PLC  
LANCASTER  
68509 LINCOLN  
**IVR WO Number :**

### MAINTENANCE

Task Set : PREVENTATIVE MAINTENANCE

Operating Upon Departure the technician : Yes

#### Elevator

Unit Type	Hydraulic	
Unit Nickname	10054 - R BLDG #4	
Unit	USV1008538	
PERFORMED PREVENTATIVE MAINTENANCE	<input checked="" type="checkbox"/>	
Material Used/Spare Parts Used	10054 - R BLDG #4 USV1008538-Hydraulic:	

#### Technician's comments and recommendations :

Pm “, cleaned pit, updated mcp, cleaned sills

#### Material Used :

### CLIENT COMMENTS

N/A



# E-DOCKET

## Maintenance

NO. e-docket :US324460

page 2

### Time And Expense Detail

Line Type	Labor Type				Date	Start Time	End Time	Expense Amount
	0	1.5	1.7	2				
Labor	1.5				11-Apr-2023	07:30 AM	09:00 AM	

### TECHNICIAN SIGNATURE

Technician : Michael Conrad Laurent

### CLIENT SIGNATURE

For the client :

Date : 11-04-2023

Called customer



# E-DOCKET

## Maintenance

NO. e-docket :US292820

page 1

**US serial number :** USV1008538      **Customer Name :** LINCOLN REGIONAL CENTER  
**Lift Number :** 10054 - R BLDG #4      **Supervisor Name :** JAMES L GEER  
**Unit Type :** Hydraulic      **Branch Name :** OMAHA  
**Building Address :** 801 W PROSPECTOR PLC  
LANCASTER  
68509 LINCOLN  
**IVR WO Number :**

### MAINTENANCE

Task Set : PREVENTATIVE MAINTENANCE

Operating Upon Departure the technician : Yes

#### Elevator

Unit Type	Hydraulic	
Unit Nickname	10054 - R BLDG #4	
Unit	USV1008538	
PERFORMED PREVENTATIVE MAINTENANCE	<input checked="" type="checkbox"/>	
Material Used/Spare Parts Used	10054 - R BLDG #4 USV1008538-Hydraulic:	

#### Technician's comments and recommendations :

Perfomed annual test and quartley pm

#### Material Used :

### CLIENT COMMENTS

N/A



# E-DOCKET

## Maintenance

NO. e-docket :US292820

page 2

### Time And Expense Detail

Line Type	Labor Type				Date	Start Time	End Time	Expense Amount
	0	1.5	1.7	2				
Labor	1.75				17-Jan-2023	08:00 AM	09:45 AM	

### TECHNICIAN SIGNATURE

Technician : MICHAEL LAURENT

### CLIENT SIGNATURE

For the client :

Date : 17-01-2023

Called customer



# E-DOCKET

## Maintenance

NO. e-docket :US363963

page 1

**US serial number :** USV1008538      **Customer Name :** LINCOLN REGIONAL CENTER  
**Lift Number :** 10054 - R BLDG #4      **Supervisor Name :** James Laverne Geer  
**Unit Type :** Hydraulic      **Branch Name :** OMAHA  
**Building Address :** 801 W PROSPECTOR PLC  
LANCASTER  
68509 LINCOLN  
**IVR WO Number :**

### MAINTENANCE

Task Set : PREVENTATIVE MAINTENANCE

Operating Upon Departure the technician : Yes

#### Elevator

Unit Type	Hydraulic	
Unit Nickname	10054 - R BLDG #4	
Unit	USV1008538	
PERFORMED PREVENTATIVE MAINTENANCE	<input checked="" type="checkbox"/>	
COMPLETED TKE BRAKE MAINTENANCE PROCEDURES	<input type="checkbox"/>	
Material Used/Spare Parts Used	10054 - R BLDG #4 USV1008538-Hydraulic:	

#### Technician's comments and recommendations :

Pm cleaned pit ran hoistway, inspected controller

#### Material Used :

### CLIENT COMMENTS

N/A



# E-DOCKET

## Maintenance

NO. e-docket :US363963

page 2

### Time And Expense Detail

Line Type	Labor Type				Date	Start Time	End Time	Expense Amount
	0	1.5	1.7	2				
Labor	0.75				31-Jul-2023	07:00 AM	07:45 AM	

### TECHNICIAN SIGNATURE

Technician : Michael Conrad Laurent

### CLIENT SIGNATURE

For the client : Lrc

Date : 31-07-2023



Department of Health and Human Services  
Division of Public Health  
Licensure Unit  
301 Centennial Mall So, P O Box 94669  
Lincoln, NE 68509-4669

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC HEALTH  
CERTIFIES THAT

**Lincoln Regional Center**

MEETS STATUTORY REQUIREMENTS AS  
PSYCHIATRIC HOSPITAL  
Lic # 500004

**EXPIRES**  
12/31/2023



*Gary J. Anthone, MD*

Gary J. Anthone, MD  
Chief Medical Officer  
Director, Division of Public Health  
Department of Health and Human Services

Cut on heavy line and place on license.

Lincoln Regional Center  
ADDRESS: 801 W PROSPECTOR PLACE, LINCOLN, NE 68522

This is to verify that your PSYCHIATRIC HOSPITAL is licensed through the date indicated on the above renewal card. Place the renewal card in the lower left hand corner of your original license.

Please notify this office at the address listed above of any change in name, address, or ownership.

Nebraska DHHS Licensure Unit

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHSU030</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/04/2023</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>LINCOLN REGIONAL CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>FOLSOM &amp; PROSPECTOR, BUILDING 14</b> <b>LINCOLN, NE 68509</b>
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
X 000	<p>Initial Comments</p> <p>Representative(s) of the DHHS Division of Public Health conducted a periodic and complaint survey to determine compliance with Title 175 Chapter 19, Regulations Governing Licensure of Mental Health Substance Use facilities. At the time of the survey in was determined that the facility was in compliance with the Title 175 Chapter 19, Regulations Governing Licensure of Mental Health Substance Use facilities. The facility census was 64 at the time of the inspection.</p>	X 000		

Licensure Unit  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES



Jim Pillen, Governor

October 5, 2023

Mitchell Bruening, Administrator  
Lincoln Regional Center  
Folsom & Prospector, Building 14  
Lincoln, NE 68509

Dear Mr. Bruening:

An unannounced visit was made to Lincoln Regional Center on October 2, 2023-October 4, 2023, by representatives of this Department. The purpose of the visit was to investigate a complaint on non-compliance with regulatory requirements received by our office.

The following are the general allegation(s) of non-compliance and conclusions:

**ALLEGATION:**

The facility fails to ensure adequate supplies for patient care.

**FINDINGS:**

Based on record review, observation, and interview. The facility had systems in place to keep all emergency medical supplies stocked and available.

Sincerely,

A handwritten signature in cursive script that reads "Mark Luger".

Mark Luger - Program Manager II  
DHHS Public Health - Licensure Unit  
Office of DD and Behavioral Health  
PO Box 94669, Lincoln, NE 68509-4669  
Email: [mark.luger@nebraska.gov](mailto:mark.luger@nebraska.gov)

EID: 37E911



NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES



Jim Pillen, Governor

October 5, 2023

Mitchell Bruening, Administrator  
Lincoln Regional Center  
Folsom & Prospector, Building 14  
Lincoln, NE 68509

Dear Mr. Bruening:

After reviewing the findings of the survey conducted at your Mental Health Substance Use Treatment Center on October 4, 2023 by representatives of this Department, we are pleased to inform you that your facility is in substantial compliance with the Regulations Governing Licensure of Mental Health Substance Use Facilities .

The attached form indicates the survey results. Please retain for your files.

The surveyor wishes to thank you and your staff for the courtesy and assistance during the survey. If you have any questions, please contact this office.

Sincerely,

A handwritten signature in cursive script that reads "Mark Luger".

Mark Luger - Program Manager II  
DHHS Public Health - Licensure Unit  
Office of DD and Behavioral Health  
PO Box 94669, Lincoln, NE 68509-4669  
Email: mark.luger@nebraska.gov

ML/fe

CENTERS FOR MEDICARE & MEDICAID SERVICES  
CLINICAL LABORATORY IMPROVEMENT AMENDMENTS

CERTIFICATE OF WAIVER

LABORATORY NAME AND ADDRESS

FACILITY OPERATING OFFICER LINCOLN REG  
801 W PROSPECTOR PL  
LINCOLN, NE 68522

CLIA ID NUMBER

28D0670944

EFFECTIVE DATE

09/01/2022

LABORATORY DIRECTOR

ROGER DONOVICK M.D.

EXPIRATION DATE

08/31/2024

Pursuant to Section 353 of the Public Health Services Act (42 U.S.C. 263a) as revised by the Clinical Laboratory Improvement Amendments (CLIA), the above named laboratory located at the address shown hereon (and other approved locations) may accept human specimens for the purposes of performing laboratory examinations or procedures.

This certificate shall be valid until the expiration date above, but is subject to revocation, suspension, limitation, or other sanctions for violation of the Act or the regulations promulgated thereunder.



*Monique Spruill*

Monique Spruill, Director  
Division of Clinical Laboratory Improvement & Quality  
Quality & Safety Oversight Group  
Center for Clinical Standards and Quality

13306 Certs1\_080222

- If this is a **Certificate of Registration**, it represents only the enrollment of the laboratory in the CLIA program and does not indicate a Federal certification of compliance with other CLIA requirements. The laboratory is permitted to begin testing upon receipt of this certificate, but is not determined to be in compliance until a survey is successfully completed.
- If this is a **Certificate for Provider-Performed Microscopy Procedures**, it certifies the laboratory to perform only those laboratory procedures that have been specified as provider-performed microscopy procedures and, if applicable, examinations or procedures that have been approved as waived tests by the Department of Health and Human Services.
- If this is a **Certificate of Waiver**, it certifies the laboratory to perform only examinations or procedures that have been approved as waived tests by the Department of Health and Human Services.



FOR MORE INFORMATION ABOUT CLIA, VISIT OUR WEBSITE AT [WWW.CMS.GOV/CLIA](http://WWW.CMS.GOV/CLIA)  
OR CONTACT YOUR LOCAL STATE AGENCY. PLEASE SEE THE REVERSE FOR  
YOUR STATE AGENCY'S ADDRESS AND PHONE NUMBER.  
PLEASE CONTACT YOUR STATE AGENCY FOR ANY CHANGES TO YOUR CURRENT CERTIFICATE.



August 18, 2023

Jess Russell, Administrator  
Lincoln Regional Center  
801 W Prospector Place  
Lincoln, NE 68522-4949

RE: Lincoln Regional Center, 284003

Dear Ms. Russell:

### IMPORTANT NOTICE – PLEASE READ CAREFULLY

On July 31, 2023 - August 8, 2023, DHHS representatives conducted a licensure survey and complaints investigation to determine whether your facility was in compliance with State Licensure regulations for Psychiatric Hospitals. Enclosed you will find the State Form documenting the results of that survey. All references to regulatory requirements contained in this letter are found in Title 17 NAC 9 Regulations Governing Licensure of Hospitals.

### **STATEMENT OF COMPLIANCE (SOC)**

A SOC for each deficiency cited must be submitted to [DHHS.AcuteCareFacilities@nebraska.gov](mailto:DHHS.AcuteCareFacilities@nebraska.gov) **NO LATER THAN 10 calendar days after receipt of the CMS-2567's**. Failure to submit an acceptable SOC timely may result in the imposition of Disciplinary Action.

### **An acceptable SOC must include:**

- 1) The plan of correcting the specific deficiency. The plan should address the processes that lead to the deficiencies cited;
  - 2) The procedure for implementing the acceptable statement of compliance for the specific deficiency cited;
  - 3) The monitoring procedure to ensure that the statement of compliance is effective, and that specific deficiency cited remains corrected and/or in compliance with the regulatory requirements;
  - 4) The title of the person responsible for implementing the acceptable plan of correction;
- **PROVIDE THE DATE WHEN CORRECTION ACTION WILL BE COMPLETED.** Correction dates should be no later than forty-five calendar days from the exit date of the survey or **September 22, 2023**.

**NOTE:** Remember to attach copies of any auditing tools; education; revised or new policies/processes.

**SIGNATURE ON FIRST PAGE OF THE State Form:** The first page must be signed by the provider/supplier representative and faxed to 402-742-8319.

Lincoln Regional Center  
Page 2  
August 18, 2023

We will notify you whether your plan of correction is or is not acceptable via email. Subsequently, if your statement of compliance is **not accepted, you must submit an addendum to your statement of compliance within ten (10) calendar days of the notification.**

We thank you and your staff for your cooperation and assistance during the survey. If you have any questions regarding this correspondence, please contact this office.

Sincerely,



Billye Jo Knoell BS, RN, LNC, C.L.S.S.Y.B. – Program Manager RN  
DHHS Public Health – Licensure Unit  
Acute Care Facilities  
PO Box 94669, Lincoln, NE 68509-4986  
Email: [BJ.Knoell@nebraska.gov](mailto:BJ.Knoell@nebraska.gov)

BK/lc

Enclosures: State Form  
Health –eSOC



Nebraska DHHS Licensure Unit

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>500004</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>LINCOLN REGIONAL CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>801 W PROSPECTOR PLACE LINCOLN, NE 68522</b>
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
I 000	Initial Comments  On 8/1/2023 - 8/8/2023, DHHS Public Health representatives conducted a licensure survey and complaint investigation to determine compliance with 175 NAC 9, Licensure Regulations for Hospitals. The facility was out of compliance with the regulations identified below at the time of survey:	I 000		
I 190	9-006.04A Grievances  Each hospital must establish and implement a written process that promptly addresses grievances filed by patients or their representatives. The process includes, but is not limited to: <ol style="list-style-type: none"> <li>1. A procedure for submission of grievances which is made available to patients or representatives;</li> <li>2. Time frames and procedures for review of grievances and provision of a response; and</li> <li>3. How information from grievances and responses are utilized to improve the quality of patient care and treatment.</li> </ol> This Standard is not met as evidenced by: Based on staff interview, review of concerns and grievances and review of policy and procedures the Hospital failed to implement their policy for informing the complainant of the resolution of 2 of 2 patient (Patient 36 and Patient 37)grievances reviewed. This failure has the potential to effect all patients with concerns or grievances.  Findings are:  A. A review of Patient 37's 5/7/23 grievance revealed, Patient 37 felt "threatened" by one of the staff. Patient 37 documented that the staff member told them, "I am not the person to f____"	I 190		

Licensure Unit LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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Nebraska DHHS Licensure Unit

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>500004</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>LINCOLN REGIONAL CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>801 W PROSPECTOR PLACE LINCOLN, NE 68522</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
I 190	<p>Continued From page 1</p> <p>with if you want to stay safe." Patient 37 also documented that the staff would point their finger at (Patient 37) when monitoring the area. A review of the grievance resolution documented by the program manager on 5/9/23 "An abuse/neglect was initiated on the situation and will be investigated by Risk Management Dept. I gave (Patient 37) a copy. The patient signed off on 5/11/23 and checked, I agree with resolution. The resolution lacked how (Patient 37) would be protected or if there was a plan to prevent recurrence.</p> <p>B. A review of Patient 36's 5/9/23 grievance revealed, Patient 36 requested to make a phone call to (gender) children's between 7:00 AM - 7:30 AM. "The staff will not make the call for Patient 36, no matter who is working." A review of the grievance resolution documented on 5/18/23 by Mental Health Specialist Supervisor (MHSS) H, "Patient stated "I already know what it is , I don't want to go over the grievance." The patient refused to sign off on the resolution form. The resolution lacked how the facility would address (Patient 36's) grievance to assist in phoning children.</p> <p>C. An interview with the Interim Administrator on 8/2/23 at 12:15 PM and review of Patient 37's 5/7/23 grievance and Patient 36's 5/9/23 grievance resolution form and the review of the facility grievance policy and procedure. The Interim Administrator verified that the 2 grievances lacked a clear resolution of the grievance. "The intent is to provide a resolution note on the forms."</p> <p>D. Review of the "Grievance/Complaint" policy and procedure with the last revision date of 9/2021 included:</p>	I 190		

Nebraska DHHS Licensure Unit

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>500004</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>LINCOLN REGIONAL CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>801 W PROSPECTOR PLACE LINCOLN, NE 68522</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
I 190	Continued From page 2  -The (facility) has a process which allows patients, family members, guardians, and significant others to file complaints and/or grievances without fear of discrimination or reprisal and to have those complaints and grievances addressed in a timely manner. -A patient may file a written grievance/complaint, and the form is forwarded to the Program Manager within 30 days of the occurrence of the action grieved. The Program Manager will designate a staff member to prepare the Response Form and meet with the patient within 7 days of receipt of the grievance or complaint. The written grievance or complaint, along with the written response, shall be given to the Health Information Management (HIM) staff in the building in which the patient resides.	I 190		
I 200	9-006.05 Quality Assurance/Performance Improvement  Each hospital must have an effective, hospital-wide quality assurance/performance improvement program to evaluate care and treatment provided to patients. The program, must include, but is not limited to: 1. Establishment of appropriate committees such as a medical staff and utilization review committee for the purpose of reviewing the medical and hospital care as required under Neb. Rev. Stat. § 71-2046 with the power and authority provided under Neb. Rev. Stat. § 71-2047; 2. A written plan of implementation; 3. All services provided including contracted services; 4. The tracking of outpatient surgical procedures that result in unplanned patient admissions to a hospital within 72 hours of a procedure, due to post surgical complications;	I 200		

Nebraska DHHS Licensure Unit

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>500004</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>LINCOLN REGIONAL CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>801 W PROSPECTOR PLACE LINCOLN, NE 68522</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
I 200	<p>Continued From page 3</p> <p>5. Evaluation of care and treatment provided both by staff and through contract; 6. Appropriate action to address problems found through the program; 7. Evaluation of the outcome for any action taken; and 8. Reporting to the governing authority.</p> <p>This Standard is not met as evidenced by: Based on record review and staff interviews, the facility failed to include all services affecting patient health and safety (contracted services of Lab and X Ray) in quality assurance and these services were not being evaluated by the facility. This failed practice had the potential to affect all patients of the facility. The facility census was 128.</p> <p>Findings are:</p> <p>A. A review of the facility undated Quality Assurance Performance Improvement Plan (QAPI) revealed: -The QAPI program at (the facility) is ongoing, comprehensive, inclusive of all systems of care, all departments, patients, and staff. -The scope of the facility QAPI activities will be integrated across all care and service areas. Each area should be represented on the QAPI Committee.</p> <p>B. An interview with the Quality Coordinator on 8/3/23 at 8:00 AM revealed, "We currently have our Lab and X Ray as contracted services." When asked if the contracted services of Lab and X Ray were included in the QAPI process, the Quality Coordinator stated, "No they are not."</p>	I 200		

Nebraska DHHS Licensure Unit

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>500004</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>LINCOLN REGIONAL CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>801 W PROSPECTOR PLACE LINCOLN, NE 68522</b>
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
I 230	Continued From page 4	I 230		
I 230	<p>9-006.06B Administration of Medications</p> <p>Each hospital must establish and implement policies and procedures to ensure patients receive medications only as legally prescribed by a medical practitioner in accordance with the Five Rights and prevailing professional standards.</p> <p>This Standard is not met as evidenced by: Based on observations, staff interviews, medication error log, and review of policy and procedures, the facility failed to ensure medications were administered according to the five rights of medication administration for 6 of 9 patients (Patient 27, Patient 28, Patient 29, Patient 30, Patient 31 and Patient 32) receiving medication. The medication error log identified that 2 patients (Patient 33 and Patient 35) received another patients medications. This failed practice has the potential to affect all hospital inpatients. Facility census was 128 on the first day of survey.</p> <p>Findings are:</p> <p>A. The five rights of medication administration as defined by the Centers for Medicare and Medicaid Services (7/21/2023) revealed "Right patient: the patient's identity-acceptable patient identifiers include, but are not limited to: the patient's full name, an identification number assigned by the hospital; or date of birth. Identifiers must be confirmed by the patient wrist band, patient identification card, patient statement (when possible) or other means outlined in the hospital policy. The patient's identification must be confirmed to be in agreement with the medication administration record and medication labeling prior to medication administration to ensure that the</p>	I 230		

Nebraska DHHS Licensure Unit

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>500004</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>LINCOLN REGIONAL CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>801 W PROSPECTOR PLACE LINCOLN, NE 68522</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
I 230	<p>Continued From page 5</p> <p>medication is being given to the correct patient."</p> <p>B. Based on the facility policy titled "Medication Administration" last revised on 8/2022, the facility policy identifies the "Essential Steps of Medication Administration" included: -Identify patient. Two (2) patient identifiers are required with medication administration (Patient Name &amp; Patient Photograph). Review the Electronic Medical record (EMR) for the patient's medications. -Check patient EMR reviewing medication, dosage, route, time and patient.</p> <p>C. On 8/2/23 an observation in Building 3 of morning medication administration pass, by Licensed Practical Nurse (LPN)-A revealed: -at 8:15 AM Patient 27 approached the medication distribution window for their medications. LPN A did not verify the patient's identity by asking their name or date of birth, prior to administering the ordered medications. -at 8:17 AM Patient 28 approached the medication distribution window for their medications. LPN A did not verify the patient's identity by asking their name or date of birth, prior to administering the ordered medications. -at 8:25 AM Patient 29 approached the medication distribution window for their medications. LPN A did not verify the patient's identity by asking their name or date of birth, prior to administering the ordered medications. -at 8:28 AM Patient 30 approached the medication distribution window for their medications. LPN A did not verify the patient's identity by asking their name or date of birth, prior to administering the ordered medications.</p> <p>D. In an interview with LPN-A on 8/2/2023 at 8:32 AM, when inquired how LPN-A identified the</p>	I 230		

Nebraska DHHS Licensure Unit

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I 230	<p>Continued From page 6</p> <p>patients receiving medication, LPN-A stated, "I know them and I also look at the picture." When asked if LPN-A asked (Patients 27, 28, 29, and 30) their name or date of birth, LPN-A stated, "No".</p> <p>E. In an interview with Building 3's Assistant Director of Nursing (ADON)-B on 8/2/2023 at 1:21 PM, ADON-B verified that while observing the morning medication pass with LPN-A (on 8/2/2023 from 8:15-8:28 AM) LPN-A did not have (Patients 27, 28, 29, and 30) identify themselves prior to their medication administration.</p> <p>F. On 8/2/23 an observation in Building 10 of the noon medication administration pass by LPN C revealed: -at 11:57 AM Patient 31 approached the medication distribution window for their medication. LPN C did not verify the patient's identity by asking their name or date of birth, prior to administering the ordered medications. -at 12:07 PM Patient 32 approached the medication distribution window for their medication. LPN C did not verify the patient's identity by asking their name or date of birth, prior to administering the ordered medications.</p> <p>G. In an interview with LPN C on 8/2/23 at 12:15 PM, when inquired how LPN C identified (Patient 31 &amp; 32) receiving medication, LPN C stated, "I look at their picture and I know who they are, I have been here as a traveling nurse for quite a while."</p> <p>H. Review of the Medication Error Log from 2/7/2023 to 7/25/23 identified on 2 occasions that the wrong patient received medications including: -2/28/23 at 12:22 AM the wrong patient received the wrong medication, per compliance review</p>	I 230		

Nebraska DHHS Licensure Unit

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I 230	Continued From page 7  identified, "The nurse was looking at the wrong patient EMAR and Pyxis (medication distribution cabinet). The patient (Patient 33) received another patients (Patient 34's) Ativan (anti anxiety medication) instead of Hydroxyzine (anti histamine). -5/20/23 at 12:00 Noon the wrong patient received the wrong medications, per compliance review, "(Patient 35) received (Patient 21's) noon medication.  I. In an interview with the Registered Pharmacist (RP) J on 8/2/23 at 2:40 PM, RP J verified that the Medication Error Log entries for 2/23/23 at 12:22 AM and 5/15/23 12:00 NOON identified that on those dates that the wrong patient was administered another patients medication's.	I 230		
I 710	9-006.14A Housekeeping and Maintenance  The hospital must provide the necessary housekeeping and maintenance to protect the health and safety of patients. 9-006.14A1 The hospital ' s buildings and grounds must be kept clean, safe and in good repair. 9-006.14A2 All garbage and rubbish must be disposed of in such a manner as to prevent the attraction of rodents, flies and all other insects and vermin. Garbage must be disposed of in such a manner as to minimize the transmission of infectious diseases and minimize odor. 9-006.14A3 The hospital must provide and maintain adequate lighting, environmental temperatures and sound levels in all areas that are conducive to the care and treatment provided. 9-006.14A4 The hospital must maintain and equip the premises to prevent the entrance,	I 710		



Nebraska DHHS Licensure Unit

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I 710	<p>Continued From page 8</p> <p>harborage or breeding of rodents, flies and all other insects and vermin.</p> <p>This Standard is not met as evidenced by: Based on observation and staff interview the facility failed to ensure that 2 rooms (restraint room 228 and seclusion room 229) in Building 10 (Mens Acute Care) had surfaces that could not be kept clean, safe and were not in good repair. The rooms had plexiglass windows with chips, or cracks/the wall surfaces had peeling with areas of dry wall missing and the flooring failed to be cleanable. This had the potential to effect patients that used these rooms.</p> <p>Findings are:</p> <p>A. The physical environment of the hospital must be constructed, arranged and maintained to ensure the surfaces can be cleaned, maintain safety and well being of the patient as defined by the Centers for and Medicaid Services (7/21/2023).</p> <p>B. An environment tour of Building 10 on 8/2/23 at 11:20 AM revealed: -Room 228- A room used for patients to be placed in restraints when the patients behavior had become dangerous to themselves or others. Room 228 had 2 plexiglass windows to the hallway to allow staff to continually monitor a patient in restraints. The plexiglass windows had a crack and chip by the screws. The crack and chip were rough to touch. The room also had plaster peeling and flaking along edges. -Room 229- A room used for patient to be placed in seclusion when the patients behavior had become dangerous to themselves or others. Room 229 had 2 plexiglass windows to the hallway to allow staff to continually monitor a</p>	I 710		

Nebraska DHHS Licensure Unit

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I 710	Continued From page 9  patient while in seclusion. The plexiglass windows had a crack and chip that was rough to touch. The wall had plaster missing under the window to the outside, the wall edge by the bathroom showed plaster flaking and wall cover peeling. The floor tiles did not cover the floor wall to wall. There was no "mopboard" (a molding covering the joint formed by a wall and the floor), leaving a gap between the tiles and the wall. Room 228 and Room 229 did not have surfaces that could be cleaned, were safe and in good repair.  C. An interview with the Director of Nurses (DON) on 8/3/23 at 3:15 PM, when asked if the DON had an opportunity to look at Room 228 and Room 229 related to the area's that had chipping and cracked plexiglass windows, peeling, missing and flaking wall plaster/drywall, and the tile flooring with the gapping edges around the room. The DON verified that (gender) did see the area's identified in the 2 rooms.	I 710		
I 730	9-006.14C Linens  The hospital must provide each patient with an adequate supply of clean bed, bath and other linens necessary for care and treatment. Linens must be in good repair. 9-006.14C1 The hospital must establish and implement procedures for the storage and handling of soiled and clean linens. 9-006.14C2 When the hospital provides laundry services, water temperatures to laundry equipment must exceed 160 degrees Fahrenheit or the laundry may be appropriately sanitized or disinfected by another acceptable method in accordance with manufacturer ' s instructions.	I 730		

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I 730	<p>Continued From page 10</p> <p>This Standard is not met as evidenced by: Based on observation, staff interview and product information the facility failed to ensure the detergent used to wash the patient's personal clothing appropriately sanitized or disinfected the patient's personal laundry. This failure had the potential to affect all patients that had their laundry washed by staff.</p> <p>Findings are:</p> <p>A. An observation on 8/3/23 at 2:45 PM of the laundry room in Building 10 (Men's Acute Care) showed 2 Amana Washing Machines and 2 dryers. The washers are numbered with a 1 and 2. The powder detergent next to the washers titled "Ecolab Royal Brite Plus" had a disposable stretched out paper souffle cup 3/4 oz - 1 oz to scoop the detergent into the washers. The laundry room had no instructions on the use of the detergent.</p> <p>B. An interview with Mental Health Specialist (MHSS)-I in the Laundry room on 8/3/23 at 2:55 PM, revealed, "Staff does the patients laundry as needed. We do each person's laundry separate. We bring their dirty clothes hamper in, write the name on the wipe board (next to washers) of whose laundry we have in which washer (#1 or #2). We use this cup (showed a disposable stretched out paper souffle cup 3/4 oz - 1 oz) in the powder detergent next to the washer, we put 1 of these cups in there and sometimes 2 scoops, just depends." When MHSS-I was asked if the staff sprays a disinfectant/sanitizer into the washer drum and wipe it out between patient's, MHSS-I stated, "No, we don't have to do that."</p> <p>MHSS-I opened washer # 2 to remove the washed laundry and stated, "Oh, I think I need to</p>	I 730		

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I 730	<p>Continued From page 11</p> <p>wash these again, they still stink." ADON D and this surveyor was present when MHSS-I opened the washer and verified that the clothes still smelled unclean. MHSS-I added 2 scoops of detergent and restarted the washer.</p> <p>C. A review of the Ecolab Royal Brite Plus product information page, identified the product as a "Powder enzyme laundry detergent with color-safe oxygen bleach. Quadruple enzyme system ensures powerful cleaning and stain removal. The information sheet indicated a light load use 1 oz detergent, medium load use 2 oz detergent and heavy loads use 4 oz of detergent."</p> <p>D. A phone interview on 8/8/23 at 9:30 AM, with the Ecolab Territory Representative stated, "I am unsure if there is any sanitizing/disinfecting properties to this product (Royal Bright Plus Detergent)."</p>	I 730		

Department of Health and Human Services  
Division of Public Health  
Health Facilities Licensure Unit  
301 Centennial Mall South, P O Box 94669  
Lincoln, NE 68509-4669

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC HEALTH  
CERTIFIES THAT

**Lincoln Regional Center**

MEETS STATUTORY REQUIREMENTS AS  
MENTAL HEALTH SUBSTANCE USE TREATMENT CENTER

Lic # MHSU030



**EXPIRES**  
9/30/2024

Cut on heavy line and place on license.

Lincoln Regional Center

ADDRESS: FOLSOM & PROSPECTOR, BUILDING 14, LINCOLN, NE 68509

This is to verify that your MENTAL HEALTH SUBSTANCE USE TREATMENT CENTER is licensed through the date indicated on the above renewal card. Place the renewal card in the lower left hand corner of your original license.

Please notify this office at the address listed above of any change in name, address, or ownership.

SUMMIT FIRE PROTECTION  
 PO BOX 851675  
 MINNEAPOLIS, MN 55485-1675



LINCOLN, NE  
 (402) 476-4646

# INVOICE

**Bill to:** LRC Maintenance Department  
 PO BOX 94949  
 LINCOLN, NE 68509

<b>Invoice No:</b>	110410686
<b>Invoice Date:</b>	9/30/2023
<b>Work Order:</b>	110415230
<b>Complete Date:</b>	9/22/2023
<b>PO Number:</b>	
<b>Alt WO Number:</b>	
<b>Customer ID:</b>	LINCOL7139
<b>Terms:</b>	

**Service at:** LINCOLN REGIONAL CENTER  
 801 W PROSPECTOR PL  
 BLDGS 5, 7, 10, 14  
 LINCOLN, NE 68522

Description	Quantity	Rate	Amount
Truck Charge	1.00	65.00	65.00
ABC Dry Chemical (Inspection - Fire Extinguisher)	116.00	0.00	0.00
10 LB Dry Chemical Ext. Low Pressure Hydro Test	2.00	25.00	50.00
10 LB Dry Chemical Extinguisher Recharge	2.00	36.00	72.00
5 LB Dry Chemical Ext. Low Pressure Hydro Test	1.00	25.00	25.00
5 LB Dry Chemical Extinguisher Recharge	2.00	27.00	54.00
20 LB Dry Chemical Ext. Low Pressure Hydro Test	1.00	25.00	25.00
20 LB Dry Chemical Extinguisher Recharge	1.00	49.00	49.00
10 LB Dry Chemical Extinguisher 6-Yr Maintenance	1.00	36.00	36.00
20 LB Dry Chemical Extinguisher 6-Yr Maintenance	1.00	49.00	49.00
Compliance Engine (Inspection - Fire Extinguisher)	1.00	4.00	4.00
DOT Compliance Fee			
PTS O-RING OR27	1.00	5.25	5.25
PTS O-RING OR28	3.00	5.25	15.75
OR29 O RING	2.00	5.25	10.50
OR37 O RING	1.00	5.25	5.25
PTS VERF COLLAR	7.00	2.00	14.00
PTS VLV STEM ASSY DRYCHE AX	1.00	19.00	19.00
PTS VLV STEM ASSY DRYCHE AX	2.00	19.00	38.00
PTS VLV STEM ASSY ANS	3.00	19.00	57.00
PTS VLV STEM ASSY DRYCHE BUCKEYE	1.00	19.00	19.00
Fire Extinguisher Inspection	1.00	792.00	792.00

**Work Description:** Annual Maintenance.  
 116 fire extinguishers inspected.  
 7 ABC extinguishers brought in for Six-Year Service//Hydrotest.  
 All returned and loaners collected.  
 All services performed - System(s) normal upon departure

SUMMIT FIRE PROTECTION  
PO BOX 851675  
MINNEAPOLIS, MN 55485-1675



LINCOLN, NE  
(402) 476-4646

**Bill to:** LRC Maintenance Department  
PO BOX 94949  
LINCOLN, NE 68509

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801 W PROSPECTOR PL  
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LINCOLN, NE 68522

# INVOICE

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**Invoice Date:** 9/30/2023  
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**Complete Date:** 9/22/2023  
**PO Number:**  
**Alt WO Number:**  
**Customer ID:** LINC0L7139  
  
**Terms:**

**To Pay by Check or Credit Card**  
(651) 272-3251

**Account Inquiries**  
ar@summitcompanies.com

**MAKE CHECKS PAYABLE TO**  
SUMMIT FIRE PROTECTION  
PO BOX 851675  
MINNEAPOLIS, MN 55485-1675

<b>Subtotal:</b>	1,404.75
<b>Sales Tax:</b>	0.00
<b>Payments:</b>	0.00
<b>Total Due:</b>	<b>\$1,404.75</b>

Cust: LINC0L7139

Inv: 110410686



LEAVE NO FIELD BLANK  
NEEDS N/A IF NOT USED

7402 L Street  
Omaha, NE 68127  
605-251-9415

N/A - NOT APPLICABLE ON THIS SERVICE  
CHANGED - FILTER OR PART WAS REPLACED  
PASSED - ITEM CHECKED OUT GOOD

ANNUAL

SEMI-ANNUAL INSPECTION

QUARTERLY INSPECTION

3E's GENERATOR (EPS) MAINTENANCE REPORT

CUSTOMER: NORFOLK REGIONAL CENTER MAKE CATERPILLAR TYPE \_\_\_\_\_  
CONTACT KEVIN WRAGGE SERIAL AFN03693 DATE 2/9/2023  
PHONE 402-649-1376 MODEL SR4B HRS 575.8  
ADDRESS 1700 N. Victory Road TECH ELPERT BROWN  
CITY NORFOLK, NE 68701

AUTOMATIC TRANSFER SWITCHES

MAKE CATERPILLAR SERIAL TSG03580 MODEL CTS  
MAKE CATERPILLAR SERIAL TSG03581 MODEL CTS  
MAKE CATERPILLAR SERIAL TSG03327 MODEL CTS

(1) FUEL SYSTEM

CHECK (A) FUEL LEAKS OK NONE FOUND  
\* (B) LINES/CONNECTIONS OK  
\* (C) DAYTANK LEVEL N/A  
\* (D) DAYTANK OPERATION N/A  
\* (E) TRANSFER PUMP OK  
\* (F) MAIN TANK LEVEL OK FULL  
\* (G) VENT/OVERFLOW OK  
\* (H) WATER IN FUEL OK NONE FOUND  
\* (I) INJECTION PUMP OK  
\* (J) SOLENOID VALVE OK  
\* CHANGE (K) FUEL FILTER OK  
\* CHANGE (L) WATER SEPARATOR OK  
\* TEST (M) FUEL SAMPLE OK

(6) ELECTRICAL SYSTEM

CHECK (A) WIRING CONNECTIONS OK CLEAN AND TIGHT  
\* (B) INSTRUMENTATION OK  
\* (C) SAFETIES SHUTDOWNS OK  
\* (1) OVERCRANK OK  
\* (2) HIGH WATER TEMP OK  
\* (3) LOW OIL PRESSURE OK  
\* (4) OVERSPEED OK  
\* (D) ALARMS OK OPERATIONAL  
\* (E) PREALARMS OK OPERATIONAL  
\* (F) CIRCUIT BREAKERS OK  
\* (G) FUSES OK  
\* CHECK (H) INSULATION DAMAGE OK NONE FOUND  
CLEAN (I) CABINTRY OK

(2) LUBRICATION

CHECK (A) LEAKS OK  
\* (B) ENGINE OIL LEVEL OK  
\* (C) OIL HEATER OK  
\* (D) GOVERNOR OIL LEVEL N/A  
\* (E) CRANKCASE BREATHER OK  
\* CHANGE (F) OIL FILTER OK  
\* CHANGE (G) ENGINE OIL OK  
\* CHANGE (H) GOVERNOR OIL N/A  
\* TEST (I) OIL SAMPLE OK

(7) PRIME MOVER

CHECK (A) GOVERNOR OPERATION OK 1600 RPM  
\* (B) VIBRATION OK  
\* (C) TIMING OK  
\* (D) INJECTORS OK  
\* (E) MOUNTING HARDWARE OK  
\* (F) AIR INTAKE OK  
\* (G) OIL PRESSURE OK 73 PSI  
\* (H) WATER TEMPERATURE OK 185 F  
\* (I) DC ALTERNATOR OK  
\* (1) VOLTS OK 27.5 VDC  
\* (2) AMPS OK 5 A  
\*\* CHANGE (J) AIR CLEANER OK  
\*\* TORQUE (K) BOLTS OK

(3) COOLING SYSTEM

CHECK (A) LEAKS OK NONE FOUND  
\* (B) COOLANT LEVEL OK FULL  
\* (C) FREEZE POINT OK -45  
\* (D) RADIATOR AIR FLOW OK  
\* (E) FLOWER SYSTEMS OK OPERATIONAL  
\* (F) BLOCK HEATER OK OPERATIONAL 126 F  
\* (G) WATER PUMP OK  
\* (H) HOSES OK  
\* (I) BELTS OK  
\* (J) FAN HUB OK  
\* (K) PULLEYS OK  
\* (L) RADIATOR PSI OK  
\* (M) RADIATOR CAP PSI OK 10 PSI  
\* CHANGE (N) WATER FILTER N/A  
\*\* CHANGE (O) ANTIFREEZE N/A

(8) GENERATOR

CHECK (A) ROTOR OK  
\* (B) STATOR OK  
\* (C) EXCITOR OK  
\* (1) STATOR OK  
\* (2) ROTOR OK  
\* (D) BEARINGS (IR) OK  
\* (E) DIODES OK  
\* (F) AIR FLOW OK  
\* (G) VOLTAGE REGULATOR OK  
\* TEST (H) FEED BREAKER OK  
RECORD (I) VOLTAGE OK L-L 480 L-N 277  
\* (J) HERTZ OK 60 HZ

(4) EXHAUST SYSTEM

CHECK (A) LEAKS OK NONE FOUND  
\* (B) CONDENSATION TRAP OK  
\* (C) INSULATION OK  
\* (D) RESTRICTION OK  
\* (E) RAINCAP OK PRESENT  
CHECK (F) HANGERS/SUPPORT OK  
\* (G) FLEX SECTIONS OK NO CRACKS/LEAKS FOUND

(9) AUTOMATIC TRANSFER SWITCHES

CHECK (A) ATS CONTACTS OK  
\* LINEAR MOTORS ACTUATION N/A  
\* ATS Battery Replaced Y or N NO  
\* (B) SIMULATE POWER N/A  
\* FAILURE (C) TIME DELAY N/A  
\* (D) CLOCK EXERCISER OK

(5) BATTERY SYSTEMS

CHECK (A) CHARGER VOLTAGE OK 27.7 VDC  
\* (1) FLOAT OK  
\* (2) EQUALIZE N/A  
\* (B) ELECTROLYTE LEVEL N/A  
\* (C) TERMINALS/CABLES OK CLEAN AND TIGHT  
\* (D) BLANKET HEATER N/A  
\* (E) SPECIFIC GRAVITY N/A  
\* (1) HIGH N/A  
\* (2) LOW N/A  
\* (F) LOAD TEST OK  
CLEAN (G) CORROSION OK NONE FOUND

(10) GENERAL CONDITION - EPSS

CHECK (A) UNUSUAL/UNSAFE OK  
\* (B) HOUSEKEEPING OK

(11) LOAD TEST

RECORD (A) AMPERAGE/LEG N/A  
\* (B) VOLTAGE/LEG N/A  
\* (C) HERTZ N/A  
\* (D) CB CONNECTIONS N/A  
\* (E) UNIT LOADED N/A

(12) EPSS

CHECK (A) EPS IN AUTO? OK  
\* (B) BREAKER CLOSED? OK

\* A: needed specified or during annual inspection only  
\*\* Additional cost if needed or specified

Comments:

USED 19 GALLONS 15W-40 O/F NAPA 2 EACH 7792 F/F NAPA 3685 FWS/F NAPA 3751 MILES DRIVEN 280 JOB# 922196  
COLLECTED FUEL, COOLANT, AND OIL SAMPLES JOB # 922197

Customer Signature \_\_\_\_\_

3E Signature \_\_\_\_\_

Date 2/9/2023





LEAVE NO FIELD BLANK  
NEEDS N/A IF NOT USED

7402 L Street  
Omaha, NE 68127  
605-251-9415

N/A - NOT APPLICABLE ON THIS SERVICE  
CHANGED - FILTER OR PART WAS REPLACED  
PASSED - ITEM CHECKED OUT GOOD

ANNUAL

SEMI-ANNUAL INSPECTION

QUARTERLY INSPECTION

3E's GENERATOR (EPS) MAINTENANCE REPORT

CUSTOMER: NORFOLK REGIONAL CENTER MAKE CATERPILLAR TYPE \_\_\_\_\_  
 CONTACT: KEVIN WRAGGE SERIAL AFN03693 DATE 8/17/2023  
 PHONE: 402-549-1376 MODEL SR4B HRS 592  
 ADDRESS 1700 N VICTORY RD 68701 TECH ELPERT BROWN  
 CITY NORFOLK, NE

AUTOMATIC TRANSFER SWITCHES

MAKE CATERPILLAR SERIAL TSG03580 MODEL CTS  
 MAKE CATERPILLAR SERIAL TSG03581 MODEL CTS  
 MAKE CATERPILLAR SERIAL TSG03327 MODEL CTS

(1) FUEL SYSTEM

CHECK (A) FUEL LEAKS OK NONE FOUND  
 \* (B) LINES/CONNECTIONS OK CLEAN AND TIGHT  
 \* (C) DAYTANK LEVEL N/A  
 \* (D) DAYTANK OPERATION N/A  
 \* (E) TRANSFER PUMP OK  
 \* (F) MAIN TANK LEVEL OK 3/4  
 \* (G) VENT/OVERFLOW OK GOOD NOT PLUGGED  
 \* (H) WATER IN FUEL OK NONE FOUND  
 \* (I) INJECTION PUMP OK OPERATIONAL  
 \* (J) SOLENOID VALVE OK  
 \* CHANGE (K) FUEL FILTER N/A  
 \* CHANGE (L) WATER SEPARATOR N/A  
 \* TEST: (M) FUEL SAMPLE N/A

(6) ELECTRICAL SYSTEM

CHECK (A) WIRING CONNECTIONS OK  
 \* (B) INSTRUMENTATION OK  
 \* (C) SAFETIES SHUTDOWNS OK  
 \* (1) OVERCRANK OK  
 \* (2) HIGH WATER TEMP OK  
 \* (3) LOW OIL PRESSURE OK  
 \* (4) OVERSPEED OK  
 \* (D) ALARMS OK  
 \* (E) PREALARMS OK  
 \* (F) CIRCUIT BREAKERS OK  
 \* (G) FUSES OK  
 \* CHECK (H) INSULATION DAMAGE OK  
 CLEAN (I) CABINTRY OK

(2) LUBRICATION

CHECK (A) LEAKS X REPAIR NEEDED TURBO OIL DRAIN LINE  
 \* (B) ENGINE OIL LEVEL OK FULL  
 \* (C) OIL HEATER N/A  
 \* (D) GOVERNOR OIL LEVEL N/A  
 \* (E) CRANKCASE BREATHER OK  
 \* CHANGE (F) OIL FILTER N/A  
 \* CHANGE (G) ENGINE OIL N/A  
 \* CHANGE (H) GOVERNOR OIL N/A  
 \* TEST (I) OIL SAMPLE N/A

(7) PRIME MOVER

CHECK (A) GOVERNOR OPERATION OK 1802 RPM  
 \* (B) VIBRATION OK STEADY  
 \* (C) TIMING OK  
 \* (D) INJECTORS OK  
 \* (E) MOUNTING HARDWARE OK TIGHT  
 \* (F) AIR INTAKE OK FREE OF ENCUMBRANCE & LOUVERS ACTIVE  
 \* (G) OIL PRESSURE OK 68 PSI  
 \* (H) WATER TEMPERATURE OK 167 F  
 \* (I) DC ALTERNATOR OK  
 \* (1) VOLTS OK 27.1 VDC  
 \* (2) AMPS OK 10 A  
 \* CHANGE (J) AIR CLEANER OK CLEAN  
 \*\* TORQUE (K) BOLTS OK TIGHT

(3) COOLING SYSTEM

CHECK (A) LEAKS OK NONE FOUND  
 \* (B) COOLANT LEVEL OK FULL  
 \* (C) FREEZE POINT OK -45  
 \* (D) RADIATOR AIR FLOW OK  
 \* (E) LOUVER SYSTEMS OK OPERATIONAL NO BLOCKAGE  
 \* (F) BLOCK HEATER OK OPERATIONAL 113 DEG F  
 \* (G) WATER PUMP OK NOT LEAKING  
 \* (H) HOSES OK  
 \* (I) BELTS OK NOT CRACKING  
 \* (J) FAN HUB OK NO ABNORMAL NOISES  
 \* (K) PULLEYS OK  
 \* (L) RADIATOR PSI OK  
 \* (M) RADIATOR CAP PSI OK 70 KPA  
 \* CHANGE (N) WATER FILTER N/A  
 \*\* CHANGE (O) ANTIFREEZE N/A

(8) GENERATOR

CHECK (A) ROTOR OK  
 \* (B) STATOR OK  
 \* (C) EXCITOR OK  
 \* (1) STATOR OK  
 \* (2) ROTOR OK  
 \* (D) BEARINGS (IR) OK  
 \* (E) DIODES OK  
 \* (F) AIR FLOW OK  
 \* (G) VOLTAGE REGULATOR OK  
 \* (H) FEED BREAKER OK  
 \* TEST (I) VOLTAGE OK L-L 480 L-N 277  
 RECORD (J) HERTZ OK 60.1 HZ

(4) EXHAUST SYSTEM

CHECK (A) LEAKS OK NONE FOUND  
 \* (B) CONDENSATION TRAP OK GOOD  
 \* (C) INSULATION OK PRESENT  
 \* (D) RESTRICTION OK NONE FOUND  
 \* (E) RAINCAP OK PRESENT  
 CHECK (F) HANGERS/SUPPORT OK WELDS GOOD NO BOLTS LOOSE  
 \* (G) FLEX SECTIONS OK NO LEAKS FOUND

(9) AUTOMATIC TRANSFER SWITCHES

CHECK (A) ATS CONTACTS OK  
 LINEAR MOTORS ACTUATION N/A  
 ATS Battery Replaced Y or N NO  
 \* (B) SIMULATE POWER N/A  
 \* FAILURE (C) TIME DELAYS OK  
 \* (D) CLOCK EXERCISER OK

(5) BATTERY SYSTEMS

CHECK (A) CHARGER VOLTAGE OK 28.1 V  
 \* (1) FLOAT OK  
 \* (2) EQUALIZE N/A  
 \* (B) ELECTROLYTE LEVEL N/A  
 \* (C) TERMINALS/CABLES OK CLEAN AND TIGHT  
 \* (D) BLANKET HEATER N/A  
 \* (E) SPECIFIC GRAVITY N/A  
 \* (1) HIGH N/A  
 \* (2) LOW N/A  
 \* (F) LOAD TEST OK  
 CLEAN (G) CORROSION OK NONE FOUND

(10) GENERAL CONDITION - EPSS

CHECK (A) UNUSUAL/UNSAFE OK  
 \* (B) HOUSEKEEPING OK CLEAN NOT CLUTTERED

(11) LOAD TEST

RECORD (A) AMPERAGE/LEG OK L1-540 L2-542 L3-542  
 \* (B) VOLTAGE/LEG OK L1-480 L2-479 L3-481  
 \* (C) HERTZ OK 60.1  
 \* (D) CB CONNECTIONS OK CLEAN AND TIGHT  
 \* (E) UNIT LOADED OK YES

(12) EPSS

CHECK (A) EPS IN AUTO? OK YES  
 \* (B) BREAKER CLOSED? OK YES

\* As needed, specified or during annual inspection only  
 \*\* Additional cost if needed or specified

Comments:

PERFORMED QUARTERLY INSPECTION OIL LEAK FOUND AT TURBO OIL DRAIN LINE  
120 MILES JOB # 924353

Customer Signature \_\_\_\_\_

3E Signature \_\_\_\_\_

Date 8/17/2023



**HEARTLAND**  
FIRE PROTECTION

**Protecting Lives.  
Protecting Livelihoods.**

1115 Bonita Road, P.O. Box 325, Norfolk, NE 68702

402-379-9846

[www.heartlandfireprotection.com](http://www.heartlandfireprotection.com)

# Inspection Certificate

*For*

Norfolk Regional Center  
1700 N Victory Rd  
Norfolk, NE 68702

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

*Annual Inspection  
Inspection Date  
Jan 17, 2024*

Building: Norfolk Regional Center  
Contact: Kevin Wragge  
Title: Facility Maintenance Supervisor

Company: Heartland Fire Protection  
Contact: Michael Blank  
Title: Technician

## Safety Equipment Report

# Executive Summary

Generated by: [BuildingReports.com](http://BuildingReports.com)

## Building Information

**Building:** Norfolk Regional Center

**Address:** 1700 N Victory Rd

**Address:**

**City/State/ZIP Code:** Norfolk, NE 68702

**Country:** United States of America

**Contact:** Kevin Wragge

**Phone:** 402-649-1376

**Fax:**

**Mobile:** 402-649-1376

**Email:** kevin.wragge@nebraska.gov

## Inspection Performed By

**Company:** Heartland Fire Protection

**Address:** 1115 Bonita Road

**Address:**

**City/State/ZIP Code:** Norfolk, Nebraska 68701

**Country:** United States of America

**Inspector:** Michael Blank

**Phone:** 402-379-9846

**Fax:**

**Mobile:** 402-843-8171

**Email:** chance@heartlandfireprotection.com

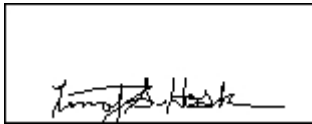
## Inspection Summary

Category:	Total Items		Serviced		Passed		Failed/Other	
	Qty	%	Qty	%	Qty	%	Qty	%
Fire	62	100.00%	62	100.00%	62	100.00%	0	0.00%
<b>Totals</b>	<b>62</b>	<b>100%</b>	<b>62</b>	<b>100.00%</b>	<b>62</b>	<b>100.00%</b>	<b>0</b>	<b>0.00%</b>

## Certification

**Company:** Heartland Fire Protection

**Inspector:** Michael Blank



**Signed:** Jan 4, 2024

**Building:** Norfolk Regional Center

**Contact:** Kevin Wragge

**Signed:**

# Notes & Recommendations

Generated by: *BuildingReports.com*

## Building: Norfolk Regional Center

*The Notes & Recommendations Report details additional inspection notes made by the Inspectors during the course of the building inspection. Notes are grouped by Category.*

Note	Device Type	Location	Comment	ScanID
<b>Fire</b>				
1	Fire Extinguisher L.S. 2024	1st Wiring room server #73	Passed	AC62174

# Inspection & Testing

Generated by: [BuildingReports.com](http://BuildingReports.com)

## Building: Norfolk Regional Center

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

Device Type	Location	ScanID : S/N	Service	Date Time
<b><i>Passed</i></b>				
<b>Fire</b>				
Fire Extinguisher, 10 Lbs, A.B.C.	Bus barn Middle pole #50	A92849833 A92849833	Annual Service	01/04/24 8:59:30 AM
Fire Extinguisher, 5 Lbs, A.B.C.	Maintenance Boiler room #84	H32588272 H32588272	Annual Service	01/04/24 8:29:24 AM
Fire Extinguisher, 5 Lbs, A.B.C.	Maintenance Entry door #61	H32580406 H32580406	Annual Service	01/04/24 8:25:59 AM
Fire Extinguisher, 5 Lbs, A.B.C.	Maintenance North Exit #51	H32601432 H32601432	Annual Service	01/04/24 8:21:53 AM
Fire Extinguisher, 5 Lbs, A.B.C.	Pole shed North #23	H07364858 H07364858	Annual Service	01/04/24 8:17:32 AM
Fire Extinguisher, 5 Lbs, A.B.C.	Pole shed South #13	H20477063 H20477063	Annual Service	01/04/24 8:15:45 AM
Fire Extinguisher, 5 Lbs, Carbon Dioxide	Tunnel Electrical room #111	B71224739 B71224739	Annual Service	01/04/24 8:33:08 AM
Fire Extinguisher, 5 Lbs, A.B.C.	Basement Abe classroom #34	H20478057 H20478057	Annual Service	01/04/24 8:45:43 AM
Fire Extinguisher, 5 Lbs, A.B.C.	Basement Back HVAC room #49	H32588266 H32588266	Annual Service	01/04/24 9:02:51 AM
Fire Extinguisher, 10 Lbs, A.B.C.	Basement Chiller room #64	NR-217463 NR-217463	Breakdown	01/04/24 8:40:19 AM
Fire Extinguisher, 6 Ltr, Class K	Basement Diet kitchen #42	B05008169 B05008169	Annual Service	01/04/24 9:13:02 AM
Fire Extinguisher, 5 Lbs, Carbon Dioxide	Basement Dining Electrical room #112	B71224741 B71224741	Annual Service	01/04/24 9:08:12 AM
Fire Extinguisher, 10 Lbs, A.B.C.	Basement Dining room#41	H32538492 H32538492	Annual Service	01/04/24 9:09:36 AM
Fire Extinguisher, 10 Lbs, A.B.C.	Basement East elevator room	F88871009 F88871009	Annual Service	01/04/24 9:29:49 AM
Fire Extinguisher, 10 Lbs, A.B.C.	Basement Electrical room #38	H32485542 H32485542	Annual Service	01/04/24 8:40:24 AM
Fire Extinguisher, 10 Lbs, A.B.C.	Basement Hill top Inn #48	C94517250 C94517250	Annual Service	01/04/24 9:22:18 AM
Fire Extinguisher, 10 Lbs, A.B.C.	Basement Kitchen stock room #43	XR439713 XR439713	Breakdown	01/04/24 9:15:49 AM

Device Type	Location	ScanID : S/N	Service	Date Time
<b><i>Passed</i></b>				
<b>Fire</b>				
Fire Extinguisher, 10 Lbs, A.B.C.	Basement Main Hospital center hall #39	H32500731 H32500731	Annual Service	01/04/24 8:34:43 AM
Fire Extinguisher, 10 Lbs, A.B.C.	Basement OT North #31	XR439598 XR439598	Annual Service	01/04/24 8:52:52 AM
Fire Extinguisher, 10 Lbs, A.B.C.	Basement OT middle #56	C94518374 C94518374	Annual Service	01/04/24 8:49:13 AM
Fire Extinguisher, 5 Lbs, A.B.C.	Basement OT south #33	H20478061 H20478061	Annual Service	01/04/24 8:48:33 AM
Fire Extinguisher, 5 Lbs, A.B.C.	Basement OT west #32	H20477066 H20477066	Annual Service	01/04/24 8:51:25 AM
Fire Extinguisher, 5 Lbs, A.B.C.	Basement RT Weight room #79	H32579884 H32579884	Annual Service	01/04/24 9:24:44 AM
Fire Extinguisher, 10 Lbs, A.B.C.	Basement RT popcorn room #46	XR435283 XR435283	Breakdown	01/04/24 9:26:29 AM
Fire Extinguisher, 10 Lbs, A.B.C.	Basement S.E. Entrance #44	XR439604 XR439604	Breakdown	01/04/24 9:20:24 AM
Fire Extinguisher, 10 Lbs, A.B.C.	Basement S.W. Entrance #36	H32538484 H32538484	Annual Service	01/04/24 8:43:55 AM
Fire Extinguisher, 6 Ltr, Class K	Basement Serving line #40	AC201997 AC201997	Annual Service	01/04/24 9:11:07 AM
Fire Extinguisher, 5 Lbs, Carbon Dioxide	Basement Switch room # 110	B71224737 B71224737	Annual Service	01/04/24 9:18:26 AM
Fire Extinguisher, 10 Lbs, A.B.C.	Basement West Elevator room #45	F88884321 F88884321	Annual Service	01/04/24 8:54:45 AM
Fire Extinguisher, 5 Lbs, A.B.C.	1st 1 west nurses station #29	H07360359 H07360359	Annual Service	01/04/24 9:52:49 AM
Fire Extinguisher, 10 Lbs, A.B.C.	1st 1 west staff room #30	H32527689 H32527689	Annual Service	01/04/24 9:54:58 AM
Fire Extinguisher, 5 Lbs, Carbon Dioxide	1st Center AH room #113	C33612499 C33612499	Annual Service	01/04/24 9:50:12 AM
Fire Extinguisher, 10 Lbs, A.B.C.	1st Clinic hall #18	C94518050 C94518050	Annual Service	01/04/24 9:33:16 AM
Fire Extinguisher, 10 Lbs, A.B.C.	1st East hallway #22	F88883516 F88883516	Annual Service	01/04/24 9:36:45 AM
Fire Extinguisher, 5 Lbs, A.B.C.	1st IM records #27	H07360357 H07360357	Annual Service	01/04/24 9:41:15 AM
Fire Extinguisher, 5 Lbs, A.B.C.	1st Information management #26	H07372204 H07372204	Annual Service	01/04/24 9:40:02 AM
Fire Extinguisher, 10 Lbs, A.B.C.	1st Pharmacy #21	XR439010 XR439010	Breakdown	01/04/24 9:35:22 AM
Fire Extinguisher, 5 Lbs, A.B.C.	1st South hallway #24	H20476343 H20476343	Annual Service	01/04/24 9:38:29 AM
Fire Extinguisher, 5 Lbs, A.B.C.	1st Switchboard room #57	YY173347 YY173347	Annual Service	01/04/24 9:47:14 AM



Device Type	Location	ScanID : S/N	Service	Date Time
<b><i>Passed</i></b>				
<b>Fire</b>				
Fire Extinguisher, 10 Lbs, A.B.C.	1st West hallway #52	XR439602 XR439602	Breakdown	01/04/24 9:49:43 AM
Fire Extinguisher, 5 Lbs, Carbon Dioxide	1st Wiring room server #73	AC62174 AC62174	Hydro Test	01/17/24 10:51:48 AM
Fire Extinguisher, 10 Lbs, A.B.C.	2nd 2 West staff room #10	KW-616297 KW-616297	Breakdown	01/04/24 10:51:37 AM
Fire Extinguisher, 5 Lbs, Carbon Dioxide	2nd Center AH room #114	C33612505 C33612505	Annual Service	01/04/24 10:03:16 AM
Fire Extinguisher, 10 Lbs, A.B.C.	2nd E. Staff room #20	KW-616300 KW-616300	Breakdown	01/04/24 10:17:56 AM
Fire Extinguisher, 10 Lbs, A.B.C.	2nd East hallway #16	H27895439 H27895439	Annual Service	01/04/24 10:13:47 AM
Fire Extinguisher, 5 Lbs, A.B.C.	2nd East nurses station #19	H07323973 H07323973	Annual Service	01/04/24 10:15:50 AM
Fire Extinguisher, 5 Lbs, Carbon Dioxide	2nd ISOT room #104	Z277255 Z277255	Hydro Test	01/17/24 10:51:27 AM
Fire Extinguisher, 5 Lbs, A.B.C.	2nd SSC room #25	H20477714 H20477714	Annual Service	01/04/24 10:20:33 AM
Fire Extinguisher, 10 Lbs, A.B.C.	2nd South hallway #42	H32530888 H32530888	Annual Service	01/04/24 10:05:12 AM
Fire Extinguisher, 10 Lbs, A.B.C.	2nd West hallway #11	H04395664 H04395664	Annual Service	01/04/24 10:02:04 AM
Fire Extinguisher, 5 Lbs, A.B.C.	2nd West nurses station #9	H07360358 H07360358	Annual Service	01/04/24 9:58:45 AM
Fire Extinguisher, 5 Lbs, Carbon Dioxide	2nd Wiring closet server #102	AB664888 AB664888	Annual Service	01/04/24 10:10:21 AM
Fire Extinguisher, 10 Lbs, A.B.C.	3rd 3 E. staff room #2	KW-616296 KW-616296	Annual Service	01/04/24 10:27:54 AM
Fire Extinguisher, 10 Lbs, A.B.C.	3rd 3 West staff room #8	KW-616303 KW-616303	Breakdown	01/04/24 10:45:27 AM
Fire Extinguisher, 5 Lbs, Carbon Dioxide	3rd Center AH room #115	C33612330 C33612330	Annual Service	01/04/24 10:38:20 AM
Fire Extinguisher, 10 Lbs, A.B.C.	3rd E. Hallway #3	XR435289 XR435289	Breakdown	01/04/24 10:30:51 AM
Fire Extinguisher, 5 Lbs, A.B.C.	3rd E. Nurses station #1	H07361512 H07361512	Annual Service	01/04/24 10:25:27 AM
Fire Extinguisher, 10 Lbs, A.B.C.	3rd S. Hallway #100	XR439601 XR439601	Breakdown	01/04/24 10:33:31 AM
Fire Extinguisher, 10 Lbs, A.B.C.	3rd West hallway #53	H32530226 H32530226	Annual Service	01/04/24 10:42:03 AM
Fire Extinguisher, 5 Lbs, A.B.C.	3rd West nurses station #7	H07349161 H07349161	Annual Service	01/04/24 10:43:01 AM
Fire Extinguisher, 5 Lbs, Carbon Dioxide	3rd Wiring closet #101	AC62164 AC62164	Hydro Test	01/17/24 10:52:03 AM

Device Type	Location	ScanID : S/N	Service	Date Time
<i>Passed</i>				
<b>Fire</b>				
Fire Extinguisher, 5 Lbs, A.B.C.	Mezzanine Main shop #59	H32585765 H32585765	Annual Service	01/04/24 8:27:52 AM

# Service Summary

Generated by: BuildingReports.com

## Building: Norfolk Regional Center

The Service Summary section provides an overview of the services performed in this report.

Device Type	Service	Quantity
<i>Passed</i>		
Fire Extinguisher, 10 Lbs, A.B.C.	Annual Service	18
Fire Extinguisher, 10 Lbs, A.B.C.	Breakdown	11
Fire Extinguisher, 5 Lbs, A.B.C.	Annual Service	21
Fire Extinguisher, 5 Lbs, Carbon Dioxide	Annual Service	7
Fire Extinguisher, 5 Lbs, Carbon Dioxide	Hydro Test	3
Fire Extinguisher, 6 Ltr, Class K	Annual Service	2
<b>Total</b>		<b>62</b>
<b>Grand Total</b>		<b>62</b>

# Fire Extinguisher Maintenance Report

Generated by: *BuildingReports.com*

## Building: Norfolk Regional Center

*This report provides details on the Hydrostatic Test and Maintenance/Breakdown dates for fire extinguishers. Items that will need either of these services at any time in the next two years are displayed. Items are grouped together by year for budgeting purposes.*

ScanID	Location	Serial #	Hydro	Breakdown	Mfr Date
--------	----------	----------	-------	-----------	----------

### Due in 2025

#### Breakdown/Maintenance

#### Fire Extinguisher, A.B.C., 10 Lbs

XR439598	Basement OT North #31	XR439598	01/01/19	02/01/13	01/01/06
KW-616296	3rd 3 E. staff room #2	KW-616296	01/01/19	02/01/13	01/01/93
<b>Total Fire Extinguisher, A.B.C., 10 Lbs: 2</b>					

#### Fire Extinguisher, A.B.C., 5 Lbs

YY173347	1st Switchboard room #57	YY173347	01/01/19	02/01/13	01/01/07
<b>Total Fire Extinguisher, A.B.C., 5 Lbs: 1</b>					

### Due in 2026

#### Breakdown/Maintenance

#### Fire Extinguisher, A.B.C., 10 Lbs

F88884321	Basement West Elevator room #45	F88884321	01/01/20	01/01/20	01/01/20
F88871009	Basement East elevator room	F88871009	01/01/20	01/04/20	01/01/20
F88883516	1st East hallway #22	F88883516	01/01/20	01/01/20	01/01/20
<b>Total Fire Extinguisher, A.B.C., 10 Lbs: 3</b>					

#### Hydrostatic Test

#### Fire Extinguisher, Carbon Dioxide, 5 Lbs

B71224739	Tunnel Electrical room #111	B71224739	02/01/21		01/01/16
B71224741	Basement Dining Electrical room #112	B71224741	02/01/21		01/01/16
B71224737	Basement Switch room # 110	B71224737	02/01/21		01/01/16
<b>Total Fire Extinguisher, Carbon Dioxide, 5 Lbs: 3</b>					

# Inventory & Warranty Report

Generated by: [BuildingReports.com](http://BuildingReports.com)

Building: Norfolk Regional Center				
<p><i>The Inventory &amp; Warranty Report lists each of the devices and items that are included in your Inspection Report. A complete inventory count by device type and category is provided. Items installed within the last 90 days, within the last year, and devices installed for two years or more are grouped together for easy reference.</i></p>				
Device or Type	Category	% of Inventory	Quantity	
Fire Extinguisher	Fire	100.00%	62	
Type	Qty	Model #	Description	Manufacture Date
<b><i>In Service - 1 Year to 2 Years</i></b>				
<b>Amerex</b>				
Fire Extinguisher	7	B456	A.B.C.	01/01/2023
Fire Extinguisher	6	B402	A.B.C.	01/01/2023
<b><i>In Service - 2 Years to 3 Years</i></b>				
<b>Amerex</b>				
Fire Extinguisher	2	B456	A.B.C.	01/01/2022
Fire Extinguisher	14	B402	A.B.C.	01/01/2022
<b><i>In Service - 3 Years to 5 Years</i></b>				
<b>Amerex</b>				
Fire Extinguisher	3	B456	A.B.C.	01/01/2020
<b><i>In Service - 5 Years to 10 Years</i></b>				
<b>Amerex</b>				
Fire Extinguisher	3	AB456-17	A.B.C.	01/01/2017
Fire Extinguisher	3	A322	Carbon Dioxide	01/01/2017
Fire Extinguisher	3	A322	Carbon Dioxide	01/01/2016
Fire Extinguisher	1	AB456-15	A.B.C.	01/01/2015
Fire Extinguisher	1	AB260-15	Class K	01/01/2015
<b><i>In Service - 10 Years to 15 Years</i></b>				
<b>Amerex</b>				
Fire Extinguisher	2	A322	Carbon Dioxide	01/01/2012
Fire Extinguisher	1	A322	Carbon Dioxide	01/01/2011
Fire Extinguisher	1	AB260-10	Class K	01/01/2010
Fire Extinguisher	1	B456	Carbon Dioxide	11/01/2009
<b><i>In Service - 15 Years to 25 Years</i></b>				
<b>Amerex</b>				
Fire Extinguisher	1	AB402-07	A.B.C.	01/01/2007
Fire Extinguisher	8	AB441-06	A.B.C.	01/01/2006
<b><i>In Service - 25 Years or Older</i></b>				
<b>Amerex</b>				

Fire Extinguisher	1	A456-96	A.B.C.	01/01/1996
Fire Extinguisher	4	A441-93	A.B.C.	01/01/1993

CUSTOMER DETAILS														
CUSTOMER: State of Nebraska						DATE: 2/27/2024								
ADDRESS: 1700 N. Victory Rd Norfolk, NE 68701						JOB ID: 8760								
SITE NAME: Norfolk Regional Center						TECHNICIAN: Gus Armenta								
CONTACT NAME: Kevin Wragge						CONTACT TEL: (402) 649-1376								
PRODUCT DETAILS														
GEN MAKE: Caterpillar						GEN MODEL: C27								
GEN SERIAL: CAT00C27CDWB01673						GEN HOURS: 609.8								
AUTOMATIC TRANSFER SWITCH NOTES									Service Interval					
ATS-SB Model: CTS Serial: TSG03580			ATS-EQ3 Model: CTS Serial: TSG03328			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Quarterly</td> <td style="width: 50%; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Semi-Annual</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Annual</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> </table>			Quarterly	<input type="checkbox"/>	Semi-Annual	<input type="checkbox"/>	Annual	<input checked="" type="checkbox"/>
Quarterly	<input type="checkbox"/>													
Semi-Annual	<input type="checkbox"/>													
Annual	<input checked="" type="checkbox"/>													
ATS-LS Model: CTS Serial: TSG03581			ATS-LS Model: CTS Serial: TSG03326											
ATS-EQ4 Model: CTS Serial: TSG03327			ATS 1 Model: CTGD Serial: TSB05564											
ATS-CB1 Model: CTS Serial: TSG03325			ATS 5 Model: CTGD Serial: TSB05566											
Nominal Voltage Source						Emergency Voltage Source								
A-B	495	B-C	500	C-A	500	A-B	482	B-C	482	C-A	482			
A-N	285	B-N	287	C-B	288	A-N	278	B-N	278	C-B	278			
A-Amps		B-Amps		C-Amps		A-Amps	312	B-Amps	313	C-Amps	313			
A-Temp	75	B-Temp	75	C-Temp	75	A-Temp	75	B-Temp	75	C-Temp	75			
PRE OPERATION CHECKS						Coolant temp 107			Battery Charging voltage 25.7					
OPERATION CHECKS														
PASS	N/A	NEEDS ATTN												
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CONTROL LIGHTS	Engine Run temp	163 F	W/ or W/O Load	W							
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CONTROL DISPLAY	Oil Pressure	74 PSI	Exercise Duration	30 Min							
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EMERGENCY STOP	Oil Temp		Day	Tuesday							
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SWITCH/CONTROLS	Battery Voltage	27.8 VDC	Week	Monthly							
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CB OPERATION	Frequency Rate	60.0 Hz	Start Time	8:00am							
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AUTO OPERATION	RPM	1800									
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	COOLANT SYSTEM: Radiator cap, Coolant level, Coolant Condition, Coolant filter, Coolant Heater, All Hoses											
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EXHAUST SYSTEMS CONDITION											
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ENGINE: Ignition system, Belts, Turbo, Air intake system, Air filter, Oil Leaks, Oil level, Crankcase Breather											
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ALTERNATOR CONDITION											
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FULL SERVICE PERFORMED											
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FUEL SYSTEM: Fuel Plumbing, Fuel Filters, Fuel Condition						Fuel Level	3/4				
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ENCLOSURE CONDITION											
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	BATTERY CONDITION											
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ATS: Housing Condition, Power and Control Cables, Main Connects, Operating Mechanism, Control Boards, Display, Battery Charger											
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OPERATION CHECKS: Engine Run Temp, Oil Pressure, Oil Temp, Battery Voltage, Control Lights, Control Guages, Emergency Stop, Switches/Controls, CB Operation, Auto Operation, Frequency rate, RPM											
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Before Leaving Site: Gen in Auto, Battery Charger ON, Block Heater ON, CB closed, Customer Logs											
<b>Notes:</b> Gus 2/27/24 Traveled to customers site. Met with customer and gained access to generator and ATS's. Performed inspection on unit. Found batteries were over 3 years old and out of spec due to age. No other issues found. Drained oil and replaced fuel and oil filters, filled with new oil. Ran generator up to temperature. Took readings when unit was running. Shut down and returned to auto. Cleaned up and departed site.  Battery: 2x 4d (10/2019) Recommend replacing due to age.														

# BACKFLOW DEVICE TEST REPORT

**SUMER: RETURN THIS REPORT TO THE ABOVE ADDRESS NO LATER THAN:**

Name of Premises (Company, Person, etc.) Norfolk Regional Center (NRC)

Service Address 1700 N Victory Rd City Norfolk State NE Zip 68701

Location of Device Power House - Boiler Room

Device Type RP Manufacturer Febco Serial No. N1006020935 Model No. 825 PD Size 6"

NOTE: Final Slots to be Filled in Only if Device in Disrepair and is Retested

Line Pressure at Time of Test (at inlet test cock) <u>60</u> PSI	Date Installed	Detector Assemblies
Apparent Pressure Drop Across First Check Valve (A) <u>7.25</u> PSID	Date Rebuilt	Meter #
Relief Valve Opened at (B) <u>3.25</u> PSID		Reading
Difference (I) <u>4.0</u> PSID		

	Check Valves		Air Inlet (Pressure Vacuum Breaker)	Differential Pressure Relief Valve	Shut Off Valves	
	#1	#2			#1	#2
<b>INITIAL</b>		<u>10</u>	<input type="checkbox"/> Opened at (E) PSID	Opened at <u>3.25</u> (F) PSID		
1. Leaked	<input type="checkbox"/> (C)	<input type="checkbox"/> (D)	<input type="checkbox"/> Did Not Open	Did Not Open <input type="checkbox"/>	1. Leaked <input type="checkbox"/> (G)	<input type="checkbox"/> (H)
2. Closed Tight	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			2. Closed Tight	<input checked="" type="checkbox"/>
<b>REPAIRS</b>			Cleaned Replaced:	Cleaned Replaced:	Cleaned Replaced:	
Disc	<input type="checkbox"/>	<input type="checkbox"/>	Disc <input type="checkbox"/>	Disc <input type="checkbox"/>	Disc <input type="checkbox"/>	
Spring	<input type="checkbox"/>	<input type="checkbox"/>	Spring <input type="checkbox"/>	Upper <input type="checkbox"/>	Spring <input type="checkbox"/>	
Guide	<input type="checkbox"/>	<input type="checkbox"/>	Seat <input type="checkbox"/>	Lower <input type="checkbox"/>	Diaphragm <input type="checkbox"/>	
Pin Retainer	<input type="checkbox"/>	<input type="checkbox"/>	Diaphragm <input type="checkbox"/>	Large: <input type="checkbox"/>	Other: <input type="checkbox"/>	
Hinge Pin	<input type="checkbox"/>	<input type="checkbox"/>	Float <input type="checkbox"/>	Upper <input type="checkbox"/>		
Seat	<input type="checkbox"/>	<input type="checkbox"/>	Other <input type="checkbox"/>	Lower <input type="checkbox"/>		
Other	<input type="checkbox"/>	<input type="checkbox"/>		Small <input type="checkbox"/>		
				Seat <input type="checkbox"/>		
				Upper <input type="checkbox"/>		
				Lower <input type="checkbox"/>		
				Spacer <input type="checkbox"/>		
				Other: <input type="checkbox"/>		
<b>FINAL TEST</b>	Closed Tight <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Opened at _____ PSID	Opened at _____ PSID	Closed Tight <input type="checkbox"/>	<input type="checkbox"/>

Events backflow from: Lawn Irrigation  Fire Protection  Domestic Usage  Boiler

Remarks: \_\_\_\_\_

Initial test performed by: (Please Print) <u>Craig S Rodan</u>	Company <u>NRC</u>	BFD T Cert. No. <u>246-01725</u>	Date of Testing <u>10-24-23</u>
Signature: <u>Craig Rodan</u>	Company	Expiration Date <u>10/5/24</u>	Date of Repair
Initial test performed by: (Please Print)	Company	Expiration Date	Date of Testing
Signature:	Company	BFD T Cert. No.	Expiration Date



## BACKFLOW DEVICE TEST REPORT

☞ **SUMMER: RETURN THIS REPORT TO THE ABOVE ADDRESS NO LATER THAN:**

Name of Premises (Company, Person, etc.)

*Norfolk Regional Center*

Service Address

*1700 N Victory Rd*

City

*Norfolk*

State

*NE*

Zip

*68701*

Location of Device

*Power House - Boiler Room*

Device Type

*RP*

Manufacturer

*Zurn Wilkin*

Serial No.

*L15089*

Model No.

*375*

Size

*4"*

NOTE: Final Slots to be Filled in Only if Device in Disrepair and is Retested

Line Pressure at Time of Test (at inlet test cock) <u>60</u>	PSI	Date Installed	Detector Assemblies
Apparent Pressure Drop Across First Check Valve (A) <u>7.75</u>	PSID	Date Rebuilt	Meter #
Relief Valve Opened at (B) <u>2.5</u>	PSID		Reading
Difference (I) <u>5.25</u>	PSID		

	Check Valves		Air Inlet (Pressure Vacuum Breaker)	Differential Pressure Relief Valve	Shut Off Valves	
	#1	#2			#1	#2
<b>INITIAL</b>						
Pressure Loss		<u>1.5</u>	<input type="checkbox"/> Opened at	<u>2.5</u>		
1. Leaked	<input type="checkbox"/> (C)	<input type="checkbox"/> (D)	(E) PSID	Opened at (F) PSID	1. Leaked	<input type="checkbox"/> (G) <input type="checkbox"/> (H)
2. Closed Tight	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> Did Not Open	Did Not Open <input type="checkbox"/>	2. Closed Tight	<input type="checkbox"/> <input checked="" type="checkbox"/>
<b>REPAIRS</b>						
Cleaned Replaced:	<input type="checkbox"/>	<input type="checkbox"/>	Cleaned Replaced: <input type="checkbox"/>	Cleaned Replaced: <input type="checkbox"/>	Cleaned Replaced:	<input type="checkbox"/> <input type="checkbox"/>
Disc	<input type="checkbox"/>	<input type="checkbox"/>	Disc <input type="checkbox"/>	Disc <input type="checkbox"/>	Disc	<input type="checkbox"/> <input type="checkbox"/>
Spring	<input type="checkbox"/>	<input type="checkbox"/>	Spring <input type="checkbox"/>	Upper <input type="checkbox"/>	Spring	<input type="checkbox"/> <input type="checkbox"/>
Guide	<input type="checkbox"/>	<input type="checkbox"/>	Seat <input type="checkbox"/>	Lower <input type="checkbox"/>	Diaphragm	<input type="checkbox"/> <input type="checkbox"/>
Pin Retainer	<input type="checkbox"/>	<input type="checkbox"/>	Diaphragm <input type="checkbox"/>	Large: <input type="checkbox"/>	Other:	<input type="checkbox"/> <input type="checkbox"/>
Hinge Pin	<input type="checkbox"/>	<input type="checkbox"/>	Float <input type="checkbox"/>	Upper <input type="checkbox"/>		
Seat	<input type="checkbox"/>	<input type="checkbox"/>	Other <input type="checkbox"/>	Lower <input type="checkbox"/>		
Other	<input type="checkbox"/>	<input type="checkbox"/>		Small <input type="checkbox"/>		
				Seat <input type="checkbox"/>		
				Upper <input type="checkbox"/>		
				Lower <input type="checkbox"/>		
				Spacer <input type="checkbox"/>		
				Other: <input type="checkbox"/>		
<b>FINAL TEST</b>			<input type="checkbox"/> Opened at	Opened at _____ PSID	Closed Tight	<input type="checkbox"/> <input type="checkbox"/>
	Closed Tight <input type="checkbox"/> <input type="checkbox"/>		_____ PSID			

Events backflow from:

Lawn Irrigation  Fire Protection

Domestic Usage  Boiler

Remarks:

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Test performed by: (Please Print) <i>Craig S. Pedrony</i>	Company <i>NRC</i>	BFD T Cert. No. <i>246-6-1725</i>	Date of Testing <i>10-24-23</i>
Test performed by: (Please Print) <i>Craig S. Pedrony</i>	Company	Expiration Date <i>10/5/24</i>	Date of Repair
Test performed by: (Please Print)	Company	Expiration Date	Date of Testing
Test performed by: (Please Print)	Company	Expiration Date	Date of Testing

Norfolk Regional Center  
Bi-Annual Environmental Tour Inspection Form

**Scoring**

0 = Non-Compliant  
1 = Compliant

Area: West

Date: 7/14/23

Surveyors Signatures: \_\_\_\_\_

*[Handwritten signatures]*

Safety/Security Management		Score	Comments
1	Are walls in good condition? (i.e. no peeling paint, holes or patches)	0	See notes
2	Are ceiling tiles in place and in good condition? (i.e. no water stains, dirt or mold)	1	
3	Is furniture arranged so area is free from tripping and falling and in good working condition? (no loose screws, torn, etc.)	1	
4	Storage areas are clean and used appropriately? (i.e. free of clutter, no boxes stored on floor, shelving secure)	1	
5	All employees are wearing ID badge in plain sight and carrying radios.	1	
6	Secure areas are locked and/or access controlled when not in use. (i.e. utility rooms, offices, class rooms, etc)	1	
7	Confidential papers are secure and protected.	1	
8	Are patient rooms free of clutter, debris and excess linens? (i.e. no boxes on floor, clothes not piled in corner) List room # if non-compliant.	1	
9.	Patients have bed and dresser for personal possessions? Mattress on floor is alright.	1	
10.	Units are free of excess staples?	1	
11.	Are staff members belongings secured? (no purse or bags, in office area, if found note location and unit)	1	
12.	Windows are not tampered with, not functioning, or damaged?	1	
Section Score: <u>11 / 12</u>		Percentage: <u>    </u> %	

Infection Control		Score	Comment
1	Gloves are readily available in designated location?	1	
2	Refrigerator logs maintained and up to date (refrigerator temps are stored on the S drive, temperature folder.	1	
3	Food is not present in medication refrigerator other than what is used in giving medication.	1	
Section Score: <u>3 / 3</u>		Percentage: <u>100</u> %	

Life Safety Management		Score	Comment
1	Are means of egress/exit doors clearly and correctly marked?	1	
2	Exit signs working and arrows pointed in correct direction?	1	
3	Does the fire extinguisher have a current inspection tag?	1	
4	Are safety pins in place?	1	
5	Are fire alarm pull stations accessible?	1	None in office
6	Do fire doors open and security alarms sound?	1	checked monthly

7	Are fire/smoke doors free of being propped/held wedged open?	1	
8	Sprinkler heads have 18" clearance especially in storage areas.	1	
9	Means of egress are free of furniture, laundry carts, etc. Halls must have 8' clearance and no items can be hanging from ceiling.	1	
<b>Section Score: 6 / 9</b>		<b>Percentage: <u>100</u> %</b>	

**Hazardous Material Waste and Communication** **Score** **Comment**

1	Chemicals stored in appropriate cabinets (i.e. metal)	1	
2	EVS closet is locked when not in use.	1	
3	Chemical containers have appropriate labeling. (i.e. no labels faded or missing)	1	
4	Product labels are not altered or defaced.	1	
5	Personal Protective Equipment is readily available (i.e. gloves)	1	
<b>Section Score: 5 / 5</b>		<b>Percentage: <u>100</u> %</b>	

**Emergency Management/Utility Systems** **Score**

1	Flash lights work---extra batteries available	1	
2	Two way radios charged and working properly?	1	
3	Weather radio plugged in and alerts when activated?	1	
4	Code Green buttons easily accessible and not blocked.	1	
5	Emergency blankets easily accessible.	1	
6	Red Emergency Management Manual is readily available and up to date?	1	
7	Panel box is not block and is locked?	1	
8	Toilets, faucets and drains working properly? No apparent leaks.	1	
<b>Section Score: 8 / 8</b>		<b>Percentage: <u>100</u> %</b>	

**Medical Equipment Management Plan** **Score**

1	Medical Equipment have any frayed cords?	1	
2	Sharps container no more than ¾ full?	1	
3	Medication room is secure when not in use?	1	
4	Code Green buttons easily accessible and not blocked.	1	
5	No open medication containers lying on top of medication cart.	1	
<b>Section Score: 5 / 5</b>		<b>Percentage: <u>100</u> %</b>	

1 W cd

ES BS SIM CUY

CRITERIA	RESPONSE	YES	NO
Whose responsibility is it to ensure and promote safety in their work area?	ALL staff are responsible	<input checked="" type="checkbox"/>	<input type="checkbox"/>
What does a falling star logo mean?	There is a patient that is at high risk for falls.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
What ways can you call for extra help on the unit in case of an emergency?	Call over radio, press code green button, *66	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Identify one security sensitive area.	HIM, Security Server Room, Medication Room, Pharmacy, Human Resource (Areas where access is limited)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
NRC has a _____ tolerance for violence from staff and visitors.	ZERO	<input checked="" type="checkbox"/>	<input type="checkbox"/>
How would you report a fire?	Page Code Red, Activate fire pull and call house supervisor.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
What does R.A.C.E. stand for?	Rescue, Alarm, Confine, Evacuate and Extinguish	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Where are your fire exits? What does the red strobe light mean?	Have Staff identify where they are on the unit. FIRE DRILL.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Where is the emergency kit and safety wrap located on the unit?	Medication room	<input checked="" type="checkbox"/>	<input type="checkbox"/>
What types of medical equipment are you required to use as part of your normal job responsibility?	Some may not use any- other could use stethoscope, thermometer, O2 concentrator,	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Where is the hospital incident command center located?	Room 216	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Where is your red emergency manual located? Where is the SDS Located?	Should be in the nursing office/easily accessible. S Drive	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Who is called if part or all of the Utility Systems failed?	Call 3387, on-call maintenance staff or the maintenance supervisor.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
What steps do you take to have something fixed on the unit by Maintenance?	Fill out Incident Report, Email Compliance and Maintenance Supervisor	<input checked="" type="checkbox"/>	<input type="checkbox"/>

TOTAL NUMBER OF QUESTIONS

14

(A)

MINUS N/A

0

(B)

= 14

(C)

X 4

number of employees questioned (D)

= 56

(E)

- 0

(F)

= 56

(G)

100%

%

Subtotal

Subtract total number of NO answers

Divide (G) by (E) X 100

Norfolk Regional Center  
Bi-Annual Environmental Tour Inspection Form

<b>Scoring</b>  0 = Non-Compliant 1 = Compliant
--

Area: 2 West  
Date: 6-20-23

Surveyors Signatures: [Signature] [Signature]

	Safety/Security Management	Score	Comments
1	Are walls in good condition? (i.e. no peeling paint, holes or patches)	0	See walls
2	Are ceiling tiles in place and in good condition? (i.e. no water stains, dirt or mold)	1	
3	Is furniture arranged so area is free from tripping and falling and in good working condition? (no loose screws, torn, etc.)	1	
4	Storage areas are clean and used appropriately? (i.e. free of clutter, no boxes stored on floor, shelving secure)	1	
5	All employees are wearing ID badge in plain sight and carrying radios.	1	
6	Secure areas are locked and/or access controlled when not in use. (i.e. utility rooms, offices, class rooms, etc)	1	
7	Confidential papers are secure and protected.	1	
8	Are patient rooms free of clutter, debris and excess linens? (i.e. no boxes on floor, clothes not piled in corner) List room # if non-compliant.	1	
9.	Patients have bed and dresser for personal possessions? Mattress on floor is alright.	1	
10.	Units are free of excess staples?	1	
11.	Are staff members belongings secured? (no purse or bags, in office area, if found note location and unit)	1	
12.	Windows are not tampered with, not functioning, or damaged?	1	
<b>Section Score:</b> / 12		<b>Percentage:</b> ____ %	

	Infection Control	Score	Comment
1	Gloves are readily available in designated location?	1	
2	Refrigerator logs maintained and up to date (refrigerator temps are stored on the S drive, temperature folder.	1	
3	Food is not present in medication refrigerator other than what is used in giving medication.	1	
<b>Section Score:</b> / 3		<b>Percentage:</b> ____ %	

	Life Safety Management	Score	
1	Are means of egress/exit doors clearly and correctly marked?	1	
2	Exit signs working and arrows pointed in correct direction?	1	
3	Does the fire extinguisher have a current inspection tag?	1	
4	Are safety pins in place?	1	
5	Are fire alarm pull stations accessible?	1	
6	Do fire doors open and security alarms sound?	1	

7	Are fire/smoke doors free of being propped/held wedged open?	1	
8	Sprinkler heads have 18" clearance especially in storage areas.	1	
9	Means of egress are free of furniture, laundry carts, etc. Halls must have 8' clearance and no items can be hanging from ceiling.	1	
<b>Section Score:</b> /9		<b>Percentage:</b> _____ %	

**Hazardous Material Waste and Communication** **Score**    **Comment**

1	Chemicals stored in appropriate cabinets (i.e. metal)	1	
2	EVS closet is locked when not in use.	1	
3	Chemical containers have appropriate labeling. (i.e. no labels faded or missing)	1	
4	Product labels are not altered or defaced.	1	
5	Personal Protective Equipment is readily available (i.e. gloves)	1	
<b>Section Score:</b> /5		<b>Percentage:</b> _____ %	

**Emergency Management/Utility Systems** **Score**

1	Flash lights work---extra batteries available	1	
2	Two way radios charged and working properly?	1	
3	Weather radio plugged in and alerts when activated?	1	
4	Code Green buttons easily accessible and not blocked.	1	
5	Emergency blankets easily accessible.	1	
6	Red Emergency Management Manual is readily available and up to date?	1	
7	Panel box is not block and is locked?	1	
8	Toilets, faucets and drains working properly? No apparent leaks.	1	
<b>Section Score:</b> /8		<b>Percentage:</b> _____ %	

**Medical Equipment Management Plan** **Score**

1	Medical Equipment have any frayed cords?	1	
2	Sharps container no more than ¾ full?	1	
3	Medication room is secure when not in use?	1	
4	Code Green buttons easily accessible and not blocked.	1	
5	No open medication containers lying on top of medication cart.	1	
<b>Section Score:</b> /5		<b>Percentage:</b> _____ %	

2 west

CS TB RS TP CS TB RS TP

CRITERIA	RESPONSE	YES				NO			
Whose responsibility is it to ensure and promote safety in their work area? What does a failing star logo mean?	ALL staff are responsible	x	x	x	x				
What ways can you call for extra help on the unit in case of an emergency?	There is a patient that is at high risk for falls.	x	x	x	x				
Identify one security sensitive area.	Call over radio, press code green button, *66 HIM, Security Server Room, Medication Room, Pharmacy, Human Resource (Areas where access is limited)	x	x	x	x				
NRC has a _____ tolerance for violence from staff and visitors.	ZERO	x	x	x	x				
How would you report a fire?	Page Code Red, Activate fire pull and call house supervisor.	x	x	x	x				
What does R.A.C.E. stand for?	Rescue, Alarm, Confine, Evacuate and Extinguish	x	x	x	x				
Where are your fire exits? What does the red strobe light mean? Where is the emergency kit and safety wrap located on the unit?	Have Staff identify where they are on the unit. FIRE DRILL.	x	x	x	x				
What types of medical equipment are you required to use as part of your normal job responsibility?	Medication room Some may not use any- other could use stethoscope, thermometer, O2 concentrator,	x	x	x	x				
Where is the hospital incident command center located?	Room 216	x	x	x	x				
Where is your red emergency manual located? Where is the SDS Located?	Should be in the nursing office/easily accessible. S Drive	x	x	x	x				
Who is called if part or all of the Utility Systems failed? What steps do you take to have something fixed on the unit by Maintenance?	Call 3387, on-call maintenance staff or the maintenance supervisor. <del>Fill out Incident Report</del> , Email Compliance and Maintenance Supervisor	x	x	x	x				

TOTAL NUMBER OF QUESTIONS

14

(A)

MINUS N/A

(B)

(C)

$$\begin{aligned}
 &= \underline{0} \\
 &= \underline{14} \\
 &X \underline{4} \text{ number of employees questioned (D)} \\
 &= \underline{56} \text{ (E)} \\
 &- \underline{0} \text{ (F)} \\
 &= \underline{56} \text{ (G)} \\
 &\underline{100} \%
 \end{aligned}$$

Subtotal

Subtract total number of NO answers

Divide (G) by (E) X 100

Norfolk Regional Center  
Bi-Annual Environmental Tour Inspection Form

<b>Scoring</b>  0 = Non-Compliant 1 = Compliant
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Area: 3 West  
Date: 6-11-23

Surveyors Signatures:

	Safety/Security Management	Score	Comments
1	Are walls in good condition? (i.e. no peeling paint, holes or patches)	0	See notes
2	Are ceiling tiles in place and in good condition? (i.e. no water stains, dirt or mold)	1	
3	Is furniture arranged so area is free from tripping and falling and in good working condition? (no loose screws, torn, etc.)	0/1	new furniture on order
4	Storage areas are clean and used appropriately? (i.e. free of clutter, no boxes stored on floor, shelving secure)	1	
5	All employees are wearing ID badge in plain sight and carrying radios.	1	
6	Secure areas are locked and/or access controlled when not in use. (i.e. utility rooms, offices, class rooms, etc)	1	
7	Confidential papers are secure and protected.	1	
8	Are patient rooms free of clutter, debris and excess linens? (i.e. no boxes on floor, clothes not piled in corner) List room # if non-compliant.	1	
9.	Patients have bed and dresser for personal possessions? Mattress on floor is alright.	1	
10.	Units are free of excess staples?	1	
11.	Are staff members belongings secured? (no purse or bags, in office area, if found note location and unit)	1	
12.	Windows are not tampered with, not functioning, or damaged?	1	
Section Score:     / 12		Percentage:     %	

	Infection Control	Score	Comment
1	Gloves are readily available in designated location?	1	
2	Refrigerator logs maintained and up to date (refrigerator temps are stored on the S drive, temperature folder.	1	
3	Food is not present in medication refrigerator other than what is used in giving medication.	1	
Section Score:     / 3		Percentage:     %	

	Life Safety Management	Score	
1	Are means of egress/exit doors clearly and correctly marked?	1	
2	Exit signs working and arrows pointed in correct direction?	1	
3	Does the fire extinguisher have a current inspection tag?	1	
4	Are safety pins in place?	1	
5	Are fire alarm pull stations accessible?	1	
6	Do fire doors open and security alarms sound?	1	



7	Are fire/smoke doors free of being propped/held wedged open?	1	
8	Sprinkler heads have 18" clearance especially in storage areas.	1	
9	Means of egress are free of furniture, laundry carts, etc. Halls must have 8' clearance and no items can be hanging from ceiling.	1	
<b>Section Score:</b> /9		<b>Percentage:</b> _____ %	

<b>Hazardous Material Waste and Communication</b>		<b>Score</b>	<b>Comment</b>
1	Chemicals stored in appropriate cabinets (i.e. metal)	1	
2	EVS closet is locked when not in use.	1	
3	Chemical containers have appropriate labeling. (i.e. no labels faded or missing)	1	
4	Product labels are not altered or defaced.	1	
5	Personal Protective Equipment is readily available (i.e. gloves)	1	
<b>Section Score:</b> /5		<b>Percentage:</b> _____ %	

<b>Emergency Management/Utility Systems</b>		<b>Score</b>	
1	Flash lights work---extra batteries available	1	
2	Two way radios charged and working properly?	1	
3	Weather radio plugged in and alerts when activated?	1	
4	Code Green buttons easily accessible and not blocked.	1	
5	Emergency blankets easily accessible.	1	
6	Red Emergency Management Manual is readily available and up to date?	1	
7	Panel box is not block and is locked?	1	
8	Toilets, faucets and drains working properly? No apparent leaks.	1	
<b>Section Score:</b> /8		<b>Percentage:</b> _____ %	

<b>Medical Equipment Management Plan</b>		<b>Score</b>	
1	Medical Equipment have any frayed cords?	1	
2	Sharps container no more than ¾ full?	1	
3	Medication room is secure when not in use?	1	
4	Code Green buttons easily accessible and not blocked.	1	
5	No open medication containers lying on top of medication cart.	1	
<b>Section Score:</b> /5		<b>Percentage:</b> _____ %	

3 West

GC APR 21 AM

CRITERIA	RESPONSE	YES				NO			
Whose responsibility is it to ensure and promote safety in their work area?	ALL staff are responsible	+	+	+	+				
What does a falling star logo mean?	There is a patient that is at high risk for falls.	+	+	+	+				
What ways can you call for extra help on the unit in case of an emergency?	Call over radio, press code green button, *66	X	+	+	+				
Identify one security sensitive area.	HIM, Security Server Room, Medication Room, Pharmacy, Human Resource (Areas where access is limited)	X	+	+	+				
NRC has a _____ tolerance for violence from staff and visitors.	ZERO	+	+	+	+				
How would you report a fire?	Page Code Red, Activate fire pull and call house supervisor.	+	+	+	+				
What does R.A.C.E. stand for?	Rescue, Alarm, Confine, Evacuate and Extinguish								
Where are your fire exits? What does the red strobe light mean?	Have Staff identify where they are on the unit. FIRE DRILL.	+	+	+	+				
Where is the emergency kit and safety wrap located on the unit?	Medication room	+	+	+	+				
What types of medical equipment are you required to use as part of your normal job responsibility?	Some may not use any - other could use stethoscope, thermometer, O2 concentrator,	+	+	+	+				
Where is the hospital incident command center located?	Room 216				+				
Where is your red emergency manual located? Where is the SDS Located?	Should be in the nursing office/easily accessible. S Drive	+	+	+	+				
Who is called if part or all of the Utility Systems failed?	Call 3387, on-call maintenance staff or the maintenance supervisor.	+	+	+	+				
What steps do you take to have something fixed on the unit by Maintenance?	Fill out Incident Report, Email Compliance and Maintenance Supervisor	+	+	+	+				

TOTAL NUMBER OF QUESTIONS

14

(A)

MINUS N/A

0 (B)

= 14 (C)

X 4 number of employees questioned (D)

= 56 (E)

- 4 (F)

= 50 (G)

50 %

Subtotal

Subtract total number of NO answers

Divide (G) by (E) X 100

Norfolk Regional Center  
Bi-Annual Environmental Tour Inspection Form

Scoring  
0 = Non-Compliant  
1 = Compliant

Area: 2 East  
Date: 7-15-23

Surveyors Signatures: [Signature] [Signature]

	Safety/Security Management	Score	Comments
1	Are walls in good condition? (i.e. no peeling paint, holes or patches)	0	See notes
2	Are ceiling tiles in place and in good condition? (i.e. no water stains, dirt or mold)	0	SSC storage room
3	Is furniture arranged so area is free from tripping and falling and in good working condition? (no loose screws, torn, etc.)	1	
4	Storage areas are clean and used appropriately? (i.e. free of clutter, no boxes stored on floor, shelving secure)	1	
5	All employees are wearing ID badge in plain sight and carrying radios.	1	
6	Secure areas are locked and/or access controlled when not in use. (i.e. utility rooms, offices, class rooms, etc)	1	
7	Confidential papers are secure and protected.	1	
8	Are patient rooms free of clutter, debris and excess linens? (i.e. no boxes on floor, clothes not piled in corner) List room # if non-compliant.	1	
9.	Patients have bed and dresser for personal possessions? Mattress on floor is alright.	1	
10.	Units are free of excess staples?	1	
11.	Are staff members belongings secured? (no purse or bags, in office area, if found note location and unit)	1	
12.	Windows are not tampered with, not functioning, or damaged?	1	
Section Score: <u>10</u> / 12		Percentage: <u>83</u> %	

	Infection Control	Score	Comment
1	Gloves are readily available in designated location?	1	
2	Refrigerator logs maintained and up to date (refrigerator temps are stored on the S drive, temperature folder.	1	
3	Food is not present in medication refrigerator other than what is used in giving medication.	1	
Section Score: <u>3</u> / 3		Percentage: <u>100</u> %	

	Life Safety Management	Score	
1	Are means of egress/exit doors clearly and correctly marked?	1	
2	Exit signs working and arrows pointed in correct direction?	1	
3	Does the fire extinguisher have a current inspection tag?	1	
4	Are safety pins in place?	1	
5	Are fire alarm pull stations accessible?	1	moved to office
6	Do fire doors open and security alarms sound?	1	checked monthly

7	Are fire/smoke doors free of being propped/held wedged open?	1	
8	Sprinkler heads have 18" clearance especially in storage areas.	1	
9	Means of egress are free of furniture, laundry carts, etc. Halls must have 8' clearance and no items can be hanging from ceiling.	1	
<b>Section Score:</b> 9 / 9		<b>Percentage:</b> 100 %	

<b>Hazardous Material Waste and Communication</b>		<b>Score</b>	<b>Comment</b>
1	Chemicals stored in appropriate cabinets (i.e. metal)	1	
2	EVS closet is locked when not in use.	1	
3	Chemical containers have appropriate labeling. (i.e. no labels faded or missing)	1	
4	Product labels are not altered or defaced.	1	
5	Personal Protective Equipment is readily available (i.e. gloves)	1	
<b>Section Score:</b> 5 / 5		<b>Percentage:</b> 100 %	

<b>Emergency Management/Utility Systems</b>		<b>Score</b>	
1	Flash lights work---extra batteries available	1	
2	Two way radios charged and working properly?	1	
3	Weather radio plugged in and alerts when activated?	1	
4	Code Green buttons easily accessible and not blocked.	1	
5	Emergency blankets easily accessible.	1	
6	Red Emergency Management Manual is readily available and up to date?	1	
7	Panel box is not block and is locked?	1	
8	Toilets, faucets and drains working properly? No apparent leaks.	1	
<b>Section Score:</b> 8 / 8		<b>Percentage:</b> 100 %	

<b>Medical Equipment Management Plan</b>		<b>Score</b>	
1	Medical Equipment have any frayed cords?	1	
2	Sharps container no more than ¾ full?	1	
3	Medication room is secure when not in use?	1	
4	Code Green buttons easily accessible and not blocked.	1	
5	No open medication containers lying on top of medication cart.	1	
<b>Section Score:</b> 5 / 5		<b>Percentage:</b> 100 %	

2-14

2A K-15 13 Dic

CRITERIA	RESPONSE	YES	NO
Whose responsibility is it to ensure and promote safety in their work area?	ALL staff are responsible	X	X
What does a falling star logo mean?	There is a patient that is at high risk for falls.	X	X
What ways can you call for extra help on the unit in case of an emergency?	Call over radio, press code green button, *66	X	X
Identify one security sensitive area.	HIM, Security Server Room, Medication Room, Pharmacy, Human Resource (Areas where access is limited)	X	X
NRC has a _____ tolerance for violence from staff and visitors.	ZERO	X	X
How would you report a fire?	Page Code Red, Activate fire pull and call house supervisor.	X	X
What does R.A.C.E. stand for?	Rescue, Alarm, Confine, Evacuate and Extinguish	X	X
Where are your fire exits? What does the red strobe light mean?	Have Staff identify where they are on the unit. FIRE DRILL.	X	X
Where is the emergency kit and safety wrap located on the unit?	Medication room	X	X
What types of medical equipment are you required to use as part of your normal job responsibility?	Some may not use any - other could use stethoscope, thermometer, O2 concentrator,	X	X
Where is the hospital incident command center located?	Room 216	X	X
Where is your red emergency manual located? Where is the SDS Located?	Should be in the nursing office/easily accessible. S Drive	X	X
Who is called if part or all of the Utility Systems failed?	Call 3387, on-call maintenance staff or the maintenance supervisor.	X	X
What steps do you take to have something fixed on the unit by Maintenance?	Fill out Incident Report, Email Compliance and Maintenance Supervisor	X	X

TOTAL NUMBER OF QUESTIONS

14

(A)

MINUS N/A

0

(B)

= 14 (C)

X 14 number of employees questioned (D)

Subtotal

= 56 (E)

Subtract total number of NO answers

- 0 (F)

= 56 (G)

Divide (G) by (E) X 100

= 100 %

Norfolk Regional Center  
Bi-Annual Environmental Tour Inspection Form

Scoring  0 = Non-Compliant 1 = Compliant
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Area: 3 Unit  
Date: 6-6-23

Surveyors Signatures: Ram Wigg

	Safety/Security Management	Score	Comments
1	Are walls in good condition? (i.e. no peeling paint, holes or patches)	0	See notes
2	Are ceiling tiles in place and in good condition? (i.e. no water stains, dirt or mold)	1	
3	Is furniture arranged so area is free from tripping and falling and in good working condition? (no loose screws, torn, etc.)	1	
4	Storage areas are clean and used appropriately? (i.e. free of clutter, no boxes stored on floor, shelving secure)	1	
5	All employees are wearing ID badge in plain sight and carrying radios.	1	
6	Secure areas are locked and/or access controlled when not in use. (i.e. utility rooms, offices, class rooms, etc)	1	
7	Confidential papers are secure and protected.	1	
8	Are patient rooms free of clutter, debris and excess linens? (i.e. no boxes on floor, clothes not piled in corner) List room # if non-compliant.	1	
9.	Patients have bed and dresser for personal possessions? Mattress on floor is alright.	1	
10.	Units are free of excess staples?	1	
11.	Are staff members belongings secured? (no purse or bags, in office area, if found note location and unit)	1	
12.	Windows are not tampered with, not functioning, or damaged?	1	
Section Score: 11 / 12		Percentage: _____ %	

	Infection Control	Score	Comment
1	Gloves are readily available in designated location?	1	
2	Refrigerator logs maintained and up to date (refrigerator temps are stored on the S drive, temperature folder.	1	
3	Food is not present in medication refrigerator other than what is used in giving medication.	1	
Section Score: 3 / 3		Percentage: _____ %	

	Life Safety Management	Score	
1	Are means of egress/exit doors clearly and correctly marked?	1	
2	Exit signs working and arrows pointed in correct direction?	1	
3	Does the fire extinguisher have a current inspection tag?	1	
4	Are safety pins in place?	1	
5	Are fire alarm pull stations accessible?	1	tested manually
6	Do fire doors open and security alarms sound?	1	in office

7	Are fire/smoke doors free of being propped/held wedged open?	1	
8	Sprinkler heads have 18" clearance especially in storage areas.	1	
9	Means of egress are free of furniture, laundry carts, etc. Halls must have 8' clearance and no items can be hanging from ceiling.	1	
<b>Section Score: 4 / 9</b>		<b>Percentage: _____ %</b>	

**Hazardous Material Waste and Communication**

**Score**

**Comment**

1	Chemicals stored in appropriate cabinets (i.e. metal)	1	
2	EVS closet is locked when not in use.	1	
3	Chemical containers have appropriate labeling. (i.e. no labels faded or missing)	1	
4	Product labels are not altered or defaced.	1	
5	Personal Protective Equipment is readily available (i.e. gloves)	1	
<b>Section Score: 5 / 5</b>		<b>Percentage: _____ %</b>	

**Emergency Management/Utility Systems**

**Score**

1	Flash lights work---extra batteries available	1	
2	Two way radios charged and working properly?	1	
3	Weather radio plugged in and alerts when activated?	1	
4	Code Green buttons easily accessible and not blocked.	1	
5	Emergency blankets easily accessible.	1	
6	Red Emergency Management Manual is readily available and up to date?	1	
7	Panel box is not block and is locked?	1	
8	Toilets, faucets and drains working properly? No apparent leaks.	1	
<b>Section Score: 4 / 8</b>		<b>Percentage: _____ %</b>	

**Medical Equipment Management Plan**

**Score**

1	Medical Equipment have any frayed cords?	1	
2	Sharps container no more than ¾ full?	1	
3	Medication room is secure when not in use?	1	
4	Code Green buttons easily accessible and not blocked.	1	
5	No open medication containers lying on top of medication cart.	1	
<b>Section Score: 5 / 5</b>		<b>Percentage: _____ %</b>	

3 East

J6 C5 B5 M3 J6 C5 B5 M5

CRITERIA	RESPONSE	YES				NO			
Whose responsibility is it to ensure and promote safety in their work area?	All staff are responsible	X	X	X	X				
What does a falling star logo mean?	There is a patient that is at high risk for falls.	X	X	X	X				
What ways can you call for extra help on the unit in case of an emergency?	Call over radio, press code green button, *66	Y	Y	X	X				
Identify one security sensitive area.	HIM, Security Server Room, Medication Room, Pharmacy, Human Resource (Areas where access is limited)	X	X	X	X				
NRC has a _____ tolerance for violence from staff and visitors.	ZERO	X	X	X	X				
How would you report a fire?	Page Code Red, Activate fire pull and call house supervisor.	X	X	X	X				
What does R.A.C.E. stand for?	Rescue, Alarm, Confine, Evacuate and Extinguish	X	X	X	X				
Where are your fire exits? What does the red strobe light mean?	Have Staff identify where they are on the unit. FIRE DRILL.	X	X	X	X				
Where is the emergency kit and safety wrap located on the unit?	Medication room	X	X	X	X				
What types of medical equipment are you required to use as part of your normal job responsibility?	Some may not use any- other could use stethoscope, thermometer, O2 concentrator,	X	X	X	X				
Where is the hospital incident command center located?	Room 216	X	X	X	X				
Where is your red emergency manual located? Where is the SDS Located?	Should be in the nursing office/easily accessible. S Drive				X	X			
Who is called if part or all of the Utility Systems failed?	Call 3387, on-call maintenance staff or the maintenance supervisor.	X	X	X	X				
What steps do you take to have something fixed on the unit by Maintenance?	Fill out Incident Report, Email Compliance and Maintenance Supervisor	X	X	X	X				

TOTAL NUMBER OF QUESTIONS

14

(A)

MINUS N/A

$$\frac{0}{14} \quad (B)$$

$$= \frac{14}{14} \quad (C)$$

$$X \frac{14}{14} \quad \text{number of employees questioned (D)}$$

Subtotal

$$= \frac{50}{14} \quad (E)$$

Subtract total number of NO answers

$$- \frac{2}{14} \quad (F)$$

$$= \frac{48}{14} \quad (G)$$

Divide (G) by (E) X 100

$$= \frac{48}{50} \% \quad (G)$$



Norfolk Regional Center  
Bi-Annual Environmental Tour Inspection Form

Scoring  
0 = Non-Compliant  
1 = Compliant

Area: 16057  
Date: 12-22-22  
Inspector: [Signature]

Surveyors Signatures: [Signature]

	Safety/Security Management	Score	Comments
1	Are walls in good condition? (i.e. no peeling paint, holes or patches)	0	See notes
2	Are ceiling tiles in place and in good condition? (i.e. no water stains, dirt or mold)	1	
3	Is furniture arranged so area is free from tripping and falling and in good working condition? (no loose screws, torn, etc.)	1	
4	Storage areas are clean and used appropriately? (i.e. free of clutter, no boxes stored on floor, shelving secure)	1	
5	All employees are wearing ID badge in plain sight and carrying radios.	1	
6	Secure areas are locked and/or access controlled when not in use. (i.e. utility rooms, offices, class rooms, etc)	1	
7	Confidential papers are secure and protected.	1	
8	Are patient rooms free of clutter, debris and excess linens? (i.e. no boxes on floor, clothes not piled in corner) List room # if non-compliant.	1	
9.	Patients have bed and dresser for personal possessions? Mattress on floor is alright.	1	
10.	Units are free of excess staples?	1	
11.	Are staff members belongings secured? (no purse or bags, in office area, if found note location and unit)	1	
12.	Windows are not tampered with, not functioning, or damaged?	1	
<b>Section Score: 11 / 12</b>			
<b>Percentage: 92 %</b>			

Infection Control	Score	Comment
1		Gloves are readily available in designated location? 1
2		Refrigerator logs maintained and up to date (refrigerator temps are stored on the S drive, temperature folder). 1
3		Food is not present in medication refrigerator other than what is used in giving medication. 1
<b>Section Score: 3 / 3</b>		
<b>Percentage: 100 %</b>		

Life Safety Management	Score
1	Are means of egress/exit doors clearly and correctly marked? 1
2	Exit signs working and arrows pointed in correct direction? 1
3	Does the fire extinguisher have a current inspection tag? 1
4	Are safety pins in place? 1
5	Are fire alarm pull stations accessible? 1
6	Do fire doors open and security alarms sound? 1

7	Are fire/smoke doors free of being propped/held wedged open?	1	
8	Sprinkler heads have 18" clearance especially in storage areas.	1	
9	Means of egress are free of furniture, laundry carts, etc. Halls must have 8' clearance and no items can be hanging from ceiling.	1	
<b>Section Score: 9 / 9</b>		<b>Percentage: 100 %</b>	

Hazardous Material Waste and Communication		Score	Comment
1	Chemicals stored in appropriate cabinets (i.e. metal)	1	
2	EVS closet is locked when not in use.	1	
3	Chemical containers have appropriate labeling. (i.e. no labels faded or missing)	1	
4	Product labels are not altered or defaced.	1	
5	Personal Protective Equipment is readily available (i.e. gloves)	1	
<b>Section Score: 5 / 5</b>		<b>Percentage: 100 %</b>	

Emergency Management/Utility Systems		Score	
1	Flash lights work---extra batteries available	1	
2	Two way radios charged and working properly?	1	
3	Weather radio plugged in and alerts when activated?	1	
4	Code Green buttons easily accessible and not blocked.	1	
5	Emergency blankets easily accessible.	1	
6	Red Emergency Management Manual is readily available and up to date?	1	
7	Panel box is not block and is locked?	1	
8	Toilets, faucets and drains working properly? No apparent leaks.	1	
<b>Section Score: 8 / 8</b>		<b>Percentage: 100 %</b>	

Medical Equipment Management Plan		Score	
1	Medical Equipment have any frayed cords?	1	
2	Sharps container no more than ¾ full?	1	
3	Medication room is secure when not in use?	1	
4	Code Green buttons easily accessible and not blocked.	1	
5	No open medication containers lying on top of medication cart.	1	
<b>Section Score: 5 / 5</b>		<b>Percentage: 100 %</b>	

West

tech office slow drain

N shower

- paint Sully

Kitchen

- wall repair

Brak room

- paint babbles new table

Ceilings

N-10

vent demand

N-2

vent claud

Utility disct

sink faucet leak

S. Shower

- dirty vent

just stain on wall

Landon Room

- Window frame cracking

S-10

vent claud

S-12

vent claud

S-13

vent claud

S-9 vent

S-7 frame

cracked



Norfolk Regional Center  
Bi-Annual Environmental Tour Inspection Form

Scoring  
0 = Non-Compliant  
1 = Compliant

Area: R East  
Date: 12-21-22  
Surveyors Signatures: [Signature] [Signature]

	Safety/Security Management	Score	Comments
1	Are walls in good condition? (i.e. no peeling paint, holes or patches)	0	See notes
2	Are ceiling tiles in place and in good condition? (i.e. no water stains, dirt or mold)	1	
3	Is furniture arranged so area is free from tripping and falling and in good working condition? (no loose screws, torn, etc.)	1	
4	Storage areas are clean and used appropriately? (i.e. free of clutter, no boxes stored on floor, shelving secure)	1	
5	All employees are wearing ID badge in plain sight and carrying radios.	1	
6	Secure areas are locked and/or access controlled when not in use. (i.e. utility rooms, offices, class rooms, etc)	1	
7	Confidential papers are secure and protected.	1	
8	Are patient rooms free of clutter, debris and excess linens? (i.e. no boxes on floor, clothes not piled in corner) List room # if non-compliant.	1	
9.	Patients have bed and dresser for personal possessions? Mattress on floor is alright.	1	
10.	Units are free of excess staples?	1	
11.	Are staff members belongings secured? (no purse or bags, in office area, if found note location and unit)	1	
12.	Windows are not tampered with, not functioning, or damaged?	1	
Section Score: <u>11</u> / 12		Percentage: <u>92</u> %	

	Infection Control	Score	Comment
1	Gloves are readily available in designated location?	1	
2	Refrigerator logs maintained and up to date (refrigerator temps are stored on the S drive, temperature folder.	1	
3	Food is not present in medication refrigerator other than what is used in giving medication.	1	
Section Score: <u>3</u> / 3		Percentage: <u>100</u> %	

	Life Safety Management	Score	Comment
1	Are means of egress/exit doors clearly and correctly marked?	1	
2	Exit signs working and arrows pointed in correct direction?	1	
3	Does the fire extinguisher have a current inspection tag?	1	
4	Are safety pins in place?	1	
5	Are fire alarm pull stations accessible?	1	
6	Do fire doors open and security alarms sound?	1	

7	Are fire/smoke doors free of being propped/held wedged open?	1	
8	Sprinkler heads have 18" clearance especially in storage areas.	1	
9	Means of egress are free of furniture, laundry carts, etc. Halls must have 8' clearance and no items can be hanging from ceiling.	1	
Section Score: <u>9 / 9</u>		Percentage: <u>100</u> %	

Hazardous Material Waste and Communication		Score	Comment
1	Chemicals stored in appropriate cabinets (i.e. metal)	1	
2	EVS closet is locked when not in use.	1	
3	Chemical containers have appropriate labeling. (i.e. no labels faded or missing)	1	
4	Product labels are not altered or defaced.	1	
5	Personal Protective Equipment is readily available (i.e. gloves)	1	
Section Score: <u>5 / 5</u>		Percentage: <u>100</u> %	

Emergency Management/Utility Systems		Score	
1	Flash lights work---extra batteries available	1	
2	Two way radios charged and working properly?	1	
3	Weather radio plugged in and alerts when activated?	1	
4	Code Green buttons easily accessible and not blocked.	1	
5	Emergency blankets easily accessible.	1	
6	Red Emergency Management Manual is readily available and up to date?	1	
7	Panel box is not block and is locked?	1	
8	Toilets, faucets and drains working properly? No apparent leaks.	1	
Section Score: <u>8 / 8</u>		Percentage: <u>100</u> %	

Medical Equipment Management Plan		Score	
1	Medical Equipment have any frayed cords?	1	
2	Sharps container no more than ¾ full?	1	
3	Medication room is secure when not in use?	1	
4	Code Green buttons easily accessible and not blocked.	1	
5	No open medication containers lying on top of medication cart.	1	
Section Score: <u>5 / 5</u>		Percentage: <u>100</u> %	

Start 2 blank  
fold office

E-3  
door lock stroke

hangings  
planning  
fishes

print pole

Med room  
- cleaned

N shower  
new stall need UR for

S-2

shower  
No floor in roof

Frame

N-3

S-P

Frame changed  
- both sides

Conduit

print bubble

U-7

Frame  
hole in wall

new stroke

S-14

N-9

Vent

frame chipped

S-16

N-11

Shade

hole wall

S-15

N-13

Conduit

hole in ceiling

print

N-10

S-13

Vent cleaned

Conduit

N-4

Bubbling

Conduit

Frame

Vent

S-11

N-4

Vent

Frame

S-9

N-2

floor needs cleaned

Vent

Frame

Noted  
Holes filled - File under

S-3

cleaning

S-5

Cleaned

F-2

S-1

print frame

camera needs cleaned

gallery

laundry

door frame print

chipped ~~door~~ top





Norfolk Regional Center  
Bi-Annual Environmental Tour Inspection Form

Scoring
0 = Non-Compliant
1 = Compliant

Area: 3 East  
Date: 12-30-22

Surveyors Signatures: [Signature], [Signature]

	Safety/Security Management	Score	Comments
1	Are walls in good condition? (i.e. no peeling paint, holes or patches)	0	See notes
2	Are ceiling tiles in place and in good condition? (i.e. no water stains, dirt or mold)	1	
3	Is furniture arranged so area is free from tripping and falling and in good working condition? (no loose screws, torn, etc.)	0	need new furniture
4	Storage areas are clean and used appropriately? (i.e. free of clutter, no boxes stored on floor, shelving secure)	1	
5	All employees are wearing ID badge in plain sight and carrying radios.	1	
6	Secure areas are locked and/or access controlled when not in use. (i.e. utility rooms, offices, class rooms, etc)	1	
7	Confidential papers are secure and protected.	1	
8	Are patient rooms free of clutter, debris and excess linens? (i.e. no boxes on floor, clothes not piled in corner) List room # if non-compliant.	1	
9.	Patients have bed and dresser for personal possessions? Mattress on floor is alright.	1	
10.	Units are free of excess staples?	1	
11.	Are staff members belongings secured? (no purse or bags, in office area, if found note location and unit)	1	
12.	Windows are not tampered with, not functioning, or damaged?	1	
<b>Section Score: 10/12</b>		<b>Percentage: 83 %</b>	

	Infection Control	Score	Comment
1	Gloves are readily available in designated location?	1	
2	Refrigerator logs maintained and up to date (refrigerator temps are stored on the S drive, temperature folder.	1	
3	Food is not present in medication refrigerator other than what is used in giving medication.	1	
<b>Section Score: 3/3</b>		<b>Percentage: 100 %</b>	

	Life Safety Management	Score	Comment
1	Are means of egress/exit doors clearly and correctly marked?	1	
2	Exit signs working and arrows pointed in correct direction?	1	
3	Does the fire extinguisher have a current inspection tag?	1	
4	Are safety pins in place?	1	
5	Are fire alarm pull stations accessible?	1	
6	Do fire doors open and security alarms sound?	1	

7	Are fire/smoke doors free of being propped/held wedged open?	1	
8	Sprinkler heads have 18" clearance especially in storage areas.	1	
9	Means of egress are free of furniture, laundry carts, etc. Halls must have 8' clearance and no items can be hanging from ceiling.	1	
<b>Section Score: 7/9</b>		<b>Percentage: 100 %</b>	

Hazardous Material Waste and Communication		Score	Comment
1	Chemicals stored in appropriate cabinets (i.e. metal)	1	
2	EVS closet is locked when not in use.	1	
3	Chemical containers have appropriate labeling. (i.e. no labels faded or missing)	1	
4	Product labels are not altered or defaced.	1	
5	Personal Protective Equipment is readily available (i.e. gloves)	1	
<b>Section Score: 5/5</b>		<b>Percentage: 100 %</b>	

Emergency Management/Utility Systems		Score	
1	Flash lights work---extra batteries available	1	
2	Two way radios charged and working properly?	1	
3	Weather radio plugged in and alerts when activated?	1	
4	Code Green buttons easily accessible and not blocked.	1	
5	Emergency blankets easily accessible.	1	
6	Red Emergency Management Manual is readily available and up to date?	1	
7	Panel box is not block and is locked?	1	
8	Toilets, faucets and drains working properly? No apparent leaks.	1	
<b>Section Score: 8/8</b>		<b>Percentage: 100 %</b>	

Medical Equipment Management Plan		Score	
1	Medical Equipment have any frayed cords?	1	
2	Sharps container no more than ¾ full?	1	
3	Medication room is secure when not in use?	1	
4	Code Green buttons easily accessible and not blocked.	1	
5	No open medication containers lying on top of medication cart.	1	
<b>Section Score: 5/5</b>		<b>Percentage: 100 %</b>	

Hot Water Spout

Blacks 17

N Shower  
Circ head at shower

Vents  
Kitchen

left sink backed up  
W-5

was refilled cover

N-7

Paint ceiling - water leak

N-13

cleaned

new shule

N-18

Paint Sable

Circuit walls

Ceiling tile replaced

N-10

Paint Sable

N-8

wall from chipped

N-6

mitelw duty ceiling

N-2

Flash by cement  
N drywall

Ceiling tile loose  
New chairs

N-10

public paint

Open light

vent

N-2

Paint Sable

cleaned

st

ceiling peel  
van of


Disticon  
Vent

Shower  
mitelw



Norfolk Regional Center  
Bi-Annual Environmental Tour Inspection Form

Scoring  
0 = Non-Compliant  
1 = Compliant

Area: 3 West  
Date: 12-30-22  
Surveyors Signatures: 

	Safety/Security Management	Score	Comments
1	Are walls in good condition? (i.e. no peeling paint, holes or patches)	0	see notes
2	Are ceiling tiles in place and in good condition? (i.e. no water stains, dirt or mold)	1	
3	Is furniture arranged so area is free from tripping and falling and in good working condition? (no loose screws, torn, etc.)	0	new furniture needed
4	Storage areas are clean and used appropriately? (i.e. free of clutter, no boxes stored on floor, shelving secure)	1	
5	All employees are wearing ID badge in plain sight and carrying radios.	1	
6	Secure areas are locked and/or access controlled when not in use. (i.e. utility rooms, offices, class rooms, etc)	1	
7	Confidential papers are secure and protected.	1	
8	Are patient rooms free of clutter, debris and excess linens? (i.e. no boxes on floor, clothes not piled in corner) List room # if non-compliant.	1	
9.	Patients have bed and dresser for personal possessions? Mattress on floor is alright.	1	
10.	Units are free of excess staples?	1	
11.	Are staff members belongings secured? (no purse or bags, in office area, if found note location and unit)	1	
12.	Windows are not tampered with, not functioning, or damaged?	1	
Section Score: <u>6</u> / 12		Percentage: <u>63</u> %	

	Infection Control	Score	Comment
1	Gloves are readily available in designated location?	1	
2	Refrigerator logs maintained and up to date (refrigerator temps are stored on the S drive, temperature folder.	1	
3	Food is not present in medication refrigerator other than what is used in giving medication.	1	
Section Score: <u>3</u> / 3		Percentage: <u>100</u> %	

	Life Safety Management	Score
1	Are means of egress/exit doors clearly and correctly marked?	1
2	Exit signs working and arrows pointed in correct direction?	1
3	Does the fire extinguisher have a current inspection tag?	1
4	Are safety pins in place?	1
5	Are fire alarm pull stations accessible?	1
6	Do fire doors open and security alarms sound?	1

7	Are fire/smoke doors free of being propped/held wedged open?	1	
8	Sprinkler heads have 18" clearance especially in storage areas.	1	
9	Means of egress are free of furniture, laundry carts, etc. Halls must have 8' clearance and no items can be hanging from ceiling.	1	
<b>Section Score: 9 / 9</b>		<b>Percentage: 100 %</b>	

Hazardous Material Waste and Communication		Score	Comment
1	Chemicals stored in appropriate cabinets (i.e. metal)	1	
2	EVS closet is locked when not in use.	1	
3	Chemical containers have appropriate labeling. (i.e. no labels faded or missing)	1	
4	Product labels are not altered or defaced.	1	
5	Personal Protective Equipment is readily available (i.e. gloves)	1	
<b>Section Score: 5 / 5</b>		<b>Percentage: 100 %</b>	

Emergency Management/Utility Systems		Score
1	Flash lights work---extra batteries available	1
2	Two way radios charged and working properly?	1
3	Weather radio plugged in and alerts when activated?	1
4	Code Green buttons easily accessible and not blocked.	1
5	Emergency blankets easily accessible.	1
6	Red Emergency Management Manual is readily available and up to date?	1
7	Panel box is not block and is locked?	1
8	Toilets, faucets and drains working properly? No apparent leaks.	1
<b>Section Score: 8 / 8</b>		<b>Percentage: 100 %</b>

Medical Equipment Management Plan		Score
1	Medical Equipment have any frayed cords?	1
2	Sharps container no more than ¾ full?	1
3	Medication room is secure when not in use?	1
4	Code Green buttons easily accessible and not blocked.	1
5	No open medication containers lying on top of medication cart.	1
<b>Section Score: 5 / 5</b>		<b>Percentage: 100 %</b>

2W

23 slabs

S-1

base cup

lens

S-3

paint chip

rust vent

S-15

paint chips

S-15

paint chip

S-14

paint chip

S-8

paint panel

chip

slide

S-4

frame

S-2

camera holes

paint chip

frame crack

S-D-11

files

hulling paint

W-4

paint bubble

W-4

forgot base?

2D  
base case metal/panel / one side

panel

paint panel

W-8

frang

W-10

panel

paint chip

W-14

paint chips/bubble

W-15

2d panel backing

W-16

paint bubble





Norfolk Regional Center  
Bi-Annual Environmental Tour Inspection Form

Scoring  
0 = Non-Compliant  
1 = Compliant

Area: 2 West  
Date: 12-19-22  
Surveyors Signatures: [Signature] [Signature]  
T. Ham Boony

	Safety/Security Management	Score	Comments
1	Are walls in good condition? (i.e. no peeling paint, holes or patches)	0	See parts
2	Are ceiling tiles in place and in good condition? (i.e. no water stains, dirt or mold)	1	
3	Is furniture arranged so area is free from tripping and falling and in good working condition? (no loose screws, torn, etc.)	1	
4	Storage areas are clean and used appropriately? (i.e. free of clutter, no boxes stored on floor, shelving secure)	1	
5	All employees are wearing ID badge in plain sight and carrying radios.	1	
6	Secure areas are locked and/or access controlled when not in use. (i.e. utility rooms, offices, class rooms, etc)	1	
7	Confidential papers are secure and protected.	1	
8	Are patient rooms free of clutter, debris and excess linens? (i.e. no boxes on floor, clothes not piled in corner) List room # if non-compliant.	1	
9.	Patients have bed and dresser for personal possessions? Mattress on floor is alright.	1	
10.	Units are free of excess staples?	1	
11.	Are staff members belongings secured? (no purse or bags, in office area, if found note location and unit)	1	
12.	Windows are not tampered with, not functioning, or damaged?	1	
<b>Section Score: 11 / 12</b>		<b>Percentage: 92 %</b>	

	Infection Control	Score	Comment
1	Gloves are readily available in designated location?	1	
2	Refrigerator logs maintained and up to date (refrigerator temps are stored on the S drive, temperature folder.	1	
3	Food is not present in medication refrigerator other than what is used in giving medication.	1	
<b>Section Score: 3 / 3</b>		<b>Percentage: 100 %</b>	

	Life Safety Management	Score
1	Are means of egress/exit doors clearly and correctly marked?	1
2	Exit signs working and arrows pointed in correct direction?	1
3	Does the fire extinguisher have a current inspection tag?	1
4	Are safety pins in place?	1
5	Are fire alarm pull stations accessible?	1
6	Do fire doors open and security alarms sound?	1



7	Are fire/smoke doors free of being propped/held wedged open?	1
8	Sprinkler heads have 18" clearance especially in storage areas.	1
9	Means of egress are free of furniture, laundry carts, etc. Halls must have 8' clearance and no items can be hanging from ceiling.	1
Section Score: 3 / 9		Percentage: 100 %

**Hazardous Material Waste and Communication**

	Score	Comment
1	1	Chemicals stored in appropriate cabinets (i.e. metal)
2	1	EVS closet is locked when not in use.
3	1	Chemical containers have appropriate labeling. (i.e. no labels faded or missing)
4	1	Product labels are not altered or defaced.
5	1	Personal Protective Equipment is readily available (i.e. gloves)
Section Score: 5 / 5		Percentage: 100 %

**Emergency Management/Utility Systems**

	Score
1	1
2	1
3	1
4	1
5	1
6	1
7	1
8	1
Section Score: 8 / 8	
Percentage: 100 %	

**Medical Equipment Management Plan**

	Score
1	1
2	1
3	1
4	1
5	1
Section Score: 5 / 5	
Percentage: 100 %	

5 safety blankets stop All filters need changed

72 needs removal  
SFR After top VBD light?

Washable end

Basement needs cleaned SFR area  
- chip put past  
- vent need cleaned

coming up  
- paint per log  
- wash area  
- New light

N Shower

plio odor

vent need cleaned

N-8 cracks in walls

- west spr

N-6 candle need covered

~~mid~~ no shower

Messy

odor

Frame cracked

- new shower curtain

Ceiling tiles probably stained

New leak,

peeling paint

N Bathroom

- slow drain roof sink

model in bathroom

James  
reged  
cleaned

tiles need  
Flood

- kitchen bath

Coffee machines

PDÉ  
free

Break room  
- vent gues  
paint clipping

Kitchen

isolation  
Fillet need cleaned / removed  
- window clean

- fresh leak  
- need repair

N-3

vent  
panel dipping  
cleaned / recalc'd toilet

need filter

N-5

lights need cleaned out west H-1

need filter

need room  
- print changed  
- shade hole  
- change wall paper

N-7  
print clipped

W

GW LB BS TS

CRITERIA	RESPONSE	YES				NO			
Whose responsibility is it to ensure and promote safety in their work area?	ALL staff are responsible	✓	✓	✓	✓				
What does a failing star logo mean?	There is a patient that is at high risk for falls.	✓	✓	✓	✓				
What ways can you call for extra help on the unit in case of an emergency?	Call over radio, press code green button, *66	✓	✓	✓	✓				
Identify one security sensitive area.	HIM, Security Server Room, Medication Room, Pharmacy, Human Resource (Areas where access is limited)	✓	✓	✓	✓				
NRC has a ____ tolerance for violence from staff and visitors.	ZERO	✓	✓	✓	✓				
How would you report a fire?	Page Code Red, Activate fire pull and call house supervisor.	✓	✓	✓	✓				
What does R.A.C.E. stand for?	Rescue, Alarm, Confine, Evacuate and Extinguish			✓	✓	✓	✓		
Where are your fire exits? What does the red strobe light mean?	Have Staff identify where they are on the unit. FIRE DRILL.	✓	✓	✓	✓				
Where is the emergency kit and safety wrap located on the unit?	Medication room	✓	✓	✓	✓				
What types of medical equipment are you required to use as part of your normal job responsibility?	Some may not use any- other could use stethoscope, thermometer, O2 concentrator,	✓	✓	✓	✓				
Where is the hospital incident command center located?	Room 216	✓	✓	✓	✓				
Where is your red emergency manual located? Where is the SDS Located?	Should be in the nursing office/easily accessible. S Drive	✓	✓	✓	✓				
Who is called if part or all of the Utility Systems failed?	Call 3387, on-call maintenance staff or the maintenance supervisor.	✓	✓	✓	✓				
What steps do you take to have something fixed on the unit by Maintenance?	Fill out Incident Report, Email Compliance and Maintenance Supervisor	✓	✓	✓	✓				

TOTAL NUMBER OF QUESTIONS

14

(A)

MINUS N/A

0

(B)

= 14

(C)

X 4 number of employees questioned (D)

= 56

(E)

Subtotal

Subtract total number of NO answers

- 2

(F)

= 54

(G)

Divide (G) by (E) X 100

= 96 %



2W

CS JD 26 1/3

CRITERIA	RESPONSE	YES				NO			
Whose responsibility is it to ensure and promote safety in their work area?	ALL staff are responsible	✓	✓	✓	✓				
What does a failing star logo mean?	There is a patient that is at high risk for falls.	✓	✓	✓	✓				
What ways can you call for extra help on the unit in case of an emergency?	Call over radio, press code green button, *66	✓	✓	✓	✓				
Identify one security sensitive area.	HIM, Security Server Room, Medication Room, Pharmacy, Human Resource (Areas where access is limited)	✓	✓	✓	✓				
NRC has a ____ tolerance for violence from staff and visitors.	ZERO	✓	✓	✓	✓				
How would you report a fire?	Page Code Red, Activate fire pull and call house supervisor.	✓	✓	✓	✓				
What does R.A.C.E. stand for?	Rescue, Alarm, Confine, Evacuate and Extinguish	✓	✓	✓	✓				
Where are your fire exits? What does the red strobe light mean?	Have Staff identify where they are on the unit. FIRE DRILL.	✓	✓	✓	✓				
Where is the emergency kit and safety wrap located on the unit?	Medication room	✓	✓	✓	✓				
What types of medical equipment are you required to use as part of your normal job responsibility?	Some may not use any- other could use stethoscope, thermometer, O2 concentrator,	✓	✓	✓	✓				
Where is the hospital incident command center located?	Room 216	✓	✓	✓	✓				
Where is your red emergency manual located? Where is the SDS Located?	Should be in the nursing office/easily accessible. S Drive	✓	✓		✓			X	
Who is called if part or all of the Utility Systems failed?	Call 3387, on-call maintenance staff or the maintenance supervisor.	✓	✓	✓	✓				
What steps do you take to have something fixed on the unit by Maintenance?	Fill out Incident Report, Email Compliance and Maintenance Supervisor	✓	✓	✓	✓				

TOTAL NUMBER OF QUESTIONS

14

(A)

MINUS N/A

$$= \frac{0}{14} \quad (B)$$

$$= \frac{14}{4} \quad (C)$$

$$X \frac{4}{56} \quad \text{number of employees questioned (D)}$$

Subtotal

$$= \frac{56}{1} \quad (E)$$

Subtract total number of NO answers

$$- \frac{1}{55} \quad (F)$$

Divide (G) by (E) X 100

$$= \frac{55}{78} \% \quad (G)$$





26

SB AO E I H

CRITERIA	RESPONSE	YES				NO			
Whose responsibility is it to ensure and promote safety in their work area?	ALL staff are responsible	✓	✓	✓	✓				
What does a falling star logo mean?	There is a patient that is at high risk for falls.	✓	✓	✓	✓				
What ways can you call for extra help on the unit in case of an emergency?	Call over radio, press code green button, *66	✓	✓	✓	✓				
Identify one security sensitive area.	HIM, Security Server Room, Medication Room, Pharmacy, Human Resource (Areas where access is limited)	✓	✓	✓	✓				
NRC has a ____ tolerance for violence from staff and visitors.	ZERO	✓	✓	✓	✓				
How would you report a fire?	Page Code Red, Activate fire pull and call house supervisor.	✓	✓	✓	✓				
What does R.A.C.E. stand for?	Rescue, Alarm, Confine, Evacuate and Extinguish	✓	✓	✓	✓				
Where are your fire exits? What does the red strobe light mean?	Have Staff identify where they are on the unit. FIRE DRILL.	✓	✓	✓	✓				
Where is the emergency kit and safety wrap located on the unit?	Medication room	✓	✓	✓	✓				
What types of medical equipment are you required to use as part of your normal job responsibility?	Some may not use any- other could use stethoscope, thermometer, O2 concentrator,	✓	✓	✓	✓				
Where is the hospital incident command center located?	Room 216	✓	✓	✓	✓				
Where is your red emergency manual located? Where is the SDS Located?	Should be in the nursing office/easily accessible. S Drive	✓	✓	✓	✓				
Who is called if part or all of the Utility Systems failed?	Call 3387, on-call maintenance staff or the maintenance supervisor.	✓	✓	✓	✓				
What steps do you take to have something fixed on the unit by Maintenance?	Fill out Incident Report, Email Compliance and Maintenance Supervisor	✓	✓	✓	✓				

TOTAL NUMBER OF QUESTIONS

14

(A)

MINUS N/A

0 (B)

= 14 (C)

X 4 number of employees questioned (D)

Subtotal

= 56 (E)

Subtract total number of NO answers

- 0 (F)

Divide (G) by (E) X 100

= 56 (G)

100 %



BW

JH J JT AK

CRITERIA	RESPONSE	YES				NO			
Whose responsibility is it to ensure and promote safety in their work area?	ALL staff are responsible	✓	✓	✓	✓				
What does a falling star logo mean?	There is a patient that is at high risk for falls.	✓	✓	✓	✓				
What ways can you call for extra help on the unit in case of an emergency?	Call over radio, press code green button, *66	✓	✓	✓	✓				
Identify one security sensitive area.	HIM, Security Server Room, Medication Room, Pharmacy, Human Resource (Areas where access is limited)	✓	✓	✓	✓				
NRC has a ____ tolerance for violence from staff and visitors.	ZERO	✓	✓	✓	✓				
How would you report a fire?	Page Code Red, Activate fire pull and call house supervisor.	✓	✓	✓	✓				
What does R.A.C.E. stand for?	Rescue, Alarm, Confine, Evacuate and Extinguish	✓	✓	✓	✓				
Where are your fire exits? What does the red strobe light mean?	Have Staff identify where they are on the unit. FIRE DRILL.	✓	✓	✓	✓				
Where is the emergency kit and safety wrap located on the unit?	Medication room	✓	✓	✓	✓				
What types of medical equipment are you required to use as part of your normal job responsibility?	Some may not use any- other could use stethoscope, thermometer, O2 concentrator,	✓	✓	✓	✓				
Where is the hospital incident command center located?	Room 216	✓	✓	✓	✓				
Where is your red emergency manual located? Where is the SDS Located?	Should be in the nursing office/easily accessible. S Drive	✓	✓	✓	✓				
Who is called if part or all of the Utility Systems failed?	Call 3387, on-call maintenance staff or the maintenance supervisor.	✓	✓	✓	✓				
What steps do you take to have something fixed on the unit by Maintenance?	Fill out Incident Report, Email Compliance and Maintenance Supervisor	✓	✓	✓	✓				

TOTAL NUMBER OF QUESTIONS

14

(A)

MINUS N/A

$$= \frac{0}{14} \quad (B)$$

$$\times \frac{4}{4} \text{ number of employees questioned (D)}$$

Subtotal

$$= \frac{56}{56} \quad (E)$$

Subtract total number of NO answers

$$- \frac{0}{0} \quad (F)$$

Divide (G) by (E) X 100

$$= \frac{56}{56} \quad (G)$$

$$= \underline{100} \%$$



32

JTW 30 06

CRITERIA	RESPONSE	YES				NO			
Whose responsibility is it to ensure and promote safety in their work area?	ALL staff are responsible	✓	✓	✓	✓				
What does a falling star logo mean?	There is a patient that is at high risk for falls.	✓	✓	✓	✓				
What ways can you call for extra help on the unit in case of an emergency?	<del>Response from phone</del> Call over radio, press code green button, *66	✓	✓	✓	✓				
Identify one security sensitive area.	HIM, Security Server Room, Medication Room, Pharmacy, Human Resource (Areas where access is limited)	✓	✓	✓	✓				
NRC has a ____ tolerance for violence from staff and visitors.	ZERO	✓	✓	✓	✓				
How would you report a fire?	Page Code Red, Activate fire pull and call house supervisor.	✓	✓	✓	✓				
What does R.A.C.E. stand for?	Rescue, Alarm, Confine, Evacuate and Extinguish		✓	✓	✓				
Where are your fire exits? What does the red strobe light mean?	Have Staff identify where they are on the unit. FIRE DRILL.	✓	✓	✓	✓				
Where is the emergency kit and safety wrap located on the unit?	Medication room	✓	✓		✓				
What types of medical equipment are you required to use as part of your normal job responsibility?	Some may not use any- other could use stethoscope, thermometer, O2 concentrator,	✓	✓	✓	✓				
Where is the hospital incident command center located?	Room 216			✓	✓	✓	✓		
Where is your red emergency manual located? Where is the SDS Located?	Should be in the nursing office/easily accessible. S Drive	✓	✓	✓	✓				
Who is called if part or all of the Utility Systems failed?	Call 3387, on-call maintenance staff or the maintenance supervisor.	✓	✓	✓	✓				
What steps do you take to have something fixed on the unit by Maintenance?	Fill out Incident Report, Email Compliance and Maintenance Supervisor	✓	✓	✓	✓				

TOTAL NUMBER OF QUESTIONS

14

(A)

MINUS N/A

0 (B)

= 14 (C)

X 4 number of employees questioned (D)

Subtotal

= 56 (E)

Subtract total number of NO answers

- 2 (F)

Divide (G) by (E) X 100

= 54 (G)

96 %



Norfolk Regional Center  
Bi-Annual Environmental Tour Inspection Form

<b>Scoring</b>  0 = Non-Compliant 1 = Compliant
--

Area: 1W  
Date: 6-27-24

Surveyors Signatures: [Handwritten Signatures]

	Safety/Security Management	Score	Comments
1	Are walls in good condition? (i.e. no peeling paint, holes or patches)	0	See notes
2	Are ceiling tiles in place and in good condition? (i.e. no water stains, dirt or mold)	0	See notes
3	Is furniture arranged so area is free from tripping and falling and in good working condition? (no loose screws, torn, etc.)	1	
4	Storage areas are clean and used appropriately? (i.e. free of clutter, no boxes stored on floor, shelving secure)	1	
5	All employees are wearing ID badge in plain sight and carrying radios.	1	
6	Secure areas are locked and/or access controlled when not in use. (i.e. utility rooms, offices, class rooms, etc)	1	
7	Confidential papers are secure and protected.	1	
8	Are patient rooms free of clutter, debris and excess linens? (i.e. no boxes on floor, clothes not piled in corner) List room # if non-compliant.	1	
9.	Patients have bed and dresser for personal possessions? Mattress on floor is alright.	1	
10.	Units are free of excess staples?	1	
11.	Are staff members belongings secured? (no purse or bags, in office area, if found note location and unit)	1	
12.	Windows are not tampered with, not functioning, or damaged?	1	
Section Score: <u>10/12</u>		Percentage: <u>83</u> %	

	Infection Control	Score	Comment
1	Gloves are readily available in utility rooms	1	
2	Refrigerator logs maintained and up to date (refrigerator temps are stored on the S drive, temperature folder.	1	
3	Food is not present in medication refrigerator other than what is used in giving medication.	1	
Section Score: <u>3/3</u>		Percentage: <u>100</u> %	

	Life Safety Management	Score	
1	Are means of egress/exit doors clearly and correctly marked?	1	
2	Exit signs working and arrows pointed in correct direction?	1	
3	Does the fire extinguisher have a current inspection tag?	1	
4	Are safety pins in place?	1	
5	Are fire alarm pull stations accessible?	1	
6	Do fire doors open and security alarms sound?	1	

7	Is fire/smoke doors free of being propped/held wedged open?	1	
8	Sprinkler heads are clear of lint/debris and have 18" clearance especially in storage areas.	1	
9	Means of egress are free of furniture, laundry carts, etc. Halls must have 8' clearance and no items can be hanging from ceiling.	1	
<b>Section Score:</b> 9 / 9		<b>Percentage:</b> 100 %	

<b>Hazardous Material Waste and Communication</b>		<b>Score</b>	<b>Comment</b>
1	Chemicals stored in appropriate cabinets (i.e. metal)	1	
2	EVS closet is locked when not in use.	1	
3	Chemical containers have appropriate labeling. (i.e. no labels faded or missing)	1	
4	Product labels are not altered or defaced.	1	
5	Personal Protective Equipment is readily available (i.e. gloves)	1	
<b>Section Score:</b> 5 / 5		<b>Percentage:</b> 100 %	

<b>Emergency Management/Utility Systems</b>		<b>Score</b>	
1	Flash lights work---extra batteries available	1	
2	Two way radios charged and working properly?	1	
3	Weather radio plugged in and alerts when activated?	1	
4	Code Green buttons easily accessible and not blocked.	1	
5	Emergency blankets easily accessible.	1	
6	Red Emergency Management Manual is readily available and up to date?	1	
7	Panel box is not block and is locked?	1	
8	Toilets, faucets and drains working properly? No apparent leaks.	1	
<b>Section Score:</b> 8 / 8		<b>Percentage:</b> 100 %	

<b>Medical Equipment Management Plan</b>		<b>Score</b>	
1	Medical Equipment have any frayed cords?	1	
2	Sharps container no more than ¾ full?	1	
3	Medication room is secure when not in use?	1	
4	Code Green buttons easily accessible and not blocked.	1	
5	No open medication containers lying on top of medication cart.	1	
<b>Section Score:</b> 5 / 5		<b>Percentage:</b> 100 %	



125

CRITERIA	RESPONSE	YES				NO			
Whose responsibility is it to ensure and promote safety in their work area?	All staff are responsible	X	X	X	X				
What does a falling star logo mean?	There is a patient that is at high risk for falls.	X	X	X	X				
What ways can you call for extra help on the unit in case of an emergency?	Call over radio, press code green button, *66	X	X	X	X				
What is a Code Yellow? Where do you get the checklists?	Bomb Threat, NRC Phone Directory	-	X	X	X	X			
NRC has a _____ tolerance for violence from staff and visitors.	ZERO	X	X	X	X				
How would you report a fire?	Page Code Red, Activate fire pull and call house supervisor.	X	X	X	X				
What does R.A.C.E. stand for?	Rescue, Alarm, Confine, Evacuate and Extinguish	-	X	X	X	X			
Where are your fire exits? What does the red strobe light mean?	Have Staff identify where they are on the unit. FIRE DRILL.	X	X	X	X				
Where is the emergency kit? and med sled located?	Medication room, Storage Room	X	X	X	X				
What types of medical equipment are you required to use as part of your normal job responsibility?	Some may not use any- other could use stethoscope, thermometer, O2 concentrator,	X	X	X	X				
Where are the Crash Carts located?	Room 220 and 1 West	X	X	X	X				
Where is your red emergency manual located? Where is the SDS Located?	Should be in the nursing office/easily accessible. S Drive	X	-	-	X	X			
Who is called if part or all of the Utility Systems failed?	Call 3336, on-call maintenance staff or the maintenance supervisor.	X	X	X	X				
What steps do you take to have something fixed on the unit by Maintenance?	Fill out Incident Report, Email QA department and Maintenance Supervisor	X	X	X	X				

TOTAL NUMBER OF QUESTIONS 14 (A)

MINUS N/A

$$\frac{0}{14} = \frac{0}{14} \text{ (B)}$$

$$\frac{14}{14} = \frac{14}{14} \text{ (C)}$$

Subtotal

Subtract total number of NO answers

$$\frac{56}{56} = \frac{56}{56} \text{ (E)}$$

$$\frac{4}{56} = \frac{4}{56} \text{ (F)}$$

$$\frac{52}{93} = \frac{52}{93} \text{ (G) \%}$$

Divide (G) by (E) X 100



Storage Room X  
- Dome light

10-shower X  
Water damage

Break room X  
Bathroom  
- water damage ceiling

10-15  
~~new mattress~~

10-10  
vent cleaned

10-6  
privacy screen  
camera

10-2  
vent cleaned

10-3  
floor needs  
clean

Whirlpool room  
- rust / vent  
- need clean

Shower cleaned  
- floor

10-8  
Mexican tiles on ceiling

~~10-6~~  
~~vent clean~~

5 shower  
- cleaning?

5-8  
vent cleaned

5-6  
needs clean

11-1 room  
mattress

5-5  
new lights

5-3  
new lock

5-1  
inside door  
handle

5-11 office  
- paint on doorway  
A.I. to closet  
- sink out drains  
- clean shower  
- paint (blue)  
- pushover  
- vent missing screws  
- vent cleaned  
- pushover  
- color  
- N-ohant  
- dirty

W

Whirlpool  
- paint patches  
- dirty below van 75

5 shower  
- color

5-11  
- paint in exhaust

5-2  
Chippert

5-4  
- color  
- wall needs paint

5-8  
- vent cleaned

5-14  
vent cleaned now

5-9  
vent cleaned

5-7  
chip paint on wall

5-5  
paint  
register  
paint  
wall  
see  
same

5-3  
cabinet  
off wall

5-1  
- plan dirty



Norfolk Regional Center  
Bi-Annual Environmental Tour Inspection Form

Scoring  
0 = Non-Compliant  
1 = Compliant

Area: 3E  
Date: 6-6-24

Surveyors Signatures:

*[Handwritten signatures]*

	Safety/Security Management	Score	Comments
1	Are walls in good condition? (i.e. no peeling paint, holes or patches)	0	See notes
2	Are ceiling tiles in place and in good condition? (i.e. no water stains, dirt or mold)	0	See notes
3	Is furniture arranged so area is free from tripping and falling and in good working condition? (no loose screws, torn, etc.)	1	
4	Storage areas are clean and used appropriately? (i.e. free of clutter, no boxes stored on floor, shelving secure)	1	
5	All employees are wearing ID badge in plain sight and carrying radios.	1	
6	Secure areas are locked and/or access controlled when not in use. (i.e. utility rooms, offices, class rooms, etc)	1	
7	Confidential papers are secure and protected.	1	
8	Are patient rooms free of clutter, debris and excess linens? (i.e. no boxes on floor, clothes not piled in corner) List room # if non-compliant.	1	
9.	Patients have bed and dresser for personal possessions? Mattress on floor is alright.	1	
10.	Units are free of excess staples?	1	
11.	Are staff members belongings secured? (no purse or bags, in office area, if found note location and unit)	1	
12.	Windows are not tampered with, not functioning, or damaged?	1	
Section Score: <u>10/12</u>		Percentage: <u>83</u> %	

	Infection Control	Score	Comment
1	Gloves are readily available in <del>utility rooms</del> <sup>office</sup>	1	
2	Refrigerator logs maintained and up to date (refrigerator temps are stored on the S drive, temperature folder.	1	
3	Food is not present in medication refrigerator other than what is used in giving medication.	1	
Section Score: <u>3/3</u>		Percentage: <u>100</u> %	

	Life Safety Management	Score	
1	Are means of egress/exit doors clearly and correctly marked?	1	
2	Exit signs working and arrows pointed in correct direction?	1	
3	Does the fire extinguisher have a current inspection tag?	1	
4	Are safety pins in place?	1	
5	Are fire alarm pull stations accessible?	1	
6	Do fire doors open and security alarms sound?	1	

7	Is fire/smoke doors free of being propped/held wedged open?	1	
8	Sprinkler heads are clear of lint/debris and have 18" clearance especially in storage areas.	1	
9	Means of egress are free of furniture, laundry carts, etc. Halls must have 8' clearance and no items can be hanging from ceiling.	1	
Section Score: 9/9		Percentage: 100%	

Hazardous Material Waste and Communication		Score	Comment
1	Chemicals stored in appropriate cabinets (i.e. metal)	1	
2	EVS closet is locked when not in use.	1	
3	Chemical containers have appropriate labeling. (i.e. no labels faded or missing)	1	
4	Product labels are not altered or defaced.	1	
5	Personal Protective Equipment is readily available (i.e. gloves)	1	
Section Score: 5/5		Percentage: 100%	

Emergency Management/Utility Systems		Score	
1	Flash lights work---extra batteries available	1	
2	Two way radios charged and working properly?	1	
3	Weather radio plugged in and alerts when activated?	1	
4	Code Green buttons easily accessible and not blocked.	1	
5	Emergency blankets easily accessible.	1	
6	Red Emergency Management Manual is readily available and up to date?	1	
7	Panel box is not block and is locked?	1	
8	Toilets, faucets and drains working properly? No apparent leaks.	1	
Section Score: 8/8		Percentage: 100%	

Medical Equipment Management Plan		Score	
1	Medical Equipment have any frayed cords?	1	
2	Sharps container no more than ¾ full?	1	
3	Medication room is secure when not in use?	1	
4	Code Green buttons easily accessible and not blocked.	1	
5	No open medication containers lying on top of medication cart.	1	
Section Score: 5/5		Percentage: 100%	

CRITERIA	RESPONSE	YES	NO
Whose responsibility is it to ensure and promote safety in their work area?	ALL staff are responsible	X	X
What does a falling star logo mean?	There is a patient that is at high risk for falls.	+	+
What ways can you call for extra help on the unit in case of an emergency?	Call over radio, press code green button, *66	X	X
What is a Code Yellow? Where do you get the checklist?	Bomb Threat, NRC Phone Directory	X	X
NRC has a _____ tolerance for violence from staff and visitors.	ZERO	X	X
How would you report a fire?	Page Code Red, Activate fire pull and call house supervisor.	X	X
What does R.A.C.E. stand for?	Rescue, Alarm, Confine, Evacuate and Extinguish	+	+
Where are your fire exits? What does the red strobe light mean?	Have Staff identify where they are on the unit. FIRE DRILL.	X	X
Where is the emergency kit? and med sled located?	Medication room, Storage Room	X	X
What types of medical equipment are you required to use as part of your normal job responsibility?	Some may not use any- other could use stethoscope, thermometer, O2 concentrator,	X	X
Where are the Crash Carts located?	Room 220 and 1 West	+	+
Where is your red emergency manual located? Where is the SDS Located?	Should be in the nursing office/easily accessible. S Drive	X	X
Who is called if part or all of the Utility Systems failed?	Call 3336, on-call maintenance staff or the maintenance supervisor.	X	X
What steps do you take to have something fixed on the unit by Maintenance?	Fill out Incident Report, Email QA department and Maintenance Supervisor	X	X

TOTAL NUMBER OF QUESTIONS

14

(A)

MINUS N/A

$$\frac{0}{14} \quad (B)$$

$$= \frac{14}{14} \quad (C)$$

$$X \frac{4}{56} \quad \text{number of employees questioned (D)}$$

Subtotal

$$= \frac{56}{56} \quad (E)$$

Subtract total number of NO answers

$$- \frac{0}{56} \quad (F)$$

$$= \frac{56}{56} \quad (G)$$

Divide (G) by (E) X 100

$$\frac{56}{56} \% \quad \text{(over)}$$





Worse office paint possible

~~W shower~~  
~~paint wall~~  
~~walls clean~~  
~~switch/mold~~  
~~vent cleaned~~  
Kitchen

S 7 over

~~paint~~  
~~vent clean~~

Barium  
paint peel ceiling

~~Shower drain (left side)~~  
~~hard by paint~~

S-7  
paint peel - two spots  
light at

N-5  
Camera holes filled

S-9  
paint bubble  
ceiling

~~New mattress~~  
paint chip  
N-7  
cheek  
an X  
paint

S-15  
dirty window  
screen

N-13  
~~paint bubble~~  
New shade (John)

End of hall  
reflector remove  
all units

N-15  
west wall paint bubbling

S-16  
new light  
paint peel

Hole in drop ceiling to be

N-10  
Water damage east wall

S-8  
new light  
check air unit

N-2  
safety vent - paint

S-4  
paint bubble

Med room (E1)  
new shades (John)

S-6  
new light  
S-2  
new light

E-2  
~~strip faucet~~  
~~walls~~  
~~peel/clean~~

E-4  
sink towel  
on  
remove safety windows

Class windows  
S-1  
S-3

E-13  
new shade (John)

E-5  
sink slow to drain  
~~metal in drain~~

S-11  
pipe in room - not wrapped  
paint peel  
light at

End of south hall

- pipes on floor to room?

S-12  
light at  
paint peel

3E

Day hall bath

- tile replace ceiling

Day hall north

- tile replace ceiling water stain

Wash bathroom

1st shower water leak  
fluster

Conference room

replace table done  
cool air return  
paint peel

N-11  
paint

N-6  
paint by bed  
smells

N-4  
old camera needs  
renew

~~rest hall~~

- ~~body lights~~



Norfolk Regional Center  
Bi-Annual Environmental Tour Inspection Form

<p>Scoring</p> <p>0 = Non-Compliant</p> <p>1 = Compliant</p>
--

Area: 2 East  
Date: 6-24-24

Surveyors Signatures: [Signature] [Signature]

	Safety/Security Management	Score	Comments
1	Are walls in good condition? (i.e. no peeling paint, holes or patches)	0	See wks
2	Are ceiling tiles in place and in good condition? (i.e. no water stains, dirt or mold)	0	See wks
3	Is furniture arranged so area is free from tripping and falling and in good working condition? (no loose screws, torn, etc.)	1	
4	Storage areas are clean and used appropriately? (i.e. free of clutter, no boxes stored on floor, shelving secure)	1	
5	All employees are wearing ID badge in plain sight and carrying radios.	1	
6	Secure areas are locked and/or access controlled when not in use. (i.e. utility rooms, offices, class rooms, etc)	1	
7	Confidential papers are secure and protected.	1	
8	Are patient rooms free of clutter, debris and excess linens? (i.e. no boxes on floor, clothes not piled in corner) List room # if non-compliant.	1	
9.	Patients have bed and dresser for personal possessions? Mattress on floor is alright.	1	
10.	Units are free of excess staples?	1	
11.	Are staff members belongings secured? (no purse or bags, in office area, if found note location and unit)	1	
12.	Windows are not tampered with, not functioning, or damaged?	1	
Section Score: <u>6/12</u>		Percentage: <u>50</u> %	

	Infection Control	Score	Comment
1	Gloves are readily available in utility rooms	1	
2	Refrigerator logs maintained and up to date (refrigerator temps are stored on the S drive, temperature folder.	1	
3	Food is not present in medication refrigerator other than what is used in giving medication.	1	
Section Score: <u>3</u>		Percentage: <u>100</u> %	

	Life Safety Management	Score	
1	Are means of egress/exit doors clearly and correctly marked?	1	
2	Exit signs working and arrows pointed in correct direction?	1	
3	Does the fire extinguisher have a current inspection tag?	1	
4	Are safety pins in place?	1	
5	Are fire alarm pull stations accessible?	1	
6	Do fire doors open and security alarms sound?	1	

7	Is fire/smoke doors free of being propped/held wedged open?	1	
8	Sprinkler heads are clear of lint/debris and have 18" clearance especially in storage areas.	1	
9	Means of egress are free of furniture, laundry carts, etc. Halls must have 8' clearance and no items can be hanging from ceiling.	1	
Section Score: 4 / 9		Percentage: _____ %	

Hazardous Material Waste and Communication		Score	Comment
1	Chemicals stored in appropriate cabinets (i.e. metal)	1	
2	EVS closet is locked when not in use.	1	
3	Chemical containers have appropriate labeling. (i.e. no labels faded or missing)	1	
4	Product labels are not altered or defaced.	1	
5	Personal Protective Equipment is readily available (i.e. gloves)	1	
Section Score: 5 / 5		Percentage: 100 %	

Emergency Management/Utility Systems		Score	
1	Flash lights work---extra batteries available	1	
2	Two way radios charged and working properly?	1	
3	Weather radio plugged in and alerts when activated?	1	
4	Code Green buttons easily accessible and not blocked.	1	
5	Emergency blankets easily accessible.	1	
6	Red Emergency Management Manual is readily available and up to date?	1	
7	Panel box is not block and is locked?	1	
8	Toilets, faucets and drains working properly? No apparent leaks.	1	
Section Score: 8 / 8		Percentage: 100 %	

Medical Equipment Management Plan		Score	
1	Medical Equipment have any frayed cords?	1	
2	Sharps container no more than ¾ full?	1	
3	Medication room is secure when not in use?	1	
4	Code Green buttons easily accessible and not blocked.	1	
5	No open medication containers lying on top of medication cart.	1	
Section Score: 5 / 5		Percentage: _____ %	

22

CRITERIA	RESPONSE	YES				NO			
Whose responsibility is it to ensure and promote safety in their work area? What does a failing star logo mean?	ALL staff are responsible	X	X	X	X				
What ways can you call for extra help on the unit in case of an emergency?	There is a patient that is at high risk for falls.	X	X	X	X				
What is a Code Yellow? Where do you get the checklist?	Call over radio, press code green button, *66	X	X	X	X				
NRC has a ___ tolerance for violence from staff and visitors.	Bomb Threat, NRC Phone Directory	X	X	X	X				
How would you report a fire?	ZERO	X	X	X	X				
What does R.A.C.E. stand for?	Page Code Red, Activate fire pull and call house supervisor.	X	X	X	X				
Where are your fire exits? What does the red strobe light mean? Where is the emergency kit? and med sled located?	Rescue, Alarm, Confine, Evacuate and Extinguish	X	X	X	X				
What types of medical equipment are you required to use as part of your normal job responsibility?	Have Staff identify where they are on the unit. FIRE DRILL.	X	X	X	X				
Where are the Crash Carts located?	Medication room, Storage Room	X	X	X	X				
Where is your red emergency manual located? Where is the SDS Located?	Some may not use any- other could use stethoscope, thermometer, O2 concentrator,	X	X	X	X				
Who is called if part or all of the Utility Systems failed? What steps do you take to have something fixed on the unit by Maintenance?	Room 220 and 1 West	X	X	X	X				
	Should be in the nursing office/easily accessible. S Drive	X	X	X	X				
	Call 3336, on-call maintenance staff or the maintenance supervisor.	X	X	X	X				
	Fill out Incident Report, Email QA department and Maintenance Supervisor	X	X	X	X				

TOTAL NUMBER OF QUESTIONS 14 (A)

MINUS N/A 0 (B)

= 14 (C)

X 1 number of employees questioned (D)

= 50 (E)

- 0 (F)

= 50 (G)

(100) %

Subtotal

Subtract total number of NO answers

Divide (G) by (E) X 100



More office  
- Carpet Repest  
Storage Room

~~Paint~~  
- new LED lights

Wall by shower  
- paint, drywall repair

No shower  
New Shower heads

Kitchen  
Left sink slow drain

No Bath  
3rd sink slow drain

N-3  
Frame repair

N-7  
Paint patches  
- small ones

N-1  
Glass doors removed

N-12, N-13  
Safety Vent

N-10  
Vent

Wall  
Frame repair

N-2  
Safety Vent  
new paint  
walls need paint

SSC Hall  
paint chip by door, panel

E-5  
paint chip base wall

SSC lights  
- buss.  
3 ceiling panels  
vertical - mold  
- paint

N-Dry Hall East wall  
- water damage

phone removed shift  
- extension  
~~right sink slow drain~~

Shower  
- new tiles

Kitchen Room  
- New countertop - remove?

S-3  
- paint chip  
toilet damage

S-5  
Door stop replaced  
- paint bubble

S-4  
new shape (John)  
Door frame hole east wall

S-8  
framing repair  
paint  
Ceiling

S-10  
Baseboard removed

S-7  
~~Safety Vent~~  
Paint

S-9, S-10, S-11, S-12, S-14,  
S-15, 16 Safety Vent

S-15  
paint, hole in wall

S-16

S-13  
Baseboard, door trim

Shift  
Baseboard

A leave  
paint

new  
E+ wall  
wall - wall  
K-3

Handwriting  
- kitchen wall  
S-2 Game repair  
S-18 - count cleaned

ZE

Eye back and  
between floor

N-9  
light bulb flicking?

N-11  
hole in wall

~~N-12, N-13~~  
hole to vent

test ceiling with  
bulb

S-12 better vent  
frame repair





Norfolk Regional Center  
Bi-Annual Environmental Tour Inspection Form

<p>Scoring</p> <p>0 = Non-Compliant</p> <p>1 = Compliant</p>
--

Area: 2W  
Date: 6/28/09

Surveyors Signatures: [Signature] [Signature]

Safety/Security Management		Score	Comments
1	Are walls in good condition? (i.e. no peeling paint, holes or patches)	0	See notes
2	Are ceiling tiles in place and in good condition? (i.e. no water stains, dirt or mold)	0	See notes
3	Is furniture arranged so area is free from tripping and falling and in good working condition? (no loose screws, torn, etc.)	1	
4	Storage areas are clean and used appropriately? (i.e. free of clutter, no boxes stored on floor, shelving secure)	1	
5	All employees are wearing ID badge in plain sight and carrying radios.	1	
6	Secure areas are locked and/or access controlled when not in use. (i.e. utility rooms, offices, class rooms, etc)	1	
7	Confidential papers are secure and protected.	1	
8	Are patient rooms free of clutter, debris and excess linens? (i.e. no boxes on floor, clothes not piled in corner) List room # if non-compliant.	1	
9.	Patients have bed and dresser for personal possessions? Mattress on floor is alright.	1	
10.	Units are free of excess staples?	1	
11.	Are staff members belongings secured? (no purse or bags, in office area, if found note location and unit)	1	
12.	Windows are not tampered with, not functioning, or damaged?	1	
Section Score: 10 / 12		Percentage: _____ %	

Infection Control		Score	Comment
1	Gloves are readily available in utility rooms	1	
2	Refrigerator logs maintained and up to date (refrigerator temps are stored on the S drive, temperature folder.	1	
3	Food is not present in medication refrigerator other than what is used in giving medication.	1	
Section Score: 3 / 3		Percentage: 100 %	

Life Safety Management		Score	
1	Are means of egress/exit doors clearly and correctly marked?	1	
2	Exit signs working and arrows pointed in correct direction?	1	
3	Does the fire extinguisher have a current inspection tag?	1	
4	Are safety pins in place?	1	
5	Are fire alarm pull stations accessible?	1	
6	Do fire doors open and security alarms sound?	1	

7	Is fire/smoke doors free of being propped/held wedged open?	1	
8	Sprinkler heads are clear of lint/debris and have 18" clearance especially in storage areas.	1	
9	Means of egress are free of furniture, laundry carts, etc. Halls must have 8' clearance and no items can be hanging from ceiling.	1	
Section Score: 9/9		Percentage: 100 %	

Hazardous Material Waste and Communication		Score	Comment
1	Chemicals stored in appropriate cabinets (i.e. metal)	1	
2	EVS closet is locked when not in use.	1	
3	Chemical containers have appropriate labeling. (i.e. no labels faded or missing)	1	
4	Product labels are not altered or defaced.	1	
5	Personal Protective Equipment is readily available (i.e. gloves)	1	
Section Score: 5/5		Percentage: 100 %	

Emergency Management/Utility Systems		Score	
1	Flash lights work---extra batteries available	1	
2	Two way radios charged and working properly?	1	
3	Weather radio plugged in and alerts when activated?	1	
4	Code Green buttons easily accessible and not blocked.	1	
5	Emergency blankets easily accessible.	1	
6	Red Emergency Management Manual is readily available and up to date?	1	
7	Panel box is not block and is locked?	1	
8	Toilets, faucets and drains working properly? No apparent leaks.	1	
Section Score: 8/8		Percentage: 100 %	

Medical Equipment Management Plan		Score	
1	Medical Equipment have any frayed cords?	1	
2	Sharps container no more than ¾ full?	1	
3	Medication room is secure when not in use?	1	
4	Code Green buttons easily accessible and not blocked.	1	
5	No open medication containers lying on top of medication cart.	1	
Section Score: 5/5		Percentage: 100 %	

2/10

CRITERIA	RESPONSE	YES	NO
Whose responsibility is it to ensure and promote safety in their work area?	All staff are responsible	X	X
What does a falling star logo mean?	There is a patient that is at high risk for falls.	X	X
What ways can you call for extra help on the unit in case of an emergency?	Call over radio, press code green button, *66	X	X
What is a Code Yellow? Where do you get the checklist?	Bomb Threat, NRC Phone Directory	X	X
NRC has a _____ tolerance for violence from staff and visitors.	ZERO	X	X
How would you report a fire?	Page Code Red, Activate fire pull and call house supervisor.	X	X
What does R.A.C.E. stand for?	Rescue, Alarm, Confine, Evacuate and Extinguish	X	X
Where are your fire exits? What does the red strobe light mean?	Have Staff identify where they are on the unit. FIRE DRILL.	X	X
Where is the emergency kit? and med sled located?	Medication room, Storage Room	X	X
What types of medical equipment are you required to use as part of your normal job responsibility?	Some may not use any- other could use stethoscope, thermometer, O2 concentrator,	X	X
Where are the Crash Carts located?	Room 220 and 1 West	X	X
Where is your red emergency manual located? Where is the SDS Located?	Should be in the nursing office/easily accessible. S Drive	X	X
Who is called if part or all of the Utility Systems failed?	Call 3336, on-call maintenance staff or the maintenance supervisor.	X	X
What steps do you take to have something fixed on the unit by Maintenance?	Fill out Incident Report, Email QA department and Maintenance Supervisor	X	X

TOTAL NUMBER OF QUESTIONS

14

(A)

MINUS N/A

$$\frac{0}{14} \quad (B)$$

$$= \frac{14}{14} \quad (C)$$

$$\times \frac{4}{14} \quad \text{number of employees questioned (D)}$$

Subtotal

$$= \frac{56}{14} \quad (E)$$

Subtract total number of NO answers

$$- \frac{0}{14} \quad (F)$$

$$= \frac{56}{100} \quad (G)$$

Divide (G) by (E) X 100

$$\frac{56}{100} \quad \%$$



W-8 Switch to 423

W-8 water damage  
peeling paint  
New thermostat

W-6 Berkeley faucet  
Berkeley sink

W-4 peeling paint

W-2 paint peeling  
water damage

W-1 new canvas

tech office - outside  
paint

Sanitar closet  
paint peel not  
nearly vent-dirty

South bedrooms  
toilet - 3rd  
- clean  
bathing

Shower  
mildew  
vent dirty  
wall unsealed  
2nd sink close to door  
slow drain  
sprayer dirty

body  
paint

S-1  
New safety vent  
Frame repair  
electrical box covered

S-3  
Frame

S-10  
paint

S-9  
boiler leak

S-11  
paint spots

S-13  
Water damage

S-15  
water damage

S-16  
paint

S-14  
paint ceiling

S-8  
conduit covered

S-4  
Duty floor

S-4  
paint peels

New shade (John)

Safety vent  
broken curtain

S-1  
new shade

Wall next to shower  
- water damage

Shower  
vent under cloud

Humidity stain ceiling

Fire alarm nested

Kitchen

slit metal

paint peels

leak ceiling

Frame inside door

W-9  
paint bubbly

W-11  
Mechanical  
paint peel

N-13 paint

light

N-14  
tight paint vent

rust spot on  
floor

tile missing by N-14

N-10  
discolored  
paint peel ceiling

N-6  
Conduit

new light

W-4  
new light

brushed

part out ceiling

Conduit holes filled in

New shade (John)

N-2  
Safety vent

paint peel

Frame damage

Frame filled in  
on opening

Alcove  
Door band

tech man  
new paint

tech office

toilet had to flush

paint peel b/r  
trim

Small paint chip

S-11  
Paint  
7 days

N-6  
crack w. d.

Detail missing slit  
new curtains

vent cloud

2W

will vent  
N-9  
vent cloud

N-3  
Wall paint

N-6  
door  
under slow drain

prebys on top  
sings

Fridge Bottom  
Sheet  
phone area  
- Exposed pillar  
not painted  
S-11  
Small vent - food



Norfolk Regional Center  
Bi-Annual Environmental Tour Inspection Form

<b>Scoring</b> 0 = Non-Compliant 1 = Compliant
--

Area: 3W  
 Date: 4-25-24

Surveyors Signatures: 

	Safety/Security Management	Score	Comments
1	Are walls in good condition? (i.e. no peeling paint, holes or patches)	0	See notes
2	Are ceiling tiles in place and in good condition? (i.e. no water stains, dirt or mold)	0	See notes
3	Is furniture arranged so area is free from tripping and falling and in good working condition? (no loose screws, torn, etc.)	1	
4	Storage areas are clean and used appropriately? (i.e. free of clutter, no boxes stored on floor, shelving secure)	1	
5	All employees are wearing ID badge in plain sight and carrying radios.	1	
6	Secure areas are locked and/or access controlled when not in use. (i.e. utility rooms, offices, class rooms, etc)	1	
7	Confidential papers are secure and protected.	1	
8	Are patient rooms free of clutter, debris and excess linens? (i.e. no boxes on floor, clothes not piled in corner) List room # if non-compliant.	1	
9.	Patients have bed and dresser for personal possessions? Mattress on floor is alright.	1	
10.	Units are free of excess staples?	1	
11.	Are staff members belongings secured? (no purse or bags, in office area, if found note location and unit)	1	
12.	Windows are not tampered with, not functioning, or damaged?	1	
Section Score: <u>10/12</u>		Percentage: <u>83</u> %	

	Infection Control	Score	Comment
1	Gloves are readily available in utility rooms	1	
2	Refrigerator logs maintained and up to date (refrigerator temps are stored on the S drive, temperature folder.	1	
3	Food is not present in medication refrigerator other than what is used in giving medication.	1	
Section Score: <u>3/3</u>		Percentage: <u>100</u> %	

	Life Safety Management	Score	
1	Are means of egress/exit doors clearly and correctly marked?	1	
2	Exit signs working and arrows pointed in correct direction?	1	
3	Does the fire extinguisher have a current inspection tag?	1	
4	Are safety pins in place?	1	
5	Are fire alarm pull stations accessible?	1	
6	Do fire doors open and security alarms sound?	1	

7	Is fire/smoke doors free of being propped/held wedged open?	1	
8	Sprinkler heads are clear of lint/debris and have 18" clearance especially in storage areas.	1	
9	Means of egress are free of furniture, laundry carts, etc. Halls must have 8' clearance and no items can be hanging from ceiling.	1	
Section Score: 9/9		Percentage: 100%	

Hazardous Material Waste and Communication		Score	Comment
1	Chemicals stored in appropriate cabinets (i.e. metal)	1	
2	EVS closet is locked when not in use.	1	
3	Chemical containers have appropriate labeling. (i.e. no labels faded or missing)	1	
4	Product labels are not altered or defaced.	1	
5	Personal Protective Equipment is readily available (i.e. gloves)	1	
Section Score: 5/5		Percentage: 100%	

Emergency Management/Utility Systems		Score	
1	Flash lights work---extra batteries available	1	
2	Two way radios charged and working properly?	1	
3	Weather radio plugged in and alerts when activated?	1	
4	Code Green buttons easily accessible and not blocked.	1	
5	Emergency blankets easily accessible.	1	
6	Red Emergency Management Manual is readily available and up to date?	1	
7	Panel box is not block and is locked?	1	
8	Toilets, faucets and drains working properly? No apparent leaks.	1	
Section Score: 8/8		Percentage: 100%	

Medical Equipment Management Plan		Score	
1	Medical Equipment have any frayed cords?	1	
2	Sharps container no more than ¾ full?	1	
3	Medication room is secure when not in use?	1	
4	Code Green buttons easily accessible and not blocked.	1	
5	No open medication containers lying on top of medication cart.	1	
Section Score: 5/5		Percentage: 100%	



3W

CRITERIA		RESPONSE	YES				NO			
Whose responsibility is it to ensure and promote safety in their work area?		ALL staff are responsible	X	X	X	X				
What does a failing star logo mean?		There is a patient that is at high risk for falls.	X	X	X	X				
What ways can you call for extra help on the unit in case of an emergency?		Call over radio, press code green button, *66	X	X	X	X				
What is a Code Yellow? Where do you get the checklist?		Bomb Threat, NRC Phone Directory	X	X	X	X				
NRC has a _____ tolerance for violence from staff and visitors.		ZERO	X	X	X	X				
How would you report a fire?		Page Code Red, Activate fire pull and call house supervisor.	X	X	X	X				
What does R.A.C.E. stand for?		Rescue, Alarm, Confine, Evacuate and Extinguish	X	X	X	X				
Where are your fire exits? What does the red strobe light mean?		Have Staff identify where they are on the unit. FIRE DRILL.	X	X	X	X				
Where is the emergency kit? and med sled located?		Medication room, Storage Room	X	X	X	X				
What types of medical equipment are you required to use as part of your normal job responsibility?		Some may not use any- other could use stethoscope, thermometer, O2 concentrator,	X	X	X	X				
Where are the Crash Carts located?		Room 220 and 1 West	X	X	X	X				
Where is your red emergency manual located? Where is the SDS Located?		Should be in the nursing office/easily accessible. S Drive	X	X	X	X				X
Who is called if part or all of the Utility Systems failed?		Call 3336, on-call maintenance staff or the maintenance supervisor.	X	X	X	X				
What steps do you take to have something fixed on the unit by Maintenance?		Fill out Incident Report, Email QA department and Maintenance Supervisor	X	X	X	X				

TOTAL NUMBER OF QUESTIONS 14 (A)

MINUS N/A 0 (B)

= 14 (C)

X 4 number of employees questioned (D)

= 56 (E)

- 3 (F)

= 53 (G) %

Subtotal

Subtract total number of NO answers

Divide (G) by (E) X 100



Norse office  
- water damage  
- shower  
- rest of conduit  
- outside cleave  
- paint

old hall system  
- remove  
- 5 h. above  
- end gate slow drain

Shower  
paint chip  
- missing vent screw  
- needs cleaned

3rd kitchen  
- needs cleaned underneath

N-3  
Deer sign  
paint chip ceiling

~~Amper vent~~  
~~work - needs changed~~

N-5  
paint light

S-3  
paint ceiling

N-9  
vent cleaned paint

S-5  
paint

N-11  
water damage - East wall

S-13  
paint peel

N-10  
paint peeling ceiling

End entry hall  
- remove or  
cover radiator  
- paint  
- dry h. 11

N-8  
vent painted

~~S-14~~  
~~paint peel~~

N-6  
paint peel

S-14  
paint peel light  
- ceiling

N-4  
paint peel

S-8  
paint peel

N-2  
paint peel

~~dirty~~  
Frame fire

N-1  
fill in screw holes

~~N-1~~  
~~bathtub light~~

N-1  
paint peel  
west hill  
hole in wall - patch

3W





Nebraska State Fire Marshal Agency  
 Boiler Inspection Division  
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 Lincoln, NE 68508  
 Phone: (402) 471-9902, Email: sfm.boilers@nebraska.gov

David Pleiss  
 Chief Boiler Inspector

Scott Cordes  
 State Fire Marshal

**Norfolk Regional Center**  
**ATTN: Kevin Wragge**  
**1700 N Victory Rd**  
**Norfolk, NE 68701-6859**

**07/09/2024**

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Owner 1084254

Location 503411

**Norfolk Regional Center**  
**PO Box 1209**  
**Norfolk, NE 68702-1209**

**Norfolk Regional Center**  
**1700 N Victory Rd**  
**Norfolk, NE 68701-6859**

State ID Number: NE19529  
 Type: FTHT - Firetube Horizontal  
 Last External Inspection: 05/08/2024  
 Expiration Date: 03/31/2025  
 Inspected By: Jacob Scherman  
 Inspecting Agency: Zurich American Insurance  
 Last Internal Inspection: 08/14/2023  
 National Board Number: 16819

Pressure Allowed: 15 PSI  
 Safety-Relief Valves Setting: 15 PSI  
 Manufacturer: Superior Boiler Works  
 Year Built: 2010  
 Print Date: 07/09/2024  
 Next Internal Due Date: 08/14/2025  
 Serial Number: 16819  
 Owner's Equip ID:

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Chief Boiler Inspector

*David Pleiss*

David Pleiss



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Location 503411

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**Norfolk Regional Center**  
**1700 N Victory Rd**  
**Norfolk, NE 68701-6859**

State ID Number: NE19530  
 Type: FTHT - Firetube Horizontal  
 Last External Inspection: 05/08/2024  
 Expiration Date: 03/31/2025  
 Inspected By: Jacob Scherman  
 Inspecting Agency: Zurich American Insurance  
 Last Internal Inspection: 08/14/2023  
 National Board Number: 16818

Pressure Allowed: 15 PSI  
 Safety-Relief Valves Setting: 15 PSI  
 Manufacturer: Superior Boiler Works  
 Year Built: 2010  
 Print Date: 07/09/2024  
 Next Internal Due Date: 08/14/2025  
 Serial Number: 16818  
 Owner's Equip ID:

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Chief Boiler Inspector

David Pleiss



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**07/09/2024**

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Owner 1084254

Location 503411

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**Norfolk, NE 68702-1209**

**Norfolk Regional Center**  
**1700 N Victory Rd**  
**Norfolk, NE 68701-6859**

State ID Number: NE19531  
 Type: FTHT - Firetube Horizontal  
 Last External Inspection: 05/08/2024  
 Expiration Date: 03/31/2025  
 Inspected By: Jacob Scherman  
 Inspecting Agency: Zurich American Insurance  
 Last Internal Inspection: 08/14/2023  
 National Board Number: 16822

Pressure Allowed: 15 PSI  
 Safety-Relief Valves Setting: 15 PSI  
 Manufacturer: Superior Boiler Works  
 Year Built: 2010  
 Print Date: 07/09/2024  
 Next Internal Due Date: 08/14/2025  
 Serial Number: 16822  
 Owner's Equip ID:

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Chief Boiler Inspector

David Pleiss



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11/07/2023

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Owner 1084254

Location 503411

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 PO Box 1209  
 Norfolk, NE 68702-1209

Norfolk Regional Center  
 1700 N Victory Rd  
 Norfolk, NE 68701-6859

State ID Number: NE19529  
 Type: FTHT - Firetube Horizontal  
 Last External Inspection: 02/21/2023  
 Expiration Date: 03/31/2024  
 Inspected By: Michael Hamer  
 Inspecting Agency: BVI&I  
 Last Internal Inspection: 08/14/2023  
 National Board Number: 16819

Pressure Allowed: 15 PSI  
 Safety-Relief Valves Setting: 15 PSI  
 Manufacturer: Superior Boiler Works  
 Year Built: 2010  
 Print Date: 11/07/2023  
 Next Internal Due Date: 08/14/2025  
 Serial Number: 16819  
 Owner's Equip ID:

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Chief Boiler Inspector

*David Pleiss*

David Pleiss





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Owner 1084254

Location 503411

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 Norfolk, NE 68702-1209

Norfolk Regional Center  
 1700 N Victory Rd  
 Norfolk, NE 68701-6859

State ID Number: NE19530  
 Type: FTHT - Firetube Horizontal  
 Last External Inspection: 02/21/2023  
 Expiration Date: 03/31/2024  
 Inspected By: Michael Hamer  
 Inspecting Agency: BVI&I  
 Last Internal Inspection: 08/14/2023  
 National Board Number: 16818

Pressure Allowed: 15 PSI  
 Safety-Relief Valves Setting: 15 PSI  
 Manufacturer: Superior Boiler Works  
 Year Built: 2010  
 Print Date: 11/07/2023  
 Next Internal Due Date: 08/14/2025  
 Serial Number: 16818  
 Owner's Equip ID:

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Chief Boiler Inspector

*David Pleiss*

David Pleiss



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**11/07/2023**

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Owner 1084254

Location 503411

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**Norfolk Regional Center**  
**1700 N Victory Rd**  
**Norfolk, NE 68701-6859**

State ID Number: NE19531  
 Type: FTHT - Firetube Horizontal  
 Last External Inspection: 02/21/2023  
 Expiration Date: 03/31/2024  
 Inspected By: Michael Hamer  
 Inspecting Agency: BVI&I  
 Last Internal Inspection: 08/14/2023  
 National Board Number: 16822

Pressure Allowed: 15 PSI  
 Safety-Relief Valves Setting: 15 PSI  
 Manufacturer: Superior Boiler Works  
 Year Built: 2010  
 Print Date: 11/07/2023  
 Next Internal Due Date: 08/14/2025  
 Serial Number: 16822  
 Owner's Equip ID:

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Chief Boiler Inspector

*David Pleiss*

David Pleiss



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Levi Nelson  
 Chief Boiler Inspector

Scott Cordes  
 State Fire Marshal

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03/10/2023

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Location 503411

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Norfolk Regional Center  
 1700 N Victory Rd  
 Norfolk, NE 68701-6859

State ID Number: NE19527  
 Type: FTVT - Firetube Vertical TB  
 Last External Inspection: 02/21/2023  
 Expiration Date: 03/31/2025  
 Inspected By: Michael Hamer  
 Inspecting Agency: BVI&I  
 Last Internal Inspection:  
 National Board Number: 130082

Pressure Allowed: 150 PSI  
 Safety-Relief Valves Setting: 150 PSI  
 Manufacturer: PVI Industries  
 Year Built: 2010  
 Print Date: 03/10/2023  
 Next Internal Due Date:  
 Serial Number: 130082  
 Owner's Equip ID:

This is to certify that the described unit may be operated at a pressure not to exceed the "Pressure Allowed" as shown. This certificate is valid until the expiration date, another inspection is made, or is withdrawn for cause. Issuance of this certificate does not create liability nor guarantee personal safety. If you have any questions regarding the operation or safety of this unit, contact the owner or the State Chief Boiler Inspector.

Chief Boiler Inspector

Levi Nelson



Nebraska State Fire Marshal Agency  
 Boiler Inspection Division  
 246 S. 14th Street, Suite 1  
 Lincoln, NE 68508  
 Phone: (402) 471-9902, Email: sfm.boilers@nebraska.gov

Levi Nelson  
 Chief Boiler Inspector

Scott Cordes  
 State Fire Marshal

Norfolk Regional Center  
 ATTN: Kevin Wragge  
 1700 N Victory Rd  
 Norfolk, NE 68701-6859

03/10/2023

If you sell, transfer, scrap, disconnect, or relocate this boiler, please notify our office @ (402) 471-9902 or sfm.boilers@nebraska.gov. This certificate shall be posted on or near the unit described. If this unit is exposed to the weather or other possible damage, the certificate may be kept in a central location but shall be available to the inspector or any other legal authority.



Nebraska State Fire Marshal Agency  
 Boiler Inspection Division  
 246 S. 14th Street, Suite 1  
 Lincoln, NE 68508  
 Phone: (402) 471-9902, Email: sfm.boilers@nebraska.gov

Owner 1084254

Location 503411

Norfolk Regional Center  
 PO Box 1209  
 Norfolk, NE 68702-1209

Norfolk Regional Center  
 1700 N Victory Rd  
 Norfolk, NE 68701-6859

State ID Number: NE19528  
 Type: FTVT - Firetube Vertical TB  
 Last External Inspection: 02/21/2023  
 Expiration Date: 03/31/2025  
 Inspected By: Michael Hamer  
 Inspecting Agency: BVI&I  
 Last Internal Inspection:  
 National Board Number: 130083

Pressure Allowed: 150 PSI  
 Safety-Relief Valves Setting: 150 PSI  
 Manufacturer: PVI Industries  
 Year Built: 2010  
 Print Date: 03/10/2023  
 Next Internal Due Date:  
 Serial Number: 130083  
 Owner's Equip ID:

This is to certify that the described unit may be operated at a pressure not to exceed the "Pressure Allowed" as shown. This certificate is valid until the expiration date, another inspection is made, or is withdrawn for cause. Issuance of this certificate does not create liability nor guarantee personal safety. If you have any questions regarding the operation or safety of this unit, contact the owner or the State Chief Boiler Inspector.

Chief Boiler Inspector

Levi Nelson



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Boiler Inspection Division  
246 S. 14th Street, Suite 1  
Lincoln, NE 68508  
Phone: (402) 471-9902, Email: [sfm.boilers@nebraska.gov](mailto:sfm.boilers@nebraska.gov)

Levi Nelson  
Chief Boiler Inspector

Scott Cordes  
State Fire Marshal

Norfolk Regional Center  
ATTN: Kevin Wragge  
1700 N Victory Rd  
Norfolk, NE 68701-6859

03/10/2023

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Boiler Inspection Division  
246 S. 14th Street, Suite 1  
Lincoln, NE 68508  
Phone: (402) 471-9902, Email: [sfm.boilers@nebraska.gov](mailto:sfm.boilers@nebraska.gov)

Owner 1084254

Norfolk Regional Center  
PO Box 1209  
Norfolk, NE 68702-1209

Location 503411


Norfolk Regional Center  
1700 N Victory Rd  
Norfolk, NE 68701-6859

State ID Number: NE19529  
Type: FTHT - Firetube Horizontal  
Last External Inspection: 02/21/2023  
Expiration Date: 03/31/2024  
Inspected By: Michael Hamer  
Inspecting Agency: BVI&I  
Last Internal Inspection: 08/17/2021  
National Board Number: 16819

Pressure Allowed: 15 PSI  
Safety-Relief Valves Setting: 15 PSI  
Manufacturer: Superior Boiler Works  
Year Built: 2010  
Print Date: 03/10/2023  
Next Internal Due Date: 08/17/2023  
Serial Number: 16819  
Owner's Equip ID:

This is to certify that the described unit may be operated at a pressure not to exceed the "Pressure Allowed" as shown. This certificate is valid until the expiration date, another inspection is made, or is withdrawn for cause. Issuance of this certificate does not create liability nor guarantee personal safety. If you have any questions regarding the operation or safety of this unit, contact the owner or the State Chief Boiler Inspector.

Chief Boiler Inspector

  
Levi Nelson



Nebraska State Fire Marshal Agency  
Boiler Inspection Division  
246 S. 14th Street, Suite 1  
Lincoln, NE 68508  
Phone: (402) 471-9902, Email: sfm.boilers@nebraska.gov

Levi Nelson  
Chief Boiler Inspector

Scott Cordes  
State Fire Marshal

Norfolk Regional Center  
ATTN: Kevin Wragge  
1700 N Victory Rd  
Norfolk, NE 68701-6859

03/10/2023

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Nebraska State Fire Marshal Agency  
Boiler Inspection Division  
246 S. 14th Street, Suite 1  
Lincoln, NE 68508  
Phone: (402) 471-9902, Email: sfm.boilers@nebraska.gov

Owner 1084254

Norfolk Regional Center  
PO Box 1209  
Norfolk, NE 68702-1209

Location 503411

Norfolk Regional Center  
1700 N Victory Rd  
Norfolk, NE 68701-6859

State ID Number: NE19530  
Type: FTHT - Firetube Horizontal  
Last External Inspection: 02/21/2023  
Expiration Date: 03/31/2024  
Inspected By: Michael Hamer  
Inspecting Agency: BVI&I  
Last Internal Inspection: 08/17/2021  
National Board Number: 16818

Pressure Allowed: 15 PSI  
Safety-Relief Valves Setting: 15 PSI  
Manufacturer: Superior Boiler Works  
Year Built: 2010  
Print Date: 03/10/2023  
Next Internal Due Date: 08/17/2023  
Serial Number: 16818  
Owner's Equip ID:

This is to certify that the described unit may be operated at a pressure not to exceed the "Pressure Allowed" as shown. This certificate is valid until the expiration date, another inspection is made, or is withdrawn for cause. Issuance of this certificate does not create liability nor guarantee personal safety. If you have any questions regarding the operation or safety of this unit, contact the owner or the State Chief Boiler Inspector.

Chief Boiler Inspector

Levi Nelson



Nebraska State Fire Marshal Agency  
 Boiler Inspection Division  
 246 S. 14th Street, Suite 1  
 Lincoln, NE 68508  
 Phone: (402) 471-9902, Email: sfm.boilers@nebraska.gov

Levi Nelson  
 Chief Boiler Inspector

Scott Cordes  
 State Fire Marshal

Norfolk Regional Center  
 ATTN: Kevin Wragge  
 1700 N Victory Rd  
 Norfolk, NE 68701-6859

03/10/2023

If you sell, transfer, scrap, disconnect, or relocate this boiler, please notify our office @ (402) 471-9902 or sfm.boilers@nebraska.gov. This certificate shall be posted on or near the unit described. If this unit is exposed to the weather or other possible damage, the certificate may be kept in a central location but shall be available to the inspector or any other legal authority.



Nebraska State Fire Marshal Agency  
 Boiler Inspection Division  
 246 S. 14th Street, Suite 1  
 Lincoln, NE 68508  
 Phone: (402) 471-9902, Email: sfm.boilers@nebraska.gov

Owner 1084254

Location 503411

Norfolk Regional Center  
 PO Box 1209  
 Norfolk, NE 68702-1209

Norfolk Regional Center  
 1700 N Victory Rd  
 Norfolk, NE 68701-6859

State ID Number: NE19531  
 Type: FTHT - Firetube Horizontal  
 Last External Inspection: 02/21/2023  
 Expiration Date: 03/31/2024  
 Inspected By: Michael Hamer  
 Inspecting Agency: BVI&I  
 Last Internal Inspection: 08/17/2021  
 National Board Number: 16822

Pressure Allowed: 15 PSI  
 Safety-Relief Valves Setting: 15 PSI  
 Manufacturer: Superior Boiler Works  
 Year Built: 2010  
 Print Date: 03/10/2023  
 Next Internal Due Date: 08/17/2023  
 Serial Number: 16822  
 Owner's Equip ID:

This is to certify that the described unit may be operated at a pressure not to exceed the "Pressure Allowed" as shown. This certificate is valid until the expiration date, another inspection is made, or is withdrawn for cause. Issuance of this certificate does not create liability nor guarantee personal safety. If you have any questions regarding the operation or safety of this unit, contact the owner or the State Chief Boiler Inspector.

Chief Boiler Inspector

Levi Nelson

# NEBRASKA STATE FIRE MARSHAL

## FIRE ALARM TEST REPORT

Acceptance   
Re-acceptance   
Periodic 1  2

Date: 1-11-23

## ELECTRONIC SYSTEMS

P.O. Box 1260 • Hastings, Nebraska 68902-1260  
Telephone (402) 463-0200

CUSTOMER: Norfolk Regional Center  
Address: 1700 N Victory Rd Norfolk, NE 68701  
PREMISES PROTECTED: Heating & Maintenance  
Address: \_\_\_\_\_  
TYPE OF SYSTEM: Fire Alarm MODEL #: XLS-V STANDBY POWER TYPE SLA  
MANUFACTURER: \_\_\_\_\_ SERIAL #: \_\_\_\_\_ TROUBLE BATTERY TYPE Cell  
INSTALLED BY: \_\_\_\_\_ AND VOLTAGE 24VDC

System remotely monitored by: Yes Date 100% smoke calibration performed: \_\_\_\_\_  
Time of inspection: \_\_\_\_\_ Next scheduled: \_\_\_\_\_  
Time inspection completed and system back in service: \_\_\_\_\_ Date 100% heat detection last performed: \_\_\_\_\_  
Smoke Detection Calibration Test method used \_\_\_\_\_ Next scheduled: \_\_\_\_\_

SYSTEM COMPONENTS	TOTAL QUANTITY	# TESTED
Manual Stations.....	5	5
Heat Detectors		
Fixed Temp. Non-Restorable Line Type.....		
Fixed Temp. Non-Restorable Spot Type.....		
Fixed Temp./Rate of Rise/Restorable.....		
Restorable Line Type, Pneumatic.....		
Smoke Detectors		
Functional.....	2	2
Calibrated.....		
Duct Detectors.....	1	1
Waterflow Devices (TIME to ACTIVATE).....	3	3
Supervisory Switches.....	10	10
Audible Devices.....	11	11
Visual Devices.....	11	11
Annunciators.....		
Control Unit		
Lamps and LED's.....	156	156
Fuses.....	3	3
Primary Power Supply.....	1	1
Secondary Supply.....	1	1
Magnetic Hold-open Devices.....		
Fan Relays.....		
Voice Alarm and 2-way phone.....		
Trouble Signals		
Alarm Circuit.....	4	4
Zone Initiating Circuit.....	2	2
Supervisory Signals.....		
Ground Fault.....		
Elevator Controls.....		
Powered Fire and Smoke Dampers.....		

DISCONNECT A.C. POWER AND CHECK SYSTEM ON EMERGENCY POWER  
Did Trouble Signal operate properly? Yes  No  Date: 1/11/23  
Did Alarm Signal operate properly? Yes  No  Date: 1/11/23

BATTERY TEST VOLTAGE UNDER 1 AMPERE TEST LOAD  
Emergency Power Battery Type SLA Test Volts 26.3  
Main Operating Power Type P.S. Test Volts 120VAC

What code is system installed under? NFPA 72  
Is system operating according to code? Yes  
Comments: (Note any known deficiencies here) \_\_\_\_\_  
\_\_\_\_\_

List Current Repairs to System and Date of Repairs \_\_\_\_\_  
(use back if needed) \_\_\_\_\_  
\_\_\_\_\_

INSPECTOR: Matthew Glasscock LICENSE #: RE10 WITNESS: (For acceptance test only)  
Expiration Date: 11/15/26

SUBSCRIBER: Kevin H. Jurg State Fire Marshal

Report shall be submitted to SFM following each inspection test.  
SFM 207

246 So. 14 St.  
Lincoln, NE 68508-1804  
(402) 471-2027

- MAIN OFFICE
- DISTRICT A
- DISTRICT B
- DISTRICT C



# NEBRASKA STATE FIRE MARSHAL

## FIRE ALARM TEST REPORT

Acceptance   
Re-acceptance   
Periodic 1  2

Date: 1-11-23

### ELECTRONIC SYSTEMS

P.O. Box 1260 • Hastings, Nebraska 68902-1260  
Telephone (402) 463-0200

CUSTOMER: Northfolk Regional Center

Address: 1700 N. Victory Rd Northfolk, NE 68701

PREMISES PROTECTED: Building 16

Address: \_\_\_\_\_

TYPE OF SYSTEM: Fire Alarm MODEL #: MXL STANDBY POWER TYPE SA

MANUFACTURER: Electronics SERIAL #: \_\_\_\_\_ TROUBLE BATTERY TYPE Cell

INSTALLED BY: ESJ AND VOLTAGE 24VDC

System remotely monitored by: ST Date 100% smoke calibration performed: \_\_\_\_\_

Time of inspection: \_\_\_\_\_ Next scheduled: \_\_\_\_\_

Time inspection completed and system back in service: \_\_\_\_\_ Date 100% heat detection last performed: \_\_\_\_\_

Smoke Detection Calibration Test method used \_\_\_\_\_ Next scheduled: \_\_\_\_\_

SYSTEM COMPONENTS	TOTAL QUANTITY	# TESTED
Manual Stations	<u>43</u>	<u>43</u>
Heat Detectors		
Fixed Temp. Non-Restorable Line Type		
Fixed Temp. Non-Restorable Spot Type		
Fixed Temp./Rate of Rise/Restorable	<u>44</u>	<u>44</u>
Restorable Line Type, Pneumatic		
Smoke Detectors		
Functional	<u>198</u>	<u>198</u>
Calibrated		
Duct Detectors	<u>3</u>	
Waterflow Devices (TIME to ACTIVATE)		
Supervisory Switches		
Audible Devices	<u>49</u>	<u>49</u>
Visual Devices	<u>16</u>	<u>16</u>
Annunciators	<u>8</u>	<u>8</u>
Control Unit		
Lamps and LED's	<u>29</u>	<u>29</u>
Fuses	<u>1</u>	<u>1</u>
Primary Power Supply	<u>1</u>	<u>1</u>
Secondary Supply	<u>1</u>	<u>1</u>
Magnetic Hold-open Devices	<u>30</u>	<u>30</u>
Fan Relays	<u>22</u>	<u>22</u>
Voice Alarm and 2-way phone		
Trouble Signals		
Alarm Circuit	<u>10</u>	<u>10</u>
Zone Initiating Circuit	<u>309</u>	<u>309</u>
Supervisory Signals		
Ground Fault		
Elevator Controls		
Powered Fire and Smoke Dampers		

#### DISCONNECT A.C. POWER AND CHECK SYSTEM ON EMERGENCY POWER

Did Trouble Signal operate properly?  Yes  No Date: 1/11

Did Alarm Signal operate properly?  Yes  No Date: 1/11

#### BATTERY TEST VOLTAGE UNDER 1 AMPERE TEST LOAD

Emergency Power Battery Type SA Test Volts 26.3

Main Operating Power Type ES Test Volts 120VAC

What code is system installed under? NFPA 72

Is system operating according to code? YES

Comments: (Note any known deficiencies here) \_\_\_\_\_

List Current Repairs to System and Date of Repairs \_\_\_\_\_

(use back if needed) \_\_\_\_\_

INSPECTOR: Matt Grisco LICENSE #: K5415 WITNESS: (For acceptance test only)

Expiration Date: 11/15/26

SUBSCRIBER: Rich Klumpp State Fire Marshal

Report shall be submitted to SFM following each inspection test.

SFM 207

246 So. 14 St.  
Lincoln, NE 68508-1804  
(402) 471-2027

MAIN OFFICE   
DISTRICT A   
DISTRICT B   
DISTRICT C

# NEBRASKA STATE FIRE MARSHAL

DATE: 07/10/2023

## FIRE ALARM TEST REPORT

ACCEPTANCE   
 RE-ACCEPTANCE   
 PERIODIC 1  2

**ELECTRONIC SYSTEMS, INC**

P.O BOX 1260 HASTINGS, NEBRASKA 68902-1260  
 TELEPHONE (402) 463-0200

CUSTOMER: REGIONAL CENTER		
ADDRESS: 1700 N. VICTORY ROAD		NORFOLK, NE 68701
PREMISES PROTECTED: MAINTENANCE SHOP		
ADDRESS:		
TYPE OF SYSTEM: FIRE ALARM	MODEL#: XLS	STANDBY POWER TYPE: SLA
MANUFACTURER: SIEMENS	SERIAL#:	TROUBLE BATTERY TYPE: CELL

SYSTEM REMOTELY MONITORED BY: JCI	DATE 100% SMOKE CALIBRATION
TIME OF INSPECTION: 1:00	NEXT SCHEDULED
TIME INSPECTION COMPLETED: 1:30	DATE 100% HEAT DETECTION TESTED
SMOKE DETECTION CALIBRATION TEST METHOD USED	NEXT SCHEDULED

SYSTEM COMPONENTS	TOTAL	TESTED
MANUAL STATIONS	5	5
HEAT DETECTORS		
FIXED TEMP.NON RESTORABLE LINE		
FIXED TEMP.NON RESTORABLE SPOT		
FIXED TEMP.RATE OF RISE/RESTORE		
RESTORABLE LINE TYPE		
SMOKE DETECTORS		
FUNCTIONAL	2	2
CALIBRATED		
DUCT DETECTORS	1	1
WATERFLOW DEVICES (TIME TO ACTIVATE)	3	3
SUPERVISORY SWITCHES	10	10
AUDIBLE DEVICES	11	11
VISUAL DEVICES	11	11
ANNUNCIATORS		
CONTROL UNIT		
LAMPS AND LED'S	156	156
FUSES	3	3
PRIMARY POWER SUPPLY	1	1
SECONDARY POWER SUPPLY	1	1
MAGNETIC HOLD-OPEN DEVICES		
FAN RELAYS		
VOICE ALARM AND 2-WAY PHONE		
TROUBLE SIGNALS		
ALARM CIRCUIT	4	4
ZONE INITIATING CIRCUIT	4	4
SUPERVISORY SIGNALS		
GROUND FAULT		
ELEVATOR CONTROLS		
POWERED FIRE AND SMOKE DAMPERS		

DISCONNECT A.C. POWER AND CHECK SYSTEM ON EMERGENCY POWER  
 DID TROUBLE SIGNAL OPERATE? YES  
 DID ALARM SIGNAL OPERATE? YES

BATTERY TEST VOLTAGE UNDER 1 AMPERE TEST LOAD  
 EMERGENCY POWER BATTERY TYPE - SLA TEST VOLTS - 26.7  
 MAIN OPERATING POWER TYPE - PS TEST VOLTS - 120VAC

WHAT CODE IS SYSTEM INSTALLED UNDER? NFPA 72  
 IS SYSTEM OPERATING TO CODE? AS INSTALLED UNDER  
 COMMENTS: (NOTE ANY DEFICIENCIES) -

LIST CURRENT REPAIRS TO SYSTEM AND DATE OF REPAIRS -

INSPECTOR: <i>Matt Glasscock</i>	LICENSE#: K40
Matt Glasscock	EXPIRATION DATE: 11/15/2026
SUBSCRIBER: <i>Steve W...</i>	

REPORT SHALL BE REPORTED TO SFM FOLLOWING EACH INSPECTION TEST  
 246 SO. 14TH STREET LINCOLN, NE 68508-1804 (402) 471-2027  
 MAIN OFFICE: \_\_\_\_\_ DISTRICT A: \_\_\_\_\_ DISTRICT B: \_\_\_\_\_ DISTRICT C: \_\_\_\_\_

STATE FIRE MARSHAL

# NEBRASKA STATE FIRE MARSHAL

DATE: 07/10/2023

## FIRE ALARM TEST REPORT

ACCEPTANCE   
 RE-ACCEPTANCE   
 PERIODIC 1  2

**ELECTRONIC SYSTEMS, INC**

P.O BOX 1260 HASTINGS, NEBRASKA 68902-1260  
 TELEPHONE (402) 463-0200

CUSTOMER: REGIONAL CENTER		
ADDRESS: 1700 N. VICTORY RD		NORFOLK, NE 68701
PREMISES PROTECTED: BUILDING 16		
ADDRESS:		
TYPE OF SYSTEM: FIRE ALARM	MODEL#: MXL	STANDBY POWER TYPE: SLA
MANUFACTURER: PYROTRONICS	SERIAL#:	TROUBLE BATTERY TYPE: CELL

SYSTEM REMOTELY MONITORED BY: JCI	DATE 100% SMOKE CALIBRATION
TIME OF INSPECTION: 2:00	NEXT SCHEDULED
TIME INSPECTION COMPLETED: 4:30	DATE 100% HEAT DETECTION TESTED
SMOKE DETECTION CALIBRATION TEST METHOD USED	NEXT SCHEDULED

SYSTEM COMPONENTS	TOTAL	TESTED
MANUAL STATIONS	40	40
HEAT DETECTORS		
FIXED TEMP.NON RESTORABLE LINE		
FIXED TEMP.NON RESTORABLE SPOT		
FIXED TEMP.RATE OF RISE/RESTORE	44	44
RESTORABLE LINE TYPE		
SMOKE DETECTORS		
FUNCTIONAL	198	198
CALIBRATED		
DUCT DETECTORS	5	5
WATERFLOW DEVICES (TIME TO ACTIVATE)		
SUPERVISORY SWITCHES		
AUDIBLE DEVICES	49	49
VISUAL DEVICES	116	116
ANNUNCIATORS	8	8
CONTROL UNIT		
LAMPS AND LED'S	29	29
FUSES		
PRIMARY POWER SUPPLY	1	1
SECONDARY POWER SUPPLY	1	1
MAGNETIC HOLD-OPEN DEVICES	30	30
FAN RELAYS	22	22
VOICE ALARM AND 2-WAY PHONE		
TROUBLE SIGNALS		
ALARM CIRCUIT	10	10
ZONE INITIATING CIRCUIT	304	304
SUPERVISORY SIGNALS		
GROUND FAULT		
ELEVATOR CONTROLS		
POWERED FIRE AND SMOKE DAMPERS		

DISCONNECT A.C. POWER AND CHECK SYSTEM ON EMERGENCY POWER  
 DID TROUBLE SIGNAL OPERATE? YES  
 DID ALARM SIGNAL OPERATE? YES

BATTERY TEST VOLTAGE UNDER 1 AMPERE TEST LOAD  
 EMERGENCY POWER BATTERY TYPE - SLA TEST VOLTS - 26.8  
 MAIN OPERATING POWER TYPE - PS TEST VOLTS - 120VAC  
 PAD - 26.7 PAD - 27.0

WHAT CODE IS SYSTEM INSTALLED UNDER? NFPA 72  
 IS SYSTEM OPERATING TO CODE? AS INSTALLED UNDER  
 COMMENTS: (NOTE ANY DEFICIENCIES) -

LIST CURRENT REPAIRS TO SYSTEM AND DATE OF REPAIRS -

INSPECTOR: <i>Matt Glasscock</i>	LICENSE#: K40
Matt Glasscock	EXPIRATION DATE: 11/15/2026
SUBSCRIBER: <i>David King</i>	

REPORT SHALL BE REPORTED TO SFM FOLLOWING EACH INSPECTION TEST  
 246 SO. 14TH STREET LINCOLN, NE 68508-1804 (402) 491-8027  
 MAIN OFFICE: \_\_\_\_\_ DISTRICT A: \_\_\_\_\_ DISTRICT B: \_\_\_\_\_ DISTRICT C: \_\_\_\_\_

STATE FIRE MARSHAL

### CONVEYANCE COMPLIANCE SHEET

NORFOLK REGIONAL CENTER  
1700 N VICTORY RD

NORFOLK, NE 68701

ELEVATOR NUMBER 4095  
SITE LOCATION #2, BLDG. 16 WEST  
USE PASSENGER  
NUMBER OF LANDINGS 4  
MANUFACTURER KONE  
CAPACITY LBS 4000 FT / MIN 100  
ANNUAL SAFETY TEST DUE  
FIVE YEAR SAFETY TEST DUE  
INSPECTION DATE 12/6/2022 Inspection # 253908

**COMMENTS:**

8.6.1.7.2 (Current relief test records tag/plate for pressure testing 1 year.) - Fail  
Inspector Comments: Must perform annual test. Last tested 03/2021.

When you have complied with the requirements set forth above, date and sign the STATEMENT OF COMPLIANCE below and then scan and email this form to [sfm.conveyances@nebraska.gov](mailto:sfm.conveyances@nebraska.gov)

#### STATEMENT OF COMPLIANCE

On this 24 day of January, 2023, I do hereby state, under the penalties of perjury, that the items identified in this Conveyance Compliance Sheet have been completed and that the unit identified complies with the Nebraska Conveyance Safety Act.

CONVEYANCE CONTRACTOR: \_\_\_\_\_

CONVEYANCE MECHANIC: Richard Agosta  
Print NAME (Required)  
Print Name (Required) 13409

### CONVEYANCE COMPLIANCE SHEET

NORFOLK REGIONAL CENTER  
1700 N VICTORY RD

NORFOLK, NE 68701

ELEVATOR NUMBER	4098		
SITE LOCATION	BLDG 16 EAST		
USE	PASSENGER		
NUMBER OF LANDINGS	4		
MANUFACTURER	DOVER		
CAPACITY LBS	4000	FT / MIN	100
ANNUAL SAFETY TEST DUE			
FIVE YEAR SAFETY TEST DUE			
INSPECTION DATE	12/6/2022	Inspection #	253907

**COMMENTS:**

8.6.1.7.2 (Current relief test records tag/plate for pressure testing 1 year.) - Fail  
Inspector Comments: Last tested 03/2021. Must perform annual test.

When you have complied with the requirements set forth above, date and sign the STATEMENT OF COMPLIANCE below and then scan and email this form to [sfm.conveyances@nebraska.gov](mailto:sfm.conveyances@nebraska.gov)

#### STATEMENT OF COMPLIANCE

On this 24 day of January, 2023, I do hereby state, under the penalties of perjury, that the items identified in this Conveyance Compliance Sheet have been completed and that the unit identified complies with the Nebraska Conveyance Safety Act.

CONVEYANCE CONTRACTOR: \_\_\_\_\_

CONVEYANCE MECHANIC: Rich Agosta  
Print NAME (Required)  
Print Name (Required) 13409

NRC Environmental Inspection Form

Area *RT*

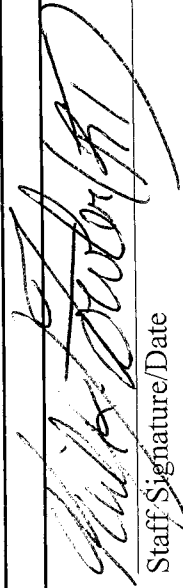
Date: *10/31*

Indicator	Yes	No	NA	Comments	Corrective Action	Date Corrected
<b>Safety</b>						
Area clean, including Pt rooms. Showers/bathrooms free of mold/mildew	✓					
Area well lit/no lights out			✓	<i>After hours, all lights that will off, were well lit.</i>		
Area free of slip/trip hazards	✓					
Unit Restraints accounted for.	✓					
Outlet covers are intact.	✓					
All employees are wearing ID badge in plain sight and carrying radios.	✓					
Electrical panel unobstructed	✓					
<b>Security</b>						
All doors secured/locked	✓					
Window Integrity checked						
Badge Readers are working properly	✓					
Sensitive areas are maintained secure/No unusual activity	✓					
Code Green Buttons Accessible	✓					
Observation computer is working correctly (Logged in and on correct cameras)			✓			
<b>Hazardous Mat.</b>						
EVS utility rooms locked.	✓					
All chemicals are stored properly with appropriate labeling.	✓					
Only hospital approved cleaning supplies in the patient areas.	✓					
<b>Fire</b>						
Fire door/Alarms operable and not obstructed	✓					



✓	No "daisy-chaining" of electrical items.			
✓	Corridors and exits are clear and unobstructed. No items are hung from ceiling or impacting 8' clearance in hallways. Exit signs functioning and pointed in correct direction.			
✓	Fire extinguisher pin in place			
✓	Magnetic doors (in patient area) are latching correctly			
✓	Electrical Panel in staff office is not blocked			
✓	No objects blocking sprinklers		inside	
✓	Decorations are sprayed and tagged		decorations are not marked, unknown if sprayed	
	<b>Facility Safety</b>			
✓	Gates are operable and no issues with perimeter fence.			
✓	Exterior doors are locked and working properly			
	Exterior lights are working (Fire Escape lights)			
	Other issues noted			

Additional Comments:

  
Staff Signature/Date





NRC Environmental Inspection Form

Date: 10-28-23

Area No NA

4<sup>th</sup> Floor

Indicator	Yes	No	NA	Comments	Corrective Action	Date Corrected
<b>Safety</b>						
Area clean, including Pt rooms. Showers/bathrooms free of mold/mildew	✓					
Area well lit/no lights out	✓					
Area free of slip/trip hazards	✓					
Unit Restraints accounted for.	✓					
Outlet covers are intact.	✓					
All employees are wearing ID badge in plain sight and carrying radios.	✓					
Electrical panel unobstructed	✓					
<b>Security</b>						
All doors secured/locked	✓					
Window Integrity checked	✓					
Badge Readers are working properly	✓					
Sensitive areas are maintained secure/No unusual activity	✓					
Code Green Buttons Accessible	✓					
Observation computer is working correctly(Logged in and on correct cameras)	✓					
<b>Hazardous Mat.</b>						
EVS utility rooms locked.	✓					
All chemicals are stored properly with appropriate labeling.	✓					
Only hospital approved cleaning supplies in the patient areas.	✓					
<b>Fire</b>						
Fire door/Alarms operable and not obstructed (Security Alert on Panel)	✓			Date/Time check: System reset completed after each door is opened then closed (1 minute wait time)		

No "daisy-chaining" of electrical items.	✓			
Corridors and exits are clear and unobstructed. No items are hung from ceiling or impacting 8' clearance in hallways. Exit signs functioning and pointed in correct direction.	✓			
Fire extinguisher pin in place	✓			
Magnetic doors (in patient area) are latching correctly	✓			
Electrical Panel in staff office is not blocked	✓			
No objects blocking sprinklers	✓			
Decorations are sprayed and tagged	✓			
<b>Facility Safety</b>				
Gates are operable and no issues with perimeter fence.	✓			
Exterior doors are locked and working properly	✓			
Exterior lights are working (Fire Escape lights)	✓			
Other issues noted		Mens bathroom Shower was hole in ceiling Womens Shower was broken heater.		

**Additional Comments:**

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*James Beaver*  
Staff Signature/Date 10-28-23

NRC Environmental Inspection Form

Date: 10/18/2023 Area 2 East

Indicator	Area			Comments	Corrective Action	Date Corrected
	Yes	No	NA			
<b>Safety</b>						
Area clean, including Pt rooms. Showers/bathrooms free of mold/mildew	✓					
Area well lit/no lights out		✓		South Hallway one light.		
Area free of slip/trip hazards and excess staples	✓					
Unit Restraints accounted for.	✓					
Outlet covers are intact.		✓		On beams in Day Hall patients still try and use.		
All employees are wearing ID badge in plain sight and carrying radios.	✓					
Electrical panel unobstructed	✓					
<b>Security</b>						
All doors secured	✓					
Window Integrity checked	✓					
Badge Readers are working properly	✓					
Sensitive areas are maintained secure/No unusual activity	✓					
Code Green Buttons Accessible	✓					
Other Security Deficiencies			✓			
<b>Hazardous Mat.</b>						
EVS utility rooms locked.	✓					
All chemicals are stored properly with appropriate labeling.	✓					
Only hospital approved cleaning supplies in the patient areas.	✓					
<b>Fire</b>						
Fire door/Alarms operable and not obstructed	✓					
No "daisy-chaining" of electrical items.	✓					

Due to Quality Assurance Department by the 15<sup>th</sup> of each month



Corridors and exits are clear and unobstructed. No items are hung from ceiling or impacting 8' clearance in hallways. Exit signs functioning and pointed in correct direction.	✓				
Fire extinguisher pin in place	✓				
Magnetic doors (in patient area) are latching correctly	✓				
Electrical Panel in staff office is not blocked	✓				
No objects blocking sprinklers	✓				
All seasonal combustible decorations have been treated with fire retardant and are tagged.	✓				
<b>Facility Safety</b>					
Gates are operable and no issues with perimeter fence.	✓				
Exterior doors are locked and working properly	✓				
Exterior lights are working	✓				

**Additional Comments:**

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*Christy* — 10/18/23  
 Staff Signature/Date



NRC Environmental Inspection Form

Date: 10/18/2023 Area 3F04

Indicator	Yes	No	NA	Comments	Corrective Action	Date Corrected
<b>Safety</b>						
Area clean, including Pt rooms. Showers/bathrooms free of mold/mildew						
Area well lit/no lights out	X					
Area free of slip/trip hazards and excess staples	X					
Unit Restraints accounted for.						
Outlet covers are intact.	X					
All employees are wearing ID badge in plain sight and carrying radios.	X					
Electrical panel unobstructed	X					
<b>Security</b>						
All doors secured	X					
Window Integrity checked	X					
Badge Readers are working properly	X					
Sensitive areas are maintained secure/No unusual activity	X					
Code Green Buttons Accessible	X					
Other Security Deficiencies						
<b>Hazardous Mat.</b>						
EVS utility rooms locked.	X					
All chemicals are stored properly with appropriate labeling.	X					
Only hospital approved cleaning supplies in the patient areas.	X					
<b>Fire</b>						
Fire door/Alarms operable and not obstructed	X					
No "daisy-chaining" of electrical items.	X					

Due to Quality Assurance Department by the 15<sup>th</sup> of each month





Corridors and exits are clear and unobstructed. No items are hung from ceiling or impacting 8' clearance in hallways. Exit signs functioning and pointed in correct direction.	X				
Fire extinguisher pin in place	X				
Magnetic doors (in patient area) are latching correctly	X				
Electrical Panel in staff office is not blocked	X				
No objects blocking sprinklers	X				
All seasonal combustible decorations have been treated with fire retardant and are tagged.	X				
<b>Facility Safety</b>					
Gates are operable and no issues with perimeter fence.					
Exterior doors are locked and working properly					
Exterior lights are working					

**Additional Comments:**

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*Carlo Pennell*

Staff Signature/Date



NRC Environmental Inspection Form

Date: /0-15-2023	Area: <i>Dietary</i>			Comments	Corrective Action	Date Corrected
	Indicator	Yes	No NA			
<b>Safety</b>						
Area clean, including Pt rooms. Showers/bathrooms free of mold/mildew	X					
Area well lit/no lights out	X					
Area free of slip/trip hazards	X					
Unit Restraints accounted for.	X			<i>Question on handcuff key - Does dietary need one?</i>		
Outlet covers are intact.	X					
All employees are wearing ID badge in plain sight and carrying radios.	X					
Electrical panel unobstructed	X					
<b>Security</b>						
All doors secured/locked	X					
Window Integrity checked	X					
Badge Readers are working properly	X					
Sensitive areas are maintained secure/No unusual activity	X					
Code Green Buttons Accessible	X					
Observation computer is working correctly (Logged in and on correct cameras)			X			
<b>Hazardous Mat</b>						
EVS utility rooms locked.	X					
All chemicals are stored properly with appropriate labeling.	X					
Only hospital approved cleaning supplies in the patient areas.	X					
<b>Fire</b>						
Fire door/Alarms operable and not obstructed	X					

No "daisy-chaining" of electrical items.	X				
Corridors and exits are clear and unobstructed. No items are hung from ceiling or impacting 8' clearance in hallways. Exit signs functioning and pointed in correct direction.	X				
Fire extinguisher pin in place	X				
Magnetic doors (in patient area) are latching correctly	X				
Electrical Panel in staff office is not blocked	X				
No objects blocking sprinklers	X				
Decorations are sprayed and tagged		X		unsure if decorations are sprayed - not tagged	
<b>Facility Safety</b>					
Gates are operable and no issues with perimeter fence.			X		
Exterior doors are locked and working properly	X				
Exterior lights are working (Fire Escape lights)			X		
Other issues noted	X			hand cuff keys for restraint cuffs?	

**Additional Comments:**

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 Staff Signature/Date 10-13-2023

NRC Environmental Inspection Form

3 West

Date: 10-3-23

Indicator	Area			Comments	Corrective Action	Date Corrected
	Yes	No	NA			
<b>Safety</b>						
Area clean, including Pt rooms. Showers/bathrooms free of mold/mildew	✓			vents dirty		
Area well lit/no lights out	✓			multiple lights out in nurses office ballast (2)		
Area free of slip/trip hazards	✓					
Unit Restraints accounted for.	✓					
Outlet covers are intact.	✓					
All employees are wearing ID badge in plain sight and carrying radios.	✓					
Electrical panel unobstructed	✓					
<b>Security</b>						
All doors secured/locked	✓					
Window Integrity checked	✓					
Badge Readers are working properly	✓					
Sensitive areas are maintained secure/No unusual activity	✓					
Code Green Buttons Accessible	✓					
Observation computer is working correctly (Logged in and on correct cameras)	✓			Camera timed out from time to time (Blue screen with error message)		
<b>Hazardous Mat.</b>						
EVS utility rooms locked.	✓					
All chemicals are stored properly with appropriate labeling.	✓					
Only hospital approved cleaning supplies in the patient areas.	✓					
<b>Fire</b>						
Fire door/Alarms operable and not obstructed	✓					



No "daisy-chaining" of electrical items.	✓				
Corridors and exits are clear and unobstructed. No items are hung from ceiling or impacting 8' clearance in hallways. Exit signs functioning and pointed in correct direction.	✓				
Fire extinguisher pin in place	✓				
Magnetic doors (in patient area) are latching correctly	✓				
Electrical Panel in staff office is not blocked	✓				
No objects blocking sprinklers	✓				
Decorations are sprayed and tagged	✓				
<b>Facility Safety</b>					
Gates are operable and no issues with perimeter fence.	✓				
Exterior doors are locked and working properly	✓				
Exterior lights are working (Fire Escape lights)	✓				
Other issues noted	✓				

Additional Comments: JT Room N9 reports cracked light switch (its minor)

*John DeBorja* 10-3-23  
Staff Signature/Date





NRC Environmental Inspection Form

Date: 10-2-23

Area

2 West

Indicator	Yes	No	NA	Comments	Corrective Action	Date Corrected
<b>Safety</b>						
Area clean, including Pt rooms. Showers/bathrooms free of mold/mildew	✓			over head units need cleaning in day hall, bathroom, and rooms		
Area well lit/no lights out	✓			missing bulbs in staff observation office		
Area free of slip/trip hazards	✓					
Unit Restraints accounted for.	✓					
Outlet covers are intact.	✓			staff breakrooms broke off		
All employees are wearing ID badge in plain sight and carrying radios.	✓					
Electrical panel unobstructed	✓					
<b>Security</b>						
All doors secured/locked	✓					
Window Integrity checked	✓			1 reg, 1 yellow, 1 tactical, 1 leather belt, 2 Blues, 2 reds		
Badge Readers are working properly	✓			could get painted around reader		
Sensitive areas are maintained secure/No unusual activity	✓					
Code Green Buttons Accessible	✓					
Observation computer is working correctly (Logged in and on correct cameras)	✓			cameras lagging behind sometimes		
<b>Hazardous Mat.</b>						
EVS utility rooms locked.	✓					
All chemicals are stored properly with appropriate labeling.	✓					
Only hospital approved cleaning supplies in the patient areas.	✓					
<b>Fire</b>						
Fire door/Alarms operable and not obstructed	✓					



No "daisy-chaining" of electrical items.	✓					
Corridors and exits are clear and unobstructed. No items are hung from ceiling or impacting 8' clearance in hallways. Exit signs functioning and pointed in correct direction.	✓					
Fire extinguisher pin in place	✓					
Magnetic doors (in patient area) are latching correctly	✓					
Electrical Panel in staff office is not blocked	✓					
No objects blocking sprinklers	✓					
Decorations are sprayed and tagged	✓					
<b>Facility Safety</b>						
Gates are operable and no issues with perimeter fence.	✓					
Exterior doors are locked and working properly	✓					
Exterior lights are working (Fire Escape lights)	✓					
Other issues noted	✓				Breakroom cover still off thermostat, light out in nurses office some table laminate peeling up	

Additional Comments:

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*[Signature]* RT/MHS 10-3-23  
Staff Signature/Date





13002 I St. Omaha, NE 68137

Contact Information  
 Phone 402-556-6100  
 Online Bill Pay Available  
 www.gfsomaha.com

Invoice Date	1/24/2023	Invoice Number	367462
Bill To:		Job Location:	
Norfolk Regional Center 1700 N Victory Rd Norfolk, NE 68701		Norfolk Regional Center 1700 North Victory Road Norfolk, NE 68701	

P.O. Number	Due Date	Terms	Project
1206304 09	2/23/2023	Net 30	Norfolk Regional Center

Item	Description	Qty	Rate	Amount
EXT-1003	*Annual Portable Fire Extinguisher Inspection in accordance with NFPA 10	1	65.00	65.00
EXT-1076	Area Rate - Extinguisher	1	65.00	65.00
EXT-1034	New 10lb ABC Extinguisher	8	115.00	920.00
EXT-1037	New 5lb ABC Extinguisher	12	79.00	948.00
EXT-1009	10lb ABC/BC/PK 6 Year Maintenance	4	30.00	120.00
EXT-1057	Verification of Service Collar	4	2.25	9.00
EXT-1140	Valve Stem - Amerex	4	10.00	40.00
EXT-1049	O-ring - Extinguisher	4	3.25	13.00
EXT-1005	Fire Extinguishers Inspected	36	4.75	171.00
	Annual Fire Extinguisher Inspection			

Billing Inquiries? Call 402-556-6100  
**THERE WILL BE A \$30 CHARGE FOR ALL RETURNED CHECKS**  
**10% INTEREST WILL BE ASSESSED ON ALL UNPAID BALANCES AFTER 60 DAYS**

Subtotal	\$2,351.00
Sales Tax (5.5%)	\$0.00
Total	\$2,351.00
Payments/Credits	\$0.00
Balance Due	\$2,351.00

**From Everyone At General Fire and Safety,  
 We Greatly Appreciate Your Continued Business!**

**PLEASE DETACH AND RETURN BOTTOM PORTION WITH PAYMENT**

Invoice Date 1/24/2023 Invoice # 367462

If you prefer your invoices to be emailed, please provide your email address:

Total Balance Due	\$2,351.00
Total Enclosed	

Please Make Checks Payable and Remit To:  
 General Fire and Safety Omaha  
 13002 I Street  
 Omaha, NE 68137

Bill To:  
 Norfolk Regional Center  
 1700 N Victory Rd  
 Norfolk, NE 68701

**APPROVED FOR PAYMENT**  
 Initials KN Date 1-27-23

B/U \_\_\_\_\_  
 P/O \_\_\_\_\_/NONE  
 R.Batch \_\_\_\_\_

548800

# Midwest Automatic Fire Sprinkler Company

4910 'F' Street, Suite #400  
 Omaha, Nebraska 68117  
 402-558-7080 Fax: 402-733-7810

Project Name: Norfolk Reg Center

Number: 2024-922

Location: 700 No Victory Lane

Date: 10-9-24

Bill to: P.O. Box 1209

Travel Expense: \_\_\_\_\_

Address: Norfolk, Ne 68701  
402-370-3220

Equipment Used: Code # 100

Description of Work / Comments: Oct Only

Is work completed? Yes System in Service? Yes

Contract with: Owner  Tenant \_\_\_\_\_ Contractor \_\_\_\_\_

Man hours - Straight time: \_\_\_\_\_ Overtime: \_\_\_\_\_

Quoted: \$ Yes - Cost plus/T & M: \_\_\_\_\_

Quantity	Item	Quantity	Item

I find the above items to be correct and agree to pay for same on presentation of an invoice.

NEBRASKA INSPECTION TAG# \_\_\_\_\_  
 SPIGOT# \_\_\_\_\_  
 BFP# \_\_\_\_\_  
 FIREPUMP# \_\_\_\_\_

Customer: Eric Albin  
 Foreman: [Signature]  
 Date Signed: 10-9-24



# MIDWEST AUTOMATIC FIRE SPRINKLER COMPANY

4910 "F" Street Suite 400  
Omaha, Nebraska 68117  
(402) 558-7090  
Fax (402) 733-7810

1821-1823 Raccoon Street  
Des Moines, Iowa 50317  
(515) 262-9311  
Fax (515) 265-0361

613 East 59th Street  
Davenport, Iowa 52807  
(563) 388-6647  
Fax (563) 388-6646

## Quarterly Report of Inspection, Testing and Maintenance of Fire Sprinkler Systems

Name of Inspected Property: Mid-791 Dorfolk Regional Center

Date: 10-8-24

Inspector Name: B. Merit

Owners Initials:

### Quarterly Inspection for Wet Pipe Sprinkler Systems

	Y	N/A	N
1. System in service on inspection	✓		
2. Hydraulic nameplate attached and legible	✓		
3. Alarm device free from physical damage	✓		
4. FDC is visible	✓		
5. FDC is accessible	✓		
6. FDC swivels/couplings undamaged/rotate smoothly	✓		
7. FDC plugs/caps in place/undamaged	✓		
8. FDC gaskets in place and in good condition	✓		
9. FDC identification sign in place	✓		
10. FDC check valve not leaking	✓		
11. FDC automatic drain valve in place and operating properly	✓		
12. FDC clapper is in place and operating properly	✓		
13. FDC interior inspected where caps missing		✓	
14. FDC obstructions removed as necessary		✓	
15. Pressure reducing control valves (PRV) indicate open		✓	
16. PRV not leaking		✓	
17. PRV maintaining downstream pressure per design		✓	
18. PRV in good condition		✓	
19. PRV handwheel installed and not broken		✓	
20. ALARM PANEL CLEAR		✓	
21. COMMENTS:			

### Quarterly Testing for Wet Pipe Sprinkler Systems

	Y	N/A	N
1. System in service before testing	✓		
2. Pertinent parties notified before testing	✓		
3. Adequate drainage provided before flow testing	✓		
4. Water flow alarm (other than vane type) tested and is operational	✓		
5. Test conducted with inspector's test connection	✓		
6. Test conducted with bypass connection (freezing weather)		✓	
7. Test conducted per manufacturer's instructions	✓		
8. Alarm device appear free of physical damage	✓		
9. Adequate drainage provided before flow testing	✓		
10. A main drain test conducted downstream from backflow preventer	✓		
11. A main drain test conducted downstream from pressure reducing valve			✓
12. Supply water gauge reading before flow		75	psi
13. Gauge reading during stable flow (residual)		65	psi
14. Time for supply pressure to return to normal		1M24	sec
15. Pertinent parties notified of test conclusion	✓		
16. ALARM PANEL CLEAR	✓		
17. SYSTEM RETURNED TO SERVICE	✓		
21. COMMENTS:			

### Quarterly Inspection of Dry Pipe Sprinkler Systems

	Y	N/A	N
1. System in service inspection			
2. Hydraulic nameplate attached and legible			
3. Alarm device free from physical damage			
4. FDC visible			
5. FDC is accessible			
6. FDC swivels/couplings undamaged/rotate smoothly			
7. FDC plugs/caps in place/undamaged			
8. FDC gaskets in place and in good condition			
9. FDC identification sign in place			
10. FDC check valve not leaking			
11. FDC automatic drain valve in place and operating properly			
12. FDC clapper is in place and operating properly			
13. FDC interior inspected where caps are missing			
14. FDC obstructions removed as necessary			
15. Pressure reducing control valves (PRV) indicates open			
16. PRV not leaking			
17. PRV maintaining downstream pressure by design			
18. PRV in good condition			
19. PRV handwheel installed and not broken			
18. ALARM PANEL CLEAR			
19. COMMENTS:			

### Quarterly Testing for Dry Pipe Sprinkler Systems

	Y	N/A	N
1. System in service before testing			
2. Pertinent parties notified before testing			
3. Adequate drainage provided before flow testing			
4. Water flow alarm tested and is operational			
5. Test conducted with inspectors test connection			
6. Test conducted with bypass connection (freezing weather)			
7. Test conducted per manufacturer's instructions			
8. Alarm devices appear free of physical damage			
9. Supervisory switch initiates distinct signal during first two hand wheel revolutions or before valve stem moved one-fifth from normal position (semi-annual)			
10. Signal restored only when valve returned to normal position (semi-annual)			
11. One main drain test conducted downstream from backflow preventer			
12. One main drain test conducted downstream from pressure reducing valve			
13. Supply water gauge reading before flow (static)			psi
14. Gauge reading during stable flow (residual)			psi
15. Time for supply pressure to return to normal			sec
16. Priming water level			
17. Quick opening device(s) (QOD) tested			
18. Low Pressure alarm tested			
19. Pertinent parties notified of test conclusion			
20. ALARM PANEL CLEAR			
21. SYSTEM RETURNED TO SERVICE			
22. COMMENTS			



# Midwest Automatic Fire Sprinkler Company

4910 'F' Street, Suite #400  
 Omaha, Nebraska 68117  
 402-558-7080 Fax: 402-733-7810

Project Name: Norfolk Reg Hedling Plant Number: Dw24-923

Location: 1700 No. Victory Lane Norfolk Ne Date: 10-9-24

Bill to: Same as Travel Expense: \_\_\_\_\_

Address: Norfolk Reg Ctr. Equipment Used: Code #

Description of Work / Comments: October Qtrly.

Is work completed? Yes System in Service? Yes

Contract with: Owner  Tenant \_\_\_\_\_ Contractor \_\_\_\_\_

Man hours - Straight time: \_\_\_\_\_ Overtime: \_\_\_\_\_

Quoted: \$ NO - Cost plus/T & M: \_\_\_\_\_

Quantity	Item	Quantity	Item

I find the above items to be correct and agree to pay for same on presentation of an invoice.

NEBRASKA INSPECTION TAG# \_\_\_\_\_  
 SPIGOT# \_\_\_\_\_  
 BFP# \_\_\_\_\_  
 FIREPUMP# \_\_\_\_\_

Customer: Craig  
 Foreman: [Signature]  
 Date Signed: 10-9-24



# MIDWEST AUTOMATIC FIRE SPRINKLER COMPANY

4910 "F" Street Suite 400  
Omaha, Nebraska 68117  
(402) 556-7080  
Fax (402) 733-7810

1821-1823 Raccoon Street  
Des Moines, Iowa 50317  
(515) 262-9311  
Fax (515) 265-0361

613 East 59th Street  
Davenport, Iowa 52807  
(563) 388-6647  
Fax (563) 388-6646

## Quarterly Report of Inspection, Testing and Maintenance of Fire Sprinkler Systems

MWO-894

DW24-923

Name of Inspected Property:

Norfolk Reg Heating Plant

Date:

10-9-24

Inspector Name:

B. Merritt

Owners Initials:

### Quarterly Inspection for Wet Pipe Sprinkler Systems

	Y	N/A	N
1. System in service on inspection	✓		
2. Hydraulic nameplate attached and legible	✓		
3. Alarm device free from physical damage	✓		
4. FDC is visible	✓		
5. FDC is accessible	✓		
6. FDC swivels/couplings undamaged/rotate smoothly	✓		
7. FDC plugs/caps in place/undamaged	✓		
8. FDC gaskets in place and in good condition	✓		
9. FDC identification sign in place	✓		
10. FDC check valve not leaking	✓		
11. FDC automatic drain valve in place and operating properly	✓		
12. FDC clapper is in place and operating properly	✓		
13. FDC interior inspected where caps missing		✓	
14. FDC obstructions removed as necessary		✓	
15. Pressure reducing control valves (PRV) indicate open		✓	
16. PRV not leaking		✓	
17. PRV maintaining downstream pressure per design		✓	
18. PRV in good condition		✓	
19. PRV handwheel installed and not broken		✓	
20. ALARM PANEL CLEAR			✓
21. COMMENTS:			

### Quarterly Testing for Wet Pipe Sprinkler Systems

	Y	N/A	N
1. System in service before testing	✓		
2. Pertinent parties notified before testing	✓		
3. Adequate drainage provided before flow testing	✓		
4. Water flow alarm (other than vane type) tested and is operational	✓		
5. Test conducted with inspector's test connection	✓		
6. Test conducted with bypass connection (freezing weather)		✓	
7. Test conducted per manufacturer's instructions	✓		
8. Alarm device appear free of physical damage	✓		
9. Adequate drainage provided before flow testing	✓		
10. A main drain test conducted downstream from backflow preventer	✓		
11. A main drain test conducted downstream from pressure reducing valve			✓
12. Supply water gauge reading before flow		75	psi
13. Gauge reading during stable flow (residual)		65	psi
14. Time for supply pressure to return to normal		11m 30s	sec
15. Pertinent parties notified of test conclusion	✓		
16. ALARM PANEL CLEAR	✓		
17. SYSTEM RETURNED TO SERVICE	✓		
21. COMMENTS:			

### Quarterly Inspection of Dry Pipe Sprinkler Systems

	Y	N/A	N
1. System in service inspection			
2. Hydraulic nameplate attached and legible			
3. Alarm device free from physical damage			
4. FDC visible			
5. FDC is accessible			
6. FDC swivels/couplings undamaged/rotate smoothly			
7. FDC plugs/caps in place/undamaged			
8. FDC gaskets in place and in good condition			
9. FDC identification sign in place			
10. FDC check valve not leaking			
11. FDC automatic drain valve in place and operating properly			
12. FDC clapper is in place and operating properly			
13. FDC interior inspected where caps are missing			
14. FDC obstructions removed as necessary			
15. Pressure reducing control valves (PRV) indicates open			
16. PRV not leaking			
17. PRV maintaining downstream pressure by design			
18. PRV in good condition			
19. PRV handwheel installed and not broken			
18. ALARM PANEL CLEAR			
19. COMMENTS:			

### Quarterly Testing for Dry Pipe Sprinkler Systems

	Y	N/A	N
1. System in service before testing			
2. Pertinent parties notified before testing			
3. Adequate drainage provided before flow testing			
4. Water flow alarm tested and is operational			
5. Test conducted with inspectors test connection			
6. Test conducted with bypass connection (freezing weather)			
7. Test conducted per manufacturer's instructions			
8. Alarm devices appear free of physical damage			
9. Supervisory switch initiates distinct signal during first two hand wheel revolutions or before valve stem moved one-fifth from normal position (semi-annual)			
10. Signal restored only when valve returned to normal position (semi-annual)			
11. One main drain test conducted downstream from backflow preventer			
12. One main drain test conducted downstream from pressure reducing valve			
13. Supply water gauge reading before flow (static)			psi
14. Gauge reading during stable flow (residual)			psi
15. Time for supply pressure to return to normal			sec
16. Priming water level			
17. Quick opening device(s) (QOD) tested			
18. Low Pressure alarm tested			
19. Pertinent parties notified of test conclusion			
20. ALARM PANEL CLEAR			
21. SYSTEM RETURNED TO SERVICE			
22. COMMENTS			

# NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES



Jim Pillen, Governor

September 19, 2023

Don Whitmire  
Administrator  
Norfolk Regional Center  
P O Box 1209, 1700 North Victory Rd  
Norfolk, NE 68701-1209

Dear Mr. Whitmire:

An investigative survey was conducted by representatives of the Department on September 7-13, 2023 at Norfolk Regional Center. We are pleased to inform you that your facility is in substantial compliance with Title 175 NAC – Regulations Governing Licensure of Hospitals.

The enclosed form indicates the survey results. Please retain for your files.

The surveyors wish to thank you and your staff for the courtesy and assistance during the survey. If you have any questions, please contact this office.

Sincerely,

Billye Jo Knoell BS, RN, LNC, C.L.S.S.Y.B. – Program Manager RN  
DHHS Public Health – Licensure Unit  
Acute Care Facilities  
PO Box 94669, Lincoln, NE 68509-4669  
Email: [BJ.Knoell@nebraska.gov](mailto:BJ.Knoell@nebraska.gov)

BK/lc

Enclosure: State Form

Nebraska DHHS Licensure Unit

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>520003</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/13/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>NORFOLK REGIONAL CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>P O BOX 1209, 1700 NORTH VICTORY RD NORFOLK, NE 68701</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
I 000	<p>Initial Comments</p> <p>On 9/7/2023 - 9/13/2023, DHHS Public Health representatives conducted a complaint investigation to determine compliance with 175 NAC 9-006.04 and 9-006.04A. The facility was in compliance at the time of the survey.</p>	I 000		

Licensure Unit

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

TITLE

(X6) DATE



# MIDWEST AUTOMATIC FIRE SPRINKLER COMPANY

4910 "F" Street Suite 400  
Omaha, Nebraska 68117  
(402) 558-7080  
Fax (402) 733-7810

1821-1823 Raccoon Street  
Des Moines, Iowa 50317  
(515) 262-9311  
Fax (515) 265-0361

613 East 59th Street  
Davenport, Iowa 52807  
(563) 388-6647  
Fax (563) 388-6648

## Quarterly Report of Inspection, Testing and Maintenance of Fire Sprinkler Systems

MWC-894

Dwa 3-884

Name of Inspected Property: Norfolk Regulating Plant Date: 10-18-23  
Inspector Name: S. Tracy Owners Initials:

### Quarterly Inspection for Wet Pipe Sprinkler Systems

	Y	N/A	N
1. System in service on inspection	X		
2. Hydraulic nameplate attached and legible	X		
3. Alarm device free from physical damage	X		
4. FDC is visible	X		
5. FDC is accessible	X		
6. FDC swivels/couplings undamaged/rotate smoothly	X		
7. FDC plugs/caps in place/undamaged	X		
8. FDC gaskets in place and in good condition	X		
9. FDC identification sign in place	X		
10. FDC check valve not leaking	X		
11. FDC automatic drain valve in place and operating properly	X		
12. FDC clapper is in place and operating properly	X		
13. FDC interior inspected where caps missing		X	
14. FDC obstructions removed as necessary		X	
15. Pressure reducing control valves (PRV) indicate open		X	
16. PRV not leaking		X	
17. PRV maintaining downstream pressure per design		X	
18. PRV in good condition		X	
19. PRV handwheel installed and not broken		X	
20. ALARM PANEL CLEAR	X		
21. COMMENTS:			

### Quarterly Inspection of Dry Pipe Sprinkler Systems

	Y	N/A	N
1. System in service inspection			
2. Hydraulic nameplate attached and legible			
3. Alarm device free from physical damage			
4. FDC visible			
5. FDC is accessible			
6. FDC swivels/couplings undamaged/rotate smoothly			
7. FDC plugs/caps in place/undamaged			
8. FDC gaskets in place and in good condition			
9. FDC identification sign in place			
10. FDC check valve not leaking			
11. FDC automatic drain valve in place and operating properly			
12. FDC clapper is in place and operating properly			
13. FDC interior inspected where caps are missing			
14. FDC obstructions removed as necessary			
15. Pressur reducing control valves (PRV) indicates open			
16. PRV not leaking			
17. PRV maintaining downstream pressure by design			
18. PRV in good condition			
19. PRV handwheel installed and not broken			
18. ALARM PANEL CLEAR			
19. COMMENTS:			

### Quarterly Testing for Wet Pipe Sprinkler Systems

	Y	N/A	N
1. System in service before testing	X		
2. Pertinent parties notified before testing	X		
3. Adequate drainage provided before flow testing	X		
4. Water flow alarm (other tan vane type) tested and is operational	X		
5. Test conducted with inspector's test connection	X		
6. Test conducted with bypass connection (freezing weather)		X	
7. Test conducted per manufacturer's instructions	X		
8. Alarm device appear free of physical damage	X		
9. Adequate drainage provided before flow testing	X		
10. A main drain test conducted downstream from backflow preventer	X		
11. A main drain test conducted downstream from pressure reducing valve		X	
12. Supply water gauge reading before flow			70 psi
13. Gauge reading during stable flow (residual)			60 psi
14. Time for supply pressure to return to normal			2 sec
15. Pertinent parties notified of test conclusion	X		
16. ALARM PANEL CLEAR	X		
17. SYSTEM RETURNED TO SERVICE	X		
21. COMMENTS:			

### Quarterly Testing for Dry Pipe Sprinkler Systems

	Y	N/A	N
1. System in service before testing			
2. Pertinent parties notified before testing			
3. Adequate drainage provided before flow testing			
4. Water flow alarm tested and is operational			
5. Test conducted with inspectors test connection			
6. Test conducted with bypass connection (freezing weather)			
7. Test conducted per manufacturer's instructions			
8. Alarm devices appear free of physical damage			
9. Supervisory switch initiates distinct signal during first two hand wheel revolutions or before valve stem moved one-fifth from normal position (semi-annual)			
10. Signal restored only when valve returned to normal position (semi-annual)			
11. One main drain test conducted downstream from backflow preventer			
12. One main drain test conducted downstream from pressure reducing valve			
13. Supply water gauge reading before flow (static)			psi
14. Gauge reading during stable flow (residual)			psi
15. Time for supply pressure to return to normal			sec
16. Priming water level			
17. Quick opening device(s) (QOD) tested			
18. Low Pressure alarm tested			
19. Pertinent parties notified of test conclusion			
20. ALARM PANEL CLEAR			
21. SYSTEM RETURNED TO SERVICE			
22. COMMENTS			

# Midwest Automatic Fire Sprinkler Company

4910 'F' Street, Suite #400  
 Omaha, Nebraska 68117  
 402-558-7080 Fax: 402-733-7810

Project Name: Norfolk Roof/Leaking Plant Number: DW23-984  
 Location: 1700 No. Victory Lane Date: 10-18-23  
 Bill to: PO Box 1209 Travel Expense: \_\_\_\_\_  
 Address: Norfolk, Ne. 68701 Equipment Used: \_\_\_\_\_  
402-370-3220

Description of Work / Comments: Out Only.

Is work completed? YES System in Service? YES  
 Contract with: Owner \_\_\_\_\_ Tenant \_\_\_\_\_ Contractor \_\_\_\_\_  
 Man hours - Straight time: \_\_\_\_\_ Overtime: \_\_\_\_\_  
 Quoted: \$ NO- Cost plus/T & M: \_\_\_\_\_

Quantity	Item	Quantity	Item

I find the above items to be correct and agree to pay for same on presentation of an invoice.  
**NEBRASKA INSPECTION TAG#**  
 SPIGOT# \_\_\_\_\_ Customer: \_\_\_\_\_  
 BFP# \_\_\_\_\_ Foreman: [Signature]  
 FIREPUMP# \_\_\_\_\_ Date Signed: 10-18-23



# MIDWEST AUTOMATIC FIRE SPRINKLER COMPANY

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Davenport, Iowa 52807  
(563) 388-6647  
Fax (563) 388-6648

## Quarterly Report of Inspection, Testing and Maintenance of Fire Sprinkler Systems

MWO-791

11-18-23 DW23-183

Name of Inspected Property: Norfolk Reg Center

Date: 10-18-23

Inspector Name: S. Tracy

Owners Initials: 8.

### Quarterly Inspection for Wet Pipe Sprinkler Systems

	Y	N/A	N
1. System in service on inspection	X		
2. Hydraulic nameplate attached and legible	X		
3. Alarm device free from physical damage	X		
4. FDC is visible	X		
5. FDC is accessible	X		
6. FDC swivels/couplings undamaged/rotate smoothly	X		
7. FDC plugs/caps in place/undamaged	X		
8. FDC gaskets in place and in good condition	X		
9. FDC identification sign in place	X		
10. FDC check valve not leaking	X		
11. FDC automatic drain valve in place and operating properly	X		
12. FDC clapper is in place and operating properly	X		
13. FDC interior inspected where caps missing		X	
14. FDC obstructions removed as necessary		X	
15. Pressure reducing control valves (PRV) indicate open		X	
16. PRV not leaking		X	
17. PRV maintaining downstream pressure per design		X	
18. PRV in good condition		X	
19. PRV handwheel installed and not broken		X	
20. ALARM PANEL CLEAR	X		
21. COMMENTS:			

### Quarterly Inspection of Dry Pipe Sprinkler Systems

	Y	N/A	N
1. System in service inspection			
2. Hydraulic nameplate attached and legible			
3. Alarm device free from physical damage			
4. FDC visible			
5. FDC is accessible			
6. FDC swivels/couplings undamaged/rotate smoothly			
7. FDC plugs/caps in place/undamaged			
8. FDC gaskets in place and in good condition			
9. FDC identification sign in place			
10. FDC check valve not leaking			
11. FDC automatic drain valve in place and operating properly			
12. FDC clapper is in place and operating properly			
13. FDC interior inspected where caps are missing			
14. FDC obstructions removed as necessary			
15. Pressure reducing control valves (PRV) indicates open			
16. PRV not leaking			
17. PRV maintaining downstream pressure by design			
18. PRV in good condition			
19. PRV handwheel installed and not broken			
18. ALARM PANEL CLEAR			
19. COMMENTS:			

### Quarterly Testing for Wet Pipe Sprinkler Systems

	Y	N/A	N
1. System in service before testing	X		
2. Pertinent parties notified before testing	X		
3. Adequate drainage provided before flow testing	X		
4. Water flow alarm (other than vane type) tested and is operational	X		
5. Test conducted with inspector's test connection	X		
6. Test conducted with bypass connection (freezing weather)		X	
7. Test conducted per manufacturer's instructions	X		
8. Alarm device appear free of physical damage	X		
9. Adequate drainage provided before flow testing	X		
10. A main drain test conducted downstream from backflow preventer	X		
11. A main drain test conducted downstream from pressure reducing valve		X	
12. Supply water gauge reading before flow		20	psi
13. Gauge reading during stable flow (residual)		60	psi
14. Time for supply pressure to return to normal		8	sec
15. Pertinent parties notified of test conclusion	X		
16. ALARM PANEL CLEAR	X		
17. SYSTEM RETURNED TO SERVICE	X		
21. COMMENTS:			

### Quarterly Testing for Dry Pipe Sprinkler Systems

	Y	N/A	N
1. System in service before testing			
2. Pertinent parties notified before testing			
3. Adequate drainage provided before flow testing			
4. Water flow alarm tested and is operational			
5. Test conducted with inspectors test connection			
6. Test conducted with bypass connection (freezing weather)			
7. Test conducted per manufacturer's instructions			
8. Alarm devices appear free of physical damage			
9. Supervisory switch initiates distinct signal during first two hand wheel revolutions or before valve stem moved one-fifth from normal position (semi-annual)			
10. Signal restored only when valve returned to normal position (semi-annual)			
11. One main drain test conducted downstream from backflow preventer			
12. One main drain test conducted downstream from pressure reducing valve			
13. Supply water gauge reading before flow (static)			psi
14. Gauge reading during stable flow (residual)			psi
15. Time for supply pressure to return to normal			sec
16. Priming water level			
17. Quick opening device(s) (QOD) tested			
18. Low Pressure alarm tested			
19. Pertinent parties notified of test conclusion			
20. ALARM PANEL CLEAR			
21. SYSTEM RETURNED TO SERVICE			
22. COMMENTS			

# Midwest Automatic Fire Sprinkler Company

4910 'F' Street, Suite #400  
 Omaha, Nebraska 68117  
 402-558-7080 Fax: 402-733-7810

Project Name: Norfolk Rec Center

Number: DW23-883

Location: 1700 No. Victory Lane

Date: 10-18-23

Bill to: PO Box 1209

Travel Expense: \_\_\_\_\_

Address: Norfolk, Ne. 68701

Equipment Used: Code # 100

402-370-3220

Description of Work / Comments: Out of Order

Is work completed? yes System in Service? yes

Contract with: Owner \_\_\_\_\_ Tenant \_\_\_\_\_ Contractor \_\_\_\_\_

Man hours - Straight time: \_\_\_\_\_ Overtime: \_\_\_\_\_

Quoted: \$ yes - Cost plus/T & M: \_\_\_\_\_

Quantity	Item	Quantity	Item

I find the above items to be correct and agree to pay for same on presentation of an invoice.

NEBRASKA INSPECTION TAG# \_\_\_\_\_  
 SPIGOT# \_\_\_\_\_  
 BFP# \_\_\_\_\_  
 FIREPUMP# \_\_\_\_\_

Customer: \_\_\_\_\_  
 Foreman: [Signature]  
 Date Signed: 10-18-23



Nebraska Rural Water Association

800-842-8039 or 402-443-5216

Fax: 402-443-5274

Email: info@nerwa.org

Website: nerwa.org

4-26-23

Heat Plant 65/50  
2 Tampers  
Flow -.42

Flow sheet

Reg center

1 E. -.51 65/50  
W. -.48

2 E. .47 60/50  
W. .52

3 E. .43 55/45  
W. .46

Riser Room

E. kitchen .26

1.  
2  
3 floor -.29

West Basement

.39  
70/55

# Midwest Automatic Fire Sprinkler Company

4910 'F' Street, Suite #400  
 Omaha, Nebraska 68117  
 402-558-7080 Fax: 402-733-7810

Project Name: Norfolk Reg Heating Plant Number: DW23-248

Location: 1700 No. Victory Lane Date: 4.26.23

Bill to: P.O. Box 1209 Travel Expense: \_\_\_\_\_

Address: Norfolk, Ne. 68701 Equipment Used: \_\_\_\_\_

402-370-3220

Description of Work / Comments: April Only.

Is work completed? YES System in Service? yes

Contract with: Owner \_\_\_\_\_ Tenant \_\_\_\_\_ Contractor \_\_\_\_\_

Man hours - Straight time: \_\_\_\_\_ Overtime: \_\_\_\_\_

Quoted: \$ NO - Cost plus/T & M: \_\_\_\_\_

Quantity	Item	Quantity	Item

I find the above items to be correct and agree to pay for same on presentation of an invoice.

NEBRASKA INSPECTION TAG# \_\_\_\_\_  
 SPIGOT# \_\_\_\_\_  
 BFP# \_\_\_\_\_  
 FIREPUMP# \_\_\_\_\_

Customer: Kevin W. [Signature]  
 Foreman: [Signature]  
 Date Signed: 4.26.23

# Midwest Automatic Fire Sprinkler Company

4910 'F' Street, Suite #400  
 Omaha, Nebraska 68117  
 402-558-7080 Fax: 402-733-7810

Project Name: Norfolk Reg Center

Number: DW23-247

Location: 1700 No. Victory lane

Date: 4.26.23

Bill to: P.O. Box 1209

Travel Expense: \_\_\_\_\_

Address: Norfolk, Ne. 68701

Equipment Used: Code #100

402-370-3220

Description of Work / Comments: April PMing

Is work completed? YES System in Service? YES

Contract with: Owner \_\_\_\_\_ Tenant \_\_\_\_\_ Contractor \_\_\_\_\_

Man hours - Straight time: \_\_\_\_\_ Overtime: \_\_\_\_\_

Quoted: \$ Yes- Cost plus/T & M: \_\_\_\_\_

Quantity	Item	Quantity	Item

I find the above items to be correct and agree to pay for same on presentation of an invoice.

NEBRASKA INSPECTION TAG#  
 SPIGOT# \_\_\_\_\_  
 BFP# \_\_\_\_\_  
 FIREPUMP# \_\_\_\_\_

Customer: Karen Winger  
 Foreman: STJ  
 Date Signed: 4.26.23



# MIDWEST AUTOMATIC FIRE SPRINKLER COMPANY

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Omaha, Nebraska 68117  
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Fax (515) 265-0361

613 East 59th Street  
Davenport, Iowa 52807  
(563) 388-6647  
Fax (563) 388-6648

## Quarterly Report of Inspection, Testing and Maintenance of Fire Sprinkler Systems

Name of Inspected Property: Norfolk Regional Center Date: 4.26.23  
Inspector Name: S. Traub Owners Initials: \_\_\_\_\_

### Quarterly Inspection for Wet Pipe Sprinkler Systems

	Y	N/A	N
1. System in service on inspection	X		
2. Hydraulic nameplate attached and legible	X		
3. Alarm device free from physical damage	X		
4. FDC is visible	X		
5. FDC is accessible	X		
6. FDC swivels/couplings undamaged/rotate smoothly	X		
7. FDC plugs/caps in place/undamaged	X		
8. FDC gaskets in place and in good condition	X		
9. FDC identification sign in place	X		
10. FDC check valve not leaking	X		
11. FDC automatic drain valve in place and operating properly	X		
12. FDC clapper is in place and operating properly	X		
13. FDC interior inspected where caps missing		X	
14. FDC obstructions removed as necessary		X	
15. Pressure reducing control valves (PRV) indicate open		X	
16. PRV not leaking		X	
17. PRV maintaining downstream pressure per design		X	
18. PRV in good condition		X	
19. PRV handwheel installed and not broken		X	
20. ALARM PANEL CLEAR	X		
21. COMMENTS:			

### Quarterly Testing for Wet Pipe Sprinkler Systems

	Y	N/A	N
1. System in service before testing	X		
2. Pertinent parties notified before testing	X		
3. Adequate drainage provided before flow testing	X		
4. Water flow alarm (other than vane type) tested and is operational	X		
5. Test conducted with inspector's test connection	X		
6. Test conducted with bypass connection (freezing weather)		X	
7. Test conducted per manufacturer's instructions	X		
8. Alarm device appear free of physical damage	X		
9. Adequate drainage provided before flow testing	X		
10. A main drain test conducted downstream from backflow preventer	X		
11. A main drain test conducted downstream from pressure reducing valve		X	
12. Supply water gauge reading before flow	70		psi
13. Gauge reading during stable flow (residual)	55		psi
14. Time for supply pressure to return to normal			sec
15. Pertinent parties notified of test conclusion	X		
16. ALARM PANEL CLEAR	X		
17. SYSTEM RETURNED TO SERVICE	X		
21. COMMENTS:			

### Quarterly Inspection of Dry Pipe Sprinkler Systems

	Y	N/A	N
1. System in service inspection			
2. Hydraulic nameplate attached and legible			
3. Alarm device free from physical damage			
4. FDC visible			
5. FDC is accessible			
6. FDC swivels/couplings undamaged/rotate smoothly			
7. FDC plugs/caps in place/undamaged			
8. FDC gaskets in place and in good condition			
9. FDC identification sign in place			
10. FDC check valve not leaking			
11. FDC automatic drain valve in place and operating properly			
12. FDC clapper is in place and operating properly			
13. FDC interior inspected where caps are missing			
14. FDC obstructions removed as necessary			
15. Pressure reducing control valves (PRV) indicate open			
16. PRV not leaking			
17. PRV maintaining downstream pressure by design			
18. PRV in good condition			
19. PRV handwheel installed and not broken			
18. ALARM PANEL CLEAR			
19. COMMENTS:			

### Quarterly Testing for Dry Pipe Sprinkler Systems

	Y	N/A	N
1. System in service before testing			
2. Pertinent parties notified before testing			
3. Adequate drainage provided before flow testing			
4. Water flow alarm tested and is operational			
5. Test conducted with inspectors test connection			
6. Test conducted with bypass connection (freezing weather)			
7. Test conducted per manufacturer's instructions			
8. Alarm devices appear free of physical damage			
9. Supervisory switch initiates distinct signal during first two hand wheel revolutions or before valve stem moved one-fifth from normal position (semi-annual)			
10. Signal restored only when valve returned to normal position (semi-annual)			
11. One main drain test conducted downstream from backflow preventer			
12. One main drain test conducted downstream from pressure reducing valve			
13. Supply water gauge reading before flow (static)			psi
14. Gauge reading during stable flow (residual)			psi
15. Time for supply pressure to return to normal			sec
16. Priming water level			
17. Quick opening device(s) (QOD) tested			
18. Low Pressure alarm tested			
19. Pertinent parties notified of test conclusion			
20. ALARM PANEL CLEAR			
21. SYSTEM RETURNED TO SERVICE			
22. COMMENTS			



# MIDWEST AUTOMATIC FIRE SPRINKLER COMPANY

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613 East 59th Street  
Davenport, Iowa 52807  
(563) 388-6647  
Fax (563) 388-6648

## Quarterly Report of Inspection, Testing and Maintenance of Fire Sprinkler Systems

Name of Inspected Property: Norfolk Regional Wastewater Plant Date: 4-26-23

Inspector Name: S. Tracy Owners Initials: \_\_\_\_\_

### Quarterly Inspection for Wet Pipe Sprinkler Systems

	Y	N/A	N
1. System in service on inspection	X		
2. Hydraulic nameplate attached and legible	X		
3. Alarm device free from physical damage	X		
4. FDC is visible	X		
5. FDC is accessible	X		
6. FDC swivels/couplings undamaged/rotate smoothly	X		
7. FDC plugs/caps in place/undamaged	X		
8. FDC gaskets in place and in good condition	X		
9. FDC identification sign in place	X		
10. FDC check valve not leaking	X		
11. FDC automatic drain valve in place and operating properly	X		
12. FDC clapper is in place and operating properly	X		
13. FDC interior inspected where caps missing		X	
14. FDC obstructions removed as necessary		X	
15. Pressure reducing control valves (PRV) indicate open		X	
16. PRV not leaking		X	
17. PRV maintaining downstream pressure per design		X	
18. PRV in good condition		X	
19. PRV handwheel installed and not broken		X	
20. ALARM PANEL CLEAR	X		
21. COMMENTS:			

### Quarterly Inspection of Dry Pipe Sprinkler Systems

	Y	N/A	N
1. System in service inspection			
2. Hydraulic nameplate attached and legible			
3. Alarm device free from physical damage			
4. FDC visible			
5. FDC is accessible			
6. FDC swivels/couplings undamaged/rotate smoothly			
7. FDC plugs/caps in place/undamaged			
8. FDC gaskets in place and in good condition			
9. FDC identification sign in place			
10. FDC check valve not leaking			
11. FDC automatic drain valve in place and operating properly			
12. FDC clapper is in place and operating properly			
13. FDC interior inspected where caps are missing			
14. FDC obstructions removed as necessary			
15. Pressure reducing control valves (PRV) indicates open			
16. PRV not leaking			
17. PRV maintaining downstream pressure by design			
18. PRV in good condition			
19. PRV handwheel installed and not broken			
18. <b>ALARM PANEL CLEAR</b>			
19. <b>COMMENTS:</b>			

### Quarterly Testing for Wet Pipe Sprinkler Systems

	Y	N/A	N
1. System in service before testing	X		
2. Pertinent parties notified before testing	X		
3. Adequate drainage provided before flow testing	X		
4. Water flow alarm (other than vane type) tested and is operational	X		
5. Test conducted with inspector's test connection	X		
6. Test conducted with bypass connection (freezing weather)		X	
7. Test conducted per manufacturer's instructions	X		
8. Alarm device appear free of physical damage	X		
9. Adequate drainage provided before flow testing	X		
10. A main drain test conducted downstream from backflow preventer	X		
11. A main drain test conducted downstream from pressure reducing valve		X	
12. Supply water gauge reading before flow		65	psi
13. Gauge reading during stable flow (residual)		50	psi
14. Time for supply pressure to return to normal		0	sec
15. Pertinent parties notified of test conclusion	X		
16. ALARM PANEL CLEAR	X		
17. SYSTEM RETURNED TO SERVICE	X		
21. COMMENTS:			

### Quarterly Testing for Dry Pipe Sprinkler Systems

	Y	N/A	N
1. System in service before testing			
2. Pertinent parties notified before testing			
3. Adequate drainage provided before flow testing			
4. Water flow alarm tested and is operational			
5. Test conducted with inspectors test connection			
6. Test conducted with bypass connection (freezing weather)			
7. Test conducted per manufacturer's instructions			
8. Alarm devices appear free of physical damage			
9. Supervisory switch initiates distinct signal during first two hand wheel revolutions or before valve stem moved one-fifth from normal position (semi-annual)			
10. Signal restored only when valve returned to normal position (semi-annual)			
11. One main drain test conducted downstream from backflow preventer			
12. One main drain test conducted downstream from pressure reducing valve			
13. Supply water gauge reading before flow (static)			psi
14. Gauge reading during stable flow (residual)			psi
15. Time for supply pressure to return to normal			sec
16. Priming water level			
17. Quick opening device(s) (QOD) tested			
18. Low Pressure alarm tested			
19. Pertinent parties notified of test conclusion			
20. ALARM PANEL CLEAR			
21. SYSTEM RETURNED TO SERVICE			
22. COMMENTS			

Flow  
142

# MIDWEST *Reg center* AUTOMATIC FIRE SPRINKLER COMPANY

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1216 East 37th Street  
Davenport, Iowa 52807  
(319) 323-0914  
FAX (319) 323-0914

## NEBRASKA STATE FIRE MARSHAL FIRE SPRINKLER INSPECTION

FOR OFFICE USE ONLY  
 DIST A.  
 DIST B.  
 DIST C.  
 MAIN OFC.  
 STATE BLDG.

\*\*\*\*\*  
 LOCATION OF SYSTEM Norfolk Reg Ctr \*TYPE OF SYSTEM DATE OF INSPECTION  
1700 W. Victory Lane \* WET 1-25-28  
Norfolk, Ne 68701 \* DRY TYPE OF OCCUPANCY  
 NAME OF PERSON/COMPANY PERFORMING INSPECTION \* OTHER  
 \*SIGNATURE OF OWNERS REPRESENTATIVE  
 \* Tom Tolson  
 \*SIGNATURE OF SPRINKLER INSPECTOR  
 \* SLT  
 \* LICENSE# 98007  
 \*\*\*\*\*

MIDWEST AUTOMATIC FIRE SPRINKLER CO.  
4910 F STREET SUITE 400  
OMAHA NE 68117

\*\*\*\*\*  
 FORMS INCLUDED WITH THIS COVER SHEET \* TYPE OF INSPECTION  
 CONTRACTORS TEST CERTIFICATION \* [ ] INITIAL ACCEPTANCE OF SYSTEM  
 UNDERGROUND (FORM 85-AB) \* [ ] REINSPECTION DUE TO REMODEL,  
 ABOVEGROUND (FORM 85-AC) \* REPAIR ETC.  
 REPORT OF INSPECTION (SHEET 1+SHEET 2) \*  PERIODIC, ANNUAL INSPECTION  
 DRY PIPE VALVE TRIP TEST  
 \*\*\*\*\*

MAJOR DEFICIENCIES/COMMENTS

Spigot # 07927

BFP # 07928

\*\*\*\*\*  
 SYSTEM IN COMPLIANCE\*\*HAS MINOR DEFICENCIES\*\*HAS MAJOR DEFICIENCIES  
 [ ] [ ]  
 \*\*\*\*\*  
 SEND TO: NEBRASKA STATE FIRE MARSHAL 246 SO.14 LINCOLN, NE. 68508  
 A COPY OF THIS INSPECTION REPORT SHALL BE LEFT ATTACHED TO THE SYSTEM RISER

Inspection Report No. 237

11. Date dry-pipe valve trip tested (control valve partially open) NA (See Trip Test Table which follows.)  
 12. Date dry-pipe valve trip tested (control valve fully open) NA (See Trip Test Table which follows.)  
 13. Date quick-opening device tested NA (See Trip Test Table which follows.)

DRY PIPE OPERATING TEST	DRY VALVE			TRIP TEST TABLE			C.O.D.		
	MAKE		MODEL	SERIAL NO.		MAKE		MODEL	SERIAL NO.
	Time to Trip Thru Test Pipe		Water Pressure	Air Pressure	Trip Point Air Pressure	Time Water Reached Test Outlet		Alarm Operated Properly	
	MIN	SEC	PSI	PSI	PSI	MIN	SEC	YES	NO
Without Q.O.D.									
With Q.O.D.									

14. Date deluge or preaction valve tested NA (See Trip Test Table which follows.)

DELUGE & PREACTION VALVES	TRIP TEST TABLE							
	Operation <input type="checkbox"/> PNEUMATIC <input type="checkbox"/> ELECTRIC <input type="checkbox"/> HYDRAULIC							
	Piping Supervised <input type="checkbox"/> YES <input type="checkbox"/> NO				Detecting media supervised <input type="checkbox"/> YES <input type="checkbox"/> NO			
	Does valve operate from the manual trip and/or remote control stations <input type="checkbox"/> YES <input type="checkbox"/> NO							
	Is there an accessible facility in each circuit for testing <input type="checkbox"/> YES <input type="checkbox"/> NO				Method of testing-circuits			
MAKE	MODEL	Does each circuit operate supervision loss alarm		Does each circuit operate valve release		Maximum time to operate release		
		YES	NO	YES	NO	YES	NO	

15. See Control Valve Maintenance Table.

Control Valve Maintenance Table							Explain Abnormal Condition
Control Valves	Number	Type	Open	Secured	Closed	Signs	
City Connection Control Valve	1	Piv	yes	yes	NO	yes	
Tank Control Valves							
Pump Control Valves							
Sectional Control Valves	18	Blly	yes	yes	NO	yes	
System Control Valves	2	Blly	yes	yes	NO	yes	DCVA
Other Control Valves							

16. Water Flow Test at Sprinkler Riser  
 Water Supply Source:

	Date	City	Tank	Pump
		Test Pipe Location	Size of Test Pipe	Static Pressure
				Residual (Flow) Pressure
Last Water Flow Test	10-26-22	Riser	2"	82
This Water Flow Test	1-25-23	Riser	2"	80

17. Explain any "No" answers and comments: None

18. Adjustments or corrections made during this inspection: None

19. Although these comments are not the result of an engineering review, the following desirable improvements are recommended:

None

Signature: [Signature] Date: 1-25-23

# MIDWEST AUTOMATIC FIRE SPRINKLER CO.

## REPORT OF INSPECTION

Inspection Report No. 237  
Conferred With \_\_\_\_\_

Inspection Contract No. \_\_\_\_\_  
Phone No. \_\_\_\_\_

REPORT TO Norfolk Reg Center BUILDING OR LOCATION \_\_\_\_\_  
STREET 1700 N. Victoria Lane INSPECTOR S. Tracy  
CITY & STATE Norfolk, VA DATE 1-25-23

### Owner's Section (To be answered by Owner or Occupant)

- A. Explain any occupancy hazard changes since the previous inspection. NONE
  - B. Describe fire protection modifications made since last inspection. NONE
  - C. Describe any fires since last inspection. NONE
  - D. When was the system piping last checked for stoppage, corrosion or foreign material? 5-2022
  - E. When was the dry-piping system last checked for proper pitch? NA
  - F. Are dry valves adequately protected from freezing? NA
- Signature Tom Palmer Title Inspector Date 1-25-23

### Inspector's Section (All responses reference current inspection) NA = NOT APPLICABLE

- 1. General
  - a. Is the building occupied?  Yes  No Is occupancy same as previous inspection?  yes  no  NA
  - b. Are all systems in service?  Yes  No
  - c. Is there a minimum of 18 in. (457 mm) clearance between the top of the storage and the sprinkler deflectors?  Yes  No
  - d. Does all electrical heat tape appear to be satisfactory?  Yes  No  NA
  - e. Does the hand hose on the sprinkler system(s) appear to be satisfactory?  Yes  No  NA
- 2. Control Valves (See Item 15.)
  - a. Are all sprinkler system control valves and all other valves in the appropriate open or closed position?  Yes  No
  - b. Are all control valves in the open position locked, sealed or equipped with a tamper switch?  Yes  No
- 3. Water Supplies (See Item 16.)
  - a. Was a water flow test of main drain made at the sprinkler riser(s)?  Yes  No
- 4. Tanks, Pumps, Fire Department Connections
  - a. Are fire pumps, gravity tanks, reservoirs and pressure tanks in good condition and properly maintained?  Yes  No  NA
  - b. Are fire department connections in satisfactory condition, couplings free, caps in place, and check valves tight?  Yes  No  NA  
Are they accessible and visible?  Yes  No  NA
- 5. Wet Systems
  - a. Are cold weather valves (O.S. & Y.) in the appropriate open or closed position?  Yes  No  NA
  - b. Have antifreeze system solutions been tested?  Yes  No  NA
  - c. Were the antifreeze test results satisfactory?  Yes  No  NA
  - d. In areas protected by wet system(s), does the building appear to be properly heated in all areas, including blind attics and perimeter areas where accessible?  Yes  No  NA Do all exterior openings appear to be protected against freezing?  Yes  No  NA
- 6. Dry Systems (See Items 11 to 13.)
  - a. Are dry valve(s) in service?  Yes  No  NA
  - b. Are the air pressures and priming water levels in accordance with the manufacturer's instructions?  Yes  No  NA
  - c. Has the operation of the air or nitrogen supplies been tested?  Yes  No  NA Are they in service?  Yes  No  NA
  - d. Were low points drained during this inspection?  Yes  No  NA
  - e. Did quick-opening devices operate satisfactorily?  Yes  No  NA
  - f. Did the dry valve(s) trip properly during the trip pressure test?  Yes  No  NA
  - g. Did the heating equipment in the dry-pipe valve room(s) operate at the time of inspection?  Yes  No  NA
- 7. Special Systems (See Item 14.)
  - a. Did the deluge or pre-action valves operate properly during testing?  Yes  No  NA
  - b. Did the heat-responsive devices operate properly during testing?  Yes  No  NA
  - c. Did the supervisory devices operate during testing?  Yes  No  NA
- 8. Alarms
  - a. Did water motor(s) and gong(s) test satisfactorily?  Yes  No  NA
  - b. Did electric alarm(s) test satisfactorily?  Yes  No  NA
  - c. Did supervisory alarm service test satisfactorily?  Yes  No  NA

"Flow Switch"  
Time: \_\_\_\_\_ min \_\_\_\_\_ sec.
- 9. Sprinklers
  - a. Are all sprinklers free from corrosion, loading or obstruction to spray discharge?  Yes  No
  - b. Are sprinklers less than 50 years old? (Older sprinklers require sample testing)  Yes  No
  - c. Are quick response and residential sprinklers less than 20 years old? (Older sprinklers require sample testing)  Yes  No
  - d. Is stock of spare sprinklers available?  Yes  No
  - e. Does the exterior condition of sprinkler system appear to be satisfactory?  Yes  No
  - f. Are sprinklers of proper temperature ratings for their locations?  Yes  No

Are all new additions and building changes property protected?  yes  no  NA

all floors  
48  
Flows  
K-.28  
Bw-.46  
1-E-.51  
1-w-.40  
2-E-.49  
2-w-.53  
3-E-.40  
3-w-.41



# MIDWEST Heating Plant

## AUTOMATIC FIRE SPRINKLER COMPANY

4910 "F" Street Suite 400  
Omaha, Nebraska 68117  
(402) 558-7080  
FAX (402) 733-7810

1821-1823 Raccoon Street  
DES MOINES, IOWA 50317  
(515) 262-9311  
FAX (515) 265-0361

1216 East 37th Street  
Davenport, Iowa 52807  
(319) 323-0914  
FAX (319) 323-0914

### NEBRASKA STATE FIRE MARSHAL FIRE SPRINKLER INSPECTION

FOR OFFICE USE ONLY  
 DIST A.  
 DIST B.  
 DIST C.  
 MAIN OFC.  
 STATE BLDG.

\*\*\*\*\*  
 LOCATION OF SYSTEM Norfolk Reg Heating Pl \*TYPE OF SYSTEM DATE OF INSPECTION  
1700 No. Victory Lane \* WET 1-25-24  
Norfolk, Ne. 68701 \* DRY TYPE OF OCCUPANCY  
 \* OTHER Manufact Bldg  
 NAME OF PERSON/COMPANY PERFORMING INSPECTION \*SIGNATURE OF OWNERS REPRESENTATIVE  
 \*  
 \*SIGNATURE OF SPRINKLER INSPECTOR  
 \*  
 \*LICENSE# 98007  
 \*\*\*\*\*

MIDWEST AUTOMATIC FIRE SPRINKLER CO.  
4910 F STREET SUITE 400  
OMAHA NE 68117

\*\*\*\*\*  
 FORMS INCLUDED WITH THIS COVER SHEET \* TYPE OF INSPECTION  
 CONTRACTORS TEST CERTIFICATION \*  INITIAL ACCEPTANCE OF SYSTEM  
 UNDERGROUND (FORM 85-AB) \*  REINSPECTION DUE TO REMODEL,  
 ABOVEGROUND (FORM 85-AC) \* REPAIR ETC.  
 REPORT OF INSPECTION (SHEET 1+SHEET 2) \*  PERIODIC, ANNUAL INSPECTION  
 DRY PIPE VALVE TRIP TEST  
 \*\*\*\*\*

#### MAJOR DEFICIENCIES/COMMENTS

Spigot # 27545

BFP # 31319

\*\*\*\*\*  
SYSTEM IN COMPLIANCE\*\*\*\*HAS MINOR DEFICENCIES\*\*\*\*HAS MAJOR DEFICENCIES  
 [ ] [ ] [ ]

\*\*\*\*\*  
SEND TO: NEBRASKA STATE FIRE MARSHAL 246 SO.14 LINCOLN, NE. 68508  
A COPY OF THIS INSPECTION REPORT SHALL BE LEFT ATTACHED TO THE SYSTEM RISER

# MIDWEST AUTOMATIC FIRE SPRINKLER CO.

## REPORT OF INSPECTION

Inspection Report No. 891  
Conferred With \_\_\_\_\_

Inspection Contract No. \_\_\_\_\_  
Phone No. \_\_\_\_\_

REPORT TO Norfolk Reentrying Plant BUILDING OR LOCATION \_\_\_\_\_  
STREET 1700 No. Victoria Lane INSPECTOR S. Tracy  
CITY & STATE Norfolk, VA DATE 1-25-24

### Owner's Section (To be answered by Owner or Occupant)

- A. Explain any occupancy hazard changes since the previous inspection. None
  - B. Describe fire protection modifications made since last inspection. None
  - C. Describe any fires since last inspection. \_\_\_\_\_
  - D. When was the system piping last checked for stoppage, corrosion or foreign material? 5-2022
  - E. When was the dry-piping system last checked for proper pitch? NA
  - F. Are dry valves adequately protected from freezing? \_\_\_\_\_
- Signature [Signature] Title [Title] Date 1-25-24

### Inspector's Section (All responses reference current inspection) NA = NOT APPLICABLE

- 1. General
  - a. Is the building occupied?  Yes  No Is occupancy same as previous inspection?  yes  no  NA
  - b. Are all systems in service?  Yes  No
  - c. Is there a minimum of 18 in. (457 mm) clearance between the top of the storage and the sprinkler deflectors?  Yes  No
  - d. Does all electrical heat tape appear to be satisfactory?  Yes  No  NA
  - e. Does the hand hose on the sprinkler system(s) appear to be satisfactory?  Yes  No  NA
- 2. Control Valves (See Item 15.)
  - a. Are all sprinkler system control valves and all other valves in the appropriate open or closed position?  Yes  No
  - b. Are all control valves in the open position locked, sealed or equipped with a tamper switch?  Yes  No
- 3. Water Supplies (See Item 16.)
  - a. Was a water flow test of main drain made at the sprinkler riser(s)?  Yes  No
- 4. Tanks, Pumps, Fire Department Connections
  - a. Are fire pumps, gravity tanks, reservoirs and pressure tanks in good condition and properly maintained?  Yes  No  NA
  - b. Are fire department connections in satisfactory condition, couplings free, caps in place, and check valves tight?  Yes  No  NA
  - Are they accessible and visible?  Yes  No  NA
- 5. Wet Systems
  - a. Are cold weather valves (O.S. & Y.) in the appropriate open or closed position?  Yes  No  NA
  - b. Have antifreeze system solutions been tested?  Yes  No  NA
  - c. Were the antifreeze test results satisfactory?  Yes  No  NA
  - d. In areas protected by wet system(s), does the building appear to be properly heated in all areas, including blind attics and perimeter areas where accessible?  Yes  No  NA Do all exterior openings appear to be protected against freezing?  Yes  No  NA
- 6. Dry Systems (See Items 11 to 13.)
  - a. Are dry valve(s) in service?  Yes  No  NA
  - b. Are the air pressures and priming water levels in accordance with the manufacturer's instructions?  Yes  No  NA
  - c. Has the operation of the air or nitrogen supplies been tested?  Yes  No  NA Are they in service?  Yes  No  NA
  - d. Were low points drained during this inspection?  Yes  No  NA
  - e. Did quick-opening devices operate satisfactorily?  Yes  No  NA
  - f. Did the dry valve(s) trip properly during the trip pressure test?  Yes  No  NA
  - g. Did the heating equipment in the dry-pipe valve room(s) operate at the time of inspection?  Yes  No  NA
- 7. Special Systems (See Item 14.)
  - a. Did the deluge or pre-action valves operate properly during testing?  Yes  No  NA
  - b. Did the heat-responsive devices operate properly during testing?  Yes  No  NA
  - c. Did the supervisory devices operate during testing?  Yes  No  NA
- 8. Alarms
  - a. Did water motor(s) and gong(s) test satisfactorily?  Yes  No  NA
  - b. Did electric alarm(s) test satisfactorily?  Yes  No  NA
  - c. Did supervisory alarm service test satisfactorily?  Yes  No  NA

"Flow Switch"  
Time: \_\_\_\_\_ min 00 sec.
- 9. Sprinklers
  - a. Are all sprinklers free from corrosion, loading or obstruction to spray discharge?  Yes  No
  - b. Are sprinklers less than 50 years old? (Older sprinklers require sample testing)  Yes  No
  - c. Are quick response and residential sprinklers less than 20 years old? (Older sprinklers require sample testing)  Yes  No
  - d. Is stock of spare sprinklers available?  Yes  No
  - e. Does the exterior condition of sprinkler system appear to be satisfactory?  Yes  No
  - f. Are sprinklers of proper temperature ratings for their locations?  Yes  No

Are all new additions and building changes property protected?  yes  no  NA

Inspection Report No. \_\_\_\_\_

11. Date dry-pipe valve trip tested (control valve partially open) NA (See Trip Test Table which follows.)  
 12. Date dry-pipe valve trip tested (control valve fully open) \_\_\_\_\_ (See Trip Test Table which follows.)  
 13. Date quick-opening device tested NA (See Trip Test Table which follows.)

DRY PIPE OPERATING TEST		DRY VALVE TRIP TEST TABLE						C.O.D.	
		MAKE	MODEL	SERIAL NO.	MAKE	MODEL	SERIAL NO.	MIN.	SEC.
Without Q.O.D.	Time to Trip Thru Test Pipe	Water Pressure		Air Pressure	Trip Point Air Pressure	Time Water Reached Test Outlet	Alarm Operated Properly		
	MIN.	SEC.	PSI	PSI	PSI	MIN.	SEC.	YES	NO
With Q.O.D.									

14. Date deluge or preaction valve tested NA (See Trip Test Table which follows.)

DELUGE & PREACTION VALVES	TRIP TEST TABLE								
	Operation	<input type="checkbox"/> PNEUMATIC		<input type="checkbox"/> ELECTRIC		<input type="checkbox"/> HYDRAULIC			
	Piping Supervised	<input type="checkbox"/> YES		<input type="checkbox"/> NO		Detecting media supervised		<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Does valve operate from the manual trip and/or remote control stations							<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is there an accessible facility in each circuit for testing					Method of testing circuits				
<input type="checkbox"/> YES <input type="checkbox"/> NO									
MAKE	MODEL	Does each circuit operate supervision loss alarm		Does each circuit operate valve release		Maximum time to operate release			
		YES	NO	YES	NO	YES	NO		

15. See Control Valve Maintenance Table.

Control Valve Maintenance Table							Explain Abnormal Condition
Control Valves	Number	Type	Open	Secured	Closed	Signs	
City Connection Control Valve	1	Piv	yes	yes	NO	yes	
Tank Control Valves							
Pump Control Valves							
Sectional Control Valves							
System Control Valves	2	Bly	yes	yes	NO	yes	DLVA
Other Control Valves							

16. Water Flow Test at Sprinkler Riser  
 Water Supply Source: \_\_\_\_\_

	Date	City	Tank	Static Pressure	Pump
		Test Pipe Location	Size of Test Pipe		
Last Water Flow Test	11-26-22	Riser	2"	70	60
This Water Flow Test	1-25-23	Riser	2"	70	60

17. Explain any "No" answers and comments: NONE

18. Adjustments or corrections made during this inspection: NONE

19. Although these comments are not the result of an engineering review, the following desirable improvements are recommended: NONE

Signature: [Signature] Date: 1-25-23

# Midwest Automatic Fire Sprinkler Company

4910 'F' Street, Suite #400  
Omaha, Nebraska 68117  
402-558-7080 Fax: 402-733-7810

Project Name: Norfolk Regulating Plant Number: D-23-027

Location: 1700 No Victory Lane Date: 1-25-23

Bill to: PO Box 1209 Travel Expense: \_\_\_\_\_

Address: Norfolk, Ne 68701 Equipment Used: \_\_\_\_\_

402-370-3220 \_\_\_\_\_

Description of Work / Comments: Jan Annual

Is work completed? Yes System in Service? Yes

Contract with: Owner \_\_\_\_\_ Tenant \_\_\_\_\_ Contractor \_\_\_\_\_

Man hours - Straight time: \_\_\_\_\_ Overtime: \_\_\_\_\_

Quoted: \$ NO - Cost plus/T & M: \_\_\_\_\_

Quantity	Item	Quantity	Item

I find the above items to be correct and agree to pay for same on presentation of an invoice.

NEBRASKA INSPECTION TAG#

SPIGOT# \_\_\_\_\_

BFP# \_\_\_\_\_

FIREPUMP# \_\_\_\_\_

Customer: Tom Palmer

Foreman: [Signature]

Date Signed: 1-25-24

# Midwest Automatic Fire Sprinkler Company

4910 'F' Street, Suite #400  
 Omaha, Nebraska 68117  
 402-558-7080 Fax: 402-733-7810

Project Name: Norfolk Reg Center

Number: NW23-026

Location: 1700 No. Victory

Date: 1-25-23

Bill to: P.O. Box 1209

Travel Expense: \_\_\_\_\_

Address: Norfolk, No. 68701  
402-370-3220

Equipment Used: Code # 300

Description of Work / Comments: Jan Annual

Is work completed? Yes System in Service? Yes

Contract with: Owner \_\_\_\_\_ Tenant \_\_\_\_\_ Contractor \_\_\_\_\_

Man hours - Straight time: \_\_\_\_\_ Overtime: \_\_\_\_\_

Quoted: \$ Yes- Cost plus/T & M: \_\_\_\_\_

Quantity	Item	Quantity	Item

I find the above items to be correct and agree to pay for same on presentation of an invoice.

NEBRASKA INSPECTION TAG# \_\_\_\_\_  
 SPIGOT# \_\_\_\_\_  
 BFP# \_\_\_\_\_  
 FIREPUMP# \_\_\_\_\_

Customer: Tom Palmer  
 Foreman: [Signature]  
 Date Signed: 1-25-23



# MIDWEST AUTOMATIC FIRE SPRINKLER COMPANY

4910 "F" Street Suite 400  
Omaha, Nebraska 68117  
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Fax (402) 733-7810

1821-1823 Raccoon Street  
Des Moines, Iowa 50317  
(515) 262-9311  
Fax (515) 265-0361

613 East 59th Street  
Davenport, Iowa 52807  
(563) 388-6647  
Fax (563) 388-6648

DW03-542

## Quarterly Report of Inspection, Testing and Maintenance of Fire Sprinkler Systems

muo-893

Name of Inspected Property: Northpark Reg. Heating Plant Date: 7-24-23  
Inspector Name: S. Tracy Owners Initials:

### Quarterly Inspection for Wet Pipe Sprinkler Systems

	Y	N/A	N
1. System in service on inspection	X		
2. Hydraulic nameplate attached and legible	X		
3. Alarm device free from physical damage	X		
4. FDC is visible	X		
5. FDC is accessible	X		
6. FDC swivels/couplings undamaged/rotate smoothly	X		
7. FDC plugs/caps in place/undamaged	X		
8. FDC gaskets in place and in good condition	X		
9. FDC identification sign in place	X		
10. FDC check valve not leaking	X		
11. FDC automatic drain valve in place and operating properly	X		
12. FDC clapper is in place and operating properly	X		
13. FDC interior inspected where caps missing		X	
14. FDC obstructions removed as necessary		X	
15. Pressure reducing control valves (PRV) indicate open		X	
16. PRV not leaking		X	
17. PRV maintaining downstream pressure per design		X	
18. PRV in good condition		X	
19. PRV handwheel installed and not broken		X	
20. ALARM PANEL CLEAR	X		
21. COMMENTS:			

### Quarterly Inspection of Dry Pipe Sprinkler Systems

	Y	N/A	N
1. System in service inspection			
2. Hydraulic nameplate attached and legible			
3. Alarm device free from physical damage			
4. FDC visible			
5. FDC is accessible			
6. FDC swivels/couplings undamaged/rotate smoothly			
7. FDC plugs/caps in place/undamaged			
8. FDC gaskets in place and in good condition			
9. FDC identification sign in place			
10. FDC check valve not leaking			
11. FDC automatic drain valve in place and operating properly			
12. FDC clapper is in place and operating properly			
13. FDC interior inspected where caps are missing			
14. FDC obstructions removed as necessary			
15. Pressure reducing control valves (PRV) indicates open			
16. PRV not leaking			
17. PRV maintaining downstream pressure by design			
18. PRV in good condition			
19. PRV handwheel installed and not broken			
18. ALARM PANEL CLEAR			
19. COMMENTS:			

### Quarterly Testing for Wet Pipe Sprinkler Systems

	Y	N/A	N
1. System in service before testing	X		
2. Pertinent parties notified before testing	X		
3. Adequate drainage provided before flow testing	X		
4. Water flow alarm (other than vane type) tested and is operational	X		
5. Test conducted with inspector's test connection	X		
6. Test conducted with bypass connection (freezing weather)		X	
7. Test conducted per manufacturer's instructions	X		
8. Alarm device appear free of physical damage	X		
9. Adequate drainage provided before flow testing	X		
10. A main drain test conducted downstream from backflow preventer	X		
11. A main drain test conducted downstream from pressure reducing valve	X		
12. Supply water gauge reading before flow			65 psi
13. Gauge reading during stable flow (residual)			45 psi
14. Time for supply pressure to return to normal			sec
15. Pertinent parties notified of test conclusion	X		
16. ALARM PANEL CLEAR	X		
17. SYSTEM RETURNED TO SERVICE	X		
21. COMMENTS:			

### Quarterly Testing for Dry Pipe Sprinkler Systems

	Y	N/A	N
1. System in service before testing			
2. Pertinent parties notified before testing			
3. Adequate drainage provided before flow testing			
4. Water flow alarm tested and is operational			
5. Test conducted with inspectors test connection			
6. Test conducted with bypass connection (freezing weather)			
7. Test conducted per manufacturer's instructions			
8. Alarm devices appear free of physical damage			
9. Supervisory switch initiates distinct signal during first two hand wheel revolutions or before valve stem moved one-fifth from normal position (semi-annual)			
10. Signal restored only when valve returned to normal position (semi-annual)			
11. One main drain test conducted downstream from backflow preventer			
12. One main drain test conducted downstream from pressure reducing valve			
13. Supply water gauge reading before flow (static)			psi
14. Gauge reading during stable flow (residual)			psi
15. Time for supply pressure to return to normal			sec
16. Priming water level			
17. Quick opening device(s) (QOD) tested			
18. Low Pressure alarm tested			
19. Pertinent parties notified of test conclusion			
20. ALARM PANEL CLEAR			
21. SYSTEM RETURNED TO SERVICE			
22. COMMENTS			



# MIDWEST

## AUTOMATIC FIRE SPRINKLER COMPANY

4910 "F" Street Suite 400  
 Omaha, Nebraska 68117  
 (402) 558-7080  
 FAX (402) 733-7810

1821-1823 Raccoon Street  
 DES MOINES, IOWA 50317  
 (515) 262-9311  
 FAX (515) 265-0361

613 East 59th Street  
 Davenport, Iowa 52807  
 (563) 388-6647  
 FAX (563) 388-6648

### BACKFLOW DEVICE TEST REPORT

Customer or Business Name <i>Norfolk Regional - Heating Plant</i>		Contct Person		Phone Number	
Mailing address <i>1700 W. Victory Ln Norfolk NE</i>					
Service Address - if different			Isolation Containment Device Protects Backflow from:		
Date of Test <i>7-24-23</i>	Time	AM PM	Supply Pressure PSI <i>Fire Sprk!</i>		
Type of Assembly <i>DCVA</i>	Manufacturer <i>Watts</i>	Model <i>757</i>	Size <i>4"</i>	Serial No. <i>KJ-1277</i>	
Height off Floor <i>1-0</i> Feet	Protection from: Freezing <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Flooding <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		New <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Installation <input checked="" type="checkbox"/> No
Is device installed according to plumbing code requirements? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Does branch piping exist prior to the meter or containment device? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
DEVICE LOCATION:					

REUCED PRESSURE PRINCIPAL ASSEMBLY	Passed	Failed	REUCED PRESSURE PRINCIPAL ASSEMBLY	Passed	Failed
<b>Initial Test</b>			<b>Final Test After Repair</b>		
1st Check held in direction of flow _____ PSID			1st Check held in direction of flow _____ PSID		
Relief Valve opened at _____ PSID			Relief Valve opened at _____ PSID		
Difference ( 1st check-relief ) _____ PSID			Difference ( 1st check-relief ) _____ PSID		
2nd Check held back pressure			2nd Check held back pressure		
2nd Check held in direction of flow _____ PSID			2nd Check held in direction of flow _____ PSID		
No. 2 Shut-off Valve leak tight			No. 2 Shut-off Valve leak tight		
Failure of any above items require repair					

REUCED PRESSURE PRINCIPAL ASSEMBLY	Passed	Failed	REUCED PRESSURE PRINCIPAL ASSEMBLY	Passed	Failed
<b>Initial Test</b>			<b>Final Test After Repair</b>		
1st Check held in direction of flow <u>1.8</u> PSID	<input checked="" type="checkbox"/>		1st Check held in direction of flow _____ PSID		
2nd Check held back pressure	<input checked="" type="checkbox"/>		2nd Check held back pressure		
2nd Check held in direction of flow <u>1.4</u> PSID	<input checked="" type="checkbox"/>		2nd Check held in direction of flow _____ PSID		
No. 2 Shut-off Valve leak tight			No. 2 Shut-off Valve leak tight		
Failure of any above items require repair					

Repair Comments:

---

**THE ABOVE REPORT IS CERTIFIED TO BE TRUE, ACCURATE AND COMPLETE**

Tested by: <i>Shawn Tracy</i> Print Name Signature	Repaired By: _____ Print Name Signature
Company Name: <b>MIDWEST FIRE SPRINKLER CO.</b> 4910 "F" St. Suite #400 Omaha, NE 68117	Final Test By: _____ Print Name Signature
Registration No.: <i>7690</i> Expiration Date: <i>12-31-23</i>	Date:

*Watts TR9A* Test gauge manufacturer      *133324* Test gauge serial #      *5-16-23* Date calibration verified      *TTT* Accuracy verified by



# MIDWEST AUTOMATIC FIRE SPRINKLER COMPANY

4910 "F" Street Suite 400  
Omaha, Nebraska 68117  
(402) 558-7080  
Fax (402) 733-7810

1821-1823 Raccoon Street  
Des Moines, Iowa 50317  
(515) 262-9311  
Fax (515) 265-0361

613 East 59th Street  
Davenport, Iowa 52807  
(563) 388-6647  
Fax (563) 388-6648

DWA 3-543

## Quarterly Report of Inspection, Testing and Maintenance of Fire Sprinkler Systems

MWO-769

Name of Inspected Property: Amfok Reg Center Date: 7.24.23  
Inspector Name: E Tracy Owners Initials: ST

### Quarterly Inspection for Wet Pipe Sprinkler Systems

	Y	N/A	N
1. System in service on inspection	X		
2. Hydraulic nameplate attached and legible	X		
3. Alarm device free from physical damage	X		
4. FDC is visible	X		
5. FDC is accessible	X		
6. FDC swivels/couplings undamaged/rotate smoothly	X		
7. FDC plugs/caps in place/undamaged	X		
8. FDC gaskets in place and in good condition	X		
9. FDC identification sign in place	X		
10. FDC check valve not leaking	X		
11. FDC automatic drain valve in place and operating properly	X		
12. FDC clapper is in place and operating properly	X		
13. FDC interior inspected where caps missing		X	
14. FDC obstructions removed as necessary		X	
15. Pressure reducing control valves (PRV) indicate open		X	
16. PRV not leaking		X	
17. PRV maintaining downstream pressure per design		X	
18. PRV in good condition		X	
19. PRV handwheel installed and not broken		X	
20. ALARM PANEL CLEAR	X		
21. COMMENTS:			

### Quarterly Inspection of Dry Pipe Sprinkler Systems

	Y	N/A	N
1. System in service inspection			
2. Hydraulic nameplate attached and legible			
3. Alarm device free from physical damage			
4. FDC visible			
5. FDC is accessible			
6. FDC swivels/couplings undamaged/rotate smoothly			
7. FDC plugs/caps in place/undamaged			
8. FDC gaskets in place and in good condition			
9. FDC identification sign in place			
10. FDC check valve not leaking			
11. FDC automatic drain valve in place and operating properly			
12. FDC clapper is in place and operating properly			
13. FDC interior inspected where caps are missing			
14. FDC obstructions removed as necessary			
15. Pressure reducing control valves (PRV) indicates open			
16. PRV not leaking			
17. PRV maintaining downstream pressure by design			
18. PRV in good condition			
19. PRV handwheel installed and not broken			
18. ALARM PANEL CLEAR			
19. COMMENTS:			

### Quarterly Testing for Wet Pipe Sprinkler Systems

	Y	N/A	N
1. System in service before testing	X		
2. Pertinent parties notified before testing	X		
3. Adequate drainage provided before flow testing	X		
4. Water flow alarm (other than vane type) tested and is operational	X		
5. Test conducted with inspector's test connection	X		
6. Test conducted with bypass connection (freezing weather)		X	
7. Test conducted per manufacturer's instructions	X		
8. Alarm device appear free of physical damage	X		
9. Adequate drainage provided before flow testing	X		
10. A main drain test conducted downstream from backflow preventer	X		
11. A main drain test conducted downstream from pressure reducing valve	X		
12. Supply water gauge reading before flow			70 psi
13. Gauge reading during stable flow (residual)			55 psi
14. Time for supply pressure to return to normal			8 sec
15. Pertinent parties notified of test conclusion	X		
16. ALARM PANEL CLEAR	X		
17. SYSTEM RETURNED TO SERVICE	X		
21. COMMENTS:			

### Quarterly Testing for Dry Pipe Sprinkler Systems

	Y	N/A	N
1. System in service before testing			
2. Pertinent parties notified before testing			
3. Adequate drainage provided before flow testing			
4. Water flow alarm tested and is operational			
5. Test conducted with inspectors test connection			
6. Test conducted with bypass connection (freezing weather)			
7. Test conducted per manufacturer's instructions			
8. Alarm devices appear free of physical damage			
9. Supervisory switch initiates distinct signal during first two hand wheel revolutions or before valve stem moved one-fifth from normal position (semi-annual)			
10. Signal restored only when valve returned to normal position (semi-annual)			
11. One main drain test conducted downstream from backflow preventer			
12. One main drain test conducted downstream from pressure reducing valve			
13. Supply water gauge reading before flow (static)			psi
14. Gauge reading during stable flow (residual)			psi
15. Time for supply pressure to return to normal			sec
16. Priming water level			
17. Quick opening device(s) (QOD) tested			
18. Low Pressure alarm tested			
19. Pertinent parties notified of test conclusion			
20. ALARM PANEL CLEAR			
21. SYSTEM RETURNED TO SERVICE			
22. COMMENTS			





# MIDWEST AUTOMATIC FIRE SPRINKLER COMPANY

4910 "F" Street Suite 400  
Omaha, Nebraska 68117  
(402) 558-7080  
FAX (402) 733-7810

1821-1823 Raccoon Street  
DES MOINES, IOWA 50317  
(515) 262-9311  
FAX (515) 265-0361

613 East 59th Street  
Davenport, Iowa 52807  
(563) 388-6647  
FAX (563) 388-6648

BACKFLOW DEVICE TEST REPORT							
Customer or Business Name <i>Norfolk Regional</i>				Contct Person		Phone Number	
Mailing address <i>1700 W Victory Ln Norfolk NE</i>							
Service Address - if different				Isolation Containment Device Protects Backflow from:			
Date of Test <i>7-24-23</i>		Time AM PM		Supply Pressure PSI <i>Fire Sph.</i>			
Type of Assembly <i>DCVA</i>		Manufacturer <i>Watts</i>		Model <i>757</i>	Size <i>4"</i>	Serial No. <i>HC 0763</i>	
Height off Floor <i>3-6"</i> Feet		Protection from: Freezing <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Flooding <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				New <input type="checkbox"/> Yes Installation <input checked="" type="checkbox"/> No	
Is device installed according to plumbing code requirements? <input checked="" type="radio"/> Yes <input type="radio"/> No			Does branch piping exist prior to the meter or containment device? <input type="radio"/> Yes <input checked="" type="radio"/> No				
DEVICE LOCATION:							
<b>REUCED PRESSURE PRINCIPAL ASSEMBLY</b> <b>Initial Test</b>				<b>REUCED PRESSURE PRINCIPAL ASSEMBLY</b> <b>Final Test After Repair</b>			
1st Check held in direction of flow _____ PSID				1st Check held in direction of flow _____ PSID			
Relief Valve opened at _____ PSID				Relief Valve opened at _____ PSID			
Difference ( 1st check-relief ) _____ PSID				Difference ( 1st check-relief ) _____ PSID			
2nd Check held back pressure				2nd Check held back pressure			
2nd Check held in direction of flow _____ PSID				2nd Check held in direction of flow _____ PSID			
No. 2 Shut-off Valve leak tight <small>Failure of any above items require repair</small>				No. 2 Shut-off Valve leak tight			
<b>REUCED PRESSURE PRINCIPAL ASSEMBLY</b> <b>Initial Test</b>				<b>REUCED PRESSURE PRINCIPAL ASSEMBLY</b> <b>Final Test After Repair</b>			
1st Check held in direction of flow <i>2.2</i> PSID				1st Check held in direction of flow _____ PSID			
2nd Check held back pressure				2nd Check held back pressure			
2nd Check held in direction of flow <i>2.8</i> PSID				2nd Check held in direction of flow _____ PSID			
No. 2 Shut-off Valve leak tight <small>Failure of any above items require repair</small>				No. 2 Shut-off Valve leak tight			
Repair Comments:							
<b>THE ABOVE REPORT IS CERTIFIED TO BE TRUE, ACCURATE AND COMPLETE</b>							
Tested by: <i>Shawn Tracy</i> Print Name Signature				Repaired By: _____ Print Name Signature			
Company Name: <b>MIDWEST FIRE SPRINKLER CO.</b> 4910 "F" St. Suite #400 Omaha, NE 68117				Final Test By: _____ Print Name Signature			
Registration No.: <i>7690</i>				Date:			
Expiration Date: <i>12-31-23</i>							

*Watts TK9A*  
Test gauge manufacturer

*133324*  
Test gauge serial #

*5-16-23*  
Date calibration verified

*TII*  
Accuracy verified by



# Midwest Automatic Fire Sprinkler Company

4910 'F' Street, Suite #400  
 Omaha, Nebraska 68117  
 402-558-7080 Fax: 402-733-7810

Project Name: Norfolk Reg Center

Number: 2023-543

Location: 700 No. Victory Lane

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

Bill to: P.O. Box 1209

Travel Expense: \_\_\_\_\_

Address: Norfolk, Ne. 68701

Equipment Used: Code # 100

402-370-3770

Description of Work / Comments: help only

(1) B.F. test

Is work completed? yes System in Service? yes

Contract with: Owner \_\_\_\_\_ Tenant \_\_\_\_\_ Contractor \_\_\_\_\_

Man hours - Straight time: \_\_\_\_\_ Overtime: \_\_\_\_\_

Quoted: \$ 495 Cost plus/T & M: \_\_\_\_\_

Quantity	Item	Quantity	Item

I find the above items to be correct and agree to pay for same on presentation of an invoice.

NEBRASKA INSPECTION TAG#

SPIGOT# \_\_\_\_\_

BFP# \_\_\_\_\_

FIREPUMP# \_\_\_\_\_

Customer: Kevin de Jure

Foreman: [Signature]

Date Signed: 7-24-23

# Midwest Automatic Fire Sprinkler Company

4910 'F' Street, Suite #400  
 Omaha, Nebraska 68117  
 402-558-7080 Fax: 402-733-7810

Project Name: Norfolk Reg. Testing Plant Number: DW23-542  
 Location: 1700 No. Victory Lane Norfolk Date: 7.24.23  
 Bill to: Norfolk Regional Center Travel Expense: \_\_\_\_\_  
 Address: 1700 No. Victory Lane PO Box Equipment Used: \_\_\_\_\_  
Norfolk, No. 68701

402-370-3220  
 Description of Work / Comments: July 24th  
+ (2) B. F. Test

Is work completed? YES System in Service? YES

Contract with: Owner \_\_\_\_\_ Tenant \_\_\_\_\_ Contractor \_\_\_\_\_

Man hours - Straight time: \_\_\_\_\_ Overtime: \_\_\_\_\_

Quoted: \$ NO - Cost plus/T & M: \_\_\_\_\_

Quantity	Item	Quantity	Item

I find the above items to be correct and agree to pay for same on presentation of an invoice.

NEBRASKA INSPECTION TAG#

SPIGOT# \_\_\_\_\_

BFP# \_\_\_\_\_

FIREPUMP# \_\_\_\_\_

Customer: [Signature]

Foreman: [Signature]

Date Signed: 7.24.23

# NRC GENERATOR TESTING

DATE: ~~1~~-25-24 START: 1:15 PM END: 2:23 PM

1. Generator should operate at 30 minutes minimum under operating temperature.
2. Initiating transfer switch ATS5. There are (6) transfer switches at NRC. Each month rotate (1) transfer switch to the right.

Transfer Switch exercised: LS \_\_\_\_\_ EQ3 \_\_\_\_\_ CB1 \_\_\_\_\_ EQ4 \_\_\_\_\_ SB \_\_\_\_\_ LS2 \_\_\_\_\_ ATS1 ATS5

3. Time test started 1:15 PM Transfer time in seconds 8.42
4. Time transfer switch transfer back to normal power 1:20 PM
5. Total time the generator and switches were tested on emergency power 34 minutes
6. Time generator shuts down after cooling 2:23 PM
7. Did outside air and exhaust louvers open? Yes
8. AC Volts PH. A-B 480 AC Amps PH. A 306  
B-C 481 B 308  
A-C 481 C 307
9. Hertz 60.1 Oil Pressure 70 Water Temperature 169
10. Exhaust temperature (right before retransfer) 561°
11. Did outside air and exhaust louvers return to normal position? \_\_\_\_\_
12. Is there evidence of wet stacking (continuous black smoke during run)? No

Signature Rich Klunck

Load Bank Test Start Time 1:40 PM Stop Time 2:15 PM Total Time 34 Minutes

Date 2-22-2024 Start 2:23 PM End 2:25 PM

1. Generator should operate at least 30 minutes minimum under operating temperature.
2. Initiating transfer switch LS. There's (8) transfer switches at NRC. Each month rotate (1) transfer switch.

Transfer switch exercised:

LS  EQ3 \_\_\_\_\_ CB1 \_\_\_\_\_ EQ4 \_\_\_\_\_ SB \_\_\_\_\_ LS2 \_\_\_\_\_ ATS1 \_\_\_\_\_ ATS5 \_\_\_\_\_

3. Time test started 2:23 Transfer time in seconds 8.5
4. Time transfer switch transfers back to normal power 2:25 PM
5. Total time the generator and switches were tested on emergency power 35 minutes
6. Time generator shuts down after cooling 3:16 PM
7. Did outside air and exhaust louvers open? Yes
8. AC Volts PH. A-B 480 AC Amps PH. A 313  
B-C 479 B 312  
A-C 480 C 310
9. Hertz 60.1 Oil Pressure 70 Water Temperature 165°
10. Exhaust temperature (right before retransfer) 583°
11. Did outside air and exhaust louvers return to normal position. Yes
12. Is there evidence of wet stacking (continuous black smoke during running)? No
13. Check oil level  Check coolant level  Check charger voltage 27 Volts
14. Load bank test. Start time 2:35 PM Stop time 3:10 PM Total time 35 minutes

Signature

Rich Klumpp

Date 3-19-24 Start 240 PM End 320 PM

1. Generator should operate at least 30 minutes minimum under operating temperature.
2. Initiating transfer switch EQ3. There's (8) transfer switches at NRC. Each month rotate (1) transfer switch.

Transfer switch exercised:

LS \_\_\_\_\_ EQ3  CB1 \_\_\_\_\_ EQ4 \_\_\_\_\_ SB \_\_\_\_\_ LS2 \_\_\_\_\_ ATS1 \_\_\_\_\_ ATS5 \_\_\_\_\_

3. Time test started 807 Transfer time in seconds 7.91
4. Time transfer switch transfers back to normal power 809.
5. Total time the generator and switches were tested on emergency power 31 mins.
6. Time generator shuts down after cooling 8 mins.
7. Did outside air and exhaust louvers open? yes
8. AC Volts PH. A-B 479 AC Amps PH. A 305  
B-C 479 B 306  
A-C 481 C 306
9. Hertz 60.1 Oil Pressure 70 Water Temperature 167
10. Exhaust temperature (right before retransfer) 576
11. Did outside air and exhaust louvers return to normal position. yes
12. Is there evidence of wet stacking (continuous black smoke during running)? no
13. Check oil level OK Check coolant level OK Check charger voltage 27.
14. Load bank test. Start time 242 Stop time 313 Total time 31 mins

Signature Rev. W. J. [Signature]

Fuel 3/4

Date 4-24-24 Start 2:00 PM End 2:47 PM

1. Generator should operate at least 30 minutes minimum under operating temperature.
2. Initiating transfer switch CBI. There's (8) transfer switches at NRC. Each month rotate (1) transfer switch.

Transfer switch exercised:

LS \_\_\_\_\_ EQ3 \_\_\_\_\_ CB1  EQ4 \_\_\_\_\_ SB \_\_\_\_\_ LS2 \_\_\_\_\_ ATS1 \_\_\_\_\_ ATS5 \_\_\_\_\_

3. Time test started 2:00 Transfer time in seconds 8.7
4. Time transfer switch transfers back to normal power 1:45 PM
5. Total time the generator and switches were tested on emergency power 39 Min.
6. Time generator shuts down after cooling 2:47 PM
7. Did outside air and exhaust louvers open? Yes
8. AC Volts PH. A-B 480 AC Amps PH. A 306  
B-C 480 B 307  
A-C 480 C 307
9. Hertz 60.1 Oil Pressure 70 Water Temperature 169
10. Exhaust temperature (right before retransfer) 577°
11. Did outside air and exhaust louvers return to normal position. Yes
12. Is there evidence of wet stacking (continuous black smoke during running)? No
13. Check oil level  Check coolant level  Check charger voltage
14. Load bank test. Start time 2:00 PM Stop time 2:39 Total time 39 Minutes

Signature Rick Klueh



Date <sup>28</sup> ~~5-28~~-24 Start 8:00AM End 8:40AM

1. Generator should operate at least 30 minutes minimum under operating temperature.
2. Initiating transfer switch EQ4. There's (8) transfer switches at NRC. Each month rotate (1) transfer switch.

Transfer switch exercised:

LS \_\_\_\_\_ EQ3 \_\_\_\_\_ CB1 \_\_\_\_\_ EQ4  SB \_\_\_\_\_ LS2 \_\_\_\_\_ AT51 \_\_\_\_\_ AT55 \_\_\_\_\_

3. Time test started \_\_\_\_\_ Transfer time in seconds 7.39
4. Time transfer switch transfers back to normal power 8:05.
5. Total time the generator and switches were tested on emergency power 35 Minutes

6. Time generator shuts down after cooling 8:40 AM

7. Did outside air and exhaust louvers open? Yes

8. AC Volts PH. A-B 479 AC Amps PH. A 308

B-C 479 B 307

A-C 481 C 307

9. Hertz 60.1 Oil Pressure 70 Water Temperature 156°

10. Exhaust temperature (right before retransfer) 608

11. Did outside air and exhaust louvers return to normal position. Yes

12. Is there evidence of wet stacking (continuous black smoke during running)? No

13. Check oil level  Check coolant level  Check charger voltage 27.2

14. Load bank test. Start time 8:00AM Stop time 8:35 Total time 35 min

Signature Rail Klumb

Date 6-24-24 Start 8:02 AM End 8:12 AM

1. Generator should operate at least 30 minutes minimum under operating temperature.
2. Initiating transfer switch SB1. There's (8) transfer switches at NRC. Each month rotate (1) transfer switch.

Transfer switch exercised:

LS \_\_\_\_\_ EQ3 \_\_\_\_\_ CB1 \_\_\_\_\_ EQ4 \_\_\_\_\_ SB  LS2 \_\_\_\_\_ AT51 \_\_\_\_\_ AT55 \_\_\_\_\_

3. Time test started SB1 Transfer time in seconds 8.73
4. Time transfer switch transfers back to normal power 8:07 AM
5. Total time the generator and switches were tested on emergency power 34 minutes
6. Time generator shuts down after cooling 8:55 AM
7. Did outside air and exhaust louvers open? Yes
8. AC Volts PH. A-B 479 AC Amps PH. A 306  
B-C 480 B 307  
A-C 481 C 306
9. Hertz 60.1 Oil Pressure 69 Water Temperature 165°
10. Exhaust temperature (right before retransfer) 620°
11. Did outside air and exhaust louvers return to normal position. Yes
12. Is there evidence of wet stacking (continuous black smoke during running)? No
13. Check oil level  Check coolant level  Check charger voltage 27.1
14. Load bank test. Start time 8:15 AM Stop time 8:49 AM Total time 34 Minutes

Signature Rick Klumb

Date 7-15-24 Start 6:53 AM End 7:40 AM

1. Generator should operate at least 30 minutes minimum under operating temperature.

2. Initiating transfer switch LS2. There's (8) transfer switches at NRC. Each month rotate (1) transfer switch.

Transfer switch exercised:

LS \_\_\_\_\_ EQ3 \_\_\_\_\_ CB1 \_\_\_\_\_ EQ4 \_\_\_\_\_ SB \_\_\_\_\_ LS2  ATS1 \_\_\_\_\_ ATS5 \_\_\_\_\_

3. Time test started 6:53 AM Transfer time in seconds 7.24

4. Time transfer switch transfers back to normal power 6:33 AM

5. Total time the generator and switches were tested on emergency power 37 minutes

6. Time generator shuts down after cooling 7:40 AM

7. Did outside air and exhaust louvers open? Yes

8. AC Volts PH. A-B 479 AC Amps PH. A 307

B-C 481 B 308

A-C 486 C 307

9. Hertz 60.1 Oil Pressure 69 Water Temperature 162°

10. Exhaust temperature (right before retransfer) 618°

11. Did outside air and exhaust louvers return to normal position. Yes

12. Is there evidence of wet stacking (continuous black smoke during running)? No

13. Check oil level  Check coolant level  Check charger voltage

14. Load bank test. Start time 6:58 AM Stop time 7:35 AM Total time 37 minutes

Signature Rich Kluck

Date 8-21-24 Start 8:41AM End 8:46AM

1. Generator should operate at least 30 minutes minimum under operating temperature.
2. Initiating transfer switch ATS1. There's (8) transfer switches at NRC . Each month rotate (1) transfer switch.

Transfer switch exercised:

LS \_\_\_\_\_ EQ3 \_\_\_\_\_ CB1 \_\_\_\_\_ EQ4 \_\_\_\_\_ SB \_\_\_\_\_ LS2 \_\_\_\_\_ ATS1  ATS5 \_\_\_\_\_

3. Time test started 8:41 Transfer time in seconds 7.42.
4. Time transfer switch transfers back to normal power 8:46AM
5. Total time the generator and switches were tested on emergency power 45 min.
6. Time generator shuts down after cooling 8:04AM.
7. Did outside air and exhaust louvers open? Yes
8. AC Volts PH. A-B 480 AC Amps PH. A 350  
B-C 479 B 352  
A-C 481 C 352
9. Hertz 60.1 Oil Pressure 70 Water Temperature 154°
10. Exhaust temperature (right before retransfer ) 643°
11. Did outside air and exhaust louvers return to normal position. Yes
12. Is there evidence of wet stacking (continuous black smoke during running)? No
13. Check oil level  Check coolant level  Check charger voltage
14. Load bank test. Start time 7:12AM Stop time 7:57AM Total time 45 min

Signature Rich Klumb

Date 9-23-24 Start 1:15 PM End 1:20 PM

1. Generator should operate at least 30 minutes minimum under operating temperature.
2. Initiating transfer switch ATS5. There's (8) transfer switches at NRC. Each month rotate (1) transfer switch.

Transfer switch exercised:

LS \_\_\_\_\_ EQ3 \_\_\_\_\_ CB1 \_\_\_\_\_ EQ4 \_\_\_\_\_ SB \_\_\_\_\_ LS2 \_\_\_\_\_ ATS1 \_\_\_\_\_ ATS5

3. Time test started 1:15 Transfer time in seconds 8.52
4. Time transfer switch transfers back to normal power 1:20 PM
5. Total time the generator and switches were tested on emergency power 5 minutes
6. Time generator shuts down after cooling 11:18 AM
7. Did outside air and exhaust louvers open? Yes
8. AC Volts PH. A-B 479 AC Amps PH. A 306  
B-C 479 B 307  
A-C 481 C 307
9. Hertz 60.1 Oil Pressure 70 Water Temperature 158°
10. Exhaust temperature (right before retransfer) 599°
11. Did outside air and exhaust louvers return to normal position. Yes
12. Is there evidence of wet stacking (continuous black smoke during running)? No
13. Check oil level  Check coolant level  Check charger voltage
14. Load bank test. Start time 10:33 AM Stop time 11:11 AM Total time 38 Minutes

Signature Rick Kluender

# NRC GENERATOR TESTING

Date 10-22-24 Start 9:18 AM End 9:23 AM

1. Generator should operate at least 30 minutes minimum under operating temperature.
2. Initiating transfer switch LS. There's (8) transfer switches at NRC. Each month rotate (1) transfer switch.  
Transfer switch exercised:  
LS  EQ3  CB1  EQ4  SB  LS2  ATS1  ATS5
3. Time test started 9:18 Transfer time in seconds 6.83
4. Time transfer switch transfers back to normal power 9:23 AM
5. Total time the generator and switches were tested on emergency power 33 Minutes
6. Time generator shuts down after cooling 2:05 PM
7. Did outside air and exhaust louvers open? Yes
8. AC Volts PH. A-B 480 AC Amps PH. A 420  
B-C 479 B 422  
A-C 481 C 422
9. Hertz 60.1 Oil Pressure 68 Water Temperature 165
10. Exhaust temperature (right before retransfer) 689
11. Did outside air and exhaust louvers return to normal position. Yes
12. Is there evidence of wet stacking (continuous black smoke during running)? No
13. Check oil level  Check coolant level  Check charger voltage
14. Load bank test. Start time 1:24 PM Stop time 1:57 PM Total time 33 Minutes
15. Diesel Fuel level 5/8

Signature Rich Klumbe

# NEBRASKA STATE FIRE MARSHAL

DATE: 01/26/2024

## FIRE ALARM TEST REPORT

ACCEPTANCE   
 RE-ACCEPTANCE   
 PERIODIC 1  2

**ELECTRONIC SYSTEMS, INC**

P.O BOX 1260 HASTINGS, NEBRASKA 68902-1260  
 TELEPHONE (402) 463-0200

<b>CUSTOMER: REGIONAL CENTER</b>		
<b>ADDRESS: 1700 N. VICTORY ROAD</b>		<b>NORFOLK, NE 68701</b>
<b>PREMISES PROTECTED: MAINTENANCE SHOP</b>		
<b>ADDRESS:</b>		
<b>TYPE OF SYSTEM: FIRE ALARM</b>	<b>MODEL#: XLS</b>	<b>STANDBY POWER TYPE: SLA</b>
<b>MANUFACTURER: SIEMENS</b>	<b>SERIAL#:</b>	<b>TROUBLE BATTERY TYPE: CELL</b>

<b>SYSTEM REMOTELY MONITORED BY: JCI</b>	<b>DATE 100% SMOKE CALIBRATION</b>
<b>TIME OF INSPECTION: 1:00</b>	<b>NEXT SCHEDULED</b>
<b>TIME INSPECTION COMPLETED: 1:30</b>	<b>DATE 100% HEAT DETECTION TESTED</b>
<b>SMOKE DETECTION CALIBRATION TEST METHOD USED</b>	<b>NEXT SCHEDULED</b>

SYSTEM COMPONENTS	TOTAL	TESTED
MANUAL STATIONS	5	5
HEAT DETECTORS		
FIXED TEMP.NON RESTORABLE LINE		
FIXED TEMP.NON RESTORABLE SPOT		
FIXED TEMP.RATE OF RISE/RESTORE		
RESTORABLE LINE TYPE		
SMOKE DETECTORS		
FUNCTIONAL	2	2
CALIBRATED		
DUCT DETECTORS	1	1
WATERFLOW DEVICES (TIME TO ACTIVATE)	3	3
SUPERVISORY SWITCHES	10	10
AUDIBLE DEVICES	11	11
VISUAL DEVICES	11	11
ANNUNCIATORS		
CONTROL UNIT		
LAMPS AND LED'S	156	156
FUSES	3	3
PRIMARY POWER SUPPLY	1	1
SECONDARY POWER SUPPLY	1	1
MAGNETIC HOLD-OPEN DEVICES		
FAN RELAYS		
VOICE ALARM AND 2-WAY PHONE		
TROUBLE SIGNALS		
ALARM CIRCUIT	4	4
ZONE INITIATING CIRCUIT	4	4
SUPERVISORY SIGNALS		
GROUND FAULT		
ELEVATOR CONTROLS		
POWERED FIRE AND SMOKE DAMPERS		

DISCONNECT A.C. POWER AND CHECK SYSTEM ON EMERGENCY POWER  
 DID TROUBLE SIGNAL OPERATE? YES  
 DID ALARM SIGNAL OPERATE? YES

BATTERY TEST VOLTAGE UNDER 1 AMPERE TEST LOAD  
 EMERGENCY POWER BATTERY TYPE - SLA TEST VOLTS - 26.8  
 MAIN OPERATING POWER TYPE - PS TEST VOLTS - 120VAC

WHAT CODE IS SYSTEM INSTALLED UNDER? NFPA 72  
 IS SYSTEM OPERATING TO CODE? AS INSTALLED UNDER  
 COMMENTS: (NOTE ANY DEFICIENCIES) -

LIST CURRENT REPAIRS TO SYSTEM AND DATE OF REPAIRS -

<b>INSPECTOR:</b> <i>Matt Glasscock</i>	<b>LICENSE#: K40</b>
<b>Matt Glasscock</b>	<b>EXPIRATION DATE: 11/15/2026</b>
<b>SUBSCRIBER:</b>	

REPORT SHALL BE REPORTED TO SFM FOLLOWING EACH INSPECTION TEST  
 246 SO. 14<sup>TH</sup> STREET LINCOLN, NE 68508-1804 (402) 471-2027  
 MAIN OFFICE: \_\_\_\_\_ DISTRICT A: \_\_\_\_\_ DISTRICT B: \_\_\_\_\_ DISTRICT C: \_\_\_\_\_

STATE FIRE MARSHAL

# NEBRASKA STATE FIRE MARSHAL

DATE: 01/26/2024

## FIRE ALARM TEST REPORT

ACCEPTANCE   
 RE-ACCEPTANCE   
 PERIODIC 1  2

**ELECTRONIC SYSTEMS, INC**

P.O BOX 1260 HASTINGS, NEBRASKA 68902-1260  
 TELEPHONE (402) 463-0200

<b>CUSTOMER: REGIONAL CENTER</b>		
<b>ADDRESS: 1700 N. VICTORY RD</b>		<b>NORFOLK, NE 68701</b>
<b>PREMISES PROTECTED: BUILDING 16</b>		
<b>ADDRESS:</b>		
<b>TYPE OF SYSTEM: FIRE ALARM</b>	<b>MODEL#: MXL</b>	<b>STANDBY POWER TYPE: SLA</b>
<b>MANUFACTURER: PYROTRONICS</b>	<b>SERIAL#:</b>	<b>TROUBLE BATTERY TYPE: CELL</b>

<b>SYSTEM REMOTELY MONITORED BY: JCI</b>	<b>DATE 100% SMOKE CALIBRATION</b>
<b>TIME OF INSPECTION:</b>	<b>NEXT SCHEDULED</b>
<b>TIME INSPECTION COMPLETED:</b>	<b>DATE 100% HEAT DETECTION TESTED</b>
<b>SMOKE DETECTION CALIBRATION TEST METHOD USED</b>	<b>NEXT SCHEDULED</b>

SYSTEM COMPONENTS	TOTAL	TESTED
MANUAL STATIONS	40	40
HEAT DETECTORS		
FIXED TEMP. NON RESTORABLE LINE		
FIXED TEMP. NON RESTORABLE SPOT		
FIXED TEMP. RATE OF RISE/RESTORE	44	44
RESTORABLE LINE TYPE		
SMOKE DETECTORS		
FUNCTIONAL	198	198
CALIBRATED		
DUCT DETECTORS	5	5
WATERFLOW DEVICES (TIME TO ACTIVATE)		
SUPERVISORY SWITCHES		
AUDIBLE DEVICES	49	49
VISUAL DEVICES	116	116
ANNUNCIATORS	8	8
CONTROL UNIT		
LAMPS AND LED'S	29	29
FUSES		
PRIMARY POWER SUPPLY	1	1
SECONDARY POWER SUPPLY	1	1
MAGNETIC HOLD-OPEN DEVICES	30	30
FAN RELAYS	22	22
VOICE ALARM AND 2-WAY PHONE		
TROUBLE SIGNALS		
ALARM CIRCUIT	10	10
ZONE INITIATING CIRCUIT	304	304
SUPERVISORY SIGNALS		
GROUND FAULT		
ELEVATOR CONTROLS		
POWERED FIRE AND SMOKE DAMPERS		

DISCONNECT A.C. POWER AND CHECK SYSTEM ON EMERGENCY POWER  
 DID TROUBLE SIGNAL OPERATE? YES  
 DID ALARM SIGNAL OPERATE? YES

BATTERY TEST VOLTAGE UNDER 1 AMPERE TEST LOAD  
 EMERGENCY POWER BATTERY TYPE - SLA TEST VOLTS - 26.4  
 MAIN OPERATING POWER TYPE - PS TEST VOLTS - 120VAC  
 PAD - 25.9 PAD - 26.2

WHAT CODE IS SYSTEM INSTALLED UNDER? NFPA 72  
 IS SYSTEM OPERATING TO CODE? AS INSTALLED UNDER  
 COMMENTS: (NOTE ANY DEFICIENCIES) -

LIST CURRENT REPAIRS TO SYSTEM AND DATE OF REPAIRS -

<b>INSPECTOR:</b> <i>M. Glasscock</i>	<b>LICENSE#: K40</b>
<b>Matt Glasscock</b>	<b>EXPIRATION DATE: 11/15/2026</b>
<b>SUBSCRIBER:</b>	

REPORT SHALL BE REPORTED TO SFM FOLLOWING EACH INSPECTION TEST  
 246 SO. 14<sup>TH</sup> STREET LINCOLN, NE 68508-1804 (402) 471-2027  
 MAIN OFFICE: \_\_\_\_\_ DISTRICT A: \_\_\_\_\_ DISTRICT B: \_\_\_\_\_ DISTRICT C: \_\_\_\_\_

STATE FIRE MARSHAL



# NEBRASKA STATE FIRE MARSHAL

DATE: 07/10/2023

## FIRE ALARM TEST REPORT

ACCEPTANCE   
 RE-ACCEPTANCE   
 PERIODIC 1  2

QB INV#35133 AK 1/31/23

ELECTRONIC SYSTEMS, INC

P.O BOX 1260 HASTINGS, NEBRASKA 68902-1260  
 TELEPHONE (402) 463-0200

CUSTOMER: REGIONAL CENTER		
ADDRESS: 1700 N. VICTORY RD		NORFOLK, NE 68701
PREMISES PROTECTED: BUILDING 16		
ADDRESS:		
TYPE OF SYSTEM: FIRE ALARM	MODEL#: MXL	STANDBY POWER TYPE: SLA
MANUFACTURER: PYROTRONICS	SERIAL#:	TROUBLE BATTERY TYPE: CELL

SYSTEM REMOTELY MONITORED BY: JCI	DATE 100% SMOKE CALIBRATION
TIME OF INSPECTION: 2:00	NEXT SCHEDULED
TIME INSPECTION COMPLETED: 4:30	DATE 100% HEAT DETECTION TESTED
SMOKE DETECTION CALIBRATION TEST METHOD USED	NEXT SCHEDULED

SYSTEM COMPONENTS	TOTAL	TESTED
MANUAL STATIONS	40	40
HEAT DETECTORS		
FIXED TEMP.NON RESTORABLE LINE		
FIXED TEMP.NON RESTORABLE SPOT		
FIXED TEMP.RATE OF RISE/RESTORE	44	44
RESTORABLE LINE TYPE		
SMOKE DETECTORS		
FUNCTIONAL	198	198
CALIBRATED		
DUCT DETECTORS	5	5
WATERFLOW DEVICES (TIME TO ACTIVATE)		
SUPERVISORY SWITCHES		
AUDIBLE DEVICES	49	49
VISUAL DEVICES	116	116
ANNUNCIATORS	8	8
CONTROL UNIT		
LAMPS AND LED'S	29	29
FUSES		
PRIMARY POWER SUPPLY	1	1
SECONDARY POWER SUPPLY	1	1
MAGNETIC HOLD-OPEN DEVICES	30	30
FAN RELAYS	22	22
VOICE ALARM AND 2-WAY PHONE		
TROUBLE SIGNALS		
ALARM CIRCUIT	10	10
ZONE INITIATING CIRCUIT	304	304
SUPERVISORY SIGNALS		
GROUND FAULT		
ELEVATOR CONTROLS		
POWERED FIRE AND SMOKE DAMPERS		

DISCONNECT A.C. POWER AND CHECK SYSTEM ON EMERGENCY POWER  
 DID TROUBLE SIGNAL OPERATE? YES  
 DID ALARM SIGNAL OPERATE? YES

BATTERY TEST VOLTAGE UNDER 1 AMPERE TEST LOAD  
 EMERGENCY POWER BATTERY TYPE - SLA TEST VOLTS - 26.8  
 MAIN OPERATING POWER TYPE - PS TEST VOLTS - 120VAC  
 PAD - 26.7 PAD - 27.0

WHAT CODE IS SYSTEM INSTALLED UNDER? NFPA 72  
 IS SYSTEM OPERATING TO CODE? AS INSTALLED UNDER  
 COMMENTS: (NOTE ANY DEFICIENCIES) -

LIST CURRENT REPAIRS TO SYSTEM AND DATE OF REPAIRS -

INSPECTOR: <i>Matt Glasscock</i>	LICENSE#: K40
Matt Glasscock	EXPIRATION DATE: 11/15/2026
SUBSCRIBER: <i>Kevin King</i>	

REPORT SHALL BE REPORTED TO SFM FOLLOWING EACH INSPECTION TEST  
 246 SO. 14<sup>TH</sup> STREET LINCOLN, NE 68508-1804 (402) 471-2027  
 MAIN OFFICE: \_\_\_\_\_ DISTRICT A: \_\_\_\_\_ DISTRICT B: \_\_\_\_\_ DISTRICT C: \_\_\_\_\_

STATE FIRE MARSHAL

# NEBRASKA STATE FIRE MARSHAL

DATE: 07/10/2023

## FIRE ALARM TEST REPORT

ACCEPTANCE   
 RE-ACCEPTANCE   
 PERIODIC 1  2

QB INV#35133 AK 1/31/23

ELECTRONIC SYSTEMS, INC

P.O BOX 1260 HASTINGS, NEBRASKA 68902-1260  
 TELEPHONE (402) 463-0200

CUSTOMER: REGIONAL CENTER		
ADDRESS: 1700 N. VICTORY ROAD		NORFOLK, NE 68701
PREMISES PROTECTED: MAINTENANCE SHOP		
ADDRESS:		
TYPE OF SYSTEM: FIRE ALARM	MODEL#: XLS	STANDBY POWER TYPE: SLA
MANUFACTURER: SIEMENS	SERIAL#:	TROUBLE BATTERY TYPE: CELL

SYSTEM REMOTELY MONITORED BY: JCI	DATE 100% SMOKE CALIBRATION
TIME OF INSPECTION: 1:00	NEXT SCHEDULED
TIME INSPECTION COMPLETED: 1:30	DATE 100% HEAT DETECTION TESTED
SMOKE DETECTION CALIBRATION TEST METHOD USED	NEXT SCHEDULED

SYSTEM COMPONENTS	TOTAL	TESTED
MANUAL STATIONS	5	5
HEAT DETECTORS		
FIXED TEMP.NON RESTORABLE LINE		
FIXED TEMP.NON RESTORABLE SPOT		
FIXED TEMP.RATE OF RISE/RESTORE		
RESTORABLE LINE TYPE		
SMOKE DETECTORS		
FUNCTIONAL	2	2
CALIBRATED		
DUCT DETECTORS	1	1
WATERFLOW DEVICES (TIME TO ACTIVATE)	3	3
SUPERVISORY SWITCHES	10	10
AUDIBLE DEVICES	11	11
VISUAL DEVICES	11	11
ANNUNCIATORS		
CONTROL UNIT		
LAMPS AND LED'S	156	156
FUSES	3	3
PRIMARY POWER SUPPLY	1	1
SECONDARY POWER SUPPLY	1	1
MAGNETIC HOLD-OPEN DEVICES		
FAN RELAYS		
VOICE ALARM AND 2-WAY PHONE		
TROUBLE SIGNALS		
ALARM CIRCUIT	4	4
ZONE INITIATING CIRCUIT	4	4
SUPERVISORY SIGNALS		
GROUND FAULT		
ELEVATOR CONTROLS		
POWERED FIRE AND SMOKE DAMPERS		

DISCONNECT A.C. POWER AND CHECK SYSTEM ON EMERGENCY POWER  
 DID TROUBLE SIGNAL OPERATE? YES  
 DID ALARM SIGNAL OPERATE? YES

BATTERY TEST VOLTAGE UNDER 1 AMPERE TEST LOAD  
 EMERGENCY POWER BATTERY TYPE - SLA TEST VOLTS - 26.7  
 MAIN OPERATING POWER TYPE - PS TEST VOLTS - 120VAC

WHAT CODE IS SYSTEM INSTALLED UNDER? NFPA 72  
 IS SYSTEM OPERATING TO CODE? AS INSTALLED UNDER  
 COMMENTS: (NOTE ANY DEFICIENCIES) -

LIST CURRENT REPAIRS TO SYSTEM AND DATE OF REPAIRS -

INSPECTOR: <i>Matt Glasscock</i>	LICENSE#: K40
Matt Glasscock	EXPIRATION DATE: 11/15/2026
SUBSCRIBER: <i>David W. [Signature]</i>	

REPORT SHALL BE REPORTED TO SFM FOLLOWING EACH INSPECTION TEST  
 246 SO. 14<sup>TH</sup> STREET LINCOLN, NE 68508-1804 (402) 471-2027  
 MAIN OFFICE: \_\_\_\_\_ DISTRICT A: \_\_\_\_\_ DISTRICT B: \_\_\_\_\_ DISTRICT C: \_\_\_\_\_

STATE FIRE MARSHAL



Elevator and Amusement Ride Division  
 1313 Farnam, Rm. 233 Omaha, NE 68102 Office: 402-595-3184 Fax:  
 402-595-1360  
 SFM.Conveyances@nebraska.gov

West  
4095

# Hydraulic Elevator Safety Test and Inspector Witness Report

(Revised 8/24/2018)

Norfolk

## General Information

Building Name:	Regional Center	Manufacturer:	Kone	State ID #:	4095
Address:	1700 N. Victory Rd.	City:	Norfolk	ZIP:	68701 6859
Responsible Party Name:		Phone:		Email:	
Install Date:		Stops: Front <input checked="" type="checkbox"/> 4 Rear <input type="checkbox"/> 0	Capacity:	4,500 lbs	Job/Contract #:
Rated Speed:	fpm	Duty:	<input checked="" type="checkbox"/> Passenger <input type="checkbox"/> Freight	Freight Class:	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/> C3
Test Date:	12-12-23	Test Type:	<input type="checkbox"/> Acceptance & Witness Inspection <input checked="" type="checkbox"/> Category 1 <input type="checkbox"/> 5-year Inspection		
Inspector Present?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Yes, Inspector Signs Report			

## Testing and Inspection Components

<sup>TCO</sup> = TCO in lieu of shutdown can be recommended (Category 1 & 5-year tests or inspection; NOT allowed at acceptance)

Relief Valve		Doors	
OK N/A	OK N/A	OK N/A	OK N/A
Working Pressure - No Load 120	Relief Valve Set (≤ 150% of WP) 420	<input checked="" type="checkbox"/> Closing force (max 30) <sup>TCO</sup>	<input checked="" type="checkbox"/> Guides (gibs)
OK N/A Acceptance only:	<input type="checkbox"/> Valve adjustment needed	<input checked="" type="checkbox"/> Elec edge/safety edge	<input type="checkbox"/> Retainers <sup>TCO</sup>
<input type="checkbox"/> Working Pressure - Load	<input checked="" type="checkbox"/> Valve adjustment sealed	<input checked="" type="checkbox"/> Interlocks - gate switches	<input checked="" type="checkbox"/> Restrictors <sup>TCO</sup>
<input checked="" type="checkbox"/> Plunger Gripper	<input checked="" type="checkbox"/> Over-Speed Valve		
Power-Down Static Test		Emergency Operations	
Time Started:	Time Ended:	<input checked="" type="checkbox"/> Phase I Recall <sup>TCO</sup>	<input checked="" type="checkbox"/> Phase II Operation <sup>TCO</sup>
Elapsed Time: 15 minutes		<input checked="" type="checkbox"/> Signage - Phase I and II	<input checked="" type="checkbox"/> Alarm Bell
Change in Car position? Distance: 0 inches		<input checked="" type="checkbox"/> 2-way communication <sup>TCO</sup>	<input checked="" type="checkbox"/> Emergency Lights
		<input type="checkbox"/> Standby/E-Power (100% rated load - acceptance only)	
Safety Devices		Other Items	
<input checked="" type="checkbox"/> Stop Switches: car-pit-cartop-MR-control space	<input checked="" type="checkbox"/> Low-oil pressure switch	<input checked="" type="checkbox"/> Test tags installed	<input checked="" type="checkbox"/> Keys available <sup>TCO</sup>
<input type="checkbox"/> Escape hatch contact	<input checked="" type="checkbox"/> Low-oil protection	<input checked="" type="checkbox"/> MCP complete <sup>TCO</sup>	<input checked="" type="checkbox"/> Maint. logs updated
<input checked="" type="checkbox"/> E-limits - terminal stop	<input checked="" type="checkbox"/> Re-level during man lowering	<input type="checkbox"/> Proper fuses used	<input checked="" type="checkbox"/> Wire connections tight
<input checked="" type="checkbox"/> Dir & final limits: up & down		<input type="checkbox"/> MR-cartop-controller clean	<input checked="" type="checkbox"/> Jumpers removed

Inspector's Violation Description and/or Mechanic's Test Result Comment	Shut-Down	TCO (60 days)	Correction Date (Inspector only)
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	

## Certifications

By signing below, I certify that all statements are true to the best of my knowledge and that all testing and test witnessing was performed according to current Conveyance Regulations and the appropriate edition of ASME A17.1 Sections 8.6, 8.10 and 8.11.

Mechanic Name:	A.G. Goble	Contractor Company Name:	TRK
Mechanic Signature:	<i>Alan Goble</i>	Date:	12-12-23
Inspector Name:		State License #:	11109
Inspector Signature:		Inspection Company Name:	NA
		Date:	
		QEI #:	



Elevator and Amusement Ride Division  
 1313 Farnam, Rm. 233 Omaha, NE 68102 Office: 402-595-3184 Fax:  
 402-595-1360  
 SFM.Conveyances@nebraska.gov

East  
4098

# Hydraulic Elevator Safety Test and Inspector Witness Report

(Revised 8/24/2018)

Norfolk

## General Information

Building Name:	Regional Center	Manufacturer:	Kone	State ID #:	4098
Address:	1700 N. Victory Rd	City:	Norfolk	ZIP:	68701 6859
Responsible Party Name:		Phone:		Email:	
Install Date:		Stops: Front	4	Rear	0
Rated Speed:	fpm	Duty:	<input checked="" type="checkbox"/> Passenger	<input type="checkbox"/> Freight	Capacity: 4000 lbs
Test Date:	12-12-23	Test Type:	<input type="checkbox"/> Acceptance & Witness Inspection	<input checked="" type="checkbox"/> Category 1	<input type="checkbox"/> 5-year Inspection
Inspector Present?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If Yes, Inspector Signs Report		

## Testing and Inspection Components

<sup>TCO</sup> = TCO in lieu of shutdown can be recommended (Category 1 & 5-year tests or inspection; NOT allowed at acceptance)

Relief Valve		Doors	
OK	N/A	OK	N/A
Working Pressure - No Load	140	Relief Valve Set ( $\leq 150\%$ of WP)	360
Acceptance only:	<input type="checkbox"/> <input checked="" type="checkbox"/> Valve adjustment needed	<input checked="" type="checkbox"/> Closing force (max 30) <sup>TCO</sup>	<input checked="" type="checkbox"/> Guides (gibs)
<input type="checkbox"/> Working Pressure - Load	<input checked="" type="checkbox"/> Valve adjustment sealed	<input checked="" type="checkbox"/> Elec edge/safety edge	<input type="checkbox"/> Retainers <sup>TCO</sup>
<input checked="" type="checkbox"/> Plunger Gripper	<input type="checkbox"/> Over-Speed Valve	<input checked="" type="checkbox"/> Interlocks - gate switches	<input checked="" type="checkbox"/> Restrictors <sup>TCO</sup>
Power-Down Static Test		Emergency Operations	
Time Started:		Time Ended:	
Elapsed Time:	15 minutes	<input checked="" type="checkbox"/> Phase I Recall <sup>TCO</sup>	<input checked="" type="checkbox"/> Phase II Operation <sup>TCO</sup>
Change in Car position? Distance:	0 inches	<input checked="" type="checkbox"/> Signage - Phase I and II	<input checked="" type="checkbox"/> Alarm Bell
		<input checked="" type="checkbox"/> 2-way communication <sup>TCO</sup>	<input checked="" type="checkbox"/> Emergency Lights
		<input type="checkbox"/> Standby/E-Power (100% rated load - acceptance only)	
Safety Devices		Other Items	
<input checked="" type="checkbox"/> Stop Switches: car-pit-cartop-MR-control space	<input checked="" type="checkbox"/> Low-oil pressure switch	<input checked="" type="checkbox"/> Test tags installed	<input checked="" type="checkbox"/> Keys available <sup>TCO</sup>
<input checked="" type="checkbox"/> Escape hatch contact	<input checked="" type="checkbox"/> Low-oil protection	<input checked="" type="checkbox"/> MCP complete <sup>TCO</sup>	<input checked="" type="checkbox"/> Maint. logs updated
<input checked="" type="checkbox"/> E-limits - terminal stop	<input checked="" type="checkbox"/> Re-level during man lowering	<input type="checkbox"/> Proper fuses used	<input checked="" type="checkbox"/> Wire connections tight
<input checked="" type="checkbox"/> Dir & final limits: up & down		<input type="checkbox"/> MR-cartop-controller clean	<input checked="" type="checkbox"/> Jumpers removed

Inspector's Violation Description and/or Mechanic's Test Result Comment	Shut-Down	TCO (60 days)	Correction Date (Inspector only)
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	

## Certifications

By signing below, I certify that all statements are true to the best of my knowledge and that all testing and test witnessing was performed according to current Conveyance Regulations and the appropriate edition of ASME A17.1 Sections 8.6, 8.10 and 8.11.

Mechanic Name:	Allan G. Gilder	Contractor Company Name:	TKR
Mechanic Signature:	Allan Gilder	Date:	12-12-23
Inspector Name:		State License #:	11109
Inspector Signature:		Inspection Company Name:	NA
		Date:	
		QEI #:	

NRC Environmental Inspection Form

Date: 9-27-2011

Area

PT

Safety/Security	Yes	No	NA	Comments
Are patient rooms free of clutter, debris, and excess linens? (i.e., no boxes on floor, clothes not piled in corner) List room # if non-compliant.	✓			
Showers/Bathrooms free of mold/mildew.	✓			
Are walls in good condition? (i.e., no peeling paint, holes, or patches)				hole in ceiling in pool room. Paint peeling in kitchen ceiling. Bucket hanging from pipe.
Is furniture arranged so area is free from tripping and falling and in good working condition? (No loose screws, torn, etc.)	✓			
Area well-lit/no lights out		✓		1 light out on left side.
Outlet covers are intact.	✓			
Unit Restraints accounted for.	✓			
All employees are wearing ID badge in plain sight.	✓			
5 Radios on the unit.	✓			
All doors secured/locked	✓			
Windows are not tampered with, not functioning, or damaged?	✓			
Badge Readers working properly?	✓			
Code Green Buttons Accessible	✓			
Observation computer is working correctly (Logged in and on correct cameras)	✓			
<b>Fire Safety</b>				
No "daisy-chaining" of electrical items.	✓			
Corridors and exits are clear and unobstructed.	✓			
Exit signs functioning and pointed in correct direction.	✓			
No items are hung from ceiling or in hallways.	✓			

**NRC Environmental Inspection Form**

Fire Safety	Yes	No	NA	Comments
Fire extinguisher pin in place	✓			
Magnetic doors are latching correctly	✓			
Electrical Panel in staff office is not blocked	✓			
No objects blocking sprinklers	✓			
Decorations are sprayed and tagged	✓			
Hazardous Mat.	Yes	No	NA	Comments
EVS utility rooms locked.	✓			
Chemical containers have appropriate labeling. (i.e., no labels faded or missing)	✓			
Facility Safety	Yes	No	NA	Comments
Gates are operable and no issues with perimeter fence.	✓			
Exterior doors are locked and working properly	✓			
Exterior lights are working (Fire Escape lights)	✓			

**Additional Comments/Concerns:**

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James B. [Signature] 9-27-24  
 Staff Signature/Date

\_\_\_\_\_  
 Unit Supervisor/Team Lead Signature/Date

NRC Environmental Inspection Form

Date: 9-21-2024 Area 2 West

Safety/Security	Yes	No	NA	Comments
Are patient rooms free of clutter, debris, and excess linens? (i.e., no boxes on floor, clothes not piled in corner) List room # if non-compliant.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rm 5-15
Showers/Bathrooms free of mold/mildew.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are walls in good condition? (i.e., no peeling paint, holes, or patches)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	S-15, Unit Laundry rm, Obs area Trim in @ alcove S16, S11 - Bubble in paint
Is furniture arranged so area is free from tripping and falling and in good working condition? (No loose screws, torn, etc.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Area well-lit/no lights out	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Outlet covers are intact.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Unit Restraints accounted for.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
All employees are wearing ID badge in plain sight.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5 Radios on the unit.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
All doors secured/locked	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Windows are not tampered with, not functioning, or damaged?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Badge Readers working properly?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Code Green Buttons Accessible	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Observation computer is working correctly (Logged in and on correct cameras)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Fire Safety</b>				
No "daisy-chaining" of electrical items.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Corridors and exits are clear and unobstructed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Exit signs functioning and pointed in correct direction.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
No items are hung from ceiling or in hallways.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**NRC Environmental Inspection Form**

Fire Safety	Yes	No	NA	Comments
Fire extinguisher pin in place	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Magnetic doors are latching correctly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Electrical Panel in staff office is not blocked	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
No objects blocking sprinklers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Decorations are sprayed and tagged	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hazardous Mat.	Yes	No	NA	Comments
EVS utility rooms locked.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Chemical containers have appropriate labeling. (i.e., no labels faded or missing)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Facility Safety	Yes	No	NA	Comments
Gates are operable and no issues with perimeter fence.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Exterior doors are locked and working properly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Exterior lights are working (Fire Escape lights)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**Additional Comments/Concerns:**

loose ceiling tile above craft cabinet

Zach Cordner/RT 9-23-2024  
Staff Signature/Date

Tracy 9/27/24  
Unit Supervisor/Team Lead Signature/Date



NRC Environmental Inspection Form

Date: 9/12/24 Area: 3E

Indicator	Yes	No	NA	Comments	Corrective Action	Date Corrected
<b>Safety</b>						
Area clean, including Pt rooms, Showers/ bathrooms free of mold/mildew	✓					
Area well lit/no lights out	✓					
Area free of slip/trip hazards	✓					
Unit Restraints accounted for.	✓					
Outlet covers are intact.	✓					
All employees are wearing ID badge in plain sight and carrying radios.	✓					
Electrical panel unobstructed	✓					
<b>Security</b>						
All doors secured/locked	✓					
Window Integrity checked	✓					
Badge Readers are working properly	✓					
Sensitive areas are maintained secure/No unusual activity	✓					
Code Green Buttons Accessible	✓					
Observation computer is working correctly (Logged in and on correct cameras)	✓					
<b>Hazardous Mat.</b>						
EVS utility rooms locked.	✓					
All chemicals are stored properly with appropriate labeling.	✓					
Only hospital approved cleaning supplies in the patient areas.	✓					
<b>Fire</b>						
Fire door/Alarms operable and not obstructed	✓					

No "daisy-chaining" of electrical items.	✓				
Corridors and exits are clear and unobstructed. No items are hung from ceiling or impacting 8' clearance in hallways. Exit signs functioning and pointed in correct direction.	✓				
Fire extinguisher pin in place	✓				
Magnetic doors (in patient area) are latching correctly	✓				
Electrical Panel in staff office is not blocked	✓				
No objects blocking sprinklers	✓				
Decorations are sprayed and tagged					
<b>Facility Safety</b>					
Gates are operable and no issues with perimeter fence.		✓			
Exterior doors are locked and working properly		✓			
Exterior lights are working (Fire Escape lights)		✓			
Other issues noted		✓			

POSTERS hung on wall, WRSU re if sprayed/tagged

**Additional Comments:**

*Devin Sepurwalla*

*[Signature]*  
 Staff Signature/Date

**NRC Environmental Inspection Form**

Date: 2/14/24 Area: 3108

Safety/Security	Yes	No	NA	Comments
Are patient rooms free of clutter, debris, and excess linens? (i.e., no boxes on floor, clothes not piled in corner) List room # if non-compliant.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	patient's boxes
Showers/Bathrooms free of mold/mildew.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are walls in good condition? (i.e., no peeling paint, holes, or patches)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Paint chipping in ch walls NRC. In hall + south hallway - Sent 2/18/24/jk
Is furniture arranged so area is free from tripping and falling and in good working condition? (No loose screws, torn, etc.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Area well-lit/no lights out	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Outlet covers are intact.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Unit Restraints accounted for.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
All employees are wearing ID badge in plain sight.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5 Radios on the unit.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
All doors secured/locked	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Windows are not tampered with, not functioning, or damaged?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Badge Readers working properly?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Code Green Buttons Accessible	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Observation computer is working correctly (Logged in and on correct cameras)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Fire Safety</b>				
No "daisy-chaining" of electrical items.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Corridors and exits are clear and unobstructed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Exit signs functioning and pointed in correct direction.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
No items are hung from ceiling or in hallways.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	lights in 3108/3109



**NRC Environmental Inspection Form**

<b>Fire Safety</b>	<b>Yes</b>	<b>No</b>	<b>NA</b>	<b>Comments</b>
Fire extinguisher pin in place	✓			
Magnetic doors are latching correctly	✓			
Electrical Panel in staff office is not blocked	✓			
No objects blocking sprinklers	✓			
Decorations are sprayed and tagged	✓			
<b>Hazardous Mat.</b>	<b>Yes</b>	<b>No</b>	<b>NA</b>	<b>Comments</b>
EVS utility rooms locked.	✓			
Chemical containers have appropriate labeling. (i.e., no labels faded or missing)	✓			
<b>Facility Safety</b>	<b>Yes</b>	<b>No</b>	<b>NA</b>	<b>Comments</b>
Gates are operable and no issues with perimeter fence.	✓			
Exterior doors are locked and working properly	✓			
Exterior lights are working (Fire Escape lights)	✓			

**Additional Comments/Concerns:**

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*Thomas Perry 9-14-24*  
 Staff Signature/Date

*[Signature] 09-17-24*  
 Unit Supervisor/Team Lead Signature/Date



NRC Environmental Inspection Form

Date: 25 SEP 2024 Area 3 EAST

Indicator	Yes	No	NA	Comments	Corrective Action	Date Corrected
Area clean, including Pt rooms, Showers/ bathrooms free of mold/mildew	X			X SOME SCUMMING ON PARTITION IN NORTH SHOWER MILDED IN SOME OF THE TILES IN NORTH SHOWER		
Area well lit/no lights out	X					
Area free of slip/trip hazards	X					
Unit Restraints accounted for.	X					
Outlet covers are intact.	X					
All employees are wearing ID badge in plain sight and carrying radios.	X					
Electrical panel unobstructed	X					
<b>Security</b>						
All doors secured/locked	X					
Window Integrity checked	X					
Badge Readers are working properly	X					
Sensitive areas are maintained secure/No unusual activity	X					
Code Green Buttons Accessible	X					
Observation computer is working correctly(Logged in and on correct cameras)	X					
<b>Hazardous Mat</b>						
EVS utility rooms locked.	X					
All chemicals are stored properly with appropriate labeling.	X					
Only hospital approved cleaning supplies in the patient areas.	X					
<b>Fire</b>						
Fire door/Alarms operable and not obstructed	X					

No "daisy-chaining" of electrical items.	X				
Corridors and exits are clear and unobstructed. No items are hung from ceiling or impacting 8' clearance in hallways. Exit signs functioning and pointed in correct direction.	X				
Fire extinguisher pin in place	X				
Magnetic doors (in patient area) are latching correctly	X				
Electrical Panel in staff office is not blocked	X				
No objects blocking sprinklers	X				
Decorations are sprayed and tagged	X				
<b>Facility Safety</b>					
Gates are operable and no issues with perimeter fence.				X	
Exterior doors are locked and working properly				X	
Exterior lights are working (Fire Escape lights)				X	
Other issues noted				→	CEILING TILE ON NORTH END OF DAYHALL STARTING TO FAIL CEMENT FLAKING OFF ON WINDOW FRAME ON NORTH EAST WING IN NORTH DAYHALL

**Additional Comments:**

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*[Signature]*  
 Staff Signature/Date

*[Signature]* 8-2-24



NRC Environmental Inspection Form

Date: 8/27/24

Area

Indicator	Yes	No	NA	Comments	Corrective Action	Date Corrected
<b>Safety</b>						
Area clean, including Pt rooms, Showers/bathrooms free of mold/mildew				Both showers mold		
Area well lit/no lights out hazards						
Area free of slip/trip hazards						
Unit Restraints accounted for.						
Outlet covers are intact.						
All employees are wearing ID badge in plain sight and carrying radios.						
Electrical panel unobstructed						
<b>Security</b>						
All doors secured/locked						
Window Integrity checked						
Badge Readers are working properly						
Sensitive areas are maintained secure/No unusual activity						
Code Green Buttons Accessible						
Observation computer is working correctly (Logged in and on correct cameras)						
<b>Hazardous Mat</b>						
EVS utility rooms locked.						
All chemicals are stored properly with appropriate labeling.						
Only hospital approved cleaning supplies in the patient areas.						
<b>Fire</b>						
Fire door/Alarms operable and not obstructed						

No "daisy-chaining" of electrical items.	✓				
Corridors and exits are clear and unobstructed. No items are hung from ceiling or impacting 8' clearance in hallways. Exit signs functioning and pointed in correct direction.	✓				
Fire extinguisher pin in place	✓				
Magnetic doors (in patient area) are latching correctly	✓		?		
Electrical Panel in staff office is not blocked	✓				
No objects blocking sprinklers	✓				
Decorations are sprayed and tagged		✓			
<b>Facility Safety</b>					
Gates are operable and no issues with perimeter fence.			✓		
Exterior doors are locked and working properly	✓				
Exterior lights are working (Fire Escape lights)	✓				
Other issues noted			✓		

SOME OF THE PATIENT TAGS ARE MISSING FROM THE FACILITY. THESE TAGS ARE BEING RE-APPLIED TO THE PATIENTS. THE FACILITY IS BEING MONITORED FOR ANY OTHER ISSUES. THE FACILITY IS BEING MONITORED FOR ANY OTHER ISSUES.

Additional Comments:

Staff Signature/Date

*[Handwritten Signature]*  
*[Handwritten Date]* 8/28/24

**NRC Environmental Inspection Form**

Date: 8-26-24

Area 1st Floor/Ext

Safety/Security	Yes	No	NA	Comments
Are patient rooms free of clutter, debris, and excess linens? (i.e., no boxes on floor, clothes not piled in corner) List room # if non-compliant.			✓	
Showers/Bathrooms free of mold/mildew.	✓			
Are walls in good condition? (i.e., no peeling paint, holes, or patches)		✓		✓ Paint in HIM office has damaged paint, need's replaced/repaired. ✓ Room 106 has blistering blue paint-Staff is gone later this week. ✓ Room 124 has unfinished drywall edged, and paint not finished by window.
Is furniture arranged so area is free from tripping and falling and in good working condition? (No loose screws, torn, etc.)	✓			
Area well-lit/no lights out		✓		2 light's out in room 143, 6 light's out in HIM, 1-2 light's in room 119, 1 light out in room 110(social work), 2 light's out in room 106, 1 light out in room 104 Approx 14 bulbs for 4 ft ballast.
Outlet covers are intact.	✓			
Unit Restraints accounted for.	✓			
All employees are wearing ID badge in plain sight.	✓			
5 Radios on the unit.			✓	Unknown how many on 1st floor
All doors secured/locked	✓			
Windows are not tampered with, not functioning, or damaged?	✓			
Badge Readers working properly?	✓			
Code Green Buttons Accessible	✓			
Observation computer is working correctly (Logged in and on correct cameras)	✓			
<b>Fire Safety</b>				
No "daisy-chaining" of electrical items.	✓			
Corridors and exits are clear and unobstructed.	✓			
Exit signs functioning and pointed in correct direction.	✓			
No items are hung from ceiling or in hallways.	✓			

**NRC Environmental Inspection Form**

<b>Fire Safety</b>	<b>Yes</b>	<b>No</b>	<b>NA</b>	<b>Comments</b>
Fire extinguisher pin in place	✓			
Magnetic doors are latching correctly	✓			
Electrical Panel in staff office is not blocked	✓			
No objects blocking sprinklers	✓			
Decorations are sprayed and tagged	✓			
<b>Hazardous Mat.</b>	<b>Yes</b>	<b>No</b>	<b>NA</b>	<b>Comments</b>
EVS utility rooms locked.	✓			
Chemical containers have appropriate labeling. (i.e., no labels faded or missing)	✓			
<b>Facility Safety</b>	<b>Yes</b>	<b>No</b>	<b>NA</b>	<b>Comments</b>
Gates are operable and no issues with perimeter fence.	✓			
Exterior doors are locked and working properly	✓			
Exterior lights are working (Fire Escape lights)	✓			

**Additional Comments/Concerns:**

Unknown if electrical panels are all not blocked, unknown exact amount or location's of fire estinguishers.

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Josh Deiterman 8-26-24 **JOSH DEITERMAN**  
 Staff Signature/Date

\_\_\_\_\_  
 Unit Supervisor/Team Lead Signature/Date

**NRC Environmental Inspection Form**

Date: 8-16-24

Area RT Area

Safety/Security	Yes	No	NA	Comments
Are patient rooms free of clutter, debris, and excess linens? (i.e., no boxes on floor, clothes not piled in corner) List room # if non-compliant.			✓	
Showers/Bathrooms free of mold/mildew.	✓			A bathroom has been out of order for some time.
Are walls in good condition? (i.e., no peeling paint, holes, or patches)		✓		Next to window's in library, wall needs peeled/repainted
Is furniture arranged so area is free from tripping and falling and in good working condition? (No loose screws, torn, etc.)	✓			
Area well-lit/no lights out	✓			
Outlet covers are intact.	✓			
Unit Restraints accounted for.	✓			
All employees are wearing ID badge in plain sight.	✓			
5 Radios on the unit.	✓			
All doors secured/locked	✓			
Windows are not tampered with, not functioning, or damaged?	✓			
Badge Readers working properly?	✓			
Code Green Buttons Accessible	✓			Courtyard buttons need replaced. Brittle and old material.
Observation computer is working correctly (Logged in and on correct cameras)			✓	
<b>Fire Safety</b>				
No "daisy-chaining" of electrical items.	✓			
Corridors and exits are clear and unobstructed.	✓			
Exit signs functioning and pointed in correct direction.	✓			
No items are hung from ceiling or in hallways.	✓			

**NRC Environmental Inspection Form**

<b>Fire Safety</b>	<b>Yes</b>	<b>No</b>	<b>NA</b>	<b>Comments</b>
Fire extinguisher pin in place	✓			
Magnetic doors are latching correctly	✓			
Electrical Panel in staff office is not blocked	✓			Not marked with caution tape like the units.
No objects blocking sprinklers	✓			
Decorations are sprayed and tagged	✓			
<b>Hazardous Mat.</b>	<b>Yes</b>	<b>No</b>	<b>NA</b>	<b>Comments</b>
EVS utility rooms locked.	✓			
Chemical containers have appropriate labeling. (i.e., no labels faded or missing)	✓			
<b>Facility Safety</b>	<b>Yes</b>	<b>No</b>	<b>NA</b>	<b>Comments</b>
Gates are operable and no issues with perimeter fence.			✓	
Exterior doors are locked and working properly	✓			
Exterior lights are working (Fire Escape lights)	✓			

**Additional Comments/Concerns:**

Type text here outside library windows very dirty/filthy

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Josh Deiterman 8-16-24 **JOSH DEITERMAN**  
 Staff Signature/Date

\_\_\_\_\_  
 Unit Supervisor/Team Lead Signature/Date

NRC Environmental Inspection Form

Date: 8-19-24

Area 3 West

Safety/Security	Yes	No	NA	Comments
Are patient rooms free of clutter, debris, and excess linens? (i.e., no boxes on floor, clothes not piled in corner) List room # if non-compliant.		✓		N-10, N-8, S-6, S-7, S-9, S-14, S-8
Showers/Bathrooms free of mold/mildew.	✓			
Are walls in good condition? (i.e., no peeling paint, holes, or patches)		✓		XN-4 <sup>*</sup> , S-3, West hall wall.
Is furniture arranged so area is free from tripping and falling and in good working condition? (No loose screws, torn, etc.)	✓			
Area well-lit/no lights out	✓			
Outlet covers are intact.	✓			
Unit Restraints accounted for.	✓			
All employees are wearing ID badge in plain sight.	✓			
5 Radios on the unit.	✓			
All doors secured/locked	✓			
Windows are not tampered with, not functioning, or damaged?	✓			
Badge Readers working properly?	✓			
Code Green Buttons Accessible	✓			
Observation computer is working correctly (Logged in and on correct cameras)	✓			
<b>Fire Safety</b>				
No "daisy-chaining" of electrical items.	✓			
Corridors and exits are clear and unobstructed.	✓			
Exit signs functioning and pointed in correct direction.	✓			
No items are hung from ceiling or in hallways.	✓			

**NRC Environmental Inspection Form**

Fire Safety	Yes	No	NA	Comments
Fire extinguisher pin in place	✓			
Magnetic doors are latching correctly	✓			
Electrical Panel in staff office is not blocked	✓			
No objects blocking sprinklers	✓			
Decorations are sprayed and tagged	✓			
Hazardous Mat.	Yes	No	NA	Comments
EVS utility rooms locked.	✓			
Chemical containers have appropriate labeling. (i.e., no labels faded or missing)	✓			
Facility Safety	Yes	No	NA	Comments
Gates are operable and no issues with perimeter fence.	✓			
Exterior doors are locked and working properly	✓			
Exterior lights are working (Fire Escape lights)	✓			

**Additional Comments/Concerns:**

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*Hines Beau PT 8-19-24*  
 Staff Signature/Date

*[Signature]* 08-19-24  
 Unit Supervisor/Team Lead Signature/Date



NRC Environmental Inspection Form

Date: 8-19-20 Area: OT

Safety/Security	Yes	No	NA	Comments
Are patient rooms free of clutter, debris, and excess linens? (i.e., no boxes on floor, clothes not piled in corner) List room # if non-compliant.	✓			
Showers/Bathrooms free of mold/mildew.	✓			
Are walls in good condition? (i.e., no peeling paint, holes, or patches)		✓		X Big storage unit ceiling paint peeling water damage.
Is furniture arranged so area is free from tripping and falling and in good working condition? (No loose screws, torn, etc.)	✓			
Area well-lit/no lights out	✓			
Outlet covers are intact.	✓			
Unit Restraints accounted for.	✓			
All employees are wearing ID badge in plain sight.	✓			
5 Radios on the unit.	✓			
All doors secured/locked	✓			
Windows are not tampered with, not functioning, or damaged?	✓			
Badge Readers working properly?	✓			
Code Green Buttons Accessible		✓		Placed in corner blocked by printer and other objects.
Observation computer is working correctly (Logged in and on correct cameras)	✓			
<b>Fire Safety</b>				
No "daisy-chaining" of electrical items.	✓			
Corridors and exits are clear and unobstructed.	✓			
Exit signs functioning and pointed in correct direction.	✓			
No items are hung from ceiling or in hallways.	✓			

**NRC Environmental Inspection Form**

Fire Safety	Yes	No	NA	Comments
Fire extinguisher pin in place	✓			
Magnetic doors are latching correctly	✓			
Electrical Panel in staff office is not blocked	✓			
No objects blocking sprinklers	✓			
Decorations are sprayed and tagged	✓			
Hazardous Mat.	Yes	No	NA	Comments
EVS utility rooms locked.	✓			
Chemical containers have appropriate labeling. (i.e., no labels faded or missing)	✓			
Facility Safety	Yes	No	NA	Comments
Gates are operable and no issues with perimeter fence.	✓			
Exterior doors are locked and working properly	✓			
Exterior lights are working (Fire Escape lights)	✓			

**Additional Comments/Concerns:**

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*[Handwritten Signature]* 2 FERT 8-14-24  
 Staff Signature/Date

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 Unit Supervisor/Team Lead Signature/Date

**NRC Environmental Inspection Form**

Date: 8-12-24 Area 3 East

Safety/Security	Yes	No	NA	Comments
Are patient rooms free of clutter, debris, and excess linens? (i.e., no boxes on floor, clothes not piled in corner) List room # if non-compliant.	✓			
Showers/Bathrooms free of mold/mildew.	✓			
Are walls in good condition? (i.e., no peeling paint, holes, or patches)		✓		Shower ceiling North
Is furniture arranged so area is free from tripping and falling and in good working condition? (No loose screws, torn, etc.)	✓			
Area well-lit/no lights out	✓			
Outlet covers are intact.	✓			
Unit Restraints accounted for.	✓			
All employees are wearing ID badge in plain sight.	✓			
5 Radios on the unit.	✓			
All doors secured/locked	✓			
Windows are not tampered with, not functioning, or damaged?				
Badge Readers working properly?	✓			
Code Green Buttons Accessible	✓			
Observation computer is working correctly (Logged in and on correct cameras)	✓			
<b>Fire Safety</b>				
No "daisy-chaining" of electrical items.	✓			
Corridors and exits are clear and unobstructed.	✓			
Exit signs functioning and pointed in correct direction.	✓			
No items are hung from ceiling or in hallways.	✓			



**NRC Environmental Inspection Form**

<b>Fire Safety</b>	<b>Yes</b>	<b>No</b>	<b>NA</b>	<b>Comments</b>
Fire extinguisher pin in place	✓			
Magnetic doors are latching correctly	✓			
Electrical Panel in staff office is not blocked	✓			
No objects blocking sprinklers	✓			
Decorations are sprayed and tagged	✓			
<b>Hazardous Mat.</b>	<b>Yes</b>	<b>No</b>	<b>NA</b>	<b>Comments</b>
EVS utility rooms locked.	✓			
Chemical containers have appropriate labeling. (i.e., no labels faded or missing)	✓			
<b>Facility Safety</b>	<b>Yes</b>	<b>No</b>	<b>NA</b>	<b>Comments</b>
Gates are operable and no issues with perimeter fence.	✓			
Exterior doors are locked and working properly	✓			
Exterior lights are working (Fire Escape lights)	✓			

**Additional Comments/Concerns:**

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*Thomas Boney* 8-12-24  
 Staff Signature/Date

*Oran* 8-13-24  
 Unit Supervisor/Team Lead Signature/Date



NRC Environmental Inspection Form

Date: 08/06/2024 Area Dietary/Cafeteria

Safety/Security	Yes	No	NA	Comments
Are patient rooms free of clutter, debris, and excess linens? (i.e., no boxes on floor, clothes not piled in corner) List room # if non-compliant.			X	
Showers/Bathrooms free of mold/mildew.			X	
Are walls in good condition? (i.e., no peeling paint, holes, or patches)				
Is furniture arranged so area is free from tripping and falling and in good working condition? (No loose screws, torn, etc.)				
Area well-lit/no lights out				
Outlet covers are intact.				
Unit Restraints accounted for.				
All employees are wearing ID badge in plain sight.				
5 Radios on the unit.				
All doors secured/locked	X			
Windows are not tampered with, <del>not</del> functioning, or damaged? <i>Windows are fine</i>	X			
Badge Readers working properly?				
Code Green Buttons Accessible				
Observation computer is working correctly (Logged in and on correct cameras)			X	
<b>Fire Safety</b>				
No "daisy-chaining" of electrical items.				
Corridors and exits are clear and unobstructed.				
Exit signs functioning and pointed in correct direction.				
No items are hung from ceiling or in hallways.				

**NRC Environmental Inspection Form**

Fire Safety	Yes	No	NA	Comments
Fire extinguisher pin in place				
Magnetic doors are latching correctly				
Electrical Panel in staff office is not blocked				
No objects blocking sprinklers				
Decorations are sprayed and tagged				
Hazardous Mat.	Yes	No	NA	Comments
EVS utility rooms locked.				
Chemical containers have appropriate labeling. (i.e., no labels faded or missing)				
Facility Safety	Yes	No	NA	Comments
Gates are operable and no issues with perimeter fence.	X			
Exterior doors are locked and working properly	X			
Exterior lights are working (Fire Escape lights)	X			

**Additional Comments/Concerns:**

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*Colto Bessell* 08/06/2024  
 Staff Signature/Date

*Orion Upena* 8-13-24  
 Unit Supervisor/Team Lead Signature/Date



NRC Environmental Inspection Form

Date: 8/21/24 Area Dining Room

Safety/Security	Yes	No	NA	Comments
Are patient rooms free of clutter, debris, and excess linens? (i.e., no boxes on floor, clothes not piled in corner) List room # if non-compliant.			X	
Showers/Bathrooms free of mold/mildew.			X	
Are walls in good condition? (i.e., no peeling paint, holes, or patches)	X			
Is furniture arranged so area is free from tripping and falling and in good working condition? (No loose screws, torn, etc.)	X			
Area well-lit/no lights out	X			
Outlet covers are intact.	X			
Unit Restraints accounted for.	X			
All employees are wearing ID badge in plain sight.	X			
5 Radios on the unit.	X			
All doors secured/locked	X			
Windows are not tampered with, not functioning, or damaged?	X			
Badge Readers working properly?	X			
Code Green Buttons Accessible	X			
Observation computer is working correctly (Logged in and on correct cameras)			X	
<b>Fire Safety</b>				
No "daisy-chaining" of electrical items.	X			
Corridors and exits are clear and unobstructed.	X			
Exit signs functioning and pointed in correct direction.	X			
No items are hung from ceiling or in hallways.	X			



**NRC Environmental Inspection Form**

<b>Fire Safety</b>	<b>Yes</b>	<b>No</b>	<b>NA</b>	<b>Comments</b>
Fire extinguisher pin in place	X			
Magnetic doors are latching correctly	X			
Electrical Panel in staff office is not blocked	X			
No objects blocking sprinklers	X			
Decorations are sprayed and tagged	X			
<b>Hazardous Mat.</b>	<b>Yes</b>	<b>No</b>	<b>NA</b>	<b>Comments</b>
EVS utility rooms locked.	X			
Chemical containers have appropriate labeling. (i.e., no labels faded or missing)	X			
<b>Facility Safety</b>	<b>Yes</b>	<b>No</b>	<b>NA</b>	<b>Comments</b>
Gates are operable and no issues with perimeter fence.	X			
Exterior doors are locked and working properly	X			
Exterior lights are working (Fire Escape lights)	X			

**Additional Comments/Concerns:**

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*Calvin [Signature]* 8/21/2024  
 Staff Signature/Date

\_\_\_\_\_  
 Unit Supervisor/Team Lead Signature/Date



NRC Environmental Inspection Form

Date:	Indicator	Area		Comments	Corrective Action	Date Corrected
		Yes	No NA			
	<b>Safety</b>					
	Area clean, including Pt rooms. Showers/bathrooms free of mold/mildew					
	Area well lit/no lights out					
	Area free of slip/trip hazards					
	Unit Restraints accounted for.					
	Outlet covers are intact.					
	All employees are wearing ID badge in plain sight and carrying radios.					
	Electrical panel unobstructed					
	<b>Security</b>					
	All doors secured/locked					
	Window Integrity checked					
	Badge Readers are working properly					
	Sensitive areas are maintained secure/No unusual activity					
	Code Green Buttons Accessible					
	Observation computer is working correctly (Logged in and on correct cameras)					
	<b>Hazardous Mat.</b>					
	EVS utility rooms locked.					
	All chemicals are stored properly with appropriate labeling.					
	Only hospital approved cleaning supplies in the patient areas.					
	<b>Fire</b>					
	Fire door/Alarms operable and not obstructed					

No "daisy-chaining" of electrical items.						
Corridors and exits are clear and unobstructed. No items are hung from ceiling or impacting 8' clearance in hallways. Exit signs functioning and pointed in correct direction.						
Fire extinguisher pin in place						
Magnetic doors (in patient area) are latching correctly						
Electrical Panel in staff office is not blocked						
No objects blocking sprinklers						
Decorations are sprayed and tagged						
<b>Facility Safety</b>						
Gates are operable and no issues with perimeter fence.						
Exterior doors are locked and working properly						
Exterior lights are working (Fire Escape lights)						
Other issues noted						

**Additional Comments:**

2023 08 06 10:00 AM 10:00 AM 10:00 AM 10:00 AM 10:00 AM 10:00 AM 10:00 AM

8-6-24

Staff Signature/Date

8-6-24

NRC Environmental Inspection Form

Date: 7-9-2024 Area 3 West-NRC

Indicator	Yes	No	NA	Comments	Corrective Action	Date Corrected
<b>Safety</b>						
Area clean, including Pt rooms. Showers/bathrooms free of mold/mildew		X		Pt's report it having mold though. Did not see any during search		
Area well lit/no lights out		X		NH, NS, SH, SH - missing lights, 1 missing light in nursing office		
Area free of slip/trip hazards and excess staples	X					
Unit Restraints accounted for.	X					
Outlet covers are intact.	X					
All employees are wearing ID badge in plain sight and carrying radios.	X					
Electrical panel unobstructed	X					
<b>Security</b>						
All doors secured	X					
Window Integrity checked	X					
Badge Readers are working properly	X					
Sensitive areas are maintained secure/No unusual activity	X					
Code Green Buttons Accessible	X					
Other Security Deficiencies						
<b>Hazardous Mat.</b>						
EVS utility rooms locked.	X					
All chemicals are stored properly with appropriate labeling.	X					
Only hospital approved cleaning supplies in the patient areas.	X					
<b>Fire</b>						
Fire door/Alarms operable and not obstructed	X					
No "daisy-chaining" of electrical items.	X					

Due to Quality Assurance Department by the 15<sup>th</sup> of each month

	Y	N	N/A		
Corridors and exits are clear and unobstructed. No items are hung from ceiling or impacting 8' clearance in hallways. Exit signs functioning and pointed in correct direction.	X				
Fire extinguisher pin in place	X				
Magnetic doors (in patient area) are latching correctly	X				
Electrical Panel in staff office is not blocked	X				
No objects blocking sprinklers	X				
All seasonal combustible decorations have been treated with fire retardant and are tagged.	X				
<b>Facility Safety</b>					
Gates are operable and no issues with perimeter fence.			N/A		
Exterior doors are locked and working properly	X			Fire alarm function just fine	
Exterior lights are working			N/A		

**Additional Comments:**

Prs report phones cutting in and out/hose phone cords is what prs report could be causing it.

Bubbling found in nurses office (back wall)

Toilet in 3rd stall water pipe splintered on - Damage to wash

JD  
*Josh Deiterman*  
 Staff Signature/Date

07-09-2024



NRC Environmental Inspection Form

Date: *11/9/24* Area: *Dietary*

Indicator	Yes	No	NA	Comments	Corrective Action	Date Corrected
<b>Safety</b>						
Area clean, including Pt rooms. Showers/bathrooms free of mold/mildew	✓					
Area well lit/no lights out	✓					
Area free of slip/trip hazards	✓					
Unit Restraints accounted for.	✓					
Outlet covers are intact.	✓					
All employees are wearing ID badge in plain sight and carrying radios.	✓					
Electrical panel unobstructed	✓					
<b>Security</b>						
All doors secured/locked	✓					
Window Integrity checked	✓					
Badge Readers are working properly	✓					
Sensitive areas are maintained secure/No unusual activity	✓					
Code Green Buttons Accessible	✓					
Observation computer is working correctly(Logged in and on correct cameras)	✓					
<b>Hazardous Mat.</b>						
EVS utility rooms locked.	✓					
All chemicals are stored properly with appropriate labeling.	✓					
Only hospital approved cleaning supplies in the patient areas.	✓					
<b>Fire</b>						
Fire door/Alarms operable and not obstructed	✓					

No "daisy-chaining" of electrical items.	✓					
Corridors and exits are clear and unobstructed. No items are hung from ceiling or impacting 8' clearance in hallways. Exit signs functioning and pointed in correct direction.	✓					
Fire extinguisher pin in place	✓					
Magnetic doors (in patient area) are latching correctly	✓					
Electrical Panel in staff office is not blocked	✓					
No objects blocking sprinklers	✓					
Decorations are sprayed and tagged	✓					
<b>Facility Safety</b>						
Gates are operable and no issues with perimeter fence.	✓					
Exterior doors are locked and working properly	✓					
Exterior lights are working (Fire Escape lights)	✓					
Other issues noted	✓					

**Additional Comments:**

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*Austin Slaw RT 7/9/24*

Staff Signature/Date

NRC Environmental Inspection Form

Date: 7/9/24 Area PDW

Indicator	Area			Comments	Corrective Action	Date Corrected
	Yes	No	NA			
<b>Safety</b>						
Area clean, including Pt rooms. Showers/bathrooms free of mold/mildew	X					
Area well lit/no lights out	X			Sublim area has 12 3' x 4' 3' ft		
Area free of slip/trip hazards	X					
Unit Restraints accounted for.	X					
Outlet covers are intact.	X					
All employees are wearing ID badge in plain sight and carrying radios.	X					
Electrical panel unobstructed	X					
<b>Security</b>						
All doors secured/locked	X					
Window Integrity checked	X					
Badge Readers are working properly	X					
Sensitive areas are maintained secure/No unusual activity	X					
Code Green Buttons Accessible	X					
Observation computer is working correctly(Logged in and on correct cameras)	X					
<b>Hazardous Mat.</b>						
EVS utility rooms locked.	X					
All chemicals are stored properly with appropriate labeling.	X					
Only hospital approved cleaning supplies in the patient areas.	X					
<b>Fire</b>						
Fire door/Alarms operable and not obstructed	X					

No "daisy-chaining" of electrical items.	X						
Corridors and exits are clear and unobstructed. No items are hung from ceiling or impacting 8' clearance in hallways. Exit signs functioning and pointed in correct direction.	X						
Fire extinguisher pin in place	X						
Magnetic doors (in patient area) are latching correctly	X						
Electrical Panel in staff office is not blocked	X						
No objects blocking sprinklers	X						
Decorations are sprayed and tagged	X						
<b>Facility Safety</b>							
Gates are operable and no issues with perimeter fence.	X						
Exterior doors are locked and working properly	X						
Exterior lights are working (Fire Escape lights)	X						
Other issues noted							

**Additional Comments:**

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*Colton Pennington*  
 Staff Signature/Date 7/9/24

NRC Environmental Inspection Form

Date: 7/28/2023 Area: 2023/1552

Indicator	Yes	No	NA	Comments	Corrective Action	Date Corrected
<b>Safety</b>						
Area clean, including Pt rooms. Showers/bathrooms free of mold/mildew						
Area well lit/no lights out						
Area free of slip/trip hazards						
Unit Restraints accounted for.						
Outlet covers are intact.						
All employees are wearing ID badge in plain sight and carrying radios.						
Electrical panel unobstructed						
<b>Security</b>						
All doors secured/locked						
Window Integrity checked						
Badge Readers are working properly						
Sensitive areas are maintained secure/No unusual activity						
Code Green Buttons Accessible						
Observation computer is working correctly (Logged in and on correct cameras)						
<b>Hazardous Mat.</b>						
EVS utility rooms locked.						
All chemicals are stored properly with appropriate labeling.						
Only hospital approved cleaning supplies in the patient areas.						
<b>Fire</b>						
Fire door/Alarms operable and not obstructed						



No "daisy-chaining" of electrical items.								
Corridors and exits are clear and unobstructed.								
No items are hung from ceiling or impacting 8' clearance in hallways.								
Exit signs functioning and pointed in correct direction.								
Fire extinguisher in place								
Magnetic doors (in patient area) are latching correctly								
Electrical Panel in staff office is not blocked								
No objects blocking sprinklers								
Decorations are sprayed and tagged								
<b>Facility Safety</b>								
Gates are operable and no issues with perimeter fence.						✓		
Exterior doors are locked and working properly						✓		
Exterior lights are working (Fire Escape lights)						✓		
Other issues noted								

**Additional Comments:**

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9/24/24 7-15-24

Staff Signature/Date

*J. Brown* 7-15-24





NRC Environmental Inspection Form

Date:	Area			Comments	Corrective Action	Date Corrected
	Indicator	Yes	No			
	<b>Safety</b>					
	Area clean, including Pt rooms. Showers/bathrooms free of mold/mildew					
	Area well lit/no lights out					
	Area free of slip/trip hazards					
	Unit Restraints accounted for.					
	Outlet covers are intact.					
	All employees are wearing ID badge in plain sight and carrying radios.					
	Electrical panel unobstructed					
	<b>Security</b>					
	All doors secured/locked					
	Window Integrity checked					
	Badge Readers are working properly					
	Sensitive areas are maintained secure/No unusual activity					
	Code Green Buttons Accessible					
	Observation computer is working correctly (Logged in and on correct cameras)					
	<b>Hazardous Mat.</b>					
	EVS utility rooms locked.					
	All chemicals are stored properly with appropriate labeling.	✓				
	Only hospital approved cleaning supplies in the patient areas.					
	<b>Fire</b>					
	Fire door/Alarms operable and not obstructed					

No "daisy-chaining" of electrical items.						
Corridors and exits are clear and unobstructed. No items are hung from ceiling or impacting 8' clearance in hallways. Exit signs functioning and pointed in correct direction.						
Fire extinguisher pin in place						
Magnetic doors (in patient area) are latching correctly						
Electrical Panel in staff office is not blocked						
No objects blocking sprinklers						
Decorations are sprayed and tagged						
<b>Facility Safety</b>						
Gates are operable and no issues with perimeter fence.						
Exterior doors are locked and working properly						
Exterior lights are working (Fire Escape lights)						
Other issues noted						

**Additional Comments:**

1. All fire extinguishers are in place and working properly. 2. All exit signs are in place and working properly. 3. All fire escape lights are in place and working properly. 4. All perimeter fence gates are in good working order. 5. All exterior doors are locked and working properly. 6. All exterior lights are in good working order. 7. All fire escape lights are in good working order. 8. All other issues noted are in good working order.

*[Handwritten Signature]*

Staff Signature/Date

NRC Environmental Inspection Form

Date: 5 July 2024 Area 2 WEST

Indicator	Yes	No	NA	Comments	Corrective Action	Date Corrected
<b>Safety</b>						
Area clean, including Pt rooms. Showers/bathrooms free of mold/mildew	X					
Area well lit/no lights out	X					
Area free of slip/trip hazards	X					
Unit Restraints accounted for.	X					
Outlet covers are intact.	X					
All employees are wearing ID badge in plain sight and carrying radios.	X					
Electrical panel unobstructed	X					
<b>Security</b>						
All doors secured/locked	X					
Window Integrity checked	X					
Badge Readers are working properly	X					
Sensitive areas are maintained secure/No unusual activity	X					
Code Green Buttons Accessible	X					
Observation computer is working correctly (Logged in and on correct cameras)	X					
<b>Hazardous Mat.</b>						
EVS utility rooms locked.	X					
All chemicals are stored properly with appropriate labeling.	X					
Only hospital approved cleaning supplies in the patient areas.	X					
<b>Fire</b>						
Fire door/Alarms operable and not obstructed	X					

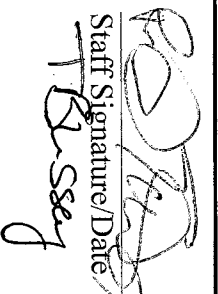
SOAP DISPENSER IN NORTH BATHROOM IS BROKE

Sent to Jh Kelly

7-8-24

No "daisy-chaining" of electrical items.	X				
Corridors and exits are clear and unobstructed. No items are hung from ceiling or impacting 8' clearance in hallways. Exit signs functioning and pointed in correct direction.	X				
Fire extinguisher pin in place	X				
Magnetic doors (in patient area) are latching correctly	X				
Electrical Panel in staff office is not blocked	X				
No objects blocking sprinklers	X				
Decorations are sprayed and tagged		X			
<b>Facility Safety</b>					
Gates are operable and no issues with perimeter fence.		X			
Exterior doors are locked and working properly		X			
Exterior lights are working (Fire Escape lights)	X				
Other issues noted		X			

Additional Comments: Tiffany just did her bi-annual walk through E Drows. Many items noted E Drows. TB

  
 Staff Signature/Date  
T. Bussey RT 5 JUNE 2024  
7/8/24

NRC Environmental Inspection Form

Date: 1/30/23 Area West

Indicator	Yes	No	NA	Comments	Corrective Action	Date Corrected
<b>Safety</b>						
Area clean, including Pt rooms. Showers/bathrooms free of mold/mildew	✓					
Area well lit/no lights out	✓					
Area free of slip/trip hazards and excess staples	✓					
Unit Restraints accounted for.	✓					
Outlet covers are intact.	✓					
All employees are wearing ID badge in plain sight and carrying radios.	✓					
Electrical panel unobstructed	✓					
<b>Security</b>						
All doors secured	✓					
Window Integrity checked	✓					
Badge Readers are working properly	✓					
Sensitive areas are maintained secure/No unusual activity	✓					
Code Green Buttons Accessible	✓					
Other Security Deficiencies			✓			
<b>Hazardous Mat.</b>						
EVS utility rooms locked.	✓					
All chemicals are stored properly with appropriate labeling.	✓					
Only hospital approved cleaning supplies in the patient areas.	✓					
<b>Fire</b>						
Fire door/Alarms operable and not obstructed	✓					
No "daisy-chaining" of electrical items.	✓					

Due to Quality Assurance Department by the 15<sup>th</sup> of each month

Corridors and exits are clear and unobstructed. No items are hung from ceiling or impacting 8' clearance in hallways. Exit signs functioning and pointed in correct direction.	✓					
Fire extinguisher pin in place	✓					
Magnetic doors (in patient area) are latching correctly	✓					
Electrical Panel in staff office is not blocked	✓					
No objects blocking sprinklers	✓					
All seasonal combustible decorations have been treated with fire retardant and are tagged.	✓					
<b>Facility Safety</b>						
Gates are operable and no issues with perimeter fence.	✓					
Exterior doors are locked and working properly	✓					
Exterior lights are working	✓					

**Additional Comments:**

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 | 1/30/23  
Staff Signature/Date

NRC Environmental Inspection Form

Date: 01-18-23 Area 1st Floor

Indicator	Yes	No	NA	Comments	Corrective Action	Date Corrected
<b>Safety</b>						
Area clean, including Pt rooms. Showers/bathrooms free of mold/mildew	✓					
Area well lit/no lights out	✓					
Area free of slip/trip hazards and excess staples	✓					
Unit Restraints accounted for.	✓					
Outlet covers are intact.	✓					
All employees are wearing ID badge in plain sight and carrying radios.	✓					
Electrical panel unobstructed	✓					
<b>Security</b>						
All doors secured	✓					
Window Integrity checked	✓					
Badge Readers are working properly	✓					
Sensitive areas are maintained secure/No unusual activity	✓					
Code Green Buttons Accessible	✓					
Other Security Deficiencies						
<b>Hazardous Mat.</b>						
EVS utility rooms locked.	✓					
All chemicals are stored properly with appropriate labeling.	✓					
Only hospital approved cleaning supplies in the patient areas.	✓					
<b>Fire</b>						
Fire door/Alarms operable and not obstructed	✓					
No "daisy-chaining" of electrical items.	✓					

Due to Quality Assurance Department by the 15<sup>th</sup> of each month

Corridors and exits are clear and unobstructed. No items are hung from ceiling or impacting 8' clearance in hallways. Exit signs functioning and pointed in correct direction.	✓					
Fire extinguisher pin in place	✓					
Magnetic doors (in patient area) are latching correctly	✓					
Electrical Panel in staff office is not blocked	✓					
No objects blocking sprinklers	✓					
All seasonal combustible decorations have been treated with fire retardant and are tagged.	✓					
<b>Facility Safety</b>						
Gates are operable and no issues with perimeter fence.	✓					
Exterior doors are locked and working properly	✓					
Exterior lights are working	✓					

Additional Comments:

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*Anna S. [Signature]* 1-18-23  
 Staff Signature/Date

Due to Quality Assurance Department by the 15<sup>th</sup> of each month



**NRC Environmental Inspection Form**

Date: 1-15-2023

Area: 2 East

Indicator	Yes	No	N/A	Comments	Corrective Action	Date Corrected
<b>Safety</b>						
Area clean, including Pt rooms. Showers/ bathrooms free of mold/mildew	X					
Area well lit/no lights out	X					
Area free of slip/trip hazards and excess staples	X					
Unit Restraints accounted for.	X					
Outlet covers are intact.	X					
All employees are wearing ID badge in plain sight and carrying radios.	X					
Electrical panel unobstructed	X					
<b>Security</b>						
All doors secured	X					
Window integrity checked	X					
Badge Readers are working properly	X					
Sensitive areas are maintained secure/No unusual activity	X					
Code Green Buttons Accessible	X					
Other Security Deficiencies			X			
<b>Hazardous Mat.</b>						
EVS utility rooms locked.	X					
All chemicals are stored properly with appropriate labeling.	X					
Only hospital approved cleaning supplies in the patient areas.	X					
<b>Fire</b>						
Fire door/Alarms operable and not obstructed	X					
No "daisy-chaining" of electrical items.	X					

Due to Quality Assurance by the 15th of each month



Fire (Continued)					
Corridors and exits are clear and unobstructed. No items are hung from ceiling or impacting 8' clearance in hallways. Exit signs functioning and pointed in correct direction.	X				
Fire extinguisher pin in place	X				
Magnetic doors (in patient area) are latching correctly	X				
Electrical Panel in staff office is not blocked	X				
No objects blocking sprinklers	X				
All seasonal combustible decorations have been treated with fire retardant and are tagged.				X	
<b>Facility Safety</b>					
Gates are operable and no issues with perimeter fence.				X	
Exterior doors are locked and working properly			X		
Exterior lights are working				X	
Additional Comments:					
Supply room door handle is loose - in need of repair/replacement.					
Staff complaint of broken chairs / no good chairs.					

 1-15-2023  
Staff Signature/Date

Due to Quality Assurance by the 15th of each month



**NRC Environmental Inspection Form**

Date: 1-15-2023 Area: SSC

Indicator	Yes	No	N/A	Comments	Corrective Action	Date Corrected
<b>Safety</b>						
Area clean, including Pt rooms. Showers/bathrooms free of mold/mildew	X					
Area well lit/no lights out	X					
Area free of slip/trip hazards and excess staples	X					
Unit Restraints accounted for.	X					
Outlet covers are intact.	X					
All employees are wearing ID badge in plain sight and carrying radios.	X			<i>RT - the only staff present during inspection</i>		
Electrical panel unobstructed	X					
<b>Security</b>						
All doors secured	X					
Window integrity checked	X					
Badge Readers are working properly	X					
Sensitive areas are maintained secure/No unusual activity	X					
Code Green Buttons Accessible	X					
Other Security Deficiencies		X				
<b>Hazardous Mat.</b>						
EVS utility rooms locked.	X					
All chemicals are stored properly with appropriate labeling.	X					
Only hospital approved cleaning supplies in the patient areas.	X					
<b>Fire</b>						
Fire door/Alarms operable and not obstructed	X					
No "daisy-chaining" of electrical items.	X					

Due to Quality Assurance by the 15th of each month




**Fire (Continued)**

Corridors and exits are clear and unobstructed. No items are hung from ceiling or impacting 8' clearance in hallways. Exit signs functioning and pointed in correct direction.	✓				
Fire extinguisher pin in place	✓				
Magnetic doors (in patient area) are latching correctly	✓				
Electrical Panel in staff office is not blocked	✓				
No objects blocking sprinklers	✗				
All seasonal combustible decorations have been treated with fire retardant and are tagged.				✓	

**Facility Safety**

Gates are operable and no issues with perimeter fence.				✓	
Exterior doors are locked and working properly	✓				
Exterior lights are working				✓	

Additional Comments:


 1-15-2003  
Staff Signature/Date

Due to Quality Assurance by the 15th of each month





NRC Environmental Inspection Form

Date: 01-18-23 Area PDE

Indicator	Yes	No	NA	Comments	Corrective Action	Date Corrected
<b>Safety</b>						
Area clean, including Pt rooms. Showers/bathrooms free of mold/mildew	✓					
Area well lit/no lights out	✓					
Area free of slip/trip hazards and excess staples	✓					
Unit Restraints accounted for.	✓					
Outlet covers are intact.	✓					
All employees are wearing ID badge in plain sight and carrying radios.	✓					
Electrical panel unobstructed	✓					
<b>Security</b>						
All doors secured	✓					
Window Integrity checked	✓					
Badge Readers are working properly	✓					
Sensitive areas are maintained secure/No unusual activity	✓					
Code Green Buttons Accessible	✓					
Other Security Deficiencies						
<b>Hazardous Mat.</b>						
EVS utility rooms locked.	✓					
All chemicals are stored properly with appropriate labeling.	✓					
Only hospital approved cleaning supplies in the patient areas.	✓					
<b>Fire</b>						
Fire door/Alarms operable and not obstructed	✓					
No "daisy-chaining" of electrical items.	✓					

Due to Quality Assurance Department by the 15<sup>th</sup> of each month

Corridors and exits are clear and unobstructed. No items are hung from ceiling or impacting 8' clearance in hallways. Exit signs functioning and pointed in correct direction.	✓				
Fire extinguisher pin in place.	✓				
Magnetic doors (in patient area) are latching correctly.	✓				
Electrical Panel in staff office is not blocked.	✓				
No objects blocking sprinklers.	✓				
All seasonal combustible decorations have been treated with fire retardant and are tagged.	✓				
<b>Facility Safety</b>					
Gates are operable and no issues with perimeter fence.	✓				
Exterior doors are locked and working properly.	✓				
Exterior lights are working.	✓				

Additional Comments:

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*James R. [Signature]*  
 Staff Signature/Date 1-18-23

Due to Quality Assurance Department by the 15<sup>th</sup> of each month

**NRC Environmental Inspection Form**

Date: 01-09-2023 Area: Dietary

Indicator	Yes	No	N/A	Comments	Corrective Action	Date Corrected
<b>Safety</b>						
Area clean, including Pt rooms. Showers/ bathrooms free of mold/mildew	✓					
Area well lit/no lights out	✓					
Area free of slip/trip hazards and excess staples	✓					
Unit Restraints accounted for.	✓					
Outlet covers are intact.	✓					
All employees are wearing ID badge in plain sight and carrying radios.	✓					
Electrical panel unobstructed	✓					
<b>Security</b>						
All doors secured	✓					
Window Integrity checked	✓					
Badge Readers are working properly	✓					
Sensitive areas are maintained secure/No unusual activity	✓					
Code Green Buttons Accessible	✓					
Other Security Deficiencies			✓			
<b>Hazardous Mat.</b>						
EVS utility rooms locked.	✓					
All chemicals are stored properly with appropriate labeling.	✓					
Only hospital approved cleaning supplies in the patient areas.	✓					
<b>Fire</b>						
Fire door/Alarms operable and not obstructed	✓					
No "daisy-chaining" of electrical items.	✓					

Due to Quality Assurance by the 15th of each month



<b>Fire (Continued)</b>			
Corridors and exits are clear and unobstructed. No items are hung from ceiling or impacting 8' clearance in hallways. Exit signs functioning and pointed in correct direction.	✓		
Fire extinguisher pin in place	✓		
Magnetic doors (in patient area) are latching correctly	✓		
Electrical Panel in staff office is not blocked	✓		
No objects blocking sprinklers	✓		
All seasonal combustible decorations have been treated with fire retardant and are tagged.	✓		
<b>Facility Safety</b>			
Gates are operable and no issues with perimeter fence.	✓		
Exterior doors are locked and working properly	✓		
Exterior lights are working	✓		
<b>Additional Comments:</b>			
<i>Paint chipping needs touching up around the dish wash area</i>			
<i>Walkin door seals need repair/replaced</i>			

*John A. P.*  
Staff Signature/Date  
01-09-2023

Due to Quality Assurance by the 15th of each month



NRC Environmental Inspection Form

Date: 1-3-2023 Area OT

Indicator	Yes	No	NA	Comments	Corrective Action	Date Corrected
<b>Safety</b>						
Area clean, including Pt rooms. Showers/bathrooms free of mold/mildew	✓					
Area well lit/no lights out	✓			Large storage unit 100ft Brotherhood name worked		
Area free of slip/trip hazards and excess staples	✓					
Unit Restraints accounted for.			✓			
Outlet covers are intact.	✓			Kiln room light switch cover cracked		
All employees are wearing ID badge in plain sight and carrying radios.			✓			
Electrical panel unobstructed	✓					
<b>Security</b>						
All doors secured	✓					
Window Integrity checked	✓					
Badge Readers are working properly	✓			Badge reader to west courtyard doesn't beep		
Sensitive areas are maintained secure/No unusual activity	✓					
Code Green Buttons Accessible	✓					
Other Security Deficiencies			✓			
<b>Hazardous Mat.</b>						
EVS utility rooms locked.	✓					
All chemicals are stored properly with appropriate labeling.	✓					
Only hospital approved cleaning supplies in the patient areas.	✓					
<b>Fire</b>						
Fire door/Alarms operable and not obstructed	✓					
No "daisy-chaining" of electrical items.	✓					

Due to Quality Assurance Department by the 15<sup>th</sup> of each month





Corridors and exits are clear and unobstructed. No items are hung from ceiling or impacting 8' clearance in hallways. Exit signs functioning and pointed in correct direction.	✓				
Fire extinguisher pin in place	✓				
Magnetic doors (in patient area) are latching correctly	✓				Door to west courtyard had a delayed lock 3 shuts before latched
Electrical Panel in staff office is not blocked	✓				
No objects blocking sprinklers	✓				
All seasonal combustible decorations have been treated with fire retardant and are tagged.		✓			Not sure how you check that please advise
<b>Facility Safety</b>					
Gates are operable and no issues with perimeter fence.		✓			
Exterior doors are locked and working properly	✓				See above
Exterior lights are working	✓				

**Additional Comments:**

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*Abriq NT 1/3/2023*

Staff Signature/Date



NRC Environmental Inspection Form

Date: 1-20-2023 Area Unit 2 West


Indicator	Yes	No	NA	Comments	Corrective Action	Date Corrected
<b>Safety</b>						
Area clean, including Pt rooms. Showers/bathrooms free of mold/mildew		✓				
Area well lit/no lights out	✓					
Area free of slip/trip hazards and excess staples	✓					
Unit Restraints accounted for.	✓					
Outlet covers are intact.	✓					
All employees are wearing ID badge in plain sight and carrying radios.	✓					
Electrical panel unobstructed	✓					
<b>Security</b>						
All doors secured	✓					
Window Integrity checked	✓					
Badge Readers are working properly	✓					
Sensitive areas are maintained secure/No unusual activity	✓					
Code Green Buttons Accessible	✓					
Other Security Deficiencies	✓					
<b>Hazardous Mat.</b>						
EVS utility rooms locked.	✓					
All chemicals are stored properly with appropriate labeling.		✓		Labels don't tell what the contents are, just general or windex.		
Only hospital approved cleaning supplies in the patient areas.	✓					
<b>Fire</b>						
Fire door/Alarms operable and not obstructed	✓					
No "daisy-chaining" of electrical items.	✓					

Due to Quality Assurance Department by the 15<sup>th</sup> of each month

Corridors and exits are clear and unobstructed. No items are hung from ceiling or impacting 8' clearance in hallways. Exit signs functioning and pointed in correct direction.	✓				
Fire extinguisher pin in place	✓				
Magnetic doors (in patient area) are latching correctly	✓				
Electrical Panel in staff office is not blocked	✓				
No objects blocking sprinklers	✓				
All seasonal combustible decorations have been treated with fire retardant and are tagged.	✓				
<b>Facility Safety</b>					
Gates are operable and no issues with perimeter fence.	✓				
Exterior doors are locked and working properly	✓				
Exterior lights are working	✓				

**Additional Comments:**

Unit could use deep cleaning in patient showers in the ventilation. Patients shower curtain keeps ripping in middle(unknown if a patient in intentially doing this).


  
 Staff Signature/Date

1-20-2023

NRC Environmental Inspection Form

Date: Feb 17

Indicator	Area		Comments	Corrective Action	Date Corrected
	Yes	No NA			
<b>Safety</b>					
Area clean, including Pt rooms. Showers/bathrooms free of mold/mildew	X				
Area well lit/no lights out	X				
Area free of slip/trip hazards and excess staples	X				
Unit Restraints accounted for.	X				
Outlet covers are intact.	X				
All employees are wearing ID badge in plain sight and carrying radios.	X				
Electrical panel unobstructed	X				
<b>Security</b>					
All doors secured	X				
Window Integrity checked	X				
Badge Readers are working properly	X				
Sensitive areas are maintained secure/No unusual activity	X				
Code Green Buttons Accessible	X				
Other Security Deficiencies	X				
<b>Hazardous Mat.</b>					
EVS utility rooms locked.	X				
All chemicals are stored properly with appropriate labeling.	X				
Only hospital approved cleaning supplies in the patient areas.	X				
<b>Fire</b>					
Fire door/Alarms operable and not obstructed	X				
No "daisy-chaining" of electrical items.	X				

Due to Quality Assurance Department by the 15<sup>th</sup> of each month



Corridors and exits are clear and unobstructed. No items are hung from ceiling or impacting 8' clearance in hallways. Exit signs functioning and pointed in correct direction.	X				
Fire extinguisher pin in place	X				
Magnetic doors (in patient area) are latching correctly	X				
Electrical Panel in staff office is not blocked	X				
No objects blocking sprinklers	X				
All seasonal combustible decorations have been treated with fire retardant and are tagged.	X				
<b>Facility Safety</b>					
Gates are operable and no issues with perimeter fence.	X				
Exterior doors are locked and working properly	X				
Exterior lights are working	X				

Additional Comments:

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Staff Signature/Date





NRC Environmental Inspection Form

Date: 2-10-2023 Area Unit 2 West

Indicator	Yes	No	NA	Comments	Corrective Action	Date Corrected
<b>Safety</b>						
Area clean, including Pt rooms. Showers/bathrooms free of mold/mildew		✓				
Area well lit/no lights out	✓					
Area free of slip/trip hazards and excess staples	✓					
Unit Restraints accounted for.	✓					
Outlet covers are intact.	✓					
All employees are wearing ID badge in plain sight and carrying radios.	✓					
Electrical panel unobstructed	✓					
<b>Security</b>						
All doors secured	✓					
Window Integrity checked	✓					
Badge Readers are working properly	✓					
Sensitive areas are maintained secure/No unusual activity	✓					
Code Green Buttons Accessible	✓					
Other Security Deficiencies		✓				
<b>Hazardous Mat.</b>						
EVS utility rooms locked.	✓					
All chemicals are stored properly with appropriate labeling.		✓		Bottles just marked with tape.		
Only hospital approved cleaning supplies in the patient areas.	✓					
<b>Fire</b>						
Fire door/Alarms operable and not obstructed	✓					
No "daisy-chaining" of electrical items.	✓					

Due to Quality Assurance Department by the 15<sup>th</sup> of each month

Corridors and exits are clear and unobstructed. No items are hung from ceiling or impacting 8' clearance in hallways. Exit signs functioning and pointed in correct direction.	✓				
Fire extinguisher pin in place	✓				
Magnetic doors (in patient area) are latching correctly	✓				
Electrical Panel in staff office is not blocked	✓				
No objects blocking sprinklers	✓				
All seasonal combustible decorations have been treated with fire retardant and are tagged.	✓				
<b>Facility Safety</b>					
Gates are operable and no issues with perimeter fence.	✓				
Exterior doors are locked and working properly	✓				
Exterior lights are working	✓				

**Additional Comments:**

Bathroom's need deep cleaning in vents.

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*Josh Nelson*

2-10-2023

Staff Signature/Date

NRC Environmental Inspection Form

Date: 2-27-23 Area 3 West

Indicator	Yes	No	NA	Comments	Corrective Action	Date Corrected
<b>Safety</b>						
Area clean, including Pt rooms. Showers/bathrooms free of mold/mildew	✓					
Area well lit/no lights out	✓					
Area free of slip/trip hazards and excess staples	✓					
Unit Restraints accounted for.	✓					
Outlet covers are intact.	✓			Tempuature guage in staff break room missing cover.		
All employees are wearing ID badge in plain sight and carrying radios.	✓					
Electrical panel unobstructed	✓					
<b>Security</b>						
All doors secured	✓					
Window Integrity checked	✓					
Badge Readers are working properly	✓					
Sensitive areas are maintained secure/No unusual activity	✓					
Code Green Buttons Accessible	✓					
Other Security Deficiencies		✓				
<b>Hazardous Mat.</b>						
EVS utility rooms locked.	✓					
All chemicals are stored properly with appropriate labeling.	✓					
Only hospital approved cleaning supplies in the patient areas.	✓					
<b>Fire</b>						
Fire door/Alarms operable and not obstructed	✓					
No "daisy-chaining" of electrical items.	✓					

Due to Quality Assurance Department by the 15<sup>th</sup> of each month

Corridors and exits are clear and unobstructed. No items are hung from ceiling or impacting 8" clearance in hallways. Exit signs functioning and pointed in correct direction.	✓				
Fire extinguisher pin in place	✓				
Magnetic doors (in patient area) are latching correctly	✓				
Electrical Panel in staff office is not blocked	✓				
No objects blocking sprinklers	✓				
All seasonal combustible decorations have been treated with fire retardant and are tagged.	✓				
<b>Facility Safety</b>					
Gates are operable and no issues with perimeter fence.	✓				
Exterior doors are locked and working properly	✓				
Exterior lights are working	✓				

**Additional Comments:**

Overhead AC units blades dusty. 3 west having issue with sosp dispenser in laundry room(leaking). A hole in the wall by the baseboard where staff place game console.

*Josh Deiterman* 2-27-23  
Staff Signature/Date

Due to Quality Assurance Department by the 15<sup>th</sup> of each month

NRC Environmental Inspection Form

Date: 2-2-23 RT

Indicator	Area			Comments	Corrective Action	Date Corrected
	Yes	No	NA			
<b>Safety</b>						
Area clean, including Pt rooms. Showers/bathrooms free of mold/mildew	✓					
Area well lit/no lights out	✓					
Area free of slip/trip hazards and excess staples	✓					
Unit Restraints accounted for.	✓					
Outlet covers are intact.	✓					
All employees are wearing ID badge in plain sight and carrying radios.	✓					
Electrical panel unobstructed	✓					
<b>Security</b>						
All doors secured	✓					
Window Integrity checked	✓					
Badge Readers are working properly	✓					
Sensitive areas are maintained secure/No unusual activity	✓					
Code Green Buttons Accessible	✓					
Other Security Deficiencies						
<b>Hazardous Mat.</b>						
EVS utility rooms locked.	✓					
All chemicals are stored properly with appropriate labeling.	✓					
Only hospital approved cleaning supplies in the patient areas.	✓					
<b>Fire</b>						
Fire door/Alarms operable and not obstructed	✓					
No "daisy-chaining" of electrical items.	✓					

Due to Quality Assurance Department by the 15<sup>th</sup> of each month

Corridors and exits are clear and unobstructed. No items are hung from ceiling or impacting 8' clearance in hallways. Exit signs functioning and pointed in correct direction.	✓				
Fire extinguisher pin in place	✓				
Magnetic doors (in patient area) are latching correctly	✓				
Electrical Panel in staff office is not blocked	✓				
No objects blocking sprinklers	✓				
All seasonal combustible decorations have been treated with fire retardant and are tagged.	✓				
<b>Facility Safety</b>					
Gates are operable and no issues with perimeter fence.	✓				
Exterior doors are locked and working properly	✓				
Exterior lights are working	✓				

**Additional Comments:**

Pipe leaking from ceiling in South Dayhall, Bucket tied to pipe. East room ceiling falling down. Paper in room is OK ceiling coming off.

James Ben RT 2-2-23  
 Staff Signature/Date

NRC Environmental Inspection Form

Date: 2-2-23 Area 2<sup>nd</sup> Floor

Indicator	Yes	No	NA	Comments	Corrective Action	Date Corrected
<b>Safety</b>						
Area clean, including Pt rooms. Showers/bathrooms free of mold/mildew	✓					
Area well lit/no lights out	✓					
Area free of slip/trip hazards and excess staples	✓					
Unit Restraints accounted for.	✓					
Outlet covers are intact.	✓					
All employees are wearing ID badge in plain sight and carrying radios.	✓					
Electrical panel unobstructed	✓					
<b>Security</b>						
All doors secured	✓					
Window Integrity checked	✓					
Badge Readers are working properly	✓					
Sensitive areas are maintained secure/No unusual activity	✓					
Code Green Buttons Accessible	✓					
Other Security Deficiencies	✓					
<b>Hazardous Mat.</b>						
EVS utility rooms locked.	✓					
All chemicals are stored properly with appropriate labeling.	✓					
Only hospital approved cleaning supplies in the patient areas.	✓					
<b>Fire</b>						
Fire door/Alarms operable and not obstructed	✓					
No "daisy-chaining" of electrical items.	✓					

Due to Quality Assurance Department by the 15<sup>th</sup> of each month

Corridors and exits are clear and unobstructed. No items are hung from ceiling or impacting 8' clearance in hallways. Exit signs functioning and pointed in correct direction.	✓				
Fire extinguisher pin in place	✓				
Magnetic doors (in patient area) are latching correctly	✓				
Electrical Panel in staff office is not blocked	✓				
No objects blocking sprinklers	✓				
All seasonal combustible decorations have been treated with fire retardant and are tagged.	✓				
<b>Facility Safety</b>					
Gates are operable and no issues with perimeter fence.	✓				
Exterior doors are locked and working properly	✓				
Exterior lights are working	✓				

Additional Comments:

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*James B. St*  
 Staff Signature/Date 2-2-23

Due to Quality Assurance Department by the 15<sup>th</sup> of each month



**NRC Environmental Inspection Form**

Date: 2-15-23

Area: 2E/SSC

Indicator	Yes	No	N/A	Comments	Corrective Action	Date Corrected
<b>Safety</b>						
Area clean, including Pt rooms.	<input checked="" type="checkbox"/>					
Showers/ bathrooms free of mold/mildew	<input checked="" type="checkbox"/>					
Area well lit/no lights out	<input checked="" type="checkbox"/>					
Area free of slip/trip hazards and excess staples	<input checked="" type="checkbox"/>					
Unit Restraints accounted for.	<input checked="" type="checkbox"/>					
Outlet covers are intact.	<input checked="" type="checkbox"/>					
All employees are wearing ID badge in plain sight and carrying radios.	<input checked="" type="checkbox"/>					
Electrical panel unobstructed	<input checked="" type="checkbox"/>					
<b>Security</b>						
All doors secured	<input checked="" type="checkbox"/>					
Window Integrity checked	<input checked="" type="checkbox"/>					
Badge Readers are working properly	<input checked="" type="checkbox"/>					
Sensitive areas are maintained secure/No unusual activity	<input checked="" type="checkbox"/>					
Code Green Buttons Accessible	<input checked="" type="checkbox"/>					
Other Security Deficiencies	<input checked="" type="checkbox"/>					
<b>Hazardous Mat.</b>						
EVS utility rooms locked.	<input checked="" type="checkbox"/>					
All chemicals are stored properly with appropriate labeling.	<input checked="" type="checkbox"/>					
Only hospital approved cleaning supplies in the patient areas.	<input checked="" type="checkbox"/>					
<b>Fire</b>						
Fire door/Alarms operable and not obstructed	<input checked="" type="checkbox"/>					
No "daisy-chaining" of electrical items.	<input checked="" type="checkbox"/>					

Due to Quality Assurance by the 15th of each month

**Fire (Continued)**

Corridors and exits are clear and unobstructed. No items are hung from ceiling or impacting 8' clearance in hallways. Exit signs functioning and pointed in correct direction.	<input checked="" type="checkbox"/>			
Fire extinguisher pin in place	<input checked="" type="checkbox"/>			
Magnetic doors (in patient area) are latching correctly	<input checked="" type="checkbox"/>			
Electrical Panel in staff office is not blocked	<input checked="" type="checkbox"/>			
No objects blocking sprinklers	<input checked="" type="checkbox"/>			
All seasonal combustible decorations have been treated with fire retardant and are tagged.	<input checked="" type="checkbox"/>			

**Facility Safety**

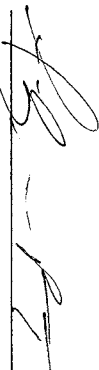
Gates are operable and no issues with perimeter fence.				
Exterior doors are locked and working properly				
Exterior lights are working				

**Additional Comments:**

base tile near N-14, N-12, N-10, bent/broken sheet rock on wall near cubbies in North Dayhall, paint rubbed off S. Alcove by phones

NEARLY ALL 2E STAFF CHAIRS ARE BROKEN multiple staff have fallen on hand chairs collapse onto ankles/feet

Due to Quality Assurance by the 15th of each month

  
 Staff Signature/Date 2-15-03

**NRC Environmental Inspection Form**

Date: 2-7-2023

Area: Dobsony

Indicator	Yes	No	N/A	Comments	Corrective Action	Date Corrected
<b>Safety</b>						
Area clean, including Pt rooms, Showers/ bathrooms free of mold/mildew.	X					
Area well lit/no lights out	X					
Area free of slip/trip hazards and excess staples	X					
Unit Restraints accounted for.	X					
Outlet covers are intact.	X					
All employees are wearing ID badge in plain sight and carrying radios.	X					
Electrical panel unobstructed	X					
<b>Security</b>						
All doors secured	X					
Window integrity checked	X					
Badge Readers are working properly	X					
Sensitive areas are maintained secure/No unusual activity	X					
Code Green Buttons Accessible	X					
Other Security Deficiencies			X			
<b>Hazardous Mat.</b>						
EVS utility rooms locked.	X					
All chemicals are stored properly with appropriate labeling.	X					
Only hospital approved cleaning supplies in the patient areas.	X					
<b>Fire</b>						
Fire door/Alarms operable and not obstructed	X					
No "daisy-chaining" of electrical items.	X					

Due to Quality Assurance by the 15th of each month



**Fire (Continued)**

Corridors and exits are clear and unobstructed. No items are hung from ceiling or impacting 8' clearance in hallways. Exit signs functioning and pointed in correct direction.	X			
Fire extinguisher pin in place	X			
Magnetic doors (in patient area) are latching correctly	X			
Electrical Panel in staff office is not blocked	X			
No objects blocking sprinklers	X			
All seasonal combustible decorations have been treated with fire retardant and are tagged.	X			

**Facility Safety**

Gates are operable and no issues with perimeter fence.		X		
Exterior doors are locked and working properly	X			
Exterior lights are working	X			

**Additional Comments:**

*Door seals need replaced prior to work in freezer and fridge.*

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*[Signature]*  
 Staff Signature/Date

Due to Quality Assurance by the 15th of each month



NRC Environmental Inspection Form

Date: 2-28-23

Area

No

NA

Comments

Corrective Action

Date Corrected

Indicator	Yes	No	NA	Comments	Corrective Action	Date Corrected
<b>Safety</b>						
Area clean, including Pt rooms. Showers/bathrooms free of mold/mildew	✓					
Area well lit/no lights out	✓					
Area free of slip/trip hazards and excess staples	✓					
Unit Restraints accounted for.	✓					
Outlet covers are intact.	✓					
All employees are wearing ID badge in plain sight and carrying radios.	✓					
Electrical panel unobstructed	✓					
<b>Security</b>						
All doors secured	✓					
Window Integrity checked	✓					
Badge Readers are working properly	✓					
Sensitive areas are maintained secure/No unusual activity	✓					
Code Green Buttons Accessible	✓					
Other Security Deficiencies	✓					
<b>Hazardous Materials</b>						
EVS utility rooms locked.	✓					
All chemicals are stored properly with appropriate labeling.	✓					
Only hospital approved cleaning supplies in the patient areas.	✓					
<b>Fire</b>						
Fire door/Alarms operable and not obstructed	✓					
No "daisy-chaining" of electrical items.	✓					

Due to Quality Assurance Department by the 15<sup>th</sup> of each month

Corridors and exits are clear and unobstructed. No items are hung from ceiling or impacting 8' clearance in hallways. Exit signs functioning and pointed in correct direction.	✓				
Fire extinguisher pin in place	✓				
Magnetic doors (in patient area) are latching correctly	✓				
Electrical Panel in staff office is not blocked	✓				
No objects blocking sprinklers	✓				
All seasonal combustible decorations have been treated with fire retardant and are tagged.	✓				
<b>Facility Safety</b>					
Gates are operable and no issues with perimeter fence.	✓				
Exterior doors are locked and working properly	✓				
Exterior lights are working	✓				

**Additional Comments:**

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 \_\_\_\_\_  
 \_\_\_\_\_

*James B. RF*  
 Staff Signature/Date 2-28-23



NRC Environmental Inspection Form

*Mar*

Date:	Indicator	Area			Comments	Corrective Action	Date Corrected
		Yes	No	NA			
	<b>Safety</b>						
	Area clean, including Pt rooms. Showers/bathrooms free of mold/mildew	X					
	Area well lit/no lights out	X					
	Area free of slip/trip hazards and excess staples	X					
	Unit Restraints accounted for.	X					
	Outlet covers are intact.	X					
	All employees are wearing ID badge in plain sight and carrying radios.	X					
	Electrical panel unobstructed	X					
	<b>Security</b>						
	All doors secured	X					
	Window Integrity checked	X					
	Badge Readers are working properly	X					
	Sensitive areas are maintained secure/No unusual activity	X					
	Code Green Buttons Accessible	X					
	Other Security Deficiencies	X					
	<b>Hazardous Mat.</b>						
	EVS utility rooms locked.	X					
	All chemicals are stored properly with appropriate labeling.	X					
	Only hospital approved cleaning supplies in the patient areas.	X					
	<b>Fire</b>						
	Fire door/Alarms operable and not obstructed	X					
	No "daisy-chaining" of electrical items.	X					

Due to Quality Assurance Department by the 15<sup>th</sup> of each month

Corridors and exits are clear and unobstructed. No items are hung from ceiling or impacting 8" clearance in hallways. Exit signs functioning and pointed in correct direction.	X				
Fire extinguisher pin in place	X				
Magnetic doors (in patient area) are latching correctly	X				
Electrical Panel in staff office is not blocked	X				
No objects blocking sprinklers	X				
All seasonal combustible decorations have been treated with fire retardant and are tagged.	X				
<b>Facility Safety</b>					
Gates are operable and no issues with perimeter fence.	X				
Exterior doors are locked and working properly	X				
Exterior lights are working	X				

**Additional Comments:**

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 Staff Signature/Date

**NRC Environmental Inspection Form**

Date: 3-27-23

Area: 2E

(SSC occupancy)

Indicator	Yes	No	N/A	Comments	Corrective Action	Date Corrected
<b>Safety</b>						
Area clean, including Pt rooms. Showers/ bathrooms free of mold/mildew	<input checked="" type="checkbox"/>					
Area well lit/no lights out	<input checked="" type="checkbox"/>					
Area free of slip/trip hazards and excess staples	<input checked="" type="checkbox"/>					
Unit Restraints accounted for.	<input checked="" type="checkbox"/>					
Outlet covers are intact.	<input checked="" type="checkbox"/>					
All employees are wearing ID badge in plain sight and carrying radios.	<input checked="" type="checkbox"/>					
Electrical panel unobstructed	<input checked="" type="checkbox"/>					
<b>Security</b>						
All doors secured	<input checked="" type="checkbox"/>					
Window Integrity checked	<input checked="" type="checkbox"/>					
Badge Readers are working properly	<input checked="" type="checkbox"/>					
Sensitive areas are maintained secure/No unusual activity	<input checked="" type="checkbox"/>					
Code Green Buttons Accessible	<input checked="" type="checkbox"/>					
Other Security Deficiencies	<input checked="" type="checkbox"/>					
<b>Hazardous Mat.</b>						
EVS utility rooms locked.	<input checked="" type="checkbox"/>					
All chemicals are stored properly with appropriate labeling.	<input checked="" type="checkbox"/>					
Only hospital approved cleaning supplies in the patient areas.	<input checked="" type="checkbox"/>					
<b>Fire</b>						
Fire door/Alarms operable and not obstructed	<input checked="" type="checkbox"/>					
No "daisy-chaining" of electrical items.	<input checked="" type="checkbox"/>					

Due to Quality Assurance by the 15th of each month



**Fire (Continued)**

Corridors and exits are clear and unobstructed. No items are hung from ceiling or impacting 8' clearance in hallways. Exit signs functioning and pointed in correct direction.	✓			
Fire extinguisher pin in place	✓			
Magnetic doors (in patient area) are latching correctly	✓			
Electrical Panel in staff office is not blocked	✓			
No objects blocking sprinklers	✓			
All seasonal combustible decorations have been treated with fire retardant and are tagged.	✓			

**Facility Safety**

Gates are operable and no issues with perimeter fence.	✓			
Exterior doors are locked and working properly	✓			
Exterior lights are working	✓			

**Additional Comments:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

  
\_\_\_\_\_  
Staff Signature/Date  
7-27-27



**NRC Environmental Inspection Form**

Date: 02-16-2025

Area: Diabry

Indicator	Yes	No	N/A	Comments	Corrective Action	Date Corrected
<b>Safety</b>						
Area clean, including Pt rooms. Showers/bathrooms free of mold/mildew	X					
Area well lit/no lights out		?		lights in the center row dim, poss. lights out.		
Area free of slip/trip hazards and excess staples	X					
Unit Restraints accounted for.	X					
Outlet covers are intact.						
All employees are wearing ID badge in plain sight and carrying radios.	X					
Electrical panel unobstructed	X					
<b>Security</b>						
All doors secured	X					
Window integrity checked	X					
Badge Readers are working properly	X					
Sensitive areas are maintained secure/No unusual activity	X					
Code Green Buttons Accessible	X					
Other Security Deficiencies			X			
<b>Hazardous Mat.</b>						
EVS utility rooms locked.	X					
All chemicals are stored properly with appropriate labeling.	X					
Only hospital approved cleaning supplies in the patient areas.	X					
<b>Fire</b>						
Fire door/Alarms operable and not obstructed	X					
No "daisy-chaining" of electrical items.	X					

Due to Quality Assurance by the 15th of each month





**Fire (Continued)**

Corridors and exits are clear and unobstructed. No items are hung from ceiling or impacting 8' clearance in hallways. Exit signs functioning and pointed in correct direction.	X			
Fire extinguisher pin in place	X			
Magnetic doors (in patient area) are latching correctly	X			
Electrical Panel in staff office is not blocked	X			
No objects blocking sprinklers	X			
All seasonal combustible decorations have been treated with fire retardant and are tagged.	X			

**Facility Safety**

Gates are operable and no issues with perimeter fence.			X	
Exterior doors are locked and working properly	X			
Exterior lights are working	X			

**Additional Comments:**

*Door seals for walkins need replaced.*

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 03-16-2025  
Staff Signature/Date

Due to Quality Assurance by the 15th of each month



NRC Environmental Inspection Form

Date: 3-15-2023 Area 2West

Indicator	Yes	No	NA	Comments	Corrective Action	Date Corrected
<b>Safety</b>						
Area clean, including Pt rooms. Showers/bathrooms free of mold/mildew	✓					
Area well lit/no lights out	✓					
Area free of slip/trip hazards and excess staples	✓					
Unit Restraints accounted for.	✓					
Outlet covers are intact.	✓			2West breakroom has cover over one that doesn't have cover		
All employees are wearing ID badge in plain sight and carrying radios.	✓					
Electrical panel unobstructed	✓					
<b>Security</b>						
All doors secured	✓					
Window Integrity checked	✓					
Badge Readers are working properly	✓					
Sensitive areas are maintained secure/No unusual activity	✓					
Code Green Buttons Accessible	✓					
Other Security Deficiencies	✓					
<b>Hazardous Mat.</b>						
EVS utility rooms locked.	✓					
All chemicals are stored properly with appropriate labeling.	✓					
Only hospital approved cleaning supplies in the patient areas.	✓					
<b>Fire</b>						
Fire door/Alarms operable and not obstructed	✓					
No "daisy-chaining" of electrical items.	✓					

Due to Quality Assurance Department by the 15<sup>th</sup> of each month

Corridors and exits are clear and unobstructed. No items are hung from ceiling or impacting 8' clearance in hallways. Exit signs functioning and pointed in correct direction.	✓					
Fire extinguisher pin in place	✓					
Magnetic doors (in patient area) are latching correctly	✓					
Electrical Panel in staff office is not blocked	✓					
No objects blocking sprinklers	✓					
All seasonal combustible decorations have been treated with fire retardant and are tagged.	✓					
<b>Facility Safety</b>						
Gates are operable and no issues with perimeter fence.	✓					
Exterior doors are locked and working properly	✓					
Exterior lights are working	✓					

**Additional Comments:**

A few patients room have bubbled paint.

*Josh Deiterman*  
 Josh Deiterman      3-15-2023  
 Staff Signature/Date

**NRC Environmental Inspection Form**

Date: 02/14/2013 Area: EDW

Indicator	Yes	No	N/A	Comments	Corrective Action	Date Corrected
<b>Safety</b>						
Area clean, including Pt rooms. Showers/ bathrooms free of mold/mildew	✓					
Area well lit/no lights out	✓					
Area free of slip/trip hazards and excess staples	✓					
Unit Restraints accounted for.						
Outlet covers are intact.	✓					
All employees are wearing ID badge in plain sight and carrying radios.	✓					
Electrical panel unobstructed	✓					
<b>Security</b>						
All doors secured	✓					
Window Integrity checked	✓					
Badge Readers are working properly	✓					
Sensitive areas are maintained secure/No unusual activity	✓					
Code Green Buttons Accessible	✓					
Other Security Deficiencies						
<b>Hazardous Mat.</b>						
EVS utility rooms locked.	✓					
All chemicals are stored properly with appropriate labeling.	✓					
Only hospital approved cleaning supplies in the patient areas.	✓					
<b>Fire</b>						
Fire door/Alarms operable and not obstructed	✓					
No "daisy-chaining" of electrical items.	✓					

Due to Quality Assurance by the 15th of each month



<b>Fire (Continued)</b>			
Corridors and exits are clear and unobstructed. No items are hung from ceiling or impacting 8' clearance in hallways. Exit signs functioning and pointed in correct direction.	✓		
Fire extinguisher pin in place	✓		
Magnetic doors (in patient area) are latching correctly	✓		
Electrical Panel in staff office is not blocked	✓		
No objects blocking sprinklers	✓		
All seasonal combustible decorations have been treated with fire retardant and are tagged.	✓		
<b>Facility Safety</b>			
Gates are operable and no issues with perimeter fence.	✓		
Exterior doors are locked and working properly	✓		
Exterior lights are working	✓		
<b>Additional Comments:</b>			

*[Handwritten Signature]*  
 Staff Signature/Date

Due to Quality Assurance by the 15th of each month





NRC Environmental Inspection Form

Date: 3-7-23

Area

No

NA

Comments

Corrective Action

Date Corrected

Indicator	Yes	No	NA	Comments	Corrective Action	Date Corrected
<b>Safety</b>						
Area clean, including Pt rooms. Showers/bathrooms free of mold/mildew	✓					
Area well lit/no lights out	✓					
Area free of slip/trip hazards and excess staples	✓					
Unit Restraints accounted for.	✓					
Outlet covers are intact.	✓					
All employees are wearing ID badge in plain sight and carrying radios.	✓					
Electrical panel unobstructed	✓					
<b>Security</b>						
All doors secured	✓					
Window Integrity checked	✓					
Badge Readers are working properly	✓					
Sensitive areas are maintained secure/No unusual activity	✓					
Code Green Buttons Accessible	✓					
Other Security Deficiencies						
<b>Hazardous Materials</b>						
EVS utility rooms locked.	✓					
All chemicals are stored properly with appropriate labeling.	✓					
Only hospital approved cleaning supplies in the patient areas.	✓					
<b>Fire</b>						
Fire door/Alarms operable and not obstructed	✓					
No "daisy-chaining" of electrical items.	✓					

Due to Quality Assurance Department by the 15<sup>th</sup> of each month

Corridors and exits are clear and unobstructed. No items are hung from ceiling or impacting 8' clearance in hallways. Exit signs functioning and pointed in correct direction.	✓				
Fire extinguisher pin in place	✓				
Magnetic doors (in patient area) are latching correctly	✓				
Electrical Panel in staff office is not blocked	✓				
No objects blocking sprinklers	✓				
All seasonal combustible decorations have been treated with fire retardant and are tagged.	✓				
<b>Facility Safety</b>					
Gates are operable and no issues with perimeter fence.	✓				
Exterior doors are locked and working properly	✓				
Exterior lights are working	✓				

**Additional Comments:**

Leaking Pipe in South RT Area, has bucket hung from it. South at end of light from hole in ceiling, fast end of pool search hole in ceiling.

James Blair 9-7-23  
Staff Signature/Date

NRC Environmental Inspection Form

Date: 37-23 Area No. NA First Floor

Indicator	Yes	No	NA	Comments	Corrective Action	Date Corrected
<b>Safety</b>						
Area clean, including Pt rooms. Showers/bathrooms free of mold/mildew	✓					
Area well lit/no lights out	✓					
Area free of slip/trip hazards and excess staples	✓					
Unit Restraints accounted for.	✓					
Outlet covers are intact.	✓					
All employees are wearing ID badge in plain sight and carrying radios.	✓					
Electrical panel unobstructed	✓					
<b>Security</b>						
All doors secured	✓					
Window Integrity checked	✓					
Badge Readers are working properly	✓					
Sensitive areas are maintained secure/No unusual activity	✓					
Code Green Buttons Accessible	✓					
Other Security Deficiencies						
<b>Hazardous Materials</b>						
EVS utility rooms locked.	✓					
All chemicals are stored properly with appropriate labeling.	✓					
Only hospital approved cleaning supplies in the patient areas.	✓					
<b>Fire</b>						
Fire door/Alarms operable and not obstructed	✓					
No "daisy-chaining" of electrical items.	✓					

Due to Quality Assurance Department by the 15<sup>th</sup> of each month

Corridors and exits are clear and unobstructed. No items are hung from ceiling or impacting 8' clearance in hallways. Exit signs functioning and pointed in correct direction.	✓				
Fire extinguisher pin in place	✓				
Magnetic doors (in patient area) are latching correctly	✓				
Electrical Panel in staff office is not blocked	✓				
No objects blocking sprinklers	✓				
All seasonal combustible decorations have been treated with fire retardant and are tagged.	✓				
<b>Facility Safety</b>					
Gates are operable and no issues with perimeter fence.	✓				
Exterior doors are locked and working properly	✓				
Exterior lights are working	✓				

Additional Comments:

Fire door down HIM Hallway, Trim coming off near door

Amel Seaver 5-7-23  
Staff Signature/Date

NRC Environmental Inspection Form

Date: 3-13-23

Area 3w

Indicator	Yes	No	NA	Comments	Corrective Action	Date Corrected
<b>Safety</b>						
Area clean, including Pt rooms. Showers/bathrooms free of mold/mildew	X					
Area well lit/no lights out	X					
Area free of slip/trip hazards and excess staples	X					
Unit Restraints accounted for.	X					
Outlet covers are intact.	X					
All employees are wearing ID badge in plain sight and carrying radios.	X					
Electrical panel unobstructed	X					
<b>Security</b>						
All doors secured	X					
Window Integrity checked	X					
Badge Readers are working properly	X					
Sensitive areas are maintained secure/No unusual activity	X					
Code Green Buttons Accessible	X					
Other Security Deficiencies		X				
<b>Hazardous Mat.</b>						
EVS utility rooms locked.	X					
All chemicals are stored properly with appropriate labeling.	X					
Only hospital approved cleaning supplies in the patient areas.	X					
<b>Fire</b>						
Fire door/Alarms operable and not obstructed	X					
No "daisy-chaining" of electrical items.	X					

Due to Quality Assurance Department by the 15<sup>th</sup> of each month

Corridors and exits are clear and unobstructed. No items are hung from ceiling or impacting 8' clearance in hallways. Exit signs functioning and pointed in correct direction.	X				
Fire extinguisher pin in place	X				
Magnetic doors (in patient area) are latching correctly	X				
Electrical Panel in staff office is not blocked	X				
No objects blocking sprinklers	X				
All seasonal combustible decorations have been treated with fire retardant and are tagged.	N/A				
Facility Safety					
Gates are operable and no issues with perimeter fence.	N/A				
Exterior doors are locked and working properly	N/A				
Exterior lights are working	N/A				


Additional Comments: Maintenance Needed

5. Shower Room (rest o soap room) Soap pump for first washer in LR. Hole in LR wall by water hoses. Water fountain pipe coming from drains in S BR. Floor tiles near middle stall in S BR. Hole behind door to west rear hallway. Hole near baseboard in N alcove.

N-4 W Shade broken,

S-8 Plaster inside right door frame

west entrance key lock in back

 3W RT  
Staff Signature/Date

NRC Environmental Inspection Form

Date: 9-14-23 Area 3 West

Indicator	Yes	No	NA	Comments	Corrective Action	Date Corrected
<b>Safety</b>						
Area clean, including Pt rooms. Showers/bathrooms free of mold/mildew	✓			Dirty vent		
Area well lit/no lights out	✓					
Area free of slip/trip hazards	✓					
Unit Restraints accounted for.	✓					
Outlet covers are intact.	✓					
All employees are wearing ID badge in plain sight and carrying radios.	✓					
Electrical panel unobstructed	✓					
<b>Security</b>						
All doors secured/locked	✓					
Window Integrity checked	✓					
Badge Readers are working properly	✓					
Sensitive areas are maintained secure/No unusual activity	✓					
Code Green Buttons Accessible	✓					
Observation computer is working correctly (Logged in and on correct cameras)	✓					
<b>Hazardous Mat.</b>						
EVS utility rooms locked.	✓					
All chemicals are stored properly with appropriate labeling.	✓					
Only hospital approved cleaning supplies in the patient areas.	✓					
<b>Fire</b>						
Fire door/Alarms operable and not obstructed	✓					





No "daisy-chaining" of electrical items.	✓			
Corridors and exits are clear and unobstructed. No items are hung from ceiling or impacting 8' clearance in hallways. Exit signs functioning and pointed in correct direction.	✓			
Fire extinguisher pin in place	✓			
Magnetic doors (in patient area) are latching correctly	✓			
Electrical Panel in staff office is not blocked	✓			
No objects blocking sprinklers	✓			
Decorations are sprayed and tagged	✓			
<b>Facility Safety</b>				
Gates are operable and no issues with perimeter fence.	✓			
Exterior doors are locked and working properly	✓			
Exterior lights are working (Fire Escape lights)	✓			
Other issues noted	✓			

**Additional Comments:**

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Josh Dabbs R/MHS 9-14-23  
 Staff Signature/Date



NRC Environmental Inspection Form

Date: **9-11-23** Area **2 West**

Indicator	Yes	No	NA	Comments	Corrective Action	Date Corrected
<b>Safety</b>						
Area clean, including Pt rooms. Showers/bathrooms free of mold/mildew						
Area well lit/no lights out		X		Nurses office 1 out		
Area free of slip/trip hazards and excess staples	X					
Unit Restraints accounted for.						
Outlet covers are intact.		X		Breakroom thermostat cover torn off		
All employees are wearing ID badge in plain sight and carrying radios.	X					
Electrical panel unobstructed	X					
<b>Security</b>						
All doors secured	X					
Window Integrity checked				could use cleaning		
Badge Readers are working properly						
Sensitive areas are maintained secure/No unusual activity	X					
Code Green Buttons Accessible	X					
Other Security Deficiencies			X	<del>XXXXXXXXXXXX</del>		
<b>Hazardous Mat.</b>						
EVS utility rooms locked.	X					
All chemicals are stored properly with appropriate labeling.	X			could have better labels		
Only hospital approved cleaning supplies in the patient areas.	X					
<b>Fire</b>						
Fire door/Alarms operable and not obstructed	X					
No "daisy-chaining" of electrical items.	X					

Due to Quality Assurance Department by the 15<sup>th</sup> of each month

Corridors and exits are clear and unobstructed. No items are hung from ceiling or impacting 8' clearance in hallways. Exit signs functioning and pointed in correct direction.	X			
Fire extinguisher pin in place	X			
Magnetic doors (in patient area) are latching correctly				
Electrical Panel in staff office is not blocked	X			
No objects blocking sprinklers	X			
All seasonal combustible decorations have been treated with fire retardant and are tagged.	X			
<b>Facility Safety</b>				
Gates are operable and no issues with perimeter fence.	X			
Exterior doors are locked and working properly	X			
Exterior lights are working	X			

Additional Comments:

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*Josh Peterson* 9-11-23  
 Staff Signature/Date

Due to Quality Assurance Department by the 15<sup>th</sup> of each month

NRC Environmental Inspection Form

Date: 6-13-23 Area: PDU

Indicator	Yes	No	NA	Comments	Corrective Action	Date Corrected
<b>Safety</b>						
Area clean, including Pt rooms. Showers/bathrooms free of mold/mildew	✓					
Area well lit/no lights out	✓					
Area free of slip/trip hazards	✓					
Unit Restraints accounted for.	✓					
Outlet covers are intact.	✓					
All employees are wearing ID badge in plain sight and carrying radios.	✓					
Electrical panel unobstructed	✓					
<b>Security</b>						
All doors secured/locked	✓					
Window Integrity checked	✓					
Badge Readers are working properly	✓					
Sensitive areas are maintained secure/No unusual activity	✓					
Code Green Buttons Accessible	✓					
Observation computer is working correctly (Logged in and on correct cameras)	NA		✓			
<b>Hazardous Mat.</b>						
EVS utility rooms locked.	✓					
All chemicals are stored properly with appropriate labeling.	✓					
Only hospital approved cleaning supplies in the patient areas.	✓					
<b>Fire</b>						
Fire door/Alarms operable and not obstructed	✓					



No "daisy-chaining" of electrical items.	✓				
Corridors and exits are clear and unobstructed. No items are hung from ceiling or impacting 8' clearance in hallways. Exit signs functioning and pointed in correct direction.	✓				
Fire extinguisher pin in place	✓				
Magnetic doors (in patient area) are latching correctly	✓				
Electrical Panel in staff office is not blocked	✓				
No objects blocking sprinklers	✓				
Decorations are sprayed and tagged	✓				
<b>Facility Safety</b>					
Gates are operable and no issues with perimeter fence.	✓				
Exterior doors are locked and working properly	✓				
Exterior lights are working (Fire Escape lights)	✓				
Other issues noted				✓	

**Additional Comments:**

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*Amelia NT 01-13-23*

Staff Signature/Date





NRC Environmental Inspection Form

Date: 9/17

Area

No

NA

Indicator	Yes	No	NA	Comments	Corrective Action	Date Corrected
<b>Safety</b>						
Area clean, including Pt rooms. Showers/bathrooms free of mold/mildew	✓					
Area well lit/no lights out	✓					
Area free of slip/trip hazards	✓					
Unit Restraints accounted for.	✓					
Outlet covers are intact.	✓					
All employees are wearing ID badge in plain sight and carrying radios.	✓					
Electrical panel unobstructed	✓					
<b>Security</b>						
All doors secured/locked	✓					
Window Integrity checked	✓					
Badge Readers are working properly	✓					
Sensitive areas are maintained secure/No unusual activity			NA			
Code Green Buttons Accessible	✓					
Observation computer is working correctly (Logged in and on correct cameras)			NA			
<b>Hazardous Mat.</b>						
EVS utility rooms locked.	✓					
All chemicals are stored properly with appropriate labeling.	✓					
Only hospital approved cleaning supplies in the patient areas.						
<b>Fire</b>						
Fire door/Alarms operable and not obstructed	✓					



✓	No "daisy-chaining" of electrical items.				
✓	Corridors and exits are clear and unobstructed. No items are hung from ceiling or impacting 8' clearance in hallways. Exit signs functioning and pointed in correct direction.				
✓	Fire extinguisher pin in place				
	Magnetic doors (in patient area) are latching correctly	NA			
✓	Electrical Panel in staff office is not blocked				
	No objects blocking sprinklers	NA			
	Decorations are sprayed and tagged				
	<b>Facility Safety</b>				
	Gates are operable and no issues with perimeter fence.	NK			
	Exterior doors are locked and working properly	NK			
	Exterior lights are working (Fire Escape lights)	NK			
	Other issues noted	NK			

**Additional Comments:**

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Staff Signature/Date



NRC Environmental Inspection Form

Date: 09-13-2023

Area: *Debrary*

Indicator	Area			Comments	Corrective Action	Date Corrected
	Yes	No	NA			
<b>Safety</b>						
Area clean, including Pt rooms. Showers/bathrooms free of mold/mildew	X					
Area well lit/no lights out	X					
Area free of slip/trip hazards	X					
Unit Restraints accounted for.	X					
Outlet covers are intact.	X					
All employees are wearing ID badge in plain sight and carrying radios.	X					
Electrical panel unobstructed	X					
<b>Security</b>						
All doors secured/locked	X					
Window Integrity checked	X					
Badge Readers are working properly	X					
Sensitive areas are maintained secure/No unusual activity	X					
Code Green Buttons Accessible	X					
Observation computer is working correctly(Logged in and on correct cameras)			X			
<b>Hazardous Mat.</b>						
EVS utility rooms locked.	X					
All chemicals are stored properly with appropriate labeling.	X					
Only hospital approved cleaning supplies in the patient areas.	X					
<b>Fire</b>						
Fire door/Alarms operable and not obstructed	X					

No "daisy-chaining" of electrical items.	X				
Corridors and exits are clear and unobstructed. No items are hung from ceiling or impacting 8' clearance in hallways. Exit signs functioning and pointed in correct direction.	X				
Fire extinguisher pin in place	X				
Magnetic doors (in patient area) are latching correctly	X				
Electrical Panel in staff office is not blocked	X				
No objects blocking sprinklers	X				
Decorations are sprayed and tagged		X			
<b>Facility Safety</b>					
Gates are operable and no issues with perimeter fence.			X		
Exterior doors are locked and working properly	X				
Exterior lights are working (Fire Escape lights)			X		
Other issues noted			X		
<i>Unknown if decorations have been sprayed, not tagged</i>					

**Additional Comments:**

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 Staff Signature/Date 09-13-2023

NRC Environmental Inspection Form

Date: 8-30-23 Area 2 West

Indicator	Area			Comments	Corrective Action	Date Corrected
	Yes	No	NA			
<b>Safety</b>						
Area clean, including P1 rooms. Showers/bathrooms free of mold/mildew	✓					
Area well lit/no lights out	✓					
Area free of slip/trip hazards and excess staples	✓					
Unit Restraints accounted for.	✓					
Outlet covers are intact.	✓					
All employees are wearing ID badge in plain sight and carrying radios.	✓					
Electrical panel unobstructed	✓					
<b>Security</b>						
All doors secured	✓					
Window Integrity checked	✓					
Badge Readers are working properly	✓					
Sensitive areas are maintained secure/No unusual activity	✓					
Code Green Buttons Accessible	✓					
Other Security Deficiencies	✓					
<b>Hazardous Mat.</b>						
EVS utility rooms locked.	✓					
All chemicals are stored properly with appropriate labeling.	✓					
Only hospital approved cleaning supplies in the patient areas.	✓					
<b>Fire</b>						
Fire door/Alarms operable and not obstructed	✓					
No "daisy-chaining" of electrical items.	✓					

Due to Quality Assurance Department by the 15<sup>th</sup> of each month

Corridors and exits are clear and unobstructed. No items are hung from ceiling or impacting 8' clearance in hallways. Exit signs functioning and pointed in correct direction.	✓				
Fire extinguisher pin in place	✓				
Magnetic doors (in patient area) are latching correctly	✓				
Electrical Panel in staff office is not blocked	✓				
No objects blocking sprinklers	✓				
All seasonal combustible decorations have been treated with fire retardant and are tagged.	✓				
<b>Facility Safety</b>					
Grates are operable and no issues with perimeter fence.	✓				
Exterior doors are locked and working properly	✓				
Exterior lights are working	✓				

Additional Comments:

Pudding on warning sign, Pudding on AC unit in day hall, Blistering paint in dayhall, hole in post light covers getting bugs, Kitchen paint flaking, dirty phone ear pieces

could get old TV and wires in office cleaned up

*Josh Deiterman*  
 Staff Signature/Date

**JOSH DEITERMAN**



NRC Environmental Inspection Form

Date: 9-23-23 Area 9<sup>th</sup> Floor

Indicator	Yes	No	NA	Comments	Corrective Action	Date Corrected
<b>Safety</b>						
Area clean, including Pt rooms. Showers/bathrooms free of mold/mildew				hole in ceiling in mens shower. Women's Shower needs work		
Area well lit/no lights out	✓			Least 9 <sup>th</sup> light down South hall. is out		
Area free of slip/trip hazards	✓					
Unit Restraints accounted for.	✓					
Outlet covers are intact.	✓					
All employees are wearing ID badge in plain sight and carrying radios.	✓					
Electrical panel unobstructed	✓					
<b>Security</b>						
All doors secured/locked	✓					
Window Integrity checked	✓					
Badge Readers are working properly	✓					
Sensitive areas are maintained secure/No unusual activity	✓					
Code Green Buttons Accessible	✓					
Observation computer is working correctly (Logged in and on correct cameras)	✓					
<b>Hazardous Mat.</b>						
EVS utility rooms locked.	✓					
All chemicals are stored properly with appropriate labeling.	✓					
Only hospital approved cleaning supplies in the patient areas.	✓					
<b>Fire</b>						
Fire door/Alarms operable and not obstructed (Security Alert on Panel)	✓			Date/Time check: System reset completed after each door is opened then closed (1 minute wait time)		

No "daisy-chaining" of electrical items.	✓		
Corridors and exits are clear and unobstructed. No items are hung from ceiling or impacting 8' clearance in hallways. Exit signs functioning and pointed in correct direction.	✓	Fire exit down east hall by IT tables in way of door.	
Fire extinguisher pin in place	✓		
Magnetic doors (in patient area) are latching correctly	✓		
Electrical Panel in staff office is not blocked	✓		
No objects blocking sprinklers	✓		
Decorations are sprayed and tagged	✓		
<b>Facility Safety</b>			
Gates are operable and no issues with perimeter fence.	✓		
Exterior doors are locked and working properly	✓		
Exterior lights are working (Fire Escape lights)	✓		
Other issues noted	✓		

Additional Comments:

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*James Beers* 9-3-23  
 Staff Signature/Date

NRC Environmental Inspection Form

Date: 8-30-23 Area 3 West

Indicator	Yes	No	NA	Comments	Corrective Action	Date Corrected
<b>Safety</b>						
Area clean, including Pt rooms. Showers/bathrooms free of mold/mildew	✓					
Area well lit/no lights out	✓					
Area free of slip/trip hazards and excess staples	✓					
Unit Restraints accounted for.	✓					
Outlet covers are intact.	✓					
All employees are wearing ID badge in plain sight and carrying radios.	✓					
Electrical panel unobstructed	✓					
<b>Security</b>						
All doors secured	✓					
Window Integrity checked	✓					
Badge Readers are working properly	✓					
Sensitive areas are maintained secure/No unusual activity	✓					
Code Green Buttons Accessible	✓					
Other Security Deficiencies	✓					
<b>Hazardous Mat.</b>						
EVS utility rooms locked.	✓					
All chemicals are stored properly with appropriate labeling.	✓					
Only hospital approved cleaning supplies in the patient areas.	✓					
<b>Fire</b>						
Fire door/Alarms operable and not obstructed	✓					
No "daisy-chaining" of electrical items.	✓					

Due to Quality Assurance Department by the 15<sup>th</sup> of each month

Corridors and exits are clear and unobstructed. No items are hung from ceiling or impacting 8' clearance in hallways. Exit signs functioning and pointed in correct direction.	✓			
Fire extinguisher pin in place	✓			
Magnetic doors (in patient area) are latching correctly	✓			
Electrical Panel in staff office is not blocked	✓			
No objects blocking sprinklers	✓			
All seasonal combustible decorations have been treated with fire retardant and are tagged.	✓			
<b>Facility Safety</b>				
Gates are operable and no issues with perimeter fence.	✓			
Exterior doors are locked and working properly	✓			
Exterior lights are working	✓			

**Additional Comments:**

Bugs in lights in day hall, mold and rust on shower ceiling, laundry door sticking (frame aligned)  
 dryers not drying properly, exhaust tube loose (tubes have small hoses), S13 drywall flaking around doorframe and in heat vent

3 West N<sup>th</sup> hall wall swelling/paint cracking/bubbling in Nday hall corner

*Josh Deiterman*  
 Staff Signature/Date

North East wall in conference Room mold

**JOSH DEITERMAN**

NRC Environmental Inspection Form

Date: 5/23/23 Area NA

Indicator	Yes	No	NA	Comments	Corrective Action	Date Corrected
<b>Safety</b>						
Area clean, including Pt rooms. Showers/bathrooms free of mold/mildew	X					
Area well lit/no lights out	X					
Area free of slip/trip hazards and excess staples	X					
Unit Restraints accounted for.	X					
Outlet covers are intact.	X					
All employees are wearing ID badge in plain sight and carrying radios.	X					
Electrical panel unobstructed	X					
<b>Security</b>						
All doors secured	X					
Window Integrity checked	X					
Badge Readers are working properly	X					
Sensitive areas are maintained secure/No unusual activity	X					
Code Green Buttons Accessible	X					
Other Security Deficiencies	X					
<b>Hazardous Mat.</b>						
EVS utility rooms locked.	X					
All chemicals are stored properly with appropriate labeling.	X					
Only hospital approved cleaning supplies in the patient areas.	X					
<b>Fire</b>						
Fire door/Alarms operable and not obstructed	X					
No "daisy-chaining" of electrical items.	X					

Due to Quality Assurance Department by the 15<sup>th</sup> of each month

Corridors and exits are clear and unobstructed. No items are hung from ceiling or impacting 8' clearance in hallways. Exit signs functioning and pointed in correct direction.	X				
Fire extinguisher pin in place	X				
Magnetic doors (in patient area) are latching correctly	X				
Electrical Panel in staff office is not blocked	X				
No objects blocking sprinklers	X				
All seasonal combustible decorations have been treated with fire retardant and are tagged.	X				
<b>Facility Safety</b>					
Gates are operable and no issues with perimeter fence.	X				
Exterior doors are locked and working properly	X				
Exterior lights are working	X				

**Additional Comments:**

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 Staff Signature/Date 8/23/23

NRC Environmental Inspection Form

Date: 08-05-2023

Area Dietary

Indicator	Yes	No	NA	Comments	Corrective Action	Date Corrected
<b>Safety</b>						
Area clean, including Pt rooms. Showers/bathrooms free of mold/mildew	X					
Area well lit/no lights out	X	/				
Area free of slip/trip hazards	X					
Unit Restraints accounted for.	X					
Outlet covers are intact.	X					
All employees are wearing ID badge in plain sight and carrying radios.	X					
Electrical panel unobstructed	X					
<b>Security</b>						
All doors secured/locked	X					
Window Integrity checked	X			Request window blocks be moved to prevent pth. from opening the windows.		
Badge Readers are working properly	X					
Sensitive areas are maintained secure/No unusual activity	X					
Code Green Buttons Accessible	X					
Observation computer is working correctly(Logged in and on correct cameras)		X	X	No observation computer in dietary.		
<b>Hazardous Mat.</b>						
EVS utility rooms locked.						
All chemicals are stored properly with appropriate labeling.	X					
Only hospital approved cleaning supplies in the patient areas.	X					
<b>Fire</b>						
Fire door/Alarms operable and not obstructed	X					

No "daisy-chaining" of electrical items.	X				
Corridors and exits are clear and unobstructed. No items are hung from ceiling or impacting 8' clearance in hallways. Exit signs functioning and pointed in correct direction.	X				
Fire extinguisher pin in place	X				
Magnetic doors (in patient area) are latching correctly	X				
Electrical Panel in staff office is not blocked	X				
No objects blocking sprinklers	X				
Decorations are sprayed and tagged		X			Not tagged - unsure if sprayed.
<b>Facility Safety</b>					
Gates are operable and no issues with perimeter fence.			X		
Exterior doors are locked and working properly	X				
Exterior lights are working (Fire Escape lights)			X		
Other issues noted		X			

Additional Comments:

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 8-7-23  
Staff Signature/Date



NRC Environmental Inspection Form

Date: 8/11/23 Area 2 East / 55C

Indicator	Yes	No	NA	Comments	Corrective Action	Date Corrected
<b>Safety</b>						
Area clean, including Pt rooms. Showers/bathrooms free of mold/mildew	<input checked="" type="checkbox"/>			55C storage room moldy tile.		
Area well lit/no lights out	<input checked="" type="checkbox"/>					
Area free of slip/trip hazards and excess staples	<input checked="" type="checkbox"/>					
Unit Restraints accounted for.	<input checked="" type="checkbox"/>					
Outlet covers are intact.	<input checked="" type="checkbox"/>					
All employees are wearing ID badge in plain sight and carrying radios.	<input checked="" type="checkbox"/>					
Electrical panel unobstructed	<input checked="" type="checkbox"/>					
<b>Security</b>						
All doors secured	<input checked="" type="checkbox"/>					
Window Integrity checked	<input checked="" type="checkbox"/>					
Badge Readers are working properly	<input checked="" type="checkbox"/>					
Sensitive areas are maintained secure/No unusual activity	<input checked="" type="checkbox"/>					
Code Green Buttons Accessible	<input checked="" type="checkbox"/>					
Other Security Deficiencies	<input checked="" type="checkbox"/>					
<b>Hazardous Materials</b>						
EVS utility rooms locked.	<input checked="" type="checkbox"/>					
All chemicals are stored properly with appropriate labeling.	<input checked="" type="checkbox"/>					
Only hospital approved cleaning supplies in the patient areas.	<input checked="" type="checkbox"/>					
<b>Fire</b>						
Fire door/Alarms operable and not obstructed	<input checked="" type="checkbox"/>					
No "daisy-chaining" of electrical items.	<input checked="" type="checkbox"/>					

Due to Quality Assurance Department by the 15<sup>th</sup> of each month

Corridors and exits are clear and unobstructed. No items are hung from ceiling or impacting 8' clearance in hallways. Exit signs functioning and pointed in correct direction.	✓					
Fire extinguisher pin in place	✓					
Magnetic doors (in patient area) are latching correctly	✓					
Electrical Panel in staff office is not blocked	✓					
No objects blocking sprinklers	✓					
All seasonal combustible decorations have been treated with fire retardant and are tagged.	✓					
<b>Facility Safety</b>						
Gates are operable and no issues with perimeter fence.	✓					
Exterior doors are locked and working properly	✓					
Exterior lights are working	✓					

Additional Comments:

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*Chauhan* <sup>ck</sup> ~~BT~~ 8/11/23  
 Staff Signature/Date

NRC Environmental Inspection Form

Date:	Indicator	Area			Comments	Corrective Action	Date Corrected
		Yes	No	NA			
	<b>Safety</b> Area clean, including Pt rooms. Showers/bathrooms free of mold/mildew	<input checked="" type="checkbox"/>					
	Area well lit/no lights out	<input checked="" type="checkbox"/>					
	Area free of slip/trip hazards	<input checked="" type="checkbox"/>					
	Unit Restraints accounted for.	<input checked="" type="checkbox"/>					
	Outlet covers are intact.	<input checked="" type="checkbox"/>					
	All employees are wearing ID badge in plain sight and carrying radios.	<input checked="" type="checkbox"/>					
	Electrical panel unobstructed	<input checked="" type="checkbox"/>					
	<b>Security</b>						
	All doors secured/locked	<input checked="" type="checkbox"/>					
	Window Integrity checked	<input checked="" type="checkbox"/>					
	Badge Readers are working properly	<input checked="" type="checkbox"/>					
	Sensitive areas are maintained secure/No unusual activity	<input checked="" type="checkbox"/>					
	Code Green Buttons Accessible	<input checked="" type="checkbox"/>					
	Observation computer is working correctly(Logged in and on correct cameras)	<input checked="" type="checkbox"/>					
	<b>Hazardous Mat.</b>						
	EVS utility rooms locked.	<input checked="" type="checkbox"/>					
	All chemicals are stored properly with appropriate labeling.	<input checked="" type="checkbox"/>					
	Only hospital approved cleaning supplies in the patient areas.	<input checked="" type="checkbox"/>					
	<b>Fire</b>						
	Fire door/Alarms operable and not obstructed	<input checked="" type="checkbox"/>					



No "daisy-chaining" of electrical items.								
Corridors and exits are clear and unobstructed. No items are hung from ceiling or impacting 8' clearance in hallways. Exit signs functioning and pointed in correct direction.								
Fire extinguisher pin in place								
Magnetic doors (in patient area) are latching correctly								
Electrical Panel in staff office is not blocked								
No objects blocking sprinklers								
Decorations are sprayed and tagged								
<b>Facility Safety</b>								
Gates are operable and no issues with perimeter fence.								
Exterior doors are locked and working properly								
Exterior lights are working (Fire Escape lights)								
Other issues noted								

**Additional Comments:**

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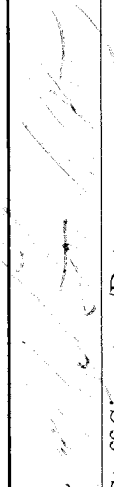
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Staff Signature/Date



NRC Environmental Inspection Form

Date: 8-11-23 Area PD-West

Indicator	Yes	No	NA	Comments	Corrective Action	Date Corrected
<b>Safety</b>						
Area clean, including Pt rooms. Showers/bathrooms free of mold/mildew	✓					
Area well lit/no lights out	✓					
Area free of slip/trip hazards and excess staples	✓					
Unit Restraints accounted for.	✓					
Outlet covers are intact.	✓					
All employees are wearing ID badge in plain sight and carrying radios.	✓					
Electrical panel unobstructed	✓					
<b>Security</b>						
All doors secured	✓					
Window Integrity checked	✓					
Badge Readers are working properly	✓					
Sensitive areas are maintained secure/No unusual activity	✓					
Code Green Buttons Accessible	✓					
Other Security Deficiencies						
<b>Hazardous Mat.</b>						
EVS utility rooms locked.	✓					
All chemicals are stored properly with appropriate labeling.	✓					
Only hospital approved cleaning supplies in the patient areas.	✓					
<b>Fire</b>						
Fire door/Alarms operable and not obstructed	✓					
No "daisy-chaining" of electrical items.	✓					

Due to Quality Assurance Department by the 15<sup>th</sup> of each month

Corridors and exits are clear and unobstructed. No items are hung from ceiling or impacting 8' clearance in hallways. Exit signs functioning and pointed in correct direction.	✓				
Fire extinguisher pin in place	✓				
Magnetic doors (in patient area) are latching correctly	✓				
Electrical Panel in staff office is not blocked	✓				
No objects blocking sprinklers	✓				
All seasonal combustible decorations have been treated with fire retardant and are tagged.					
<b>Facility Safety</b>					
Grates are operable and no issues with perimeter fence.	✓				
Exterior doors are locked and working properly	✓				
Exterior lights are working	✓				

Additional Comments:

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*Abner D. C-11-23*  
 Staff Signature/Date



NRC Environmental Inspection Form

Date: 08/11/2023 Area 3 East

Indicator	Yes	No	NA	Comments	Corrective Action	Date Corrected
<b>Safety</b>						
Area clean, including Pt rooms. Showers/bathrooms free of mold/mildew	X			Toilets are gross in N bathroom. N shower floor are gross and walls gross in G11MEN		
Area well lit/no lights out	X			Light out between N4 and N5 door N17 back light is out.		
Area free of slip/trip hazards and excess staples	X					
Unit Restraints accounted for.	X					
Outlet covers are intact.	X					
All employees are wearing ID badge in plain sight and carrying radios.	X					
Electrical panel unobstructed	X					
<b>Security</b>						
All doors secured	X					
Window Integrity checked	X					
Badge Readers are working properly	X					
Sensitive areas are maintained secure/No unusual activity	X					
Code Green Buttons Accessible	X					
Other Security Deficiencies						
<b>Hazardous Mat.</b>						
EVS utility rooms locked.						
All chemicals are stored properly with appropriate labeling.						
Only hospital approved cleaning supplies in the patient areas.						
<b>Fire</b>						
Fire door/Alarms operable and not obstructed						
No "daisy-chaining" of electrical items.	X					

Due to Quality Assurance Department by the 15<sup>th</sup> of each month

Corridors and exits are clear and unobstructed. No items are hung from ceiling or impacting 8' clearance in hallways. Exit signs functioning and pointed in correct direction.	X			
Fire extinguisher pin in place	X			
Magnetic doors (in patient area) are latching correctly	X			
Electrical Panel in staff office is not blocked	X			
No objects blocking sprinklers	X			
All seasonal combustible decorations have been treated with fire retardant and are tagged.		X		
Facility Safety				
Gates are operable and no issues with perimeter fence.				
Exterior doors are locked and working properly				
Exterior lights are working				

Additional Comments:

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*Chloe Bassett*  
Staff Signature/Date

Due to Quality Assurance Department by the 15<sup>th</sup> of each month

NRC Environmental Inspection Form

Date: 8-15-23 Area 4<sup>th</sup> Floor

Indicator	No		Comments	Corrective Action	Date Corrected
	Yes	NA			
<b>Safety</b>					
Area clean, including Pt rooms. Showers/bathrooms free of mold/mildew	✓				
Area well lit/no lights out	✓				
Area free of slip/trip hazards	✓				
Unit Restraints accounted for.	✓				
Outlet covers are intact.	✓				
All employees are wearing ID badge in plain sight and carrying radios.	✓				
Electrical panel unobstructed	✓				
<b>Security</b>					
All doors secured/locked	✓				
Window Integrity checked	✓				
Badge Readers are working properly	✓				
Sensitive areas are maintained secure/No unusual activity	✓				
Code Green Buttons Accessible	✓				
Observation computer is working correctly (Logged in and on correct cameras)	✓				
<b>Hazardous Mat.</b>					
EVS utility rooms locked.	✓				
All chemicals are stored properly with appropriate labeling.	✓				
Only hospital approved cleaning supplies in the patient areas.	✓				
<b>Fire</b>					
Fire door/Alarms operable and not obstructed (Security Alert on Panel)	✓		<b>Date/Time check: System reset completed after each door is opened then closed (1 minute wait time)</b>		

✓	No "daisy-chaining" of electrical items.					
✓	Corridors and exits are clear and unobstructed. No items are hung from ceiling or impacting 8' clearance in hallways. Exit signs functioning and pointed in correct direction.					
✓	Fire extinguisher pin in place					
✓	Magnetic doors (in patient area) are latching correctly					
✓	Electrical Panel in staff office is not blocked					
✓	No objects blocking sprinklers					
✓	Decorations are sprayed and tagged					
	<b>Facility Safety</b>					
✓	Gates are operable and no issues with perimeter fence.					
✓	Exterior doors are locked and working properly					
✓	Exterior lights are working (Fire Escape lights)					
✓	Other issues noted					

**Additional Comments:**

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*James Reaver*  
Staff Signature/Date

8-15-23

NRC Environmental Inspection Form

Date: 7/31/2023 Area: LW

Indicator	Yes	No	NA	Comments	Corrective Action	Date Corrected
<b>Safety</b>						
Area clean, including Pt rooms. Showers/bathrooms free of mold/mildew	✓					
Area well lit/no lights out	✓					
Area free of slip/trip hazards and excess staples	✓					
Unit Restraints accounted for.	✓					
Outlet covers are intact.	✓					
All employees are wearing ID badge in plain sight and carrying radios.	✓					
Electrical panel unobstructed	✓					
<b>Security</b>						
All doors secured	✓					
Window Integrity checked	✓					
Badge Readers are working properly	✓					
Sensitive areas are maintained secure/No unusual activity	✓					
Code Green Buttons Accessible	✓					
Other Security Deficiencies						
<b>Hazardous Mat.</b>						
EVS utility rooms locked.	✓					
All chemicals are stored properly with appropriate labeling.	✓					
Only hospital approved cleaning supplies in the patient areas.	✓					
<b>Fire</b>						
Fire door/Alarms operable and not obstructed	✓					
No "daisy-chaining" of electrical items.	✓					

Due to Quality Assurance Department by the 15<sup>th</sup> of each month

Corridors and exits are clear and unobstructed. No items are hung from ceiling or impacting 8' clearance in hallways. Exit signs functioning and pointed in correct direction.	✓				
Fire extinguisher pin in place	✓				
Magnetic doors (in patient area) are latching correctly	✓				
Electrical Panel in staff office is not blocked	✓				
No objects blocking sprinklers	✓				
All seasonal combustible decorations have been treated with fire retardant and are tagged.	✓				
<b>Facility Safety</b>					
Gates are operable and no issues with perimeter fence.	✓				
Exterior doors are locked and working properly	✓				
Exterior lights are working	✓				

**Additional Comments:**

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*[Handwritten Signature]*  
 Staff Signature/Date 7/31/2023

Date: 7-25-23

Area

2E51/NRC

Indicator	Yes	No	NA	Comments	Corrective Action	Date Corrected
Safety						
Area clean, including Pt rooms, Showers/bathrooms free of mold/mildew	✓					
Area well lit/No lights out	✓					
Area free of slip/trip hazards and excess staples	✓					
Unit Restrooms accounted for	✓					
Outlet covers are intact	✓					
All employees are wearing ID badge in plain sight and carrying radios.	✓					
Electrical panel unobstructed	✓					
Security						
All doors secured	✓					
Window Integrity checked	✓					
Badge Readers are working properly	✓					
Sensitive areas are maintained secure/No unusual activity	✓					
Code Green Buttons Accessible	✓					
Other Security Deficiencies	✓					
Hazardous Mat.						
EVS utility rooms locked.	✓					
All chemicals are stored properly with appropriate labeling.	✓					
Only hospital approved cleaning supplies in the patient areas.	✓					
Fire						
Fire door/Alarms operable and not obstructed	✓					
No "daisy-chaining" of electrical items	✓					

Due to Quality Assurance Department by the 15<sup>th</sup> of each month

✓	Corridors and exits are clear and unobstructed. No items are hung from ceiling or impacting 8' clearance in hallways. Exit signs functioning and pointed in correct direction.				
✓	Fire extinguisher pin in place				
✓	Magnetic doors (in patient area) are latching				
✓	Electrical Panel in staff office is not blocked				
✓	No objects blocking sprinklers				
✓	All seasonal combustible decorations have been treated with fire retardant and are tagged.				
<b>Facility Safety</b>					
✓	Gates are operable and no issues with perimeter fence.				
✓	Exterior doors are locked and working properly				
✓	Exterior lights are working				

Additional Comments: Hot water not coming out on coffee makers, Need New fridge log in SSC, ornaments in SSC office?

SSC E3 screens needs cleaned, cast on toilet (not being strand)

Safety Risk glass above fire escape door in SSC  
 Industrial water fountain?  
 Staff Signature/Date: *John Smith* 7-25-23



NRC Environmental Inspection Form

Date: 7-25-23 Area: 3 West Unit

Indicator	Yes	No	NA	Comments	Corrective Action	Date Corrected
Safety						
Area clean, including Pt rooms, showers/bathrooms free of mold/mildew	<input checked="" type="checkbox"/>			Black strip coming off in North shower		
Area well lit/no lights out	<input checked="" type="checkbox"/>					
Area free of slip/trip hazards and excess staples	<input checked="" type="checkbox"/>					
Unit Restraints accounted for	<input checked="" type="checkbox"/>					
Outlet covers are intact	<input checked="" type="checkbox"/>					
All employees are wearing ID badge in plain sight and carrying radios.	<input checked="" type="checkbox"/>					
Electrical panel unobstructed	<input checked="" type="checkbox"/>					
Security						
All doors secured	<input checked="" type="checkbox"/>					
Window Integrity checked	<input checked="" type="checkbox"/>					
Badge Readers are working properly	<input checked="" type="checkbox"/>					
Sensitive areas are maintained secure/No unusual activity	<input checked="" type="checkbox"/>					
Code Green Buttons Accessible	<input checked="" type="checkbox"/>			could possible get a cover		
Other Security Deficiencies	<input checked="" type="checkbox"/>					
Hazardous Mat.						
EVS utility rooms locked.	<input checked="" type="checkbox"/>					
All chemicals are stored properly with appropriate labeling.	<input checked="" type="checkbox"/>					
Only hospital approved cleaning supplies in the patient areas.	<input checked="" type="checkbox"/>					
Fire						
Fire door/Alarms operable and not obstructed	<input checked="" type="checkbox"/>					
No "daisy-chaining" of electrical items.	<input checked="" type="checkbox"/>					

Due to Quality Assurance Department by the 15<sup>th</sup> of each month

					Corridors and exits are clear and unobstructed. No items are hung from ceiling or impacting 8' clearance in hallways. Exit signs functioning and pointed in correct direction.
				<input checked="" type="checkbox"/>	Fire extinguisher pin in place
				<input checked="" type="checkbox"/>	Magnetic doors (in patient area) are latching
				<input checked="" type="checkbox"/>	Electrical Panel in staff office is not blocked
				<input checked="" type="checkbox"/>	No objects blocking sprinklers
				<input checked="" type="checkbox"/>	All seasonal combustible decorations have been treated with fire retardant and are tagged.
<b>Facility Safety</b>					
				<input checked="" type="checkbox"/>	Gates are operable and no issues with perimeter fence.
				<input checked="" type="checkbox"/>	Exterior doors are locked and working properly
				<input checked="" type="checkbox"/>	Exterior lights are working
Additional Comments: <i>smelling of furniture "sucking", Tradmill belt needs adjusted, feet on table needs adjusted or replaced, water fountain not getting cold</i>					
Washer machines makes lots of noise have to close doors					
<i>South day hall</i> <i>readky handles in Bathroom toilets bath sides</i>					
Staff Signature/Date: <i>John B. [Signature]</i> 7-25-23					

Date: 7-25-23 Area 3 East

Indicator	Yes	No	NA	Comments	Corrective Action	Date Corrected
Area clean, including Pt rooms, Showers/bathrooms free of mold/mildew	✓					
Area well lit/no lights out	✓			Better light to count sharps under cabinet		
Area free of slip/trip hazards and excess staples	✓			Burnt light in N 14		
Unit Residents accounted for	✓					
Outlet covers are intact	✓					
All employees are wearing ID badge in plain sight and carrying radios.	✓					
Electrical panel unobstructed	✓					
Security	✓					
All doors secured	✓					
Window Integrity checked	✓					
Badge Readers are working properly	✓					
Sensitive areas are maintained secure/No unusual activity	✓			S-7-Thermostat knobs gone first building behind dryers, shower south privacy panel still needs curtain for Shower		
Code Green Buttons Accessible	✓					
Other Security Detectors	✓					
Hazardous Mat	✓					
EVS utility rooms locked.	✓					
All chemicals are stored properly with appropriate labeling.	✓					
Only hospital approved cleaning supplies in the patient areas.	✓					
Fire	✓					
Fire door/Alarms operable and not obstructed	✓					
No "daisy-chaining" of electrical items.	✓					

Due to Quality Assurance Department by the 15<sup>th</sup> of each month

loose toilet seat in South bathroom  
first stall in north bathroom handle leaks

Due to Quality Assurance Department by the 15<sup>th</sup> of each month

Staff Signature/Date

*John Dots*  
*John Dots*

Additional Comments:

										Corridors and exits are clear and unobstructed. No items are hung from ceiling or impacting & clearance in hallways. Exit signs functioning and pointed in correct direction.
										Fire extinguisher pin in place
										Magnetic doors (in patient area) are latching correctly
										Electrical Panel in staff office is not blocked
										No objects blocking sprinklers
										All seasonal combustible decorations have been treated with fire retardant and are tagged.
										<b>Facility Safety</b>
										Gates are operable and no issues with perimeter fence.
										Exterior doors are locked and working properly
										Exterior lights are working

42

NRC Environmental Inspection Form

Date: 7-16-23 Area 22

Indicator	Yes	No	NA	Comments	Corrective Action	Date Corrected
<b>Safety</b>						
Area clean, including Pt rooms. Showers/bathrooms free of mold/mildew	✓					
Area well lit/no lights out	✓					
Area free of slip/trip hazards	✓					
Unit Restraints accounted for.	✓					
Outlet covers are intact.	✓					
All employees are wearing ID badge in plain sight and carrying radios.	✓					
Electrical panel unobstructed	✓					
<b>Security</b>						
All doors secured/locked	✓					
Window Integrity checked	✓					
Badge Readers are working properly	✓					
Sensitive areas are maintained secure/No unusual activity	✓					
Code Green Buttons Accessible	✓					
Observation computer is working correctly(Logged in and on correct cameras)	✓					
<b>Hazardous Mat.</b>						
EVS utility rooms locked.	✓					
All chemicals are stored properly with appropriate labeling.	✓					
Only hospital approved cleaning supplies in the patient areas.	✓					
<b>Fire</b>						
Fire door/Alarms operable and not obstructed (Security Alert on Panel)	✓			Date/Time check: System reset completed after each door is opened then closed (1 minute wait time)		

No "daisy-chaining" of electrical items.	✓				
Corridors and exits are clear and unobstructed. No items are hung from ceiling or impacting 8' clearance in hallways. Exit signs functioning and pointed in correct direction.	✓				
Fire extinguisher pin in place	✓				
Magnetic doors (in patient area) are latching correctly	✓				
Electrical Panel in staff office is not blocked	✓				
No objects blocking sprinklers	✓				
Decorations are sprayed and tagged	✓				
<b>Facility Safety</b>					
Gates are operable and no issues with perimeter fence.	✓				
Exterior doors are locked and working properly	✓				
Exterior lights are working (Fire Escape lights)	✓				
Other issues noted					

**Additional Comments:**

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*Mike Brown* 7-16-23

Staff Signature/Date

NRC Environmental Inspection Form

Date: 7-14-23

Area *Diary*

Indicator	Yes	No	NA	Comments	Corrective Action	Date Corrected
<b>Safety</b>						
Area clean, including Pt rooms. Showers/bathrooms free of mold/mildew	/					
Area well lit/no lights out	/					
Area free of slip/trip hazards	/					
Unit Restraints accounted for.	/					
Outlet covers are intact.	/					
All employees are wearing ID badge in plain sight and carrying radios.	/					
Electrical panel unobstructed	/					
<b>Security</b>						
All doors secured/locked	/					
Window Integrity checked	/					
Badge Readers are working properly	/					
Sensitive areas are maintained secure/No unusual activity	/					
Code Green Buttons Accessible	/					
Observation computer is working correctly (Logged in and on correct cameras)			X			
<b>Hazardous Mat.</b>						
EVS utility rooms locked.	/					
All chemicals are stored properly with appropriate labeling.	/					
Only hospital approved cleaning supplies in the patient areas.	/					
<b>Fire</b>						
Fire door/Alarms operable and not obstructed	/					

No "daisy-chaining" of electrical items.	/				
Corridors and exits are clear and unobstructed. No items are hung from ceiling or impacting 8' clearance in hallways. Exit signs functioning and pointed in correct direction.	/				
Fire extinguisher pin in place	/				
Magnetic doors (in patient area) are latching correctly	/				
Electrical Panel in staff office is not blocked	/				
No objects blocking sprinklers	/				
Decorations are sprayed and tagged	/				
<b>Facility Safety</b>					
Gates are operable and no issues with perimeter fence.			/		
Exterior doors are locked and working properly	/				
Exterior lights are working (Fire Escape lights)	/				
Other issues noted	/				
<i>No tag on south end double plot</i>					

**Additional Comments:**

*Per Seels on walk-ins noted against landscape*

  
 Staff Signature/Date 7-14-2023



NRC Environmental Inspection Form

Date: 7-19-2003 Area 2 West Unit

Indicator	Yes	No	NA	Comments	Corrective Action	Date Corrected
<b>Safety</b>						
Area clean, including Pt rooms. Showers/bathrooms free of mold/mildew	✓					
Area well lit/no lights out	✓					
Area free of slip/trip hazards and excess staples	✓					
Unit Restraints accounted for.	✓			Belt was on different unit		
Outlet covers are intact.	✓					
All employees are wearing ID badge in plain sight and carrying radios.	✓					
Electrical panel unobstructed	✓					
<b>Security</b>						
All doors secured	✓					
Window Integrity checked	✓					
Badge Readers are working properly	✓					
Sensitive areas are maintained secure/No unusual activity	✓			South Bathroom stalls could use better lighting or light placement		
Code Green Buttons Accessible	✓			possible cover for one by time clock in unit office		
Other Security Deficiencies		✓		Not aware of any		
<b>Hazardous Mat.</b>						
EVS utility rooms locked.	✓					
All chemicals are stored properly with appropriate labeling.	✓			would recommend better labeling than just Blue/green tape		
Only hospital approved cleaning supplies in the patient areas.	✓					
<b>Fire</b>						
Fire door/Alarms operable and not obstructed	✓			Has fire pull been tested since being relocated.		
No "daisy-chaining" of electrical items.	✓					

Due to Quality Assurance Department by the 15<sup>th</sup> of each month

Corridors and exits are clear and unobstructed. No items are hung from ceiling or impacting 8' clearance in hallways. Exit signs functioning and pointed in correct direction.	✓				
Fire extinguisher pin in place	✓				
Magnetic doors (in patient area) are latching correctly	✓		could use slight adjustment on unit door		
Electrical Panel in staff office is not blocked	✓				
No objects blocking sprinklers	✓				
All seasonal combustible decorations have been treated with fire retardant and are tagged.	✓				
<b>Facility Safety</b>					
Gates are operable and no issues with perimeter fence.	✓				
Exterior doors are locked and working properly	✓				
Exterior lights are working	✓				

**Additional Comments:**

Missing craft cabinet handle (south dayhall) Red top table laminate needs redone, grievance box a little loose on wall (North dayhall)  
 puddling still on felony warning sign along top  
 handles on toilets slight leak when pressed (North bathroom)  
 Kitchen paint peeling in food area

*Ash Jettus* RT/MHS 7-19-2023  
 Staff Signature/Date

NRC Environmental Inspection Form

Date: 07-3-23 Area PDW

Indicator	Yes	No	NA	Comments	Corrective Action	Date Corrected
<b>Safety</b>						
Area clean, including Pt rooms. Showers/bathrooms free of mold/mildew	✓					
Area well lit/no lights out	✓					
Area free of slip/trip hazards	✓					
Unit Restraints accounted for.		✓				
Outlet covers are intact.	✓					
All employees are wearing ID badge in plain sight and carrying radios.	✓					
Electrical panel unobstructed	✓					
<b>Security</b>						
All doors secured/locked	✓					
Window Integrity checked	✓					
Badge Readers are working properly	✓					
Sensitive areas are maintained secure/No unusual activity	✓					
Code Green Buttons Accessible	✓					
Observation computer is working correctly(Logged in and on correct cameras)			✓			
<b>Hazardous Mat.</b>						
EVS utility rooms locked.	✓					
All chemicals are stored properly with appropriate labeling.	✓					
Only hospital approved cleaning supplies in the patient areas.			✓			
<b>Fire</b>						
Fire door/Alarms operable and not obstructed	✓					

No "daisy-chaining" of electrical items.	✓				
Corridors and exits are clear and unobstructed. No items are hung from ceiling or impacting 8' clearance in hallways. Exit signs functioning and pointed in correct direction.	✓				
Fire extinguisher pin in place	✓				
Magnetic doors (in patient area) are latching correctly	✓				
Electrical Panel in staff office is not blocked	✓				
No objects blocking sprinklers	✓				
Decorations are sprayed and tagged		✓			
<b>Facility Safety</b>					
Gates are operable and no issues with perimeter fence.	✓				
Exterior doors are locked and working properly	✓				
Exterior lights are working (Fire Escape lights)	✓				
Other issues noted		✓			

**Additional Comments:**

✓ No visible tags on some characters

*Arrey NT*  
Staff Signature/Date 7-3-23

NRC Environmental Inspection Form

Date: 7-23-23 Area PDE

Indicator	Yes	No	NA	Comments	Corrective Action	Date Corrected
<b>Safety</b>						
Area clean, including Pt rooms. Showers/bathrooms free of mold/mildew	✓					
Area well lit/no lights out	✓					
Area free of slip/trip hazards	✓					
Unit Restraints accounted for.	✓					
Outlet covers are intact.	✓					
All employees are wearing ID badge in plain sight and carrying radios.	✓					
Electrical panel unobstructed	✓					
<b>Security</b>						
All doors secured/locked	✓					
Window Integrity checked	✓					
Badge Readers are working properly	✓					
Sensitive areas are maintained secure/No unusual activity	✓					
Code Green Buttons Accessible	✓					
Observation computer is working correctly (Logged in and on correct cameras)	✓					
<b>Hazardous Mat.</b>						
EVS utility rooms locked.	✓					
All chemicals are stored properly with appropriate labeling.	✓					
Only hospital approved cleaning supplies in the patient areas.	✓					
<b>Fire</b>						
Fire door/Alarms operable and not obstructed (Security Alert on Panel)	✓					
				<b>Date/Time check:</b> System reset completed after each door is opened then closed (1 minute wait time)		

No "daisy-chaining" of electrical items.	✓					
Corridors and exits are clear and unobstructed. No items are hung from ceiling or impacting 8' clearance in hallways. Exit signs functioning and pointed in correct direction.	✓					
Fire extinguisher pin in place	✓					
Magnetic doors (in patient area) are latching correctly	✓					
Electrical Panel in staff office is not blocked	✓					
No objects blocking sprinklers	✓					
Decorations are sprayed and tagged	✓					
<b>Facility Safety</b>	✓					
Gates are operable and no issues with perimeter fence.	✓					
Exterior doors are locked and working properly	✓					
Exterior lights are working (Fire Escape lights)	✓					
Other issues noted						<p>Handwritten note: PMT can't get into patient room. PMT needs to be replaced. Please have it replaced as soon as possible. Make sure it's working. Make sure it's working.</p>

**Additional Comments:**

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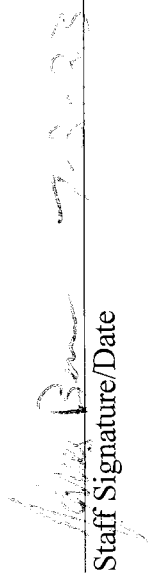
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 Staff Signature/Date

NRC Environmental Inspection Form

Date: 7-3-23

Area

Comments

Corrective Action

Date Corrected

Indicator	Yes	No	NA	Comments	Corrective Action	Date Corrected
<b>Safety</b>						
Area clean, including Pt rooms. Showers/bathrooms free of mold/mildew	✓					
Area well lit/no lights out	✓					
Area free of slip/trip hazards	✓					
Unit Restraints accounted for.	✓					
Outlet covers are intact.	✓					
All employees are wearing ID badge in plain sight and carrying radios.	✓					
Electrical panel unobstructed	✓					
<b>Security</b>						
All doors secured/locked	✓					
Window Integrity checked	✓					
Badge Readers are working properly	✓					
Sensitive areas are maintained secure/No unusual activity	✓					
Code Green Buttons Accessible	✓					
Observation computer is working correctly (Logged in and on correct cameras)	✓					
<b>Hazardous Mat.</b>						
EVS utility rooms locked.	✓					
All chemicals are stored properly with appropriate labeling.	✓					
Only hospital approved cleaning supplies in the patient areas.	✓					
<b>Fire</b>						
Fire door/Alarms operable and not obstructed (Security Alert on Panel)	✓					

RT

Date/Time check:  
System reset completed after each door is opened then closed (1 minute wait time)

No "daisy-chaining" of electrical items.	✓									
Corridors and exits are clear and unobstructed. No items are hung from ceiling or impacting 8' clearance in hallways. Exit signs functioning and pointed in correct direction.	✓									
Fire extinguisher pin in place	✓									
Magnetic doors (in patient area) are latching correctly	✓									
Electrical Panel in staff office is not blocked	✓									
No objects blocking sprinklers	✓									
Decorations are sprayed and tagged	✓									
<b>Facility Safety</b>										
Gates are operable and no issues with perimeter fence.	✓									
Exterior doors are locked and working properly	✓									
Exterior lights are working (Fire Escape lights)	✓									
Other issues noted										Note in comments in calendar email, that 2000 used to be used as a sign of PF. Under Parking Area kitchen in PF area.

**Additional Comments:**

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*[Signature]* 7.3.23  
 Staff Signature/Date



NRC Environmental Inspection Form

Date: 6/16/23

Area: Infect

Indicator	Yes	No	NA	Comments	Corrective Action	Date Corrected
<b>Safety</b>						
Area clean, including Pt rooms. Showers/bathrooms free of mold/mildew	✓					
Area well lit/no lights out	✓					
Area free of slip/trip hazards and excess staples	✓					
Unit Restraints accounted for.						
Outlet covers are intact.	✓					
All employees are wearing ID badge in plain sight and carrying radios.	✓					
Electrical panel unobstructed	✓					
<b>Security</b>						
All doors secured	✓					
Window Integrity checked	✓					
Badge Readers are working properly	✓					
Sensitive areas are maintained secure/No unusual activity	✓					
Code Green Buttons Accessible	✓					
Other Security Deficiencies	✓			no other security deficiencies		
<b>Hazardous Mat.</b>						
EVS utility rooms locked.	✓					
All chemicals are stored properly with appropriate labeling.	✓					
Only hospital approved cleaning supplies in the patient areas.	✓					
<b>Fire</b>						
Fire door/Alarms operable and not obstructed	✓					
No "daisy-chaining" of electrical items.	✓					

Due to Quality Assurance Department by the 15<sup>th</sup> of each month

Corridors and exits are clear and unobstructed. No items are hung from ceiling or impacting 8' clearance in hallways. Exit signs functioning and pointed in correct direction.								
Fire extinguisher pin in place								
Magnetic doors (in patient area) are latching correctly								
Electrical Panel in staff office is not blocked								
No objects blocking sprinklers								
All seasonal combustible decorations have been treated with fire retardant and are tagged.								
<b>Facility Safety</b>								
Gates are operable and no issues with perimeter fence.								
Exterior doors are locked and working properly								
Exterior lights are working								

**Additional Comments:**

Back of doors behind the hospital sign lighted up  
 Signs behind the hospital sign lighted up  
 Signs behind the hospital sign lighted up

*[Handwritten Signature]*  
 Staff Signature/Date

NRC Environmental Inspection Form

Date: 6-6-2023

Area *Dietary*

Indicator	Area			Comments	Corrective Action	Date Corrected
	Yes	No	NA			
<b>Safety</b>						
Area clean, including Pt rooms. Showers/bathrooms free of mold/mildew	X					
Area well lit/no lights out	X					
Area free of slip/trip hazards	X					
Unit Restraints accounted for.	X					
Outlet covers are intact.	X					
All employees are wearing ID badge in plain sight and carrying radios.	X					
Electrical panel unobstructed	X					
<b>Security</b>						
All doors secured/locked	X					
Window Integrity checked	X					
Badge Readers are working properly	X					
Sensitive areas are maintained secure/No unusual activity	X					
Code Green Buttons Accessible	X					
Observation computer is working correctly(Logged in and on correct cameras)	X					
<b>Hazardous Mat.</b>						
EVS utility rooms locked.	X					
All chemicals are stored properly with appropriate labeling.	X					
Only hospital approved cleaning supplies in the patient areas.	X					
<b>Fire</b>						
Fire door/Alarms operable and not obstructed	X					

No "daisy-chaining" of electrical items.	X					
Corridors and exits are clear and unobstructed. No items are hung from ceiling or impacting 8' clearance in hallways. Exit signs functioning and pointed in correct direction.	X					
Fire extinguisher pin in place						
Magnetic doors (in patient area) are latching correctly	X					
Electrical Panel in staff office is not blocked	X					
No objects blocking sprinklers	X					
Decorations are sprayed and tagged		X				Not tagged
<b>Facility Safety</b>						
Gates are operable and no issues with perimeter fence.			X			
Exterior doors are locked and working properly	X					
Exterior lights are working (Fire Escape lights)			X			
Other issues noted						

**Additional Comments:**

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*Sch. APT* 6-6-2023  
 Staff Signature/Date

NRC Environmental Inspection Form

Date: 6-14-03

Indicator	Area			Comments	Corrective Action	Date Corrected
	Yes	No	NA			
<b>Safety</b>						
Area clean, including Pt rooms. Showers/bathrooms free of mold/mildew	✓					
Area well lit/no lights out	✓					
Area free of slip/trip hazards and excess staples	✓					
Unit Restraints accounted for.	✓					
Outlet covers are intact.	✓					
All employees are wearing ID badge in plain sight and carrying radios.	✓					
Electrical panel unobstructed	✓					
<b>Security</b>						
All doors secured	✓					
Window Integrity checked	✓					
Badge Readers are working properly	✓					
Sensitive areas are maintained secure/No unusual activity	✓					
Code Green Buttons Accessible	✓					
Other Security Deficiencies	✓					
<b>Hazardous Mat.</b>						
EVS utility rooms locked.	✓					
All chemicals are stored properly with appropriate labeling.	✓					
Only hospital approved cleaning supplies in the patient areas.	✓					
<b>Fire</b>						
Fire door/Alarms operable and not obstructed	✓					
No "daisy-chaining" of electrical items.	✓					

Due to Quality Assurance Department by the 15<sup>th</sup> of each month

Corridors and exits are clear and unobstructed. No items are hung from ceiling or impacting 8' clearance in hallways. Exit signs functioning and pointed in correct direction.							
Fire extinguisher pin in place							
Magnetic doors (in patient area) are latching correctly							
Electrical Panel in staff office is not blocked							
No objects blocking sprinklers							
All seasonal combustible decorations have been treated with fire retardant and are tagged.							
<b>Facility Safety</b>							
Gates are operable and no issues with perimeter fence.							
Exterior doors are locked and working properly							
Exterior lights are working							

**Additional Comments:**

1. All fire extinguishers are tagged and inspected. All fire extinguishers are in working order. All fire extinguishers are in working order. All fire extinguishers are in working order.

*[Handwritten Signature]*  
 Staff Signature/Date

Due to Quality Assurance Department by the 15<sup>th</sup> of each month

NRC Environmental Inspection Form

Date: 6/11/20  
3001

Indicator	Area			Comments	Corrective Action	Date Corrected
	Yes	No	NA			
<b>Safety</b> Area clean, including Pt rooms. Showers/bathrooms free of mold/mildew						
Area well lit/no lights out				see work order		
Area free of slip/trip hazards and excess staples						
Unit Restraints accounted for:						
Outlet covers are intact.						
All employees are wearing ID badge in plain sight and carrying radios.						
Electrical panel unobstructed						
<b>Security</b>						
All doors secured						
Window Integrity checked						
Badge Readers are working properly						
Sensitive areas are maintained secure/No unusual activity						
Code Green Buttons Accessible						
Other Security Deficiencies				see work order		
<b>Hazardous Mat.</b>						
EVS utility rooms locked.						
All chemicals are stored properly with appropriate labeling.						
Only hospital approved cleaning supplies in the patient areas.						
<b>Fire</b>						
Fire door/Alarms operable and not obstructed						
No "daisy-chaining" of electrical items.						

Due to Quality Assurance Department by the 15<sup>th</sup> of each month

Corridors and exits are clear and unobstructed. No items are hung from ceiling or impacting 8' clearance in hallways. Exit signs functioning and pointed in correct direction.					
Fire extinguisher pin in place					
Magnetic doors (in patient area) are latching correctly					
Electrical Panel in staff office is not blocked					
No objects blocking sprinklers					
All seasonal combustible decorations have been treated with fire retardant and are tagged.					
<b>Facility Safety</b>					
Gates are operable and no issues with perimeter fence.					
Exterior doors are locked and working properly					
Exterior lights are working					

**Additional Comments:**

The perimeter fence was inspected and found to be in good working order. The gates were inspected and found to be in good working order. The exterior doors were inspected and found to be in good working order. The exterior lights were inspected and found to be in good working order.

The fire extinguisher was inspected and found to be in good working order. The magnetic doors were inspected and found to be in good working order. The electrical panel was inspected and found to be in good working order. No objects were found blocking the sprinklers. All seasonal combustible decorations were inspected and found to be treated with fire retardant and are tagged.

The perimeter fence was inspected and found to be in good working order. The gates were inspected and found to be in good working order. The exterior doors were inspected and found to be in good working order. The exterior lights were inspected and found to be in good working order.

The fire extinguisher was inspected and found to be in good working order. The magnetic doors were inspected and found to be in good working order. The electrical panel was inspected and found to be in good working order. No objects were found blocking the sprinklers. All seasonal combustible decorations were inspected and found to be treated with fire retardant and are tagged.

The perimeter fence was inspected and found to be in good working order. The gates were inspected and found to be in good working order. The exterior doors were inspected and found to be in good working order. The exterior lights were inspected and found to be in good working order.

The fire extinguisher was inspected and found to be in good working order. The magnetic doors were inspected and found to be in good working order. The electrical panel was inspected and found to be in good working order. No objects were found blocking the sprinklers. All seasonal combustible decorations were inspected and found to be treated with fire retardant and are tagged.

The perimeter fence was inspected and found to be in good working order. The gates were inspected and found to be in good working order. The exterior doors were inspected and found to be in good working order. The exterior lights were inspected and found to be in good working order.

The fire extinguisher was inspected and found to be in good working order. The magnetic doors were inspected and found to be in good working order. The electrical panel was inspected and found to be in good working order. No objects were found blocking the sprinklers. All seasonal combustible decorations were inspected and found to be treated with fire retardant and are tagged.

Mike Moran 6/10/21  
 Staff Signature/Date



NRC Environmental Inspection Form

Date: 6/30/2023 Area 1W

Indicator	Yes	No	NA	Comments	Corrective Action	Date Corrected
<b>Safety</b>						
Area clean, including Pt rooms. Showers/bathrooms free of mold/mildew	X					
Area well lit/no lights out	X					
Area free of slip/trip hazards and excess staples	X					
Unit Restraints accounted for.	X					
Outlet covers are intact.	X					
All employees are wearing ID badge in plain sight and carrying radios.	X					
Electrical panel unobstructed	X					
<b>Security</b>						
All doors secured	X					
Window Integrity checked	X					
Badge Readers are working properly	X					
Sensitive areas are maintained secure/No unusual activity	X					
Code Green Buttons Accessible	X					
Other Security Deficiencies						
<b>Hazardous Mat.</b>						
EVS utility rooms locked.	X					
All chemicals are stored properly with appropriate labeling.	X					
Only hospital approved cleaning supplies in the patient areas.	X					
<b>Fire</b>						
Fire door/Alarms operable and not obstructed	X					
No "daisy-chaining" of electrical items.	X					

Due to Quality Assurance Department by the 15<sup>th</sup> of each month



Corridors and exits are clear and unobstructed. No items are hung from ceiling or impacting 8' clearance in hallways. Exit signs functioning and pointed in correct direction.	X				
Fire extinguisher pin in place	X				
Magnetic doors (in patient area) are latching correctly	X				
Electrical Panel in staff office is not blocked	X				
No objects blocking sprinklers	X				
All seasonal combustible decorations have been treated with fire retardant and are tagged.	X				
<b>Facility Safety</b>					
Gates are operable and no issues with perimeter fence.	X				
Exterior doors are locked and working properly	X				
Exterior lights are working	X				

**Additional Comments:**

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 Staff Signature/Date



NRC Environmental Inspection Form

Date: 5/31/2023 Area West

Indicator	Yes	No	NA	Comments	Corrective Action	Date Corrected
<b>Safety</b>						
Area clean, including Pt rooms. Showers/bathrooms free of mold/mildew	X					
Area well lit/no lights out	X					
Area free of slip/trip hazards and excess staples	X					
Unit Restraints accounted for.	X					
Outlet covers are intact.	X					
All employees are wearing ID badge in plain sight and carrying radios.	X					
Electrical panel unobstructed	X					
<b>Security</b>						
All doors secured	X					
Window integrity checked	X					
Badge Readers are working properly	X					
Sensitive areas are maintained secure/No unusual activity	X					
Code Green Buttons Accessible	X					
Other Security Deficiencies			X			
<b>Hazardous Mat.</b>						
EVS utility rooms locked.	X					
All chemicals are stored properly with appropriate labeling.	X					
Only hospital approved cleaning supplies in the patient areas.	X					
<b>Fire</b>						
Fire door/Alarms operable and not obstructed	X					
No "daisy-chaining" of electrical items.	X					

Due to Quality Assurance Department by the 15<sup>th</sup> of each month

Corridors and exits are clear and unobstructed. No items are hung from ceiling or impacting 8' clearance in hallways. Exit signs functioning and pointed in correct direction.									
Fire extinguisher pin in place									
Magnetic doors (in patient area) are latching correctly									
Electrical Panel in staff office is not blocked									
No objects blocking sprinklers									
All seasonal combustible decorations have been treated with fire retardant and are tagged.									
<b>Facility Safety</b>									
Gates are operable and no issues with perimeter fence.									
Exterior doors are locked and working properly									
Exterior lights are working									

**Additional Comments:**

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*[Signature]*  
 Staff Signature/Date 6/31/2023

NRC Environmental Inspection Form

Date: 4/23/23 Area: 3 West

Indicator	Yes	No	NA	Comments	Corrective Action	Date Corrected
<b>Safety</b>						
Area clean, including Pt rooms. Showers/bathrooms free of mold/mildew	✓					
Area well lit/no lights out	✓					
Area free of slip/trip hazards	✓					
Unit Restraints accounted for.	✓					
Outlet covers are intact.	✓					
All employees are wearing ID badge in plain sight and carrying radios.	✓					
Electrical panel unobstructed	✓					
<b>Security</b>						
All doors secured/locked	✓					
Window Integrity checked	✓					
Badge Readers are working properly	✓					
Sensitive areas are maintained secure/No unusual activity	✓					
Code Green Buttons Accessible	✓					
Observation computer is working correctly(Logged in and on correct cameras)	✓					
<b>Hazardous Mat.</b>						
EVS utility rooms locked.	✓					
All chemicals are stored properly with appropriate labeling.	✓					
Only hospital approved cleaning supplies in the patient areas.	✓					
<b>Fire</b>						
Fire door/Alarms operable and not obstructed (Security Alert on Panel)	✓					
				<b>Date/Time check: System reset completed after each door is opened then closed (1 minute wait time)</b>		

No "daisy-chaining" of electrical items.							
Corridors and exits are clear and unobstructed. No items are hung from ceiling or impacting 8' clearance in hallways. Exit signs functioning and pointed in correct direction.							
Fire extinguisher pin in place							
Magnetic doors (in patient area) are latching correctly							
Electrical Panel in staff office is not blocked							
No objects blocking sprinklers							
Decorations are sprayed and tagged							
<b>Facility Safety</b>							
Gates are operable and no issues with perimeter fence.							
Exterior doors are locked and working properly							
Exterior lights are working (Fire Escape lights)							
Other issues noted							

**Additional Comments:**

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*[Handwritten Signature]*

Staff Signature/Date



NRC Environmental Inspection Form

Date: 7/28/23 Area: 2 East/SSC

Indicator	Yes	No	NA	Comments	Corrective Action	Date Corrected
<b>Safety</b>						
Area clean, including Pt rooms. Showers/bathrooms free of mold/mildew	✓					
Area well lit/no lights out	✓					
Area free of slip/trip hazards	✓					
Unit Restraints accounted for.	✓					
Outlet covers are intact.	✓					
All employees are wearing ID badge in plain sight and carrying radios.	✓					
Electrical panel unobstructed	✓					
<b>Security</b>						
All doors secured/locked	✓					
Window Integrity checked	✓					
Badge Readers are working properly	✓					
Sensitive areas are maintained secure/No unusual activity	✓					
Code Green Buttons Accessible	✓					
Observation computer is working correctly(Logged in and on correct cameras)	✓					
<b>Hazardous Mat.</b>						
EVS utility rooms locked.	✓					
All chemicals are stored properly with appropriate labeling.	✓					
Only hospital approved cleaning supplies in the patient areas.	✓					
<b>Fire</b>						
Fire door/Alarms operable and not obstructed (Security Alert on Panel)	✓			Date/Time check: System reset completed after each door is opened then closed (1 minute wait time)		

No "daisy-chaining" of electrical items.								
Corridors and exits are clear and unobstructed.								
No items are hung from ceiling or impacting 8' clearance in hallways.								
Exit signs functioning and pointed in correct direction.								
Fire extinguisher pin in place								
Magnetic doors (in patient area) are latching correctly								
Electrical Panel in staff office is not blocked								
No objects blocking sprinklers								
Decorations are sprayed and tagged								
<b>Facility Safety</b>								
Gates are operable and no issues with perimeter fence.								
Exterior doors are locked and working properly								
Exterior lights are working (Fire Escape lights)								
Other issues noted								

**Additional Comments:**

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*[Handwritten Signature]*

Staff Signature/Date

No "daisy-chaining" of electrical items.	✓				
Corridors and exits are clear and unobstructed. No items are hung from ceiling or impacting 8' clearance in hallways. Exit signs functioning and pointed in correct direction.	✓				
Fire extinguisher pin in place	✓				
Magnetic doors (in patient area) are latching correctly	✓				
Electrical Panel in staff office is not blocked	✓				
No objects blocking sprinklers	✓				
Decorations are sprayed and tagged	✓				
<b>Facility Safety</b>					
Gates are operable and no issues with perimeter fence.	✓				
Exterior doors are locked and working properly	✓				
Exterior lights are working (Fire Escape lights)	✓				
Other issues noted					

Additional Comments:

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 Staff Signature/Date
 5-16-23

NRC Environmental Inspection Form

Date: 5-16-23 Area: 1st Floor

Indicator	Yes	No	NA	Comments	Corrective Action	Date Corrected
<b>Safety</b>						
Area clean, including Pt rooms. Showers/ bathrooms free of mold/mildew	✓					
Area well lit/no lights out	✓					
Area free of slip/trip hazards	✓					
Unit Restraints accounted for.	✓					
Outlet covers are intact.	✓					
All employees are wearing ID badge in plain sight and carrying radios.	✓					
Electrical panel unobstructed	✓					
<b>Security</b>						
All doors secured/locked	✓					
Window Integrity checked	✓					
Badge Readers are working properly	✓					
Sensitive areas are maintained secure/No unusual activity	✓					
Code Green Buttons Accessible	✓					
Observation computer is working correctly (Logged in and on correct cameras)	✓					
<b>Hazardous Mat</b>						
EVS utility rooms locked.	✓					
All chemicals are stored properly with appropriate labeling.	✓					
Only hospital approved cleaning supplies in the patient areas.	✓					
<b>Fire</b>						
Fire door/Alarms operable and not obstructed (Security Alert on Panel)	✓					
				Date/Time check: 5-16-23 @ 2030 - 2100 System reset completed after each door is opened then closed (1 minute wait time)		

NRC Environmental Inspection Form

Date: 5-16-23 Area RT

Indicator	Yes	No	NA	Comments	Corrective Action	Date Corrected
<b>Safety</b>						
Area clean, including Pt rooms. Showers/bathrooms free of mold/mildew	✓					
Area well lit/no lights out	✓					
Area free of slip/trip hazards	✓					
Unit Restraints accounted for.	✓					
Outlet covers are intact.	✓					
All employees are wearing ID badge in plain sight and carrying radios.	✓					
Electrical panel unobstructed	✓					
<b>Security</b>						
All doors secured/locked	✓					
Window Integrity checked	✓					
Badge Readers are working properly	✓					
Sensitive areas are maintained secure/No unusual activity	✓					
Code Green Buttons Accessible	✓					
Observation computer is working correctly(Logged in and on correct cameras)	✓					
<b>Hazardous Mat.</b>						
EVS utility rooms locked.	✓					
All chemicals are stored properly with appropriate labeling.	✓					
Only hospital approved cleaning supplies in the patient areas.	✓					
<b>Fire</b>						
Fire door/Alarms operable and not obstructed (Security Alert on Panel)	✓			<b>Date/Time check: System reset completed after each door is opened then closed (1 minute wait time)</b>		

✓	No "daisy-chaining" of electrical items.								
✓	Corridors and exits are clear and unobstructed.								
✓	No items are hung from ceiling or impacting 8' clearance in hallways.								
✓	Exit signs functioning and pointed in correct direction.								
✓	Fire extinguisher pin in place								
✓	Magnetic doors (in patient area) are latching correctly								
✓	Electrical Panel in staff office is not blocked								
✓	No objects blocking sprinklers								
✓	Decorations are sprayed and tagged								
	<b>Facility Safety</b>								
✓	Gates are operable and no issues with perimeter fence.								
✓	Exterior doors are locked and working properly								
✓	Exterior lights are working (Fire Escape lights)								
✓	Other issues noted								Same as last month.

Additional Comments:

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*James Beaker*  
Staff Signature/Date 5-16-23.

NRC Environmental Inspection Form

Date: **05-10-2023**

Area: **Diary**

Indicator	Yes	No	NA	Comments	Corrective Action	Date Corrected
<b>Sanitary</b> Area clean, including Pt rooms. Showers/bathrooms free of mold/mildew	X					
Area well lit/no lights out	X					
Area free of slip/trip hazards	X					
Unit Restraints accounted for.	X					
Outlet covers are intact.	X					
All employees are wearing ID badge in plain sight and carrying radios.	X					
Electrical panel unobstructed	X					
<b>Security</b> All doors secured/locked	X					
Window Integrity checked	X					
Badge Readers are working properly	X					
Sensitive areas are maintained secure/No unusual activity	X					
Code Green Buttons Accessible	X					
Observation computer is working correctly (Logged in and on correct cameras)			X			
<b>Hazardous Materials</b> EVS utility rooms locked.	X					
All chemicals are stored properly with appropriate labeling.	X					
Only hospital approved cleaning supplies in the patient areas.	X					
<b>Fire</b> Fire door/Alarms operable and not obstructed (Security Alert on Panel)	X					

Date/Time check:

System reset completed after each door is opened then closed (1 minute wait time) **05-10-23 @ 1524** *[Signature]*

No "daisy-chaining" of electrical items.	X				
Corridors and exits are clear and unobstructed. No items are hung from ceiling or impacting 8' clearance in hallways. Exit signs functioning and pointed in correct direction.	X				
Fire extinguisher pin in place	X				
Magnetic doors (in patient area) are latching correctly	X				
Electrical Panel in staff office is not blocked	X				
No objects blocking sprinklers	X				
Decorations are sprayed and tagged	X				
Facility Safety					
Gates are operable and no issues with perimeter fence.		X			
Exterior doors are locked and working properly	X				
Exterior lights are working (Fire Escape lights)	X				
Other issues noted				X	

*Not tagged*

**Additional Comments:**

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*Arthur A. RT* 05-10-2023  
 Staff Signature/Date



NRC Environmental Inspection Form

Date: 20230506 Area NRC Unit 2West

Indicator	Yes	No	NA	Comments	Corrective Action	Date Corrected
<b>Safety</b>						
Area clean, including Pt rooms. Showers/bathrooms free of mold/mildew	✓					
Area well lit/no lights out	✓					
Area free of slip/trip hazards and excess staples	✓					
Unit Restraints accounted for.	✓			Working to put together better inventory.		
Outlet covers are intact.	✓			Placed cover back on staff break room thermostat, needs better drywall anchors.		
All employees are wearing ID badge in plain sight and carrying radios.	✓					
Electrical panel unobstructed	✓					
<b>Security</b>						
All doors secured	✓			Maintaince conducted firedoor check. I observed them functioning properly		
Window Integrity checked	✓			Patient inside of windows could be shop vacuumed/cleaned.		
Badge Readers are working properly	✓					
Sensitive areas are maintained secure/No unusual activity	✓					
Code Green Buttons Accessible	✓					
Other Security Deficiencies	✓					
<b>Hazardous Mat.</b>						
EVS utility rooms locked.	✓					
All chemicals are stored properly with appropriate labeling.	✓					
Only hospital approved cleaning supplies in the patient areas.	✓					
<b>Fire</b>						
Fire door/Alarms operable and not obstructed	✓					
No "daisy-chaining" of electrical items.	✓					

Due to Quality Assurance Department by the 15<sup>th</sup> of each month

Corridors and exits are clear and unobstructed. No items are hung from ceiling or impacting 8' clearance in hallways. Exit signs functioning and pointed in correct direction.	✓				
Fire extinguisher pin in place	✓				
Magnetic doors (in patient area) are latching correctly	✓				
Electrical Panel in staff office is not blocked	✓				
No objects blocking sprinklers	✓				
All seasonal combustible decorations have been treated with fire retardant and are tagged.	✓				
<b>Facility Safety</b>					
Gates are operable and no issues with perimeter fence.	✓		To the best of my knowledge.		
Exterior doors are locked and working properly	✓		Tested on 20230506 by maintainece dept.		
Exterior lights are working	✓				

**Additional Comments:**

Request maintainece conduct review and make sure all patient AC units are functioning properly with watervalves set properly.

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*Josh DePerna*  
Staff Signature/Date 20230506

**JOSH DEITERMAN**

Due to Quality Assurance Department by the 15<sup>th</sup> of each month

NRC Environmental Inspection Form

Date: 4-7-2023 Area J West

Indicator	Yes	No	NA	Comments	Corrective Action	Date Corrected
<b>Safety</b>						
Area clean, including Pt rooms. Showers/bathrooms free of mold/mildew	X			With BR Dirty vents stall walls need cleaned edge of baseboards		
Area well lit/no lights out	X					
Area free of slip/trip hazards and excess staples	X					
Unit Restraints accounted for.	X					
Outlet covers are intact.	X					
All employees are wearing ID badge in plain sight and carrying radios.	X					
Electrical panel unobstructed	X					
<b>Security</b>						
All doors secured	X					
Window Integrity checked	X			Some picture windows need secured		
Badge Readers are working properly	X					
Sensitive areas are maintained secure/No unusual activity	X					
Code Green Buttons Accessible	X					
Other Security Deficiencies		X		Reexamine locks by unit supervisor to ensure facility is secure		
<b>Hazardous Mat.</b>						
EVS utility rooms locked.	X					
All chemicals are stored properly with appropriate labeling.	X					
Only hospital approved cleaning supplies in the patient areas.	X					
<b>Fire</b>						
Fire door/Alarms operable and not obstructed	X					
No "daisy-chaining" of electrical items.	X					

Due to Quality Assurance Department by the 15<sup>th</sup> of each month

Corridors and exits are clear and unobstructed. No items are hung from ceiling or impacting 8" clearance in hallways. Exit signs functioning and pointed in correct direction.	X				
Fire extinguisher pin in place	X				
Magnetic doors (in patient area) are latching correctly	X				
Electrical Panel in staff office is not blocked	X				
No objects blocking sprinklers	X				
All seasonal combustible decorations have been treated with fire retardant and are tagged.	X				
<b>Facility Safety</b>					
Gates are operable and no issues with perimeter fence.	X				
Exterior doors are locked and working properly	X				
Exterior lights are working	X				

**Additional Comments:**

Reviewed paper treatment plan signed for agreement on case of multiple colleagues/psychiatrists  
 reviewed patient Code Bookings for compliance

*Josh Defferman*  
 Staff Signature/Date 4-15-22

**JOSH DEFFERMAN**

Due to Quality Assurance Department by the 15<sup>th</sup> of each month

NRC Environmental Inspection Form

Date: 4/1/2023 Area 1K

Indicator	Area		Comments	Corrective Action	Date Corrected
	Yes	No NA			
<b>Safety</b>					
Area clean, including Pt rooms. Showers/bathrooms free of mold/mildew	X				
Area well lit/no lights out	X				
Area free of slip/trip hazards and excess staples	X				
Unit Restraints accounted for.	X				
Outlet covers are intact.	X				
All employees are wearing ID badge in plain sight and carrying radios.	X				
Electrical panel unobstructed	X				
<b>Security</b>					
All doors secured	X				
Window Integrity checked	X				
Badge Readers are working properly	X				
Sensitive areas are maintained secure/No unusual activity	X				
Code Green Buttons Accessible	X				
Other Security Deficiencies		X			
<b>Hazardous Mat.</b>					
EVS utility rooms locked.	X				
All chemicals are stored properly with appropriate labeling.	X				
Only hospital approved cleaning supplies in the patient areas.	X				
<b>Fire</b>					
Fire door/Alarms operable and not obstructed	X				
No "daisy-chaining" of electrical items.	X				

Due to Quality Assurance Department by the 15<sup>th</sup> of each month

Corridors and exits are clear and unobstructed. No items are hung from ceiling or impacting 8' clearance in hallways. Exit signs functioning and pointed in correct direction.	X				
Fire extinguisher pin in place	X				
Magnetic doors (in patient area) are latching correctly	X				
Electrical Panel in staff office is not blocked	X				
No objects blocking sprinklers	X				
All seasonal combustible decorations have been treated with fire retardant and are tagged.	X				
<b>Facility Safety</b>					
Gates are operable and no issues with perimeter fence.	X				
Exterior doors are locked and working properly	X				
Exterior lights are working	X				

Additional Comments:

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 4/29/2023  
Staff Signature/Date

Due to Quality Assurance Department by the 15<sup>th</sup> of each month

NRC Environmental Inspection Form

Date: 04-13-2023 Area Dietry

Indicator	Yes	No	NA	Comments	Corrective Action	Date Corrected
<b>Safety</b>						
Area clean, including Pt rooms. Showers/bathrooms free of mold/mildew	X			No pt. rooms		
Area well lit/no lights out	X					
Area free of slip/trip hazards	X					
Unit Restraints accounted for.	X					
Outlet covers are intact.	X					
All employees are wearing ID badge in plain sight and carrying radios.	X					
Electrical panel unobstructed	X					
<b>Security</b>						
All doors secured/locked	X					
Window Integrity checked	X					
Badge Readers are working properly	X					
Sensitive areas are maintained secure/No unusual activity	X					
Code Green Buttons Accessible	X					
Observation computer is working correctly (Logged in and on correct cameras)			X	No observation computer in Dietry		
<b>Hazardous Mat.</b>						
EVS utility rooms locked.	X					
All chemicals are stored properly with appropriate labeling.	X					
Only hospital approved cleaning supplies in the patient areas.	X					
<b>Fire</b>						
Fire door/Alarms operable and not obstructed (Security Alert on Panel)	X			Date/Time check: 04-13-2023 @ 2030 <del>181</del>		
				System reset completed after each door is opened then closed (1 minute wait time)		

No "daisy-chaining" of electrical items.	X				
Corridors and exits are clear and unobstructed. No items are hung from ceiling or impacting 8' clearance in hallways. Exit signs functioning and pointed in correct direction.	X				
Fire extinguisher pin in place	X				
Magnetic doors (in patient area) are latching correctly	X				
Electrical Panel in staff office is not blocked	X				
No objects blocking sprinklers	X				
Decorations are sprayed and tagged	X				
<b>Facility Safety</b>					
Gates are operable and no issues with perimeter fence.			X		
Exterior doors are locked and working properly	X				
Exterior lights are working (Fire Escape lights)	X				
Other issues noted		X			
<i>No immediate concerns at this time</i>					

Additional Comments:

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 Staff Signature/Date
   
 04-18-2023



NRC Environmental Inspection Form

Date: 4-13-23

Area

East Floor

Indicator	Yes	No	NA	Comments	Corrective Action	Date Corrected
<b>Safety</b>						
Area clean, including Pt rooms. Showers/bathrooms free of mold/mildew	✓					
Area well lit/no lights out	✓					
Area free of slip/trip hazards	✓					
Unit Restraints accounted for.	✓					
Outlet covers are intact.	✓					
All employees are wearing ID badge in plain sight and carrying radios.	✓					
Electrical panel unobstructed	✓					
<b>Security</b>						
All doors secured/locked	✓					
Window Integrity checked	✓					
Badge Readers are working properly	✓					
Sensitive areas are maintained secure/No unusual activity	✓					
Code Green Buttons Accessible	✓					
Observation computer is working correctly (Logged in and on correct cameras)	✓					
<b>Hazardous Mat.</b>						
EVS utility rooms locked.	✓					
All chemicals are stored properly with appropriate labeling.	✓					
Only hospital approved cleaning supplies in the patient areas.	✓					
<b>Fire</b>						
Fire door/Alarms operable and not obstructed (Security Alert on Panel)	✓			Date/Time check: 4-13-23 1330 System reset completed after each door is opened then closed (1 minute wait time) for clear stack open		

No "daisy-chaining" of electrical items.	✓		
Corridors and exits are clear and unobstructed.	✓		
No items are hung from ceiling or impacting 8' clearance in hallways.	✓		
Exit signs functioning and pointed in correct direction.	✓		
Fire extinguisher pin in place	✓		
Magnetic doors (in patient area) are latching correctly	✓		
Electrical Panel in staff office is not blocked	✓		
No objects blocking sprinklers	✓		
Decorations are sprayed and tagged	✓		
<b>Facility Safety</b>			
Gates are operable and no issues with perimeter fence.	✓		
Exterior doors are locked and working properly	✓	Fire doors stuck open.	
Exterior lights are working (Fire Escape lights)	✓		
Other issues noted	✓	Files Biele near 1-East South Fire door while in ceiling of 1-East North mess building.	

**Additional Comments:**

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 Staff Signature/Date
   
 C-13-23

NRC Environmental Inspection Form

Date: 4-13-23

Area

Indicator	Yes	No	NA	Comments	Corrective Action	Date Corrected
<b>Safety</b>						
Area clean, including Pt rooms. Showers/bathrooms free of mold/mildew	✓					
Area well lit/no lights out	✓					
Area free of slip/trip hazards	✓					
Unit Restraints accounted for.	✓					
Outlet covers are intact.	✓					
All employees are wearing ID badge in plain sight and carrying radios.	✓					
Electrical panel unobstructed	✓					
<b>Security</b>						
All doors secured/locked	✓					
Window Integrity checked	✓					
Badge Readers are working properly	✓					
Sensitive areas are maintained secure/No unusual activity	✓					
Code Green Buttons Accessible	✓					
Observation computer is working correctly (Logged in and on correct cameras)	✓					
<b>Hazardous Mat.</b>						
EVS utility rooms locked.	✓					
All chemicals are stored properly with appropriate labeling.	✓					
Only hospital approved cleaning supplies in the patient areas.	✓					
<b>Fire</b>						
Fire door/Alarms operable and not obstructed (Security Alert on Panel)	✓					

Date/Time check:  
System reset completed after each door is opened then closed (1 minute wait time)

No "daisy-chaining" of electrical items.	✓										
Corridors and exits are clear and unobstructed. No items are hung from ceiling or impacting 8' clearance in hallways. Exit signs functioning and pointed in correct direction.	✓										
Fire extinguisher pin in place	✓										
Magnetic doors (in patient area) are latching correctly	✓										
Electrical Panel in staff office is not blocked	✓										
No objects blocking sprinklers	✓										
Decorations are sprayed and tagged	✓										
<b>Facility Safety</b>											
Gates are operable and no issues with perimeter fence.	✓										
Exterior doors are locked and working properly	✓										
Exterior lights are working (Fire Escape lights)	✓										
Other issues noted	✓										

Pipe leaking paint ceiling, hole in back left weight room ceiling. Hole in back left pool room ceiling. Gasket hole in PDE Kitchen ceiling. Paint peeling near kitchen library has 3 holes.

**Additional Comments:**

Completed

James Bear 4-13-23  
Staff Signature/Date

NRC Environmental Inspection Form

Date: 11/1/22 Area: West Unit

Indicator	Yes	No	NA	Comments	Corrective Action	Date Corrected
<b>Safety</b>						
Area clean, including Pt rooms. Showers/bathrooms free of mold/mildew	✓			Dist in N shower units No shower mats		
Area well lit/no lights out	✓					
Area free of slip/trip hazards and excess staples	✓					
Unit Restraints accounted for.	✓					
Outlet covers are intact.	✓					
All employees are wearing ID badge in plain sight and carrying radios.	✓					
Electrical panel unobstructed	✓			center in way, effice above in 2018		
<b>Security</b>						
All doors secured	✓					
Window Integrity checked	✓					
Badge Readers are working properly	✓					
Sensitive areas are maintained secure/No unusual activity	✓					
Code Green Buttons Accessible	✓					
Other Security Deficiencies	✓					
<b>Hazardous Mat.</b>						
EVS utility rooms locked.	✓					
All chemicals are stored properly with appropriate labeling.	✓					
Only hospital approved cleaning supplies in the patient areas.	✓					
<b>Fire</b>						
Fire door/Alarms operable and not obstructed	✓					
No "daisy-chaining" of electrical items.	✓					

Due to Quality Assurance Department by the 15<sup>th</sup> of each month

Corridors and exits are clear and unobstructed. No items are hung from ceiling or impacting 8' clearance in hallways. Exit signs functioning and pointed in correct direction.	✓						
Fire extinguisher pin in place	✓						
Magnetic doors (in patient area) are latching correctly	✓						
Electrical Panel in staff office is not blocked	✓						
No objects blocking sprinklers	✓						
All seasonal combustible decorations have been treated with fire retardant and are tagged.	✓						
Facility Safety							
Gates are operable and no issues with perimeter fence.	✓						
Exterior doors are locked and working properly	✓						
Exterior lights are working	✓						

**Additional Comments:**

Patients rooms could need 1 more bath RM NS, N2, N6, N10, N11, and SS Day hall  
 covered AC vents need cleaning.

*[Signature]* 7 Nov 2022  
 Staff Signature/Date

Due to Quality Assurance Department by the 15<sup>th</sup> of each month

NRC Environmental Inspection Form

Date: 1/9/2022 Area Dietary

Indicator	Area		Comments	Corrective Action	Date Corrected
	Yes	No NA			
<b>Safety</b>					
Area clean, including Pt rooms. Showers/bathrooms free of mold/mildew	✓				
Area well lit/no lights out	✓				
Area free of slip/trip hazards and excess staples	✓				
Unit Restraints accounted for.	✓				
Outlet covers are intact.	✓				
All employees are wearing ID badge in plain sight and carrying radios.	✓				
Electrical panel unobstructed					
<b>Security</b>					
All doors secured	✓				
Window Integrity checked	✓				
Badge Readers are working properly	✓				
Sensitive areas are maintained secure/No unusual activity	✓				
Code Green Buttons Accessible	✓				
Other Security Deficiencies		✓			
<b>Hazardous Mat.</b>					
EVS utility rooms locked.	✓				
All chemicals are stored properly with appropriate labeling.	✓				
Only hospital approved cleaning supplies in the patient areas.	✓				
<b>Fire</b>					
Fire door/Alarms operable and not obstructed	✓				
No "daisy-chaining" of electrical items.	✓				

Due to Quality Assurance Department by the 15<sup>th</sup> of each month

Corridors and exits are clear and unobstructed. No items are hung from ceiling or impacting 8' clearance in hallways. Exit signs functioning and pointed in correct direction.	/					
Fire extinguisher pin in place	/					
Magnetic doors (in patient area) are latching correctly	/					
Electrical Panel in staff office is not blocked	/					
No objects blocking sprinklers	/					
All seasonal combustible decorations have been treated with fire retardant and are tagged.	/					
<b>Facility Safety</b>						
Gates are operable and no issues with perimeter fence.		/				
Exterior doors are locked and working properly	/					
Exterior lights are working	/					

Additional Comments:

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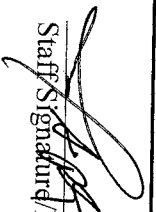
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 Staff Signature/Date 1-9-2022

Due to Quality Assurance Department by the 15<sup>th</sup> of each month



NRC Environmental Inspection Form

Date: **Area PDW/OT**

Indicator	Area			Comments	Corrective Action	Date Corrected
	Yes	No	NA			
<b>Safety</b>						
Area clean, including Pt rooms. Showers/bathrooms free of mold/mildew	✓					
Area well lit/no lights out	✓					
Area free of slip/trip hazards and excess staples	✓					
Unit Restraints accounted for.						
Outlet covers are intact.	✓			<i>Kiln room light switch cracked</i>		
All employees are wearing ID badge in plain sight and carrying radios.	✓					
Electrical panel unobstructed	✓					
<b>Security</b>						
All doors secured	✓					
Window Integrity checked	✓					
Badge Readers are working properly	✓					
Sensitive areas are maintained secure/No unusual activity	✓					
Code Green Buttons Accessible	✓					
Other Security Deficiencies	✓					
<b>Hazardous Mat.</b>						
EVS utility rooms locked.	✓					
All chemicals are stored properly with appropriate labeling.	✓					
Only hospital approved cleaning supplies in the patient areas.	✓					
<b>Fire</b>						
Fire door/Alarms operable and not obstructed	✓					
No "daisy-chaining" of electrical items.		✓		<i>light check off Kiln room</i>		

Due to Quality Assurance Department by the 15<sup>th</sup> of each month

Corridors and exits are clear and unobstructed. No items are hung from ceiling or impacting 8' clearance in hallways. Exit signs functioning and pointed in correct direction.	✓					
Fire extinguisher pin in place	✓					
Magnetic doors (in patient area) are latching correctly	✓					
Electrical Panel in staff office is not blocked						
No objects blocking sprinklers	✓					
All seasonal combustible decorations have been treated with fire retardant and are tagged.	✓					
<b>Facility Safety</b>						
Gates are operable and no issues with perimeter fence.						
Exterior doors are locked and working properly	✓					
Exterior lights are working						

Additional Comments:

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 Staff Signature/Date 11-9-22

Due to Quality Assurance Department by the 15<sup>th</sup> of each month

NRC Environmental Inspection Form

Date: **Nov 15, 2022** Area **3W Unit**

Indicator	Yes	No	N/A	Comments	Corrective Action	Date Corrected
<b>Safety</b>						
Area clean, including Pt rooms. Showers/bathrooms free of mold/mildew	X					
Area well lit/no lights out	X					
Area free of slip/trip hazards and excess staples	X					
Unit Restraints accounted for.	X			still no yellow cuffs on unit.		
Outlet covers are intact.	X					
All employees are wearing ID badge in plain sight and carrying radios.	X					
Electrical panel unobstructed	X					
<b>Security</b>						
All doors secured	X					
Window Integrity checked	X					
Badge Readers are working properly	X					
Sensitive areas are maintained secure/No unusual activity	X					
Code Green Buttons Accessible	X					
Other Security Deficiencies		X				
<b>Hazardous Materials</b>						
EVS utility rooms locked.	X					
All chemicals are stored properly with appropriate labeling.	X					
Only hospital approved cleaning supplies in the patient areas.	X					
<b>Fire</b>						
Fire door/Alarms operable and not obstructed	X					
No "daisy-chaining" of electrical items.	X					

Due to Quality Assurance Department by the 15<sup>th</sup> of each month

Y N NA

Corridors and exits are clear and unobstructed. No items are hung from ceiling or impacting 8' clearance in hallways. Exit signs functioning and pointed in correct direction.	X			
Fire extinguisher pin in place	X			
Magnetic doors (in patient area) are latching correctly	X			
Electrical Panel in staff office is not blocked	X			
No objects blocking sprinklers	X			
All seasonal combustible decorations have been treated with fire retardant and are tagged.			X	
Facility Safety				
Gates are operable and no issues with perimeter fence.			X	
Exterior doors are locked and working properly			X	
Exterior lights are working			X	

Additional Comments:

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Jeilmore RT  
Staff Signature/Date

Due to Quality Assurance Department by the 15<sup>th</sup> of each month

NRC Environmental Inspection Form

Date: 11/23/22 Area: West

Indicator	Yes	No	NA	Comments	Corrective Action	Date Corrected
<b>Safety</b>						
Area clean, including Pt rooms. Showers/bathrooms free of mold/mildew	X					
Area well lit/no lights out	X					
Area free of slip/trip hazards and excess staples	X					
Unit Restraints accounted for.	X					
Outlet covers are intact.	X					
All employees are wearing ID badge in plain sight and carrying radios.	X					
Electrical panel unobstructed	X					
<b>Security</b>						
All doors secured	X					
Window Integrity checked	X					
Badge Readers are working properly	X					
Sensitive areas are maintained secure/No unusual activity	X					
Code Green Buttons Accessible	X					
Other Security Deficiencies		X				
<b>Hazardous Mat.</b>						
EVS utility rooms locked.	X					
All chemicals are stored properly with appropriate labeling.	X					
Only hospital approved cleaning supplies in the patient areas.	X					
<b>Fire</b>						
Fire door/Alarms operable and not obstructed	X					
No "daisy-chaining" of electrical items.	X					

Due to Quality Assurance Department by the 15<sup>th</sup> of each month

Corridors and exits are clear and unobstructed. No items are hung from ceiling or impacting 8' clearance in hallways. Exit signs functioning and pointed in correct direction.	X					
Fire extinguisher pin in place	X					
Magnetic doors (in patient area) are latching correctly	X					
Electrical Panel in staff office is not blocked	X					
No objects blocking sprinklers	X					
All seasonal combustible decorations have been treated with fire retardant and are tagged.	X					
<b>Facility Safety</b>						
Gates are operable and no issues with perimeter fence.	X					
Exterior doors are locked and working properly	X					
Exterior lights are working	X					

**Additional Comments:**

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 Staff Signature/Date 1/23/22

Due to Quality Assurance Department by the 15<sup>th</sup> of each month

NRC Environmental Inspection Form

Date: 11-18-22 Area 3 East

Indicator	Yes	No	NA	Comments	Corrective Action	Date Corrected
<b>Safety</b>						
Area clean, including Pt rooms. Showers/bathrooms free of mold/mildew	Y					
Area well lit/no lights out	Y					
Area free of slip/trip hazards and excess staples	Y					
Unit Restraints accounted for.	Y					
Outlet covers are intact.	Y					
All employees are wearing ID badge in plain sight and carrying radios.	Y					
Electrical panel unobstructed	Y					
<b>Security</b>						
All doors secured	Y					
Window Integrity checked	Y					
Badge Readers are working properly	Y					
Sensitive areas are maintained secure/No unusual activity	Y					
Code Green Buttons Accessible	Y					
Other Security Deficiencies	Y					
<b>Hazardous Mat.</b>						
EVS utility rooms locked.	Y					
All chemicals are stored properly with appropriate labeling.	Y					
Only hospital approved cleaning supplies in the patient areas.	Y					
<b>Fire</b>						
Fire door/Alarms operable and not obstructed	Y					

Due to Quality Assurance Department by the 15<sup>th</sup> of each month





No "daisy-chaining" of electrical items.	Y				
Corridors and exits are clear and unobstructed. No items are hung from ceiling or impacting 8' clearance in hallways. Exit signs functioning and pointed in correct direction.	Y				
Fire extinguisher pin in place	Y				
Magnetic doors (in patient area) are latching correctly	Y				
Electrical Panel in staff office is not blocked	Y				
No objects blocking sprinklers	Y				
All seasonal combustible decorations have been treated with fire retardant and are tagged.				N/A	
<b>Facility Safety</b>					
Gates are operable and no issues with perimeter fence.				N/A	
Exterior doors are locked and working properly				N/A	
Exterior lights are working				N/A	

**Additional Comments:**

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\_\_\_\_\_  
Staff Signature/Date



NRC Environmental Inspection Form

Date:	Indicator	Area			Comments	Corrective Action	Date Corrected
		Yes	No	NA			
	<b>Safety</b>						
	Area clean, including Pt rooms: Showers/bathrooms free of mold/mildew						
	Area well lit/no lights out						
	Area free of slip/trip hazards and excess staples						
	Unit Restraints accounted for.						
	Outlet covers are intact.						
	All employees are wearing ID badge in plain sight and carrying radios.						
	Electrical panel unobstructed						
	<b>Security</b>						
	All doors secured						
	Window Integrity checked						
	Badge Readers are working properly						
	Sensitive areas are maintained secure/No unusual activity						
	Code Green Buttons Accessible						
	Other Security Deficiencies						
	<b>Hazardous Mat.</b>						
	EVS utility rooms locked.						
	All chemicals are stored properly with appropriate labeling.						
	Only hospital approved cleaning supplies in the patient areas.						
	<b>Fire</b>						
	Fire door/Alarms operable and not obstructed						
	No "daisy-chaining" of electrical items.						

Due to Quality Assurance Department by the 15<sup>th</sup> of each month

Corridors and exits are clear and unobstructed. No items are hung from ceiling or impacting 8' clearance in hallways. Exit signs functioning and pointed in correct direction.						
Fire extinguisher pin in place						
Magnetic doors (in patient area) are latching correctly						
Electrical Panel in staff office is not blocked						
No objects blocking sprinklers						
All seasonal combustible decorations have been treated with fire retardant and are tagged.						
<b>Facility Safety</b>						
Gates are operable and no issues with perimeter fence.						
Exterior doors are locked and working properly						
Exterior lights are working						

**Additional Comments:**

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Staff Signature/Date

Due to Quality Assurance Department by the 15<sup>th</sup> of each month

NRC Environmental Inspection Form

Date:	Indicator	Area		Comments	Corrective Action	Date Corrected
		Yes	No NA			
	<b>Safety</b>					
	Area clean, including Pt rooms. Showers/bathrooms free of mold/mildew	✓				
	Area well lit/no lights out	✓				
	Area free of slip/trip hazards and excess staples	✓				
	Unit Restraints accounted for.	✓				
	Outlet covers are intact.	✓				
	All employees are wearing ID badge in plain sight and carrying radios.	✓				
	Electrical panel unobstructed	✓				
	<b>Security</b>					
	All doors secured	✓				
	Window Integrity checked	✓				
	Badge Readers are working properly	✓				
	Sensitive areas are maintained secure/No unusual activity	✓				
	Code Green Buttons Accessible	✓				
	Other Security Deficiencies					
	<b>Hazardous Mat.</b>					
	EVS utility rooms locked.	✓				
	All chemicals are stored properly with appropriate labeling.	✓				
	Only hospital approved cleaning supplies in the patient areas.	✓				
	<b>Fire</b>					
	Fire door/Alarms operable and not obstructed	✓				
	No "daisy-chaining" of electrical items.	✓				

Due to Quality Assurance Department by the 15<sup>th</sup> of each month

Corridors and exits are clear and unobstructed. No items are hung from ceiling or impacting 8' clearance in hallways. Exit signs functioning and pointed in correct direction.						
Fire extinguisher pin in place						
Magnetic doors (in patient area) are latching correctly						
Electrical Panel in staff office is not blocked						
No objects blocking sprinklers						
All seasonal combustible decorations have been treated with fire retardant and are tagged.						
<b>Facility Safety</b>						
Gates are operable and no issues with perimeter fence.						
Exterior doors are locked and working properly						
Exterior lights are working						

**Additional Comments:**

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Staff Signature/Date

**NRC Environmental Inspection Form**

Date: 12-20-2022

Area: Dickery

Indicator	Yes	No	N/A	Comments	Corrective Action	Date Corrected
<b>Safety</b>						
Area clean, including Pt. rooms. Showers/ bathrooms free of mold/mildew	X					
Area well lit/no lights out	X					
Area free of slip/trip hazards and excess staples	X					
Unit Restraints accounted for.	X					
Outlet covers are intact.	X					
All employees are wearing ID badge in plain sight and carrying radios.	X					
Electrical panel unobstructed	X					
<b>Security</b>						
All doors secured	X					
Window Integrity checked	X					
Badge Readers are working properly	X					
Sensitive areas are maintained secure/No unusual activity	X					
Code Green Buttons Accessible	X					
Other Security Deficiencies			X			
<b>Hazardous Mat.</b>						
EVS utility rooms locked.	X					
All chemicals are stored properly with appropriate labeling.	X					
Only hospital approved cleaning supplies in the patient areas.	X					
<b>Fire</b>						
Fire door/Alarms operable and not obstructed	X					
No "daisy-chaining" of electrical items.	X					

Due to Quality Assurance by the 15th of each month

**Fire (Continued)**

Corridors and exits are clear and unobstructed. No items are hung from ceiling or impacting 8' clearance in hallways. Exit signs functioning and pointed in correct direction.							
Fire extinguisher pin in place							
Magnetic doors (in patient area) are latching correctly	X						
Electrical Panel in staff office is not blocked	X						
No objects blocking sprinklers	X						
All seasonal combustible decorations have been treated with fire retardant and are tagged.	X						

**Facility Safety**

Gates are operable and no issues with perimeter fence.			X				
Exterior doors are locked and working properly	X						
Exterior lights are working	X						

Additional Comments:

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Staff Signature/Date  
 12-20-2022

Due to Quality Assurance by the 15th of each month



NRC Environmental Inspection Form

Date: 12/22/22 Area: West

Indicator	Yes	No	NA	Comments	Corrective Action	Date Corrected
<b>Safety</b>						
Area clean, including Pt rooms. Showers/bathrooms free of mold/mildew	X					
Area well lit/no lights out	X					
Area free of slip/trip hazards and excess staples	X					
Unit Restraints accounted for.	X					
Outlet covers are intact.	X					
All employees are wearing ID badge in plain sight and carrying radios.	X					
Electrical panel unobstructed	X					
<b>Security</b>						
All doors secured	X					
Window Integrity checked	X					
Badge Readers are working properly	X					
Sensitive areas are maintained secure/No unusual activity	X					
Code Green Buttons Accessible	X					
Other Security Deficiencies	X					
<b>Hazardous Mat.</b>						
EVS utility rooms locked.	X					
All chemicals are stored properly with appropriate labeling.	X					
Only hospital approved cleaning supplies in the patient areas.	X					
<b>Fire</b>						
Fire door/Alarms operable and not obstructed	X					
No "daisy-chaining" of electrical items.	X					

Due to Quality Assurance Department by the 15<sup>th</sup> of each month

Corridors and exits are clear and unobstructed. No items are hung from ceiling or impacting 8' clearance in hallways. Exit signs functioning and pointed in correct direction.								
Fire extinguisher pin in place								
Magnetic doors (in patient area) are latching correctly								
Electrical Panel in staff office is not blocked								
No objects blocking sprinklers								
All seasonal combustible decorations have been treated with fire retardant and are tagged.								
<b>Facility Safety</b>								
Gates are operable and no issues with perimeter fence.								
Exterior doors are locked and working properly								
Exterior lights are working								

**Additional Comments:**

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*[Handwritten Signature]*  
 Staff Signature/Date

**NRC Environmental Inspection Form**

Date: 12-12-22 Area: 2E / SSC

Indicator	Yes	No	N/A	Comments	Corrective Action	Date Corrected
<b>Safety</b>						
Area clean, including Pt rooms. Showers/ bathrooms free of mold/mildew	✓					
Area well lit/no lights out	✓					
Area free of slip/trip hazards and excess staples	✓					
Unit Restraints accounted for.	✓					
Outlet covers are intact.	✓					
All employees are wearing ID badge in plain sight and carrying radios.	✓					
Electrical panel unobstructed	✓					
<b>Security</b>						
All doors secured	✓					
Window integrity checked	✓					
Badge Readers are working properly	✓					
Sensitive areas are maintained secure/No unusual activity	✓					
Code Green Buttons Accessible	✓					
Other Security Deficiencies	✓					
<b>Hazardous Mat.</b>						
EVS utility rooms locked.	✓					
All chemicals are stored properly with appropriate labeling.	✓					
Only hospital approved cleaning supplies in the patient areas.	✓					
<b>Fire</b>						
Fire door/Alarms operable and not obstructed	✓					
No "daisy-chaining" of electrical items.	✓					

Due to Quality Assurance by the 15th of each month



**Fire (Continued)**

Corridors and exits are clear and unobstructed. No items are hung from ceiling or impacting 8' clearance in hallways. Exit signs functioning and pointed in correct direction.	✓				
Fire extinguisher pin in place	✓				
Magnetic doors (in patient area) are latching correctly	✓				
Electrical Panel in staff office is not blocked	✓				
No objects blocking sprinklers	✓				
All seasonal combustible decorations have been treated with fire retardant and are tagged.	✓				

**Facility Safety**

Gates are operable and no issues with perimeter fence.	✓				
Exterior doors are locked and working properly	✓				
Exterior lights are working	✓				

Additional Comments:

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 12-14-20  
Staff Signature/Date

Due to Quality Assurance by the 15th of each month



NRC Environmental Inspection Form

Date: 12-15-2022

Area West Unit

Indicator	Yes	No	N/A	Comments	Corrective Action	Date Corrected
Safety						
Area clean, including Pt rooms, Showers, bathrooms free of mold/mildew.	X			Need cleaned corners of showers have buildup Dirty Vents		
Area well lit/no lights out	X					
Area free of slip/trip hazards and excess staples	X					
Unit Restrooms accounted for.	X					
Outlet covers are intact.	X					
All employees are wearing ID badge in plain sight and carrying radios.	X					
Electrical panel unobstructed	X					
Security						
All doors secured	X					
Window Integrity checked	X					
Badge Readers are working properly	X					
Sensitive areas are maintained secure No unusual activity	X					
Code Green Buttons Accessible	X					
Other Security Deficiencies		X				
Hazardous Waste						
EVS utility rooms locked.	X					
All chemicals are stored properly with appropriate labeling.	X			Staff don't know difference in green and blue spray NS		
Only hospital approved cleaning supplies in the patient areas.	X					
Fire						
Fire door/Alarms operable and not obstructed	X					
No "daisy-chaining" of electrical items.	X					

Due to Quality Assurance Department by the 15<sup>th</sup> of each month

YES / NO / NA

Corridors and exits are clear and unobstructed. No items are hung from ceiling or impacting 8" clearance in hallways. Exit signs functioning and pointed in correct direction.	X		
Fire extinguisher pin in place	X		
Magnetic doors (in patient area) are latching correctly	X		
Electrical Panel in staff office is not blocked	X		
No objects blocking sprinklers	X		
All seasonal combustible decorations have been treated with fire retardant and are tagged	X		
Facility Safety			
Gates are operable and no issues with perimeter fence.	X		
Exterior doors are locked and working properly	X		
Exterior lights are working	X		

Additional Comments:  
 Pudding on tiles above "N" Bathroom / Staff bathroom flush handle needs support behind it / Sink button on drinking fountain gets water filter is clogged on coffee maker in kitchen  
 in office  
 Suggestion - Lights able to see better in shops cabinets

*[Signature]*  
 Staff Signature/Date  
 12-15-22



NRC Environmental Inspection Form

Date: 10-15-20 Area: West

Indicator	Yes	No	NA	Comments	Corrective Action	Date Corrected
<b>Safety</b>						
Area clean, including Pt rooms. Showers/bathrooms free of mold/mildew	✓					
Area well lit/no lights out	✓					
Area free of slip/trip hazards and excess staples	✓					
Unit Restraints accounted for.	✓					
Outlet covers are intact.	✓					
All employees are wearing ID badge in plain sight and carrying radios.	✓					
Electrical panel unobstructed	✓					
<b>Security</b>						
All doors secured	✓					
Window Integrity checked	✓					
Badge Readers are working properly	✓					
Sensitive areas are maintained secure/No unusual activity	✓					
Code Green Buttons Accessible	✓					
Other Security Deficiencies	✓					
<b>Hazardous Mat.</b>						
EVS utility rooms locked.	✓					
All chemicals are stored properly with appropriate labeling.	✓					
Only hospital approved cleaning supplies in the patient areas.	✓					
<b>Fire</b>						
Fire door/Alarms operable and not obstructed	✓					
No "daisy-chaining" of electrical items.	✓					

Due to Quality Assurance Department by the 15<sup>th</sup> of each month



Corridors and exits are clear and unobstructed. No items are hung from ceiling or impacting 8' clearance in hallways. Exit signs functioning and pointed in correct direction.	✓				
Fire extinguisher pin in place	✓				
Magnetic doors (in patient area) are latching correctly	✓				
Electrical Panel in staff office is not blocked	✓				
No objects blocking sprinklers	✓				
All seasonal combustible decorations have been treated with fire retardant and are tagged.	✓				
<b>Facility Safety</b>					
Gates are operable and no issues with perimeter fence.	✓				
Exterior doors are locked and working properly	✓				
Exterior lights are working	✓				

**Additional Comments:**

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*[Handwritten Signature]*

Staff Signature/Date

*[Handwritten Signature]* 10/26/22



NRC Environmental Inspection Form

Date: 10/17/22 Area West

Indicator	Yes	No	NA	Comments	Corrective Action	Date Corrected
<b>Safety</b>						
Area clean, including Pt rooms. Showers/bathrooms free of mold/mildew	✓					
Area well lit/no lights out	✓					
Area free of slip/trip hazards and excess staples	✓					
Unit Restraints accounted for.	✓					
Outlet covers are intact.	✓					
All employees are wearing ID badge in plain sight and carrying radios.	✓					
Electrical panel unobstructed	✓					
<b>Security</b>						
All doors secured	✓					
Window Integrity checked	✓					
Badge Readers are working properly	✓					
Sensitive areas are maintained secure/No unusual activity	✓					
Code Green Buttons Accessible	✓					
Other Security Deficiencies	✓					
<b>Hazardous Mat.</b>						
EVS utility rooms locked.	✓					
All chemicals are stored properly with appropriate labeling.	✓					
Only hospital approved cleaning supplies in the patient areas.	✓					
<b>Fire</b>						
Fire door/Alarms operable and not obstructed	✓					
No "daisy-chaining" of electrical items.	✓					

Due to Quality Assurance Department by the 15<sup>th</sup> of each month

Corridors and exits are clear and unobstructed. No items are hung from ceiling or impacting 8' clearance in hallways. Exit signs functioning and pointed in correct direction.	✓				
Fire extinguisher pin in place	✓				
Magnetic doors (in patient area) are latching correctly	✓				
Electrical Panel in staff office is not blocked	✓				
No objects blocking sprinklers	✓				
All seasonal combustible decorations have been treated with fire retardant and are tagged.	✓				
<b>Facility Safety</b>					
Gates are operable and no issues with perimeter fence.	✓				
Exterior doors are locked and working properly	✓				
Exterior lights are working	✓				

**Additional Comments:**

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 10/17/22  
Staff Signature/Date

Due to Quality Assurance Department by the 15<sup>th</sup> of each month

NRC Environmental Inspection Form

Date: 10-19-22

Area

1st Floor & Exterior

Indicator	Yes	No	NA	Comments	Corrective Action	Date Corrected
<b>Safety</b>						
Area clean, including Pt rooms, Showers/bathrooms free of mold/mildew	✓					
Area well lit/no lights out	✓					
Area free of slip/trip hazards and excess staples	✓					
Unit Restraints accounted for.			✓			
Outlet covers are intact.	✓					
All employees are wearing ID badge in plain sight and carrying radios.	✓					
Electrical panel unobstructed			✓			
<b>Security</b>						
All doors secured	✓					
Window Integrity checked	✓			Crack still on outside glass in lobby southwest window.		
Badge Readers are working properly	✓					
Sensitive areas are maintained secure/No unusual activity	✓					
Code Green Buttons Accessible			✓			
Other Security Deficiencies			✓			
<b>Hazardous Materials</b>						
EVS utility rooms locked.	✓					
All chemicals are stored properly with appropriate labeling.	✓					
Only hospital approved cleaning supplies in the patient areas.	✓					
<b>Fire</b>						
Fire door/Alarms operable and not obstructed	✓					
No "daisy-chaining" of electrical items.	✓					

Due to Quality Assurance Department by the 15<sup>th</sup> of each month

Corridors and exits are clear and unobstructed. No items are hung from ceiling or impacting 8' clearance in hallways. Exit signs functioning and pointed in correct direction.	✓					
Fire extinguisher pin in place	✓					
Magnetic doors (in patient area) are latching correctly	✓			✓		
Electrical Panel in staff office is not blocked						
No objects blocking sprinklers	✓					
All seasonal combustible decorations have been treated with fire retardant and are tagged.	✓					
<b>Facility Safety</b>						
Gates are operable and no issues with perimeter fence.	✓					
Exterior doors are locked and working properly	✓					
Exterior lights are working	✓					

Additional Comments:

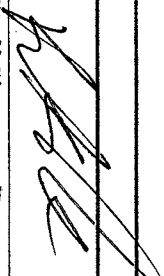
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Staff Signature/Date  
  
 10-18-22

Due to Quality Assurance Department by the 15<sup>th</sup> of each month



NRC Environmental Inspection Form

Date: 10-15-22 Area 3 East

Indicator	Yes	No	NA	Comments	Corrective Action	Date Corrected
<b>Safety</b>						
Area clean, including Pt rooms. Showers/bathrooms free of mold/mildew	✓			Need new curtain in North Shower.		
Area well lit/no lights out	✓					
Area free of slip/trip hazards and excess staples	✓					
Unit Restraints accounted for.	✓					
Outlet covers are intact.	✓					
All employees are wearing ID badge in plain sight and carrying radios.	✓					
Electrical panel unobstructed	✓					
<b>Security</b>						
All doors secured	✓					
Window Integrity checked	✓					
Badge Readers are working properly	✓					
Sensitive areas are maintained secure/No unusual activity	✓					
Code Green Buttons Accessible	✓					
Other Security Deficiencies						
<b>Hazardous Materials</b>						
EVS utility rooms locked.	✓					
All chemicals are stored properly with appropriate labeling.	✓					
Only hospital approved cleaning supplies in the patient areas.	✓					
<b>Fire</b>						
Fire door/Alarms operable and not obstructed	✓					
No "daisy-chaining" of electrical items.	✓					

Due to Quality Assurance Department by the 15<sup>th</sup> of each month

Corridors and exits are clear and unobstructed. No items are hung from ceiling or impacting 8' clearance in hallways. Exit signs functioning and pointed in correct direction.	3,			Large decoration hanging in N. day hall. Not saying it's a problem necessarily.	
Fire extinguisher pin in place	✓				
Magnetic doors (in patient area) are latching correctly	✓				
Electrical Panel in staff office is not blocked	✓				
No objects blocking sprinklers	✓				
All seasonal combustible decorations have been treated with fire retardant and are tagged.	✓				
<b>Facility Safety</b>					
Gates are operable and no issues with perimeter fence.			✓		
Exterior doors are locked and working properly			✓		
Exterior lights are working			✓		

**Additional Comments:**

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*[Signature]*  
 Staff Signature/Date 10-15-22

NRC Environmental Inspection Form

Date: 10-12-22 Area 34

Indicator	Yes	No	NA	Comments	Corrective Action	Date Corrected
<b>Safety</b>						
Area clean, including Pt rooms, Showers/bathrooms free of mold/mildew	X					
Area well lit/no lights out	X			Ceiling light in Kitchen Area is out (toward the back)		
Area free of slip/trip hazards and excess staples	X					
Unit Restraints accounted for.	X			Yellow cuffs broken according to note in shops	Count book (Missing)	
Outlet covers are intact.	X					
All employees are wearing ID badge in plain sight and carrying radios.	X					
Electrical panel unobstructed	X					
<b>Security</b>						
All doors secured	X					
Window Integrity checked	X					
Badge Readers are working properly	X					
Sensitive areas are maintained secure/No unusual activity	X					
Code Green Buttons Accessible	X					
Other Security Deficiencies						
<b>Hazardous Mat</b>						
EVS utility rooms locked.	X					
All chemicals are stored properly with appropriate labeling.	X					
Only hospital approved cleaning supplies in the patient areas.	X					
<b>Fire</b>						
Fire door/Alarms operable and not obstructed	X					
No "daisy-chaining" of electrical items.	X					

Due to Quality Assurance Department by the 15<sup>th</sup> of each month

Corridors and exits are clear and unobstructed. No items are hung from ceiling or impacting 8' clearance in hallways. Exit signs functioning and pointed in correct direction.	X			
Fire extinguisher pin in place	X			
Magnetic doors (in patient area) are latching correctly	X			
Electrical Panel in staff office is not blocked	X			
No objects blocking sprinklers	X			
All seasonal combustible decorations have been treated with fire retardant and are tagged.		X		
Facility Safety				
Gates are operable and no issues with perimeter fence.		X		
Exterior doors are locked and working properly		X		
Exterior lights are working		X		

Additional Comments:

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*John Gilmore RT*

Staff Signature/Date

**NRC Environmental Inspection Form**

Date: 10-13-22 Area: 2E JSSC

Indicator	Yes	No	N/A	Comments	Corrective Action	Date Corrected
<b>Safety</b>						
Area clean, including Pt rooms. Showers/bathrooms free of mold/mildew	<input checked="" type="checkbox"/>					
Area well lit/no lights out	<input checked="" type="checkbox"/>					
Area free of slip/trip hazards and excess staples	<input checked="" type="checkbox"/>					
Unit Restraints accounted for.	<input checked="" type="checkbox"/>					
Outlet covers are intact.	<input checked="" type="checkbox"/>					
All employees are wearing ID badge in plain sight and carrying radios.	<input checked="" type="checkbox"/>					
Electrical panel unobstructed	<input checked="" type="checkbox"/>					
<b>Security</b>						
All doors secured	<input checked="" type="checkbox"/>					
Window Integrity checked	<input checked="" type="checkbox"/>					
Badge Readers are working properly	<input checked="" type="checkbox"/>					
Sensitive areas are maintained secure/No unusual activity	<input checked="" type="checkbox"/>					
Code Green Buttons Accessible	<input checked="" type="checkbox"/>					
Other Security Deficiencies	<input checked="" type="checkbox"/>					
<b>Hazardous Mat.</b>						
EVS utility rooms locked.	<input checked="" type="checkbox"/>					
All chemicals are stored properly with appropriate labeling.	<input checked="" type="checkbox"/>					
Only hospital approved cleaning supplies in the patient areas.	<input checked="" type="checkbox"/>					
<b>Fire</b>						
Fire door/Alarms operable and not obstructed	<input checked="" type="checkbox"/>					
No "daisy-chaining" of electrical items.	<input checked="" type="checkbox"/>					

Due to Quality Assurance by the 15th of each month



**Fire (Continued)**

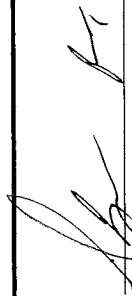
Corridors and exits are clear and unobstructed. No items are hung from ceiling or impacting 8' clearance in hallways. Exit signs functioning and pointed in correct direction.	✓			
Fire extinguisher pin in place	✓			
Magnetic doors (in patient area) are latching correctly	✓			
Electrical Panel in staff office is not blocked	✓			
No objects blocking sprinklers	✓			
All seasonal combustible decorations have been treated with fire retardant and are tagged.	✓			

**Facility Safety**

Gates are operable and no issues with perimeter fence.	✓			
Exterior doors are locked and working properly	✓			
Exterior lights are working	✓			

Additional Comments:

*Old style radiator covers*

  
Staff Signature/Date

Due to Quality Assurance by the 15th of each month





NRC Environmental Inspection Form

Date: 6/22/22	Area			Comments	Corrective Action	Date Corrected
	Yes	No	NA			
<b>Safety</b>						
Area clean, including Pt rooms. Showers/bathrooms free of mold/mildew	✓					
Area well lit/no lights out	✓					
Area free of slip/trip hazards and excess staples	✓					
Unit Restraints accounted for.	✓					
Outlet covers are intact.	✓					
All employees are wearing ID badge in plain sight and carrying radios.	✓					
Electrical panel unobstructed	✓					
<b>Security</b>						
All doors secured	✓					
Window Integrity checked	✓					
Badge Readers are working properly	✓					
Sensitive areas are maintained secure/No unusual activity	✓					
Code Green Buttons Accessible	✓					
Other Security Deficiencies						
<b>Hazardous Mat.</b>						
EVS utility rooms locked.	✓					
All chemicals are stored properly with appropriate labeling.	✓					
Only hospital approved cleaning supplies in the patient areas.	✓					
<b>Fire</b>						
Fire door/Alarms operable and not obstructed	✓					
No "daisy-chaining" of electrical items.	✓					

Due to Quality Assurance Department by the 15<sup>th</sup> of each month

Corridors and exits are clear and unobstructed. No items are hung from ceiling or impacting 8' clearance in hallways. Exit signs functioning and pointed in correct direction.						
Fire extinguisher piri in place						
Magnetic doors (in patient area) are latching correctly						
Electrical Panel in staff office is not blocked						
No objects blocking sprinklers						
All seasonal combustible decorations have been treated with fire retardant and are tagged.						
<b>Facility Safety</b>						
Gates are operable and no issues with perimeter fence.						
Exterior doors are locked and working properly						
Exterior lights are working						

**Additional Comments:**

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Staff Signature/Date

NRC Environmental Inspection Form

Date: 10-12-22 Area 3W

Indicator	Yes	No	NA	Comments	Corrective Action	Date Corrected
<b>Safety</b>						
Area clean, including Pt rooms. Showers/bathrooms free of mold/mildew	X					
Area well lit/no lights out		X		Ceiling light in Kitchen Area is out (toward the back)		
Area free of slip/trip hazards and excess staples	X					
Unit Restraints accounted for.	X				Count book (missing)	
Outlet covers are intact.	X					
All employees are wearing ID badge in plain sight and carrying radios.	X					
Electrical panel unobstructed	X					
<b>Security</b>						
All doors secured	X					
Window Integrity checked	X					
Badge Readers are working properly	X					
Sensitive areas are maintained secure/No unusual activity	X					
Code Green Buttons Accessible	X	W				
Other Security Deficiencies		X				
<b>Hazardous Materials</b>						
EVS utility rooms locked.	X					
All chemicals are stored properly with appropriate labeling.	X					
Only hospital approved cleaning supplies in the patient areas.	X					
<b>Fire</b>						
Fire door/Alarms operable and not obstructed	X					
No "daisy-chaining" of electrical items.	X					

Due to Quality Assurance Department by the 15<sup>th</sup> of each month

Corridors and exits are clear and unobstructed. No items are hung from ceiling or impacting 8' clearance in hallways. Exit signs functioning and pointed in correct direction.	X				
Fire extinguisher pin in place	X				
Magnetic doors (in patient area) are latching correctly	X				
Electrical Panel in staff office is not blocked	X				
No objects blocking sprinklers	X				
All seasonal combustible decorations have been treated with fire retardant and are tagged.		X			
<b>Facility Safety</b>					
Gates are operable and no issues with perimeter fence.		X			
Exterior doors are locked and working properly		X			
Exterior lights are working		X			

Additional Comments:

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*John Gilman RT*  
Staff Signature/Date

NRC Environmental Inspection Form

Date: 10-6-22 Area 3 East

Indicator	Yes	No	NA	Comments	Corrective Action	Date Corrected
<b>Safety</b>						
Area clean, including Pt rooms, Showers/bathrooms free of mold/mildew		X		Water damage on walls of shower		
Area well lit/no lights out		X		N-14 has cushion behind door sticking		
Area free of slip/trip hazards and excess staples	X					
Unit Restraints accounted for.	X					
Outlet covers are intact.	X					
All employees are wearing ID badge in plain sight and carrying radios.	X					
Electrical panel unobstructed	X					
<b>Security</b>						
All doors secured	X					
Window Integrity checked	X					
Badge Readers are working properly	X					
Sensitive areas are maintained secure/No unusual activity	X					
Code Green Buttons Accessible	X					
Other Security Deficiencies	X					
<b>Hazardous Materials</b>						
EVS utility rooms locked.	X					
All chemicals are stored properly with appropriate labeling.	X					
Only hospital approved cleaning supplies in the patient areas.	X					
<b>Fire</b>						
Fire door/Alarms operable and not obstructed	X					
No "daisy-chaining" of electrical items.	X					

Due to Quality Assurance Department by the 15<sup>th</sup> of each month

Corridors and exits are clear and unobstructed. No items are hung from ceiling or impacting 8' clearance in hallways. Exit signs functioning and pointed in correct direction.							
Fire extinguisher pin in place							
Magnetic doors (in patient area) are latching correctly							
Electrical Panel in staff office is not blocked							
No objects blocking sprinklers							
All seasonal combustible decorations have been treated with fire retardant and are tagged.							
<b>Facility Safety</b>							
Gates are operable and no issues with perimeter fence.							
Exterior doors are locked and working properly							
Exterior lights are working							

**Additional Comments:**

1. Laundry room covered with covering & RT  
 2. Security cameras in patient area / also covered with covering

Johny R. Rife RT 5-16-22

Staff Signature/Date



CUSTOMER DETAILS											
CUSTOMER:					DATE:						
ADDRESS:					JOB ID:						
SITE NAME:					TECHNICIAN:						
CONTACT NAME:					CONTACT TEL:						
PRODUCT DETAILS											
GEN MAKE					GEN MODEL:						
GEN SERIAL:					GEN HOURS:						
AUTOMATIC TRANSFER SWITCH NOTES								Service Interval			
								Quarterly			
								Semi-Annual			
								Annual			
Nominal Voltage Source					Emergency Voltage Source						
A-B		B-C		C-A	A-B		B-C		C-A		
A-N		B-N		C-B	A-N		B-N		C-B		
A-Amps		B-Amps		C-Amps	A-Amps		B-Amps		C-Amps		
A-Temp		B-Temp		C-Temp	A-Temp		B-Temp		C-Temp		
PRE OPERATION CHECKS				Coolant temp	Battery Charging voltage						
OPERATION CHECKS											
PASS	N/A	NEEDS ATTN									
			CONTROL LIGHTS	Engine Run temp		W/ or W/O Load					
			CONTROL DISPLAY	Oil Pressure		Exercise Duration					
			EMERGENCY STOP	Oil Temp		Day					
			SWITCH/CONTROLS	Battery Voltage		Week					
			CB OPERATION	Frequency Rate		Start Time					
			AUTO OPERATION	RPM							
			COOLANT SYSTEM: Radiator cap, Coolant level, Coolant Condition, Coolant filter, Coolant Heater, All Hoses								
			EXHAUST SYSTEMS CONDITION								
			ENGINE: Ignition system, Belts, Turbo, Air intake system, Air filter, Oil Leaks, Oil level, Crankcase Breather								
			ALTERNATOR CONDITION								
			FULL SERVICE PERFORMED								
			FUEL SYSTEM: Fuel Plumbing, Fuel Filters, Fuel Condition					Fuel Level			
			ENCLOSURE CONDITION								
			BATTERY CONDITION								
			ATS: Housing Condition, Power and Control Cables, Main Connects, Operating Mechanism, Control Boards, Display, Battery Charger								
			OPERATION CHECKS: Engine Run Temp, Oil Pressure, Oil Temp, Battery Voltage, Control Lights, Control Guages, Emergency Stop, Switches/Controls, CB Operation, Auto Operation, Frequency rate, RPM								
			Before Leaving Site: Gen in Auto, Battery Charger ON, Block Heater ON, CB closed, Customer Logs								
Notes:											



CUSTOMER DETAILS											
CUSTOMER:					DATE:						
ADDRESS:					JOB ID:						
SITE NAME:					TECHNICIAN:						
CONTACT NAME:					CONTACT TEL:						
PRODUCT DETAILS											
GEN MAKE					GEN MODEL:						
GEN SERIAL:					GEN HOURS:						
AUTOMATIC TRANSFER SWITCH NOTES								Service Interval			
								Quarterly			
								Semi-Annual			
								Annual			
Nominal Voltage Source					Emergency Voltage Source						
A-B		B-C		C-A	A-B		B-C		C-A		
A-N		B-N		C-B	A-N		B-N		C-B		
A-Amps		B-Amps		C-Amps	A-Amps		B-Amps		C-Amps		
A-Temp		B-Temp		C-Temp	A-Temp		B-Temp		C-Temp		
PRE OPERATION CHECKS				Coolant temp	Battery Charging voltage						
OPERATION CHECKS											
PASS	N/A	NEEDS ATTN									
			CONTROL LIGHTS	Engine Run temp		W/ or W/O Load					
			CONTROL DISPLAY	Oil Pressure		Exercise Duration					
			EMERGENCY STOP	Oil Temp		Day					
			SWITCH/CONTROLS	Battery Voltage		Week					
			CB OPERATION	Frequency Rate		Start Time					
			AUTO OPERATION	RPM							
			COOLANT SYSTEM: Radiator cap, Coolant level, Coolant Condition, Coolant filter, Coolant Heater, All Hoses								
			EXHAUST SYSTEMS CONDITION								
			ENGINE: Ignition system, Belts, Turbo, Air intake system, Air filter, Oil Leaks, Oil level, Crankcase Breather								
			ALTERNATOR CONDITION								
			FULL SERVICE PERFORMED								
			FUEL SYSTEM: Fuel Plumbing, Fuel Filters, Fuel Condition				Fuel Level				
			ENCLOSURE CONDITION								
			BATTERY CONDITION								
			ATS: Housing Condition, Power and Control Cables, Main Connects, Operating Mechanism, Control Boards, Display, Battery Charger								
			OPERATION CHECKS: Engine Run Temp, Oil Pressure, Oil Temp, Battery Voltage, Control Lights, Control Guages, Emergency Stop, Switches/Controls, CB Operation, Auto Operation, Frequency rate, RPM								
			Before Leaving Site: Gen in Auto, Battery Charger ON, Block Heater ON, CB closed, Customer Logs								
Notes:											





CUSTOMER DETAILS														
CUSTOMER: State of Nebraska						DATE: 11/27/2023								
ADDRESS: 1700 N. Victory Rd Norfolk, NE 68701						JOB ID: 7902								
SITE NAME: Norfolk Regional Center						TECHNICIAN: Kyle Brown								
CONTACT NAME: Kevin Wragge						CONTACT TEL: (402) 649-1376								
PRODUCT DETAILS														
GEN MAKE: Caterpillar						GEN MODEL: C27								
GEN SERIAL: CAT00C27CDWB01673						GEN HOURS: 602.9								
AUTOMATIC TRANSFER SWITCH NOTES									Service Interval					
ATS-SB Model: CTS Serial: TSG03580			ATS-EQ3 Model: CTS Serial: TSG03328			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Quarterly</td> <td style="width: 50%; text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Semi-Annual</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Annual</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>			Quarterly	<input checked="" type="checkbox"/>	Semi-Annual	<input type="checkbox"/>	Annual	<input type="checkbox"/>
Quarterly	<input checked="" type="checkbox"/>													
Semi-Annual	<input type="checkbox"/>													
Annual	<input type="checkbox"/>													
ATS-LS Model: CTS Serial: TSG03581			ATS-LS Model: CTS Serial: TSG03326											
ATS-EQ4 Model: CTS Serial: TSG03327			ATS 1 Model: CTGD Serial: TSB05564											
ATS-CB1 Model: CTS Serial: TSG03325			ATS 5 Model: CTGD Serial: TSB05566											
Nominal Voltage Source						Emergency Voltage Source								
A-B	495	B-C	500	C-A	500	A-B	482	B-C	482	C-A	482			
A-N	285	B-N	287	C-B	288	A-N	278	B-N	278	C-B	278			
A-Amps		B-Amps		C-Amps		A-Amps	312	B-Amps	313	C-Amps	313			
A-Temp	75	B-Temp	75	C-Temp	75	A-Temp	75	B-Temp	75	C-Temp	75			
PRE OPERATION CHECKS			Coolant temp			Battery Charging voltage								
OPERATION CHECKS														
PASS	N/A	NEEDS ATTN												
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CONTROL LIGHTS	Engine Run temp	163 F	W/ or W/O Load	W							
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CONTROL DISPLAY	Oil Pressure	72 PSI	Exercise Duration	30 Min							
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EMERGENCY STOP	Oil Temp		Day	Tuesday							
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SWITCH/CONTROLS	Battery Voltage	27.5 VDC	Week	Monthly							
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CB OPERATION	Frequency Rate	60.0 Hz	Start Time	8:00am							
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AUTO OPERATION	RPM	1800									
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	COOLANT SYSTEM: Radiator cap, Coolant level, Coolant Condition, Coolant filter, Coolant Heater, All Hoses											
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EXHAUST SYSTEMS CONDITION											
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ENGINE: Ignition system, Belts, Turbo, Air intake system, Air filter, Oil Leaks, Oil level, Crankcase Breather											
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ALTERNATOR CONDITION											
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FULL SERVICE PERFORMED											
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FUEL SYSTEM: Fuel Plumbing, Fuel Filters, Fuel Condition						Fuel Level	5/8				
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ENCLOSURE CONDITION											
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	BATTERY CONDITION											
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ATS: Housing Condition, Power and Control Cables, Main Connects, Operating Mechanism, Control Boards, Display, Battery Charger											
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OPERATION CHECKS: Engine Run Temp, Oil Pressure, Oil Temp, Battery Voltage, Control Lights, Control Guages, Emergency Stop, Switches/Controls, CB Operation, Auto Operation, Frequency rate, RPM											
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Before Leaving Site: Gen in Auto, Battery Charger ON, Block Heater ON, CB closed, Customer Logs											
<p>Notes: 11/27/23 Kyle Brown            Arrived on site. Met with customer and gained access to generator and ATS's. Took pictures and documented data tags. Performed inspection on unit. Found batteries were over 3 years old and out of spec due to age. No other issues found. all fluid levels checked before running the unit up to temperature. Took readings when unit was running. Shut down and returned to auto. Cleaned up and departed site.</p> <p>Battery: 2x 4d (10/2019) Recommend replacing due to age.</p>														



**LEAVE NO FIELD BLANK  
NEEDS N/A IF NOT USED**

7402 L Street  
Omaha, NE 68127  
605-251-9415

**N/A - NOT APPLICABLE ON THIS SERVICE  
CHANGED - FILTER OR PART WAS REPLACED  
PASSED - ITEM CHECKED OUT GOOD**

**ANNUAL**

**SEMI-ANNUAL INSPECTION**

**QUARTERLY INSPECTION**

**3E's GENERATOR (EPS) MAINTENANCE REPORT**

CUSTOMER: \_\_\_\_\_ MAKE \_\_\_\_\_ TYPE \_\_\_\_\_  
 CONTACT: \_\_\_\_\_ SERIAL \_\_\_\_\_ DATE \_\_\_\_\_  
 PHONE: \_\_\_\_\_ MODEL \_\_\_\_\_ HRS \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ TECH \_\_\_\_\_  
 CITY \_\_\_\_\_

**AUTOMATIC TRANSFER SWITCHES**

MAKE \_\_\_\_\_ SERIAL \_\_\_\_\_ MODEL \_\_\_\_\_  
 MAKE \_\_\_\_\_ SERIAL \_\_\_\_\_ MODEL \_\_\_\_\_  
 MAKE \_\_\_\_\_ SERIAL \_\_\_\_\_ MODEL \_\_\_\_\_

**(1) FUEL SYSTEM**

CHECK: (A) FUEL LEAKS \_\_\_\_\_  
 \* (B) LINES/CONNECTIONS \_\_\_\_\_  
 \* (C) DAYTANK LEVEL \_\_\_\_\_  
 \* (D) DAYTANK OPERATION \_\_\_\_\_  
 \* (E) TRANSFER PUMP \_\_\_\_\_  
 \* (F) MAIN TANK LEVEL \_\_\_\_\_  
 \* (G) VENT/OVERFLOW \_\_\_\_\_  
 \* (H) WATER IN FUEL \_\_\_\_\_  
 \* (I) INJECTION PUMP \_\_\_\_\_  
 \* (J) SOLENOID VALVE \_\_\_\_\_  
 \* CHANGE: (K) FUEL FILTER \_\_\_\_\_  
 \* CHANGE: (L) WATER SEPARATOR \_\_\_\_\_  
 \* TEST: (M) FUEL SAMPLE \_\_\_\_\_

**(6) ELECTRICAL SYSTEM**

CHECK: (A) WIRING CONNECTIONS \_\_\_\_\_  
 \* (B) INSTRUMENTATION \_\_\_\_\_  
 \* (C) SAFETIES SHUTDOWNS \_\_\_\_\_  
 (1) OVERCRANK \_\_\_\_\_  
 (2) HIGH WATER TEMP \_\_\_\_\_  
 (3) LOW OIL PRESSURE \_\_\_\_\_  
 (4) OVERSPEED \_\_\_\_\_  
 \* (D) ALARMS \_\_\_\_\_  
 \* (E) PREALARMS \_\_\_\_\_  
 \* (F) CIRCUIT BREAKERS \_\_\_\_\_  
 \* (G) FUSES \_\_\_\_\_  
 \* CHECK: (H) INSULATION DAMAGE \_\_\_\_\_  
 CLEAN: (I) CABINETS \_\_\_\_\_

**(2) LUBRICATION**

CHECK: (A) LEAKS \_\_\_\_\_  
 \* (B) ENGINE OIL LEVEL \_\_\_\_\_  
 \* (C) OIL HEATER \_\_\_\_\_  
 \* (D) GOVERNOR OIL LEVEL \_\_\_\_\_  
 \* (E) CRANKCASE BREATHER \_\_\_\_\_  
 \* CHANGE: (F) OIL FILTER \_\_\_\_\_  
 \* CHANGE: (G) ENGINE OIL \_\_\_\_\_  
 \* CHANGE: (H) GOVERNOR OIL \_\_\_\_\_  
 \* TEST: (I) OIL SAMPLE \_\_\_\_\_

**(7) PRIME MOVER**

CHECK: (A) GOVERNOR OPERATION \_\_\_\_\_  
 \* (B) VIBRATION \_\_\_\_\_  
 \* (C) TIMING \_\_\_\_\_  
 \* (D) INJECTORS \_\_\_\_\_  
 \* (E) MOUNTING HARDWARE \_\_\_\_\_  
 \* (F) AIR INTAKE \_\_\_\_\_  
 \* (G) OIL PRESSURE \_\_\_\_\_  
 \* (H) WATER TEMPERATURE \_\_\_\_\_  
 \* (I) DC ALTERNATOR \_\_\_\_\_  
 (1) VOLTS \_\_\_\_\_  
 (2) AMPS \_\_\_\_\_  
 \*\* CHANGE: (J) AIR CLEANER \_\_\_\_\_  
 \*\* TORQUE: (K) BOLTS \_\_\_\_\_

**(3) COOLING SYSTEM**

CHECK: (A) LEAKS \_\_\_\_\_  
 \* (B) COOLANT LEVEL \_\_\_\_\_  
 \* (C) FREEZE POINT \_\_\_\_\_  
 \* (D) RADIATOR AIR FLOW \_\_\_\_\_  
 \* (E) LOUVER SYSTEMS \_\_\_\_\_  
 \* (F) BLOCK HEATER \_\_\_\_\_  
 \* (G) WATER PUMP \_\_\_\_\_  
 \* (H) HOSES \_\_\_\_\_  
 \* (I) BELTS \_\_\_\_\_  
 \* (J) FAN HUB \_\_\_\_\_  
 \* (K) PULLEYS \_\_\_\_\_  
 \* (L) RADIATOR PSI \_\_\_\_\_  
 \* (M) RADIATOR CAP PSI \_\_\_\_\_  
 \* CHANGE: (N) WATER FILTER \_\_\_\_\_  
 \*\* CHANGE: (O) ANTIFREEZE \_\_\_\_\_

**(8) GENERATOR**

CHECK: (A) ROTOR \_\_\_\_\_  
 \* (B) STATOR \_\_\_\_\_  
 \* (C) EXCITOR \_\_\_\_\_  
 (1) STATOR \_\_\_\_\_  
 (2) ROTOR \_\_\_\_\_  
 \* (D) BEARINGS (IR) \_\_\_\_\_  
 \* (E) DIODES \_\_\_\_\_  
 \* (F) AIR FLOW \_\_\_\_\_  
 \* (G) VOLTAGE REGULATOR \_\_\_\_\_  
 \* TEST: (H) FEED BREAKER \_\_\_\_\_  
 RECORD: (I) VOLTAGE \_\_\_\_\_  
 \* (J) HERTZ \_\_\_\_\_

**(4) EXHAUST SYSTEM**

CHECK: (A) LEAKS \_\_\_\_\_  
 \* (B) CONDENSATION TRAP \_\_\_\_\_  
 \* (C) INSULATION \_\_\_\_\_  
 \* (D) RESTRICTION \_\_\_\_\_  
 \* (E) RAINCAP \_\_\_\_\_  
 CHECK: (F) HANGERS/SUPPORT \_\_\_\_\_  
 \* (G) FLEX SECTIONS \_\_\_\_\_

**(9) AUTOMATIC TRANSFER SWITCHES**

CHECK: (A) ATS, CONTACTS \_\_\_\_\_  
 LINEAR MOTORS ACTUATION \_\_\_\_\_  
 ATS Battery Replaced Y or N \_\_\_\_\_  
 \* (B) SIMULATE POWER \_\_\_\_\_  
 \* FAILURE (C) TIME DELAYS \_\_\_\_\_  
 \* (D) CLOCK EXERCISER \_\_\_\_\_

**(5) BATTERY SYSTEMS**

CHECK: (A) CHARGER VOLTAGE \_\_\_\_\_  
 (1) FLOAT \_\_\_\_\_  
 (2) EQUALIZE \_\_\_\_\_  
 \* (B) ELECTROLYTE LEVEL \_\_\_\_\_  
 \* (C) TERMINALS/CABLES \_\_\_\_\_  
 \* (D) BLANKET HEATER \_\_\_\_\_  
 \* (E) SPECIFIC GRAVITY \_\_\_\_\_  
 (1) HIGH \_\_\_\_\_  
 (2) LOW \_\_\_\_\_  
 \* (F) LOAD TEST \_\_\_\_\_  
 CLEAN: (G) CORROSION \_\_\_\_\_

**(10) GENERAL CONDITION - EPSS**

CHECK: (A) UNUSUAL/UNSAFE \_\_\_\_\_  
 \* (B) HOUSEKEEPING \_\_\_\_\_

**(11) LOAD TEST**

RECORD: (A) AMPERAGE/LEG \_\_\_\_\_  
 \* (B) VOLTAGE/LEG \_\_\_\_\_  
 \* (C) HERTZ \_\_\_\_\_  
 \* (D) CB CONNECTIONS \_\_\_\_\_  
 \* (E) UNIT LOADED \_\_\_\_\_

**(12) EPSS**

CHECK: (A) EPS IN AUTO? \_\_\_\_\_  
 \* (B) BREAKER CLOSED? \_\_\_\_\_

\* As needed, specified or during annual inspection only.

\*\* Additional cost if needed or specified.

Comments:

Customer Signature \_\_\_\_\_ 3E Signature \_\_\_\_\_ Date \_\_\_\_\_

# Midwest Automatic Fire Sprinkler Company

4910 'F' Street, Suite #400  
Omaha, Nebraska 68117  
402-558-7080 Fax: 402-733-7810

Project Name: Norfolk Reg Ctr

Number: DW24-015

Location: 1700 No. Victory Lane

Date: 1-31-24

Bill to: PO Box 1209

Travel Expense: \_\_\_\_\_

Address: Norfolk, N.J. 08701

Equipment Used: Cont # 300

Description of Work / Comments: January Annual Insp.

Is work completed? Yes System in Service? Yes

Contract with: Owner \_\_\_\_\_ Tenant \_\_\_\_\_ Contractor \_\_\_\_\_

Man hours - Straight time: \_\_\_\_\_ Overtime: \_\_\_\_\_

Quoted: \$ Yes - Cost plus/T & M: \_\_\_\_\_

Quantity	Item	Quantity	Item

I find the above items to be correct and agree to pay for same on presentation of an invoice.

NEBRASKA INSPECTION TAG# \_\_\_\_\_  
SPIGOT# \_\_\_\_\_  
BFP# \_\_\_\_\_  
FIREPUMP# \_\_\_\_\_

Customer: Kevin M. [Signature]  
Foreman: [Signature]  
Date Signed: 1-31-24

# MIDWEST AUTOMATIC FIRE SPRINKLER COMPANY

4910 "F" Street Suite 400  
Omaha, Nebraska 68117  
(402) 558-7080  
FAX (402) 733-7810

1821-1823 Raccoon Street  
DES MOINES, IOWA 50317  
(515) 262-9311  
FAX (515) 265-0361

1216 East 37th Street  
Davenport, Iowa 52807  
(319) 323-0914  
FAX (319) 323-0914

## NEBRASKA STATE FIRE MARSHAL FIRE SPRINKLER INSPECTION

FOR OFFICE USE ONLY  
 DIST A.  
 DIST B.  
 DIST C.  
 MAIN OFC.  
 STATE BLDG.

\*\*\*\*\*  
 LOCATION OF SYSTEM Norfolk Reg Center \*TYPE OF SYSTEM DATE OF INSPECTION  
1700 No. Victory Lane \*  WET 1-31-24  
Norfolk, Ne 68701 \*  DRY TYPE OF OCCUPANCY  
 \*  OTHER  
 NAME OF PERSON/COMPANY PERFORMING INSPECTION \*SIGNATURE OF OWNERS REPRESENTATIVE  
 \* [Signature]  
 \*SIGNATURE OF SPRINKLER INSPECTOR  
 \* [Signature]  
 \* LICENSE# 98007  
 MIDWEST AUTOMATIC FIRE SPRINKLER CO.  
 4910 F STREET SUITE 400  
 OMAHA NE 68117 mwo-237

\*\*\*\*\*  
 FORMS INCLUDED WITH THIS COVER SHEET \* TYPE OF INSPECTION  
 CONTRACTORS TEST CERTIFICATION \*  INITIAL ACCEPTENCE OF SYSTEM  
 UNDERGROUND (FORM 85-AB) \*  REINSPECTION DUE TO REMODEL,  
 ABOVEGROUND (FORM 85-AC) \* REPAIR ETC.  
 REPORT OF INSPECTION (SHEET 1+SHEET 2) \*  PERIODIC, ANNUAL INSPECTION  
 DRY PIPE VALVE TRIP TEST

\*\*\*\*\*  
 MAJOR DEFICIENCIES/COMMENTS

Spigot # 07927

BFP # 07928

\*\*\*\*\*  
 SYSTEM IN COMPLIANCE\*\*\*HAS MINOR DEFICIENCIES\*\*\*HAS MAJOR DEFICIENCIES  
 [ ] [ ] [ ]

\*\*\*\*\*  
 SEND TO: NEBRASKA STATE FIRE MARSHAL 246 SO.14 LINCOLN, NE. 68508  
 A COPY OF THIS INSPECTION REPORT SHALL BE LEFT ATTACHED TO THE SYSTEM RISER

# MIDWEST AUTOMATIC FIRE SPRINKLER CO.

## REPORT OF INSPECTION

Inspection Report No. 237  
Conferred With \_\_\_\_\_

Inspection Contract No. 2024-015  
Phone No. \_\_\_\_\_

REPORT TO Norfolk Reg Center BUILDING OR LOCATION \_\_\_\_\_  
STREET 1700 W. Victoria Lane INSPECTOR S. Trapp  
CITY & STATE Norfolk, VA DATE 1-31-24

### Owner's Section (To be answered by Owner or Occupant)

- A. Explain any occupancy hazard changes since the previous inspection. NONE
  - B. Describe fire protection modifications made since last inspection. NONE
  - C. Describe any fires since last inspection. NONE
  - D. When was the system piping last checked for stoppage, corrosion or foreign material? 2022
  - E. When was the dry-piping system last checked for proper pitch? NA
  - F. Are dry valves adequately protected from freezing? \_\_\_\_\_
- Signature [Signature] Title \_\_\_\_\_ Date 1-31-23

### Inspector's Section (All responses reference current inspection) NA = NOT APPLICABLE

- 1. General
  - a. Is the building occupied?  Yes  No Is occupancy same as previous inspection?  yes  no  NA
  - b. Are all systems in service?  Yes  No
  - c. Is there a minimum of 18 in. (457 mm) clearance between the top of the storage and the sprinkler deflectors?  Yes  No
  - d. Does all electrical heat tape appear to be satisfactory?  Yes  No  NA
  - e. Does the hand hose on the sprinkler system(s) appear to be satisfactory?  Yes  No  NA
- 2. Control Valves (See Item 15.)
  - a. Are all sprinkler system control valves and all other valves in the appropriate open or closed position?  Yes  No
  - b. Are all control valves in the open position locked, sealed or equipped with a tamper switch?  Yes  No
- 3. Water Supplies (See Item 16.)
  - a. Was a water flow test of main drain made at the sprinkler riser(s)?  Yes  No
- 4. Tanks, Pumps, Fire Department Connections
  - a. Are fire pumps, gravity tanks, reservoirs and pressure tanks in good condition and properly maintained?  Yes  No  NA
  - b. Are fire department connections in satisfactory condition, couplings free, caps in place, and check valves tight?  Yes  No  NA
  - Are they accessible and visible?  Yes  No  NA
- 5. Wet Systems
  - a. Are cold weather valves (O.S. & Y.) in the appropriate open or closed position?  Yes  No  NA
  - b. Have antifreeze system solutions been tested?  Yes  No  NA
  - c. Were the antifreeze test results satisfactory?  Yes  No  NA
  - d. In areas protected by wet system(s), does the building appear to be properly heated in all areas, including blind attics and perimeter areas where accessible?  Yes  No  NA Do all exterior openings appear to be protected against freezing?  Yes  No  NA
- 6. Dry Systems (See Items 11 to 13.)
  - a. Are dry valve(s) in service?  Yes  No  NA
  - b. Are the air pressures and priming water levels in accordance with the manufacturer's instructions?  Yes  No  NA
  - c. Has the operation of the air or nitrogen supplies been tested?  Yes  No  NA Are they in service?  Yes  No  NA
  - d. Were low points drained during this inspection?  Yes  No  NA
  - e. Did quick-opening devices operate satisfactorily?  Yes  No  NA
  - f. Did the dry valve(s) trip properly during the trip pressure test?  Yes  No  NA
  - g. Did the heating equipment in the dry-pipe valve room(s) operate at the time of inspection?  Yes  No  NA
- 7. Special Systems (See Item 14.)
  - a. Did the deluge or pre-action valves operate properly during testing?  Yes  No  NA
  - b. Did the heat-responsive devices operate properly during testing?  Yes  No  NA
  - c. Did the supervisory devices operate during testing?  Yes  No  NA
- 8. Alarms
  - a. Did water motor(s) and gong(s) test satisfactorily?  Yes  No  NA
  - b. Did electric alarm(s) test satisfactorily?  Yes  No  NA
  - c. Did supervisory alarm service test satisfactorily?  Yes  No  NA

"Flow Switch" Time: \_\_\_\_\_ min \_\_\_\_\_ sec. see How sheet
- 9. Sprinklers
  - a. Are all sprinklers free from corrosion, loading or obstruction to spray discharge?  Yes  No
  - b. Are sprinklers less than 50 years old? (Older sprinklers require sample testing)  Yes  No
  - c. Are quick response and residential sprinklers less than 20 years old? (Older sprinklers require sample testing)  Yes  No
  - d. Is stock of spare sprinklers available?  Yes  No
  - e. Does the exterior condition of sprinkler system appear to be satisfactory?  Yes  No
  - f. Are sprinklers of proper temperature ratings for their locations?  Yes  No

Are all new additions and building changes property protected?  yes  no  NA

DW24-015  
System No. or Description if multiple systems Northfolk Reg

Inspection Report  
No. 237

11. Date dry-pipe valve trip tested (control valve partially open) NA (See Trip Test Table which follows.)  
 12. Date dry-pipe valve trip tested (control valve fully open) NA (See Trip Test Table which follows.)  
 13. Date quick-opening device tested NA (See Trip Test Table which follows.)

		DRY VALVE TRIP TEST TABLE						C.O.D.	
		MAKE	MODEL	SERIAL NO.	MAKE	MODEL	SERIAL NO.		
DRY PIPE OPERATING TEST		Time to Trip Thru Test Pipe		Water Pressure	Air Pressure	Trip Point Air Pressure	Time Water Reached Test Outlet		Alarm Operated Properly
		MIN	SEC.	PSI	PSI	PSI	MIN	SEC.	YES NO
	Without Q.O.D.			<u>NA</u>					
With Q.O.D.									

14. Date deluge or preaction valve tested NA (See Trip Test Table which follows.)

		TRIP TEST TABLE							
		Operation <input type="checkbox"/> PNEUMATIC <input type="checkbox"/> ELECTRIC <input type="checkbox"/> HYDRAULIC							
DELUGE & PREACTION VALVES		Piping Supervised	<input type="checkbox"/> YES <input type="checkbox"/> NO	Detecting media supervised				<input type="checkbox"/> YES <input type="checkbox"/> NO	
		Does valve operate from the manual trip and/or remote control stations						<input type="checkbox"/> YES <input type="checkbox"/> NO	
		Is there an accessible facility in each circuit for testing				Method of testing circuits			
		<input type="checkbox"/> YES <input type="checkbox"/> NO	MAKE <u>NA</u>		MODEL <u>NA</u>		Does each circuit operate supervision loss alarm		Does each circuit operate valve release
		YES	NO	YES	NO	Maximum time to operate release		YES	NO

15. See Control Valve Maintenance Table.

Control Valve Maintenance Table							Explain Abnormal Condition
Control Valves	Number	Type	Open	Secured	Closed	Signs	
City Connection Control Valve	1	Piv	YES	YES	NO	YES	
Tank Control Valves							
Pump Control Valves							
Sectional Control Valves	18	B-14	YES	YES	NO	YES	
System Control Valves	2	B-14	YES	YES	NO	YES	DCVH
Other Control Valves							

16. Water Flow Test at Sprinkler Riser

Water Supply Source:	City	Tank	Pump
	Date	Test Pipe Location	Size of Test Pipe
		Static Pressure	Residual (Flow) Pressure
Last Water Flow Test	1-25-23	Riser	2"
This Water Flow Test	1-31-24	Riser	2"

17. Explain any "No" answers and comments: None

18. Adjustments or corrections made during this inspection: None

19. Although these comments are not the result of an engineering review, the following desirable improvements are recommended:  
None

Signature: [Signature] Date: 1-31-24

# FLOW SWITCH TEST REPORT

DATE: 1-31-24

ZONE #	LOCATION	TIME	ALARM	TROUBLE
1st floor East	Water closet	.51	X	X
1st fl West		.42	X	X
2nd fl East	Water closet	.47	X	X
2nd fl West		.46	X	X
3rd fl East	Water closet	.39	X	X
3rd fl West		.42	X	X
East kitchen	Basement Riser Room	.26	X	X
floors 1, 2, 3,	Basement Riser	.23	X	X
West Basement	Basement Riser	.45	X	X
Heating Plant	SE corner of plant	.58	X	X

# Midwest Automatic Fire Sprinkler Company

4910 'F' Street, Suite #400  
 Omaha, Nebraska 68117  
 402-558-7080 Fax: 402-733-7810

Project Name: Norfolk Reg & Admin Plant Number: 2124-016

Location: 1700 No. Victory Lane Norfolk Date: 1-31-24

Bill to: \_\_\_\_\_ Travel Expense: \_\_\_\_\_

Address: Norfolk Regional Center Equipment Used: \_\_\_\_\_

Description of Work / Comments: Jan Annual Insp.

Is work completed? yes System in Service? yes

Contract with: Owner \_\_\_\_\_ Tenant \_\_\_\_\_ Contractor \_\_\_\_\_

Man hours - Straight time: \_\_\_\_\_ Overtime: \_\_\_\_\_

Quoted: \$ NO - Cost plus/T & M: \_\_\_\_\_

Quantity	Item	Quantity	Item

I find the above items to be correct and agree to pay for same on presentation of an invoice.

NEBRASKA INSPECTION TAG#  
 SPIGOT# \_\_\_\_\_  
 BFP# \_\_\_\_\_  
 FIREPUMP# \_\_\_\_\_

Customer: Midwest  
 Foreman: RTJ  
 Date Signed: 1-31-24



# MIDWEST

## AUTOMATIC FIRE SPRINKLER COMPANY

4910 "F" Street Suite 400  
Omaha, Nebraska 68117  
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FAX (402) 733-7810

1821-1823 Raccoon Street  
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FAX (515) 265-0361

1216 East 37th Street  
Davenport, Iowa 52807  
(319) 323-0914  
FAX (319) 323-0914

### NEBRASKA STATE FIRE MARSHAL FIRE SPRINKLER INSPECTION

FOR OFFICE USE ONLY  
 DIST A.  
 DIST B.  
 DIST C.  
 MAIN OFC.  
 STATE BLDG.

\*\*\*\*\*  
 LOCATION OF SYSTEM Norfolk Keating Plant \*TYPE OF SYSTEM DATE OF INSPECTION  
1700 No. Victory Lane \*  WET 1-31-24  
Norfolk, Ne. 68701 \*  DRY TYPE OF OCCUPANCY  
 \*  OTHER  
 NAME OF PERSON/COMPANY PERFORMING INSPECTION \*  
 \* Steve Miller  
 \* SIGNATURE OF OWNERS REPRESENTATIVE  
 \* Steve Miller  
 \* SIGNATURE OF SPRINKLER INSPECTOR  
 \* SLT  
 \* LICENSE# 98007  
 \*\*\*\*\*

MIDWEST AUTOMATIC FIRE SPRINKLER CO.  
4910 F STREET SUITE 400  
OMAHA NE 68117

\*\*\*\*\*  
 FORMS INCLUDED WITH THIS COVER SHEET \* TYPE OF INSPECTION  
 CONTRACTORS TEST CERTIFICATION \*  INITIAL ACCEPTENCE OF SYSTEM  
 UNDERGROUND (FORM 85-AB) \*  REINSPECTION DUE TO REMODEL,  
 ABOVEGROUND (FORM 85-AC) \* REPAIR ETC.  
 REPORT OF INSPECTION (SHEET 1+SHEET 2) \*  PERIODIC, ANNUAL INSPECTION  
 DRY PIPE VALVE TRIP TEST  
 \*\*\*\*\*

#### MAJOR DEFICIENCIES/COMMENTS

Spigot # 27545

BFP # 31319

\*\*\*\*\*  
SYSTEM IN COMPLIANCE\*\*\*\*HAS MINOR DEFICENCIES\*\*\*\*HAS MAJOR DEFICENCIES

[ X ]  [ ]  [ ]

\*\*\*\*\*  
SEND TO: NEBRASKA STATE FIRE MARSHAL 246 SO.14 LINCOLN, NE. 68508  
A COPY OF THIS INSPECTION REPORT SHALL BE LEFT ATTACHED TO THE SYSTEM RISER

# MIDWEST AUTOMATIC FIRE SPRINKLER CO.

## REPORT OF INSPECTION

Inspection Report No. 291  
Conferred With \_\_\_\_\_

Inspection Contract No. DW24-016  
Phone No. \_\_\_\_\_

REPORT TO Norfolk Reg/Working Plant BUILDING OR LOCATION \_\_\_\_\_  
STREET 1700 N. Victory Lane INSPECTOR S. Tracy  
CITY & STATE Norfolk, VA DATE 1-31-24

### Owner's Section (To be answered by Owner or Occupant)

- A. Explain any occupancy hazard changes since the previous inspection. None
- B. Describe fire protection modifications made since last inspection. None
- C. Describe any fires since last inspection. None
- D. When was the system piping last checked for stoppage, corrosion or foreign material? 12-2022
- E. When was the dry-piping system last checked for proper pitch? \_\_\_\_\_
- F. Are dry valves adequately protected from freezing? \_\_\_\_\_
- Signature [Signature] Title \_\_\_\_\_ Date 1-31-24

### Inspector's Section (All responses reference current inspection) NA = NOT APPLICABLE

1. General
- a. Is the building occupied?  Yes  No Is occupancy same as previous inspection?  yes  no  NA
- b. Are all systems in service?  Yes  No
- c. Is there a minimum of 18 in. (457 mm) clearance between the top of the storage and the sprinkler deflectors?  Yes  No
- d. Does all electrical heat tape appear to be satisfactory?  Yes  No  NA
- e. Does the hand hose on the sprinkler system(s) appear to be satisfactory?  Yes  No  NA
2. Control Valves (See Item 15.)
- a. Are all sprinkler system control valves and all other valves in the appropriate open or closed position?  Yes  No
- b. Are all control valves in the open position locked, sealed or equipped with a tamper switch?  Yes  No
3. Water Supplies (See Item 16.)
- a. Was a water flow test of main drain made at the sprinkler riser(s)?  Yes  No
4. Tanks, Pumps, Fire Department Connections
- a. Are fire pumps, gravity tanks, reservoirs and pressure tanks in good condition and properly maintained?  Yes  No  NA
- b. Are fire department connections in satisfactory condition, couplings free, caps in place, and check valves tight?  Yes  No  NA
- Are they accessible and visible?  Yes  No  NA
5. Wet Systems
- a. Are cold weather valves (O.S. & Y.) in the appropriate open or closed position?  Yes  No  NA
- b. Have antifreeze system solutions been tested?  Yes  No  NA
- c. Were the antifreeze test results satisfactory?  Yes  No  NA
- d. In areas protected by wet system(s), does the building appear to be properly heated in all areas, including blind attics and perimeter areas where accessible?  Yes  No  NA Do all exterior openings appear to be protected against freezing?  Yes  No  NA
6. Dry Systems (See Items 11 to 13.)
- a. Are dry valve(s) in service?  Yes  No  NA
- b. Are the air pressures and priming water levels in accordance with the manufacturer's instructions?  Yes  No  NA
- c. Has the operation of the air or nitrogen supplies been tested?  Yes  No  NA Are they in service?  Yes  No  NA
- d. Were low points drained during this inspection?  Yes  No  NA
- e. Did quick-opening devices operate satisfactorily?  Yes  No  NA
- f. Did the dry valve(s) trip properly during the trip pressure test?  Yes  No  NA
- g. Did the heating equipment in the dry-pipe valve room(s) operate at the time of inspection?  Yes  No  NA
7. Special Systems (See Item 14.)
- a. Did the deluge or pre-action valves operate properly during testing?  Yes  No  NA
- b. Did the heat-responsive devices operate properly during testing?  Yes  No  NA
- c. Did the supervisory devices operate during testing?  Yes  No  NA
8. Alarms
- a. Did water motor(s) and gong(s) test satisfactorily?  Yes  No  NA
- b. Did electric alarm(s) test satisfactorily?  Yes  No  NA
- c. Did supervisory alarm service test satisfactorily?  Yes  No  NA
- "Flow Switch"  
Time: 0 min 58 sec.
9. Sprinklers
- a. Are all sprinklers free from corrosion, loading or obstruction to spray discharge?  Yes  No
- b. Are sprinklers less than 50 years old? (Older sprinklers require sample testing)  Yes  No
- c. Are quick response and residential sprinklers less than 20 years old? (Older sprinklers require sample testing)  Yes  No
- d. Is stock of spare sprinklers available?  Yes  No
- e. Does the exterior condition of sprinkler system appear to be satisfactory?  Yes  No
- f. Are sprinklers of proper temperature ratings for their locations?  Yes  No
- Are all new additions and building changes property protected?  yes  no  NA

DW24-016  
 System No. or Description if multiple systems  
Norfolk Heating Plant

Inspection Report  
 No. 891

11. Date dry-pipe valve trip tested (control valve partially open) NA (See Trip Test Table which follows.)  
 12. Date dry-pipe valve trip tested (control valve fully open) NA (See Trip Test Table which follows.)  
 13. Date quick-opening device tested NA (See Trip Test Table which follows.)

DRY PIPE OPERATING TEST	DRY VALVE				TRIP TEST TABLE				C.O.D.			
	MAKE		MODEL		SERIAL NO.		MAKE		MODEL		SERIAL NO.	
	Time to Trip Thru Test Pipe		Water Pressure		Air Pressure		Trip Point Air Pressure		Time Water Reached Test Outlet		Alarm Operated Properly	
	MIN	SEC	PSI	PSI	PSI	PSI	MIN	SEC	YES	NO		
Without Q.O.D.												
With Q.O.D.												

14. Date deluge or preaction valve tested NA (See Trip Test Table which follows.)

DELUGE & PREACTION VALVES	TRIP TEST TABLE								
	Operation <input type="checkbox"/> PNEUMATIC <input type="checkbox"/> ELECTRIC <input type="checkbox"/> HYDRAULIC								
	Piping Supervised <input type="checkbox"/> YES <input type="checkbox"/> NO				Detecting media supervised <input type="checkbox"/> YES <input type="checkbox"/> NO				
	Does valve operate from the manual trip and/or remote control stations <input type="checkbox"/> YES <input type="checkbox"/> NO								
	Is there an accessible facility in each circuit for testing <input type="checkbox"/> YES <input type="checkbox"/> NO				Method of testing-circuits				
MAKE		MODEL		Does each circuit operate supervision loss alarm		Does each circuit operate valve release		Maximum time to operate release	
				YES NO		YES NO		YES NO	

15. See Control Valve Maintenance Table.

Control Valve Maintenance Table							Explain Abnormal Condition
Control Valves	Number	Type	Open	Secured	Closed	Signs	
City Connection Control Valve	1	P.V.	YES	YES	NO	YES	
Tank Control Valves							
Pump Control Valves							
Sectional Control Valves							
System Control Valves	2	BTY	YES	YES	NO	YES	DRY
Other Control Valves							

16. Water Flow Test at Sprinkler Riser  
 Water Supply Source:

Water Supply Source:	Date	City	Tank	Static Pressure	Residual (Flow) Pressure
		Test Pipe Location	Size of Test Pipe		
Last Water Flow Test	1-25-23			70	60
This Water Flow Test	1-31-24	Riser	2"	65	55

17. Explain any "No" answers and comments: None

18. Adjustments or corrections made during this inspection: None

19. Although these comments are not the result of an engineering review, the following desirable improvements are recommended:  
None

Signature: [Signature] Date: 1-31-24



# MIDWEST AUTOMATIC FIRE SPRINKLER COMPANY

4910 "F" Street Suite 400  
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(515) 262-9311  
FAX (515) 265-0361

613 East 59th Street  
Davenport, Iowa 52807  
(563) 388-6647  
FAX (563) 388-6648

MWD-790 BACKFLOW DEVICE TEST REPORT <span style="float: right;">D024-337</span>							
Customer or Business Name <i>Norfolk Regional Center</i>				Contct Person <i>Maist</i>		Phone Number <i>402-370-3770</i>	
Mailing address <i>1700 No Victory Lane PO Box 1209 Norfolk, Ne.</i>							
Service Address - if different				Isolation <input checked="" type="checkbox"/> Containment <input type="checkbox"/> Device Protects Backflow from:			
Date of Test <i>4-22-24</i>		Time AM <input type="checkbox"/> PM <input type="checkbox"/>		Supply Pressure PSI <i>Five SPK.</i>			
Type of Assembly <i>DEVA</i>	Manufacturer <i>Watts</i>	Model <i>757</i>	Size <i>4"</i>	Serial No. <i>HC 0763</i>			
Height off Floor <i>3-6</i> Feet	Protection from: Freezing <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Flooding <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			New <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Installation <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is device installed according to plumbing code requirements? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Does branch piping exist prior to the meter or containment device? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
DEVICE LOCATION:							
<b>REUCED PRESSURE PRINCIPAL ASSEMBLY</b>				<b>REUCED PRESSURE PRINCIPAL ASSEMBLY</b>			
<b>Initial Test</b>				<b>Final Test After Repair</b>			
1st Check held in direction of flow _____ PSID		<input type="checkbox"/> Passed <input type="checkbox"/> Failed		1st Check held in direction of flow _____ PSID		<input type="checkbox"/> Passed <input type="checkbox"/> Failed	
Relief Valve opened at _____ PSID		<input type="checkbox"/> Passed <input type="checkbox"/> Failed		Relief Valve opened at _____ PSID		<input type="checkbox"/> Passed <input type="checkbox"/> Failed	
Difference ( 1st check-relief ) _____ PSID		<input type="checkbox"/> Passed <input type="checkbox"/> Failed		Difference ( 1st check-relief ) _____ PSID		<input type="checkbox"/> Passed <input type="checkbox"/> Failed	
2nd Check held back pressure _____ PSID		<input type="checkbox"/> Passed <input type="checkbox"/> Failed		2nd Check held back pressure _____ PSID		<input type="checkbox"/> Passed <input type="checkbox"/> Failed	
2nd Check held in direction of flow _____ PSID		<input type="checkbox"/> Passed <input type="checkbox"/> Failed		2nd Check held in direction of flow _____ PSID		<input type="checkbox"/> Passed <input type="checkbox"/> Failed	
No. 2 Shut-off Valve leak tight		<input type="checkbox"/> Passed <input type="checkbox"/> Failed		No. 2 Shut-off Valve leak tight		<input type="checkbox"/> Passed <input type="checkbox"/> Failed	
<small>Failure of any above items require repair</small>							
<b>REUCED PRESSURE PRINCIPAL ASSEMBLY</b>				<b>REUCED PRESSURE PRINCIPAL ASSEMBLY</b>			
<b>Initial Test</b>				<b>Final Test After Repair</b>			
1st Check held in direction of flow _____ PSID		<input type="checkbox"/> Passed <input type="checkbox"/> Failed		1st Check held in direction of flow _____ PSID		<input type="checkbox"/> Passed <input type="checkbox"/> Failed	
2nd Check held back pressure _____ PSID		<input type="checkbox"/> Passed <input type="checkbox"/> Failed		2nd Check held back pressure _____ PSID		<input type="checkbox"/> Passed <input type="checkbox"/> Failed	
2nd Check held in direction of flow _____ PSID		<input type="checkbox"/> Passed <input type="checkbox"/> Failed		2nd Check held in direction of flow _____ PSID		<input type="checkbox"/> Passed <input type="checkbox"/> Failed	
No. 2 Shut-off Valve leak tight		<input type="checkbox"/> Passed <input type="checkbox"/> Failed		No. 2 Shut-off Valve leak tight		<input type="checkbox"/> Passed <input type="checkbox"/> Failed	
<small>Failure of any above items require repair</small>							
Repair Comments:							
<b>THE ABOVE REPORT IS CERTIFIED TO BE TRUE, ACCURATE AND COMPLETE</b>							
Tested by: <i>Match Sade</i> <i>Maist</i>				Repaired By:			
Print Name		Signature		Print Name		Signature	
Company Name: <b>MIDWEST FIRE SPRINKLER CO.</b> 4910 "F" St. Suite #400 Omaha, NE 68117				Final Test By:			
Registration No.: <i>7965</i>		Registrator: <i>MT</i>		Print Name		Signature	
Expiration Date: <i>1/23/25</i>				Date:			

*Watts*      *0024619*      *10-9-23*      *FJD*  
Test gauge manufacturer      Test gauge serial #      Date calibration verified      Accuracy verified by



# MIDWEST AUTOMATIC FIRE SPRINKLER COMPANY

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## Quarterly Report of Inspection, Testing and Maintenance of Fire Sprinkler Systems

Name of Inspected Property: Norfolk Regional Center Date: 4.22.24  
Inspector Name: msab Owners Initials: \_\_\_\_\_

Quarterly Inspection for Wet Pipe Sprinkler Systems			
	Y	N/A	N
1. System in service on inspection			
2. Hydraulic nameplate attached and legible			
3. Alarm device free from physical damage			
4. FDC is visible			
5. FDC is accessible			
6. FDC swivels/couplings undamaged/rotate smoothly			
7. FDC plugs/caps in place/undamaged			
8. FDC gaskets in place and in good condition			
9. FDC identification sign in place			
10. FDC check valve not leaking			
11. FDC automatic drain valve in place and operating properly			
12. FDC clapper is in place and operating properly			
13. FDC interior inspected where caps missing			
14. FDC obstructions removed as necessary			
15. Pressure reducing control valves (PRV) indicate open			
16. PRV not leaking			
17. PRV maintaining downstream pressure per design			
18. PRV in good condition			
19. PRV handwheel installed and not broken			
20. ALARM PANEL CLEAR			
21. COMMENTS:			

Quarterly Inspection of Dry Pipe Sprinkler Systems			
	Y	N/A	N
1. System in service inspection			
2. Hydraulic nameplate attached and legible			
3. Alarm device free from physical damage			
4. FDC visible			
5. FDC is accessible			
6. FDC swivels/couplings undamaged/rotate smoothly			
7. FDC plugs/caps in place/undamaged			
8. FDC gaskets in place and in good condition			
9. FDC identification sign in place			
10. FDC check valve not leaking			
11. FDC automatic drain valve in place and operating properly			
12. FDC clapper is in place and operating properly			
13. FDC interior inspected where caps are missing			
14. FDC obstructions removed as necessary			
15. Pressure reducing control valves (PRV) indicates open			
16. PRV not leaking			
17. PRV maintaining downstream pressure by design			
18. PRV in good condition			
19. PRV handwheel installed and not broken			
18. ALARM PANEL CLEAR			
19. COMMENTS:			

Quarterly Testing for Wet Pipe Sprinkler Systems			
	Y	N/A	N
1. System in service before testing			
2. Pertinent parties notified before testing			
3. Adequate drainage provided before flow testing			
4. Water flow alarm (other than vane type) tested and is operational			
5. Test conducted with inspector's test connection			
6. Test conducted with bypass connection (freezing weather)			
7. Test conducted per manufacturer's instructions			
8. Alarm device appear free of physical damage			
9. Adequate drainage provided before flow testing			
10. A main drain test conducted downstream from backflow preventer			
11. A main drain test conducted downstream from pressure reducing valve			
12. Supply water gauge reading before flow			psi
13. Gauge reading during stable flow (residual)			psi
14. Time for supply pressure to return to normal			sec
15. Pertinent parties notified of test conclusion			
16. ALARM PANEL CLEAR			
17. SYSTEM RETURNED TO SERVICE			
21. COMMENTS:			

Quarterly Testing for Dry Pipe Sprinkler Systems			
	Y	N/A	N
1. System in service before testing			
2. Pertinent parties notified before testing			
3. Adequate drainage provided before flow testing			
4. Water flow alarm tested and is operational			
5. Test conducted with inspectors test connection			
6. Test conducted with bypass connection (freezing weather)			
7. Test conducted per manufacturer's instructions			
8. Alarm devices appear free of physical damage			
9. Supervisory switch initiates distinct signal during first two hand wheel revolutions or before valve stem moved one-fifth from normal position (semi-annual)			
10. Signal restored only when valve returned to normal position (semi-annual)			
11. One main drain test conducted downstream from backflow preventer			
12. One main drain test conducted downstream from pressure reducing valve			
13. Supply water gauge reading before flow (static)			psi
14. Gauge reading during stable flow (residual)			psi
15. Time for supply pressure to return to normal			sec
16. Priming water level			
17. Quick opening device(s) (QOD) tested			
18. Low Pressure alarm tested			
19. Pertinent parties notified of test conclusion			
20. ALARM PANEL CLEAR			
21. SYSTEM RETURNED TO SERVICE			
22. COMMENTS			



# MIDWEST

## AUTOMATIC FIRE SPRINKLER COMPANY

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 Omaha, Nebraska 68117  
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 Davenport, Iowa 52807  
 (563) 388-6647  
 FAX (563) 388-6648

### MWD-892 BACKFLOW DEVICE TEST REPORT 10024-338

Customer or Business Name: Norfolk Reg. Wastewater Plant Contct Person: Maint Phone Number: 402)370-3220

Mailing address: 1700 No. Victory Lane Norfolk, Ne

Service Address - if different: \_\_\_\_\_ Isolation \_\_\_\_\_ Containment \_\_\_\_\_  
 Device Protects Backflow from: \_\_\_\_\_

Date of Test: 4-27-24 Time: \_\_\_\_\_ AM \_\_\_\_\_ PM Supply Pressure: \_\_\_\_\_ PSI 7.0 SPK.

Type of Assembly: DCVA Manufacturer: Watts Model: 757 Size: 4" Serial No.: KJ-1277

Height off Floor: 1-0 Feet Protection from: Freezing  Yes  No Flooding  Yes  No New Installation  Yes  No

Is device installed according to plumbing code requirements?  Yes  No Does branch piping exist prior to the meter or containment device?  Yes  No

DEVICE LOCATION: \_\_\_\_\_

REUCED PRESSURE PRINCIPAL ASSEMBLY	Passed	Failed	REUCED PRESSURE PRINCIPAL ASSEMBLY	Passed	Failed
<b>Initial Test</b>			<b>Final Test After Repair</b>		
1st Check held in direction of flow _____ PSID	<input type="checkbox"/>	<input type="checkbox"/>	1st Check held in direction of flow _____ PSID	<input type="checkbox"/>	<input type="checkbox"/>
Relief Valve opened at _____ PSID	<input type="checkbox"/>	<input type="checkbox"/>	Relief Valve opened at _____ PSID	<input type="checkbox"/>	<input type="checkbox"/>
Difference ( 1st check-relief ) _____ PSID	<input type="checkbox"/>	<input type="checkbox"/>	Difference ( 1st check-relief ) _____ PSID	<input type="checkbox"/>	<input type="checkbox"/>
2nd Check held back pressure _____ PSID	<input type="checkbox"/>	<input type="checkbox"/>	2nd Check held back pressure _____ PSID	<input type="checkbox"/>	<input type="checkbox"/>
2nd Check held in direction of flow _____ PSID	<input type="checkbox"/>	<input type="checkbox"/>	2nd Check held in direction of flow _____ PSID	<input type="checkbox"/>	<input type="checkbox"/>
No. 2 Shut-off Valve leak tight	<input type="checkbox"/>	<input type="checkbox"/>	No. 2 Shut-off Valve leak tight	<input type="checkbox"/>	<input type="checkbox"/>
Failure of any above items require repair					

REUCED PRESSURE PRINCIPAL ASSEMBLY	Passed	Failed	REUCED PRESSURE PRINCIPAL ASSEMBLY	Passed	Failed
<b>Initial Test</b>			<b>Final Test After Repair</b>		
1st Check held in direction of flow <u>1.6</u> PSID	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1st Check held in direction of flow _____ PSID	<input type="checkbox"/>	<input type="checkbox"/>
2nd Check held back pressure _____ PSID	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2nd Check held back pressure _____ PSID	<input type="checkbox"/>	<input type="checkbox"/>
2nd Check held in direction of flow <u>1.4</u> PSID	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2nd Check held in direction of flow _____ PSID	<input type="checkbox"/>	<input type="checkbox"/>
No. 2 Shut-off Valve leak tight	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No. 2 Shut-off Valve leak tight	<input type="checkbox"/>	<input type="checkbox"/>
Failure of any above items require repair					

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

THE ABOVE REPORT IS CERTIFIED TO BE TRUE, ACCURATE AND COMPLETE

Tested by: Mitch SDC Signature: \_\_\_\_\_  
 Company Name: **MIDWEST FIRE SPRINKLER CO.**  
 4910 "F" St. Suite #400  
 Omaha, NE 68117  
 Registration No.: 2965 Registrator: WE  
 Expiration Date: 12/31/25

Repaired By: \_\_\_\_\_  
 Final Test By: \_\_\_\_\_  
 Date: \_\_\_\_\_

Test gauge manufacturer: Watts Test gauge serial #: 0024619 Date calibration verified: 10-9-23 Accuracy verified by: JLF



# MIDWEST AUTOMATIC FIRE SPRINKLER COMPANY

4910 "F" Street Suite 400  
Omaha, Nebraska 68117  
(402) 558-7080  
Fax (402) 733-7810

1821-1823 Raccoon Street  
Des Moines, Iowa 50317  
(515) 262-9311  
Fax (515) 265-0361

613 East 59th Street  
Davenport, Iowa 52807  
(563) 388-6647  
Fax (563) 388-6648

## Quarterly Report of Inspection, Testing and Maintenance of Fire Sprinkler Systems

Name of Inspected Property: *Norfolk Regional Boating Plant* Date: *4/22/04*  
Inspector Name: *M. Sacc* Owners Initials:

### Quarterly Inspection for Wet Pipe Sprinkler Systems

	Y	N/A	N
1. System in service on inspection			
2. Hydraulic nameplate attached and legible			
3. Alarm device free from physical damage			
4. FDC is visible			
5. FDC is accessible			
6. FDC swivels/couplings undamaged/rotate smoothly			
7. FDC plugs/caps in place/undamaged			
8. FDC gaskets in place and in good condition			
9. FDC identification sign in place			
10. FDC check valve not leaking			
11. FDC automatic drain valve in place and operating properly			
12. FDC clapper is in place and operating properly			
13. FDC interior inspected where caps missing			
14. FDC obstructions removed as necessary			
15. Pressure reducing control valves (PRV) indicate open			
16. PRV not leaking			
17. PRV maintaining downstream pressure per design			
18. PRV in good condition			
19. PRV handwheel installed and not broken			
20. ALARM PANEL CLEAR			
21. COMMENTS:			

### Quarterly Testing for Wet Pipe Sprinkler Systems

	Y	N/A	N
1. System in service before testing			
2. Pertinent parties notified before testing			
3. Adequate drainage provided before flow testing			
4. Water flow alarm (other than vane type) tested and is operational			
5. Test conducted with inspector's test connection			
6. Test conducted with bypass connection (freezing weather)			
7. Test conducted per manufacturer's instructions			
8. Alarm device appear free of physical damage			
9. Adequate drainage provided before flow testing			
10. A main drain test conducted downstream from backflow preventer			
11. A main drain test conducted downstream from pressure reducing valve			
12. Supply water gauge reading before flow			80 psi
13. Gauge reading during stable flow (residual)			55 psi
14. Time for supply pressure to return to normal			3 min sec
15. Pertinent parties notified of test conclusion			
16. ALARM PANEL CLEAR			
17. SYSTEM RETURNED TO SERVICE			
21. COMMENTS:			

### Quarterly Inspection of Dry Pipe Sprinkler Systems

	Y	N/A	N
1. System in service inspection			
2. Hydraulic nameplate attached and legible			
3. Alarm device free from physical damage			
4. FDC visible			
5. FDC is accessible			
6. FDC swivels/couplings undamaged/rotate smoothly			
7. FDC plugs/caps in place/undamaged			
8. FDC gaskets in place and in good condition			
9. FDC identification sign in place			
10. FDC check valve not leaking			
11. FDC automatic drain valve in place and operating properly			
12. FDC clapper is in place and operating properly			
13. FDC interior inspected where caps are missing			
14. FDC obstructions removed as necessary			
15. Pressure reducing control valves (PRV) indicates open			
16. PRV not leaking			
17. PRV maintaining downstream pressure by design			
18. PRV in good condition			
19. PRV handwheel installed and not broken			
18. ALARM PANEL CLEAR			
19. COMMENTS:			

### Quarterly Testing for Dry Pipe Sprinkler Systems

	Y	N/A	N
1. System in service before testing			
2. Pertinent parties notified before testing			
3. Adequate drainage provided before flow testing			
4. Water flow alarm tested and is operational			
5. Test conducted with inspectors test connection			
6. Test conducted with bypass connection (freezing weather)			
7. Test conducted per manufacturer's instructions			
8. Alarm devices appear free of physical damage			
9. Supervisory switch initiates distinct signal during first two hand wheel revolutions or before valve stem moved one-fifth from normal position (semi-annual)			
10. Signal restored only when valve returned to normal position (semi-annual)			
11. One main drain test conducted downstream from backflow preventer			
12. One main drain test conducted downstream from pressure reducing valve			
13. Supply water gauge reading before flow (static)			psi
14. Gauge reading during stable flow (residual)			psi
15. Time for supply pressure to return to normal			sec
16. Priming water level			
17. Quick opening device(s) (QOD) tested			
18. Low Pressure alarm tested			
19. Pertinent parties notified of test conclusion			
20. ALARM PANEL CLEAR			
21. SYSTEM RETURNED TO SERVICE			
22. COMMENTS			



# MIDWEST AUTOMATIC FIRE SPRINKLER COMPANY

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Fax (515) 265-0361

613 East 59th Street  
Davenport, Iowa 52807  
(563) 388-6647  
Fax (563) 388-6648

## Quarterly Report of Inspection, Testing and Maintenance of Fire Sprinkler Systems

Name of Inspected Property: Northfolk Regional Center Date: 7/18/24  
Inspector Name: M. Sade Owners Initials: \_\_\_\_\_

### Quarterly Inspection for Wet Pipe Sprinkler Systems

	Y	N/A	N
1. System in service on inspection	/	/	/
2. Hydraulic nameplate attached and legible	/	/	/
3. Alarm device free from physical damage	/	/	/
4. FDC is visible	/	/	/
5. FDC is accessible	/	/	/
6. FDC swivels/couplings undamaged/rotate smoothly	/	/	/
7. FDC plugs/caps in place/undamaged	/	/	/
8. FDC gaskets in place and in good condition	/	/	/
9. FDC identification sign in place	/	/	/
10. FDC check valve not leaking	/	/	/
11. FDC automatic drain valve in place and operating properly	/	/	/
12. FDC clapper is in place and operating properly	/	/	/
13. FDC interior inspected where caps missing	/	/	/
14. FDC obstructions removed as necessary	/	/	/
15. Pressure reducing control valves (PRV) indicate open	/	/	/
16. PRV not leaking	/	/	/
17. PRV maintaining downstream pressure per design	/	/	/
18. PRV in good condition	/	/	/
19. PRV handwheel installed and not broken	/	/	/
20. ALARM PANEL CLEAR	/	/	/
21. COMMENTS:			

### Quarterly Testing for Wet Pipe Sprinkler Systems

	Y	N/A	N
1. System in service before testing	/	/	/
2. Pertinent parties notified before testing	/	/	/
3. Adequate drainage provided before flow testing	/	/	/
4. Water flow alarm (other than vane type) tested and is operational	/	/	/
5. Test conducted with inspector's test connection	/	/	/
6. Test conducted with bypass connection (freezing weather)	/	/	/
7. Test conducted per manufacturer's instructions	/	/	/
8. Alarm device appear free of physical damage	/	/	/
9. Adequate drainage provided before flow testing	/	/	/
10. A main drain test conducted downstream from backflow preventer.	/	/	/
11. A main drain test conducted downstream from pressure reducing valve	/	/	/
12. Supply water gauge reading before flow.			82 psi
13. Gauge reading during stable flow (residual)			65 psi
14. Time for supply pressure to return to normal			1200 sec
15. Pertinent parties notified of test conclusion	/	/	/
16. ALARM PANEL CLEAR	/	/	/
17. SYSTEM RETURNED TO SERVICE	/	/	/
21. COMMENTS:			

### Quarterly Inspection of Dry Pipe Sprinkler Systems

	Y	N/A	N
1. System in service inspection	/	/	/
2. Hydraulic nameplate attached and legible	/	/	/
3. Alarm device free from physical damage	/	/	/
4. FDC visible	/	/	/
5. FDC is accessible	/	/	/
6. FDC swivels/couplings undamaged/rotate smoothly	/	/	/
7. FDC plugs/caps in place/undamaged	/	/	/
8. FDC gaskets in place and in good condition	/	/	/
9. FDC identification sign in place	/	/	/
10. FDC check valve not leaking	/	/	/
11. FDC automatic drain valve in place and operating properly	/	/	/
12. FDC clapper is in place and operating properly	/	/	/
13. FDC interior inspected where caps are missing	/	/	/
14. FDC obstructions removed as necessary	/	/	/
15. Pressure reducing control valves (PRV) indicates open	/	/	/
16. PRV not leaking	/	/	/
17. PRV maintaining downstream pressure by design	/	/	/
18. PRV in good condition	/	/	/
19. PRV handwheel installed and not broken	/	/	/
18. ALARM PANEL CLEAR	/	/	/
19. COMMENTS:			

### Quarterly Testing for Dry Pipe Sprinkler Systems

	Y	N/A	N
1. System in service before testing	/	/	/
2. Pertinent parties notified before testing	/	/	/
3. Adequate drainage provided before flow testing	/	/	/
4. Water flow alarm tested and is operational	/	/	/
5. Test conducted with inspectors test connection	/	/	/
6. Test conducted with bypass connection (freezing weather)	/	/	/
7. Test conducted per manufacturer's instructions	/	/	/
8. Alarm devices appear free of physical damage	/	/	/
9. Supervisory switch initiates distinct signal during first two hand wheel revolutions or before valve stem moved one-fifth from normal position (semi-annual)	/	/	/
10. Signal restored only when valve returned to normal position (semi-annual)	/	/	/
11. One main drain test conducted downstream from backflow preventer	/	/	/
12. One main drain test conducted downstream from pressure reducing valve	/	/	/
13. Supply water gauge reading before flow (static)			psi
14. Gauge reading during stable flow (residual)			psi
15. Time for supply pressure to return to normal			sec
16. Priming water level			
17. Quick opening device(s) (QOD) tested	/	/	/
18. Low Pressure alarm tested	/	/	/
19. Pertinent parties notified of test conclusion	/	/	/
20. ALARM PANEL CLEAR	/	/	/
21. SYSTEM RETURNED TO SERVICE	/	/	/
22. COMMENTS:			





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Fax (515) 265-0361

613 East 59th Street  
Davenport, Iowa 52807  
(563) 388-6647  
Fax (563) 388-6648

## Quarterly Report of Inspection, Testing and Maintenance of Fire Sprinkler Systems

Name of Inspected Property: *Northfolk Regional Heating Plant*

Date: *7-16-21*

Inspector Name: *M. SACE*

Owners Initials:

### Quarterly Inspection for Wet Pipe Sprinkler Systems

	Y	N/A	N
1. System in service on inspection	/		
2. Hydraulic nameplate attached and legible	/		
3. Alarm device free from physical damage	/		
4. FDC is visible	/		
5. FDC is accessible	/		
6. FDC swivels/couplings undamaged/rotate smoothly	/		
7. FDC plugs/caps in place/undamaged	/		
8. FDC gaskets in place and in good condition	/		
9. FDC identification sign in place	/		
10. FDC check valve not leaking	/		
11. FDC automatic drain valve in place and operating properly	/		
12. FDC clapper is in place and operating properly	/		
13. FDC interior inspected where caps missing	/		
14. FDC obstructions removed as necessary	/		
15. Pressure reducing control valves (PRV) indicate open	/		
16. PRV not leaking	/		
17. PRV maintaining downstream pressure per design	/		
18. PRV in good condition	/		
19. PRV handwheel installed and not broken	/		
20. ALARM PANEL CLEAR	/		
21. COMMENTS:			

### Quarterly Testing for Wet Pipe Sprinkler Systems

	Y	N/A	N
1. System in service before testing	/		
2. Pertinent parties notified before testing	/		
3. Adequate drainage provided before flow testing	/		
4. Water flow alarm (other than vane type) tested and is operational	/		
5. Test conducted with inspector's test connection	/		
6. Test conducted with bypass connection (freezing weather)	/		
7. Test conducted per manufacturer's instructions	/		
8. Alarm device appear free of physical damage	/		
9. Adequate drainage provided before flow testing	/		
10. A main drain test conducted downstream from backflow preventer	/		
11. A main drain test conducted downstream from pressure reducing valve	/		
12. Supply water gauge reading before flow		<i>73</i>	psi
13. Gauge reading during stable flow (residual)		<i>58</i>	psi
14. Time for supply pressure to return to normal		<i>1.5 sec</i>	sec
15. Pertinent parties notified of test conclusion	/		
16. ALARM PANEL CLEAR	/		
17. SYSTEM RETURNED TO SERVICE	/		
21. COMMENTS: <i>Flow 59SP</i>			

### Quarterly Inspection of Dry Pipe Sprinkler Systems

	Y	N/A	N
1. System in service inspection	/		
2. Hydraulic nameplate attached and legible	/		
3. Alarm device free from physical damage	/		
4. FDC visible	/		
5. FDC is accessible	/		
6. FDC swivels/couplings undamaged/rotate smoothly	/		
7. FDC plugs/caps in place/undamaged	/		
8. FDC gaskets in place and in good condition	/		
9. FDC identification sign in place	/		
10. FDC check valve not leaking	/		
11. FDC automatic drain valve in place and operating properly	/		
12. FDC clapper is in place and operating properly	/		
13. FDC interior inspected where caps are missing	/		
14. FDC obstructions removed as necessary	/		
15. Pressure reducing control valves (PRV) indicates open	/		
16. PRV not leaking	/		
17. PRV maintaining downstream pressure by design	/		
18. PRV in good condition	/		
19. PRV handwheel installed and not broken	/		
18. ALARM PANEL CLEAR	/		
19. COMMENTS:			

### Quarterly Testing for Dry Pipe Sprinkler Systems

	Y	N/A	N
1. System in service before testing	/		
2. Pertinent parties notified before testing	/		
3. Adequate drainage provided before flow testing	/		
4. Water flow alarm tested and is operational	/		
5. Test conducted with inspectors test connection	/		
6. Test conducted with bypass connection (freezing weather)	/		
7. Test conducted per manufacturer's instructions	/		
8. Alarm devices appear free of physical damage	/		
9. Supervisory switch initiates distinct signal during first two hand wheel revolutions or before valve stem moved one-fifth from normal position (semi-annual)	/		
10. Signal restored only when valve returned to normal position (semi-annual)	/		
11. One main drain test conducted downstream from backflow preventer	/		
12. One main drain test conducted downstream from pressure reducing valve	/		
13. Supply water gauge reading before flow (static)			psi
14. Gauge reading during stable flow (residual)			psi
15. Time for supply pressure to return to normal			sec
16. Priming water level	/		
17. Quick opening device(s) (QOD) tested	/		
18. Low Pressure alarm tested	/		
19. Pertinent parties notified of test conclusion	/		
20. ALARM PANEL CLEAR	/		
21. SYSTEM RETURNED TO SERVICE	/		
22. COMMENTS:			



# Backflow Preventer Test Form

402.441.5912 • e-mail: [Backflow@lincoln.ne.gov](mailto:Backflow@lincoln.ne.gov) • FAX: 402.441.8003

Return to: Lincoln Water System Backflow 2021 North 27th Street, Lincoln, NE 68503

Business/Building \_\_\_\_\_ Contact Person \_\_\_\_\_

Service Address \_\_\_\_\_ Suite# \_\_\_\_\_

Phone# \_\_\_\_\_ e-mail: \_\_\_\_\_

Device Location \_\_\_\_\_

<input type="checkbox"/> Annual Test	<input type="checkbox"/> Repair	<input type="checkbox"/> New Installation
<input type="checkbox"/> DC	<input type="checkbox"/> RPP	Serial #: _____ Size: _____ Manufacturer: _____ Model#: _____
<input type="checkbox"/> Replacement		
<input type="checkbox"/> DC	<input type="checkbox"/> RPP	Serial #: _____ Size: _____ Manufacturer: _____ Model#: _____

<input type="checkbox"/> Domestic Containment	<input type="checkbox"/> Irrigation	<input type="checkbox"/> Fire Service	<input type="checkbox"/> Boiler	<input type="checkbox"/> Carbonator
<input type="checkbox"/> Swimming Pool	<input type="checkbox"/> Cooling Tower	<input type="checkbox"/> Water Cooled Ice Maker	<input type="checkbox"/> Other (Desc): _____	

Reduced Pressure-Double Check Valve		Pressure Vacuum Breaker	
Shut off #2	Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #1	Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #1 _____ PSID	Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #2	Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #2 _____ PSID	Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Check Valve Held at _____ PSID	
Relief Valve (RP only) Opened at _____ PSID		Air vent opened at _____ PSID	

Final Test: Check Valve #1	Check Valve #2	Pressure Relief	PVB/SVB
	Closed Tight <input type="checkbox"/> Yes <input type="checkbox"/> No		Check Valve PSID
PSID	PSID	Replaced PSID	Air Inlet PSID

I hereby certify the above backflow preventer has been tested in accordance with all rules and regulations of the State of Nebraska Health and Human Services, Department of Regulation and Licensure, Title 179, and the Lincoln Water System Title 17, and that all readings are true and accurate to the best of my ability. **Must be returned to LWS within 30 days of performing test.**

State Certified Technician (Please Print) \_\_\_\_\_ Company \_\_\_\_\_ Grade 6 Certificate# \_\_\_\_\_ Cell/Phone# \_\_\_\_\_

State Certified Technician (Signature) \_\_\_\_\_ Customer (Signature) \_\_\_\_\_ Date of Test \_\_\_\_\_

Test Gauge Manufacturer \_\_\_\_\_ Test Gauge Serial # \_\_\_\_\_ Date of Calibration \_\_\_\_\_

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

PLEASE TYPE OR PRINT LEGIBLY



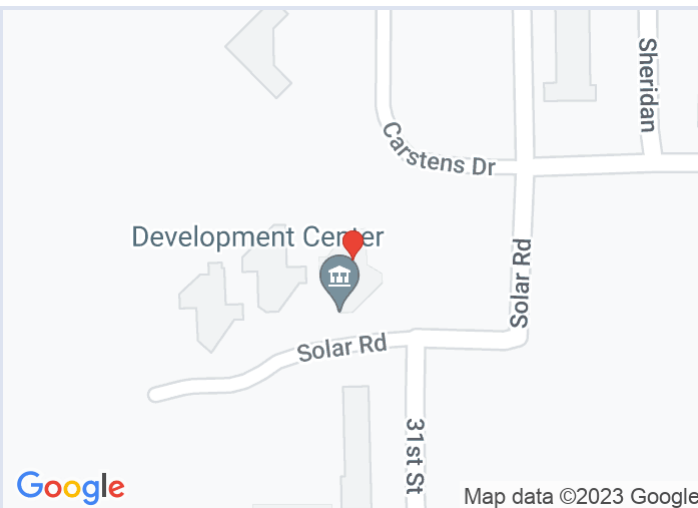
# MIDWEST ALARM SERVICES

Tech connected. Lives protected.

## Inspection Report

Presented To  
State of Nebraska

For  
T Building  
3000 Lincoln St  
Beatrice, NE 68310



**This site has been inspected and tested in compliance with applicable standards.**

Completed:  
**Tuesday, May 23, 2023**

Tested By:

**Gary Hesman**

Midwest Alarm Services  
3630 W Old Hwy 30  
Grand Island, NE 68803

Scan Code to Access  
Nspec Cloud Portal



# Inspection Information

## CUSTOMER INFORMATION

Name:	State of Nebraska	Address:	3000 Lincoln St
City:	Beatrice	State:	NE
ZIP:	68310	Email:	mike.balderson@nebraska.gov
AR#:	1001603		

## BUILDING INFORMATION

Name:	T Building	Occupancy Type:	Institutional (Group I)
Address:	3000 Lincoln St	City:	Beatrice
State:	NE	ZIP:	68310
Monitoring Company Account Number:	FA14300	AR#:	1001603
Email for Reports:	mike.balderson@nebraska.gov		

## COMPANY INFORMATION

Name:	Midwest Alarm Services	Address:	3630 W Old Hwy 30
City:	Grand Island	State:	NE
Zip:	68803	License:	-
Email:	tracy.hesman@mw-as.com	Phone:	308-389-3981

## AUTHORITY HAVING JURISDICTION

Name:	State of Nebraska Fire Marshal	Address:	246 S 14th St
City:	Lincoln	State:	NE
Zip:	68508	Email:	-
Phone:	402-471-2027		

## MONITORING COMPANY

Name:	Per Mar	Address:	1910 E Kimberly Rd
City:	Davenport	State:	IA
Zip:	52807	Email:	-
phone:	800-227-9805		

## TESTING SUMMARY

EQUIPMENT TYPE	TOTAL	TESTED	PASSED	FAILED
Communicator	1	1 (100%)	1 (100%)	0 (0%)
Alarm Initiated Device	15	15 (100%)	15 (100%)	0 (0%)
Alarm Notification Appliance	4	4 (100%)	4 (100%)	0 (0%)
Annunciator	0	0 (0%)	0 (0%)	0 (0%)
Auxiliary Device	0	0 (0%)	0 (0%)	0 (0%)
Auxiliary Power Supply	0	0 (0%)	0 (0%)	0 (0%)
Control Unit	1	1 (100%)	1 (100%)	0 (0%)
Supervising Station Monitoring	1	1 (100%)	1 (100%)	0 (0%)
Supervisory Signal Device	0	0 (0%)	0 (0%)	0 (0%)

## Fire Alarm Inspection- NFPA 72 (2013)

This testing was performed in accordance with applicable NFPA 72 Standards.

Midwest Alarm Services provides many services to our community. If you would like quarterly, semi-annual or annual testing/inspection, the inspection coordinator can reach out and offer inspections on a time and material basis. Signing an Inspection Agreement with Midwest Alarm Services has many benefits. Not only do you save money, but our inspection coordinator will work with you to ensure your Fire System stays in code as well as has proper documentation sent to the local jurisdiction for compliance. If you need an estimate or have questions about our services, please reach out to our operations manager.

Gary Hesman  
Operations Manager  
308-389-3981  
gary.hesman@mw-as.com

---

Tested By:



**Gary Hesman**  
Midwest Alarm Services  
3630 W Old Hwy 30  
Grand Island, NE 68803

## Control Unit

### Location

Location  
T Building / By North Exit

### Specification

Type/Make/Model  
Notifier

### Software Firmware

Revision Number	Onsite Location Of Documentation
-	-

### Primary Power

Nominal Voltage	Amps
120v	-

### Overcurrent Protection

Type	Amps	Location	Disconnecting Means Location
-	-	-	-

### Visual/ Functional

Control Unit	Lamps/LEDs/LCDs	Fuses	Trouble Signal
Tested functionally	Tested functionally	Tested functionally	Tested functionally
Disconnect Switch	Ground-Fault Monitoring		
Tested functionally	Tested functionally		

### Batteries

Battery Date	Battery Type	Nominal Voltage	Amps/Hour Rating
12/18/2022	Gel	27.0v	7ah
Standby Mode (hrs)	Alarm Mode (mins)		
-	-		

### Visual/ Functional

Load Voltage	Charge Test	Discharge Test	Battery Condition
Tested functionally	Tested functionally	Tested functionally	Tested functionally

### Result

● Passed

## Communicator

### Specification

Type/Make/Model  
-

### Type

Type  
Phone Lines : Thru Admin

### Result

● Passed

## Supervising Station Monitoring

### Specification

Type/Make/Model  
-

### Supervising Station Monitoring

Alarm Signal	Alarm Restoration	Trouble Signal	Trouble Restoration
Tested functionally	Tested functionally	Tested functionally	Tested functionally

Supervisory Signal  
Tested functionally

Supervisory Restoration  
Tested functionally

## Result

● Passed

## Alarm Initiated Device

Location	Specification	New Section	Result	Notes
Location	Type/Make/Model	Visual	Result	Number
Main Entrance	Manual Pull Station	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
E. Rear Exit	Manual Pull Station	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
SE Laundry Room	Manual Pull Station	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
SE Patio Exit	Manual Pull Station	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
NW Storage Closet	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
NW Breakroom	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
NE Storage Closet	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
East Rear Exit	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
SE Janitorial	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
SE Laundry Room	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
NW Storage Closet	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
NW Storage Closet	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
Main Corridor Storage	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
RR Janitorial	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
SW Classroom	Heat Detector	Tested visually	● Passed	-

## Alarm Notification Appliance

Location	Specification	New Section	Result	Notes
Location	Type/Make/Model	Visual / Functional	Result	Number
1st / Center Area	Strobe / System Sensor / SWL	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
2nd / Center Area	Strobe / System Sensor / SWL	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
2nd / Center Area	Bell	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
1st / By Fire Alarm Panel	Bell	Tested functionally	● Passed	-

## Comments

Number	COMMENT	IMAGE
1	Fire Alarm Inspection. No issues.	





**Tech connected. Lives protected.**

## **Conclusion**

We appreciate the opportunity to provide this inspection report. We are confident in the accuracy of the contents of this report. Should you require any additional services, or have questions regarding the contents of this report, please do not hesitate to contact your Midwest Alarm Services representative at 308-389-3981.

## **Life Safety Solutions Experts Since 1950**

For more than 70 years, Midwest Alarm Services has been providing the best, innovative fire, security and technology solutions for homes and businesses. As a systems integrator, we can design, install, maintain, monitor and service a wide variety of equipment and software. We take the time to understand your needs and customize solutions to fit your needs and budget. To learn more about our company and the services we provide, please visit:

[www.midwestalarmservices.com](http://www.midwestalarmservices.com)

A handwritten signature in black ink, appearing to read 'GH', is positioned above a solid blue horizontal line.

Tested By:

**Gary Hesman**

Midwest Alarm Services

3630 W Old Hwy 30

Grand Island, NE 68803



Tech connected. Lives protected.

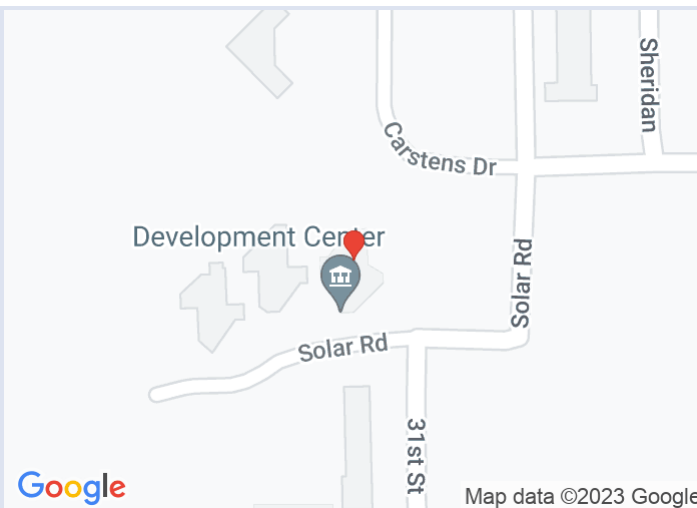
## Inspection Report

---

Presented To  
State of Nebraska

---

For  
Y Building  
3000 Lincoln St  
Beatrice, NE 68310



**This site has been inspected  
and tested in compliance  
with applicable standards.**

---

Completed:  
**Tuesday, May 23, 2023**

---

Tested By:  
**Gary Hesman**  
Midwest Alarm Services  
3630 W Old Hwy 30  
Grand Island, NE 68803

Scan Code to Access  
Nspec Cloud Portal



# Inspection Information

## CUSTOMER INFORMATION

Name:	State of Nebraska	Address:	3000 Lincoln St
City:	Beatrice	State:	NE
ZIP:	68310	Email:	mike.balderson@nebraska.gov
AR#:	1001603		

## BUILDING INFORMATION

Name:	Y Building	Occupancy Type:	Residential (Group R)
Address:	3000 Lincoln St	City:	Beatrice
State:	NE	ZIP:	68310

## COMPANY INFORMATION

Name:	Midwest Alarm Services	Address:	3630 W Old Hwy 30
City:	Grand Island	State:	NE
Zip:	68803	License:	-
Email:	tracy.hesman@mw-as.com	Phone:	308-389-3981

## AUTHORITY HAVING JURISDICTION

Name:	State of Nebraska Fire Marshal	Address:	246 S 14th St
City:	Lincoln	State:	NE
Zip:	68508	Email:	-
Phone:	402-471-2027		

## MONITORING COMPANY

Name:	Per Mar	Address:	1910 E Kimberly Rd
City:	Davenport	State:	IA
Zip:	52807	Email:	-
phone:	800-227-9805		

## TESTING SUMMARY

EQUIPMENT TYPE	TOTAL	TESTED	PASSED	FAILED
Communicator	1	1 (100%)	1 (100%)	0 (0%)
Alarm Initiated Device	143	143 (100%)	143 (100%)	0 (0%)
Alarm Notification Appliance	25	25 (100%)	25 (100%)	0 (0%)
Annunciator	1	1 (100%)	1 (100%)	0 (0%)
Auxiliary Device	0	0 (0%)	0 (0%)	0 (0%)
Auxiliary Power Supply	0	0 (0%)	0 (0%)	0 (0%)
Control Unit	1	1 (100%)	1 (100%)	0 (0%)
Supervising Station Monitoring	1	1 (100%)	1 (100%)	0 (0%)
Supervisory Signal Device	0	0 (0%)	0 (0%)	0 (0%)

## Fire Alarm Inspection- NFPA 72 (2013)

This testing was performed in accordance with applicable NFPA 72 Standards.

Midwest Alarm Services provides many services to our community. If you would like quarterly, semi-annual or annual testing/inspection, the inspection coordinator can reach out and offer inspections on a time and material basis. Signing an Inspection Agreement with Midwest Alarm Services has many benefits. Not only do you save money, but our inspection coordinator will work with you to ensure your Fire System stays in code as well as has proper documentation sent to the local jurisdiction for compliance. If you need an estimate or have questions about our services, please reach out to our operations manager.

Gary Hesman  
Operations Manager  
308-389-3981  
gary.hesman@mw-as.com

---

Tested By:



**Gary Hesman**  
Midwest Alarm Services  
3630 W Old Hwy 30  
Grand Island, NE 68803

## Control Unit

### Location

Location  
Y Building / West Entry between ramps

### Specification

Type/Make/Model  
Spectronics / 641

### Software Firmware

Revision Number	Onsite Location Of Documentation
-	-

### Primary Power

Nominal Voltage	Amps
120v	-

### Overcurrent Protection

Type	Amps	Location	Disconnecting Means Location
-	-	-	-

### Visual/ Functional

Control Unit	Lamps/LEDs/LCDs	Fuses	Trouble Signal
Tested functionally	Tested functionally	Tested functionally	Tested functionally
Disconnect Switch	Ground-Fault Monitoring		
Tested functionally	Tested functionally		

### Batteries

Battery Date	Battery Type	Nominal Voltage	Amps/Hour Rating
12/18/2022	Gel	27.1v	7ah
Standby Mode (hrs)	Alarm Mode (mins)		
-	-		

### Visual/ Functional

Load Voltage	Charge Test	Discharge Test	Battery Condition
Tested functionally	Tested functionally	Tested functionally	Tested functionally

### Result

● Passed

## Communicator

### Specification

Type/Make/Model  
-

### Type

Type  
Phone Lines : Thru Admin

### Result

● Passed

## Supervising Station Monitoring

### Specification

Type/Make/Model  
-

### Supervising Station Monitoring

Alarm Signal	Alarm Restoration	Trouble Signal	Trouble Restoration
Tested functionally	Tested functionally	Tested functionally	Tested functionally

Supervisory Signal Tested functionally	Supervisory Restoration Tested functionally
---	--

## Result

● Passed

## Annunciator 1

### Location

Location	1st / South Corridor
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### Specification

Type/Make/Model	-
-----------------	---

### Result

	● Passed
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### Notes

Number	-
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## Alarm Initiated Device

Location	Specification	New Section	Result	Notes
Location Above FACP	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location SW Exit near FACP	Type/Make/Model Manual Pull Station	Visual Tested functionally	Result ● Passed	Number -
Location West Corridor Exit	Type/Make/Model Manual Pull Station	Visual Tested functionally	Result ● Passed	Number -
Location North Garage Exit	Type/Make/Model Manual Pull Station	Visual Tested functionally	Result ● Passed	Number -
Location North Garage	Type/Make/Model Heat Detector	Visual Tested visually	Result ● Passed	Number -
Location North Garage	Type/Make/Model Heat Detector	Visual Tested visually	Result ● Passed	Number -
Location North Garage Storage	Type/Make/Model Heat Detector	Visual Tested visually	Result ● Passed	Number -
Location North Garage Kitchen	Type/Make/Model Heat Detector	Visual Tested visually	Result ● Passed	Number -
Location North Garage Tool Storage	Type/Make/Model Heat Detector	Visual Tested visually	Result ● Passed	Number -
Location North Corridor Mower Exit	Type/Make/Model Heat Detector	Visual Tested visually	Result ● Passed	Number -
Location North Corridor Janitorial	Type/Make/Model Heat Detector	Visual Tested visually	Result ● Passed	Number -
Location North Corridor Grill Storage	Type/Make/Model Heat Detector	Visual Tested visually	Result ● Passed	Number -

Location	Specification	New Section	Result	Notes
Location	Type/Make/Model	Visual	Result	Number
North Corridor Mulcher Storage	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
North Appliance Repair	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
North Appliance Repair	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
North Appliance Repair Storage	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
NE Courtyard Exit	Manual Pull Station	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
NE Bottom of Stairs Exit	Manual Pull Station	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
East Ductwork	Duct Smoke Detector	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
East Ductwork	Duct Smoke Detector	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
East AHU Room	Duct Smoke Detector	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
East AHU Room	Duct Smoke Detector	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
North Ductwork	Duct Smoke Detector	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
North Ductwork	Duct Smoke Detector	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
North AHU Room	Duct Smoke Detector	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
North AHU Room	Duct Smoke Detector	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
North AHU Room	Duct Smoke Detector	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
North AHU Room	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
East Breakroom	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
East Breakroom	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
East Breakroom Kitchen	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
East Corridor	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
East Corridor	Manual Pull Station	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
East Corridor Office Storage	Heat Detector	Tested visually	● Passed	-

Location	Specification	New Section	Result	Notes
Location	Type/Make/Model	Visual	Result	Number
East Corridor Secretary Office	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
East Corridor Janitorial	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
East Corridor Supply Closet	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
East Corridor Office	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
East Salvage Work Room	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
East Salvage Work Room Tool Closet	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
SE Exit	Manual Pull Station	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
South Corridor Exit	Manual Pull Station	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
SW Overhead Door	Manual Pull Station	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
SW Storage Area	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
SW Storage Area	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
SW Storage Area	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
SW Storage Area	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
SW Storage Area Hall	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
SW Storage Area Janitorial	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
SW Storage Area Storage	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
SE Paint Shop	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
SE Paint Shop Closet	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
SE Paint Shop Corridor	Manual Pull Station	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
SE Paint Shop Corridor Mixer Room	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
SE Paint Shop Corridor Can Storage	Heat Detector	Tested visually	● Passed	-



Location	Specification	New Section	Result	Notes
Location	Type/Make/Model	Visual	Result	Number
SE Paint Shop Corridor Janitorial	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
SE Paint Shop Corridor Office	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
SE Paint Shop Corridor Office	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
SE Paint Shop Corridor Office	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
SE Paint Shop Corridor Parts Storage	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
SE Carpentry Work Shop	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
SE Carpentry Work Shop	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
SE Carpentry Work Shop Storage	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
SE Stairs Exit	Manual Pull Station	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
SE Stairs Exit Storage	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
SE AHU Room	Duct Smoke Detector	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
SE AHU Room	Duct Smoke Detector	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
SE AHU Room	Duct Smoke Detector	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
SE AHU Room	Duct Smoke Detector	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
SE AHU Room	Duct Smoke Detector	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
SE AHU Room	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
SE Inventory Storage South Door	Manual Pull Station	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
SE Inventory Storage East Exit	Manual Pull Station	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
SE Inventory Storage	Heat Detector	Tested visually	● Passed	-

Location	Specification	New Section	Result	Notes
Location	Type/Make/Model	Visual	Result	Number
SE Inventory Storage	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
SE Inventory Storage	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
SE Inventory Storage	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
SE Inventory Storage	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
SE Inventory Storage	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
SE Inventory Storage	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
SE Inventory Storage	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
SE Inventory Storage	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
SE Inventory Storage	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
SE Inventory Storage	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
SE Inventory Storage	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
SE Inventory Storage	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
SE Inventory Storage	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
SE Inventory Storage	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
SE Inventory Storage	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
SE Inventory Storage	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
SE Inventory Storage	Manual Pull Station	Tested functionally	● Passed	-
N Exit				
Location	Type/Make/Model	Visual	Result	Number
SE Inventory Storage	Heat Detector	Tested visually	● Passed	-
Tool Closet				
Location	Type/Make/Model	Visual	Result	Number
SE Inventory Storage	Heat Detector	Tested visually	● Passed	-
Ladder Shop				
Location	Type/Make/Model	Visual	Result	Number
SE Top of Stairs	Manual Pull Station	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
SE Building Supplies Storage	Heat Detector	Tested visually	● Passed	-

Location	Specification	New Section	Result	Notes
Location SE Building Supplies Storage	Type/Make/Model Heat Detector	Visual Tested visually	Result ● Passed	Number -
Location SE Building Supplies Storage Closet	Type/Make/Model Heat Detector	Visual Tested visually	Result ● Passed	Number -
Location SE Housekeeping Supply Corridor	Type/Make/Model Manual Pull Station	Visual Tested functionally	Result ● Passed	Number -
Location SE Housekeeping Supply Corridor Repair Room	Type/Make/Model Heat Detector	Visual Tested visually	Result ● Passed	Number -
Location SE Housekeeping Supply Corridor Storage	Type/Make/Model Heat Detector	Visual Tested visually	Result ● Passed	Number -
Location SE Housekeeping Supply Corridor Chemical Storage	Type/Make/Model Heat Detector	Visual Tested visually	Result ● Passed	Number -
Location SE Housekeeping Supply Corridor Decoration Storage	Type/Make/Model Heat Detector	Visual Tested visually	Result ● Passed	Number -
Location SE Housekeeping Supply Corridor Janitorial	Type/Make/Model Heat Detector	Visual Tested visually	Result ● Passed	Number -
Location SE Housekeeping Supply Corridor Office	Type/Make/Model Heat Detector	Visual Tested visually	Result ● Passed	Number -
Location SE Housekeeping Supply Corridor Supply Closet	Type/Make/Model Heat Detector	Visual Tested visually	Result ● Passed	Number -
Location SE Conference Room	Type/Make/Model Heat Detector	Visual Tested visually	Result ● Passed	Number -
Location SE Conference Room Closet	Type/Make/Model Heat Detector	Visual Tested visually	Result ● Passed	Number -
Location SE Conference Room Entrance	Type/Make/Model Manual Pull Station	Visual Tested functionally	Result ● Passed	Number -
Location East Workshop	Type/Make/Model Heat Detector	Visual Tested visually	Result ● Passed	Number -
Location East Workshop Closet	Type/Make/Model Heat Detector	Visual Tested visually	Result ● Passed	Number -
Location East Corridor	Type/Make/Model Manual Pull Station	Visual Tested functionally	Result ● Passed	Number -

Location	Specification	New Section	Result	Notes
Location	Type/Make/Model	Visual	Result	Number
East Corridor / Label Maker	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
East Corridor / Storage	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
East Corridor / Janitorial	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
East Corridor / Storage	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
East Corridor / Cabinet Room	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
East Corridor / Wash Room Closet	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
East Paper Storage	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
East Paper Storage	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
East Paper Storage Closet	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
NE Top of Stairs	Manual Pull Station	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
North Workshop	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
North Workshop	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
North Workshop Storage	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
North Corridor	Manual Pull Station	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
North Corridor Break Room	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
North Corridor	Manual Pull Station	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
North Corridor Supply	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
North Corridor / Closet	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
North Corridor / Storage	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
North Corridor / Janitorial	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
North Corridor / Office	Heat Detector	Tested visually	● Passed	-

Location	Specification	New Section	Result	Notes
Location	Type/Make/Model	Visual	Result	Number
North Storage Area	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
North Storage Area	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
North Storage Area	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
North Storage Area	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
North Storage Area Closet	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
North Storage Area Exit	Manual Pull Station	Tested functionally	● Passed	-

## Alarm Notification Appliance

Location	Specification	New Section	Result	Notes
Location	Type/Make/Model	Visual / Functional	Result	Number
1st / West Ramp	Strobe	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
1st / Garage	Strobe	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
1st / Garage Hall	Bell	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
1st / North Storage	Strobe	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
Basement / Area Between Air Handler Rooms	Bell	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
1st / Repair Shop	Bell	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
1st / Office Hallway	Strobe	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
1st / Office Hallway	Bell	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
1st / South Shop	Strobe	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
1st / South Shop Work Room	Strobe	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
1st / South Shop Hallway	Bell	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
1st / South Ramp	Strobe	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
1st / West Work Room	Strobe	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
1st / West Work Room	Bell	Tested functionally	● Passed	-

Location	Specification	New Section	Result	Notes
Location Basement / Parts Room	Type/Make/Model Bell	Visual / Functional Tested functionally	Result ● Passed	Number -
Location Basement / Parts Room	Type/Make/Model Strobe	Visual / Functional Tested functionally	Result ● Passed	Number -
Location 2nd / North Storage	Type/Make/Model Strobe	Visual / Functional Tested functionally	Result ● Passed	Number -
Location 2nd / North Storage Hallway	Type/Make/Model Bell	Visual / Functional Tested functionally	Result ● Passed	Number -
Location 2nd / North Work Room	Type/Make/Model Strobe	Visual / Functional Tested functionally	Result ● Passed	Number -
Location 2nd / East Storage	Type/Make/Model Strobe	Visual / Functional Tested functionally	Result ● Passed	Number -
Location 2nd / East Storage Hallway	Type/Make/Model Bell	Visual / Functional Tested functionally	Result ● Passed	Number -
Location 2nd / East Storage	Type/Make/Model Strobe	Visual / Functional Tested functionally	Result ● Passed	Number -
Location 2nd / South Custodial Area	Type/Make/Model Strobe	Visual / Functional Tested functionally	Result ● Passed	Number -
Location 2nd / South Custodial Area	Type/Make/Model Bell	Visual / Functional Tested functionally	Result ● Passed	Number -
Location 2nd / South Custodial Area	Type/Make/Model Strobe	Visual / Functional Tested functionally	Result ● Passed	Number -

## Comments

Number	COMMENT	IMAGE
1	Fire Alarm Inspection. No issues.	



**Tech connected. Lives protected.**

## **Conclusion**

We appreciate the opportunity to provide this inspection report. We are confident in the accuracy of the contents of this report. Should you require any additional services, or have questions regarding the contents of this report, please do not hesitate to contact your Midwest Alarm Services representative at 308-389-3981.

### **Life Safety Solutions Experts Since 1950**

For more than 70 years, Midwest Alarm Services has been providing the best, innovative fire, security and technology solutions for homes and businesses. As a systems integrator, we can design, install, maintain, monitor and service a wide variety of equipment and software. We take the time to understand your needs and customize solutions to fit your needs and budget. To learn more about our company and the services we provide, please visit:

[www.midwestalarmservices.com](http://www.midwestalarmservices.com)

A handwritten signature in black ink, appearing to read 'G. Hesman', is positioned above a solid blue horizontal line.

Tested By:

**Gary Hesman**

Midwest Alarm Services

3630 W Old Hwy 30

Grand Island, NE 68803



# MIDWEST ALARM SERVICES

Tech connected. Lives protected.

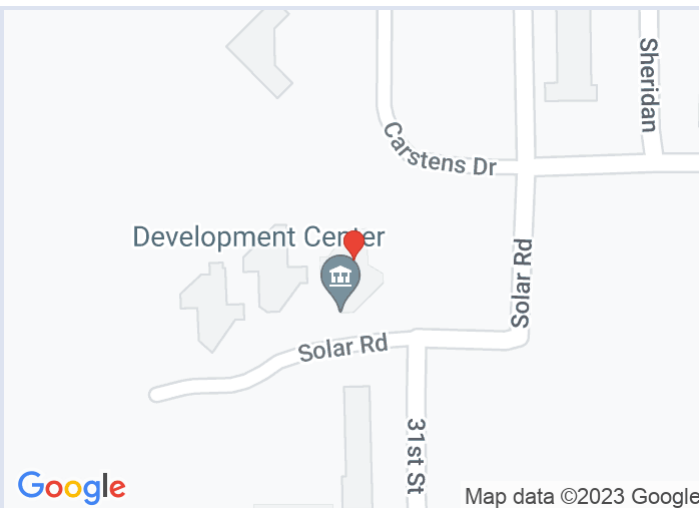
## Inspection Report

---

Presented To  
State of Nebraska

---

For  
402 Suppression  
3000 Lincoln St  
Beatrice, NE 68310



**This site has been inspected and tested in compliance with applicable standards.**

---

Completed:  
**Wednesday, May 24, 2023**

---

Tested By:  
**Gary Hesman**  
Midwest Alarm Services  
3630 W Old Hwy 30  
Grand Island, NE 68803

Scan Code to Access  
Nspec Cloud Portal





# Inspection Information

## CUSTOMER INFORMATION

Name:	State of Nebraska	Address:	3000 Lincoln St
City:	Beatrice	State:	NE
ZIP:	68310	Email:	mike.balderson@nebraska.gov
AR#:	1001603		

## BUILDING INFORMATION

Name:	402 Suppression	Occupancy Type:	Residential (Group R)
Address:	3000 Lincoln St	City:	Beatrice
State:	NE	ZIP:	68310

## COMPANY INFORMATION

Name:	Midwest Alarm Services	Address:	3630 W Old Hwy 30
City:	Grand Island	State:	NE
Zip:	68803	License:	-
Email:	tracy.hesman@mw-as.com	Phone:	308-389-3981

## TESTING SUMMARY

EQUIPMENT TYPE	TOTAL	TESTED	PASSED	FAILED
Service & Inspection Report	1	1 (100%)	1 (100%)	0 (0%)

## Kitchen Report

This testing was performed in accordance with applicable NFPA 72 Standards.

Midwest Alarm Services provides many services to our community. If you would like quarterly, semi-annual or annual testing/inspection, the inspection coordinator can reach out and offer inspections on a time and material basis. Signing an Inspection Agreement with Midwest Alarm Services has many benefits. Not only do you save money, but our inspection coordinator will work with you to ensure your Fire System stays in code as well as has proper documentation sent to the local jurisdiction for compliance. If you need an estimate or have questions about our services, please reach out to our operations manager.

Gary Hesman  
Operations Manager  
308-389-3981  
gary.hesman@mw-as.com

---

Tested By:



**Gary Hesman**  
Midwest Alarm Services  
3630 W Old Hwy 30  
Grand Island, NE 68803

# Service & Inspection Report 1

## Specification

Type/Make/Model	Guardian / G300-A
-----------------	-------------------

## General Information

Manufacturer	GSSI
Control Head Type	-
Cylinder Size	-
HST Date	05/24/2031
Best Time for Gas Shutdown	-
Repairs Required - No Longer Serviceable	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A <input type="checkbox"/>

## System Layout

Number of Plenum Nozzles:	-
Number of Duct Nozzles:	-
Number of Surface Nozzles:	2
Number of Detectors	2
Type and Temp of Detectors	Electronic Heat Detectors
Remote Pull Station	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Reset Relay	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Fire Alarm Connection	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
ETL	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Washdown Connection	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Gas	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Electrical	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
Fuel Shut-Off	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>

## System Inspection

1. Check general system design	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
2a. Check pressure gauge	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
2b. Gauge pressure (psi)	100
3. All lead and wire seals are intact	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
4. There are no visible signs that system(s) has fired or been tampered with. If so, check & report.	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
5a. Replace/check cartridge	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
5b. Cartridge weight	-
5c. Cartridge date	-
6. Check all piping and conduit; must be immobilized with proper hangers and brackets	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
7. Check positioning of all nozzles	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
8. Check action on self-closing caps	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
9. Replace all protective covers on nozzles	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
10. System operated manually	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
11. System operated automatically by cutting terminal link	N/A
12. Test proper operation of gas valve(s)	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
13. Test proper operation of micro switch (electric shutdown, washdown)	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
14. Check operation of multiple systems, all tripped	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
15. Replace and seal all safety pins in manual & remote releases	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
16. Fuel shut-off is in "ON" position	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
17. Check exhaust fan for operating order	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
18. Clean system cylinder & component parts	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
19. Fan warning sign on hood	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
20. Distributor emergency phone number on system	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
21. Inspection & servicing tag are on system	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>

22. Personnel has been instructed on manual operation of system(s)	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
23. Hand portable extinguishers serviced	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
24. Pin removed, tension set, system armed	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
25. Canopy/ Duct Const	-

### Deficiencies

System is free of deficiencies and functions as required?	Yes
Parts Required:	-

### Result

	● Passed
--	----------

### Notes

Number	-
--------	---

## Comments

Number	COMMENT	IMAGE
1	Range Hood Inspection. No issues.	



**Tech connected. Lives protected.**

## **Conclusion**

We appreciate the opportunity to provide this inspection report. We are confident in the accuracy of the contents of this report. Should you require any additional services, or have questions regarding the contents of this report, please do not hesitate to contact your Midwest Alarm Services representative at 308-389-3981.

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[www.midwestalarmservices.com](http://www.midwestalarmservices.com)

A handwritten signature in black ink, appearing to read 'GH', is positioned above a solid blue horizontal line.

**Tested By:**

**Gary Hesman**

Midwest Alarm Services

3630 W Old Hwy 30

Grand Island, NE 68803



Tech connected. Lives protected.

## Inspection Report

---

Presented To  
State of Nebraska

---

For  
404 Suppression  
-  
-, --



**This site has been inspected  
and tested in compliance  
with applicable standards.**

---

Completed:  
**Wednesday, May 24, 2023**

---

Tested By:  
**Gary Hesman**  
Midwest Alarm Services  
3630 W Old Hwy 30  
Grand Island, NE 68803

Scan Code to Access  
Nspec Cloud Portal



# Inspection Information

## CUSTOMER INFORMATION

Name:	State of Nebraska	Address:	3000 Lincoln St
City:	Beatrice	State:	NE
ZIP:	68310	Email:	mike.balderson@nebraska.gov
AR#:	1001603		

## BUILDING INFORMATION

Name:	404 Suppression	Occupancy Type:	Residential (Group R)
Address:	-	City:	-
State:	-	ZIP:	-

## COMPANY INFORMATION

Name:	Midwest Alarm Services	Address:	3630 W Old Hwy 30
City:	Grand Island	State:	NE
Zip:	68803	License:	-
Email:	tracy.hesman@mw-as.com	Phone:	308-389-3981

## TESTING SUMMARY

EQUIPMENT TYPE	TOTAL	TESTED	PASSED	FAILED
Service & Inspection Report	1	1 (100%)	1 (100%)	0 (0%)

## Kitchen Report

This testing was performed in accordance with applicable NFPA 72 Standards.

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Gary Hesman  
Operations Manager  
308-389-3981  
gary.hesman@mw-as.com

---

Tested By:



**Gary Hesman**  
Midwest Alarm Services  
3630 W Old Hwy 30  
Grand Island, NE 68803



# Service & Inspection Report 1

## Specification

Type/Make/Model	Guardian / G300-A
-----------------	-------------------

## General Information

Manufacturer	GSSI
Control Head Type	-
Cylinder Size	-
HST Date	05/24/2031
Best Time for Gas Shutdown	-
Repairs Required - No Longer Serviceable	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A <input type="checkbox"/>

## System Layout

Number of Plenum Nozzles:	-
Number of Duct Nozzles:	-
Number of Surface Nozzles:	2
Number of Detectors	2
Type and Temp of Detectors	Electronic Heat Detectors
Remote Pull Station	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Reset Relay	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Fire Alarm Connection	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
ETL	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Washdown Connection	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Gas	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Electrical	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
Fuel Shut-Off	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>

## System Inspection

1. Check general system design	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
2a. Check pressure gauge	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
2b. Gauge pressure (psi)	100
3. All lead and wire seals are intact	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
4. There are no visible signs that system(s) has fired or been tampered with. If so, check & report.	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
5a. Replace/check cartridge	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
5b. Cartridge weight	-
5c. Cartridge date	-
6. Check all piping and conduit; must be immobilized with proper hangers and brackets	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
7. Check positioning of all nozzles	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
8. Check action on self-closing caps	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
9. Replace all protective covers on nozzles	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
10. System operated manually	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
11. System operated automatically by cutting terminal link	N/A
12. Test proper operation of gas valve(s)	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
13. Test proper operation of micro switch (electric shutdown, washdown)	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
14. Check operation of multiple systems, all tripped	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
15. Replace and seal all safety pins in manual & remote releases	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
16. Fuel shut-off is in "ON" position	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
17. Check exhaust fan for operating order	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
18. Clean system cylinder & component parts	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
19. Fan warning sign on hood	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
20. Distributor emergency phone number on system	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
21. Inspection & servicing tag are on system	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>

22. Personnel has been instructed on manual operation of system(s)	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
23. Hand portable extinguishers serviced	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
24. Pin removed, tension set, system armed	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
25. Canopy/ Duct Const	-

### Deficiencies

System is free of deficiencies and functions as required?	Yes
Parts Required:	-

### Result

	● Passed
--	----------

### Notes

Number	-
--------	---

## Comments

Number	COMMENT	IMAGE
1	Range Hood Inspection. No issues.	



**Tech connected. Lives protected.**

## **Conclusion**

We appreciate the opportunity to provide this inspection report. We are confident in the accuracy of the contents of this report. Should you require any additional services, or have questions regarding the contents of this report, please do not hesitate to contact your Midwest Alarm Services representative at 308-389-3981.

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[www.midwestalarmservices.com](http://www.midwestalarmservices.com)

A handwritten signature in black ink, appearing to read 'GH', is positioned above a solid blue horizontal line.

Tested By:

**Gary Hesman**

Midwest Alarm Services

3630 W Old Hwy 30

Grand Island, NE 68803



# MIDWEST ALARM SERVICES

Tech connected. Lives protected.

## Inspection Report

---

Presented To  
State of Nebraska

---

For  
406 Suppression  
-  
-, --



**This site has been inspected  
and tested in compliance  
with applicable standards.**

---

Completed:  
**Wednesday, May 24, 2023**

---

Tested By:  
**Gary Hesman**  
Midwest Alarm Services  
3630 W Old Hwy 30  
Grand Island, NE 68803

Scan Code to Access  
Nspec Cloud Portal



# Inspection Information

## CUSTOMER INFORMATION

Name:	State of Nebraska	Address:	3000 Lincoln St
City:	Beatrice	State:	NE
ZIP:	68310	Email:	mike.balderson@nebraska.gov
AR#:	1001603		

## BUILDING INFORMATION

Name:	406 Suppression	Occupancy Type:	Residential (Group R)
Address:	-	City:	-
State:	-	ZIP:	-

## COMPANY INFORMATION

Name:	Midwest Alarm Services	Address:	3630 W Old Hwy 30
City:	Grand Island	State:	NE
Zip:	68803	License:	-
Email:	tracy.hesman@mw-as.com	Phone:	308-389-3981

## TESTING SUMMARY

EQUIPMENT TYPE	TOTAL	TESTED	PASSED	FAILED
Service & Inspection Report	1	1 (100%)	1 (100%)	0 (0%)

## Kitchen Report

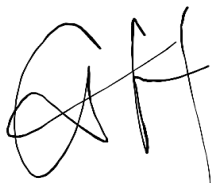
This testing was performed in accordance with applicable NFPA 72 Standards.

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Gary Hesman  
Operations Manager  
308-389-3981  
gary.hesman@mw-as.com

---

Tested By:



**Gary Hesman**  
Midwest Alarm Services  
3630 W Old Hwy 30  
Grand Island, NE 68803

# Service & Inspection Report 1

## Specification

Type/Make/Model	Guardian / G300-A
-----------------	-------------------

## General Information

Manufacturer	GSSI
Control Head Type	-
Cylinder Size	-
HST Date	05/24/2033
Best Time for Gas Shutdown	-
Repairs Required - No Longer Serviceable	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A <input type="checkbox"/>

## System Layout

Number of Plenum Nozzles:	-
Number of Duct Nozzles:	-
Number of Surface Nozzles:	2
Number of Detectors	2
Type and Temp of Detectors	Electronic Heat Detectors
Remote Pull Station	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Reset Relay	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Fire Alarm Connection	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
ETL	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Washdown Connection	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Gas	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Electrical	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
Fuel Shut-Off	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>

## System Inspection

1. Check general system design	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
2a. Check pressure gauge	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
2b. Gauge pressure (psi)	100
3. All lead and wire seals are intact	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
4. There are no visible signs that system(s) has fired or been tampered with. If so, check & report.	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
5a. Replace/check cartridge	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
5b. Cartridge weight	-
5c. Cartridge date	-
6. Check all piping and conduit; must be immobilized with proper hangers and brackets	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
7. Check positioning of all nozzles	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
8. Check action on self-closing caps	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
9. Replace all protective covers on nozzles	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
10. System operated manually	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
11. System operated automatically by cutting terminal link	N/A
12. Test proper operation of gas valve(s)	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
13. Test proper operation of micro switch (electric shutdown, washdown)	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
14. Check operation of multiple systems, all tripped	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
15. Replace and seal all safety pins in manual & remote releases	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
16. Fuel shut-off is in "ON" position	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
17. Check exhaust fan for operating order	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
18. Clean system cylinder & component parts	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
19. Fan warning sign on hood	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
20. Distributor emergency phone number on system	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
21. Inspection & servicing tag are on system	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>

22. Personnel has been instructed on manual operation of system(s)	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
23. Hand portable extinguishers serviced	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
24. Pin removed, tension set, system armed	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
25. Canopy/ Duct Const	-

### Deficiencies

System is free of deficiencies and functions as required?	Yes
Parts Required:	-

### Result

	● Passed
--	----------

### Notes

Number	-
--------	---

## Comments

Number	COMMENT	IMAGE
1	Range Hood Inspection. No issues.	





**Tech connected. Lives protected.**

## **Conclusion**

We appreciate the opportunity to provide this inspection report. We are confident in the accuracy of the contents of this report. Should you require any additional services, or have questions regarding the contents of this report, please do not hesitate to contact your Midwest Alarm Services representative at 308-389-3981.

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A handwritten signature in black ink, appearing to read 'GH', is positioned above a solid blue horizontal line.

Tested By:

**Gary Hesman**

Midwest Alarm Services

3630 W Old Hwy 30

Grand Island, NE 68803



Tech connected. Lives protected.

## Inspection Report

---

Presented To  
State of Nebraska

---

For  
408 Suppression  
-  
-, --



**This site has been inspected  
and tested in compliance  
with applicable standards.**

---

Completed:  
**Wednesday, May 24, 2023**

---

Tested By:  
**Gary Hesman**  
Midwest Alarm Services  
3630 W Old Hwy 30  
Grand Island, NE 68803



# Inspection Information

## CUSTOMER INFORMATION

Name:	State of Nebraska	Address:	3000 Lincoln St
City:	Beatrice	State:	NE
ZIP:	68310	Email:	mike.balderson@nebraska.gov
AR#:	1001603		

## BUILDING INFORMATION

Name:	408 Suppression	Occupancy Type:	Not determined
Address:	-	City:	-
State:	-	ZIP:	-

## COMPANY INFORMATION

Name:	Midwest Alarm Services	Address:	3630 W Old Hwy 30
City:	Grand Island	State:	NE
Zip:	68803	License:	-
Email:	tracy.hesman@mw-as.com	Phone:	308-389-3981

## TESTING SUMMARY

EQUIPMENT TYPE	TOTAL	TESTED	PASSED	FAILED
Service & Inspection Report	1	1 (100%)	1 (100%)	0 (0%)

## Kitchen Report

This testing was performed in accordance with applicable NFPA 72 Standards.

Midwest Alarm Services provides many services to our community. If you would like quarterly, semi-annual or annual testing/inspection, the inspection coordinator can reach out and offer inspections on a time and material basis. Signing an Inspection Agreement with Midwest Alarm Services has many benefits. Not only do you save money, but our inspection coordinator will work with you to ensure your Fire System stays in code as well as has proper documentation sent to the local jurisdiction for compliance. If you need an estimate or have questions about our services, please reach out to our operations manager.

Gary Hesman  
Operations Manager  
308-389-3981  
gary.hesman@mw-as.com

---

Tested By:



**Gary Hesman**  
Midwest Alarm Services  
3630 W Old Hwy 30  
Grand Island, NE 68803

# Service & Inspection Report 1

## Specification

Type/Make/Model	Guardian / G300-A
-----------------	-------------------

## General Information

Manufacturer	GSSI
Control Head Type	-
Cylinder Size	-
HST Date	05/24/2031
Best Time for Gas Shutdown	-
Repairs Required - No Longer Serviceable	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A <input type="checkbox"/>

## System Layout

Number of Plenum Nozzles:	-
Number of Duct Nozzles:	-
Number of Surface Nozzles:	2
Number of Detectors	2
Type and Temp of Detectors	Electronic Heat Detectors
Remote Pull Station	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Reset Relay	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Fire Alarm Connection	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
ETL	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Washdown Connection	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Gas	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Electrical	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
Fuel Shut-Off	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>

## System Inspection

1. Check general system design	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
2a. Check pressure gauge	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
2b. Gauge pressure (psi)	100
3. All lead and wire seals are intact	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
4. There are no visible signs that system(s) has fired or been tampered with. If so, check & report.	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
5a. Replace/check cartridge	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
5b. Cartridge weight	-
5c. Cartridge date	-
6. Check all piping and conduit; must be immobilized with proper hangers and brackets	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
7. Check positioning of all nozzles	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
8. Check action on self-closing caps	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
9. Replace all protective covers on nozzles	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
10. System operated manually	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
11. System operated automatically by cutting terminal link	N/A
12. Test proper operation of gas valve(s)	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
13. Test proper operation of micro switch (electric shutdown, washdown)	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
14. Check operation of multiple systems, all tripped	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
15. Replace and seal all safety pins in manual & remote releases	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
16. Fuel shut-off is in "ON" position	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
17. Check exhaust fan for operating order	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
18. Clean system cylinder & component parts	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
19. Fan warning sign on hood	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
20. Distributor emergency phone number on system	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
21. Inspection & servicing tag are on system	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>

22. Personnel has been instructed on manual operation of system(s)	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
23. Hand portable extinguishers serviced	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
24. Pin removed, tension set, system armed	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
25. Canopy/ Duct Const	-

### Deficiencies

System is free of deficiencies and functions as required?	Yes
Parts Required:	-

### Result

	● Passed
--	----------

### Notes

Number	-
--------	---

## Comments

Number	COMMENT	IMAGE
1	Range Hood Inspection. No issues.	



**Tech connected. Lives protected.**

## **Conclusion**

We appreciate the opportunity to provide this inspection report. We are confident in the accuracy of the contents of this report. Should you require any additional services, or have questions regarding the contents of this report, please do not hesitate to contact your Midwest Alarm Services representative at 308-389-3981.

### **Life Safety Solutions Experts Since 1950**

For more than 70 years, Midwest Alarm Services has been providing the best, innovative fire, security and technology solutions for homes and businesses. As a systems integrator, we can design, install, maintain, monitor and service a wide variety of equipment and software. We take the time to understand your needs and customized solutions to fit your needs and budget. To learn more about our company and the services we provide, please visit:

[www.midwestalarmservices.com](http://www.midwestalarmservices.com)

A handwritten signature in black ink, appearing to read 'GH', is positioned above a solid blue horizontal line.

**Tested By:**

**Gary Hesman**

Midwest Alarm Services

3630 W Old Hwy 30

Grand Island, NE 68803

# Sprinkler Inspection Certificate

*For*

Beatrice State Development  
Cottage #411  
3071 State Street  
Beatrice, Nebraska 68310

Tested to NFPA 25 Standards

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

*Annual Inspection  
Inspection Date  
Sep 26, 2023*

Building: Beatrice State Development Cottage #411  
Contact: Facility Manager  
Title: Maint. Supervisor

Company: NIFCO Mechanical Systems  
Contact: Travis Billesbach  
Title: Inspector



# Executive Summary

Generated by: *BuildingReports.com*

Building Information			
<b>Building:</b> Beatrice State Development Cottage #411	<b>Contact:</b> Facility Manager		
<b>Address:</b> 3071 State Street	<b>Phone:</b> 402-223-7526		
<b>Address:</b>	<b>Fax:</b>		
<b>City/State/ZIP Code:</b> Beatrice, Nebraska 68310	<b>Mobile:</b>		
<b>Country:</b> United States of America	<b>Email:</b>		
Inspection Performed By			
<b>Company:</b> NIFCO Mechanical Systems	<b>Inspector:</b> Travis Billesbach		
<b>Address:</b> 500 Blue Heron Dr	<b>Phone:</b> 402-477-0666		
<b>Address:</b>	<b>Fax:</b>		
<b>City/State/ZIP Code:</b> Lincoln, NE 68522-1701	<b>Mobile:</b> 531-220-1687		
<b>Country:</b> United States of America	<b>Email:</b> tbillesbach@nifcomechanical.com		
System Control Unit			
System Type	System Location	Protected Area	Devices
Wet Pipe		Building-	7

Inspection Summary								
Category	Total Items		Serviced		Passed		Failed/Other	
	Qty	%	Qty	%	Qty	%	Qty	%
Alarm	1	14.29%	1	100.00%	1	100.00%	0	0.00%
Device	2	28.57%	1	50.00%	1	100.00%	0	0.00%
Hose	1	14.29%	1	100.00%	1	100.00%	0	0.00%
Sprinkler	1	14.29%	0	0.00%	0	0.00%	0	0.00%
Valve	2	28.57%	1	50.00%	1	100.00%	0	0.00%
<b>Totals</b>	<b>7</b>	<b>100%</b>	<b>4</b>	<b>57.14%</b>	<b>4</b>	<b>100.00%</b>	<b>0</b>	<b>0.00%</b>

### Certification

**Company:** NIFCO Mechanical Systems

**Building:** Beatrice State Development Cottage #411

**Inspector:** Travis Billesbach

**Contact:** Facility Manager

### Travis Billesbach Certifications

Certification Type	Number
NICET Inspection and Testing of Water-Based Systems Level I	
Nebraska Grade VI Water Operator	8466

# Inspection & Testing

Generated by: BuildingReports.com

Building: Beatrice State Development Cottage #411

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

Device Type	Location	Service	Time	Date
<b><i>Passed</i></b>				
<b>Wet Pipe, Building-</b>				
Waterflow Switch	1st Laundry	Annual	11:14:09 AM	09/26/2023
Drain	1st Laundry	Annual	11:13:42 AM	09/26/2023
Fire Dep't Connection	Ground Laundry	Annual	11:14:04 AM	09/26/2023
Control Valve	1st Laundry	Annual	11:13:35 AM	09/26/2023
<b><i>Untested</i></b>				
<b>Wet Pipe, Building-</b>				
Gauge	1st Laundry			
Piping	1st Laundry			
Check Valve	1st Laundry			

# Wet Pipe Fire Sprinkler Systems

Generated by: *BuildingReports.com*

Building: Beatrice State Development Cottage #411							Building-	
<p><i>This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.</i></p>								
<b>Alarms</b>								
<b>Waterflow Switch</b>								
Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID	
Vane	Potter Electric			4	1	<input checked="" type="checkbox"/>	59340959	
<b>Components</b>								
<b>Check Valve</b>								
Type	Location		Internal Date			Size	OK	ScanID
Grooved	1st Laundry		12/31/1969			4"	<input type="checkbox"/>	68041392
<b>Control Valve</b>								
Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly	Argco		1st Laundry	4"	Open	Supervised	<input checked="" type="checkbox"/>	59340960
<b>Description</b>								
Main Control								
<b>Devices</b>								
<b>Drain</b>								
<b>Current Inspection</b>								
Type	Location	Size	Supply psi	Restored psi	Residual psi	Sec	OK	ScanID
Main	1st Laundry	2"	49	51	20		<input checked="" type="checkbox"/>	59340958
<b>Previous Inspections</b>								
<b>June 14, 2023</b>								
Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	1st Laundry	2"	43	43	25		<input checked="" type="checkbox"/>	59340958
<b>March 29, 2023</b>								
Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	1st Laundry	2"	47	43	24		<input checked="" type="checkbox"/>	59340958
<b>Fire Dep't Connection</b>								
Location		Type	BallDrip	Rotating Swivels	Size	OK	ScanID	
Ground Laundry		Siamese	Yes	Yes	4"	<input checked="" type="checkbox"/>	59340957	
<b>Gauge</b>								
Location				Service Date				

1st Laundry			12/31/1969				
Type	Manufacturer	Model #	Static psi	Fill Type	Size	OK	ScanID
	Argco			Air/Water		<input type="checkbox"/>	68041391
Piping							
Location	Type	Size	Internal Date				
1st Laundry	Steel		10/15/2021				
Hangers	Braces	Fittings	Identified	Antifreeze	ScanID		
Normal	Normal		Tagged	N/A	68041390		

# Inventory & Warranty Report

Generated by: [BuildingReports.com](http://BuildingReports.com)

**Building: Beatrice State Development Cottage #411**

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

Device or Type	Category	% of Inventory	Quantity
Check Valve	Valve	14.29%	1
Control Valve	Valve	14.29%	1
Drain	Device	14.29%	1
Fire Dep't Connection	Hose	14.29%	1
Gauge	Device	14.29%	1
Piping	Sprinkler	14.29%	1
Waterflow Switch	Alarm	14.29%	1

Device Type	Qty	Model #	Type	Description	Install Date
<b><i>In Service - 3 Years to 5 Years</i></b>					
<b>Wet Pipe, Building-</b>					
Fire Dep't Connection	1		Siamese		01/23/2020
Check Valve	1		Grooved		01/23/2020
Control Valve	1		Butterfly	Main Control	01/23/2020
Gauge	1				01/23/2020
Piping	1		Steel		01/23/2020
Drain	1		Main		01/23/2020
Waterflow Switch	1		Vane	Alarm	01/23/2020

# Sprinkler Inspection Certificate

*For*

Beatrice State Development  
Cottage #411  
3071 State Street  
Beatrice, Nebraska 68310

Tested to NFPA 25 Standards

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

*Semi-Annual Inspection*

*Inspection Date*

*Mar 29, 2023*

Building: Beatrice State Development Cottage #411  
Contact: Facility Manager  
Title: Maint. Supervisor

Company: NIFCO Mechanical Systems  
Contact: Travis Billesbach  
Title: Inspector

# Executive Summary

Generated by: *BuildingReports.com*

Building Information			
<b>Building:</b> Beatrice State Development Cottage #411	<b>Contact:</b> Facility Manager		
<b>Address:</b> 3071 State Street	<b>Phone:</b> 402-223-7526		
<b>Address:</b>	<b>Fax:</b>		
<b>City/State/ZIP Code:</b> Beatrice, Nebraska 68310	<b>Mobile:</b>		
<b>Country:</b> United States of America	<b>Email:</b>		
Inspection Performed By			
<b>Company:</b> NIFCO Mechanical Systems	<b>Inspector:</b> Travis Billesbach		
<b>Address:</b> 500 Blue Heron Dr	<b>Phone:</b> 402-477-0666		
<b>Address:</b>	<b>Fax:</b>		
<b>City/State/ZIP Code:</b> Lincoln, NE 68522-1701	<b>Mobile:</b> 531-220-1687		
<b>Country:</b> United States of America	<b>Email:</b> tbillesbach@nifcomechanical.com		
System Control Unit			
System Type	System Location	Protected Area	Devices
Wet Pipe		Building-	7



Inspection Summary								
Category	Total Items		Serviced		Passed		Failed/Other	
	Qty	%	Qty	%	Qty	%	Qty	%
Alarm	1	14.29%	1	100.00%	1	100.00%	0	0.00%
Device	2	28.57%	1	50.00%	1	100.00%	0	0.00%
Hose	1	14.29%	1	100.00%	1	100.00%	0	0.00%
Sprinkler	1	14.29%	0	0.00%	0	0.00%	0	0.00%
Valve	2	28.57%	1	50.00%	1	100.00%	0	0.00%
<b>Totals</b>	<b>7</b>	<b>100%</b>	<b>4</b>	<b>57.14%</b>	<b>4</b>	<b>100.00%</b>	<b>0</b>	<b>0.00%</b>

### Certification

**Company:** NIFCO Mechanical Systems

**Building:** Beatrice State Development Cottage #411

**Inspector:** Travis Billesbach

**Contact:** Facility Manager

### Travis Billesbach Certifications

Certification Type	Number
Nebraska Grade VI Water Operator	8466
NICET Inspection and Testing of Water-Based Systems Level I	

# Inspection & Testing

Generated by: BuildingReports.com

Building: Beatrice State Development Cottage #411

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

Device Type	Location	Service	Time	Date
<b><i>Passed</i></b>				
<b>Wet Pipe, Building-</b>				
Waterflow Switch	1st Laundry	Semi-Annual	7:39:58 AM	03/29/2023
Drain	1st Laundry	Semi-Annual	7:40:08 AM	03/29/2023
Fire Dep't Connection	Ground Laundry	Semi-Annual	7:40:04 AM	03/29/2023
Control Valve	1st Laundry	Semi-Annual	7:40:25 AM	03/29/2023
<b><i>Untested</i></b>				
<b>Wet Pipe, Building-</b>				
Gauge	1st Laundry			
Piping	1st Laundry			
Check Valve	1st Laundry			

# Wet Pipe Fire Sprinkler Systems

Generated by: *BuildingReports.com*

Building: Beatrice State Development Cottage #411							Building-	
<p><i>This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.</i></p>								
<b>Alarms</b>								
<b>Waterflow Switch</b>								
Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID	
Vane	Potter Electric			4	1	<input checked="" type="checkbox"/>	59340959	
<b>Components</b>								
<b>Check Valve</b>								
Type	Location	Internal Date	Size	OK	ScanID			
Grooved	1st Laundry	12/31/1969	4"	<input type="checkbox"/>	68041392			
<b>Control Valve</b>								
Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly	Argco		1st Laundry	4"	Open	Supervised	<input checked="" type="checkbox"/>	59340960
<b>Description</b>								
Main Control								
<b>Devices</b>								
<b>Drain</b>								
<b>Current Inspection</b>								
Type	Location	Size	Supply psi	Restored psi	Residual psi	Sec	OK	ScanID
Main	1st Laundry	2"	47	43	24		<input checked="" type="checkbox"/>	59340958
<b>Previous Inspections</b>								
<b>December 14, 2022</b>								
Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	1st Laundry	2"	50	48	22		<input checked="" type="checkbox"/>	59340958
<b>September 26, 2022</b>								
Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	1st Laundry	2"	52	47	23		<input checked="" type="checkbox"/>	59340958
<b>Fire Dep't Connection</b>								
Location	Type	BallDrip	Rotating Swivels	Size	OK	ScanID		
Ground Laundry	Siamese	Yes	Yes	4"	<input checked="" type="checkbox"/>	59340957		
<b>Gauge</b>								
Location	Service Date							

1st Laundry			12/31/1969				
Type	Manufacturer	Model #	Static psi	Fill Type	Size	OK	ScanID
	Argco			Air/Water		<input type="checkbox"/>	68041391
Piping							
Location	Type	Size	Internal Date				
1st Laundry	Steel		10/15/2021				
Hangers	Braces	Fittings	Identified	Antifreeze	ScanID		
Normal	Normal		Tagged	N/A	68041390		

# Inventory & Warranty Report

Generated by: [BuildingReports.com](http://BuildingReports.com)

**Building: Beatrice State Development Cottage #411**

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

Device or Type	Category	% of Inventory	Quantity
Check Valve	Valve	14.29%	1
Control Valve	Valve	14.29%	1
Drain	Device	14.29%	1
Fire Dep't Connection	Hose	14.29%	1
Gauge	Device	14.29%	1
Piping	Sprinkler	14.29%	1
Waterflow Switch	Alarm	14.29%	1

Device Type	Qty	Model #	Type	Description	Install Date
<b><i>In Service - 3 Years to 5 Years</i></b>					
<b>Wet Pipe, Building-</b>					
Fire Dep't Connection	1		Siamese		01/23/2020
Check Valve	1		Grooved		01/23/2020
Control Valve	1		Butterfly	Main Control	01/23/2020
Gauge	1				01/23/2020
Piping	1		Steel		01/23/2020
Drain	1		Main		01/23/2020
Waterflow Switch	1		Vane	Alarm	01/23/2020

# Notes & Recommendations

Generated by: BuildingReports.com

Building: Beatrice State Development Cottage #411

*The Notes & Recommendations Report details additional inspection notes made by the Inspectors during the course of the building inspection. Notes are grouped by SystemID.*

Note	Device Type	Location	Comment	ScanID
<b><i>Wet Pipe, Building-</i></b>				
1	Gauge	1st Laundry		68041391
	1 gage replaced on this date			
2	Piping	1st Laundry		68041390
	No sign of corrosion or blockage at this time			

# Sprinkler Inspection Certificate

*For*

Beatrice State Development  
Cottage #411  
3071 State Street  
Beatrice, Nebraska 68310

Tested to NFPA 25 Standards

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

*Quarterly Inspection*  
*Inspection Date*  
*Jun 14, 2023*

Building: Beatrice State Development Cottage #411  
Contact: Facility Manager  
Title: Maint. Supervisor

Company: NIFCO Mechanical Systems  
Contact: Travis Billesbach  
Title: Inspector

# Executive Summary

Generated by: *BuildingReports.com*

Building Information			
<b>Building:</b> Beatrice State Development Cottage #411	<b>Contact:</b> Facility Manager		
<b>Address:</b> 3071 State Street	<b>Phone:</b> 402-223-7526		
<b>Address:</b>	<b>Fax:</b>		
<b>City/State/ZIP Code:</b> Beatrice, Nebraska 68310	<b>Mobile:</b>		
<b>Country:</b> United States of America	<b>Email:</b>		
Inspection Performed By			
<b>Company:</b> NIFCO Mechanical Systems	<b>Inspector:</b> Travis Billesbach		
<b>Address:</b> 500 Blue Heron Dr	<b>Phone:</b> 402-477-0666		
<b>Address:</b>	<b>Fax:</b>		
<b>City/State/ZIP Code:</b> Lincoln, NE 68522-1701	<b>Mobile:</b> 531-220-1687		
<b>Country:</b> United States of America	<b>Email:</b> tbillesbach@nifcomechanical.com		
System Control Unit			
System Type	System Location	Protected Area	Devices
Wet Pipe		Building-	7



Inspection Summary								
Category	Total Items		Serviced		Passed		Failed/Other	
	Qty	%	Qty	%	Qty	%	Qty	%
Alarm	1	14.29%	1	100.00%	1	100.00%	0	0.00%
Device	2	28.57%	1	50.00%	1	100.00%	0	0.00%
Hose	1	14.29%	1	100.00%	1	100.00%	0	0.00%
Sprinkler	1	14.29%	0	0.00%	0	0.00%	0	0.00%
Valve	2	28.57%	1	50.00%	1	100.00%	0	0.00%
<b>Totals</b>	<b>7</b>	<b>100%</b>	<b>4</b>	<b>57.14%</b>	<b>4</b>	<b>100.00%</b>	<b>0</b>	<b>0.00%</b>

### Certification

**Company:** NIFCO Mechanical Systems

**Building:** Beatrice State Development Cottage #411

**Inspector:** Travis Billesbach

**Contact:** Facility Manager

### Travis Billesbach Certifications

Certification Type	Number
NICET Inspection and Testing of Water-Based Systems Level I	
Nebraska Grade VI Water Operator	8466

# Inspection & Testing

Generated by: BuildingReports.com

Building: Beatrice State Development Cottage #411

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

Device Type	Location	Service	Time	Date
<b><i>Passed</i></b>				
<b>Wet Pipe, Building-</b>				
Waterflow Switch	1st Laundry	Quarterly	7:54:18 AM	06/14/2023
Drain	1st Laundry	Quarterly	7:54:33 AM	06/14/2023
Fire Dep't Connection	Ground Laundry	Quarterly	7:54:28 AM	06/14/2023
Control Valve	1st Laundry	Quarterly	7:54:46 AM	06/14/2023
<b><i>Untested</i></b>				
<b>Wet Pipe, Building-</b>				
Gauge	1st Laundry			
Piping	1st Laundry			
Check Valve	1st Laundry			

# Wet Pipe Fire Sprinkler Systems

Generated by: *BuildingReports.com*

Building: Beatrice State Development Cottage #411							Building-	
<p><i>This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.</i></p>								
<b>Alarms</b>								
<b>Waterflow Switch</b>								
Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID	
Vane	Potter Electric			4	1	<input checked="" type="checkbox"/>	59340959	
<b>Components</b>								
<b>Check Valve</b>								
Type	Location		Internal Date			Size	OK	ScanID
Grooved	1st Laundry		12/31/1969			4"	<input type="checkbox"/>	68041392
<b>Control Valve</b>								
Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly	Argco		1st Laundry	4"	Open	Supervised	<input checked="" type="checkbox"/>	59340960
<b>Description</b>								
Main Control								
<b>Devices</b>								
<b>Drain</b>								
<b>Current Inspection</b>								
Type	Location	Size	Supply psi	Restored psi	Residual psi	Sec	OK	ScanID
Main	1st Laundry	2"	43	43	25		<input checked="" type="checkbox"/>	59340958
<b>Previous Inspections</b>								
<b>March 29, 2023</b>								
Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	1st Laundry	2"	47	43	24		<input checked="" type="checkbox"/>	59340958
<b>December 14, 2022</b>								
Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	1st Laundry	2"	50	48	22		<input checked="" type="checkbox"/>	59340958
<b>Fire Dep't Connection</b>								
Location		Type	BallDrip	Rotating Swivels	Size	OK	ScanID	
Ground Laundry		Siamese	Yes	Yes	4"	<input checked="" type="checkbox"/>	59340957	
<b>Gauge</b>								
Location				Service Date				

1st Laundry			12/31/1969				
Type	Manufacturer	Model #	Static psi	Fill Type	Size	OK	ScanID
	Argco			Air/Water		<input type="checkbox"/>	68041391
Piping							
Location	Type	Size	Internal Date				
1st Laundry	Steel		10/15/2021				
Hangers	Braces	Fittings	Identified	Antifreeze	ScanID		
Normal	Normal		Tagged	N/A	68041390		

# Inventory & Warranty Report

Generated by: [BuildingReports.com](http://BuildingReports.com)

## Building: Beatrice State Development Cottage #411

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

Device or Type	Category	% of Inventory	Quantity
Check Valve	Valve	14.29%	1
Control Valve	Valve	14.29%	1
Drain	Device	14.29%	1
Fire Dep't Connection	Hose	14.29%	1
Gauge	Device	14.29%	1
Piping	Sprinkler	14.29%	1
Waterflow Switch	Alarm	14.29%	1

Device Type	Qty	Model #	Type	Description	Install Date
<b><i>In Service - 3 Years to 5 Years</i></b>					
<b>Wet Pipe, Building-</b>					
Fire Dep't Connection	1		Siamese		01/23/2020
Check Valve	1		Grooved		01/23/2020
Control Valve	1		Butterfly	Main Control	01/23/2020
Gauge	1				01/23/2020
Piping	1		Steel		01/23/2020
Drain	1		Main		01/23/2020
Waterflow Switch	1		Vane	Alarm	01/23/2020

# Notes & Recommendations

Generated by: BuildingReports.com

## Building: Beatrice State Development Cottage #411

*The Notes & Recommendations Report details additional inspection notes made by the Inspectors during the course of the building inspection. Notes are grouped by SystemID.*

Note	Device Type	Location	Comment	ScanID
<b><i>Wet Pipe, Building-</i></b>				
1	Gauge	1st Laundry		68041391
	1 gage replaced on this date			
2	Piping	1st Laundry		68041390
	No sign of corrosion or blockage at this time			

# Sprinkler Inspection Certificate

*For*

Beatrice State Development  
Cottage #412  
3070 stste ave.  
Beatrice, Nebraska 68310

Tested to NFPA 25 Standards

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

*Annual Inspection  
Inspection Date  
Sep 26, 2023*

Building: Beatrice State Development Cottage #412  
Contact: Facility Manager  
Title: Maint. Supervisor

Company: NIFCO Mechanical Systems  
Contact: Travis Billesbach  
Title: Inspector

# Executive Summary

Generated by: *BuildingReports.com*

Building Information			
<b>Building:</b> Beatrice State Development Cottage #412	<b>Contact:</b> Facility Manager		
<b>Address:</b> 3070 stste ave.	<b>Phone:</b> 402-223-7526		
<b>Address:</b>	<b>Fax:</b>		
<b>City/State/ZIP Code:</b> Beatrice, Nebraska 68310	<b>Mobile:</b>		
<b>Country:</b> United States of America	<b>Email:</b>		
Inspection Performed By			
<b>Company:</b> NIFCO Mechanical Systems	<b>Inspector:</b> Travis Billesbach		
<b>Address:</b> 500 Blue Heron Dr	<b>Phone:</b> 402-477-0666		
<b>Address:</b>	<b>Fax:</b>		
<b>City/State/ZIP Code:</b> Lincoln, NE 68522-1701	<b>Mobile:</b> 531-220-1687		
<b>Country:</b> United States of America	<b>Email:</b> tbillesbach@nifcomechanical.com		
System Control Unit			
System Type	System Location	Protected Area	Devices
Wet Pipe	Building-	Building-	7



Inspection Summary								
Category	Total Items		Serviced		Passed		Failed/Other	
	Qty	%	Qty	%	Qty	%	Qty	%
Alarm	1	14.29%	1	100.00%	1	100.00%	0	0.00%
Device	2	28.57%	1	50.00%	1	100.00%	0	0.00%
Hose	1	14.29%	1	100.00%	1	100.00%	0	0.00%
Sprinkler	1	14.29%	0	0.00%	0	0.00%	0	0.00%
Valve	2	28.57%	1	50.00%	1	100.00%	0	0.00%
<b>Totals</b>	<b>7</b>	<b>100%</b>	<b>4</b>	<b>57.14%</b>	<b>4</b>	<b>100.00%</b>	<b>0</b>	<b>0.00%</b>

### Certification

**Company:** NIFCO Mechanical Systems

**Building:** Beatrice State Development Cottage #412

**Inspector:** Travis Billesbach

**Contact:** Facility Manager

### Travis Billesbach Certifications

Certification Type	Number
NICET Inspection and Testing of Water-Based Systems Level I	
Nebraska Grade VI Water Operator	8466

# Inspection & Testing

Generated by: BuildingReports.com

Building: Beatrice State Development Cottage #412				
<p><i>The Inspection &amp; Testing section lists all of the items inspected in your building. Items are grouped by Passed or Failed/Other. Items are listed by Category. Each item includes the services performed, and the time &amp; date at which testing occurred.</i></p>				
Device Type	Location	Service	Time	Date
<b><i>Passed</i></b>				
<b>Building- Wet Pipe, Building-</b>				
Waterflow Switch	1st Southeast Laundry	Annual	11:22:56 AM	09/26/2023
Drain	1st Southeast Laundry	Annual	11:22:29 AM	09/26/2023
Fire Dep't Connection	Ground Southeast	Annual	11:22:51 AM	09/26/2023
Control Valve	1st Southeast Laundry	Annual	11:21:15 AM	09/26/2023
<b><i>Untested</i></b>				
<b>Building- Wet Pipe, Building-</b>				
Gauge	1st Southeast Laundry			
Piping	1st Southeast Laundry			
Check Valve	1st Southeast Laundry			

# Wet Pipe Fire Sprinkler Systems

Generated by: *BuildingReports.com*

Building: Beatrice State Development Cottage #412	Building-, Building-
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*This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.*

## Alarms

### Waterflow Switch

Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID
Vane				4.0	1	<input checked="" type="checkbox"/>	59770210

## Components

### Check Valve

Type	Location	Internal Date	Size	OK	ScanID
Grooved	1st Southeast Laundry	12/31/1969	4"	<input type="checkbox"/>	68041394

### Control Valve

Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			1st Southeast Laundry	4"	Open	Supervised	<input checked="" type="checkbox"/>	59770209

### Description

Main Control

## Devices

### Drain

#### Current Inspection

Type	Location	Size	Supply psi	Restored psi	Residual psi	Sec	OK	ScanID
Main	1st Southeast Laundry	2"	49	51	23		<input checked="" type="checkbox"/>	59770212

#### Previous Inspections

##### June 14, 2023

Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	1st Southeast Laundry	2"	47	44	30		<input checked="" type="checkbox"/>	59770212

##### March 29, 2023

Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	1st Southeast Laundry	2"	49	43	30		<input checked="" type="checkbox"/>	59770212

### Fire Dep't Connection

Location	Type	BallDrip	Rotating Swivels	Size	OK	ScanID
Ground Southeast	Siamese	Yes	Yes	4"	<input checked="" type="checkbox"/>	59770211

### Gauge

Location	Service Date

1st Southeast Laundry				12/31/1969			
Type	Manufacturer	Model #	Static psi	Fill Type	Size	OK	ScanID
				Air/Water		<input type="checkbox"/>	68041395
Piping							
Location	Type	Size	Internal Date				
1st Southeast Laundry	Steel		10/15/2021				
Hangers	Braces	Fittings	Identified	Antifreeze	ScanID		
Normal	Normal		Tagged	N/A	68041393		

# Inventory & Warranty Report

Generated by: [BuildingReports.com](http://BuildingReports.com)

**Building: Beatrice State Development Cottage #412**

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

Device or Type	Category	% of Inventory	Quantity
Check Valve	Valve	14.29%	1
Control Valve	Valve	14.29%	1
Drain	Device	14.29%	1
Fire Dep't Connection	Hose	14.29%	1
Gauge	Device	14.29%	1
Piping	Sprinkler	14.29%	1
Waterflow Switch	Alarm	14.29%	1

Device Type	Qty	Model #	Type	Description	Install Date
<b><i>In Service - 3 Years to 5 Years</i></b>					
<b>Building– Wet Pipe, Building–</b>					
Check Valve	1		Grooved		03/20/2020
Control Valve	1		Butterfly	Main Control	03/20/2020
Drain	1		Main		03/20/2020
Fire Dep't Connection	1		Siamese		03/20/2020
Gauge	1				03/20/2020
Piping	1		Steel		03/20/2020
Waterflow Switch	1		Vane	Alarm	03/20/2020

# Sprinkler Inspection Certificate

*For*

Beatrice State Development  
Cottage #412  
3070 stste ave.  
Beatrice, Nebraska 68310

Tested to NFPA 25 Standards

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

*Quarterly Inspection*  
*Inspection Date*  
*Jun 14, 2023*

Building: Beatrice State Development Cottage #412  
Contact: Facility Manager  
Title: Maint. Supervisor

Company: NIFCO Mechanical Systems  
Contact: Travis Billesbach  
Title: Inspector

# Executive Summary

Generated by: *BuildingReports.com*

Building Information			
<b>Building:</b> Beatrice State Development Cottage #412	<b>Contact:</b> Facility Manager		
<b>Address:</b> 3070 stste ave.	<b>Phone:</b> 402-223-7526		
<b>Address:</b>	<b>Fax:</b>		
<b>City/State/ZIP Code:</b> Beatrice, Nebraska 68310	<b>Mobile:</b>		
<b>Country:</b> United States of America	<b>Email:</b>		
Inspection Performed By			
<b>Company:</b> NIFCO Mechanical Systems	<b>Inspector:</b> Travis Billesbach		
<b>Address:</b> 500 Blue Heron Dr	<b>Phone:</b> 402-477-0666		
<b>Address:</b>	<b>Fax:</b>		
<b>City/State/ZIP Code:</b> Lincoln, NE 68522-1701	<b>Mobile:</b> 531-220-1687		
<b>Country:</b> United States of America	<b>Email:</b> tbillesbach@nifcomechanical.com		
System Control Unit			
System Type	System Location	Protected Area	Devices
Wet Pipe	Building-	Building-	7

Inspection Summary								
Category	Total Items		Serviced		Passed		Failed/Other	
	Qty	%	Qty	%	Qty	%	Qty	%
Alarm	1	14.29%	1	100.00%	1	100.00%	0	0.00%
Device	2	28.57%	1	50.00%	1	100.00%	0	0.00%
Hose	1	14.29%	1	100.00%	1	100.00%	0	0.00%
Sprinkler	1	14.29%	0	0.00%	0	0.00%	0	0.00%
Valve	2	28.57%	1	50.00%	1	100.00%	0	0.00%
<b>Totals</b>	<b>7</b>	<b>100%</b>	<b>4</b>	<b>57.14%</b>	<b>4</b>	<b>100.00%</b>	<b>0</b>	<b>0.00%</b>

### Certification

**Company:** NIFCO Mechanical Systems

**Building:** Beatrice State Development Cottage #412

**Inspector:** Travis Billesbach

**Contact:** Facility Manager

### Travis Billesbach Certifications

Certification Type	Number
NICET Inspection and Testing of Water-Based Systems Level I	
Nebraska Grade VI Water Operator	8466



# Inspection & Testing

Generated by: *BuildingReports.com*

Building: Beatrice State Development Cottage #412				
<i>The Inspection &amp; Testing section lists all of the items inspected in your building. Items are grouped by Passed or Failed/Other. Items are listed by Category. Each item includes the services performed, and the time &amp; date at which testing occurred.</i>				
Device Type	Location	Service	Time	Date
<b><i>Passed</i></b>				
<b>Building- Wet Pipe, Building-</b>				
Waterflow Switch	1st Southeast Laundry	Quarterly	7:53:38 AM	06/14/2023
Drain	1st Southeast Laundry	Quarterly	7:53:47 AM	06/14/2023
Fire Dep't Connection	Ground Southeast	Quarterly	7:53:42 AM	06/14/2023
Control Valve	1st Southeast Laundry	Quarterly	7:53:58 AM	06/14/2023
<b><i>Untested</i></b>				
<b>Building- Wet Pipe, Building-</b>				
Gauge	1st Southeast Laundry			
Piping	1st Southeast Laundry			
Check Valve	1st Southeast Laundry			

# Wet Pipe Fire Sprinkler Systems

Generated by: *BuildingReports.com*

Building: Beatrice State Development Cottage #412						Building-, Building-		
<p><i>This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.</i></p>								
<b>Alarms</b>								
<b>Waterflow Switch</b>								
Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID	
Vane				4.0	1	<input checked="" type="checkbox"/>	59770210	
<b>Components</b>								
<b>Check Valve</b>								
Type	Location		Internal Date			Size	OK	ScanID
Grooved	1st Southeast Laundry		12/31/1969			4"	<input type="checkbox"/>	68041394
<b>Control Valve</b>								
Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			1st Southeast Laundry	4"	Open	Supervised	<input checked="" type="checkbox"/>	59770209
<b>Description</b>								
Main Control								
<b>Devices</b>								
<b>Drain</b>								
<b>Current Inspection</b>								
Type	Location	Size	Supply psi	Restored psi	Residual psi	Sec	OK	ScanID
Main	1st Southeast Laundry	2"	47	44	30		<input checked="" type="checkbox"/>	59770212
<b>Previous Inspections</b>								
<b>March 29, 2023</b>								
Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	1st Southeast Laundry	2"	49	43	30		<input checked="" type="checkbox"/>	59770212
<b>December 14, 2022</b>								
Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	1st Southeast Laundry	2"	51	48	29		<input checked="" type="checkbox"/>	59770212
<b>Fire Dep't Connection</b>								
Location		Type	BallDrip	Rotating Swivels	Size	OK	ScanID	
Ground Southeast		Siamese	Yes	Yes	4"	<input checked="" type="checkbox"/>	59770211	
<b>Gauge</b>								
Location				Service Date				

1st Southeast Laundry				12/31/1969			
Type	Manufacturer	Model #	Static psi	Fill Type	Size	OK	ScanID
				Air/Water		<input type="checkbox"/>	68041395
Piping							
Location	Type	Size	Internal Date				
1st Southeast Laundry	Steel		10/15/2021				
Hangers	Braces	Fittings	Identified	Antifreeze	ScanID		
Normal	Normal		Tagged	N/A	68041393		

# Inventory & Warranty Report

Generated by: [BuildingReports.com](http://BuildingReports.com)

Building: Beatrice State Development Cottage #412					
<p><i>The Inventory &amp; Warranty Report lists each of the devices and items that are included in your Inspection Report. A complete inventory count by device type and category is provided. Items installed within the last 90 days, within the last year, and devices installed for two years or more are grouped together for easy reference.</i></p>					
Device or Type	Category	% of Inventory	Quantity		
Check Valve	Valve	14.29%	1		
Control Valve	Valve	14.29%	1		
Drain	Device	14.29%	1		
Fire Dep't Connection	Hose	14.29%	1		
Gauge	Device	14.29%	1		
Piping	Sprinkler	14.29%	1		
Waterflow Switch	Alarm	14.29%	1		
Device Type	Qty	Model #	Type	Description	Install Date
<i><b>In Service - 3 Years to 5 Years</b></i>					
<b>Building– Wet Pipe, Building–</b>					
Check Valve	1		Grooved		03/20/2020
Control Valve	1		Butterfly	Main Control	03/20/2020
Drain	1		Main		03/20/2020
Fire Dep't Connection	1		Siamese		03/20/2020
Gauge	1				03/20/2020
Piping	1		Steel		03/20/2020
Waterflow Switch	1		Vane	Alarm	03/20/2020

# Notes & Recommendations

Generated by: BuildingReports.com

## Building: Beatrice State Development Cottage #412

The Notes & Recommendations Report details additional inspection notes made by the Inspectors during the course of the building inspection. Notes are grouped by SystemID.

Note	Device Type	Location	Comment	ScanID
<b><i>Building- Wet Pipe, Building-</i></b>				
1	Check Valve	1st Southeast Laundry		68041394
	Check valve moves freely at this time			
2	Gauge	1st Southeast Laundry		68041395
	1 gage replaced on this date			
3	Piping	1st Southeast Laundry		68041393
	No sign of corrosion or blockage at this point			

# Sprinkler Inspection Certificate

*For*

Beatrice State Development  
Cottage #412  
3070 stste ave.  
Beatrice, Nebraska 68310

Tested to NFPA 25 Standards

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

*Semi-Annual Inspection*

*Inspection Date*

*Mar 29, 2023*

Building: Beatrice State Development Cottage #412  
Contact: Facility Manager  
Title: Maint. Supervisor

Company: NIFCO Mechanical Systems  
Contact: Travis Billesbach  
Title: Inspector

# Executive Summary

Generated by: *BuildingReports.com*

Building Information			
<b>Building:</b> Beatrice State Development Cottage #412	<b>Contact:</b> Facility Manager		
<b>Address:</b> 3070 stste ave.	<b>Phone:</b> 402-223-7526		
<b>Address:</b>	<b>Fax:</b>		
<b>City/State/ZIP Code:</b> Beatrice, Nebraska 68310	<b>Mobile:</b>		
<b>Country:</b> United States of America	<b>Email:</b>		
Inspection Performed By			
<b>Company:</b> NIFCO Mechanical Systems	<b>Inspector:</b> Travis Billesbach		
<b>Address:</b> 500 Blue Heron Dr	<b>Phone:</b> 402-477-0666		
<b>Address:</b>	<b>Fax:</b>		
<b>City/State/ZIP Code:</b> Lincoln, NE 68522-1701	<b>Mobile:</b> 531-220-1687		
<b>Country:</b> United States of America	<b>Email:</b> tbillesbach@nifcomechanical.com		
System Control Unit			
System Type	System Location	Protected Area	Devices
Wet Pipe	Building-	Building-	7

Inspection Summary								
Category	Total Items		Serviced		Passed		Failed/Other	
	Qty	%	Qty	%	Qty	%	Qty	%
Alarm	1	14.29%	1	100.00%	1	100.00%	0	0.00%
Device	2	28.57%	1	50.00%	1	100.00%	0	0.00%
Hose	1	14.29%	1	100.00%	1	100.00%	0	0.00%
Sprinkler	1	14.29%	0	0.00%	0	0.00%	0	0.00%
Valve	2	28.57%	1	50.00%	1	100.00%	0	0.00%
<b>Totals</b>	<b>7</b>	<b>100%</b>	<b>4</b>	<b>57.14%</b>	<b>4</b>	<b>100.00%</b>	<b>0</b>	<b>0.00%</b>

### Certification

**Company:** NIFCO Mechanical Systems

**Building:** Beatrice State Development Cottage #412

**Inspector:** Travis Billesbach

**Contact:** Facility Manager

### Travis Billesbach Certifications

Certification Type	Number
Nebraska Grade VI Water Operator	8466
NICET Inspection and Testing of Water-Based Systems Level I	



# Inspection & Testing

Generated by: *BuildingReports.com*

Building: Beatrice State Development Cottage #412				
<i>The Inspection &amp; Testing section lists all of the items inspected in your building. Items are grouped by Passed or Failed/Other. Items are listed by Category. Each item includes the services performed, and the time &amp; date at which testing occurred.</i>				
Device Type	Location	Service	Time	Date
<b><i>Passed</i></b>				
<b>Building- Wet Pipe, Building-</b>				
Waterflow Switch	1st Southeast Laundry	Semi-Annual	7:37:57 AM	03/29/2023
Drain	1st Southeast Laundry	Semi-Annual	7:38:06 AM	03/29/2023
Fire Dep't Connection	Ground Southeast	Semi-Annual	7:38:02 AM	03/29/2023
Control Valve	1st Southeast Laundry	Semi-Annual	7:38:20 AM	03/29/2023
<b><i>Untested</i></b>				
<b>Building- Wet Pipe, Building-</b>				
Gauge	1st Southeast Laundry			
Piping	1st Southeast Laundry			
Check Valve	1st Southeast Laundry			

# Wet Pipe Fire Sprinkler Systems

Generated by: *BuildingReports.com*

Building: Beatrice State Development Cottage #412						Building-, Building-		
<p><i>This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.</i></p>								
<b>Alarms</b>								
<b>Waterflow Switch</b>								
Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID	
Vane				4.0	1	<input checked="" type="checkbox"/>	59770210	
<b>Components</b>								
<b>Check Valve</b>								
Type	Location		Internal Date			Size	OK	ScanID
Grooved	1st Southeast Laundry		12/31/1969			4"	<input type="checkbox"/>	68041394
<b>Control Valve</b>								
Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			1st Southeast Laundry	4"	Open	Supervised	<input checked="" type="checkbox"/>	59770209
<b>Description</b>								
Main Control								
<b>Devices</b>								
<b>Drain</b>								
<b>Current Inspection</b>								
Type	Location	Size	Supply psi	Restored psi	Residual psi	Sec	OK	ScanID
Main	1st Southeast Laundry	2"	49	43	30		<input checked="" type="checkbox"/>	59770212
<b>Previous Inspections</b>								
<b>December 14, 2022</b>								
Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	1st Southeast Laundry	2"	51	48	29		<input checked="" type="checkbox"/>	59770212
<b>September 26, 2022</b>								
Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	1st Southeast Laundry	2"	50	50	25		<input checked="" type="checkbox"/>	59770212
<b>Fire Dep't Connection</b>								
Location		Type	BallDrip	Rotating Swivels	Size	OK	ScanID	
Ground Southeast		Siamese	Yes	Yes	4"	<input checked="" type="checkbox"/>	59770211	
<b>Gauge</b>								
Location				Service Date				

1st Southeast Laundry				12/31/1969			
Type	Manufacturer	Model #	Static psi	Fill Type	Size	OK	ScanID
				Air/Water		<input type="checkbox"/>	68041395
Piping							
Location	Type	Size	Internal Date				
1st Southeast Laundry	Steel		10/15/2021				
Hangers	Braces	Fittings	Identified	Antifreeze	ScanID		
Normal	Normal		Tagged	N/A	68041393		

# Inventory & Warranty Report

Generated by: [BuildingReports.com](http://BuildingReports.com)

Building: Beatrice State Development Cottage #412					
<p><i>The Inventory &amp; Warranty Report lists each of the devices and items that are included in your Inspection Report. A complete inventory count by device type and category is provided. Items installed within the last 90 days, within the last year, and devices installed for two years or more are grouped together for easy reference.</i></p>					
Device or Type	Category	% of Inventory	Quantity		
Check Valve	Valve	14.29%	1		
Control Valve	Valve	14.29%	1		
Drain	Device	14.29%	1		
Fire Dep't Connection	Hose	14.29%	1		
Gauge	Device	14.29%	1		
Piping	Sprinkler	14.29%	1		
Waterflow Switch	Alarm	14.29%	1		
Device Type	Qty	Model #	Type	Description	Install Date
<i>In Service - 3 Years to 5 Years</i>					
Building– Wet Pipe, Building–					
Check Valve	1		Grooved		03/20/2020
Control Valve	1		Butterfly	Main Control	03/20/2020
Drain	1		Main		03/20/2020
Fire Dep't Connection	1		Siamese		03/20/2020
Gauge	1				03/20/2020
Piping	1		Steel		03/20/2020
Waterflow Switch	1		Vane	Alarm	03/20/2020

# Notes & Recommendations

Generated by: BuildingReports.com

## Building: Beatrice State Development Cottage #412

The Notes & Recommendations Report details additional inspection notes made by the Inspectors during the course of the building inspection. Notes are grouped by SystemID.

Note	Device Type	Location	Comment	ScanID
<b><i>Building- Wet Pipe, Building-</i></b>				
1	Check Valve	1st Southeast Laundry		68041394
	Check valve moves freely at this time			
2	Gauge	1st Southeast Laundry		68041395
	1 gage replaced on this date			
3	Piping	1st Southeast Laundry		68041393
	No sign of corrosion or blockage at this point			

# Sprinkler Inspection Certificate

*For*

Beatrice State Development  
Cottage #414  
3056 Peterson Street  
Beatrice, Nebraska 68310

Tested to NFPA 25 Standards

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

*Semi-Annual Inspection*

*Inspection Date*

*Mar 29, 2023*

Building: Beatrice State Development Cottage #414  
Contact: Facility Manager  
Title: Maint. Supervisor

Company: NIFCO Mechanical Systems  
Contact: Travis Billesbach  
Title: Inspector

# Executive Summary

Generated by: *BuildingReports.com*

Building Information			
<b>Building:</b> Beatrice State Development Cottage #414	<b>Contact:</b> Facility Manager		
<b>Address:</b> 3056 Peterson Street	<b>Phone:</b> 402-223-7526		
<b>Address:</b>	<b>Fax:</b>		
<b>City/State/ZIP Code:</b> Beatrice, Nebraska 68310	<b>Mobile:</b>		
<b>Country:</b> United States of America	<b>Email:</b>		
Inspection Performed By			
<b>Company:</b> NIFCO Mechanical Systems	<b>Inspector:</b> Travis Billesbach		
<b>Address:</b> 500 Blue Heron Dr	<b>Phone:</b> 402-477-0666		
<b>Address:</b>	<b>Fax:</b>		
<b>City/State/ZIP Code:</b> Lincoln, NE 68522-1701	<b>Mobile:</b> 531-220-1687		
<b>Country:</b> United States of America	<b>Email:</b> tbillesbach@nifcomechanical.com		
System Control Unit			
System Type	System Location	Protected Area	Devices
Wet Pipe	Building-	Building-	7

Inspection Summary								
Category	Total Items		Serviced		Passed		Failed/Other	
	Qty	%	Qty	%	Qty	%	Qty	%
Alarm	1	14.29%	1	100.00%	1	100.00%	0	0.00%
Device	2	28.57%	1	50.00%	1	100.00%	0	0.00%
Hose	1	14.29%	1	100.00%	1	100.00%	0	0.00%
Sprinkler	1	14.29%	0	0.00%	0	0.00%	0	0.00%
Valve	2	28.57%	1	50.00%	1	100.00%	0	0.00%
<b>Totals</b>	<b>7</b>	<b>100%</b>	<b>4</b>	<b>57.14%</b>	<b>4</b>	<b>100.00%</b>	<b>0</b>	<b>0.00%</b>

### Certification

**Company:** NIFCO Mechanical Systems

**Building:** Beatrice State Development Cottage #414

**Inspector:** Travis Billesbach

**Contact:** Facility Manager

### Travis Billesbach Certifications

Certification Type	Number
Nebraska Grade VI Water Operator	8466
NICET Inspection and Testing of Water-Based Systems Level I	



# Inspection & Testing

Generated by: BuildingReports.com

## Building: Beatrice State Development Cottage #414

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

Device Type	Location	Service	Time	Date
<i>Passed</i>				
<b>Building- Wet Pipe, Building-</b>				
Waterflow Switch	1st South Laundry	Semi-Annual	7:35:32 AM	03/29/2023
Drain	1st South Laundry	Semi-Annual	7:35:24 AM	03/29/2023
Fire Dep't Connection	Ground South Outside	Semi-Annual	7:35:28 AM	03/29/2023
Control Valve	1st South Laundry	Semi-Annual	7:35:21 AM	03/29/2023
<i>Untested</i>				
<b>Building- Wet Pipe, Building-</b>				
Gauge	1st South Laundry			
Piping	1st South Laundry			
Check Valve	1st South Laundry			

# Wet Pipe Fire Sprinkler Systems

Generated by: *BuildingReports.com*

Building: Beatrice State Development Cottage #414						Building-, Building-		
<p><i>This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.</i></p>								
<b>Alarms</b>								
<b>Waterflow Switch</b>								
Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID	
Vane				4.0	1	<input checked="" type="checkbox"/>	59770218	
<b>Components</b>								
<b>Check Valve</b>								
Type	Location		Internal Date			Size	OK	ScanID
Flanged by Grooved	1st South Laundry		12/31/1969			4"	<input type="checkbox"/>	68041402
<b>Control Valve</b>								
Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			1st South Laundry	4"	Open	Supervised	<input checked="" type="checkbox"/>	59770217
<b>Description</b>								
Main Control								
<b>Devices</b>								
<b>Drain</b>								
<b>Current Inspection</b>								
Type	Location	Size	Supply psi	Restored psi	Residual psi	Sec	OK	ScanID
Main	1st South Laundry	2"	47	43	23		<input checked="" type="checkbox"/>	59770220
<b>Previous Inspections</b>								
<b>December 14, 2022</b>								
Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	1st South Laundry	2"	54	51	25		<input checked="" type="checkbox"/>	59770220
<b>September 26, 2022</b>								
Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	1st South Laundry	2"	53	52	31		<input checked="" type="checkbox"/>	59770220
<b>Fire Dep't Connection</b>								
Location		Type	BallDrip	Rotating Swivels	Size	OK	ScanID	
Ground South Outside		Siamese	Yes	Yes	4"	<input checked="" type="checkbox"/>	59770219	
<b>Gauge</b>								

Location			Service Date				
1st South Laundry			12/31/1969				
Type	Manufacturer	Model #	Static psi	Fill Type	Size	OK	ScanID
				Air/Water		<input type="checkbox"/>	68041404
Piping							
Location	Type	Size	Internal Date				
1st South Laundry	Steel		10/15/2021				
Hangers	Braces	Fittings	Identified	Antifreeze	ScanID		
Normal	Normal		Tagged	N/A	68041403		

# Inventory & Warranty Report

Generated by: [BuildingReports.com](http://BuildingReports.com)

**Building: Beatrice State Development Cottage #414**

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

Device or Type	Category	% of Inventory	Quantity
Check Valve	Valve	14.29%	1
Control Valve	Valve	14.29%	1
Drain	Device	14.29%	1
Fire Dep't Connection	Hose	14.29%	1
Gauge	Device	14.29%	1
Piping	Sprinkler	14.29%	1
Waterflow Switch	Alarm	14.29%	1

Device Type	Qty	Model #	Type	Description	Install Date
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***In Service - 3 Years to 5 Years***

**Building– Wet Pipe, Building–**

Check Valve	1		Flanged by Grooved		03/20/2020
Control Valve	1		Butterfly	Main Control	03/20/2020
Drain	1		Main		03/20/2020
Fire Dep't Connection	1		Siamese		03/20/2020
Gauge	1				03/20/2020
Piping	1		Steel		03/20/2020
Waterflow Switch	1		Vane	Alarm	03/20/2020

# Notes & Recommendations

Generated by: BuildingReports.com

## Building: Beatrice State Development Cottage #414

The Notes & Recommendations Report details additional inspection notes made by the Inspectors during the course of the building inspection. Notes are grouped by SystemID.

Note	Device Type	Location	Comment	ScanID
<b><i>Building- Wet Pipe, Building-</i></b>				
1	Check Valve	1st South Laundry		68041402
	Check valve moves freely at this time			
2	Gauge	1st South Laundry		68041404
	1 gage replaced on this date			
3	Piping	1st South Laundry		68041403
	No sign of corrosion or blockage at this time			

# Sprinkler Inspection Certificate

*For*

Beatrice State Development  
Cottage #413  
3060 Peterson Blvd.  
Beatrice, Nebraska 68310

Tested to NFPA 25 Standards

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

*Semi-Annual Inspection*

*Inspection Date*

*Mar 29, 2023*

Building: Beatrice State Development Cottage #413  
Contact: Facility Manager  
Title: Maint. Supervisor

Company: NIFCO Mechanical Systems  
Contact: Travis Billesbach  
Title: Inspector

# Executive Summary

Generated by: *BuildingReports.com*

Building Information			
<b>Building:</b> Beatrice State Development Cottage #413	<b>Contact:</b> Facility Manager		
<b>Address:</b> 3060 Peterson Blvd.	<b>Phone:</b> 402-223-7526		
<b>Address:</b>	<b>Fax:</b>		
<b>City/State/ZIP Code:</b> Beatrice, Nebraska 68310	<b>Mobile:</b>		
<b>Country:</b> United States of America	<b>Email:</b>		
Inspection Performed By			
<b>Company:</b> NIFCO Mechanical Systems	<b>Inspector:</b> Travis Billesbach		
<b>Address:</b> 500 Blue Heron Dr	<b>Phone:</b> 402-477-0666		
<b>Address:</b>	<b>Fax:</b>		
<b>City/State/ZIP Code:</b> Lincoln, NE 68522-1701	<b>Mobile:</b> 531-220-1687		
<b>Country:</b> United States of America	<b>Email:</b> tbillesbach@nifcomechanical.com		
System Control Unit			
System Type	System Location	Protected Area	Devices
Wet Pipe	Building-	Building-	7

Inspection Summary								
Category	Total Items		Serviced		Passed		Failed/Other	
	Qty	%	Qty	%	Qty	%	Qty	%
Alarm	1	14.29%	1	100.00%	1	100.00%	0	0.00%
Device	2	28.57%	1	50.00%	1	100.00%	0	0.00%
Hose	1	14.29%	1	100.00%	1	100.00%	0	0.00%
Sprinkler	1	14.29%	0	0.00%	0	0.00%	0	0.00%
Valve	2	28.57%	1	50.00%	1	100.00%	0	0.00%
<b>Totals</b>	<b>7</b>	<b>100%</b>	<b>4</b>	<b>57.14%</b>	<b>4</b>	<b>100.00%</b>	<b>0</b>	<b>0.00%</b>

### Certification

**Company:** NIFCO Mechanical Systems

**Building:** Beatrice State Development Cottage #413

**Inspector:** Travis Billesbach

**Contact:** Facility Manager

### Travis Billesbach Certifications

Certification Type	Number
Nebraska Grade VI Water Operator	8466
NICET Inspection and Testing of Water-Based Systems Level I	



# Inspection & Testing

Generated by: BuildingReports.com

## Building: Beatrice State Development Cottage #413

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

Device Type	Location	Service	Time	Date
<b><i>Passed</i></b>				
<b>Building- Wet Pipe, Building-</b>				
Waterflow Switch	1st South Laundry	Semi-Annual	7:36:45 AM	03/29/2023
Drain	1st South Laundry	Semi-Annual	7:37:17 AM	03/29/2023
Fire Dep't Connection	Ground South Outside	Semi-Annual	7:37:04 AM	03/29/2023
Control Valve	1st South Laundry	Semi-Annual	7:37:34 AM	03/29/2023
<b><i>Untested</i></b>				
<b>Building- Wet Pipe, Building-</b>				
Gauge	1st South Laundry			
Piping	1st South Laundry			
Check Valve	1st South Laundry			

# Wet Pipe Fire Sprinkler Systems

Generated by: *BuildingReports.com*

Building: Beatrice State Development Cottage #413	Building-, Building-
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*This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.*

## Alarms

### Waterflow Switch

Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID
Vane				4.0	1	<input checked="" type="checkbox"/>	59770214

## Components

### Check Valve

Type	Location	Internal Date	Size	OK	ScanID
Grooved	1st South Laundry	12/31/1969	4"	<input type="checkbox"/>	68041407

### Control Valve

Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			1st South Laundry	4"	Open	Supervised	<input checked="" type="checkbox"/>	59770213

### Description

Main Control

## Devices

### Drain

#### Current Inspection

Type	Location	Size	Supply psi	Restored psi	Residual psi	Sec	OK	ScanID
Main	1st South Laundry	2"	49	47	36		<input checked="" type="checkbox"/>	59770215

#### Previous Inspections

##### December 14, 2022

Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	1st South Laundry	2"	55	53	35		<input checked="" type="checkbox"/>	59770215

##### September 26, 2022

Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	1st South Laundry	2"	54	52	31		<input checked="" type="checkbox"/>	59770215

### Fire Dep't Connection

Location	Type	BallDrip	Rotating Swivels	Size	OK	ScanID
Ground South Outside	Siamese	Yes	Yes	4"	<input checked="" type="checkbox"/>	59770216

### Gauge

Location	Service Date

1st South Laundry				12/31/1969			
Type	Manufacturer	Model #	Static psi	Fill Type	Size	OK	ScanID
				Air/Water		<input type="checkbox"/>	68041405
Piping							
Location	Type	Size	Internal Date				
1st South Laundry	Steel		10/15/2021				
Hangers	Braces	Fittings	Identified	Antifreeze	ScanID		
Normal	Normal		Tagged	N/A	68041406		

# Inventory & Warranty Report

Generated by: [BuildingReports.com](http://BuildingReports.com)

## Building: Beatrice State Development Cottage #413

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

Device or Type	Category	% of Inventory	Quantity
Check Valve	Valve	14.29%	1
Control Valve	Valve	14.29%	1
Drain	Device	14.29%	1
Fire Dep't Connection	Hose	14.29%	1
Gauge	Device	14.29%	1
Piping	Sprinkler	14.29%	1
Waterflow Switch	Alarm	14.29%	1

Device Type	Qty	Model #	Type	Description	Install Date
<b><i>In Service - 3 Years to 5 Years</i></b>					
<b>Building– Wet Pipe, Building–</b>					
Check Valve	1		Grooved		03/20/2020
Control Valve	1		Butterfly	Main Control	03/20/2020
Drain	1		Main		03/20/2020
Fire Dep't Connection	1		Siamese		03/20/2020
Gauge	1				03/20/2020
Piping	1		Steel		03/20/2020
Waterflow Switch	1		Vane	Alarm	03/20/2020

# Notes & Recommendations

Generated by: BuildingReports.com

## Building: Beatrice State Development Cottage #413

The Notes & Recommendations Report details additional inspection notes made by the Inspectors during the course of the building inspection. Notes are grouped by SystemID.

Note	Device Type	Location	Comment	ScanID
<b><i>Building- Wet Pipe, Building-</i></b>				
1	Check Valve	1st South Laundry		68041407
	Check valve moves freely at this time			
2	Gauge	1st South Laundry		68041405
	1 gage replaced on this date			
3	Piping	1st South Laundry		68041406
	No sign of corrosion or blockage at this time			

# Sprinkler Inspection Certificate

*For*

Beatrice State Development  
Cottage #413  
3060 Peterson Blvd.  
Beatrice, Nebraska 68310

Tested to NFPA 25 Standards

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

*Annual Inspection  
Inspection Date  
Sep 26, 2023*

Building: Beatrice State Development Cottage #413  
Contact: Facility Manager  
Title: Maint. Supervisor

Company: NIFCO Mechanical Systems  
Contact: Travis Billesbach  
Title: Inspector

# Executive Summary

Generated by: *BuildingReports.com*

Building Information			
<b>Building:</b> Beatrice State Development Cottage #413	<b>Contact:</b> Facility Manager		
<b>Address:</b> 3060 Peterson Blvd.	<b>Phone:</b> 402-223-7526		
<b>Address:</b>	<b>Fax:</b>		
<b>City/State/ZIP Code:</b> Beatrice, Nebraska 68310	<b>Mobile:</b>		
<b>Country:</b> United States of America	<b>Email:</b>		
Inspection Performed By			
<b>Company:</b> NIFCO Mechanical Systems	<b>Inspector:</b> Travis Billesbach		
<b>Address:</b> 500 Blue Heron Dr	<b>Phone:</b> 402-477-0666		
<b>Address:</b>	<b>Fax:</b>		
<b>City/State/ZIP Code:</b> Lincoln, NE 68522-1701	<b>Mobile:</b> 531-220-1687		
<b>Country:</b> United States of America	<b>Email:</b> tbillesbach@nifcomechanical.com		
System Control Unit			
System Type	System Location	Protected Area	Devices
Wet Pipe	Building-	Building-	7

Inspection Summary								
Category	Total Items		Serviced		Passed		Failed/Other	
	Qty	%	Qty	%	Qty	%	Qty	%
Alarm	1	14.29%	1	100.00%	1	100.00%	0	0.00%
Device	2	28.57%	1	50.00%	1	100.00%	0	0.00%
Hose	1	14.29%	1	100.00%	1	100.00%	0	0.00%
Sprinkler	1	14.29%	0	0.00%	0	0.00%	0	0.00%
Valve	2	28.57%	1	50.00%	1	100.00%	0	0.00%
<b>Totals</b>	<b>7</b>	<b>100%</b>	<b>4</b>	<b>57.14%</b>	<b>4</b>	<b>100.00%</b>	<b>0</b>	<b>0.00%</b>

### Certification

**Company:** NIFCO Mechanical Systems

**Building:** Beatrice State Development Cottage #413

**Inspector:** Travis Billesbach

**Contact:** Facility Manager

### Travis Billesbach Certifications

Certification Type	Number
NICET Inspection and Testing of Water-Based Systems Level I	
Nebraska Grade VI Water Operator	8466



# Inspection & Testing

Generated by: BuildingReports.com

## Building: Beatrice State Development Cottage #413

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

Device Type	Location	Service	Time	Date
<b><i>Passed</i></b>				
<b>Building- Wet Pipe, Building-</b>				
Waterflow Switch	1st South Laundry	Annual	1:36:53 PM	09/26/2023
Drain	1st South Laundry	Annual	1:36:33 PM	09/26/2023
Fire Dep't Connection	Ground South Outside	Annual	1:36:49 PM	09/26/2023
Control Valve	1st South Laundry	Annual	1:36:25 PM	09/26/2023
<b><i>Untested</i></b>				
<b>Building- Wet Pipe, Building-</b>				
Gauge	1st South Laundry			
Piping	1st South Laundry			
Check Valve	1st South Laundry			

# Wet Pipe Fire Sprinkler Systems

Generated by: *BuildingReports.com*

Building: Beatrice State Development Cottage #413	Building-, Building-
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*This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.*

## Alarms

### Waterflow Switch

Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID
Vane				4.0	1	<input checked="" type="checkbox"/>	59770214

## Components

### Check Valve

Type	Location	Internal Date	Size	OK	ScanID
Grooved	1st South Laundry	12/31/1969	4"	<input type="checkbox"/>	68041407

### Control Valve

Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			1st South Laundry	4"	Open	Supervised	<input checked="" type="checkbox"/>	59770213

### Description

Main Control

## Devices

### Drain

#### Current Inspection

Type	Location	Size	Supply psi	Restored psi	Residual psi	Sec	OK	ScanID
Main	1st South Laundry	2"	46	50	30		<input checked="" type="checkbox"/>	59770215

#### Previous Inspections

##### June 14, 2023

Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	1st South Laundry	2"	45	43	31		<input checked="" type="checkbox"/>	59770215

##### March 29, 2023

Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	1st South Laundry	2"	49	47	36		<input checked="" type="checkbox"/>	59770215

### Fire Dep't Connection

Location	Type	BallDrip	Rotating Swivels	Size	OK	ScanID
Ground South Outside	Siamese	Yes	Yes	4"	<input checked="" type="checkbox"/>	59770216

### Gauge

Location	Service Date

1st South Laundry				12/31/1969			
Type	Manufacturer	Model #	Static psi	Fill Type	Size	OK	ScanID
				Air/Water		<input type="checkbox"/>	68041405
Piping							
Location	Type	Size	Internal Date				
1st South Laundry	Steel		10/15/2021				
Hangers	Braces	Fittings	Identified	Antifreeze	ScanID		
Normal	Normal		Tagged	N/A	68041406		

# Inventory & Warranty Report

Generated by: [BuildingReports.com](http://BuildingReports.com)

## Building: Beatrice State Development Cottage #413

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

Device or Type	Category	% of Inventory	Quantity
Check Valve	Valve	14.29%	1
Control Valve	Valve	14.29%	1
Drain	Device	14.29%	1
Fire Dep't Connection	Hose	14.29%	1
Gauge	Device	14.29%	1
Piping	Sprinkler	14.29%	1
Waterflow Switch	Alarm	14.29%	1

Device Type	Qty	Model #	Type	Description	Install Date
<b><i>In Service - 3 Years to 5 Years</i></b>					
<b>Building– Wet Pipe, Building–</b>					
Check Valve	1		Grooved		03/20/2020
Control Valve	1		Butterfly	Main Control	03/20/2020
Drain	1		Main		03/20/2020
Fire Dep't Connection	1		Siamese		03/20/2020
Gauge	1				03/20/2020
Piping	1		Steel		03/20/2020
Waterflow Switch	1		Vane	Alarm	03/20/2020

# Sprinkler Inspection Certificate

*For*

Beatrice State Development  
Cottage #413  
3060 Peterson Blvd.  
Beatrice, Nebraska 68310

Tested to NFPA 25 Standards

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

*Quarterly Inspection*  
*Inspection Date*  
*Jun 14, 2023*

Building: Beatrice State Development Cottage #413  
Contact: Facility Manager  
Title: Maint. Supervisor

Company: NIFCO Mechanical Systems  
Contact: Travis Billesbach  
Title: Inspector

# Executive Summary

Generated by: *BuildingReports.com*

Building Information			
<b>Building:</b> Beatrice State Development Cottage #413	<b>Contact:</b> Facility Manager		
<b>Address:</b> 3060 Peterson Blvd.	<b>Phone:</b> 402-223-7526		
<b>Address:</b>	<b>Fax:</b>		
<b>City/State/ZIP Code:</b> Beatrice, Nebraska 68310	<b>Mobile:</b>		
<b>Country:</b> United States of America	<b>Email:</b>		
Inspection Performed By			
<b>Company:</b> NIFCO Mechanical Systems	<b>Inspector:</b> Travis Billesbach		
<b>Address:</b> 500 Blue Heron Dr	<b>Phone:</b> 402-477-0666		
<b>Address:</b>	<b>Fax:</b>		
<b>City/State/ZIP Code:</b> Lincoln, NE 68522-1701	<b>Mobile:</b> 531-220-1687		
<b>Country:</b> United States of America	<b>Email:</b> tbillesbach@nifcomechanical.com		
System Control Unit			
System Type	System Location	Protected Area	Devices
Wet Pipe	Building-	Building-	7

Inspection Summary								
Category	Total Items		Serviced		Passed		Failed/Other	
	Qty	%	Qty	%	Qty	%	Qty	%
Alarm	1	14.29%	1	100.00%	1	100.00%	0	0.00%
Device	2	28.57%	1	50.00%	1	100.00%	0	0.00%
Hose	1	14.29%	1	100.00%	1	100.00%	0	0.00%
Sprinkler	1	14.29%	0	0.00%	0	0.00%	0	0.00%
Valve	2	28.57%	1	50.00%	1	100.00%	0	0.00%
<b>Totals</b>	<b>7</b>	<b>100%</b>	<b>4</b>	<b>57.14%</b>	<b>4</b>	<b>100.00%</b>	<b>0</b>	<b>0.00%</b>

### Certification

**Company:** NIFCO Mechanical Systems

**Building:** Beatrice State Development Cottage #413

**Inspector:** Travis Billesbach

**Contact:** Facility Manager

### Travis Billesbach Certifications

Certification Type	Number
NICET Inspection and Testing of Water-Based Systems Level I	
Nebraska Grade VI Water Operator	8466

# Inspection & Testing

Generated by: BuildingReports.com

## Building: Beatrice State Development Cottage #413

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

Device Type	Location	Service	Time	Date
<i>Passed</i>				
<b>Building- Wet Pipe, Building-</b>				
Waterflow Switch	1st South Laundry	Quarterly	7:52:42 AM	06/14/2023
Drain	1st South Laundry	Quarterly	7:52:51 AM	06/14/2023
Fire Dep't Connection	Ground South Outside	Quarterly	7:52:47 AM	06/14/2023
Control Valve	1st South Laundry	Quarterly	7:53:11 AM	06/14/2023
<i>Untested</i>				
<b>Building- Wet Pipe, Building-</b>				
Gauge	1st South Laundry			
Piping	1st South Laundry			
Check Valve	1st South Laundry			



# Wet Pipe Fire Sprinkler Systems

Generated by: *BuildingReports.com*

Building: Beatrice State Development Cottage #413						Building-, Building-		
<p><i>This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.</i></p>								
<b>Alarms</b>								
<b>Waterflow Switch</b>								
Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID	
Vane				4.0	1	<input checked="" type="checkbox"/>	59770214	
<b>Components</b>								
<b>Check Valve</b>								
Type	Location		Internal Date			Size	OK	ScanID
Grooved	1st South Laundry		12/31/1969			4"	<input type="checkbox"/>	68041407
<b>Control Valve</b>								
Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			1st South Laundry	4"	Open	Supervised	<input checked="" type="checkbox"/>	59770213
<b>Description</b>								
Main Control								
<b>Devices</b>								
<b>Drain</b>								
<b>Current Inspection</b>								
Type	Location	Size	Supply psi	Restored psi	Residual psi	Sec	OK	ScanID
Main	1st South Laundry	2"	45	43	31		<input checked="" type="checkbox"/>	59770215
<b>Previous Inspections</b>								
<b>March 29, 2023</b>								
Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	1st South Laundry	2"	49	47	36		<input checked="" type="checkbox"/>	59770215
<b>December 14, 2022</b>								
Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	1st South Laundry	2"	55	53	35		<input checked="" type="checkbox"/>	59770215
<b>Fire Dep't Connection</b>								
Location		Type	BallDrip	Rotating Swivels	Size	OK	ScanID	
Ground South Outside		Siamese	Yes	Yes	4"	<input checked="" type="checkbox"/>	59770216	
<b>Gauge</b>								
Location				Service Date				

1st South Laundry				12/31/1969			
Type	Manufacturer	Model #	Static psi	Fill Type	Size	OK	ScanID
				Air/Water		<input type="checkbox"/>	68041405
Piping							
Location	Type	Size	Internal Date				
1st South Laundry	Steel		10/15/2021				
Hangers	Braces	Fittings	Identified	Antifreeze	ScanID		
Normal	Normal		Tagged	N/A	68041406		

# Inventory & Warranty Report

Generated by: [BuildingReports.com](http://BuildingReports.com)

Building: Beatrice State Development Cottage #413					
<i>The Inventory &amp; Warranty Report lists each of the devices and items that are included in your Inspection Report. A complete inventory count by device type and category is provided. Items installed within the last 90 days, within the last year, and devices installed for two years or more are grouped together for easy reference.</i>					
Device or Type	Category	% of Inventory	Quantity		
Check Valve	Valve	14.29%	1		
Control Valve	Valve	14.29%	1		
Drain	Device	14.29%	1		
Fire Dep't Connection	Hose	14.29%	1		
Gauge	Device	14.29%	1		
Piping	Sprinkler	14.29%	1		
Waterflow Switch	Alarm	14.29%	1		
Device Type	Qty	Model #	Type	Description	Install Date
<i>In Service - 3 Years to 5 Years</i>					
Building– Wet Pipe, Building–					
Check Valve	1		Grooved		03/20/2020
Control Valve	1		Butterfly	Main Control	03/20/2020
Drain	1		Main		03/20/2020
Fire Dep't Connection	1		Siamese		03/20/2020
Gauge	1				03/20/2020
Piping	1		Steel		03/20/2020
Waterflow Switch	1		Vane	Alarm	03/20/2020

# Notes & Recommendations

Generated by: BuildingReports.com

## Building: Beatrice State Development Cottage #413

The Notes & Recommendations Report details additional inspection notes made by the Inspectors during the course of the building inspection. Notes are grouped by SystemID.

Note	Device Type	Location	Comment	ScanID
<b><i>Building- Wet Pipe, Building-</i></b>				
1	Check Valve	1st South Laundry		68041407
	Check valve moves freely at this time			
2	Gauge	1st South Laundry		68041405
	1 gage replaced on this date			
3	Piping	1st South Laundry		68041406
	No sign of corrosion or blockage at this time			

# Sprinkler Inspection Certificate

*For*

Beatrice State Development  
Cottage #415  
3054 Peterson Street  
Beatrice, Nebraska 68310

Tested to NFPA 25 Standards

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

*Annual Inspection  
Inspection Date  
Sep 26, 2023*

Building: Beatrice State Development Cottage #415  
Contact: Facility Manager  
Title: Maint. Supervisor

Company: NIFCO Mechanical Systems  
Contact: Travis Billesbach  
Title: Inspector

# Executive Summary

Generated by: *BuildingReports.com*

Building Information			
<b>Building:</b> Beatrice State Development Cottage #415	<b>Contact:</b> Facility Manager		
<b>Address:</b> 3054 Peterson Street	<b>Phone:</b> 402-223-7526		
<b>Address:</b>	<b>Fax:</b>		
<b>City/State/ZIP Code:</b> Beatrice, Nebraska 68310	<b>Mobile:</b>		
<b>Country:</b> United States of America	<b>Email:</b>		
Inspection Performed By			
<b>Company:</b> NIFCO Mechanical Systems	<b>Inspector:</b> Travis Billesbach		
<b>Address:</b> 500 Blue Heron Dr	<b>Phone:</b> 402-477-0666		
<b>Address:</b>	<b>Fax:</b>		
<b>City/State/ZIP Code:</b> Lincoln, NE 68522-1701	<b>Mobile:</b> 531-220-1687		
<b>Country:</b> United States of America	<b>Email:</b> tbillesbach@nifcomechanical.com		
System Control Unit			
System Type	System Location	Protected Area	Devices
Wet Pipe	Building-		6
Wet Pipe	Building-	Building-	1

Inspection Summary								
Category	Total Items		Serviced		Passed		Failed/Other	
	Qty	%	Qty	%	Qty	%	Qty	%
Alarm	1	14.29%	1	100.00%	1	100.00%	0	0.00%
Device	2	28.57%	1	50.00%	1	100.00%	0	0.00%
Hose	1	14.29%	1	100.00%	1	100.00%	0	0.00%
Sprinkler	1	14.29%	0	0.00%	0	0.00%	0	0.00%
Valve	2	28.57%	1	50.00%	1	100.00%	0	0.00%
<b>Totals</b>	<b>7</b>	<b>100%</b>	<b>4</b>	<b>57.14%</b>	<b>4</b>	<b>100.00%</b>	<b>0</b>	<b>0.00%</b>

### Certification

**Company:** NIFCO Mechanical Systems

**Building:** Beatrice State Development Cottage #415

**Inspector:** Travis Billesbach

**Contact:** Facility Manager

### Travis Billesbach Certifications

Certification Type	Number
NICET Inspection and Testing of Water-Based Systems Level I	
Nebraska Grade VI Water Operator	8466

# Inspection & Testing

Generated by: *BuildingReports.com*

Building: Beatrice State Development Cottage #415				
<i>The Inspection &amp; Testing section lists all of the items inspected in your building. Items are grouped by Passed or Failed/Other. Items are listed by Category. Each item includes the services performed, and the time &amp; date at which testing occurred.</i>				
Device Type	Location	Service	Time	Date
<b><i>Passed</i></b>				
<b>Building– Wet Pipe</b>				
Waterflow Switch	1st Laundry	Annual	1:10:04 PM	09/26/2023
Drain	1st Laundry	Annual	1:09:44 PM	09/26/2023
Control Valve	1st Laundry	Annual	1:09:23 PM	09/26/2023
<b>Building– Wet Pipe, Building–</b>				
Fire Dep't Connection	Ground South Outside	Annual	1:09:59 PM	09/26/2023
<b><i>Untested</i></b>				
<b>Building– Wet Pipe</b>				
Gauge	1st Laundry			
Piping	1st Laundry			
Check Valve	1st Laundry			



# Wet Pipe Fire Sprinkler Systems

Generated by: *BuildingReports.com*

Building: Beatrice State Development Cottage #415							Building-	
<p><i>This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.</i></p>								
<b>Alarms</b>								
<b>Waterflow Switch</b>								
Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID	
Vane	Potter Electric			4	1	<input checked="" type="checkbox"/>	59340983	
<b>Components</b>								
<b>Check Valve</b>								
Type	Location		Internal Date			Size	OK	ScanID
Grooved	1st Laundry		12/31/1969			4"	<input type="checkbox"/>	68041401
<b>Control Valve</b>								
Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly	Argco		1st Laundry	4"	Open	Supervised	<input checked="" type="checkbox"/>	59340956
<b>Description</b>								
Main Control								
<b>Devices</b>								
<b>Drain</b>								
<b>Current Inspection</b>								
Type	Location	Size	Supply psi	Restored psi	Residual psi	Sec	OK	ScanID
Main	1st Laundry	2"	48	52	31		<input checked="" type="checkbox"/>	59340954
<b>Previous Inspections</b>								
<b>June 14, 2023</b>								
Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	1st Laundry	2"	47	44	30		<input checked="" type="checkbox"/>	59340954
<b>March 29, 2023</b>								
Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	1st Laundry	2"	49	45	28		<input checked="" type="checkbox"/>	59340954
<b>Gauge</b>								
Location				Service Date				
1st Laundry				12/31/1969				
Type	Manufacturer	Model #	Static psi	Fill Type	Size	OK	ScanID	
	Argco			Air/Water		<input type="checkbox"/>	68041399	

Piping					
Location	Type	Size	Internal Date		
1st Laundry	Steel		10/15/2021		
Hangers	Braces	Fittings	Identified	Antifreeze	ScanID
Normal	Normal		Tagged	N/A	68041400

Building: Beatrice State Development Cottage  
#415

Building-, Building-

*This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.*

**Fire Dep't Connection**

Location	Type	BallDrip	Rotating Swivels	Size	OK	ScanID
Ground South Outside	Siamese	Yes	Yes	4"	<input checked="" type="checkbox"/>	59340982

# Inventory & Warranty Report

Generated by: [BuildingReports.com](http://BuildingReports.com)

**Building: Beatrice State Development Cottage #415**

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

Device or Type	Category	% of Inventory	Quantity
Check Valve	Valve	14.29%	1
Control Valve	Valve	14.29%	1
Drain	Device	14.29%	1
Fire Dep't Connection	Hose	14.29%	1
Gauge	Device	14.29%	1
Piping	Sprinkler	14.29%	1
Waterflow Switch	Alarm	14.29%	1

Device Type	Qty	Model #	Type	Description	Install Date
<b><i>In Service - 3 Years to 5 Years</i></b>					
<b>Building– Wet Pipe</b>					
Check Valve	1		Grooved		01/23/2020
Control Valve	1		Butterfly	Main Control	01/23/2020
Drain	1		Main		01/23/2020
Gauge	1				01/23/2020
Piping	1		Steel		01/23/2020
Waterflow Switch	1		Vane	Alarm	01/23/2020
<b>Building– Wet Pipe, Building–</b>					
Fire Dep't Connection	1		Siamese		01/23/2020

# Sprinkler Inspection Certificate

*For*

Beatrice State Development  
Cottage #414  
3056 Peterson Street  
Beatrice, Nebraska 68310

Tested to NFPA 25 Standards

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

*Annual Inspection  
Inspection Date  
Sep 26, 2023*

Building: Beatrice State Development Cottage #414  
Contact: Facility Manager  
Title: Maint. Supervisor

Company: NIFCO Mechanical Systems  
Contact: Travis Billesbach  
Title: Inspector

# Executive Summary

Generated by: *BuildingReports.com*

Building Information			
<b>Building:</b> Beatrice State Development Cottage #414	<b>Contact:</b> Facility Manager		
<b>Address:</b> 3056 Peterson Street	<b>Phone:</b> 402-223-7526		
<b>Address:</b>	<b>Fax:</b>		
<b>City/State/ZIP Code:</b> Beatrice, Nebraska 68310	<b>Mobile:</b>		
<b>Country:</b> United States of America	<b>Email:</b>		
Inspection Performed By			
<b>Company:</b> NIFCO Mechanical Systems	<b>Inspector:</b> Travis Billesbach		
<b>Address:</b> 500 Blue Heron Dr	<b>Phone:</b> 402-477-0666		
<b>Address:</b>	<b>Fax:</b>		
<b>City/State/ZIP Code:</b> Lincoln, NE 68522-1701	<b>Mobile:</b> 531-220-1687		
<b>Country:</b> United States of America	<b>Email:</b> tbillesbach@nifcomechanical.com		
System Control Unit			
System Type	System Location	Protected Area	Devices
Wet Pipe	Building-	Building-	7

Inspection Summary								
Category	Total Items		Serviced		Passed		Failed/Other	
	Qty	%	Qty	%	Qty	%	Qty	%
Alarm	1	14.29%	1	100.00%	1	100.00%	0	0.00%
Device	2	28.57%	1	50.00%	1	100.00%	0	0.00%
Hose	1	14.29%	1	100.00%	1	100.00%	0	0.00%
Sprinkler	1	14.29%	0	0.00%	0	0.00%	0	0.00%
Valve	2	28.57%	1	50.00%	1	100.00%	0	0.00%
<b>Totals</b>	<b>7</b>	<b>100%</b>	<b>4</b>	<b>57.14%</b>	<b>4</b>	<b>100.00%</b>	<b>0</b>	<b>0.00%</b>

### Certification

**Company:** NIFCO Mechanical Systems

**Building:** Beatrice State Development Cottage #414

**Inspector:** Travis Billesbach

**Contact:** Facility Manager

### Travis Billesbach Certifications

Certification Type	Number
NICET Inspection and Testing of Water-Based Systems Level I	
Nebraska Grade VI Water Operator	8466

# Inspection & Testing

Generated by: *BuildingReports.com*

Building: Beatrice State Development Cottage #414				
<i>The Inspection &amp; Testing section lists all of the items inspected in your building. Items are grouped by Passed or Failed/Other. Items are listed by Category. Each item includes the services performed, and the time &amp; date at which testing occurred.</i>				
Device Type	Location	Service	Time	Date
<b><i>Passed</i></b>				
<b>Building- Wet Pipe, Building-</b>				
Waterflow Switch	1st South Laundry	Annual	1:21:59 PM	09/26/2023
Drain	1st South Laundry	Annual	1:22:03 PM	09/26/2023
Fire Dep't Connection	Ground South Outside	Annual	1:21:54 PM	09/26/2023
Control Valve	1st South Laundry	Annual	1:21:47 PM	09/26/2023
<b><i>Untested</i></b>				
<b>Building- Wet Pipe, Building-</b>				
Gauge	1st South Laundry			
Piping	1st South Laundry			
Check Valve	1st South Laundry			



# Wet Pipe Fire Sprinkler Systems

Generated by: *BuildingReports.com*

Building: Beatrice State Development Cottage #414						Building-, Building-		
<p><i>This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.</i></p>								
<b>Alarms</b>								
<b>Waterflow Switch</b>								
<b>Type</b>	<b>Manufacturer</b>	<b>Model #</b>	<b>Sec</b>	<b>Size</b>	<b>Zone/Address</b>	<b>OK</b>	<b>ScanID</b>	
Vane				4.0	1	<input checked="" type="checkbox"/>	59770218	
<b>Components</b>								
<b>Check Valve</b>								
<b>Type</b>	<b>Location</b>		<b>Internal Date</b>			<b>Size</b>	<b>OK</b>	<b>ScanID</b>
Flanged by Grooved	1st South Laundry		12/31/1969			4"	<input type="checkbox"/>	68041402
<b>Control Valve</b>								
<b>Type</b>	<b>Manufacturer</b>	<b>Model</b>	<b>Location</b>	<b>Size</b>	<b>Position</b>	<b>Status</b>	<b>OK</b>	<b>ScanID</b>
Butterfly			1st South Laundry	4"	Open	Supervised	<input checked="" type="checkbox"/>	59770217
<b>Description</b>								
Main Control								
<b>Devices</b>								
<b>Drain</b>								
<b>Current Inspection</b>								
<b>Type</b>	<b>Location</b>	<b>Size</b>	<b>Supply psi</b>	<b>Restored psi</b>	<b>Residual psi</b>	<b>Sec</b>	<b>OK</b>	<b>ScanID</b>
Main	1st South Laundry	2"	49	53	17		<input checked="" type="checkbox"/>	59770220
<b>Previous Inspections</b>								
<b>June 14, 2023</b>								
<b>Type</b>	<b>Location</b>	<b>Size</b>	<b>Supply psi</b>	<b>Static psi</b>	<b>Residual psi</b>	<b>Sec</b>	<b>OK</b>	<b>ScanID</b>
Main	1st South Laundry	2"	45	42	24		<input checked="" type="checkbox"/>	59770220
<b>March 29, 2023</b>								
<b>Type</b>	<b>Location</b>	<b>Size</b>	<b>Supply psi</b>	<b>Static psi</b>	<b>Residual psi</b>	<b>Sec</b>	<b>OK</b>	<b>ScanID</b>
Main	1st South Laundry	2"	47	43	23		<input checked="" type="checkbox"/>	59770220
<b>Fire Dep't Connection</b>								
<b>Location</b>		<b>Type</b>	<b>BallDrip</b>	<b>Rotating Swivels</b>	<b>Size</b>	<b>OK</b>	<b>ScanID</b>	
Ground South Outside		Siamese	Yes	Yes	4"	<input checked="" type="checkbox"/>	59770219	
<b>Gauge</b>								

Location			Service Date				
1st South Laundry			12/31/1969				
Type	Manufacturer	Model #	Static psi	Fill Type	Size	OK	ScanID
				Air/Water		<input type="checkbox"/>	68041404
Piping							
Location	Type	Size	Internal Date				
1st South Laundry	Steel		10/15/2021				
Hangers	Braces	Fittings	Identified	Antifreeze	ScanID		
Normal	Normal		Tagged	N/A	68041403		

# Inventory & Warranty Report

Generated by: [BuildingReports.com](http://BuildingReports.com)

## Building: Beatrice State Development Cottage #414

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

Device or Type	Category	% of Inventory	Quantity
Check Valve	Valve	14.29%	1
Control Valve	Valve	14.29%	1
Drain	Device	14.29%	1
Fire Dep't Connection	Hose	14.29%	1
Gauge	Device	14.29%	1
Piping	Sprinkler	14.29%	1
Waterflow Switch	Alarm	14.29%	1

Device Type	Qty	Model #	Type	Description	Install Date
<b><i>In Service - 3 Years to 5 Years</i></b>					
<b>Building– Wet Pipe, Building–</b>					
Check Valve	1		Flanged by Grooved		03/20/2020
Control Valve	1		Butterfly	Main Control	03/20/2020
Drain	1		Main		03/20/2020
Fire Dep't Connection	1		Siamese		03/20/2020
Gauge	1				03/20/2020
Piping	1		Steel		03/20/2020
Waterflow Switch	1		Vane	Alarm	03/20/2020

# Sprinkler Inspection Certificate

*For*

Beatrice State Development  
Cottage #414  
3056 Peterson Street  
Beatrice, Nebraska 68310

Tested to NFPA 25 Standards

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

*Quarterly Inspection*  
*Inspection Date*  
*Jun 14, 2023*

Building: Beatrice State Development Cottage #414  
Contact: Facility Manager  
Title: Maint. Supervisor

Company: NIFCO Mechanical Systems  
Contact: Travis Billesbach  
Title: Inspector

# Executive Summary

Generated by: *BuildingReports.com*

Building Information			
<b>Building:</b> Beatrice State Development Cottage #414	<b>Contact:</b> Facility Manager		
<b>Address:</b> 3056 Peterson Street	<b>Phone:</b> 402-223-7526		
<b>Address:</b>	<b>Fax:</b>		
<b>City/State/ZIP Code:</b> Beatrice, Nebraska 68310	<b>Mobile:</b>		
<b>Country:</b> United States of America	<b>Email:</b>		
Inspection Performed By			
<b>Company:</b> NIFCO Mechanical Systems	<b>Inspector:</b> Travis Billesbach		
<b>Address:</b> 500 Blue Heron Dr	<b>Phone:</b> 402-477-0666		
<b>Address:</b>	<b>Fax:</b>		
<b>City/State/ZIP Code:</b> Lincoln, NE 68522-1701	<b>Mobile:</b> 531-220-1687		
<b>Country:</b> United States of America	<b>Email:</b> tbillesbach@nifcomechanical.com		
System Control Unit			
System Type	System Location	Protected Area	Devices
Wet Pipe	Building-	Building-	7

Inspection Summary								
Category	Total Items		Serviced		Passed		Failed/Other	
	Qty	%	Qty	%	Qty	%	Qty	%
Alarm	1	14.29%	1	100.00%	1	100.00%	0	0.00%
Device	2	28.57%	1	50.00%	1	100.00%	0	0.00%
Hose	1	14.29%	1	100.00%	1	100.00%	0	0.00%
Sprinkler	1	14.29%	0	0.00%	0	0.00%	0	0.00%
Valve	2	28.57%	1	50.00%	1	100.00%	0	0.00%
<b>Totals</b>	<b>7</b>	<b>100%</b>	<b>4</b>	<b>57.14%</b>	<b>4</b>	<b>100.00%</b>	<b>0</b>	<b>0.00%</b>

### Certification

**Company:** NIFCO Mechanical Systems

**Building:** Beatrice State Development Cottage #414

**Inspector:** Travis Billesbach

**Contact:** Facility Manager

### Travis Billesbach Certifications

Certification Type	Number
NICET Inspection and Testing of Water-Based Systems Level I	
Nebraska Grade VI Water Operator	8466

# Inspection & Testing

Generated by: BuildingReports.com

## Building: Beatrice State Development Cottage #414

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

Device Type	Location	Service	Time	Date
<b><i>Passed</i></b>				
<b>Building- Wet Pipe, Building-</b>				
Waterflow Switch	1st South Laundry	Quarterly	7:50:48 AM	06/14/2023
Drain	1st South Laundry	Quarterly	7:50:58 AM	06/14/2023
Fire Dep't Connection	Ground South Outside	Quarterly	7:50:53 AM	06/14/2023
Control Valve	1st South Laundry	Quarterly	7:51:12 AM	06/14/2023
<b><i>Untested</i></b>				
<b>Building- Wet Pipe, Building-</b>				
Gauge	1st South Laundry			
Piping	1st South Laundry			
Check Valve	1st South Laundry			

# Wet Pipe Fire Sprinkler Systems

Generated by: *BuildingReports.com*

Building: Beatrice State Development Cottage #414						Building-, Building-		
<p><i>This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.</i></p>								
<b>Alarms</b>								
<b>Waterflow Switch</b>								
Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID	
Vane				4.0	1	<input checked="" type="checkbox"/>	59770218	
<b>Components</b>								
<b>Check Valve</b>								
Type	Location		Internal Date			Size	OK	ScanID
Flanged by Grooved	1st South Laundry		12/31/1969			4"	<input type="checkbox"/>	68041402
<b>Control Valve</b>								
Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			1st South Laundry	4"	Open	Supervised	<input checked="" type="checkbox"/>	59770217
<b>Description</b>								
Main Control								
<b>Devices</b>								
<b>Drain</b>								
<b>Current Inspection</b>								
Type	Location	Size	Supply psi	Restored psi	Residual psi	Sec	OK	ScanID
Main	1st South Laundry	2"	45	42	24		<input checked="" type="checkbox"/>	59770220
<b>Previous Inspections</b>								
<b>March 29, 2023</b>								
Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	1st South Laundry	2"	47	43	23		<input checked="" type="checkbox"/>	59770220
<b>December 14, 2022</b>								
Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	1st South Laundry	2"	54	51	25		<input checked="" type="checkbox"/>	59770220
<b>Fire Dep't Connection</b>								
Location		Type	BallDrip	Rotating Swivels	Size	OK	ScanID	
Ground South Outside		Siamese	Yes	Yes	4"	<input checked="" type="checkbox"/>	59770219	
<b>Gauge</b>								



Location			Service Date				
1st South Laundry			12/31/1969				
Type	Manufacturer	Model #	Static psi	Fill Type	Size	OK	ScanID
				Air/Water		<input type="checkbox"/>	68041404
Piping							
Location	Type	Size	Internal Date				
1st South Laundry	Steel		10/15/2021				
Hangers	Braces	Fittings	Identified	Antifreeze	ScanID		
Normal	Normal		Tagged	N/A	68041403		

# Inventory & Warranty Report

Generated by: [BuildingReports.com](http://BuildingReports.com)

**Building: Beatrice State Development Cottage #414**

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

Device or Type	Category	% of Inventory	Quantity
Check Valve	Valve	14.29%	1
Control Valve	Valve	14.29%	1
Drain	Device	14.29%	1
Fire Dep't Connection	Hose	14.29%	1
Gauge	Device	14.29%	1
Piping	Sprinkler	14.29%	1
Waterflow Switch	Alarm	14.29%	1

Device Type	Qty	Model #	Type	Description	Install Date
<b><i>In Service - 3 Years to 5 Years</i></b>					
<b>Building– Wet Pipe, Building–</b>					
Check Valve	1		Flanged by Grooved		03/20/2020
Control Valve	1		Butterfly	Main Control	03/20/2020
Drain	1		Main		03/20/2020
Fire Dep't Connection	1		Siamese		03/20/2020
Gauge	1				03/20/2020
Piping	1		Steel		03/20/2020
Waterflow Switch	1		Vane	Alarm	03/20/2020

# Notes & Recommendations

Generated by: BuildingReports.com

## Building: Beatrice State Development Cottage #414

The Notes & Recommendations Report details additional inspection notes made by the Inspectors during the course of the building inspection. Notes are grouped by SystemID.

Note	Device Type	Location	Comment	ScanID
<b><i>Building- Wet Pipe, Building-</i></b>				
1	Check Valve	1st South Laundry		68041402
	Check valve moves freely at this time			
2	Gauge	1st South Laundry		68041404
	1 gage replaced on this date			
3	Piping	1st South Laundry		68041403
	No sign of corrosion or blockage at this time			

# Sprinkler Inspection Certificate

*For*

Beatrice State Development  
Cottage #415  
3054 Peterson Street  
Beatrice, Nebraska 68310

Tested to NFPA 25 Standards

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

*Semi-Annual Inspection*

*Inspection Date*

*Mar 29, 2023*

Building: Beatrice State Development Cottage #415  
Contact: Facility Manager  
Title: Maint. Supervisor

Company: NIFCO Mechanical Systems  
Contact: Travis Billesbach  
Title: Inspector

# Executive Summary

Generated by: *BuildingReports.com*

Building Information			
<b>Building:</b> Beatrice State Development Cottage #415	<b>Contact:</b> Facility Manager		
<b>Address:</b> 3054 Peterson Street	<b>Phone:</b> 402-223-7526		
<b>Address:</b>	<b>Fax:</b>		
<b>City/State/ZIP Code:</b> Beatrice, Nebraska 68310	<b>Mobile:</b>		
<b>Country:</b> United States of America	<b>Email:</b>		
Inspection Performed By			
<b>Company:</b> NIFCO Mechanical Systems	<b>Inspector:</b> Travis Billesbach		
<b>Address:</b> 500 Blue Heron Dr	<b>Phone:</b> 402-477-0666		
<b>Address:</b>	<b>Fax:</b>		
<b>City/State/ZIP Code:</b> Lincoln, NE 68522-1701	<b>Mobile:</b> 531-220-1687		
<b>Country:</b> United States of America	<b>Email:</b> tbillesbach@nifcomechanical.com		
System Control Unit			
System Type	System Location	Protected Area	Devices
Wet Pipe	Building-		6
Wet Pipe	Building-	Building-	1

Inspection Summary								
Category	Total Items		Serviced		Passed		Failed/Other	
	Qty	%	Qty	%	Qty	%	Qty	%
Alarm	1	14.29%	1	100.00%	1	100.00%	0	0.00%
Device	2	28.57%	1	50.00%	1	100.00%	0	0.00%
Hose	1	14.29%	1	100.00%	1	100.00%	0	0.00%
Sprinkler	1	14.29%	0	0.00%	0	0.00%	0	0.00%
Valve	2	28.57%	1	50.00%	1	100.00%	0	0.00%
<b>Totals</b>	<b>7</b>	<b>100%</b>	<b>4</b>	<b>57.14%</b>	<b>4</b>	<b>100.00%</b>	<b>0</b>	<b>0.00%</b>

### Certification

**Company:** NIFCO Mechanical Systems

**Building:** Beatrice State Development Cottage #415

**Inspector:** Travis Billesbach

**Contact:** Facility Manager

### Travis Billesbach Certifications

Certification Type	Number
Nebraska Grade VI Water Operator	8466
NICET Inspection and Testing of Water-Based Systems Level I	

# Inspection & Testing

Generated by: *BuildingReports.com*

Building: Beatrice State Development Cottage #415				
<p><i>The Inspection &amp; Testing section lists all of the items inspected in your building. Items are grouped by Passed or Failed/Other. Items are listed by Category. Each item includes the services performed, and the time &amp; date at which testing occurred.</i></p>				
Device Type	Location	Service	Time	Date
<i>Passed</i>				
<b>Building– Wet Pipe</b>				
Waterflow Switch	1st Laundry	Semi-Annual	7:38:46 AM	03/29/2023
Drain	1st Laundry	Semi-Annual	7:38:58 AM	03/29/2023
Control Valve	1st Laundry	Semi-Annual	7:39:16 AM	03/29/2023
<b>Building– Wet Pipe, Building–</b>				
Fire Dep't Connection	Ground South Outside	Semi-Annual	7:38:54 AM	03/29/2023
<i>Untested</i>				
<b>Building– Wet Pipe</b>				
Gauge	1st Laundry			
Piping	1st Laundry			
Check Valve	1st Laundry			

# Wet Pipe Fire Sprinkler Systems

Generated by: [BuildingReports.com](http://BuildingReports.com)

Building: Beatrice State Development Cottage #415							Building-	
<p><i>This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.</i></p>								
<b>Alarms</b>								
<b>Waterflow Switch</b>								
Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID	
Vane	Potter Electric			4	1	<input checked="" type="checkbox"/>	59340983	
<b>Components</b>								
<b>Check Valve</b>								
Type	Location		Internal Date			Size	OK	ScanID
Grooved	1st Laundry		12/31/1969			4"	<input type="checkbox"/>	68041401
<b>Control Valve</b>								
Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly	Argco		1st Laundry	4"	Open	Supervised	<input checked="" type="checkbox"/>	59340956
<b>Description</b>								
Main Control								
<b>Devices</b>								
<b>Drain</b>								
<b>Current Inspection</b>								
Type	Location	Size	Supply psi	Restored psi	Residual psi	Sec	OK	ScanID
Main	1st Laundry	2"	49	45	28		<input checked="" type="checkbox"/>	59340954
<b>Previous Inspections</b>								
<b>December 14, 2022</b>								
Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	1st Laundry	2"	56	51	29		<input checked="" type="checkbox"/>	59340954
<b>June 28, 2022</b>								
Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	1st Laundry	2"	54	52	30		<input checked="" type="checkbox"/>	59340954
<b>Gauge</b>								
Location				Service Date				
1st Laundry				12/31/1969				
Type	Manufacturer	Model #	Static psi	Fill Type	Size	OK	ScanID	
	Argco			Air/Water		<input type="checkbox"/>	68041399	



<b>Piping</b>					
<b>Location</b>	<b>Type</b>	<b>Size</b>	<b>Internal Date</b>		
1st Laundry	Steel		10/15/2021		
<b>Hangers</b>	<b>Braces</b>	<b>Fittings</b>	<b>Identified</b>	<b>Antifreeze</b>	<b>ScanID</b>
Normal	Normal		Tagged	N/A	68041400

Building: Beatrice State Development Cottage  
#415

Building-, Building-

*This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.*

**Fire Dep't Connection**

Location	Type	BallDrip	Rotating Swivels	Size	OK	ScanID
Ground South Outside	Siamese	Yes	Yes	4"	<input checked="" type="checkbox"/>	59340982

# Inventory & Warranty Report

Generated by: [BuildingReports.com](http://BuildingReports.com)

## Building: Beatrice State Development Cottage #415

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

Device or Type	Category	% of Inventory	Quantity
Check Valve	Valve	14.29%	1
Control Valve	Valve	14.29%	1
Drain	Device	14.29%	1
Fire Dep't Connection	Hose	14.29%	1
Gauge	Device	14.29%	1
Piping	Sprinkler	14.29%	1
Waterflow Switch	Alarm	14.29%	1

Device Type	Qty	Model #	Type	Description	Install Date
<b><i>In Service - 3 Years to 5 Years</i></b>					
<b>Building– Wet Pipe</b>					
Check Valve	1		Grooved		01/23/2020
Control Valve	1		Butterfly	Main Control	01/23/2020
Drain	1		Main		01/23/2020
Gauge	1				01/23/2020
Piping	1		Steel		01/23/2020
Waterflow Switch	1		Vane	Alarm	01/23/2020
<b>Building– Wet Pipe, Building–</b>					
Fire Dep't Connection	1		Siamese		01/23/2020

# Notes & Recommendations

Generated by: BuildingReports.com

## Building: Beatrice State Development Cottage #415

The Notes & Recommendations Report details additional inspection notes made by the Inspectors during the course of the building inspection. Notes are grouped by SystemID.

Note	Device Type	Location	Comment	ScanID
<b><i>Building- Wet Pipe</i></b>				
1	Check Valve	1st Laundry	Check valve moves freely at this time	68041401
2	Gauge	1st Laundry	1 gage replaced on this date	68041399
3	Piping	1st Laundry	No sign of corrosion or blockage at this time	68041400

# Sprinkler Inspection Certificate

*For*

Beatrice State Development  
Cottage #416  
3052 Peterson Street  
Beatrice, Nebraska 68310

Tested to NFPA 25 Standards

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

*Quarterly Inspection*  
*Inspection Date*  
*Jun 14, 2023*

Building: Beatrice State Development Cottage #416  
Contact: Facility Manager  
Title: Maint. Supervisor

Company: NIFCO Mechanical Systems  
Contact: Travis Billesbach  
Title: Inspector

# Executive Summary

Generated by: *BuildingReports.com*

Building Information			
<b>Building:</b> Beatrice State Development Cottage #416	<b>Contact:</b> Facility Manager		
<b>Address:</b> 3052 Peterson Street	<b>Phone:</b> 402-223-7526		
<b>Address:</b>	<b>Fax:</b>		
<b>City/State/ZIP Code:</b> Beatrice, Nebraska 68310	<b>Mobile:</b>		
<b>Country:</b> United States of America	<b>Email:</b>		
Inspection Performed By			
<b>Company:</b> NIFCO Mechanical Systems	<b>Inspector:</b> Travis Billesbach		
<b>Address:</b> 500 Blue Heron Dr	<b>Phone:</b> 402-477-0666		
<b>Address:</b>	<b>Fax:</b>		
<b>City/State/ZIP Code:</b> Lincoln, NE 68522-1701	<b>Mobile:</b> 531-220-1687		
<b>Country:</b> United States of America	<b>Email:</b> tbillesbach@nifcomechanical.com		
System Control Unit			
System Type	System Location	Protected Area	Devices
Wet Pipe	Building-	Building-	7

Inspection Summary								
Category	Total Items		Serviced		Passed		Failed/Other	
	Qty	%	Qty	%	Qty	%	Qty	%
Alarm	1	14.29%	1	100.00%	1	100.00%	0	0.00%
Device	2	28.57%	1	50.00%	1	100.00%	0	0.00%
Hose	1	14.29%	1	100.00%	1	100.00%	0	0.00%
Sprinkler	1	14.29%	0	0.00%	0	0.00%	0	0.00%
Valve	2	28.57%	1	50.00%	1	100.00%	0	0.00%
<b>Totals</b>	<b>7</b>	<b>100%</b>	<b>4</b>	<b>57.14%</b>	<b>4</b>	<b>100.00%</b>	<b>0</b>	<b>0.00%</b>

### Certification

**Company:** NIFCO Mechanical Systems

**Building:** Beatrice State Development Cottage #416

**Inspector:** Travis Billesbach

**Contact:** Facility Manager

### Travis Billesbach Certifications

Certification Type	Number
NICET Inspection and Testing of Water-Based Systems Level I	
Nebraska Grade VI Water Operator	8466

# Inspection & Testing

Generated by: BuildingReports.com

Building: Beatrice State Development Cottage #416				
<i>The Inspection &amp; Testing section lists all of the items inspected in your building. Items are grouped by Passed or Failed/Other. Items are listed by Category. Each item includes the services performed, and the time &amp; date at which testing occurred.</i>				
Device Type	Location	Service	Time	Date
<b><i>Passed</i></b>				
<b>Building- Wet Pipe, Building-</b>				
Waterflow Switch	1st South Laundry	Quarterly	7:50:31 AM	06/14/2023
Drain	1st South Laundry	Quarterly	7:50:09 AM	06/14/2023
Fire Dep't Connection	Ground South Outside	Quarterly	7:49:59 AM	06/14/2023
Control Valve	1st South Laundry	Quarterly	7:50:02 AM	06/14/2023
<b><i>Untested</i></b>				
<b>Building- Wet Pipe, Building-</b>				
Gauge	1st South Laundry			
Piping	1st South Laundry			
Check Valve	1st South Laundry			



# Wet Pipe Fire Sprinkler Systems

Generated by: *BuildingReports.com*

Building: Beatrice State Development Cottage #416						Building-, Building-		
<p><i>This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.</i></p>								
<b>Alarms</b>								
<b>Waterflow Switch</b>								
Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID	
Vane				4.0	1	<input checked="" type="checkbox"/>	59770222	
<b>Components</b>								
<b>Check Valve</b>								
Type	Location		Internal Date			Size	OK	ScanID
Grooved	1st South Laundry		12/31/1969			4"	<input type="checkbox"/>	68041396
<b>Control Valve</b>								
Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			1st South Laundry	4"	Open	Supervised	<input checked="" type="checkbox"/>	59770230
<b>Description</b>								
Main Control								
<b>Devices</b>								
<b>Drain</b>								
<b>Current Inspection</b>								
Type	Location	Size	Supply psi	Restored psi	Residual psi	Sec	OK	ScanID
Main	1st South Laundry	2"	43	44	26		<input checked="" type="checkbox"/>	59770381
<b>Previous Inspections</b>								
<b>March 29, 2023</b>								
Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	1st South Laundry	2"	46	45	24		<input checked="" type="checkbox"/>	59770381
<b>December 14, 2022</b>								
Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	1st South Laundry	2"	49	50	23		<input checked="" type="checkbox"/>	59770381
<b>Fire Dep't Connection</b>								
Location		Type	BallDrip	Rotating Swivels	Size	OK	ScanID	
Ground South Outside		Siamese	Yes	Yes	4"	<input checked="" type="checkbox"/>	59770221	
<b>Gauge</b>								
Location				Service Date				

1st South Laundry				12/31/1969			
Type	Manufacturer	Model #	Static psi	Fill Type	Size	OK	ScanID
				Air/Water		<input type="checkbox"/>	68041398
Piping							
Location	Type	Size	Internal Date				
1st South Laundry	Steel		10/15/2021				
Hangers	Braces	Fittings	Identified	Antifreeze	ScanID		
Normal	Normal		Tagged	N/A	68041397		

# Inventory & Warranty Report

Generated by: [BuildingReports.com](http://BuildingReports.com)

Building: Beatrice State Development Cottage #416					
<p><i>The Inventory &amp; Warranty Report lists each of the devices and items that are included in your Inspection Report. A complete inventory count by device type and category is provided. Items installed within the last 90 days, within the last year, and devices installed for two years or more are grouped together for easy reference.</i></p>					
Device or Type	Category	% of Inventory	Quantity		
Check Valve	Valve	14.29%	1		
Control Valve	Valve	14.29%	1		
Drain	Device	14.29%	1		
Fire Dep't Connection	Hose	14.29%	1		
Gauge	Device	14.29%	1		
Piping	Sprinkler	14.29%	1		
Waterflow Switch	Alarm	14.29%	1		
Device Type	Qty	Model #	Type	Description	Install Date
<i>In Service - 3 Years to 5 Years</i>					
Building– Wet Pipe, Building–					
Check Valve	1		Grooved		03/20/2020
Control Valve	1		Butterfly	Main Control	03/20/2020
Drain	1		Main		03/20/2020
Fire Dep't Connection	1		Siamese		03/20/2020
Gauge	1				03/20/2020
Piping	1		Steel		03/20/2020
Waterflow Switch	1		Vane	Alarm	03/20/2020

# Notes & Recommendations

Generated by: BuildingReports.com

## Building: Beatrice State Development Cottage #416

The Notes & Recommendations Report details additional inspection notes made by the Inspectors during the course of the building inspection. Notes are grouped by SystemID.

Note	Device Type	Location	Comment	ScanID
<b><i>Building- Wet Pipe, Building-</i></b>				
1	Check Valve	1st South Laundry		68041396
	Check valve moves freely at this time			
2	Gauge	1st South Laundry		68041398
	1 gage replaced on this date			
3	Piping	1st South Laundry		68041397
	No sign of corrosion or blockage at this time			

# Sprinkler Inspection Certificate

*For*

Beatrice State Development  
Cottage #415  
3054 Peterson Street  
Beatrice, Nebraska 68310

Tested to NFPA 25 Standards

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

*Quarterly Inspection  
Inspection Date  
Jun 14, 2023*

Building: Beatrice State Development Cottage #415  
Contact: Facility Manager  
Title: Maint. Supervisor

Company: NIFCO Mechanical Systems  
Contact: Travis Billesbach  
Title: Inspector

# Executive Summary

Generated by: *BuildingReports.com*

Building Information			
<b>Building:</b> Beatrice State Development Cottage #415	<b>Contact:</b> Facility Manager		
<b>Address:</b> 3054 Peterson Street	<b>Phone:</b> 402-223-7526		
<b>Address:</b>	<b>Fax:</b>		
<b>City/State/ZIP Code:</b> Beatrice, Nebraska 68310	<b>Mobile:</b>		
<b>Country:</b> United States of America	<b>Email:</b>		
Inspection Performed By			
<b>Company:</b> NIFCO Mechanical Systems	<b>Inspector:</b> Travis Billesbach		
<b>Address:</b> 500 Blue Heron Dr	<b>Phone:</b> 402-477-0666		
<b>Address:</b>	<b>Fax:</b>		
<b>City/State/ZIP Code:</b> Lincoln, NE 68522-1701	<b>Mobile:</b> 531-220-1687		
<b>Country:</b> United States of America	<b>Email:</b> tbillesbach@nifcomechanical.com		
System Control Unit			
System Type	System Location	Protected Area	Devices
Wet Pipe	Building-		6
Wet Pipe	Building-	Building-	1

Inspection Summary								
Category	Total Items		Serviced		Passed		Failed/Other	
	Qty	%	Qty	%	Qty	%	Qty	%
Alarm	1	14.29%	1	100.00%	1	100.00%	0	0.00%
Device	2	28.57%	1	50.00%	1	100.00%	0	0.00%
Hose	1	14.29%	1	100.00%	1	100.00%	0	0.00%
Sprinkler	1	14.29%	0	0.00%	0	0.00%	0	0.00%
Valve	2	28.57%	1	50.00%	1	100.00%	0	0.00%
<b>Totals</b>	<b>7</b>	<b>100%</b>	<b>4</b>	<b>57.14%</b>	<b>4</b>	<b>100.00%</b>	<b>0</b>	<b>0.00%</b>

### Certification

**Company:** NIFCO Mechanical Systems

**Building:** Beatrice State Development Cottage #415

**Inspector:** Travis Billesbach

**Contact:** Facility Manager

### Travis Billesbach Certifications

Certification Type	Number
NICET Inspection and Testing of Water-Based Systems Level I	
Nebraska Grade VI Water Operator	8466

# Inspection & Testing

Generated by: *BuildingReports.com*

Building: Beatrice State Development Cottage #415				
<i>The Inspection &amp; Testing section lists all of the items inspected in your building. Items are grouped by Passed or Failed/Other. Items are listed by Category. Each item includes the services performed, and the time &amp; date at which testing occurred.</i>				
Device Type	Location	Service	Time	Date
<b><i>Passed</i></b>				
<b>Building– Wet Pipe</b>				
Waterflow Switch	1st Laundry	Quarterly	7:55:08 AM	06/14/2023
Drain	1st Laundry	Quarterly	7:55:17 AM	06/14/2023
Control Valve	1st Laundry	Quarterly	7:55:29 AM	06/14/2023
<b>Building– Wet Pipe, Building–</b>				
Fire Dep't Connection	Ground South Outside	Quarterly	7:55:13 AM	06/14/2023
<b><i>Untested</i></b>				
<b>Building– Wet Pipe</b>				
Gauge	1st Laundry			
Piping	1st Laundry			
Check Valve	1st Laundry			



# Wet Pipe Fire Sprinkler Systems

Generated by: *BuildingReports.com*

Building: Beatrice State Development Cottage #415							Building-	
<p><i>This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.</i></p>								
<b>Alarms</b>								
<b>Waterflow Switch</b>								
Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID	
Vane	Potter Electric			4	1	<input checked="" type="checkbox"/>	59340983	
<b>Components</b>								
<b>Check Valve</b>								
Type	Location		Internal Date			Size	OK	ScanID
Grooved	1st Laundry		12/31/1969			4"	<input type="checkbox"/>	68041401
<b>Control Valve</b>								
Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly	Argco		1st Laundry	4"	Open	Supervised	<input checked="" type="checkbox"/>	59340956
<b>Description</b>								
Main Control								
<b>Devices</b>								
<b>Drain</b>								
<b>Current Inspection</b>								
Type	Location	Size	Supply psi	Restored psi	Residual psi	Sec	OK	ScanID
Main	1st Laundry	2"	47	44	30		<input checked="" type="checkbox"/>	59340954
<b>Previous Inspections</b>								
<b>March 29, 2023</b>								
Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	1st Laundry	2"	49	45	28		<input checked="" type="checkbox"/>	59340954
<b>December 14, 2022</b>								
Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	1st Laundry	2"	56	51	29		<input checked="" type="checkbox"/>	59340954
<b>Gauge</b>								
Location				Service Date				
1st Laundry				12/31/1969				
Type	Manufacturer	Model #	Static psi	Fill Type	Size	OK	ScanID	
	Argco			Air/Water		<input type="checkbox"/>	68041399	

<b>Piping</b>					
<b>Location</b>	<b>Type</b>	<b>Size</b>	<b>Internal Date</b>		
1st Laundry	Steel		10/15/2021		
<b>Hangers</b>	<b>Braces</b>	<b>Fittings</b>	<b>Identified</b>	<b>Antifreeze</b>	<b>ScanID</b>
Normal	Normal		Tagged	N/A	68041400

Building: Beatrice State Development Cottage  
#415

Building-, Building-

*This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.*

**Fire Dep't Connection**

Location	Type	BallDrip	Rotating Swivels	Size	OK	ScanID
Ground South Outside	Siamese	Yes	Yes	4"	<input checked="" type="checkbox"/>	59340982

# Inventory & Warranty Report

Generated by: [BuildingReports.com](http://BuildingReports.com)

Building: Beatrice State Development Cottage #415					
<p><i>The Inventory &amp; Warranty Report lists each of the devices and items that are included in your Inspection Report. A complete inventory count by device type and category is provided. Items installed within the last 90 days, within the last year, and devices installed for two years or more are grouped together for easy reference.</i></p>					
Device or Type	Category	% of Inventory	Quantity		
Check Valve	Valve	14.29%	1		
Control Valve	Valve	14.29%	1		
Drain	Device	14.29%	1		
Fire Dep't Connection	Hose	14.29%	1		
Gauge	Device	14.29%	1		
Piping	Sprinkler	14.29%	1		
Waterflow Switch	Alarm	14.29%	1		
Device Type	Qty	Model #	Type	Description	Install Date
<i>In Service - 3 Years to 5 Years</i>					
Building– Wet Pipe					
Check Valve	1		Grooved		01/23/2020
Control Valve	1		Butterfly	Main Control	01/23/2020
Drain	1		Main		01/23/2020
Gauge	1				01/23/2020
Piping	1		Steel		01/23/2020
Waterflow Switch	1		Vane	Alarm	01/23/2020
Building– Wet Pipe, Building–					
Fire Dep't Connection	1		Siamese		01/23/2020

# Notes & Recommendations

Generated by: BuildingReports.com

## Building: Beatrice State Development Cottage #415

*The Notes & Recommendations Report details additional inspection notes made by the Inspectors during the course of the building inspection. Notes are grouped by SystemID.*

Note	Device Type	Location	Comment	ScanID
<b><i>Building- Wet Pipe</i></b>				
1	Check Valve	1st Laundry	Check valve moves freely at this time	68041401
2	Gauge	1st Laundry	1 gage replaced on this date	68041399
3	Piping	1st Laundry	No sign of corrosion or blockage at this time	68041400

# Sprinkler Inspection Certificate

*For*

Beatrice State Development  
Cottage #416  
3052 Peterson Street  
Beatrice, Nebraska 68310

Tested to NFPA 25 Standards

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

*Semi-Annual Inspection*

*Inspection Date*

*Mar 29, 2023*

Building: Beatrice State Development Cottage #416  
Contact: Facility Manager  
Title: Maint. Supervisor

Company: NIFCO Mechanical Systems  
Contact: Travis Billesbach  
Title: Inspector

# Executive Summary

Generated by: *BuildingReports.com*

Building Information			
<b>Building:</b> Beatrice State Development Cottage #416	<b>Contact:</b> Facility Manager		
<b>Address:</b> 3052 Peterson Street	<b>Phone:</b> 402-223-7526		
<b>Address:</b>	<b>Fax:</b>		
<b>City/State/ZIP Code:</b> Beatrice, Nebraska 68310	<b>Mobile:</b>		
<b>Country:</b> United States of America	<b>Email:</b>		
Inspection Performed By			
<b>Company:</b> NIFCO Mechanical Systems	<b>Inspector:</b> Travis Billesbach		
<b>Address:</b> 500 Blue Heron Dr	<b>Phone:</b> 402-477-0666		
<b>Address:</b>	<b>Fax:</b>		
<b>City/State/ZIP Code:</b> Lincoln, NE 68522-1701	<b>Mobile:</b> 531-220-1687		
<b>Country:</b> United States of America	<b>Email:</b> tbillesbach@nifcomechanical.com		
System Control Unit			
System Type	System Location	Protected Area	Devices
Wet Pipe	Building-	Building-	7

Inspection Summary								
Category	Total Items		Serviced		Passed		Failed/Other	
	Qty	%	Qty	%	Qty	%	Qty	%
Alarm	1	14.29%	1	100.00%	1	100.00%	0	0.00%
Device	2	28.57%	1	50.00%	1	100.00%	0	0.00%
Hose	1	14.29%	1	100.00%	1	100.00%	0	0.00%
Sprinkler	1	14.29%	0	0.00%	0	0.00%	0	0.00%
Valve	2	28.57%	1	50.00%	1	100.00%	0	0.00%
<b>Totals</b>	<b>7</b>	<b>100%</b>	<b>4</b>	<b>57.14%</b>	<b>4</b>	<b>100.00%</b>	<b>0</b>	<b>0.00%</b>

### Certification

**Company:** NIFCO Mechanical Systems

**Building:** Beatrice State Development Cottage #416

**Inspector:** Travis Billesbach

**Contact:** Facility Manager

### Travis Billesbach Certifications

Certification Type	Number
Nebraska Grade VI Water Operator	8466
NICET Inspection and Testing of Water-Based Systems Level I	



# Inspection & Testing

Generated by: BuildingReports.com

## Building: Beatrice State Development Cottage #416

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

Device Type	Location	Service	Time	Date
<b><i>Passed</i></b>				
<b>Building- Wet Pipe, Building-</b>				
Waterflow Switch	1st South Laundry	Semi-Annual	7:33:51 AM	03/29/2023
Drain	1st South Laundry	Semi-Annual	7:34:01 AM	03/29/2023
Fire Dep't Connection	Ground South Outside	Semi-Annual	7:33:55 AM	03/29/2023
Control Valve	1st South Laundry	Semi-Annual	7:34:18 AM	03/29/2023
<b><i>Untested</i></b>				
<b>Building- Wet Pipe, Building-</b>				
Gauge	1st South Laundry			
Piping	1st South Laundry			
Check Valve	1st South Laundry			

# Wet Pipe Fire Sprinkler Systems

Generated by: *BuildingReports.com*

Building: Beatrice State Development Cottage #416	Building-, Building-
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*This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.*

## Alarms

### Waterflow Switch

Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID
Vane				4.0	1	<input checked="" type="checkbox"/>	59770222

## Components

### Check Valve

Type	Location	Internal Date	Size	OK	ScanID
Grooved	1st South Laundry	12/31/1969	4"	<input type="checkbox"/>	68041396

### Control Valve

Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			1st South Laundry	4"	Open	Supervised	<input checked="" type="checkbox"/>	59770230

### Description

Main Control

## Devices

### Drain

#### Current Inspection

Type	Location	Size	Supply psi	Restored psi	Residual psi	Sec	OK	ScanID
Main	1st South Laundry	2"	46	45	24		<input checked="" type="checkbox"/>	59770381

#### Previous Inspections

##### December 14, 2022

Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	1st South Laundry	2"	49	50	23		<input checked="" type="checkbox"/>	59770381

##### June 28, 2022

Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	1st South Laundry	2"	48	50	33		<input checked="" type="checkbox"/>	59770381

### Fire Dep't Connection

Location	Type	BallDrip	Rotating Swivels	Size	OK	ScanID
Ground South Outside	Siamese	Yes	Yes	4"	<input checked="" type="checkbox"/>	59770221

### Gauge

Location	Service Date

1st South Laundry				12/31/1969			
Type	Manufacturer	Model #	Static psi	Fill Type	Size	OK	ScanID
				Air/Water		<input type="checkbox"/>	68041398
Piping							
Location	Type	Size	Internal Date				
1st South Laundry	Steel		10/15/2021				
Hangers	Braces	Fittings	Identified	Antifreeze	ScanID		
Normal	Normal		Tagged	N/A	68041397		

# Inventory & Warranty Report

Generated by: [BuildingReports.com](http://BuildingReports.com)

Building: Beatrice State Development Cottage #416					
<p><i>The Inventory &amp; Warranty Report lists each of the devices and items that are included in your Inspection Report. A complete inventory count by device type and category is provided. Items installed within the last 90 days, within the last year, and devices installed for two years or more are grouped together for easy reference.</i></p>					
Device or Type	Category	% of Inventory	Quantity		
Check Valve	Valve	14.29%	1		
Control Valve	Valve	14.29%	1		
Drain	Device	14.29%	1		
Fire Dep't Connection	Hose	14.29%	1		
Gauge	Device	14.29%	1		
Piping	Sprinkler	14.29%	1		
Waterflow Switch	Alarm	14.29%	1		
Device Type	Qty	Model #	Type	Description	Install Date
<i>In Service - 3 Years to 5 Years</i>					
Building– Wet Pipe, Building–					
Check Valve	1		Grooved		03/20/2020
Control Valve	1		Butterfly	Main Control	03/20/2020
Drain	1		Main		03/20/2020
Fire Dep't Connection	1		Siamese		03/20/2020
Gauge	1				03/20/2020
Piping	1		Steel		03/20/2020
Waterflow Switch	1		Vane	Alarm	03/20/2020

# Notes & Recommendations

Generated by: BuildingReports.com

## Building: Beatrice State Development Cottage #416

The Notes & Recommendations Report details additional inspection notes made by the Inspectors during the course of the building inspection. Notes are grouped by SystemID.

Note	Device Type	Location	Comment	ScanID
<b><i>Building- Wet Pipe, Building-</i></b>				
1	Check Valve	1st South Laundry		68041396
	Check valve moves freely at this time			
2	Gauge	1st South Laundry		68041398
	1 gage replaced on this date			
3	Piping	1st South Laundry		68041397
	No sign of corrosion or blockage at this time			

# Sprinkler Inspection Certificate

*For*

Beatrice State Development  
Cottage #416  
3052 Peterson Street  
Beatrice, Nebraska 68310

Tested to NFPA 25 Standards

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

*Annual Inspection  
Inspection Date  
Sep 26, 2023*

Building: Beatrice State Development Cottage #416  
Contact: Facility Manager  
Title: Maint. Supervisor

Company: NIFCO Mechanical Systems  
Contact: Travis Billesbach  
Title: Inspector

# Executive Summary

Generated by: *BuildingReports.com*

Building Information			
<b>Building:</b> Beatrice State Development Cottage #416	<b>Contact:</b> Facility Manager		
<b>Address:</b> 3052 Peterson Street	<b>Phone:</b> 402-223-7526		
<b>Address:</b>	<b>Fax:</b>		
<b>City/State/ZIP Code:</b> Beatrice, Nebraska 68310	<b>Mobile:</b>		
<b>Country:</b> United States of America	<b>Email:</b>		
Inspection Performed By			
<b>Company:</b> NIFCO Mechanical Systems	<b>Inspector:</b> Travis Billesbach		
<b>Address:</b> 500 Blue Heron Dr	<b>Phone:</b> 402-477-0666		
<b>Address:</b>	<b>Fax:</b>		
<b>City/State/ZIP Code:</b> Lincoln, NE 68522-1701	<b>Mobile:</b> 531-220-1687		
<b>Country:</b> United States of America	<b>Email:</b> tbillesbach@nifcomechanical.com		
System Control Unit			
System Type	System Location	Protected Area	Devices
Wet Pipe	Building-	Building-	7

Inspection Summary								
Category	Total Items		Serviced		Passed		Failed/Other	
	Qty	%	Qty	%	Qty	%	Qty	%
Alarm	1	14.29%	1	100.00%	1	100.00%	0	0.00%
Device	2	28.57%	1	50.00%	1	100.00%	0	0.00%
Hose	1	14.29%	1	100.00%	1	100.00%	0	0.00%
Sprinkler	1	14.29%	0	0.00%	0	0.00%	0	0.00%
Valve	2	28.57%	1	50.00%	1	100.00%	0	0.00%
<b>Totals</b>	<b>7</b>	<b>100%</b>	<b>4</b>	<b>57.14%</b>	<b>4</b>	<b>100.00%</b>	<b>0</b>	<b>0.00%</b>

### Certification

**Company:** NIFCO Mechanical Systems

**Building:** Beatrice State Development Cottage #416

**Inspector:** Travis Billesbach

**Contact:** Facility Manager

### Travis Billesbach Certifications

Certification Type	Number
NICET Inspection and Testing of Water-Based Systems Level I	
Nebraska Grade VI Water Operator	8466



# Inspection & Testing

Generated by: BuildingReports.com

## Building: Beatrice State Development Cottage #416

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

Device Type	Location	Service	Time	Date
<b><i>Passed</i></b>				
<b>Building- Wet Pipe, Building-</b>				
Waterflow Switch	1st South Laundry	Annual	12:57:13 PM	09/26/2023
Drain	1st South Laundry	Annual	12:56:40 PM	09/26/2023
Fire Dep't Connection	Ground South Outside	Annual	12:56:55 PM	09/26/2023
Control Valve	1st South Laundry	Annual	12:56:33 PM	09/26/2023
<b><i>Untested</i></b>				
<b>Building- Wet Pipe, Building-</b>				
Gauge	1st South Laundry			
Piping	1st South Laundry			
Check Valve	1st South Laundry			

# Wet Pipe Fire Sprinkler Systems

Generated by: [BuildingReports.com](http://BuildingReports.com)

Building: Beatrice State Development Cottage #416						Building-, Building-		
<p><i>This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.</i></p>								
<b>Alarms</b>								
<b>Waterflow Switch</b>								
Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID	
Vane				4.0	1	<input checked="" type="checkbox"/>	59770222	
<b>Components</b>								
<b>Check Valve</b>								
Type	Location		Internal Date			Size	OK	ScanID
Grooved	1st South Laundry		12/31/1969			4"	<input type="checkbox"/>	68041396
<b>Control Valve</b>								
Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			1st South Laundry	4"	Open	Supervised	<input checked="" type="checkbox"/>	59770230
<b>Description</b>								
Main Control								
<b>Devices</b>								
<b>Drain</b>								
<b>Current Inspection</b>								
Type	Location	Size	Supply psi	Restored psi	Residual psi	Sec	OK	ScanID
Main	1st South Laundry	2"	45	49	21		<input checked="" type="checkbox"/>	59770381
<b>Previous Inspections</b>								
<b>June 14, 2023</b>								
Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	1st South Laundry	2"	43	44	26		<input checked="" type="checkbox"/>	59770381
<b>March 29, 2023</b>								
Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	1st South Laundry	2"	46	45	24		<input checked="" type="checkbox"/>	59770381
<b>Fire Dep't Connection</b>								
Location		Type	BallDrip	Rotating Swivels	Size	OK	ScanID	
Ground South Outside		Siamese	Yes	Yes	4"	<input checked="" type="checkbox"/>	59770221	
<b>Gauge</b>								
Location				Service Date				

1st South Laundry				12/31/1969			
Type	Manufacturer	Model #	Static psi	Fill Type	Size	OK	ScanID
				Air/Water		<input type="checkbox"/>	68041398
Piping							
Location	Type	Size	Internal Date				
1st South Laundry	Steel		10/15/2021				
Hangers	Braces	Fittings	Identified	Antifreeze	ScanID		
Normal	Normal		Tagged	N/A	68041397		

# Inventory & Warranty Report

Generated by: [BuildingReports.com](http://BuildingReports.com)

**Building: Beatrice State Development Cottage #416**

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

Device or Type	Category	% of Inventory	Quantity
Check Valve	Valve	14.29%	1
Control Valve	Valve	14.29%	1
Drain	Device	14.29%	1
Fire Dep't Connection	Hose	14.29%	1
Gauge	Device	14.29%	1
Piping	Sprinkler	14.29%	1
Waterflow Switch	Alarm	14.29%	1

Device Type	Qty	Model #	Type	Description	Install Date
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***In Service - 3 Years to 5 Years***

**Building– Wet Pipe, Building–**

Check Valve	1		Grooved		03/20/2020
Control Valve	1		Butterfly	Main Control	03/20/2020
Drain	1		Main		03/20/2020
Fire Dep't Connection	1		Siamese		03/20/2020
Gauge	1				03/20/2020
Piping	1		Steel		03/20/2020
Waterflow Switch	1		Vane	Alarm	03/20/2020

# Sprinkler Inspection Certificate

*For*

Beatrice State Development  
Cottage #418  
753 Solar Dr.  
Beatrice, Nebraska 68310

Tested to NFPA 25 Standards

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

*Quarterly Inspection  
Inspection Date  
Jun 14, 2023*

Building: Beatrice State Development Cottage #418  
Contact: Facility Manager  
Title: Maint. Supervisor

Company: NIFCO Mechanical Systems  
Contact: Travis Billesbach  
Title: Inspector

# Executive Summary

Generated by: *BuildingReports.com*

Building Information			
<b>Building:</b> Beatrice State Development Cottage #418	<b>Contact:</b> Facility Manager		
<b>Address:</b> 753 Solar Dr.	<b>Phone:</b> 402-223-7526		
<b>Address:</b>	<b>Fax:</b>		
<b>City/State/ZIP Code:</b> Beatrice, Nebraska 68310	<b>Mobile:</b>		
<b>Country:</b> United States of America	<b>Email:</b>		
Inspection Performed By			
<b>Company:</b> NIFCO Mechanical Systems	<b>Inspector:</b> Travis Billesbach		
<b>Address:</b> 500 Blue Heron Dr	<b>Phone:</b> 402-477-0666		
<b>Address:</b>	<b>Fax:</b>		
<b>City/State/ZIP Code:</b> Lincoln, NE 68522-1701	<b>Mobile:</b> 531-220-1687		
<b>Country:</b> United States of America	<b>Email:</b> tbillesbach@nifcomechanical.com		
System Control Unit			
System Type	System Location	Protected Area	Devices
Wet Pipe	Building-	Building-	7

Inspection Summary								
Category	Total Items		Serviced		Passed		Failed/Other	
	Qty	%	Qty	%	Qty	%	Qty	%
Alarm	1	14.29%	1	100.00%	1	100.00%	0	0.00%
Device	2	28.57%	1	50.00%	1	100.00%	0	0.00%
Hose	1	14.29%	1	100.00%	1	100.00%	0	0.00%
Sprinkler	1	14.29%	0	0.00%	0	0.00%	0	0.00%
Valve	2	28.57%	1	50.00%	1	100.00%	0	0.00%
<b>Totals</b>	<b>7</b>	<b>100%</b>	<b>4</b>	<b>57.14%</b>	<b>4</b>	<b>100.00%</b>	<b>0</b>	<b>0.00%</b>

### Certification

**Company:** NIFCO Mechanical Systems

**Building:** Beatrice State Development Cottage #418

**Inspector:** Travis Billesbach

**Contact:** Facility Manager

### Travis Billesbach Certifications

Certification Type	Number
NICET Inspection and Testing of Water-Based Systems Level I	
Nebraska Grade VI Water Operator	8466

# Inspection & Testing

Generated by: BuildingReports.com

## Building: Beatrice State Development Cottage #418

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

Device Type	Location	Service	Time	Date
<i>Passed</i>				
<b>Building- Wet Pipe, Building-</b>				
Waterflow Switch	1st East Laundry	Quarterly	7:51:58 AM	06/14/2023
Drain	1st East Laundry	Quarterly	7:52:08 AM	06/14/2023
Fire Dep't Connection	Ground East Outside	Quarterly	7:52:03 AM	06/14/2023
Control Valve	1st East Laundry	Quarterly	7:52:20 AM	06/14/2023
<i>Untested</i>				
<b>Building- Wet Pipe, Building-</b>				
Gauge	Ground East Outside			
Piping	Ground East Outside			
Check Valve	Ground East Outside			



# Wet Pipe Fire Sprinkler Systems

Generated by: *BuildingReports.com*

Building: Beatrice State Development Cottage #418	Building-, Building-
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*This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.*

## Alarms

### Waterflow Switch

Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID
Vane				4.0	1	<input checked="" type="checkbox"/>	59770049

## Components

### Check Valve

Type	Location	Internal Date	Size	OK	ScanID
Grooved	Ground East Outside	12/31/1969	4"	<input type="checkbox"/>	68041408

### Control Valve

Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			1st East Laundry	4"	Open	Supervised	<input checked="" type="checkbox"/>	59770048

### Description

Main Control

## Devices

### Drain

### Current Inspection

Type	Location	Size	Supply psi	Restored psi	Residual psi	Sec	OK	ScanID
Main	1st East Laundry	2"	47	45	33		<input checked="" type="checkbox"/>	59770094

### Previous Inspections

#### March 29, 2023

Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	1st East Laundry	2"	49	46	34		<input checked="" type="checkbox"/>	59770094

#### December 14, 2022

Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	1st East Laundry	2"	53	51	32		<input checked="" type="checkbox"/>	59770094

### Fire Dep't Connection

Location	Type	BallDrip	Rotating Swivels	Size	OK	ScanID
Ground East Outside	Siamese	Yes	Yes	4"	<input checked="" type="checkbox"/>	59770050

### Gauge

Location	Service Date

Ground East Outside				12/31/1969			
Type	Manufacturer	Model #	Static psi	Fill Type	Size	OK	ScanID
				Air/Water		<input type="checkbox"/>	68041410
Piping							
Location	Type	Size	Internal Date				
Ground East Outside	Steel		10/15/2021				
Hangers	Braces	Fittings	Identified	Antifreeze	ScanID		
Normal	Normal		Tagged	N/A	68041409		

# Inventory & Warranty Report

Generated by: [BuildingReports.com](http://BuildingReports.com)

Building: Beatrice State Development Cottage #418					
<p><i>The Inventory &amp; Warranty Report lists each of the devices and items that are included in your Inspection Report. A complete inventory count by device type and category is provided. Items installed within the last 90 days, within the last year, and devices installed for two years or more are grouped together for easy reference.</i></p>					
Device or Type	Category	% of Inventory	Quantity		
Check Valve	Valve	14.29%	1		
Control Valve	Valve	14.29%	1		
Drain	Device	14.29%	1		
Fire Dep't Connection	Hose	14.29%	1		
Gauge	Device	14.29%	1		
Piping	Sprinkler	14.29%	1		
Waterflow Switch	Alarm	14.29%	1		
Device Type	Qty	Model #	Type	Description	Install Date
<i>In Service - 3 Years to 5 Years</i>					
Building– Wet Pipe, Building–					
Check Valve	1		Grooved		03/19/2020
Control Valve	1		Butterfly	Main Control	03/19/2020
Drain	1		Main		03/19/2020
Fire Dep't Connection	1		Siamese		03/19/2020
Gauge	1				03/19/2020
Piping	1		Steel		03/19/2020
Waterflow Switch	1		Vane	Alarm	03/19/2020

# Notes & Recommendations

Generated by: BuildingReports.com

## Building: Beatrice State Development Cottage #418

The Notes & Recommendations Report details additional inspection notes made by the Inspectors during the course of the building inspection. Notes are grouped by SystemID.

Note	Device Type	Location	Comment	ScanID
<b><i>Building- Wet Pipe, Building-</i></b>				
1	Check Valve	Ground East Outside		68041408
	Check valve moves freely at this time			
2	Gauge	Ground East Outside		68041410
	1 gage replaced on this date			
3	Piping	Ground East Outside		68041409
	No sign of corrosion or blockage at this time			

# Sprinkler Inspection Certificate

*For*

Beatrice State Development  
Cottage #418  
753 Solar Dr.  
Beatrice, Nebraska 68310

Tested to NFPA 25 Standards

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

*Semi-Annual Inspection*

*Inspection Date*

*Mar 29, 2023*

Building: Beatrice State Development Cottage #418  
Contact: Facility Manager  
Title: Maint. Supervisor

Company: NIFCO Mechanical Systems  
Contact: Travis Billesbach  
Title: Inspector

# Executive Summary

Generated by: *BuildingReports.com*

Building Information			
<b>Building:</b> Beatrice State Development Cottage #418	<b>Contact:</b> Facility Manager		
<b>Address:</b> 753 Solar Dr.	<b>Phone:</b> 402-223-7526		
<b>Address:</b>	<b>Fax:</b>		
<b>City/State/ZIP Code:</b> Beatrice, Nebraska 68310	<b>Mobile:</b>		
<b>Country:</b> United States of America	<b>Email:</b>		
Inspection Performed By			
<b>Company:</b> NIFCO Mechanical Systems	<b>Inspector:</b> Travis Billesbach		
<b>Address:</b> 500 Blue Heron Dr	<b>Phone:</b> 402-477-0666		
<b>Address:</b>	<b>Fax:</b>		
<b>City/State/ZIP Code:</b> Lincoln, NE 68522-1701	<b>Mobile:</b> 531-220-1687		
<b>Country:</b> United States of America	<b>Email:</b> tbillesbach@nifcomechanical.com		
System Control Unit			
System Type	System Location	Protected Area	Devices
Wet Pipe	Building-	Building-	7

Inspection Summary								
Category	Total Items		Serviced		Passed		Failed/Other	
	Qty	%	Qty	%	Qty	%	Qty	%
Alarm	1	14.29%	1	100.00%	1	100.00%	0	0.00%
Device	2	28.57%	1	50.00%	1	100.00%	0	0.00%
Hose	1	14.29%	1	100.00%	1	100.00%	0	0.00%
Sprinkler	1	14.29%	0	0.00%	0	0.00%	0	0.00%
Valve	2	28.57%	1	50.00%	1	100.00%	0	0.00%
<b>Totals</b>	<b>7</b>	<b>100%</b>	<b>4</b>	<b>57.14%</b>	<b>4</b>	<b>100.00%</b>	<b>0</b>	<b>0.00%</b>

### Certification

**Company:** NIFCO Mechanical Systems

**Building:** Beatrice State Development Cottage #418

**Inspector:** Travis Billesbach

**Contact:** Facility Manager

### Travis Billesbach Certifications

Certification Type	Number
Nebraska Grade VI Water Operator	8466
NICET Inspection and Testing of Water-Based Systems Level I	

# Inspection & Testing

Generated by: BuildingReports.com

## Building: Beatrice State Development Cottage #418

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

Device Type	Location	Service	Time	Date
<i>Passed</i>				
<b>Building- Wet Pipe, Building-</b>				
Waterflow Switch	1st East Laundry	Semi-Annual	7:35:52 AM	03/29/2023
Drain	1st East Laundry	Semi-Annual	7:36:17 AM	03/29/2023
Fire Dep't Connection	Ground East Outside	Semi-Annual	7:35:58 AM	03/29/2023
Control Valve	1st East Laundry	Semi-Annual	7:36:21 AM	03/29/2023
<i>Untested</i>				
<b>Building- Wet Pipe, Building-</b>				
Gauge	Ground East Outside			
Piping	Ground East Outside			
Check Valve	Ground East Outside			



# Wet Pipe Fire Sprinkler Systems

Generated by: *BuildingReports.com*

Building: Beatrice State Development Cottage #418	Building-, Building-
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*This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.*

## Alarms

### Waterflow Switch

Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID
Vane				4.0	1	<input checked="" type="checkbox"/>	59770049

## Components

### Check Valve

Type	Location	Internal Date	Size	OK	ScanID
Grooved	Ground East Outside	12/31/1969	4"	<input type="checkbox"/>	68041408

### Control Valve

Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			1st East Laundry	4"	Open	Supervised	<input checked="" type="checkbox"/>	59770048

### Description

Main Control

## Devices

### Drain

#### Current Inspection

Type	Location	Size	Supply psi	Restored psi	Residual psi	Sec	OK	ScanID
Main	1st East Laundry	2"	49	46	34		<input checked="" type="checkbox"/>	59770094

#### Previous Inspections

##### December 14, 2022

Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	1st East Laundry	2"	53	51	32		<input checked="" type="checkbox"/>	59770094

##### September 26, 2022

Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	1st East Laundry	2"	51	52	35		<input checked="" type="checkbox"/>	59770094

### Fire Dep't Connection

Location	Type	BallDrip	Rotating Swivels	Size	OK	ScanID
Ground East Outside	Siamese	Yes	Yes	4"	<input checked="" type="checkbox"/>	59770050

### Gauge

Location	Service Date

Ground East Outside				12/31/1969			
Type	Manufacturer	Model #	Static psi	Fill Type	Size	OK	ScanID
				Air/Water		<input type="checkbox"/>	68041410
Piping							
Location	Type	Size	Internal Date				
Ground East Outside	Steel		10/15/2021				
Hangers	Braces	Fittings	Identified	Antifreeze	ScanID		
Normal	Normal		Tagged	N/A	68041409		

# Inventory & Warranty Report

Generated by: [BuildingReports.com](http://BuildingReports.com)

**Building: Beatrice State Development Cottage #418**

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

Device or Type	Category	% of Inventory	Quantity
Check Valve	Valve	14.29%	1
Control Valve	Valve	14.29%	1
Drain	Device	14.29%	1
Fire Dep't Connection	Hose	14.29%	1
Gauge	Device	14.29%	1
Piping	Sprinkler	14.29%	1
Waterflow Switch	Alarm	14.29%	1

Device Type	Qty	Model #	Type	Description	Install Date
<b><i>In Service - 3 Years to 5 Years</i></b>					
<b>Building– Wet Pipe, Building–</b>					
Check Valve	1		Grooved		03/19/2020
Control Valve	1		Butterfly	Main Control	03/19/2020
Drain	1		Main		03/19/2020
Fire Dep't Connection	1		Siamese		03/19/2020
Gauge	1				03/19/2020
Piping	1		Steel		03/19/2020
Waterflow Switch	1		Vane	Alarm	03/19/2020

# Notes & Recommendations

Generated by: BuildingReports.com

## Building: Beatrice State Development Cottage #418

The Notes & Recommendations Report details additional inspection notes made by the Inspectors during the course of the building inspection. Notes are grouped by SystemID.

Note	Device Type	Location	Comment	ScanID
<b><i>Building- Wet Pipe, Building-</i></b>				
1	Check Valve	Ground East Outside		68041408
	Check valve moves freely at this time			
2	Gauge	Ground East Outside		68041410
	1 gage replaced on this date			
3	Piping	Ground East Outside		68041409
	No sign of corrosion or blockage at this time			

# Sprinkler Inspection Certificate

*For*

Beatrice State Development  
Cottage #418  
753 Solar Dr.  
Beatrice, Nebraska 68310

Tested to NFPA 25 Standards

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

*Annual Inspection  
Inspection Date  
Sep 27, 2023*

Building: Beatrice State Development Cottage #418  
Contact: Facility Manager  
Title: Maint. Supervisor

Company: NIFCO Mechanical Systems  
Contact: Travis Billesbach  
Title: Inspector

# Executive Summary

Generated by: *BuildingReports.com*

Building Information			
<b>Building:</b> Beatrice State Development Cottage #418	<b>Contact:</b> Facility Manager		
<b>Address:</b> 753 Solar Dr.	<b>Phone:</b> 402-223-7526		
<b>Address:</b>	<b>Fax:</b>		
<b>City/State/ZIP Code:</b> Beatrice, Nebraska 68310	<b>Mobile:</b>		
<b>Country:</b> United States of America	<b>Email:</b>		
Inspection Performed By			
<b>Company:</b> NIFCO Mechanical Systems	<b>Inspector:</b> Travis Billesbach		
<b>Address:</b> 500 Blue Heron Dr	<b>Phone:</b> 402-477-0666		
<b>Address:</b>	<b>Fax:</b>		
<b>City/State/ZIP Code:</b> Lincoln, NE 68522-1701	<b>Mobile:</b> 531-220-1687		
<b>Country:</b> United States of America	<b>Email:</b> tbillesbach@nifcomechanical.com		
System Control Unit			
System Type	System Location	Protected Area	Devices
Wet Pipe	Building-	Building-	7

Inspection Summary								
Category	Total Items		Serviced		Passed		Failed/Other	
	Qty	%	Qty	%	Qty	%	Qty	%
Alarm	1	14.29%	1	100.00%	1	100.00%	0	0.00%
Device	2	28.57%	1	50.00%	1	100.00%	0	0.00%
Hose	1	14.29%	1	100.00%	1	100.00%	0	0.00%
Sprinkler	1	14.29%	0	0.00%	0	0.00%	0	0.00%
Valve	2	28.57%	1	50.00%	1	100.00%	0	0.00%
<b>Totals</b>	<b>7</b>	<b>100%</b>	<b>4</b>	<b>57.14%</b>	<b>4</b>	<b>100.00%</b>	<b>0</b>	<b>0.00%</b>

### Certification

**Company:** NIFCO Mechanical Systems

**Building:** Beatrice State Development Cottage #418

**Inspector:** Travis Billesbach

**Contact:** Facility Manager

### Travis Billesbach Certifications

Certification Type	Number
NICET Inspection and Testing of Water-Based Systems Level I	
Nebraska Grade VI Water Operator	8466

# Inspection & Testing

Generated by: BuildingReports.com

## Building: Beatrice State Development Cottage #418

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

Device Type	Location	Service	Time	Date
<b><i>Passed</i></b>				
<b>Building- Wet Pipe, Building-</b>				
Waterflow Switch	1st East Laundry	Annual	10:46:34 AM	09/27/2023
Drain	1st East Laundry	Annual	10:46:10 AM	09/27/2023
Fire Dep't Connection	Ground East Outside	Annual	10:46:26 AM	09/27/2023
Control Valve	1st East Laundry	Annual	10:46:03 AM	09/27/2023
<b><i>Untested</i></b>				
<b>Building- Wet Pipe, Building-</b>				
Gauge	Ground East Outside			
Piping	Ground East Outside			
Check Valve	Ground East Outside			



# Wet Pipe Fire Sprinkler Systems

Generated by: [BuildingReports.com](http://BuildingReports.com)

Building: Beatrice State Development Cottage #418						Building-, Building-		
<p><i>This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.</i></p>								
<b>Alarms</b>								
<b>Waterflow Switch</b>								
Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID	
Vane				4.0	1	<input checked="" type="checkbox"/>	59770049	
<b>Components</b>								
<b>Check Valve</b>								
Type	Location		Internal Date			Size	OK	ScanID
Grooved	Ground East Outside		12/31/1969			4"	<input type="checkbox"/>	68041408
<b>Control Valve</b>								
Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			1st East Laundry	4"	Open	Supervised	<input checked="" type="checkbox"/>	59770048
<b>Description</b>								
Main Control								
<b>Devices</b>								
<b>Drain</b>								
<b>Current Inspection</b>								
Type	Location	Size	Supply psi	Restored psi	Residual psi	Sec	OK	ScanID
Main	1st East Laundry	2"	49	51	29		<input checked="" type="checkbox"/>	59770094
<b>Previous Inspections</b>								
<b>June 14, 2023</b>								
Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	1st East Laundry	2"	47	45	33		<input checked="" type="checkbox"/>	59770094
<b>March 29, 2023</b>								
Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	1st East Laundry	2"	49	46	34		<input checked="" type="checkbox"/>	59770094
<b>Fire Dep't Connection</b>								
Location		Type	BallDrip	Rotating Swivels	Size	OK	ScanID	
Ground East Outside		Siamese	Yes	Yes	4"	<input checked="" type="checkbox"/>	59770050	
<b>Gauge</b>								
Location				Service Date				

Ground East Outside				12/31/1969			
Type	Manufacturer	Model #	Static psi	Fill Type	Size	OK	ScanID
				Air/Water		<input type="checkbox"/>	68041410
Piping							
Location	Type	Size	Internal Date				
Ground East Outside	Steel		10/15/2021				
Hangers	Braces	Fittings	Identified	Antifreeze	ScanID		
Normal	Normal		Tagged	N/A	68041409		

# Inventory & Warranty Report

Generated by: [BuildingReports.com](http://BuildingReports.com)

**Building: Beatrice State Development Cottage #418**

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

Device or Type	Category	% of Inventory	Quantity
Check Valve	Valve	14.29%	1
Control Valve	Valve	14.29%	1
Drain	Device	14.29%	1
Fire Dep't Connection	Hose	14.29%	1
Gauge	Device	14.29%	1
Piping	Sprinkler	14.29%	1
Waterflow Switch	Alarm	14.29%	1

Device Type	Qty	Model #	Type	Description	Install Date
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***In Service - 3 Years to 5 Years***

**Building– Wet Pipe, Building–**

Check Valve	1		Grooved		03/19/2020
Control Valve	1		Butterfly	Main Control	03/19/2020
Drain	1		Main		03/19/2020
Fire Dep't Connection	1		Siamese		03/19/2020
Gauge	1				03/19/2020
Piping	1		Steel		03/19/2020
Waterflow Switch	1		Vane	Alarm	03/19/2020

# Sprinkler Inspection Certificate

*For*

Beatrice State Development  
Cottage #418  
753 Solar Dr.  
Beatrice, Nebraska 68310

Tested to NFPA 25 Standards

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

*Annual Inspection  
Inspection Date  
Sep 27, 2023*

Building: Beatrice State Development Cottage #418  
Contact: Facility Manager  
Title: Maint. Supervisor

Company: NIFCO Mechanical Systems  
Contact: Travis Billesbach  
Title: Inspector

# Executive Summary

Generated by: *BuildingReports.com*

Building Information			
<b>Building:</b> Beatrice State Development Cottage #418	<b>Contact:</b> Facility Manager		
<b>Address:</b> 753 Solar Dr.	<b>Phone:</b> 402-223-7526		
<b>Address:</b>	<b>Fax:</b>		
<b>City/State/ZIP Code:</b> Beatrice, Nebraska 68310	<b>Mobile:</b>		
<b>Country:</b> United States of America	<b>Email:</b>		
Inspection Performed By			
<b>Company:</b> NIFCO Mechanical Systems	<b>Inspector:</b> Travis Billesbach		
<b>Address:</b> 500 Blue Heron Dr	<b>Phone:</b> 402-477-0666		
<b>Address:</b>	<b>Fax:</b>		
<b>City/State/ZIP Code:</b> Lincoln, NE 68522-1701	<b>Mobile:</b> 531-220-1687		
<b>Country:</b> United States of America	<b>Email:</b> tbillesbach@nifcomechanical.com		
System Control Unit			
System Type	System Location	Protected Area	Devices
Wet Pipe	Building-	Building-	7

Inspection Summary								
Category	Total Items		Serviced		Passed		Failed/Other	
	Qty	%	Qty	%	Qty	%	Qty	%
Alarm	1	14.29%	1	100.00%	1	100.00%	0	0.00%
Device	2	28.57%	1	50.00%	1	100.00%	0	0.00%
Hose	1	14.29%	1	100.00%	1	100.00%	0	0.00%
Sprinkler	1	14.29%	0	0.00%	0	0.00%	0	0.00%
Valve	2	28.57%	1	50.00%	1	100.00%	0	0.00%
<b>Totals</b>	<b>7</b>	<b>100%</b>	<b>4</b>	<b>57.14%</b>	<b>4</b>	<b>100.00%</b>	<b>0</b>	<b>0.00%</b>

### Certification

**Company:** NIFCO Mechanical Systems

**Building:** Beatrice State Development Cottage #418

**Inspector:** Travis Billesbach

**Contact:** Facility Manager

### Travis Billesbach Certifications

Certification Type	Number
NICET Inspection and Testing of Water-Based Systems Level I	
Nebraska Grade VI Water Operator	8466

# Inspection & Testing

Generated by: *BuildingReports.com*

Building: Beatrice State Development Cottage #418				
<i>The Inspection &amp; Testing section lists all of the items inspected in your building. Items are grouped by Passed or Failed/Other. Items are listed by Category. Each item includes the services performed, and the time &amp; date at which testing occurred.</i>				
Device Type	Location	Service	Time	Date
<b><i>Passed</i></b>				
<b>Building- Wet Pipe, Building-</b>				
Waterflow Switch	1st East Laundry	Annual	10:46:34 AM	09/27/2023
Drain	1st East Laundry	Annual	10:46:10 AM	09/27/2023
Fire Dep't Connection	Ground East Outside	Annual	10:46:26 AM	09/27/2023
Control Valve	1st East Laundry	Annual	10:46:03 AM	09/27/2023
<b><i>Untested</i></b>				
<b>Building- Wet Pipe, Building-</b>				
Gauge	Ground East Outside			
Piping	Ground East Outside			
Check Valve	Ground East Outside			

# Wet Pipe Fire Sprinkler Systems

Generated by: *BuildingReports.com*

Building: Beatrice State Development Cottage #418	Building-, Building-
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*This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.*

## Alarms

### Waterflow Switch

Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID
Vane				4.0	1	<input checked="" type="checkbox"/>	59770049

## Components

### Check Valve

Type	Location	Internal Date	Size	OK	ScanID
Grooved	Ground East Outside	12/31/1969	4"	<input type="checkbox"/>	68041408

### Control Valve

Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			1st East Laundry	4"	Open	Supervised	<input checked="" type="checkbox"/>	59770048

### Description

Main Control

## Devices

### Drain

#### Current Inspection

Type	Location	Size	Supply psi	Restored psi	Residual psi	Sec	OK	ScanID
Main	1st East Laundry	2"	49	51	29		<input checked="" type="checkbox"/>	59770094

#### Previous Inspections

##### June 14, 2023

Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	1st East Laundry	2"	47	45	33		<input checked="" type="checkbox"/>	59770094

##### March 29, 2023

Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	1st East Laundry	2"	49	46	34		<input checked="" type="checkbox"/>	59770094

### Fire Dep't Connection

Location	Type	BallDrip	Rotating Swivels	Size	OK	ScanID
Ground East Outside	Siamese	Yes	Yes	4"	<input checked="" type="checkbox"/>	59770050

### Gauge

Location	Service Date



Ground East Outside				12/31/1969			
Type	Manufacturer	Model #	Static psi	Fill Type	Size	OK	ScanID
				Air/Water		<input type="checkbox"/>	68041410
Piping							
Location	Type	Size	Internal Date				
Ground East Outside	Steel		10/15/2021				
Hangers	Braces	Fittings	Identified	Antifreeze	ScanID		
Normal	Normal		Tagged	N/A	68041409		

# Inventory & Warranty Report

Generated by: [BuildingReports.com](http://BuildingReports.com)

**Building: Beatrice State Development Cottage #418**

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

Device or Type	Category	% of Inventory	Quantity
Check Valve	Valve	14.29%	1
Control Valve	Valve	14.29%	1
Drain	Device	14.29%	1
Fire Dep't Connection	Hose	14.29%	1
Gauge	Device	14.29%	1
Piping	Sprinkler	14.29%	1
Waterflow Switch	Alarm	14.29%	1

Device Type	Qty	Model #	Type	Description	Install Date
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***In Service - 3 Years to 5 Years***

**Building– Wet Pipe, Building–**

Check Valve	1		Grooved		03/19/2020
Control Valve	1		Butterfly	Main Control	03/19/2020
Drain	1		Main		03/19/2020
Fire Dep't Connection	1		Siamese		03/19/2020
Gauge	1				03/19/2020
Piping	1		Steel		03/19/2020
Waterflow Switch	1		Vane	Alarm	03/19/2020

# Sprinkler Inspection Certificate

*For*

Beatrice State Development  
Cottage #422  
723 Solar Dr.  
Beatrice, Nebraska 68310

Tested to NFPA 25 Standards

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

*Semi-Annual Inspection*

*Inspection Date*

*Mar 29, 2023*

Building: Beatrice State Development Cottage #422  
Contact: Facility Manager  
Title: Maint. Supervisor

Company: NIFCO Mechanical Systems  
Contact: Travis Billesbach  
Title: Inspector

# Executive Summary

Generated by: *BuildingReports.com*

Building Information			
<b>Building:</b> Beatrice State Development Cottage #422	<b>Contact:</b> Facility Manager		
<b>Address:</b> 723 Solar Dr.	<b>Phone:</b> 402-223-7526		
<b>Address:</b>	<b>Fax:</b>		
<b>City/State/ZIP Code:</b> Beatrice, Nebraska 68310	<b>Mobile:</b>		
<b>Country:</b> United States of America	<b>Email:</b>		
Inspection Performed By			
<b>Company:</b> NIFCO Mechanical Systems	<b>Inspector:</b> Travis Billesbach		
<b>Address:</b> 500 Blue Heron Dr	<b>Phone:</b> 402-477-0666		
<b>Address:</b>	<b>Fax:</b>		
<b>City/State/ZIP Code:</b> Lincoln, NE 68522-1701	<b>Mobile:</b> 531-220-1687		
<b>Country:</b> United States of America	<b>Email:</b> tbillesbach@nifcomechanical.com		
System Control Unit			
System Type	System Location	Protected Area	Devices
Wet Pipe	Building-	Building-	7

Inspection Summary								
Category	Total Items		Serviced		Passed		Failed/Other	
	Qty	%	Qty	%	Qty	%	Qty	%
Alarm	1	14.29%	1	100.00%	1	100.00%	0	0.00%
Device	2	28.57%	1	50.00%	1	100.00%	0	0.00%
Hose	1	14.29%	1	100.00%	1	100.00%	0	0.00%
Sprinkler	1	14.29%	0	0.00%	0	0.00%	0	0.00%
Valve	2	28.57%	1	50.00%	1	100.00%	0	0.00%
<b>Totals</b>	<b>7</b>	<b>100%</b>	<b>4</b>	<b>57.14%</b>	<b>4</b>	<b>100.00%</b>	<b>0</b>	<b>0.00%</b>

Certification	
<b>Company:</b> NIFCO Mechanical Systems	<b>Building:</b> Beatrice State Development Cottage #422
<b>Inspector:</b> Travis Billesbach	<b>Contact:</b> Facility Manager

Travis Billesbach Certifications	
Certification Type	Number
Nebraska Grade VI Water Operator	8466
NICET Inspection and Testing of Water-Based Systems Level I	

# Inspection & Testing

Generated by: *BuildingReports.com*

Building: Beatrice State Development Cottage #422				
<i>The Inspection &amp; Testing section lists all of the items inspected in your building. Items are grouped by Passed or Failed/Other. Items are listed by Category. Each item includes the services performed, and the time &amp; date at which testing occurred.</i>				
Device Type	Location	Service	Time	Date
<b><i>Passed</i></b>				
<b>Building– Wet Pipe, Building–</b>				
Waterflow Switch	1st East Laundry	Semi-Annual	7:28:51 AM	03/29/2023
Drain	1st East Laundry	Semi-Annual	7:32:03 AM	03/29/2023
Fire Dep't Connection	Ground East Outside	Semi-Annual	7:31:59 AM	03/29/2023
Control Valve	1st East Laundry	Semi-Annual	7:32:23 AM	03/29/2023
<b><i>Untested</i></b>				
<b>Building– Wet Pipe, Building–</b>				
Gauge	1st East Laundry			
Piping	1st East Laundry			
Check Valve	1st East Laundry			

# Wet Pipe Fire Sprinkler Systems

Generated by: *BuildingReports.com*

Building: Beatrice State Development Cottage #422						Building-, Building-		
<p><i>This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.</i></p>								
<b>Alarms</b>								
<b>Waterflow Switch</b>								
Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID	
Vane				4.0	1	<input checked="" type="checkbox"/>	59770058	
<b>Components</b>								
<b>Check Valve</b>								
Type	Location		Internal Date			Size	OK	ScanID
Grooved	1st East Laundry		12/31/1969			4"	<input type="checkbox"/>	68041417
<b>Control Valve</b>								
Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			1st East Laundry	4"	Open	Supervised	<input checked="" type="checkbox"/>	59770055
<b>Description</b>								
Main Control								
<b>Devices</b>								
<b>Drain</b>								
<b>Current Inspection</b>								
Type	Location	Size	Supply psi	Restored psi	Residual psi	Sec	OK	ScanID
Main	1st East Laundry	2"	47	45	40		<input checked="" type="checkbox"/>	59770057
<b>Previous Inspections</b>								
<b>December 14, 2022</b>								
Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	1st East Laundry	2"	52	50	41		<input checked="" type="checkbox"/>	59770057
<b>September 26, 2022</b>								
Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	1st East Laundry	2"	53	50	32		<input checked="" type="checkbox"/>	59770057
<b>Fire Dep't Connection</b>								
Location		Type	BallDrip	Rotating Swivels	Size	OK	ScanID	
Ground East Outside		Siamese	Yes	Yes	4"	<input checked="" type="checkbox"/>	59770056	
<b>Gauge</b>								
Location				Service Date				

1st East Laundry			12/31/1969				
Type	Manufacturer	Model #	Static psi	Fill Type	Size	OK	ScanID
				Air/Water		<input type="checkbox"/>	68041415
Piping							
Location	Type	Size	Internal Date				
1st East Laundry	Steel		10/15/2021				
Hangers	Braces	Fittings	Identified	Antifreeze	ScanID		
Normal	Normal		Tagged	N/A	68041416		



# Inventory & Warranty Report

Generated by: [BuildingReports.com](http://BuildingReports.com)

**Building: Beatrice State Development Cottage #422**

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

Device or Type	Category	% of Inventory	Quantity
Check Valve	Valve	14.29%	1
Control Valve	Valve	14.29%	1
Drain	Device	14.29%	1
Fire Dep't Connection	Hose	14.29%	1
Gauge	Device	14.29%	1
Piping	Sprinkler	14.29%	1
Waterflow Switch	Alarm	14.29%	1

Device Type	Qty	Model #	Type	Description	Install Date
<b><i>In Service - 3 Years to 5 Years</i></b>					
<b>Building– Wet Pipe, Building–</b>					
Check Valve	1		Grooved		03/19/2020
Control Valve	1		Butterfly	Main Control	03/19/2020
Drain	1		Main		03/19/2020
Fire Dep't Connection	1		Siamese		03/19/2020
Gauge	1				03/19/2020
Piping	1		Steel		03/19/2020
Waterflow Switch	1		Vane	Alarm	03/19/2020

# Notes & Recommendations

Generated by: BuildingReports.com

## Building: Beatrice State Development Cottage #422

The Notes & Recommendations Report details additional inspection notes made by the Inspectors during the course of the building inspection. Notes are grouped by SystemID.

Note	Device Type	Location	Comment	ScanID
<b><i>Building- Wet Pipe, Building-</i></b>				
1	Check Valve	1st East Laundry		68041417
	Check valve moves freely at this time			
2	Gauge	1st East Laundry		68041415
	1 gage replaced on this date			

# Sprinkler Inspection Certificate

*For*

Beatrice State Development  
Cottage #420  
743 Solar Dr.  
Beatrice, Nebraska 68310

Tested to NFPA 25 Standards

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

*Annual Inspection  
Inspection Date  
Sep 27, 2023*

Building: Beatrice State Development Cottage #420  
Contact: Facility Manager  
Title: Maint. Supervisor

Company: NIFCO Mechanical Systems  
Contact: Travis Billesbach  
Title: Inspector

# Executive Summary

Generated by: *BuildingReports.com*

Building Information			
<b>Building:</b> Beatrice State Development Cottage #420	<b>Contact:</b> Facility Manager		
<b>Address:</b> 743 Solar Dr.	<b>Phone:</b> 402-223-7526		
<b>Address:</b>	<b>Fax:</b>		
<b>City/State/ZIP Code:</b> Beatrice, Nebraska 68310	<b>Mobile:</b>		
<b>Country:</b> United States of America	<b>Email:</b>		
Inspection Performed By			
<b>Company:</b> NIFCO Mechanical Systems	<b>Inspector:</b> Travis Billesbach		
<b>Address:</b> 500 Blue Heron Dr	<b>Phone:</b> 402-477-0666		
<b>Address:</b>	<b>Fax:</b>		
<b>City/State/ZIP Code:</b> Lincoln, NE 68522-1701	<b>Mobile:</b> 531-220-1687		
<b>Country:</b> United States of America	<b>Email:</b> tbillesbach@nifcomechanical.com		
System Control Unit			
System Type	System Location	Protected Area	Devices
Wet Pipe	Building-	Building-	7

Inspection Summary								
Category	Total Items		Serviced		Passed		Failed/Other	
	Qty	%	Qty	%	Qty	%	Qty	%
Alarm	1	14.29%	1	100.00%	1	100.00%	0	0.00%
Device	2	28.57%	1	50.00%	1	100.00%	0	0.00%
Hose	1	14.29%	1	100.00%	1	100.00%	0	0.00%
Sprinkler	1	14.29%	0	0.00%	0	0.00%	0	0.00%
Valve	2	28.57%	1	50.00%	1	100.00%	0	0.00%
<b>Totals</b>	<b>7</b>	<b>100%</b>	<b>4</b>	<b>57.14%</b>	<b>4</b>	<b>100.00%</b>	<b>0</b>	<b>0.00%</b>

### Certification

**Company:** NIFCO Mechanical Systems

**Building:** Beatrice State Development Cottage #420

**Inspector:** Travis Billesbach

**Contact:** Facility Manager

### Travis Billesbach Certifications

Certification Type	Number
NICET Inspection and Testing of Water-Based Systems Level I	
Nebraska Grade VI Water Operator	8466

# Inspection & Testing

Generated by: BuildingReports.com

## Building: Beatrice State Development Cottage #420

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

Device Type	Location	Service	Time	Date
<b><i>Passed</i></b>				
<b>Building- Wet Pipe, Building-</b>				
Waterflow Switch	1st West Laundry	Annual	11:30:34 AM	09/27/2023
Drain	1st West Laundry	Annual	11:30:11 AM	09/27/2023
Fire Dep't Connection	Ground West Outside	Annual	11:30:29 AM	09/27/2023
Control Valve	1st West Laundry	Annual	11:29:58 AM	09/27/2023
<b><i>Untested</i></b>				
<b>Building- Wet Pipe, Building-</b>				
Gauge	1st West Laundry			
Piping	1st West Laundry			
Check Valve	1st West Laundry			

# Wet Pipe Fire Sprinkler Systems

Generated by: *BuildingReports.com*

Building: Beatrice State Development Cottage #420	Building-, Building-
---	----------------------

*This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.*

## Alarms

### Waterflow Switch

Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID
Vane				4.0	1	<input checked="" type="checkbox"/>	59770052

## Components

### Check Valve

Type	Location	Internal Date	Size	OK	ScanID
Grooved	1st West Laundry	12/31/1969	4"	<input type="checkbox"/>	68041414

### Control Valve

Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			1st West Laundry	4"	Open	Supervised	<input checked="" type="checkbox"/>	59770055

### Description

Main Control

## Devices

### Drain

#### Current Inspection

Type	Location	Size	Supply psi	Restored psi	Residual psi	Sec	OK	ScanID
Main	1st West Laundry	2"	46	49	28		<input checked="" type="checkbox"/>	59770053

#### Previous Inspections

##### June 14, 2023

Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	1st West Laundry	2"	46	45	31		<input checked="" type="checkbox"/>	59770053

##### March 29, 2023

Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	1st West Laundry	2"	46	45	31		<input checked="" type="checkbox"/>	59770053

### Fire Dep't Connection

Location	Type	BallDrip	Rotating Swivels	Size	OK	ScanID
Ground West Outside	Siamese	Yes	Yes	4"	<input checked="" type="checkbox"/>	59770054

### Gauge

Location	Service Date

1st West Laundry				12/31/1969			
Type	Manufacturer	Model #	Static psi	Fill Type	Size	OK	ScanID
				Air/Water		<input type="checkbox"/>	68041412
Piping							
Location	Type	Size	Internal Date				
1st West Laundry	Steel		10/15/2021				
Hangers	Braces	Fittings	Identified	Antifreeze	ScanID		
Normal	Normal		Tagged	N/A	680P1413		



# Inventory & Warranty Report

Generated by: *BuildingReports.com*

**Building: Beatrice State Development Cottage #420**

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

Device or Type	Category	% of Inventory	Quantity
Check Valve	Valve	14.29%	1
Control Valve	Valve	14.29%	1
Drain	Device	14.29%	1
Fire Dep't Connection	Hose	14.29%	1
Gauge	Device	14.29%	1
Piping	Sprinkler	14.29%	1
Waterflow Switch	Alarm	14.29%	1

Device Type	Qty	Model #	Type	Description	Install Date
-------------	-----	---------	------	-------------	--------------

***In Service - 3 Years to 5 Years***

**Building– Wet Pipe, Building–**

Check Valve	1		Grooved		03/19/2020
Control Valve	1		Butterfly	Main Control	03/19/2020
Drain	1		Main		03/19/2020
Fire Dep't Connection	1		Siamese		03/19/2020
Gauge	1				03/19/2020
Piping	1		Steel		03/19/2020
Waterflow Switch	1		Vane	Alarm	03/19/2020

# Sprinkler Inspection Certificate

*For*

Beatrice State Development  
Cottage #420  
743 Solar Dr.  
Beatrice, Nebraska 68310

Tested to NFPA 25 Standards

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

*Quarterly Inspection*  
*Inspection Date*  
*Jun 14, 2023*

Building: Beatrice State Development Cottage #420  
Contact: Facility Manager  
Title: Maint. Supervisor

Company: NIFCO Mechanical Systems  
Contact: Travis Billesbach  
Title: Inspector

# Executive Summary

Generated by: *BuildingReports.com*

Building Information			
<b>Building:</b> Beatrice State Development Cottage #420	<b>Contact:</b> Facility Manager		
<b>Address:</b> 743 Solar Dr.	<b>Phone:</b> 402-223-7526		
<b>Address:</b>	<b>Fax:</b>		
<b>City/State/ZIP Code:</b> Beatrice, Nebraska 68310	<b>Mobile:</b>		
<b>Country:</b> United States of America	<b>Email:</b>		
Inspection Performed By			
<b>Company:</b> NIFCO Mechanical Systems	<b>Inspector:</b> Travis Billesbach		
<b>Address:</b> 500 Blue Heron Dr	<b>Phone:</b> 402-477-0666		
<b>Address:</b>	<b>Fax:</b>		
<b>City/State/ZIP Code:</b> Lincoln, NE 68522-1701	<b>Mobile:</b> 531-220-1687		
<b>Country:</b> United States of America	<b>Email:</b> tbillesbach@nifcomechanical.com		
System Control Unit			
System Type	System Location	Protected Area	Devices
Wet Pipe	Building-	Building-	7

Inspection Summary								
Category	Total Items		Serviced		Passed		Failed/Other	
	Qty	%	Qty	%	Qty	%	Qty	%
Alarm	1	14.29%	1	100.00%	1	100.00%	0	0.00%
Device	2	28.57%	1	50.00%	1	100.00%	0	0.00%
Hose	1	14.29%	1	100.00%	1	100.00%	0	0.00%
Sprinkler	1	14.29%	0	0.00%	0	0.00%	0	0.00%
Valve	2	28.57%	1	50.00%	1	100.00%	0	0.00%
<b>Totals</b>	<b>7</b>	<b>100%</b>	<b>4</b>	<b>57.14%</b>	<b>4</b>	<b>100.00%</b>	<b>0</b>	<b>0.00%</b>

### Certification

**Company:** NIFCO Mechanical Systems

**Building:** Beatrice State Development Cottage #420

**Inspector:** Travis Billesbach

**Contact:** Facility Manager

### Travis Billesbach Certifications

Certification Type	Number
NICET Inspection and Testing of Water-Based Systems Level I	
Nebraska Grade VI Water Operator	8466

# Inspection & Testing

Generated by: *BuildingReports.com*

Building: Beatrice State Development Cottage #420				
<i>The Inspection &amp; Testing section lists all of the items inspected in your building. Items are grouped by Passed or Failed/Other. Items are listed by Category. Each item includes the services performed, and the time &amp; date at which testing occurred.</i>				
Device Type	Location	Service	Time	Date
<b><i>Passed</i></b>				
<b>Building– Wet Pipe, Building–</b>				
Waterflow Switch	1st West Laundry	Quarterly	7:45:51 AM	06/14/2023
Drain	1st West Laundry	Quarterly	7:46:01 AM	06/14/2023
Fire Dep't Connection	Ground West Outside	Quarterly	7:45:56 AM	06/14/2023
Control Valve	1st West Laundry	Quarterly	7:49:25 AM	06/14/2023
<b><i>Untested</i></b>				
<b>Building– Wet Pipe, Building–</b>				
Gauge	1st West Laundry			
Piping	1st West Laundry			
Check Valve	1st West Laundry			

# Wet Pipe Fire Sprinkler Systems

Generated by: *BuildingReports.com*

Building: Beatrice State Development Cottage #420	Building-, Building-
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*This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.*

## Alarms

### Waterflow Switch

Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID
Vane				4.0	1	<input checked="" type="checkbox"/>	59770052

## Components

### Check Valve

Type	Location	Internal Date	Size	OK	ScanID
Grooved	1st West Laundry	12/31/1969	4"	<input type="checkbox"/>	68041414

### Control Valve

Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			1st West Laundry	4"	Open	Supervised	<input checked="" type="checkbox"/>	59770055

### Description

Main Control

## Devices

### Drain

### Current Inspection

Type	Location	Size	Supply psi	Restored psi	Residual psi	Sec	OK	ScanID
Main	1st West Laundry	2"	46	45	31		<input checked="" type="checkbox"/>	59770053

### Previous Inspections

#### March 29, 2023

Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	1st West Laundry	2"	46	45	31		<input checked="" type="checkbox"/>	59770053

#### December 14, 2022

Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	1st West Laundry	2"	48	52	35		<input checked="" type="checkbox"/>	59770053

### Fire Dep't Connection

Location	Type	BallDrip	Rotating Swivels	Size	OK	ScanID
Ground West Outside	Siamese	Yes	Yes	4"	<input checked="" type="checkbox"/>	59770054

### Gauge

Location	Service Date

1st West Laundry				12/31/1969			
Type	Manufacturer	Model #	Static psi	Fill Type	Size	OK	ScanID
				Air/Water		<input type="checkbox"/>	68041412
Piping							
Location	Type	Size	Internal Date				
1st West Laundry	Steel		10/15/2021				
Hangers	Braces	Fittings	Identified	Antifreeze	ScanID		
Normal	Normal		Tagged	N/A	680P1413		

# Inventory & Warranty Report

Generated by: [BuildingReports.com](http://BuildingReports.com)

Building: Beatrice State Development Cottage #420					
<p><i>The Inventory &amp; Warranty Report lists each of the devices and items that are included in your Inspection Report. A complete inventory count by device type and category is provided. Items installed within the last 90 days, within the last year, and devices installed for two years or more are grouped together for easy reference.</i></p>					
Device or Type	Category	% of Inventory	Quantity		
Check Valve	Valve	14.29%	1		
Control Valve	Valve	14.29%	1		
Drain	Device	14.29%	1		
Fire Dep't Connection	Hose	14.29%	1		
Gauge	Device	14.29%	1		
Piping	Sprinkler	14.29%	1		
Waterflow Switch	Alarm	14.29%	1		
Device Type	Qty	Model #	Type	Description	Install Date
<i>In Service - 3 Years to 5 Years</i>					
Building– Wet Pipe, Building–					
Check Valve	1		Grooved		03/19/2020
Control Valve	1		Butterfly	Main Control	03/19/2020
Drain	1		Main		03/19/2020
Fire Dep't Connection	1		Siamese		03/19/2020
Gauge	1				03/19/2020
Piping	1		Steel		03/19/2020
Waterflow Switch	1		Vane	Alarm	03/19/2020



# Notes & Recommendations

Generated by: BuildingReports.com

## Building: Beatrice State Development Cottage #420

The Notes & Recommendations Report details additional inspection notes made by the Inspectors during the course of the building inspection. Notes are grouped by SystemID.

Note	Device Type	Location	Comment	ScanID
<b><i>Building- Wet Pipe, Building-</i></b>				
1	Check Valve	1st West Laundry		68041414
	Check valve moves freely at this time			
2	Gauge	1st West Laundry		68041412
	1 gage replaced on this date			
3	Piping	1st West Laundry		680P1413
	No sign of corrosion or blockage at this point			

# Sprinkler Inspection Certificate

*For*

Beatrice State Development  
Cottage #420  
743 Solar Dr.  
Beatrice, Nebraska 68310

Tested to NFPA 25 Standards

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

*Semi-Annual Inspection*

*Inspection Date*

*Mar 29, 2023*

Building: Beatrice State Development Cottage #420  
Contact: Facility Manager  
Title: Maint. Supervisor

Company: NIFCO Mechanical Systems  
Contact: Travis Billesbach  
Title: Inspector

# Executive Summary

Generated by: *BuildingReports.com*

Building Information			
<b>Building:</b> Beatrice State Development Cottage #420	<b>Contact:</b> Facility Manager		
<b>Address:</b> 743 Solar Dr.	<b>Phone:</b> 402-223-7526		
<b>Address:</b>	<b>Fax:</b>		
<b>City/State/ZIP Code:</b> Beatrice, Nebraska 68310	<b>Mobile:</b>		
<b>Country:</b> United States of America	<b>Email:</b>		
Inspection Performed By			
<b>Company:</b> NIFCO Mechanical Systems	<b>Inspector:</b> Travis Billesbach		
<b>Address:</b> 500 Blue Heron Dr	<b>Phone:</b> 402-477-0666		
<b>Address:</b>	<b>Fax:</b>		
<b>City/State/ZIP Code:</b> Lincoln, NE 68522-1701	<b>Mobile:</b> 531-220-1687		
<b>Country:</b> United States of America	<b>Email:</b> tbillesbach@nifcomechanical.com		
System Control Unit			
System Type	System Location	Protected Area	Devices
Wet Pipe	Building-	Building-	7

Inspection Summary								
Category	Total Items		Serviced		Passed		Failed/Other	
	Qty	%	Qty	%	Qty	%	Qty	%
Alarm	1	14.29%	1	100.00%	1	100.00%	0	0.00%
Device	2	28.57%	1	50.00%	1	100.00%	0	0.00%
Hose	1	14.29%	1	100.00%	1	100.00%	0	0.00%
Sprinkler	1	14.29%	0	0.00%	0	0.00%	0	0.00%
Valve	2	28.57%	1	50.00%	1	100.00%	0	0.00%
<b>Totals</b>	<b>7</b>	<b>100%</b>	<b>4</b>	<b>57.14%</b>	<b>4</b>	<b>100.00%</b>	<b>0</b>	<b>0.00%</b>

### Certification

**Company:** NIFCO Mechanical Systems

**Building:** Beatrice State Development Cottage #420

**Inspector:** Travis Billesbach

**Contact:** Facility Manager

### Travis Billesbach Certifications

Certification Type	Number
Nebraska Grade VI Water Operator	8466
NICET Inspection and Testing of Water-Based Systems Level I	

# Inspection & Testing

Generated by: BuildingReports.com

## Building: Beatrice State Development Cottage #420

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

Device Type	Location	Service	Time	Date
<b><i>Passed</i></b>				
<b>Building- Wet Pipe, Building-</b>				
Waterflow Switch	1st West Laundry	Semi-Annual	7:32:58 AM	03/29/2023
Drain	1st West Laundry	Semi-Annual	7:33:09 AM	03/29/2023
Fire Dep't Connection	Ground West Outside	Semi-Annual	7:33:04 AM	03/29/2023
Control Valve	1st West Laundry	Semi-Annual	7:33:24 AM	03/29/2023
<b><i>Untested</i></b>				
<b>Building- Wet Pipe, Building-</b>				
Gauge	1st West Laundry			
Piping	1st West Laundry			
Check Valve	1st West Laundry			

# Wet Pipe Fire Sprinkler Systems

Generated by: *BuildingReports.com*

Building: Beatrice State Development Cottage #420						Building-, Building-		
<p><i>This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.</i></p>								
<b>Alarms</b>								
<b>Waterflow Switch</b>								
Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID	
Vane				4.0	1	<input checked="" type="checkbox"/>	59770052	
<b>Components</b>								
<b>Check Valve</b>								
Type	Location		Internal Date			Size	OK	ScanID
Grooved	1st West Laundry		12/31/1969			4"	<input type="checkbox"/>	68041414
<b>Control Valve</b>								
Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			1st West Laundry	4"	Open	Supervised	<input checked="" type="checkbox"/>	59770055
<b>Description</b>								
Main Control								
<b>Devices</b>								
<b>Drain</b>								
<b>Current Inspection</b>								
Type	Location	Size	Supply psi	Restored psi	Residual psi	Sec	OK	ScanID
Main	1st West Laundry	2"	46	45	31		<input checked="" type="checkbox"/>	59770053
<b>Previous Inspections</b>								
<b>December 14, 2022</b>								
Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	1st West Laundry	2"	48	52	35		<input checked="" type="checkbox"/>	59770053
<b>September 26, 2022</b>								
Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	1st West Laundry	2"	49	50	34		<input checked="" type="checkbox"/>	59770053
<b>Fire Dep't Connection</b>								
Location		Type	BallDrip	Rotating Swivels	Size	OK	ScanID	
Ground West Outside		Siamese	Yes	Yes	4"	<input checked="" type="checkbox"/>	59770054	
<b>Gauge</b>								
Location				Service Date				

1st West Laundry				12/31/1969			
Type	Manufacturer	Model #	Static psi	Fill Type	Size	OK	ScanID
				Air/Water		<input type="checkbox"/>	68041412
Piping							
Location	Type	Size	Internal Date				
1st West Laundry	Steel		10/15/2021				
Hangers	Braces	Fittings	Identified	Antifreeze	ScanID		
Normal	Normal		Tagged	N/A	680P1413		

# Inventory & Warranty Report

Generated by: *BuildingReports.com*

**Building: Beatrice State Development Cottage #420**

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

Device or Type	Category	% of Inventory	Quantity
Check Valve	Valve	14.29%	1
Control Valve	Valve	14.29%	1
Drain	Device	14.29%	1
Fire Dep't Connection	Hose	14.29%	1
Gauge	Device	14.29%	1
Piping	Sprinkler	14.29%	1
Waterflow Switch	Alarm	14.29%	1

Device Type	Qty	Model #	Type	Description	Install Date
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***In Service - 3 Years to 5 Years***

**Building– Wet Pipe, Building–**

Check Valve	1		Grooved		03/19/2020
Control Valve	1		Butterfly	Main Control	03/19/2020
Drain	1		Main		03/19/2020
Fire Dep't Connection	1		Siamese		03/19/2020
Gauge	1				03/19/2020
Piping	1		Steel		03/19/2020
Waterflow Switch	1		Vane	Alarm	03/19/2020



# Notes & Recommendations

Generated by: BuildingReports.com

## Building: Beatrice State Development Cottage #420

The Notes & Recommendations Report details additional inspection notes made by the Inspectors during the course of the building inspection. Notes are grouped by SystemID.

Note	Device Type	Location	Comment	ScanID
<b><i>Building- Wet Pipe, Building-</i></b>				
1	Check Valve	1st West Laundry		68041414
	Check valve moves freely at this time			
2	Gauge	1st West Laundry		68041412
	1 gage replaced on this date			
3	Piping	1st West Laundry		680P1413
	No sign of corrosion or blockage at this point			

# Sprinkler Inspection Certificate

*For*

Beatrice State Development  
Cottage #422  
723 Solar Dr.  
Beatrice, Nebraska 68310

Tested to NFPA 25 Standards

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

*Annual Inspection  
Inspection Date  
Sep 27, 2023*

Building: Beatrice State Development Cottage #422  
Contact: Facility Manager  
Title: Maint. Supervisor

Company: NIFCO Mechanical Systems  
Contact: Travis Billesbach  
Title: Inspector

# Executive Summary

Generated by: *BuildingReports.com*

Building Information			
<b>Building:</b> Beatrice State Development Cottage #422	<b>Contact:</b> Facility Manager		
<b>Address:</b> 723 Solar Dr.	<b>Phone:</b> 402-223-7526		
<b>Address:</b>	<b>Fax:</b>		
<b>City/State/ZIP Code:</b> Beatrice, Nebraska 68310	<b>Mobile:</b>		
<b>Country:</b> United States of America	<b>Email:</b>		
Inspection Performed By			
<b>Company:</b> NIFCO Mechanical Systems	<b>Inspector:</b> Travis Billesbach		
<b>Address:</b> 500 Blue Heron Dr	<b>Phone:</b> 402-477-0666		
<b>Address:</b>	<b>Fax:</b>		
<b>City/State/ZIP Code:</b> Lincoln, NE 68522-1701	<b>Mobile:</b> 531-220-1687		
<b>Country:</b> United States of America	<b>Email:</b> tbillesbach@nifcomechanical.com		
System Control Unit			
System Type	System Location	Protected Area	Devices
Wet Pipe	Building-	Building-	7

Inspection Summary								
Category	Total Items		Serviced		Passed		Failed/Other	
	Qty	%	Qty	%	Qty	%	Qty	%
Alarm	1	14.29%	1	100.00%	1	100.00%	0	0.00%
Device	2	28.57%	1	50.00%	1	100.00%	0	0.00%
Hose	1	14.29%	1	100.00%	1	100.00%	0	0.00%
Sprinkler	1	14.29%	0	0.00%	0	0.00%	0	0.00%
Valve	2	28.57%	1	50.00%	1	100.00%	0	0.00%
<b>Totals</b>	<b>7</b>	<b>100%</b>	<b>4</b>	<b>57.14%</b>	<b>4</b>	<b>100.00%</b>	<b>0</b>	<b>0.00%</b>

### Certification

**Company:** NIFCO Mechanical Systems

**Building:** Beatrice State Development Cottage #422

**Inspector:** Travis Billesbach

**Contact:** Facility Manager

### Travis Billesbach Certifications

Certification Type	Number
NICET Inspection and Testing of Water-Based Systems Level I	
Nebraska Grade VI Water Operator	8466

# Inspection & Testing

Generated by: *BuildingReports.com*

Building: Beatrice State Development Cottage #422				
<i>The Inspection &amp; Testing section lists all of the items inspected in your building. Items are grouped by Passed or Failed/Other. Items are listed by Category. Each item includes the services performed, and the time &amp; date at which testing occurred.</i>				
Device Type	Location	Service	Time	Date
<b><i>Passed</i></b>				
<b>Building- Wet Pipe, Building-</b>				
Waterflow Switch	1st East Laundry	Annual	9:40:48 AM	09/27/2023
Drain	1st East Laundry	Annual	9:40:09 AM	09/27/2023
Fire Dep't Connection	Ground East Outside	Annual	9:40:43 AM	09/27/2023
Control Valve	1st East Laundry	Annual	9:39:59 AM	09/27/2023
<b><i>Untested</i></b>				
<b>Building- Wet Pipe, Building-</b>				
Gauge	1st East Laundry			
Piping	1st East Laundry			
Check Valve	1st East Laundry			

# Wet Pipe Fire Sprinkler Systems

Generated by: *BuildingReports.com*

Building: Beatrice State Development Cottage #422	Building-, Building-
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*This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.*

## Alarms

### Waterflow Switch

Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID
Vane				4.0	1	<input checked="" type="checkbox"/>	59770058

## Components

### Check Valve

Type	Location	Internal Date	Size	OK	ScanID
Grooved	1st East Laundry	12/31/1969	4"	<input type="checkbox"/>	68041417

### Control Valve

Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			1st East Laundry	4"	Open	Supervised	<input checked="" type="checkbox"/>	59770055

### Description

Main Control

## Devices

### Drain

### Current Inspection

Type	Location	Size	Supply psi	Restored psi	Residual psi	Sec	OK	ScanID
Main	1st East Laundry	2"	50	49	39		<input checked="" type="checkbox"/>	59770057

### Previous Inspections

#### June 14, 2023

Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	1st East Laundry	2"	43	42	37		<input checked="" type="checkbox"/>	59770057

#### March 29, 2023

Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	1st East Laundry	2"	47	45	40		<input checked="" type="checkbox"/>	59770057

### Fire Dep't Connection

Location	Type	BallDrip	Rotating Swivels	Size	OK	ScanID
Ground East Outside	Siamese	Yes	Yes	4"	<input checked="" type="checkbox"/>	59770056

### Gauge

Location	Service Date

1st East Laundry			12/31/1969				
Type	Manufacturer	Model #	Static psi	Fill Type	Size	OK	ScanID
				Air/Water		<input type="checkbox"/>	68041415
Piping							
Location	Type	Size	Internal Date				
1st East Laundry	Steel		10/15/2021				
Hangers	Braces	Fittings	Identified	Antifreeze	ScanID		
Normal	Normal		Tagged	N/A	68041416		

# Inventory & Warranty Report

Generated by: [BuildingReports.com](http://BuildingReports.com)

**Building: Beatrice State Development Cottage #422**

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

Device or Type	Category	% of Inventory	Quantity
Check Valve	Valve	14.29%	1
Control Valve	Valve	14.29%	1
Drain	Device	14.29%	1
Fire Dep't Connection	Hose	14.29%	1
Gauge	Device	14.29%	1
Piping	Sprinkler	14.29%	1
Waterflow Switch	Alarm	14.29%	1

Device Type	Qty	Model #	Type	Description	Install Date
<b><i>In Service - 3 Years to 5 Years</i></b>					

<b>Building– Wet Pipe, Building–</b>					
Check Valve	1		Grooved		03/19/2020
Control Valve	1		Butterfly	Main Control	03/19/2020
Drain	1		Main		03/19/2020
Fire Dep't Connection	1		Siamese		03/19/2020
Gauge	1				03/19/2020
Piping	1		Steel		03/19/2020
Waterflow Switch	1		Vane	Alarm	03/19/2020



# Sprinkler Inspection Certificate

*For*

Beatrice State Development  
Cottage #422  
723 Solar Dr.  
Beatrice, Nebraska 68310

Tested to NFPA 25 Standards

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

*Quarterly Inspection  
Inspection Date  
Jun 14, 2023*

Building: Beatrice State Development Cottage #422  
Contact: Facility Manager  
Title: Maint. Supervisor

Company: NIFCO Mechanical Systems  
Contact: Travis Billesbach  
Title: Inspector

# Executive Summary

Generated by: *BuildingReports.com*

Building Information			
<b>Building:</b> Beatrice State Development Cottage #422	<b>Contact:</b> Facility Manager		
<b>Address:</b> 723 Solar Dr.	<b>Phone:</b> 402-223-7526		
<b>Address:</b>	<b>Fax:</b>		
<b>City/State/ZIP Code:</b> Beatrice, Nebraska 68310	<b>Mobile:</b>		
<b>Country:</b> United States of America	<b>Email:</b>		
Inspection Performed By			
<b>Company:</b> NIFCO Mechanical Systems	<b>Inspector:</b> Travis Billesbach		
<b>Address:</b> 500 Blue Heron Dr	<b>Phone:</b> 402-477-0666		
<b>Address:</b>	<b>Fax:</b>		
<b>City/State/ZIP Code:</b> Lincoln, NE 68522-1701	<b>Mobile:</b> 531-220-1687		
<b>Country:</b> United States of America	<b>Email:</b> tbillesbach@nifcomechanical.com		
System Control Unit			
System Type	System Location	Protected Area	Devices
Wet Pipe	Building-	Building-	7

Inspection Summary								
Category	Total Items		Serviced		Passed		Failed/Other	
	Qty	%	Qty	%	Qty	%	Qty	%
Alarm	1	14.29%	1	100.00%	1	100.00%	0	0.00%
Device	2	28.57%	1	50.00%	1	100.00%	0	0.00%
Hose	1	14.29%	1	100.00%	1	100.00%	0	0.00%
Sprinkler	1	14.29%	0	0.00%	0	0.00%	0	0.00%
Valve	2	28.57%	1	50.00%	1	100.00%	0	0.00%
<b>Totals</b>	<b>7</b>	<b>100%</b>	<b>4</b>	<b>57.14%</b>	<b>4</b>	<b>100.00%</b>	<b>0</b>	<b>0.00%</b>

Certification	
<b>Company:</b> NIFCO Mechanical Systems	<b>Building:</b> Beatrice State Development Cottage #422
<b>Inspector:</b> Travis Billesbach	<b>Contact:</b> Facility Manager

Travis Billesbach Certifications	
Certification Type	Number
NICET Inspection and Testing of Water-Based Systems Level I	
Nebraska Grade VI Water Operator	8466

# Inspection & Testing

Generated by: BuildingReports.com

## Building: Beatrice State Development Cottage #422

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

Device Type	Location	Service	Time	Date
<i>Passed</i>				
<b>Building- Wet Pipe, Building-</b>				
Waterflow Switch	1st East Laundry	Quarterly	7:45:06 AM	06/14/2023
Drain	1st East Laundry	Quarterly	7:45:16 AM	06/14/2023
Fire Dep't Connection	Ground East Outside	Quarterly	7:45:11 AM	06/14/2023
Control Valve	1st East Laundry	Quarterly	7:45:30 AM	06/14/2023
<i>Untested</i>				
<b>Building- Wet Pipe, Building-</b>				
Gauge	1st East Laundry			
Piping	1st East Laundry			
Check Valve	1st East Laundry			

# Wet Pipe Fire Sprinkler Systems

Generated by: *BuildingReports.com*

Building: Beatrice State Development Cottage #422						Building-, Building-		
<p><i>This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.</i></p>								
<b>Alarms</b>								
<b>Waterflow Switch</b>								
Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID	
Vane				4.0	1	<input checked="" type="checkbox"/>	59770058	
<b>Components</b>								
<b>Check Valve</b>								
Type	Location		Internal Date			Size	OK	ScanID
Grooved	1st East Laundry		12/31/1969			4"	<input type="checkbox"/>	68041417
<b>Control Valve</b>								
Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			1st East Laundry	4"	Open	Supervised	<input checked="" type="checkbox"/>	59770055
<b>Description</b>								
Main Control								
<b>Devices</b>								
<b>Drain</b>								
<b>Current Inspection</b>								
Type	Location	Size	Supply psi	Restored psi	Residual psi	Sec	OK	ScanID
Main	1st East Laundry	2"	43	42	37		<input checked="" type="checkbox"/>	59770057
<b>Previous Inspections</b>								
<b>March 29, 2023</b>								
Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	1st East Laundry	2"	47	45	40		<input checked="" type="checkbox"/>	59770057
<b>December 14, 2022</b>								
Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	1st East Laundry	2"	52	50	41		<input checked="" type="checkbox"/>	59770057
<b>Fire Dep't Connection</b>								
Location		Type	BallDrip	Rotating Swivels	Size	OK	ScanID	
Ground East Outside		Siamese	Yes	Yes	4"	<input checked="" type="checkbox"/>	59770056	
<b>Gauge</b>								
Location				Service Date				

1st East Laundry			12/31/1969				
Type	Manufacturer	Model #	Static psi	Fill Type	Size	OK	ScanID
				Air/Water		<input type="checkbox"/>	68041415
Piping							
Location	Type	Size	Internal Date				
1st East Laundry	Steel		10/15/2021				
Hangers	Braces	Fittings	Identified	Antifreeze	ScanID		
Normal	Normal		Tagged	N/A	68041416		

# Inventory & Warranty Report

Generated by: [BuildingReports.com](http://BuildingReports.com)

Building: Beatrice State Development Cottage #422					
<p><i>The Inventory &amp; Warranty Report lists each of the devices and items that are included in your Inspection Report. A complete inventory count by device type and category is provided. Items installed within the last 90 days, within the last year, and devices installed for two years or more are grouped together for easy reference.</i></p>					
Device or Type	Category	% of Inventory	Quantity		
Check Valve	Valve	14.29%	1		
Control Valve	Valve	14.29%	1		
Drain	Device	14.29%	1		
Fire Dep't Connection	Hose	14.29%	1		
Gauge	Device	14.29%	1		
Piping	Sprinkler	14.29%	1		
Waterflow Switch	Alarm	14.29%	1		
Device Type	Qty	Model #	Type	Description	Install Date
<i>In Service - 3 Years to 5 Years</i>					
Building– Wet Pipe, Building–					
Check Valve	1		Grooved		03/19/2020
Control Valve	1		Butterfly	Main Control	03/19/2020
Drain	1		Main		03/19/2020
Fire Dep't Connection	1		Siamese		03/19/2020
Gauge	1				03/19/2020
Piping	1		Steel		03/19/2020
Waterflow Switch	1		Vane	Alarm	03/19/2020

# Notes & Recommendations

Generated by: BuildingReports.com

## Building: Beatrice State Development Cottage #422

The Notes & Recommendations Report details additional inspection notes made by the Inspectors during the course of the building inspection. Notes are grouped by SystemID.

Note	Device Type	Location	Comment	ScanID
<b><i>Building- Wet Pipe, Building-</i></b>				
1	Check Valve	1st East Laundry		68041417
	Check valve moves freely at this time			
2	Gauge	1st East Laundry		68041415
	1 gage replaced on this date			



# Sprinkler Inspection Certificate

*For*

Beatrice State Development  
Cottage #424  
715 Solar Dr.  
Beatrice, Nebraska 68310

Tested to NFPA 25 Standards

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

*Annual Inspection  
Inspection Date  
Sep 27, 2023*

Building: Beatrice State Development Cottage #424  
Contact: Facility Manager  
Title: Maint. Supervisor

Company: NIFCO Mechanical Systems  
Contact: Travis Billesbach  
Title: Inspector

# Executive Summary

Generated by: *BuildingReports.com*

Building Information			
<b>Building:</b> Beatrice State Development Cottage #424	<b>Contact:</b> Facility Manager		
<b>Address:</b> 715 Solar Dr.	<b>Phone:</b> 402-223-7526		
<b>Address:</b>	<b>Fax:</b>		
<b>City/State/ZIP Code:</b> Beatrice, Nebraska 68310	<b>Mobile:</b>		
<b>Country:</b> United States of America	<b>Email:</b>		
Inspection Performed By			
<b>Company:</b> NIFCO Mechanical Systems	<b>Inspector:</b> Travis Billesbach		
<b>Address:</b> 500 Blue Heron Dr	<b>Phone:</b> 402-477-0666		
<b>Address:</b>	<b>Fax:</b>		
<b>City/State/ZIP Code:</b> Lincoln, NE 68522-1701	<b>Mobile:</b> 531-220-1687		
<b>Country:</b> United States of America	<b>Email:</b> tbillesbach@nifcomechanical.com		
System Control Unit			
System Type	System Location	Protected Area	Devices
Wet Pipe	Building-	Building-	7

Inspection Summary								
Category	Total Items		Serviced		Passed		Failed/Other	
	Qty	%	Qty	%	Qty	%	Qty	%
Alarm	1	14.29%	1	100.00%	1	100.00%	0	0.00%
Device	2	28.57%	1	50.00%	1	100.00%	0	0.00%
Hose	1	14.29%	1	100.00%	1	100.00%	0	0.00%
Sprinkler	1	14.29%	0	0.00%	0	0.00%	0	0.00%
Valve	2	28.57%	1	50.00%	1	100.00%	0	0.00%
<b>Totals</b>	<b>7</b>	<b>100%</b>	<b>4</b>	<b>57.14%</b>	<b>4</b>	<b>100.00%</b>	<b>0</b>	<b>0.00%</b>

### Certification

**Company:** NIFCO Mechanical Systems

**Building:** Beatrice State Development Cottage #424

**Inspector:** Travis Billesbach

**Contact:** Facility Manager

### Travis Billesbach Certifications

Certification Type	Number
NICET Inspection and Testing of Water-Based Systems Level I	
Nebraska Grade VI Water Operator	8466

# Inspection & Testing

Generated by: *BuildingReports.com*

Building: Beatrice State Development Cottage #424				
<i>The Inspection &amp; Testing section lists all of the items inspected in your building. Items are grouped by Passed or Failed/Other. Items are listed by Category. Each item includes the services performed, and the time &amp; date at which testing occurred.</i>				
Device Type	Location	Service	Time	Date
<b><i>Passed</i></b>				
<b>Building- Wet Pipe, Building-</b>				
Waterflow Switch	1st West Laundry	Annual	9:52:40 AM	09/27/2023
Drain	1st West Laundry	Annual	9:52:01 AM	09/27/2023
Fire Dep't Connection	Ground West Outside	Annual	9:52:32 AM	09/27/2023
Control Valve	1st West Laundry	Annual	9:50:40 AM	09/27/2023
<b><i>Untested</i></b>				
<b>Building- Wet Pipe, Building-</b>				
Gauge	1st West Laundry			
Piping	1st West Laundry			
Check Valve	1st West Laundry			

# Wet Pipe Fire Sprinkler Systems

Generated by: *BuildingReports.com*

Building: Beatrice State Development Cottage #424	Building-, Building-
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*This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.*

## Alarms

### Waterflow Switch

Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID
Vane				4.0	1	<input checked="" type="checkbox"/>	59770060

## Components

### Check Valve

Type	Location	Internal Date	Size	OK	ScanID
Grooved	1st West Laundry	12/31/1969	4"	<input type="checkbox"/>	68041420

### Control Valve

Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			1st West Laundry	4"		Supervised	<input checked="" type="checkbox"/>	59770059

### Description

Main Control

## Devices

### Drain

#### Current Inspection

Type	Location	Size	Supply psi	Restored psi	Residual psi	Sec	OK	ScanID
Main	1st West Laundry	2"	49	52	20		<input checked="" type="checkbox"/>	59770061

#### Previous Inspections

##### June 14, 2023

Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	1st West Laundry	2"	45	46	25		<input checked="" type="checkbox"/>	59770061

##### March 29, 2023

Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	1st West Laundry	2"	48	49	29		<input checked="" type="checkbox"/>	59770061

### Fire Dep't Connection

Location	Type	BallDrip	Rotating Swivels	Size	OK	ScanID
Ground West Outside	Siamese	Yes	Yes	4"	<input checked="" type="checkbox"/>	59770062

### Gauge

Location	Service Date

1st West Laundry				12/31/1969			
Type	Manufacturer	Model #	Static psi	Fill Type	Size	OK	ScanID
				Air/Water		<input type="checkbox"/>	68041418
Piping							
Location	Type	Size	Internal Date				
1st West Laundry	Steel		10/15/2021				
Hangers	Braces	Fittings	Identified	Antifreeze	ScanID		
Normal	Normal		Tagged	N/A	68041419		

# Inventory & Warranty Report

Generated by: [BuildingReports.com](http://BuildingReports.com)

**Building: Beatrice State Development Cottage #424**

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

Device or Type	Category	% of Inventory	Quantity
Check Valve	Valve	14.29%	1
Control Valve	Valve	14.29%	1
Drain	Device	14.29%	1
Fire Dep't Connection	Hose	14.29%	1
Gauge	Device	14.29%	1
Piping	Sprinkler	14.29%	1
Waterflow Switch	Alarm	14.29%	1

Device Type	Qty	Model #	Type	Description	Install Date
<b><i>In Service - 3 Years to 5 Years</i></b>					
<b>Building– Wet Pipe, Building–</b>					
Check Valve	1		Grooved		03/19/2020
Control Valve	1		Butterfly	Main Control	03/19/2020
Drain	1		Main		03/19/2020
Fire Dep't Connection	1		Siamese		03/19/2020
Gauge	1				03/19/2020
Piping	1		Steel		03/19/2020
Waterflow Switch	1		Vane	Alarm	03/19/2020

# Sprinkler Inspection Certificate

*For*

Beatrice State Development  
Cottage #424  
715 Solar Dr.  
Beatrice, Nebraska 68310

Tested to NFPA 25 Standards

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

*Semi-Annual Inspection*

*Inspection Date*

*Mar 29, 2023*

Building: Beatrice State Development Cottage #424  
Contact: Facility Manager  
Title: Maint. Supervisor

Company: NIFCO Mechanical Systems  
Contact: Travis Billesbach  
Title: Inspector



# Executive Summary

Generated by: *BuildingReports.com*

Building Information			
<b>Building:</b> Beatrice State Development Cottage #424	<b>Contact:</b> Facility Manager		
<b>Address:</b> 715 Solar Dr.	<b>Phone:</b> 402-223-7526		
<b>Address:</b>	<b>Fax:</b>		
<b>City/State/ZIP Code:</b> Beatrice, Nebraska 68310	<b>Mobile:</b>		
<b>Country:</b> United States of America	<b>Email:</b>		
Inspection Performed By			
<b>Company:</b> NIFCO Mechanical Systems	<b>Inspector:</b> Travis Billesbach		
<b>Address:</b> 500 Blue Heron Dr	<b>Phone:</b> 402-477-0666		
<b>Address:</b>	<b>Fax:</b>		
<b>City/State/ZIP Code:</b> Lincoln, NE 68522-1701	<b>Mobile:</b> 531-220-1687		
<b>Country:</b> United States of America	<b>Email:</b> tbillesbach@nifcomechanical.com		
System Control Unit			
System Type	System Location	Protected Area	Devices
Wet Pipe	Building-	Building-	7

Inspection Summary								
Category	Total Items		Serviced		Passed		Failed/Other	
	Qty	%	Qty	%	Qty	%	Qty	%
Alarm	1	14.29%	1	100.00%	1	100.00%	0	0.00%
Device	2	28.57%	1	50.00%	1	100.00%	0	0.00%
Hose	1	14.29%	1	100.00%	1	100.00%	0	0.00%
Sprinkler	1	14.29%	0	0.00%	0	0.00%	0	0.00%
Valve	2	28.57%	2	100.00%	2	100.00%	0	0.00%
<b>Totals</b>	<b>7</b>	<b>100%</b>	<b>5</b>	<b>71.43%</b>	<b>5</b>	<b>100.00%</b>	<b>0</b>	<b>0.00%</b>

### Certification

**Company:** NIFCO Mechanical Systems

**Building:** Beatrice State Development Cottage #424

**Inspector:** Travis Billesbach

**Contact:** Facility Manager

### Travis Billesbach Certifications

Certification Type	Number
Nebraska Grade VI Water Operator	8466
NICET Inspection and Testing of Water-Based Systems Level I	

# Inspection & Testing

Generated by: BuildingReports.com

Building: Beatrice State Development Cottage #424				
<i>The Inspection &amp; Testing section lists all of the items inspected in your building. Items are grouped by Passed or Failed/Other. Items are listed by Category. Each item includes the services performed, and the time &amp; date at which testing occurred.</i>				
Device Type	Location	Service	Time	Date
<b><i>Passed</i></b>				
<b>Building– Wet Pipe, Building–</b>				
Waterflow Switch	1st West Laundry	Semi-Annual	7:28:22 AM	03/29/2023
Drain	1st West Laundry	Semi-Annual	7:28:30 AM	03/29/2023
Fire Dep't Connection	Ground West Outside	Semi-Annual	7:28:26 AM	03/29/2023
Check Valve	1st West Laundry	Semi-Annual	7:27:45 AM	03/29/2023
Control Valve	1st West Laundry	Semi-Annual	7:28:34 AM	03/29/2023
<b><i>Untested</i></b>				
<b>Building– Wet Pipe, Building–</b>				
Gauge	1st West Laundry			
Piping	1st West Laundry			

# Wet Pipe Fire Sprinkler Systems

Generated by: *BuildingReports.com*

Building: Beatrice State Development Cottage #424	Building-, Building-
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*This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.*

## Alarms

### Waterflow Switch

Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID
Vane				4.0	1	<input checked="" type="checkbox"/>	59770060

## Components

### Check Valve

Type	Location	Internal Date	Size	OK	ScanID
Grooved	1st West Laundry	12/31/1969	4"	<input checked="" type="checkbox"/>	68041420

### Control Valve

Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			1st West Laundry	4"	Open	Supervised	<input checked="" type="checkbox"/>	59770059

### Description

Main Control

## Devices

### Drain

#### Current Inspection

Type	Location	Size	Supply psi	Restored psi	Residual psi	Sec	OK	ScanID
Main	1st West Laundry	2"	48	49	29		<input checked="" type="checkbox"/>	59770061

#### Previous Inspections

##### December 14, 2022

Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	1st West Laundry	2"	50	51	30		<input checked="" type="checkbox"/>	59770061

##### September 26, 2022

Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	1st West Laundry	2"	51	53	27		<input checked="" type="checkbox"/>	59770061

### Fire Dep't Connection

Location	Type	BallDrip	Rotating Swivels	Size	OK	ScanID
Ground West Outside	Siamese	Yes	Yes	4"	<input checked="" type="checkbox"/>	59770062

### Gauge

Location	Service Date

1st West Laundry				12/31/1969			
Type	Manufacturer	Model #	Static psi	Fill Type	Size	OK	ScanID
				Air/Water		<input type="checkbox"/>	68041418
Piping							
Location	Type	Size	Internal Date				
1st West Laundry	Steel		10/15/2021				
Hangers	Braces	Fittings	Identified	Antifreeze	ScanID		
Normal	Normal		Tagged	N/A	68041419		

# Inventory & Warranty Report

Generated by: [BuildingReports.com](http://BuildingReports.com)

Building: Beatrice State Development Cottage #424					
<p><i>The Inventory &amp; Warranty Report lists each of the devices and items that are included in your Inspection Report. A complete inventory count by device type and category is provided. Items installed within the last 90 days, within the last year, and devices installed for two years or more are grouped together for easy reference.</i></p>					
Device or Type	Category	% of Inventory	Quantity		
Check Valve	Valve	14.29%	1		
Control Valve	Valve	14.29%	1		
Drain	Device	14.29%	1		
Fire Dep't Connection	Hose	14.29%	1		
Gauge	Device	14.29%	1		
Piping	Sprinkler	14.29%	1		
Waterflow Switch	Alarm	14.29%	1		
Device Type	Qty	Model #	Type	Description	Install Date
<i>In Service - 3 Years to 5 Years</i>					
Building– Wet Pipe, Building–					
Check Valve	1		Grooved		03/19/2020
Control Valve	1		Butterfly	Main Control	03/19/2020
Drain	1		Main		03/19/2020
Fire Dep't Connection	1		Siamese		03/19/2020
Gauge	1				03/19/2020
Piping	1		Steel		03/19/2020
Waterflow Switch	1		Vane	Alarm	03/19/2020

# Notes & Recommendations

Generated by: BuildingReports.com

## Building: Beatrice State Development Cottage #424

*The Notes & Recommendations Report details additional inspection notes made by the Inspectors during the course of the building inspection. Notes are grouped by SystemID.*

Note	Device Type	Location	Comment	ScanID
<b><i>Building- Wet Pipe, Building-</i></b>				
1	Gauge	1st West Laundry		68041418
	1 gage replaced on this date			
2	Piping	1st West Laundry		68041419
	No sign of corrosion or blockage at this time			

# Sprinkler Inspection Certificate

*For*

Beatrice State Development  
Cottage #424  
715 Solar Dr.  
Beatrice, Nebraska 68310

Tested to NFPA 25 Standards

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

*Quarterly Inspection*  
*Inspection Date*  
*Jun 14, 2023*

Building: Beatrice State Development Cottage #424  
Contact: Facility Manager  
Title: Maint. Supervisor

Company: NIFCO Mechanical Systems  
Contact: Travis Billesbach  
Title: Inspector



# Executive Summary

Generated by: *BuildingReports.com*

Building Information			
<b>Building:</b> Beatrice State Development Cottage #424	<b>Contact:</b> Facility Manager		
<b>Address:</b> 715 Solar Dr.	<b>Phone:</b> 402-223-7526		
<b>Address:</b>	<b>Fax:</b>		
<b>City/State/ZIP Code:</b> Beatrice, Nebraska 68310	<b>Mobile:</b>		
<b>Country:</b> United States of America	<b>Email:</b>		
Inspection Performed By			
<b>Company:</b> NIFCO Mechanical Systems	<b>Inspector:</b> Travis Billesbach		
<b>Address:</b> 500 Blue Heron Dr	<b>Phone:</b> 402-477-0666		
<b>Address:</b>	<b>Fax:</b>		
<b>City/State/ZIP Code:</b> Lincoln, NE 68522-1701	<b>Mobile:</b> 531-220-1687		
<b>Country:</b> United States of America	<b>Email:</b> tbillesbach@nifcomechanical.com		
System Control Unit			
System Type	System Location	Protected Area	Devices
Wet Pipe	Building-	Building-	7

Inspection Summary								
Category	Total Items		Serviced		Passed		Failed/Other	
	Qty	%	Qty	%	Qty	%	Qty	%
Alarm	1	14.29%	1	100.00%	1	100.00%	0	0.00%
Device	2	28.57%	1	50.00%	1	100.00%	0	0.00%
Hose	1	14.29%	1	100.00%	1	100.00%	0	0.00%
Sprinkler	1	14.29%	0	0.00%	0	0.00%	0	0.00%
Valve	2	28.57%	1	50.00%	1	100.00%	0	0.00%
<b>Totals</b>	<b>7</b>	<b>100%</b>	<b>4</b>	<b>57.14%</b>	<b>4</b>	<b>100.00%</b>	<b>0</b>	<b>0.00%</b>

Certification	
<b>Company:</b> NIFCO Mechanical Systems	<b>Building:</b> Beatrice State Development Cottage #424
<b>Inspector:</b> Travis Billesbach	<b>Contact:</b> Facility Manager

Travis Billesbach Certifications	
Certification Type	Number
NICET Inspection and Testing of Water-Based Systems Level I	
Nebraska Grade VI Water Operator	8466

# Inspection & Testing

Generated by: BuildingReports.com

## Building: Beatrice State Development Cottage #424

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

Device Type	Location	Service	Time	Date
<b><i>Passed</i></b>				
<b>Building- Wet Pipe, Building-</b>				
Waterflow Switch	1st West Laundry	Quarterly	7:44:02 AM	06/14/2023
Drain	1st West Laundry	Quarterly	7:44:12 AM	06/14/2023
Fire Dep't Connection	Ground West Outside	Quarterly	7:44:07 AM	06/14/2023
Control Valve	1st West Laundry	Quarterly	7:44:26 AM	06/14/2023
<b><i>Untested</i></b>				
<b>Building- Wet Pipe, Building-</b>				
Gauge	1st West Laundry			
Piping	1st West Laundry			
Check Valve	1st West Laundry			

# Wet Pipe Fire Sprinkler Systems

Generated by: *BuildingReports.com*

Building: Beatrice State Development Cottage #424	Building-, Building-
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*This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.*

## Alarms

### Waterflow Switch

Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID
Vane				4.0	1	<input checked="" type="checkbox"/>	59770060

## Components

### Check Valve

Type	Location	Internal Date	Size	OK	ScanID
Grooved	1st West Laundry	12/31/1969	4"	<input type="checkbox"/>	68041420

### Control Valve

Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			1st West Laundry	4"	Open	Supervised	<input checked="" type="checkbox"/>	59770059

### Description

Main Control

## Devices

### Drain

### Current Inspection

Type	Location	Size	Supply psi	Restored psi	Residual psi	Sec	OK	ScanID
Main	1st West Laundry	2"	45	46	25		<input checked="" type="checkbox"/>	59770061

### Previous Inspections

#### March 29, 2023

Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	1st West Laundry	2"	48	49	29		<input checked="" type="checkbox"/>	59770061

#### December 14, 2022

Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	1st West Laundry	2"	50	51	30		<input checked="" type="checkbox"/>	59770061

### Fire Dep't Connection

Location	Type	BallDrip	Rotating Swivels	Size	OK	ScanID
Ground West Outside	Siamese	Yes	Yes	4"	<input checked="" type="checkbox"/>	59770062

### Gauge

Location	Service Date

1st West Laundry				12/31/1969			
Type	Manufacturer	Model #	Static psi	Fill Type	Size	OK	ScanID
				Air/Water		<input type="checkbox"/>	68041418
Piping							
Location	Type	Size	Internal Date				
1st West Laundry	Steel		10/15/2021				
Hangers	Braces	Fittings	Identified	Antifreeze	ScanID		
Normal	Normal		Tagged	N/A	68041419		

# Inventory & Warranty Report

Generated by: [BuildingReports.com](http://BuildingReports.com)

## Building: Beatrice State Development Cottage #424

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

Device or Type	Category	% of Inventory	Quantity
Check Valve	Valve	14.29%	1
Control Valve	Valve	14.29%	1
Drain	Device	14.29%	1
Fire Dep't Connection	Hose	14.29%	1
Gauge	Device	14.29%	1
Piping	Sprinkler	14.29%	1
Waterflow Switch	Alarm	14.29%	1

Device Type	Qty	Model #	Type	Description	Install Date
<b><i>In Service - 3 Years to 5 Years</i></b>					
<b>Building– Wet Pipe, Building–</b>					
Check Valve	1		Grooved		03/19/2020
Control Valve	1		Butterfly	Main Control	03/19/2020
Drain	1		Main		03/19/2020
Fire Dep't Connection	1		Siamese		03/19/2020
Gauge	1				03/19/2020
Piping	1		Steel		03/19/2020
Waterflow Switch	1		Vane	Alarm	03/19/2020

# Notes & Recommendations

Generated by: BuildingReports.com

## Building: Beatrice State Development Cottage #424

The Notes & Recommendations Report details additional inspection notes made by the Inspectors during the course of the building inspection. Notes are grouped by SystemID.

Note	Device Type	Location	Comment	ScanID
<b><i>Building- Wet Pipe, Building-</i></b>				
1	Gauge	1st West Laundry		68041418
	1 gage replaced on this date			
2	Piping	1st West Laundry		68041419
	No sign of corrosion or blockage at this time			



Tech connected. Lives protected.

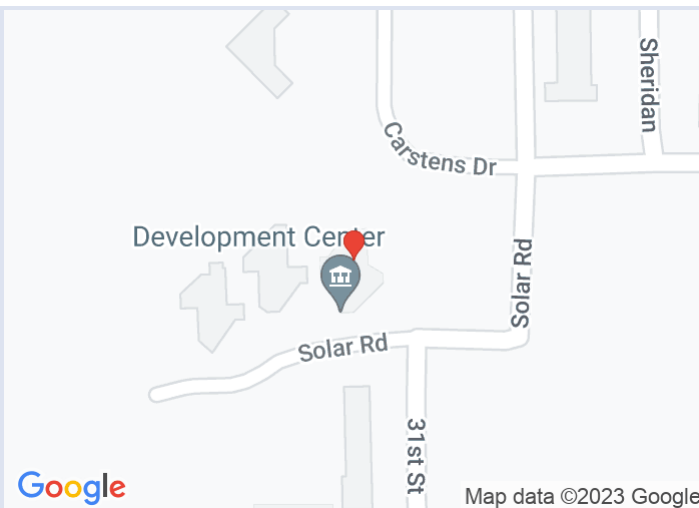
# Inspection Report

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Presented To  
State of Nebraska

---

For  
Admin Building  
3000 Lincoln St  
Beatrice, NE 68310



**This site has been inspected  
and tested in compliance  
with applicable standards.**

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Completed:  
**Tuesday, May 23, 2023**

---

Tested By:  
**Gary Hesman**  
Midwest Alarm Services  
3630 W Old Hwy 30  
Grand Island, NE 68803

Scan Code to Access  
Nspec Cloud Portal





# Inspection Information

## CUSTOMER INFORMATION

Name:	State of Nebraska	Address:	3000 Lincoln St
City:	Beatrice	State:	NE
ZIP:	68310	Email:	mike.balderson@nebraska.gov
AR#:	1001603		

## BUILDING INFORMATION

Name:	Admin Building	Occupancy Type:	Institutional (Group I)
Address:	3000 Lincoln St	City:	Beatrice
State:	NE	ZIP:	68310
Monitoring Company Account Number:	FA14300	AR#:	1001603
Email for Reports:	mike.balderson@nebraska.gov		

## COMPANY INFORMATION

Name:	Midwest Alarm Services	Address:	3630 W Old Hwy 30
City:	Grand Island	State:	NE
Zip:	68803	License:	-
Email:	tracy.hesman@mw-as.com	Phone:	308-389-3981

## AUTHORITY HAVING JURISDICTION

Name:	State of Nebraska Fire Marshal	Address:	246 S 14th St
City:	Lincoln	State:	NE
Zip:	68508	Email:	-
Phone:	402-471-2027		

## MONITORING COMPANY

Name:	Per Mar	Address:	1910 E Kimberly Rd
City:	Davenport	State:	IA
Zip:	52807	Email:	-
phone:	800-227-9805		

## TESTING SUMMARY

EQUIPMENT TYPE	TOTAL	TESTED	PASSED	FAILED
Communicator	1	1 (100%)	1 (100%)	0 (0%)
Alarm Initiated Device	55	55 (100%)	55 (100%)	0 (0%)
Alarm Notification Appliance	177	177 (100%)	177 (100%)	0 (0%)
Annunciator	3	3 (100%)	3 (100%)	0 (0%)
Auxiliary Device	22	22 (100%)	22 (100%)	0 (0%)
Auxiliary Power Supply	3	3 (100%)	3 (100%)	0 (0%)
Control Unit	1	1 (100%)	1 (100%)	0 (0%)
Supervising Station Monitoring	1	1 (100%)	1 (100%)	0 (0%)
Supervisory Signal Device	22	22 (100%)	22 (100%)	0 (0%)

## Fire Alarm Inspection- NFPA 72 (2013)

This testing was performed in accordance with applicable NFPA 72 Standards.

Midwest Alarm Services provides many services to our community. If you would like quarterly, semi-annual or annual testing/inspection, the inspection coordinator can reach out and offer inspections on a time and material basis. Signing an Inspection Agreement with Midwest Alarm Services has many benefits. Not only do you save money, but our inspection coordinator will work with you to ensure your Fire System stays in code as well as has proper documentation sent to the local jurisdiction for compliance. If you need an estimate or have questions about our services, please reach out to our operations manager.

Gary Hesman  
Operations Manager  
308-389-3981  
gary.hesman@mw-as.com

---

Tested By:



**Gary Hesman**  
Midwest Alarm Services  
3630 W Old Hwy 30  
Grand Island, NE 68803

## Control Unit

### Location

Location  
Admin Building / By Switchboard

### Specification

Type/Make/Model  
ESL

### Software Firmware

Revision Number	Onsite Location Of Documentation
-	-

### Primary Power

Nominal Voltage	Amps
120v	-

### Overcurrent Protection

Type	Amps	Location	Disconnecting Means Location
-	-	-	-

### Visual/ Functional

Control Unit	Lamps/LEDs/LCDs	Fuses	Trouble Signal
Tested functionally	Tested functionally	Tested functionally	Tested functionally
Disconnect Switch	Ground-Fault Monitoring		
Tested functionally	Tested functionally		

### Batteries

Battery Date	Battery Type	Nominal Voltage	Amps/Hour Rating
06/18/2021	Gel	27.6v	7ah
Standby Mode (hrs)	Alarm Mode (mins)		
-	-		

### Visual/ Functional

Load Voltage	Charge Test	Discharge Test	Battery Condition
Tested functionally	Tested functionally	Tested functionally	Tested functionally

### Result

● Passed

## Communicator

### Specification

Type/Make/Model  
-

### Type

Type  
Phone Lines

### Result

● Passed

## Supervising Station Monitoring

### Specification

Type/Make/Model  
-

### Supervising Station Monitoring

Alarm Signal Tested functionally	Alarm Restoration Tested functionally	Trouble Signal Tested functionally	Trouble Restoration Tested functionally
Supervisory Signal Tested functionally	Supervisory Restoration Tested functionally		

## Result

● Passed

## Annunciator 1

### Location

Location	Basement Hallway
----------	------------------

### Specification

Type/Make/Model	-
-----------------	---

### Result

	● Passed
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### Notes

Number	-
--------	---

## Annunciator 2

### Location

Location	2nd Floor / Hallway
----------	---------------------

### Specification

Type/Make/Model	-
-----------------	---

### Result

	● Passed
--	----------

### Notes

Number	-
--------	---

## Annunciator 3

### Location

Location	1st Floor / Behind Medical Desk South Side
----------	--

### Specification

Type/Make/Model	-
-----------------	---

### Result

	● Passed
--	----------

### Notes

Number	-
--------	---

## Auxiliary Power Supply 1

### Location

Location	Basement / Data Room North Wall
----------	------------------------------------

### Specification

Type/Make/Model	Potter / PSN106
-----------------	-----------------

### Primary Power

Nominal Voltage	120v
Amps	-

### Overcurrent Protection

Type	-
Amps	-
Location	-
Disconnecting means location	-

### Visual/ Functional

Auxiliary Power Supply	Tested functionally
Lamps/LEDs/LCDs	Tested functionally
Fuses	Tested functionally
Trouble Signal	Tested functionally
Disconnect Switch	Tested functionally
Ground-Fault Monitoring	Tested functionally

### Batteries

Battery Date	06/16/2021
Battery Type	Lead Acid
Nominal Voltage	27.1v
Amps/Hour Rating	7ah
Standby Mode (hrs)	-
Alarm Mode (mins)	-

### Visual/ Functional

Load Voltage	Tested functionally
Charge Test	Tested functionally
Discharge Test	Tested functionally
Battery Condition	Tested functionally

### Result

	● Passed
--	----------

### Notes

Number	-
--------	---

## Auxiliary Power Supply 2

### Location

Location	1st Floor / Data Closet in Lobby of North Wing
----------	---

### Specification

Type/Make/Model	Potter / PSN106
-----------------	-----------------

## Primary Power

Nominal Voltage	120v
Amps	-

## Overcurrent Protection

Type	-
Amps	-
Location	-
Disconnecting means location	-

## Visual/ Functional

Auxiliary Power Supply	Tested functionally
Lamps/LEDs/LCDs	Tested functionally
Fuses	Tested functionally
Trouble Signal	Tested functionally
Disconnect Switch	Tested functionally
Ground-Fault Monitoring	Tested functionally

## Batteries

Battery Date	12/16/2022
Battery Type	Lead Acid
Nominal Voltage	27.0v
Amps/Hour Rating	7ah
Standby Mode (hrs)	-
Alarm Mode (mins)	-

## Visual/ Functional

Load Voltage	Tested functionally
Charge Test	Tested functionally
Discharge Test	Tested functionally
Battery Condition	Tested functionally

## Result

	● Passed
--	----------

## Notes

Number	-
--------	---

## Auxiliary Power Supply 3

### Location

Location	2nd Floor / Wire Chase Closet
----------	-------------------------------

### Specification

Type/Make/Model	Potter / PSN106
-----------------	-----------------

### Primary Power

Nominal Voltage	120v
Amps	-

### Overcurrent Protection

Type	-
Amps	-
Location	-

Disconnecting means location	-
------------------------------	---

## Visual/ Functional

Auxiliary Power Supply	Tested functionally
Lamps/LEDs/LCDs	Tested functionally
Fuses	Tested functionally
Trouble Signal	Tested functionally
Disconnect Switch	Tested functionally
Ground-Fault Monitoring	Tested functionally

## Batteries

Battery Date	06/16/2021
Battery Type	Lead Acid
Nominal Voltage	27.3v
Amps/Hour Rating	7ah
Standby Mode (hrs)	-
Alarm Mode (mins)	-

## Visual/ Functional

Load Voltage	Tested functionally
Charge Test	Tested functionally
Discharge Test	Tested functionally
Battery Condition	Tested functionally

## Result

	● Passed
--	----------

## Notes

Number	-
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## Alarm Initiated Device

Location	Specification	New Section	Result	Notes
Location	Type/Make/Model	Visual	Result	Number
Above FACP / 001	Smoke Detector	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
Reception Fire Curtain / 002	Smoke Detector	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
Reception Fire Curtain / 003	Smoke Detector	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
Corridor / 130 Fire Door / 004	Smoke Detector	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
Corridor / 130 Fire Door / 005	Smoke Detector	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
Corridor / 136 Elevator Fire Door / 006	Smoke Detector	Tested functionally	● Passed	-

Location	Specification	New Section	Result	Notes
Location Elevator / Lobby Fire Door / 007	Type/Make/Model Smoke Detector	Visual Tested functionally	Result ● Passed	Number -
Location Corridor / Elevator Lobby / 008	Type/Make/Model Smoke Detector	Visual Tested functionally	Result ● Passed	Number -
Location Elevator / Lobby Fire Door / 009	Type/Make/Model Smoke Detector	Visual Tested functionally	Result ● Passed	Number -
Location Waiting Room Elevator Fire Door / 010	Type/Make/Model Smoke Detector	Visual Tested functionally	Result ● Passed	Number -
Location Corridor 136 / Return / 012	Type/Make/Model Duct Smoke Detector	Visual Tested functionally	Result ● Passed	Number -
Location Corridor 136 / Supply / 013	Type/Make/Model Duct Smoke Detector	Visual Tested functionally	Result ● Passed	Number -
Location Corridor 136 / Exhaust / 014	Type/Make/Model Duct Smoke Detector	Visual Tested functionally	Result ● Passed	Number -
Location Lower Level / Elevator Lobby Fire Door / 018	Type/Make/Model Smoke Detector	Visual Tested functionally	Result ● Passed	Number -
Location Lower Level / Elevator Lobby / 019	Type/Make/Model Smoke Detector	Visual Tested functionally	Result ● Passed	Number -
Location Lower Level / Elevator Lobby Fire Door / 020	Type/Make/Model Smoke Detector	Visual Tested functionally	Result ● Passed	Number -
Location Lower Level / Corridor 33 Return / 021	Type/Make/Model Duct Smoke Detector	Visual Tested functionally	Result ● Passed	Number -
Location Lower Level / Corridor 33 Supply / 022	Type/Make/Model Duct Smoke Detector	Visual Tested functionally	Result ● Passed	Number -
Location Lower Level / Elevator Equip Room / 023	Type/Make/Model Smoke Detector	Visual Tested functionally	Result ● Passed	Number -
Location Lower Level / Maintenance Room 030 / 026	Type/Make/Model Smoke Detector	Visual Tested functionally	Result ● Passed	Number -
Location Lower Level / Corridor 46 Fire Door / 027	Type/Make/Model Smoke Detector	Visual Tested functionally	Result ● Passed	Number -
Location Lower Level / Corridor 46 Fire Door / 028	Type/Make/Model Smoke Detector	Visual Tested functionally	Result ● Passed	Number -



Location	Specification	New Section	Result	Notes
Location Storeroom 230 - Exhaust / 032	Type/Make/Model Duct Smoke Detector	Visual Tested functionally	Result ● Passed	Number -
Location Comm Room 229 Supply / 032	Type/Make/Model Duct Smoke Detector	Visual Tested functionally	Result ● Passed	Number -
Location Elevator Lobby Fire Door / 035	Type/Make/Model Smoke Detector	Visual Tested functionally	Result ● Passed	Number -
Location Elevator Lobby / 034	Type/Make/Model Smoke Detector	Visual Tested functionally	Result ● Passed	Number -
Location Elevator Lobby Fire Door / 033	Type/Make/Model Smoke Detector	Visual Tested functionally	Result ● Passed	Number -
Location Store Room 216 Fire Door / 040	Type/Make/Model Smoke Detector	Visual Tested functionally	Result ● Passed	Number -
Location Store Room Fire Door / 039	Type/Make/Model Smoke Detector	Visual Tested functionally	Result ● Passed	Number -
Location Top of Elevator North Shaft / 037	Type/Make/Model Smoke Detector	Visual Tested functionally	Result ● Passed	Number -
Location Penthouse / AHU 1 / 041	Type/Make/Model Duct Smoke Detector	Visual Tested functionally	Result ● Passed	Number -
Location Penthouse / AHU 2 / 042	Type/Make/Model Duct Smoke Detector	Visual Tested functionally	Result ● Passed	Number -
Location Penthouse / AHU 3 / 043	Type/Make/Model Duct Smoke Detector	Visual Tested functionally	Result ● Passed	Number -
Location Penthouse / AHU 4 / 044	Type/Make/Model Duct Smoke Detector	Visual Tested functionally	Result ● Passed	Number -
Location Lower level / Elevator Equip Room / 045	Type/Make/Model Heat Detector	Visual Tested visually	Result ● Passed	Number -
Location Corridor / 169 Fire Door / 015	Type/Make/Model Smoke Detector	Visual Tested functionally	Result ● Passed	Number -
Location Corridor / 172 Fire Door / 016	Type/Make/Model Smoke Detector	Visual Tested functionally	Result ● Passed	Number -
Location Lower Level / Elevator Equip Room / 046	Type/Make/Model Heat Detector	Visual Tested visually	Result ● Passed	Number -
Location Top of Elevator / 047	Type/Make/Model Heat Detector	Visual Tested visually	Result ● Passed	Number -
Location West Exit / 134	Type/Make/Model Manual Pull Station	Visual Tested functionally	Result ● Passed	Number -

Location	Specification	New Section	Result	Notes
Location	Type/Make/Model	Visual	Result	Number
West Stair Exit / 135	Manual Pull Station	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
Janitor Closet 137 Exit / 136	Manual Pull Station	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
South Stair Exit / 137	Manual Pull Station	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
South Exit / 138	Manual Pull Station	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
North Exit / 139	Manual Pull Station	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
Lower Level / Center Stairs / 143	Manual Pull Station	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
Lower Level / South Stairs / 148	Manual Pull Station	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
Lower Level / North Stairs / 156	Manual Pull Station	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
Center Staircase / 162	Manual Pull Station	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
South Staircase / 163	Manual Pull Station	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
North Staircase / 166	Manual Pull Station	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
Penthouse / Mechanical Room / 167	Manual Pull Station	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
Main Entrance / 174	Manual Pull Station	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
North Staircase / 175	Manual Pull Station	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
Lower Level / North System / 189	Water Flow	Tested visually	● Passed	-

## Supervisory Signal Device

Location	Specification	New Section	Result	Notes
Location	Type/Make/Model	Visual / Functional	Result	Number
127	Sprinkler Post Indicator Valve	Tested visually	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
South System / 128	Water Flow	Tested visually	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
South System / 129	Sprinkler Tamper Switch / Valve	Tested visually	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
South System / 164	Water Flow	Tested visually	● Passed	-

Location	Specification	New Section	Result	Notes
Location	Type/Make/Model	Visual / Functional	Result	Number
South System / 165	Tamper Switch	Tested visually	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
South System / 164	Water Flow	Tested visually	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
South System / 164	Water Flow	Tested visually	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
South System / 164	Water Flow	Tested visually	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
Penthouse / 172	Water Flow	Tested visually	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
Penthouse / 173	Tamper Switch	Tested visually	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
North System / 183	Water Flow	Tested visually	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
North System / 184	Tamper Switch	Tested visually	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
North System / 187	Water Flow	Tested visually	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
North System / 188	Tamper Switch	Tested visually	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
Lower Level / South System / 152	Water Flow	Tested visually	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
Lower Level / South System / 153	Tamper Switch	Tested visually	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
Lower Level / North System / 190	Tamper Switch	Tested visually	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
Main Building / 154	Water Flow	Tested visually	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
Main Building Back Flow / 155	Tamper Switch	Tested visually	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
LL BPS Control / 176	Monitor Module	Tested visually	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
1st Floor BPS Control / 177	Monitor Module	Tested visually	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
2nd Floor BPS Control / 178	Monitor Module	Tested visually	● Passed	-

## Auxiliary Device

Location	Specification	New Section	Result	Notes
Location	Type/Make/Model	Visual / Functional	Result	Number
Reception Fire Curtain / 126	Fire Curtain	Tested functionally	● Passed	-

Location	Specification	New Section	Result	Notes
Location Corridor 136 / Supply/Return / 131	Type/Make/Model Fan Shut Down Relay	Visual / Functional Tested functionally	Result ● Passed	Number -
Location Corridor 136 / Exhaust / 133	Type/Make/Model Fan Shut Down Relay	Visual / Functional Tested functionally	Result ● Passed	Number -
Location Lower Level / Corridor 33 Duct Supply Return / 141	Type/Make/Model Fan Shut Down Relay	Visual / Functional Tested functionally	Result ● Passed	Number -
Location Lower Level / #1 / 144	Type/Make/Model Elevator Shunt Trip	Visual / Functional Tested functionally	Result ● Passed	Number -
Location Lower Level / 145	Type/Make/Model Elevator Hat Flash	Visual / Functional Tested functionally	Result ● Passed	Number -
Location Lower Level / 146	Type/Make/Model Elevator Alt	Visual / Functional Tested functionally	Result ● Passed	Number -
Location Lower Level / 147	Type/Make/Model Elevator Main	Visual / Functional Tested functionally	Result ● Passed	Number -
Location Lower Level / Duct by Conference Room 057 / 150	Type/Make/Model Fan Shut Down Relay	Visual / Functional Tested functionally	Result ● Passed	Number -
Location Lower Level / Duct Main Room 030 / 151	Type/Make/Model Fan Shut Down Relay	Visual / Functional Tested functionally	Result ● Passed	Number -
Location Duct Comm 229 Supply / 159	Type/Make/Model Fan Shut Down Relay	Visual / Functional Tested functionally	Result ● Passed	Number -
Location Duct Store Room 230 / 160	Type/Make/Model Fan Shut Down Relay	Visual / Functional Tested functionally	Result ● Passed	Number -
Location Penthouse / AHU 1 / 168	Type/Make/Model Fan Shut Down Relay	Visual / Functional Tested functionally	Result ● Passed	Number -
Location Penthouse / AHU 2 / 169	Type/Make/Model Fan Shut Down Relay	Visual / Functional Tested functionally	Result ● Passed	Number -
Location Penthouse / AHU 3 / 170	Type/Make/Model Fan Shut Down Relay	Visual / Functional Tested functionally	Result ● Passed	Number -
Location Penthouse / AHU 4 / 171	Type/Make/Model Fan Shut Down Relay	Visual / Functional Tested functionally	Result ● Passed	Number -
Location Card Access Drop 1 / 185	Type/Make/Model Relay	Visual / Functional Tested functionally	Result ● Passed	Number -
Location Card Access Drop 2 / 186	Type/Make/Model Relay	Visual / Functional Tested functionally	Result ● Passed	Number -
Location Control 2 / 179	Type/Make/Model Elevator Shunt Trip	Visual / Functional Tested functionally	Result ● Passed	Number -

















Location	Specification	New Section	Result	Notes
Location	Type/Make/Model	Visual / Functional	Result	Number
2nd	Horn/Strobe	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
	Strobe	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
	Horn/Strobe	Tested functionally	● Passed	-

## Comments

Number	COMMENT	IMAGE
1	Fire Alarm Inspection. No issues.	



**Tech connected. Lives protected.**

## **Conclusion**

We appreciate the opportunity to provide this inspection report. We are confident in the accuracy of the contents of this report. Should you require any additional services, or have questions regarding the contents of this report, please do not hesitate to contact your Midwest Alarm Services representative at 308-389-3981.

### **Life Safety Solutions Experts Since 1950**

For more than 70 years, Midwest Alarm Services has been providing the best, innovative fire, security and technology solutions for homes and businesses. As a systems integrator, we can design, install, maintain, monitor and service a wide variety of equipment and software. We take the time to understand your needs and customize solutions to fit your needs and budget. To learn more about our company and the services we provide, please visit:

[www.midwestalarmservices.com](http://www.midwestalarmservices.com)

A handwritten signature in black ink, appearing to read 'GH', is positioned above a solid blue horizontal line.

Tested By:

**Gary Hesman**

Midwest Alarm Services

3630 W Old Hwy 30

Grand Island, NE 68803



# MIDWEST ALARM SERVICES

Tech connected. Lives protected.

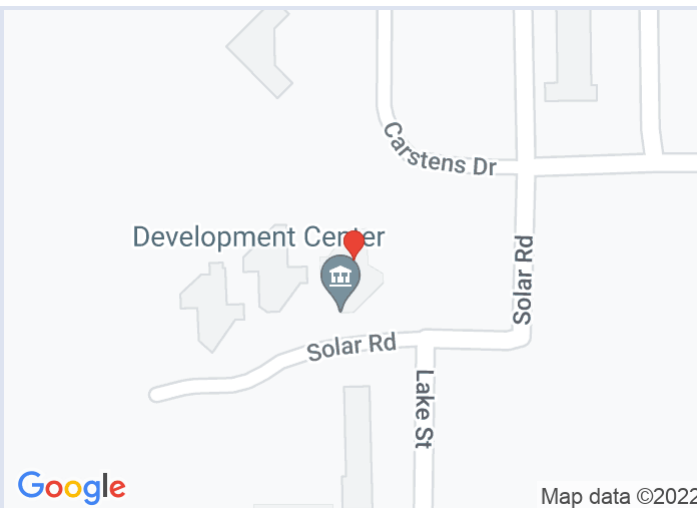
## Inspection Report

---

Presented To  
State of Nebraska

---

For  
Admin Building  
3000 Lincoln St  
Beatrice, NE 68310



**This site has been inspected  
and tested in compliance  
with applicable standards.**

---

Completed:  
**Wednesday, December 14,  
2022**

---

Tested By:  
**Lucas Canfield**  
Midwest Alarm Services  
3630 W Old Hwy 30  
Grand Island, NE 68803

Scan Code to Access  
Nspec Cloud Portal



# Inspection Information

## CUSTOMER INFORMATION

Name:	State of Nebraska	Address:	3000 Lincoln St
City:	Beatrice	State:	NE
ZIP:	68310	Email:	mike.balderson@nebraska.gov
AR#:	1001603		

## BUILDING INFORMATION

Name:	Admin Building	Occupancy Type:	Institutional (Group I)
Address:	3000 Lincoln St	City:	Beatrice
State:	NE	ZIP:	68310
Monitoring Company Account Number:	FA14300	AR#:	1001603
Email for Reports:	mike.balderson@nebraska.gov		

## COMPANY INFORMATION

Name:	Midwest Alarm Services	Address:	3630 W Old Hwy 30
City:	Grand Island	State:	NE
Zip:	68803	License:	-
Email:	tracy.hesman@mw-as.com	Phone:	308-389-3981

## AUTHORITY HAVING JURISDICTION

Name:	State of Nebraska Fire Marshal	Address:	246 S 14th St
City:	Lincoln	State:	NE
Zip:	68508	Email:	-
Phone:	402-471-2027		

## MONITORING COMPANY

Name:	Per Mar	Address:	1910 E Kimberly Rd
City:	Davenport	State:	IA
Zip:	52807	Email:	-
phone:	800-227-9805		

## TESTING SUMMARY

EQUIPMENT TYPE	TOTAL	TESTED	PASSED	FAILED
Fire Extinguisher	41	41 (100%)	37 (90%)	4 (10%)

## Fire Extinguisher Report

This testing was performed in accordance with applicable NFPA 72 Standards.

Midwest Alarm Services provides many services to our community. If you would like quarterly, semi-annual or annual testing/inspection, the inspection coordinator can reach out and offer inspections on a time and material basis. Signing an Inspection Agreement with Midwest Alarm Services has many benefits. Not only do you save money, but our inspection coordinator will work with you to ensure your Fire System stays in code as well as has proper documentation sent to the local jurisdiction for compliance. If you need an estimate or have questions about our services, please reach out to our operations manager.

Gary Hesman  
Operations Manager  
308-389-3981  
gary.hesman@mw-as.com

Tested By:



**Lucas Canfield**  
Midwest Alarm Services  
3630 W Old Hwy 30  
Grand Island, NE 68803



## Fire Extinguisher

Location	Specification	Information	Dates	Inspected	Inspected	Result	Notes
Location 1 / 1st / Administration Building / East Main Entrance South Wall	Type/Make/Model Ansul / SY- 1014	Serial # HC00976541 Size 10# Type ABC Mfg Date 1987	Last Hydro Date 12/14/2011 Next Hydro Date 12/01/2023 Next Six Year Date - Mfg Date 1987	Weight Yes Bracket Yes Gauge Yes Pull Pin Yes	Signage Yes Hose Yes Collar Yes Due for Service No	Result ● Passed	Number -
Location 2 / 1st / Administration Building / Behind Receptionist Desk	Type/Make/Model Buckeye / 5 HI SA40 ABC	Serial # J911993 Size 5# Type ABC Mfg Date 2010	Last Hydro Date - Next Hydro Date 12/14/2023 Next Six Year Date - Mfg Date 2010	Weight Yes Bracket Yes Gauge Yes Pull Pin Yes	Signage No Hose Yes Collar Yes Due for Service No	Result ● Passed	Number -
Location 3 / 1st / Administration Building / North Human Resource Hall by North East Exit	Type/Make/Model Ansul / SY- 1014	Serial # HC00976527 Size 10# Type ABC Mfg Date 1987	Last Hydro Date 12/14/2011 Next Hydro Date 12/01/2023 Next Six Year Date - Mfg Date 1987	Weight Yes Bracket Yes Gauge Yes Pull Pin Yes	Signage Yes Hose Yes Collar Yes Due for Service No	Result ● Passed	Number -
Location 4 / 1st / Administration Building / North Hall by North West Exit	Type/Make/Model Ansul / SY- 1014	Serial # HC00982633 Size 10# Type ABC Mfg Date 1987	Last Hydro Date 12/14/2011 Next Hydro Date 12/13/2023 Next Six Year Date - Mfg Date 1987	Weight Yes Bracket Yes Gauge Yes Pull Pin Yes	Signage Yes Hose Yes Collar Yes Due for Service No	Result ● Passed	Number -
Location 5 / 1st / Administration Building / Dental Clinic East Hall	Type/Make/Model Ansul / SY- 1014	Serial # HC00982679 Size 10# Type ABC Mfg Date 1987	Last Hydro Date 12/14/2011 Next Hydro Date 12/13/2023 Next Six Year Date - Mfg Date 1987	Weight Yes Bracket Yes Gauge Yes Pull Pin Yes	Signage Yes Hose Yes Collar Yes Due for Service No	Result ● Passed	Number -
Location 6 / 1st / Administration Building / Dental Office by Breakroom Door	Type/Make/Model Ansul / AA05S-1	Serial # E-93759336 Size 5# Type ABC Mfg Date 2019	Last Hydro Date - Next Hydro Date - Next Six Year Date 12/06/2025 Mfg Date 2019	Weight Yes Bracket Yes Gauge Yes Pull Pin Yes	Signage Yes Hose Yes Collar No Due for Service No	Result ● Passed	Number -

Location	Specification	Information	Dates	Inspected	Inspected	Result	Notes
Location 7 / 1st / Administration Building / North Hall by Accounting	Type/Make/Model Buckeye / 10 HI SA80 ABC	Serial # K030365 Size 10# Type ABC Mfg Date 2010	Last Hydro Date - Next Hydro Date 12/14/2023 Next Six Year Date Date - Pull Pin Yes	Weight Yes Bracket Yes Gauge Yes Pull Pin Yes	Signage Yes Hose Yes Collar Yes Due for Service No	Result ● Passed	Number -
Location 8 / 1st / Administration Building / North Breakroom by Accounting	Type/Make/Model Ansul / AA05S-1	Serial # E-93759327 Size 5# Type ABC Mfg Date 2019	Last Hydro Date - Next Hydro Date - Next Six Year Date 12/13/2025 Pull Pin Yes	Weight Yes Bracket Yes Gauge Yes Pull Pin Yes	Signage No Hose Yes Collar No Due for Service No	Result ● Passed	Number -
Location 9 / 1st / Administration Building / East Hall by Exit to West Wing	Type/Make/Model Ansul / SY- 1014	Serial # HC00976528 Size 10# Type ABC Mfg Date 1987	Last Hydro Date 12/14/2011 Next Hydro Date 12/13/2023 Next Six Year Date Date - Pull Pin Yes	Weight Yes Bracket Yes Gauge Yes Pull Pin Yes	Signage Yes Hose Yes Collar Yes Due for Service No	Result ● Passed	Number -
Location 10 / 1st / Administration Building / Clinic by South Entrance	Type/Make/Model Ansul / AA10S	Serial # E-93828241 Size 10# Type ABC Mfg Date 2018	Last Hydro Date - Next Hydro Date - Next Six Year Date 12/13/2024 Pull Pin Yes	Weight Yes Bracket Yes Gauge Yes Pull Pin Yes	Signage No Hose Yes Collar No Due for Service No	Result ● Passed	Number -
Location 11 / 1st / Administration Building / Clinic Center of Hall Across from Exam Rooms	Type/Make/Model Ansul / SY- 1014	Serial # HC00982676 Size 10# Type ABC Mfg Date 1987	Last Hydro Date 12/14/2011 Next Hydro Date 12/13/2023 Next Six Year Date Date - Pull Pin Yes	Weight Yes Bracket Yes Gauge Yes Pull Pin Yes	Signage No Hose Yes Collar Yes Due for Service No	Result ● Passed	Number -
Location 12 / 1st / Administration Building / Clinic by South Exit	Type/Make/Model Ansul / SY- 1014	Serial # HC00982635 Size 10# Type ABC Mfg Date 1987	Last Hydro Date 12/14/2011 Next Hydro Date 12/13/2023 Next Six Year Date Date - Pull Pin Yes	Weight Yes Bracket Yes Gauge Yes Pull Pin Yes	Signage No Hose Yes Collar Yes Due for Service No	Result ● Passed	Number -

Location	Specification	Information	Dates	Inspected	Inspected	Result	Notes
Location 13 / 1st / Administration Building / Clinic End of East Hall	Type/Make/Model Ansul / SY- 1014	Serial # HC0982626 Size 10# Type ABC Mfg Date 1987	Last Hydro Date 12/14/2011 Next Hydro Date 12/13/2023 Next Six Year Date Date Mfg Date -	Weight Yes Bracket Yes Gauge Yes Pull Pin Yes	Signage Yes Hose Yes Collar Yes Due for Service No	Result ● Passed	Number -
Location 14 / 2nd / Administration Building / West by Exit to West Wing	Type/Make/Model Ansul / SY- 1014	Serial # HC00982660 Size 10# Type ABC Mfg Date 1987	Last Hydro Date 12/14/2011 Next Hydro Date 12/13/2023 Next Six Year Date Date Mfg Date -	Weight Yes Bracket Yes Gauge Yes Pull Pin Yes	Signage Yes Hose Yes Collar Yes Due for Service No	Result ● Passed	Number -
Location 15 / 2nd / Administration Building / South Offices by North Entrance	Type/Make/Model Badger / 10MB-8H	Serial # ZC803691 Size 10# Type ABC Mfg Date 2007	Last Hydro Date 12/14/2020 Next Hydro Date - Next Six Year Date Date Mfg Date 12/14/2026	Weight Yes Bracket Yes Gauge Yes Pull Pin Yes	Signage No Hose Yes Collar Yes Due for Service No	Result ● Passed	Number -
Location 16 / 2nd / Administration Building / South Offices Center of Hall by Storage	Type/Make/Model Ansul / SY- 1014	Serial # HC00982658 Size 10# Type ABC Mfg Date 1987	Last Hydro Date 12/14/2011 Next Hydro Date 12/13/2023 Next Six Year Date Date Mfg Date -	Weight Yes Bracket Yes Gauge Yes Pull Pin Yes	Signage No Hose Yes Collar Yes Due for Service No	Result ● Passed	Number -
Location 17 / 2nd / Administration Building / South Offices by South Exit	Type/Make/Model Ansul / SY- 1014	Serial # HC00982649 Size 10# Type ABC Mfg Date 1987	Last Hydro Date 12/14/2011 Next Hydro Date 12/13/2023 Next Six Year Date Date Mfg Date -	Weight Yes Bracket Yes Gauge Yes Pull Pin Yes	Signage No Hose Yes Collar Yes Due for Service No	Result ● Passed	Number -
Location 18 / 2nd / Administration Building / South Offices End of East Hall	Type/Make/Model Ansul / SY- 1014	Serial # HC00976526 Size 10# Type ABC Mfg Date 1987	Last Hydro Date 12/14/2011 Next Hydro Date 12/13/2023 Next Six Year Date Date Mfg Date -	Weight Yes Bracket Yes Gauge Yes Pull Pin Yes	Signage No Hose Yes Collar Yes Due for Service No	Result ● Passed	Number -

Location	Specification	Information	Dates	Inspected	Inspected	Result	Notes
Location	Type/Make/Model	Serial #	Last Hydro Date	Weight	Signage	Result	Number
19 / 2nd / Administration Building / Breakroom Vending Area	Badger / 5MB-6H	ZE-15569 Size 5# Type ABC Mfg Date 2007	12/13/2020 Next Hydro Date - Next Six Year Date 12/14/2026	Yes Bracket Yes Gauge Yes Pull Pin Yes	Yes Hose Yes Collar Yes Due for Service No	● Passed	-
Location	Type/Make/Model	Serial #	Last Hydro Date	Weight	Signage	Result	Number
20 / 2nd / Administration Building / North Offices by South West Exit	Ansul / SY-1014	HC00982647 Size 10# Type ABC Mfg Date 1987	12/14/2011 Next Hydro Date 12/13/2023 Next Six Year Date - Mfg Date 1987	Yes Bracket Yes Gauge Yes Pull Pin Yes	No Hose Yes Collar Yes Due for Service No	● Passed	-
Location	Type/Make/Model	Serial #	Last Hydro Date	Weight	Signage	Result	Number
21 / 2nd / Administration Building / North Offices Near North West Exit	Ansul / SY-1014	HC-00976529 Size 10# Type ABC Mfg Date 1987	12/14/2011 Next Hydro Date 12/13/2023 Next Six Year Date - Mfg Date 1987	Yes Bracket Yes Gauge Yes Pull Pin Yes	No Hose Yes Collar Yes Due for Service No	● Passed	-
Location	Type/Make/Model	Serial #	Last Hydro Date	Weight	Signage	Result	Number
22 / 2nd / Administration Building / North Offices on North East Wall	Ansul / SY-1014	HC00976542 Size 10# Type ABC Mfg Date 1987	12/14/2011 Next Hydro Date 12/13/2023 Next Six Year Date - Mfg Date 1987	Yes Bracket Yes Gauge Yes Pull Pin Yes	No Hose Yes Collar Yes Due for Service No	● Passed	-
Location	Type/Make/Model	Serial #	Last Hydro Date	Weight	Signage	Result	Number
23 / 2nd / Administration Building / North Offices in East Hallway	Ansul / SY-1014	HC00976530 Size 10# Type ABC Mfg Date 1987	12/14/2011 Next Hydro Date 12/13/2023 Next Six Year Date - Mfg Date 1987	Yes Bracket Yes Gauge Yes Pull Pin Yes	No Hose Yes Collar Yes Due for Service No	● Passed	-
Location	Type/Make/Model	Serial #	Last Hydro Date	Weight	Signage	Result	Number
24 / 3rd / Administration Building / Mechanical- AHU Room	Buckeye / 10 HI SA80 ABC	N-409504 Size 10# Type ABC Mfg Date 2010	- Next Hydro Date 12/14/2022 Next Six Year Date - Mfg Date 2010	Yes Bracket Yes Gauge Yes Pull Pin Yes	No Hose Yes Collar Yes Due for Service Yes	✗ Failed	1

Location	Specification	Information	Dates	Inspected	Inspected	Result	Notes
Location	Type/Make/Model	Serial #	Last Hydro Date	Weight	Signage	Result	Number
25 / Basement / Administration Building / West Generator Room	Buckeye / 5 HI SA40 ABC	ZY976468 Size 5# Type ABC Mfg Date 2008	12/13/2020 Next Hydro Date 12/13/2032 Next Six Year Date 12/14/2026	Yes Bracket Yes Gauge Yes Pull Pin Yes	Yes Hose Yes Collar Yes Due for Service No	● Passed	-
Location	Type/Make/Model	Serial #	Last Hydro Date	Weight	Signage	Result	Number
26 / Basement / Administration Building / South Hallway Across from Elevator Room	Ansul / SY- 1014	HC00982624 Size 10# Type ABC Mfg Date 1987	12/14/2011 Next Hydro Date 12/13/2023 Next Six Year Date -	Yes Bracket Yes Gauge Yes Pull Pin Yes	No Hose Yes Collar Yes Due for Service No	● Passed	-
Location	Type/Make/Model	Serial #	Last Hydro Date	Weight	Signage	Result	Number
27 / Basement / Administration Building / South Hallway by Male Restroom	Amerex / B456	F-88774649 Size 10# Type ABC Mfg Date 2020	- Next Hydro Date - Next Six Year Date 12/13/2026	Yes Bracket Yes Gauge Yes Pull Pin Yes	No Hose Yes Collar No Due for Service No	● Passed	-
Location	Type/Make/Model	Serial #	Last Hydro Date	Weight	Signage	Result	Number
28 / Basement / Administration Building / South Hallway in Elevator Equipment Room	Ansul / AA05S-1	E-93759339 Size 5# Type ABC Mfg Date 2019	- Next Hydro Date - Next Six Year Date 12/13/2025	Yes Bracket Yes Gauge Yes Pull Pin Yes	Yes Hose Yes Collar No Due for Service No	✗ Failed	2
Location	Type/Make/Model	Serial #	Last Hydro Date	Weight	Signage	Result	Number
29 / Basement / Administration Building / South Hallway Inside Skills Lab Room	Ansul / AA05S-1	E-93759326 Size 5# Type ABC Mfg Date 2019	- Next Hydro Date - Next Six Year Date 12/13/2025	Yes Bracket Yes Gauge Yes Pull Pin Yes	Yes Hose Yes Collar No Due for Service No	● Passed	-

Location	Specification	Information	Dates	Inspected	Inspected	Result	Notes
Location 30 / Basement / Administration Building / South Hallway by South Exit	Type/Make/Model Ansul / SY- 1014	Serial # HC00982670 Size 10# Type ABC Mfg Date 1987	Last Hydro Date 12/14/2011 Next Hydro Date 12/13/2023 Next Six Year Date - Mfg Date 1987	Weight Yes Bracket Yes Gauge Yes Pull Pin Yes	Signage Yes Hose Yes Collar Yes Due for Service No	Result ● Passed	Number -
Location 31 / Basement / Administration Building / Across from Computer Lab	Type/Make/Model Buckeye / 10 HI SA80 ABC	Serial # K073969 Size 10# Type ABC Mfg Date 2010	Last Hydro Date - Next Hydro Date 12/14/2022 Next Six Year Date - Mfg Date 2010	Weight Yes Bracket Yes Gauge Yes Pull Pin Yes	Signage No Hose Yes Collar Yes Due for Service Yes	Result ✗ Failed	Number 3
Location 32 / Basement / Administration Building / In Old Morgue	Type/Make/Model Ansul / AA05S-1	Serial # BN-409489 Size 5# Type ABC Mfg Date 2013	Last Hydro Date - Next Hydro Date 12/14/2024 Next Six Year Date - Mfg Date 2013	Weight Yes Bracket Yes Gauge Yes Pull Pin Yes	Signage No Hose Yes Collar Yes Due for Service No	Result ✗ Failed	Number 4
Location 33 / Basement / Administration Building / South Mechanical Room by Entry	Type/Make/Model The Fire Guy / 10LB	Serial # A00045156 Size 10# Type ABC Mfg Date 2014	Last Hydro Date - Next Hydro Date 12/13/2026 Next Six Year Date - Mfg Date 2014	Weight Yes Bracket Yes Gauge Yes Pull Pin Yes	Signage Yes Hose Yes Collar Yes Due for Service No	Result ● Passed	Number -
Location 34 / Basement / Administration Building / North East Hallway by Conference Room One	Type/Make/Model Ansul / SY- 1014	Serial # HC00976538 Size 10# Type ABC Mfg Date 1987	Last Hydro Date 12/14/2011 Next Hydro Date 12/13/2023 Next Six Year Date - Mfg Date 1987	Weight Yes Bracket Yes Gauge Yes Pull Pin Yes	Signage No Hose Yes Collar Yes Due for Service No	Result ● Passed	Number -
Location 35 / Basement / Administration Building / North East Fileroom by Files	Type/Make/Model Ansul / AA05S-1	Serial # E-93759329 Size 5# Type ABC Mfg Date 2019	Last Hydro Date - Next Hydro Date - Next Six Year Date 12/13/2025 Mfg Date 2019	Weight Yes Bracket Yes Gauge Yes Pull Pin Yes	Signage No Hose Yes Collar Yes Due for Service No	Result ● Passed	Number -

Location	Specification	Information	Dates	Inspected	Inspected	Result	Notes
Location 36 / Basement / Administration Building / North East Fileroom by South Entry	Type/Make/Model Amerex / B456	Serial # BN-053835 Size 10# Type ABC Mfg Date 2013	Last Hydro Date - Next Hydro Date 12/14/2024 Next Six Year Date - Pull Pin Yes	Weight Yes Bracket Yes Gauge Yes Yes Yes	Signage No Hose Yes Collar Yes Due for Service No	Result ● Passed	Number -
Location 37 / Basement / Administration Building / North Hallway by Mechanical Room	Type/Make/Model Buckeye / 10 HI SA80 ABC	Serial # K073961 Size 10# Type ABC Mfg Date 2010	Last Hydro Date - Next Hydro Date 12/14/2023 Next Six Year Date - Pull Pin Yes	Weight Yes Bracket Yes Gauge Yes Yes Yes	Signage No Hose Yes Collar Yes Due for Service No	Result ● Passed	Number -
Location 38 / Basement / Administration Building / In Old CPS Office	Type/Make/Model Ansul	Serial # HC00982678 Size 10# Type ABC Mfg Date 1987	Last Hydro Date 12/14/2011 Next Hydro Date 12/13/2023 Next Six Year Date - Pull Pin Yes	Weight Yes Bracket Yes Gauge Yes Yes Yes	Signage No Hose Yes Collar Yes Due for Service No	Result ● Passed	Number -
Location 39 / Basement / Administration Building / North East Hall Conference Room 3	Type/Make/Model The Fire Guy / 10LB	Serial # A00044211 Size 10# Type ABC Mfg Date 2014	Last Hydro Date - Next Hydro Date 12/13/2026 Next Six Year Date - Pull Pin Yes	Weight Yes Bracket Yes Gauge Yes Yes Yes	Signage Yes Hose Yes Collar Yes Due for Service No	Result ● Passed	Number -
Location 41 / Basement / Administration Building / Inside Computer Lab	Type/Make/Model Ansul / SY- 1014	Serial # HC00982655 Size 10# Type ABC Mfg Date 1987	Last Hydro Date 12/14/2011 Next Hydro Date 12/13/2023 Next Six Year Date - Pull Pin Yes	Weight Yes Bracket Yes Gauge Yes Yes Yes	Signage Yes Hose Yes Collar Yes Due for Service No	Result ● Passed	Number -
Location 42 / Basement / Administration Building / North East Fileroom in Far East Fileroom	Type/Make/Model Badger / 10MB-8H	Serial # ZC-750152 Size 10# Type ABC Mfg Date 2013	Last Hydro Date 12/14/2020 Next Hydro Date - Next Six Year Date 12/14/2026 Pull Pin Yes	Weight Yes Bracket Yes Gauge Yes Yes Yes	Signage Yes Hose Yes Collar Yes Due for Service No	Result ● Passed	Number -

## Deficiencies

Location 24 / 3rd / Administratio n Building / Mechanical- AHU Room	Type/Make/Model Buckeye / 10 HI SA80 ABC	Serial # N-409504 Size 10# Type ABC Mfg Date 2010	Last Hydro Date - Next Hydro Date 12/14/2022 Next Six Year Date -	Weight Yes Bracket Yes Gauge Yes Pull Pin Yes	Signage No Hose Yes Collar Yes Due for Service Yes	Result Failed	Number 1
Location 28 / Basement / Administratio n Building / South Hallway in Elevator Equipment Room	Type/Make/Model Ansul / AA05S-1	Serial # E- 93759339 Size 5# Type ABC Mfg Date 2019	Last Hydro Date - Next Hydro Date - Next Six Year Date 12/13/2025	Weight Yes Bracket Yes Gauge Yes Pull Pin Yes	Signage Yes Hose Yes Collar No Due for Service No	Result Failed	Number 2
Location 31 / Basement / Administratio n Building / Across from Computer Lab	Type/Make/Model Buckeye / 10 HI SA80 ABC	Serial # K073969 Size 10# Type ABC Mfg Date 2010	Last Hydro Date - Next Hydro Date 12/14/2022 Next Six Year Date -	Weight Yes Bracket Yes Gauge Yes Pull Pin Yes	Signage No Hose Yes Collar Yes Due for Service Yes	Result Failed	Number 3
Location 32 / Basement / Administratio n Building / In Old Morgue	Type/Make/Model Ansul / AA05S-1	Serial # BN-409489 Size 5# Type ABC Mfg Date 2013	Last Hydro Date - Next Hydro Date 12/14/2024 Next Six Year Date -	Weight Yes Bracket Yes Gauge Yes Pull Pin Yes	Signage No Hose Yes Collar Yes Due for Service No	Result Failed	Number 4

## Comments

Number	COMMENT	IMAGE
1	#24 needs hydro test	
2	#28 needs recharged	
3	#31 due for hydro	
4	#32 needs recharged	
5	Annual Fire Extinguisher Inspection. Issues listed.	





**Tech connected. Lives protected.**

## **Conclusion**

We appreciate the opportunity to provide this inspection report. We are confident in the accuracy of the contents of this report. Should you require any additional services, or have questions regarding the contents of this report, please do not hesitate to contact your Midwest Alarm Services representative at 308-389-3981.

### **Life Safety Solutions Experts Since 1950**

For more than 70 years, Midwest Alarm Services has been providing the best, innovative fire, security and technology solutions for homes and businesses. As a systems integrator, we can design, install, maintain, monitor and service a wide variety of equipment and software. We take the time to understand your needs and customized solutions to fit your needs and budget. To learn more about our company and the services we provide, please visit:

[www.midwestalarmservices.com](http://www.midwestalarmservices.com)

A handwritten signature in black ink, appearing to read 'Lucas Canfield', is written over a solid blue horizontal line.

Tested By:

**Lucas Canfield**

Midwest Alarm Services

3630 W Old Hwy 30

Grand Island, NE 68803

# Sprinkler Inspection Certificate

*For*

Beatrice State Development  
Administration  
843 Wallman Dr.  
LINCOLN, Nebraska 68310

Tested to NFPA 25 Standards

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

*Semi-Annual Inspection*

*Inspection Date*

*Mar 27, 2023*

Building: Beatrice State Development Administration  
Contact: Facility Manager  
Title: Maint. Supervisor

Company: NIFCO Mechanical Systems  
Contact: Travis Billesbach  
Title: Inspector

# Executive Summary

Generated by: *BuildingReports.com*

Building Information			
<b>Building:</b> Beatrice State Development Administration			<b>Contact:</b> Facility Manager
<b>Address:</b> 843 Wallman Dr.			<b>Phone:</b> 402-223-7526
<b>Address:</b>			<b>Fax:</b>
<b>City/State/ZIP Code:</b> LINCOLN, Nebraska 68310			<b>Mobile:</b>
<b>Country:</b> United States of America			<b>Email:</b>
Inspection Performed By			
<b>Company:</b> NIFCO Mechanical Systems			<b>Inspector:</b> Travis Billesbach
<b>Address:</b> 500 Blue Heron Dr			<b>Phone:</b> 402-477-0666
<b>Address:</b>			<b>Fax:</b>
<b>City/State/ZIP Code:</b> Lincoln, NE 68522-1701			<b>Mobile:</b> 531-220-1687
<b>Country:</b> United States of America			<b>Email:</b> tbillesbach@nifcomechanical.com
System Control Unit			
System Type	System Location	Protected Area	Devices
Service Main	Building-	Floors-	2
Wet Pipe	Building-	Floors- 1st north	1
Wet Pipe	Building-	Floors- 1st south	3
Wet Pipe	Building-	Floors- 2nd north	2
Wet Pipe	Building-	Floors- 2nd south	2
Wet Pipe	Building-	Floors- basement	7
Wet Pipe	Building-	Floors- basement north	2
Wet Pipe	Building-	Floors- basement south	2
Wet Pipe	Building-	Floors-penthouse	2

Inspection Summary								
Category	Total Items		Serviced		Passed		Failed/Other	
	Qty	%	Qty	%	Qty	%	Qty	%
Alarm	8	34.78%	8	100.00%	8	100.00%	0	0.00%
Device	2	8.70%	1	50.00%	1	100.00%	0	0.00%
Hose	1	4.35%	1	100.00%	1	100.00%	0	0.00%
Sprinkler	1	4.35%	0	0.00%	0	0.00%	0	0.00%
Valve	11	47.83%	10	90.91%	10	100.00%	0	0.00%
<b>Totals</b>	<b>23</b>	<b>100%</b>	<b>20</b>	<b>86.96%</b>	<b>20</b>	<b>100.00%</b>	<b>0</b>	<b>0.00%</b>

### Certification

**Company:** NIFCO Mechanical Systems

**Building:** Beatrice State Development Administration

**Inspector:** Travis Billesbach

**Contact:** Facility Manager

### Travis Billesbach Certifications

Certification Type	Number
Nebraska Grade VI Water Operator	8466
NICET Inspection and Testing of Water-Based Systems Level I	

# Inspection & Testing

Generated by: [BuildingReports.com](http://BuildingReports.com)

Building: Beatrice State Development Administration				
<i>The Inspection &amp; Testing section lists all of the items inspected in your building. Items are grouped by Passed or Failed/Other. Items are listed by Category. Each item includes the services performed, and the time &amp; date at which testing occurred.</i>				
Device Type	Location	Service	Time	Date
<b><i>Passed</i></b>				
<b>Building– Service Main, Floors–</b>				
Fire Dep't Connection	Ground East Outside	Semi-Annual	9:36:44 AM	03/27/2023
Post Indicator Valve	Ground East Outside	Semi-Annual	9:36:35 AM	03/27/2023
<b>Building– Wet Pipe, Floors– 1st north</b>				
Waterflow Switch	1st Inner Mechanical	Semi-Annual	9:36:13 AM	03/27/2023
<b>Building– Wet Pipe, Floors– 1st south</b>				
Waterflow Switch	1st Inner Mechanical	Semi-Annual	9:36:20 AM	03/27/2023
Control Valve	1st Inner Mechanical	Semi-Annual	9:37:31 AM	03/27/2023
Control Valve	1st Inner Mechanical	Semi-Annual	9:37:38 AM	03/27/2023
<b>Building– Wet Pipe, Floors– 2nd north</b>				
Waterflow Switch	2nd Inner Mechanical	Semi-Annual	9:35:48 AM	03/27/2023
Control Valve	2nd Inner Mechanical	Semi-Annual	9:37:07 AM	03/27/2023
<b>Building– Wet Pipe, Floors– 2nd south</b>				
Waterflow Switch	2nd Inner Mechanical	Semi-Annual	9:35:58 AM	03/27/2023
Control Valve	2nd Inner Mechanical	Semi-Annual	9:37:15 AM	03/27/2023
<b>Building– Wet Pipe, Floors– basement</b>				
Waterflow Switch	Basement Inner Mechanical	Semi-Annual	9:36:23 AM	03/27/2023
Drain	Basement Inner Mechanical	Semi-Annual	9:36:49 AM	03/27/2023
Control Valve	Basement Inner Mechanical	Semi-Annual	9:37:57 AM	03/27/2023
Control Valve	Basement Inner Mechanical	Semi-Annual	9:38:10 AM	03/27/2023
<b>Building– Wet Pipe, Floors– basement north</b>				
Waterflow Switch	Basement Inner Mechanical	Annual	9:35:10 AM	03/27/2023
Control Valve	Basement Inner Mechanical	Semi-Annual	9:37:23 AM	03/27/2023
<b>Building– Wet Pipe, Floors– basement south</b>				
Waterflow Switch	Basement Inner Mechanical	Semi-Annual	9:36:27 AM	03/27/2023
Control Valve	Basement Inner Mechanical	Semi-Annual	9:38:02 AM	03/27/2023
<b>Building– Wet Pipe, Floors–penthouse</b>				
Waterflow Switch	Penthouse Inner Mechanical	Semi-Annual	9:36:31 AM	03/27/2023
Control Valve	Penthouse Inner Mechanical	Semi-Annual	9:38:23 AM	03/27/2023
<b><i>Untested</i></b>				
<b>Building– Wet Pipe, Floors– basement</b>				
Gauge	Basement Inner Mechanical			
Piping	Basement Inner Mechanical			

Device Type	Location	Service	Time	Date
Check Valve	Basement Inner Mechanical			

# Wet Pipe Fire Sprinkler Systems

Generated by: BuildingReports.com

Building: Beatrice State Development Administration						Building-, Floors- 1st north	
<i>This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.</i>							
<b>Alarms</b>							
<b>Waterflow Switch</b>							
Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID
Vane				2.0	1	<input checked="" type="checkbox"/>	59770012

*This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.*

**Waterflow Switch**

Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID
Vane				2.0	1	<input checked="" type="checkbox"/>	59770013

***Components***

**Control Valve**

Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			1st Inner Mechanical	2"	Open	Supervised	<input checked="" type="checkbox"/>	59770010

**Description**

Isolation

**Control Valve**

Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			1st Inner Mechanical	2"	Open	Supervised	<input checked="" type="checkbox"/>	59770011

**Description**

Isolation



*This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.*

**Alarms**

**Waterflow Switch**

Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID
Vane				2.0	1	<input checked="" type="checkbox"/>	59770005

**Components**

**Control Valve**

Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			2nd Inner Mechanical	2"	Open	Supervised	<input checked="" type="checkbox"/>	59770004

**Description**

Isolation

*This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.*

**Alarms**

**Waterflow Switch**

Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID
Vane				2.0	1	<input checked="" type="checkbox"/>	59770007

**Components**

**Control Valve**

Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			2nd Inner Mechanical	2"	Open	Supervised	<input checked="" type="checkbox"/>	59770006

**Description**

Isolation

*This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.*

### *Alarms*

#### Waterflow Switch

Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID
Vane				4.0	1	<input checked="" type="checkbox"/>	59770014

### *Components*

#### Check Valve

Type	Location	Internal Date	Size	OK	ScanID
Grooved	Basement Inner Mechanical	12/31/1969	4"	<input type="checkbox"/>	68041389

#### Control Valve

Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			Basement Inner Mechanical	4"	Open	Supervised	<input checked="" type="checkbox"/>	59770017

#### Description

Main Control

#### Control Valve

Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			Basement Inner Mechanical	4"	Open	Supervised	<input checked="" type="checkbox"/>	59770095

#### Description

Main Control

### *Devices*

#### Drain

#### Current Inspection

Type	Location	Size	Supply psi	Restored psi	Residual psi	Sec	OK	ScanID
Main	Basement Inner Mechanical	2"	54	46	42		<input checked="" type="checkbox"/>	59770008

#### Previous Inspections

##### December 13, 2022

Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	Basement Inner Mechanical	2"	55	43	40		<input checked="" type="checkbox"/>	59770008

##### September 22, 2022

Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	Basement Inner Mechanical	2"	53	42	37		<input checked="" type="checkbox"/>	59770008

#### Gauge

Location			Service Date				
Basement Inner Mechanical			12/31/1969				
Type	Manufacturer	Model #	Static psi	Fill Type	Size	OK	ScanID
System Pressure				Air/Water	1/4	<input type="checkbox"/>	68041485
Piping							
Location	Type	Size	Internal Date				
Basement Inner Mechanical	Steel and cpvc		10/13/2021				
Hangers	Braces	Fittings	Identified	Antifreeze	ScanID		
Normal	Normal		Tagged	N/A	68041486		

Building: Beatrice State Development  
Administration

Building-, Floors- basement north

*This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.*

### *Alarms*

#### Waterflow Switch

Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID
Vane				2.0	1	<input checked="" type="checkbox"/>	59770002

### *Components*

#### Control Valve

Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			Basement Inner Mechanical	2"	Open	Supervised	<input checked="" type="checkbox"/>	59770009

#### Description

Isolation

Building: Beatrice State Development  
Administration

Building-, Floors- basement south

*This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.*

***Alarms***

**Waterflow Switch**

Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID
Vane				2.0	1	<input checked="" type="checkbox"/>	59770018

***Components***

**Control Valve**

Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			Basement Inner Mechanical	2"	Open	Supervised	<input checked="" type="checkbox"/>	59770019

**Description**

Isolation

*This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.*

**Alarms**

**Waterflow Switch**

Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID
Vane					1	<input checked="" type="checkbox"/>	68041187

**Components**

**Control Valve**

Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			Penthouse Inner Mechanical	2"	Open	Supervised	<input checked="" type="checkbox"/>	68041182

**Description**

Isolation

# Private Fire Service Mains

Generated by: BuildingReports.com

<b>Building: Beatrice State Development Administration</b>				<b>Building-, Floors-</b>		
<i>This section lists out all the devices and components that have been associated with a Private Fire Service Main and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.</i>						
<b>Components</b>						
<b>Post Indicator Valve</b>						
<b>Manufacturer</b>	<b>Model</b>	<b>Location</b>			<b>OK</b>	<b>ScanID</b>
		Ground East Outside			<input checked="" type="checkbox"/>	59770016
<b>Type</b>	<b>Size</b>	<b>Position</b>	<b>Status</b>	<b>Number of Turns</b>		
Ground		Open	Locked & Supervised			
<b>Devices</b>						
<b>Fire Dep't Connection</b>						
<b>Location</b>	<b>Type</b>	<b>BallDrip</b>	<b>Rotating Swivels</b>	<b>Size</b>	<b>OK</b>	<b>ScanID</b>
Ground East Outside	Freestanding	Yes	Yes		<input checked="" type="checkbox"/>	59770015



# Inventory & Warranty Report

Generated by: [BuildingReports.com](http://BuildingReports.com)

Building: Beatrice State Development Administration					
<p><i>The Inventory &amp; Warranty Report lists each of the devices and items that are included in your Inspection Report. A complete inventory count by device type and category is provided. Items installed within the last 90 days, within the last year, and devices installed for two years or more are grouped together for easy reference.</i></p>					
Device or Type	Category	% of Inventory	Quantity		
Check Valve	Valve	4.35%	1		
Control Valve	Valve	39.13%	9		
Drain	Device	4.35%	1		
Fire Dep't Connection	Hose	4.35%	1		
Gauge	Device	4.35%	1		
Piping	Sprinkler	4.35%	1		
Post Indicator Valve	Valve	4.35%	1		
Waterflow Switch	Alarm	34.78%	8		
Device Type	Qty	Model #	Type	Description	Install Date
<b><i>In Service - 3 Years to 5 Years</i></b>					
<b>Building– Service Main, Floors–</b>					
Fire Dep't Connection	1		Freestanding		03/19/2020
Post Indicator Valve	1		Ground		03/19/2020
<b>Building– Wet Pipe, Floors– 1st north</b>					
Waterflow Switch	1		Vane	Alarm	03/19/2020
<b>Building– Wet Pipe, Floors– 1st south</b>					
Control Valve	2		Butterfly	Isolation	03/19/2020
Waterflow Switch	1		Vane	Alarm	03/19/2020
<b>Building– Wet Pipe, Floors– 2nd north</b>					
Control Valve	1		Butterfly	Isolation	03/19/2020
Waterflow Switch	1		Vane	Alarm	03/19/2020
<b>Building– Wet Pipe, Floors– 2nd south</b>					
Control Valve	1		Butterfly	Isolation	03/19/2020
Waterflow Switch	1		Vane	Alarm	03/19/2020
<b>Building– Wet Pipe, Floors– basement</b>					
Check Valve	1		Grooved		03/19/2020
Control Valve	2		Butterfly	Main Control	03/19/2020
Drain	1		Main		03/19/2020
Gauge	1		System Pressure		03/19/2020
Piping	1		Steel and cpvc		03/19/2020
Waterflow Switch	1		Vane	Alarm	03/19/2020
<b>Building– Wet Pipe, Floors– basement north</b>					
Control Valve	1		Butterfly	Isolation	03/19/2020
Waterflow Switch	1		Vane	Alarm	03/19/2020
<b>Building– Wet Pipe, Floors– basement south</b>					

Control Valve	1	Butterfly	Isolation	03/19/2020
Waterflow Switch	1	Vane	Alarm	03/19/2020
<b>Building- Wet Pipe, Floors-penthouse</b>				
Control Valve	1	Butterfly	Isolation	03/19/2020
Waterflow Switch	1	Vane	Alarm	03/19/2020

# Notes & Recommendations

Generated by: BuildingReports.com

## Building: Beatrice State Development Administration

The Notes & Recommendations Report details additional inspection notes made by the Inspectors during the course of the building inspection. Notes are grouped by SystemID.

Note	Device Type	Location	Comment	ScanID
<b><i>Building- Wet Pipe, Floors- basement</i></b>				
1	Check Valve	Basement Inner Mechanical		68041389
	Check valve moves freely			
2	Gauge	Basement Inner Mechanical		68041485
	8 gages were replaced on this date			
3	Piping	Basement Inner Mechanical		68041486
	Internally inspected on this date no sign or corrosion at this time			

# Sprinkler Inspection Certificate

*For*

Beatrice State Development  
Administration  
843 Wallman Dr.  
LINCOLN, Nebraska 68310

Tested to NFPA 25 Standards

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

*Annual Inspection  
Inspection Date  
Sep 25, 2023*

Building: Beatrice State Development Administration  
Contact: Facility Manager  
Title: Maint. Supervisor

Company: NIFCO Mechanical Systems  
Contact: Travis Billesbach  
Title: Inspector

# Executive Summary

Generated by: *BuildingReports.com*

Building Information			
<b>Building:</b> Beatrice State Development Administration			<b>Contact:</b> Facility Manager
<b>Address:</b> 843 Wallman Dr.			<b>Phone:</b> 402-223-7526
<b>Address:</b>			<b>Fax:</b>
<b>City/State/ZIP Code:</b> LINCOLN, Nebraska 68310			<b>Mobile:</b>
<b>Country:</b> United States of America			<b>Email:</b>
Inspection Performed By			
<b>Company:</b> NIFCO Mechanical Systems			<b>Inspector:</b> Travis Billesbach
<b>Address:</b> 500 Blue Heron Dr			<b>Phone:</b> 402-477-0666
<b>Address:</b>			<b>Fax:</b>
<b>City/State/ZIP Code:</b> Lincoln, NE 68522-1701			<b>Mobile:</b> 531-220-1687
<b>Country:</b> United States of America			<b>Email:</b> tbillesbach@nifcomechanical.com
System Control Unit			
System Type	System Location	Protected Area	Devices
Service Main	Building-	Floors-	2
Wet Pipe	Building-	Floors- 1st north	1
Wet Pipe	Building-	Floors- 1st south	3
Wet Pipe	Building-	Floors- 2nd north	2
Wet Pipe	Building-	Floors- 2nd south	2
Wet Pipe	Building-	Floors- basement	7
Wet Pipe	Building-	Floors- basement north	2
Wet Pipe	Building-	Floors- basement south	2
Wet Pipe	Building-	Floors-penthouse	2

Inspection Summary								
Category	Total Items		Serviced		Passed		Failed/Other	
	Qty	%	Qty	%	Qty	%	Qty	%
Alarm	8	34.78%	8	100.00%	8	100.00%	0	0.00%
Device	2	8.70%	1	50.00%	1	100.00%	0	0.00%
Hose	1	4.35%	1	100.00%	1	100.00%	0	0.00%
Sprinkler	1	4.35%	0	0.00%	0	0.00%	0	0.00%
Valve	11	47.83%	10	90.91%	10	100.00%	0	0.00%
<b>Totals</b>	<b>23</b>	<b>100%</b>	<b>20</b>	<b>86.96%</b>	<b>20</b>	<b>100.00%</b>	<b>0</b>	<b>0.00%</b>

### Certification

**Company:** NIFCO Mechanical Systems

**Building:** Beatrice State Development Administration

**Inspector:** Travis Billesbach

**Contact:** Facility Manager

### Travis Billesbach Certifications

Certification Type	Number
NICET Inspection and Testing of Water-Based Systems Level I	
Nebraska Grade VI Water Operator	8466

# Inspection & Testing

Generated by: *BuildingReports.com*

Building: Beatrice State Development Administration				
<p><i>The Inspection &amp; Testing section lists all of the items inspected in your building. Items are grouped by Passed or Failed/Other. Items are listed by Category. Each item includes the services performed, and the time &amp; date at which testing occurred.</i></p>				
Device Type	Location	Service	Time	Date
<b><i>Passed</i></b>				
<b>Building– Service Main, Floors–</b>				
Fire Dep't Connection	Ground East Outside	Annual	9:15:51 AM	09/25/2023
Post Indicator Valve	Ground East Outside	Annual	9:16:02 AM	09/25/2023
<b>Building– Wet Pipe, Floors– 1st north</b>				
Waterflow Switch	1st Inner Mechanical	Annual	9:16:32 AM	09/25/2023
<b>Building– Wet Pipe, Floors– 1st south</b>				
Waterflow Switch	1st Inner Mechanical	Annual	9:16:36 AM	09/25/2023
Control Valve	1st Inner Mechanical	Annual	9:14:24 AM	09/25/2023
Control Valve	1st Inner Mechanical	Annual	9:14:46 AM	09/25/2023
<b>Building– Wet Pipe, Floors– 2nd north</b>				
Waterflow Switch	2nd Inner Mechanical	Annual	9:16:23 AM	09/25/2023
Control Valve	2nd Inner Mechanical	Annual	9:13:02 AM	09/25/2023
<b>Building– Wet Pipe, Floors– 2nd south</b>				
Waterflow Switch	2nd Inner Mechanical	Annual	9:16:28 AM	09/25/2023
Control Valve	2nd Inner Mechanical	Annual	9:13:10 AM	09/25/2023
<b>Building– Wet Pipe, Floors– basement</b>				
Waterflow Switch	Basement Inner Mechanical	Annual	9:16:41 AM	09/25/2023
Drain	Basement Inner Mechanical	Annual	9:17:10 AM	09/25/2023
Control Valve	Basement Inner Mechanical	Annual	9:15:02 AM	09/25/2023
Control Valve	Basement Inner Mechanical	Annual	9:15:34 AM	09/25/2023
<b>Building– Wet Pipe, Floors– basement north</b>				
Waterflow Switch	Basement Inner Mechanical	Annual	9:16:19 AM	09/25/2023
Control Valve	Basement Inner Mechanical	Annual	9:13:17 AM	09/25/2023
<b>Building– Wet Pipe, Floors– basement south</b>				
Waterflow Switch	Basement Inner Mechanical	Annual	9:16:44 AM	09/25/2023
Control Valve	Basement Inner Mechanical	Annual	9:15:27 AM	09/25/2023
<b>Building– Wet Pipe, Floors–penthouse</b>				
Waterflow Switch	Penthouse Inner Mechanical	Annual	9:16:59 AM	09/25/2023
Control Valve	Penthouse Inner Mechanical	Annual	9:15:41 AM	09/25/2023
<b><i>Untested</i></b>				
<b>Building– Wet Pipe, Floors– basement</b>				
Gauge	Basement Inner Mechanical			
Piping	Basement Inner Mechanical			

Device Type	Location	Service	Time	Date
Check Valve	Basement Inner Mechanical			



# Wet Pipe Fire Sprinkler Systems

Generated by: BuildingReports.com

Building: Beatrice State Development Administration						Building-, Floors- 1st north	
<i>This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.</i>							
<b>Alarms</b>							
<b>Waterflow Switch</b>							
Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID
Vane				2.0	1	<input checked="" type="checkbox"/>	59770012

*This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.*

**Waterflow Switch**

Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID
Vane				2.0	1	<input checked="" type="checkbox"/>	59770013

***Components***

**Control Valve**

Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			1st Inner Mechanical	2"	Open	Supervised	<input checked="" type="checkbox"/>	59770010

**Description**

Isolation

**Control Valve**

Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			1st Inner Mechanical	2"	Open	Supervised	<input checked="" type="checkbox"/>	59770011

**Description**

Isolation

*This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.*

**Alarms**

**Waterflow Switch**

Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID
Vane				2.0	1	<input checked="" type="checkbox"/>	59770005

**Components**

**Control Valve**

Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			2nd Inner Mechanical	2"	Open	Supervised	<input checked="" type="checkbox"/>	59770004

**Description**

Isolation

Building: Beatrice State Development  
Administration

Building-, Floors- 2nd south

*This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.*

***Alarms***

**Waterflow Switch**

Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID
Vane				2.0	1	<input checked="" type="checkbox"/>	59770007

***Components***

**Control Valve**

Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			2nd Inner Mechanical	2"	Open	Supervised	<input checked="" type="checkbox"/>	59770006

**Description**

Isolation

*This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.*

### *Alarms*

#### Waterflow Switch

Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID
Vane				4.0	1	<input checked="" type="checkbox"/>	59770014

### *Components*

#### Check Valve

Type	Location	Internal Date	Size	OK	ScanID
Grooved	Basement Inner Mechanical	12/31/1969	4"	<input type="checkbox"/>	68041389

#### Control Valve

Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			Basement Inner Mechanical	4"	Open	Supervised	<input checked="" type="checkbox"/>	59770017

#### Description

Main Control

#### Control Valve

Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			Basement Inner Mechanical	4"	Open	Supervised	<input checked="" type="checkbox"/>	59770095

#### Description

Main Control

### *Devices*

#### Drain

#### Current Inspection

Type	Location	Size	Supply psi	Restored psi	Residual psi	Sec	OK	ScanID
Main	Basement Inner Mechanical	2"	55	42	50		<input checked="" type="checkbox"/>	59770008

#### Previous Inspections

##### June 12, 2023

Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	Basement Inner Mechanical	2"	52	41	50		<input checked="" type="checkbox"/>	59770008

##### March 27, 2023

Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	Basement Inner Mechanical	2"	54	46	42		<input checked="" type="checkbox"/>	59770008

#### Gauge

Location			Service Date				
Basement Inner Mechanical			12/31/1969				
Type	Manufacturer	Model #	Static psi	Fill Type	Size	OK	ScanID
System Pressure				Air/Water	1/4	<input type="checkbox"/>	68041485
Piping							
Location	Type	Size	Internal Date				
Basement Inner Mechanical	Steel and cpvc		10/13/2021				
Hangers	Braces	Fittings	Identified	Antifreeze	ScanID		
Normal	Normal		Tagged	N/A	68041486		

Building: Beatrice State Development  
Administration

Building-, Floors- basement north

*This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.*

***Alarms***

**Waterflow Switch**

Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID
Vane				2.0	1	<input checked="" type="checkbox"/>	59770002

***Components***

**Control Valve**

Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			Basement Inner Mechanical	2"	Open	Supervised	<input checked="" type="checkbox"/>	59770009

**Description**

Isolation

Building: Beatrice State Development  
Administration

Building-, Floors- basement south

*This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.*

***Alarms***

**Waterflow Switch**

Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID
Vane				2.0	1	<input checked="" type="checkbox"/>	59770018

***Components***

**Control Valve**

Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			Basement Inner Mechanical	2"	Open	Supervised	<input checked="" type="checkbox"/>	59770019

**Description**

Isolation



*This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.*

**Alarms**

**Waterflow Switch**

Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID
Vane					1	<input checked="" type="checkbox"/>	68041187

**Components**

**Control Valve**

Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			Penthouse Inner Mechanical	2"	Open	Supervised	<input checked="" type="checkbox"/>	68041182

**Description**

Isolation

# Private Fire Service Mains

Generated by: BuildingReports.com

<b>Building: Beatrice State Development Administration</b>				<b>Building-, Floors-</b>		
<i>This section lists out all the devices and components that have been associated with a Private Fire Service Main and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.</i>						
<b>Components</b>						
<b>Post Indicator Valve</b>						
<b>Manufacturer</b>	<b>Model</b>	<b>Location</b>	<b>OK</b>	<b>ScanID</b>		
		Ground East Outside	<input checked="" type="checkbox"/>	59770016		
<b>Type</b>	<b>Size</b>	<b>Position</b>	<b>Status</b>	<b>Number of Turns</b>		
Ground		Open	Locked & Supervised			
<b>Devices</b>						
<b>Fire Dep't Connection</b>						
<b>Location</b>	<b>Type</b>	<b>BallDrip</b>	<b>Rotating Swivels</b>	<b>Size</b>	<b>OK</b>	<b>ScanID</b>
Ground East Outside	Freestanding	Yes	Yes		<input checked="" type="checkbox"/>	59770015

# Inventory & Warranty Report

Generated by: [BuildingReports.com](http://BuildingReports.com)

Building: Beatrice State Development Administration					
<p><i>The Inventory &amp; Warranty Report lists each of the devices and items that are included in your Inspection Report. A complete inventory count by device type and category is provided. Items installed within the last 90 days, within the last year, and devices installed for two years or more are grouped together for easy reference.</i></p>					
Device or Type	Category	% of Inventory	Quantity		
Check Valve	Valve	4.35%	1		
Control Valve	Valve	39.13%	9		
Drain	Device	4.35%	1		
Fire Dep't Connection	Hose	4.35%	1		
Gauge	Device	4.35%	1		
Piping	Sprinkler	4.35%	1		
Post Indicator Valve	Valve	4.35%	1		
Waterflow Switch	Alarm	34.78%	8		
Device Type	Qty	Model #	Type	Description	Install Date
<b><i>In Service - 3 Years to 5 Years</i></b>					
<b>Building– Service Main, Floors–</b>					
Fire Dep't Connection	1		Freestanding		03/19/2020
Post Indicator Valve	1		Ground		03/19/2020
<b>Building– Wet Pipe, Floors– 1st north</b>					
Waterflow Switch	1		Vane	Alarm	03/19/2020
<b>Building– Wet Pipe, Floors– 1st south</b>					
Control Valve	2		Butterfly	Isolation	03/19/2020
Waterflow Switch	1		Vane	Alarm	03/19/2020
<b>Building– Wet Pipe, Floors– 2nd north</b>					
Control Valve	1		Butterfly	Isolation	03/19/2020
Waterflow Switch	1		Vane	Alarm	03/19/2020
<b>Building– Wet Pipe, Floors– 2nd south</b>					
Control Valve	1		Butterfly	Isolation	03/19/2020
Waterflow Switch	1		Vane	Alarm	03/19/2020
<b>Building– Wet Pipe, Floors– basement</b>					
Check Valve	1		Grooved		03/19/2020
Control Valve	2		Butterfly	Main Control	03/19/2020
Drain	1		Main		03/19/2020
Gauge	1		System Pressure		03/19/2020
Piping	1		Steel and cpvc		03/19/2020
Waterflow Switch	1		Vane	Alarm	03/19/2020
<b>Building– Wet Pipe, Floors– basement north</b>					
Control Valve	1		Butterfly	Isolation	03/19/2020
Waterflow Switch	1		Vane	Alarm	03/19/2020
<b>Building– Wet Pipe, Floors– basement south</b>					

Control Valve	1	Butterfly	Isolation	03/19/2020
Waterflow Switch	1	Vane	Alarm	03/19/2020
<b>Building- Wet Pipe, Floors-penthouse</b>				
Control Valve	1	Butterfly	Isolation	03/19/2020
Waterflow Switch	1	Vane	Alarm	03/19/2020

# State of Nebraska

ANNUAL CONVEYANCE CERTIFICATE

Nebraska State  
Fire Marshal Agency



Elevator  
Division

Issuance of this certificate does not create liability nor guarantee personal safety. If you have any questions regarding the operation or safety of this unit, contact the Owner.  
NSFM Elevator Division: 402-595-3184

STATE # **4117**

UNIT ID **S/BLDG 15 MED RESEAR**

MANUFACTURER **DOVER**

TYPE **PASSENGER**

INSPECTION DATE **8/2/2022**

CERTIFICATE # **262255**

BUILDING NAME

Timothy Trujillo

BSDC

Elevator Division Chief

**3000 LINCOLN ST  
BEATRICE, NE 68310**

Scott Cordes

State Fire Marshal

This Certificate must be posted in the elevator car

(a)

Program

Description

1. **Name/Identification of each Unit with brief description of the unit to include type of population served in the unit.**
2. **Total bed capacity per unit.**
3. **Population per unit as of 10/31/2024**

The Beatrice State Developmental Center is divided into two separate Intermediate Care Facilities (ICFs) and has 14 dedicated homes.

**Solar Cottages ICF (long term care):** BSDC is a 24-hour state and federally funded residential treatment facility dedicated to the provision of specialized psychological, medical and developmental supports to people with intellectual and developmental disabilities. **Solar Cottages consists of 10 homes** within the ICF: 753 Solar, 743 Solar, 723 Solar, 715 Solar, 3052 Peterson, 3054 Peterson, 3056 Peterson, 3060 Peterson, 3070 State and 3071 State.

\*753 Solar - census 8

\*743 Solar - census 10

\*723 Solar - census 9

\*715 Solar - census 9

\*3052 Peterson - census 9

\*3054 Peterson - census 7

\*3056 Peterson - census 9

\*3060 Peterson - census 7

\*3070 State – census 6

\*3071 State – census 0

**400 State Building ICF (short term care):** BSDC Crisis Stabilization and Community Reintegration program homes has a total bed capacity up to 12 admissions. They provide behavioral, psychiatric, and medical interventions for individuals with intellectual disabilities who are experiencing significant difficulties in their community placements. Through targeted lengths of stay from 30 to 180 days, the goal of the BSDC Crisis Stabilization program is to provide temporary stabilization leading to community reintegration with faded supports. **400 State Building ICF consists of 4 separate apartments (402, 404, 406, and 408 State).**

\*402 State - census 1

\*404 State - census 1

\*406 State - census 1

\*408 State - census 2

(a)

# Physical Review



Asset #	Tag #	Description	Site	Site Name	Gross Area	
28412	25B0145600B	T BUILDING #11	557742	AS - BUILDING DIV - BEATRICE D	12,276	VBEL-complete, demolished
		B - BLDG	557742	AS - BUILDING DIV - BEATRICE D	17,710	VBEL-complete, demolished
		C - BLDG	557742	AS - BUILDING DIV - BEATRICE D	17,784	VBEL-complete, demolished
189523	25B049100B	GREENHOUSE	557742	AS - BUILDING DIV - BEATRICE D	5,798	VBEL-complete, demolished
<b>BSDC should not be charged for rent of VBEL'd Buildings</b>					<b>VBEL</b>	<b>53,568</b>
<b>USED BY BUILDING DIVISION</b>						
		GROUPS BUILDING	557742	AS - BUILDING DIV - BEATRICE D	4,613	
28416	25B0145900B	BUILDING 14-A (barn)	557742	AS - BUILDING DIV - BEATRICE D	7,608	
28417	25B0146000B	BUILDING 14-B (barn)	557742	AS - BUILDING DIV - BEATRICE D	4,896	
28418	25B0146100B	BUILDING 14-G (grounds office)	557742	AS - BUILDING DIV - BEATRICE D	2,440	
28419	25B0146200B	BUILDING 14-H	557742	AS - BUILDING DIV - BEATRICE D	4,130	
28434	25B0147800B	HEATING POWER PLANT #25	557742	AS - BUILDING DIV - BEATRICE D	10,259	
28446	25B0148900B	HAY SHED 14-C	557742	AS - BUILDING DIV - BEATRICE D	2,880	
28447	25B0149000B	DOZER GARAGE 14-D	557742	AS - BUILDING DIV - BEATRICE D	355	
28449	25B0149200B	MAINTENANCE STORAGE 14-F	557742	AS - BUILDING DIV - BEATRICE D	1,576	
28450	25B0149300B	CAVE 14-J	557742	AS - BUILDING DIV - BEATRICE D	2,710	
28451	25B0149400B	CHLORINE HOUSE	557742	AS - BUILDING DIV - BEATRICE D	108	
28452	25B0149500B	WATER RESERVOIR	557742	AS - BUILDING DIV - BEATRICE D	2,827	
28466	25B0301900B	METER/BACKFLOW PREVENTER STAT.	557742	AS - BUILDING DIV - BEATRICE D	320	
28468	25B0334200B	VAPORIZER/MIXER SHELTER	557742	AS - BUILDING DIV - BEATRICE D	294	
<b>BUILDING DIVISION</b>						<b>45,016</b>
<b>STATE BUILDING DIVISON</b>						
28407	25B0145100B	F BUILDING #5 (400 State)	557742	AS - BUILDING DIV - BEATRICE D	26,731	
<b>STATE ICF</b>						<b>26,731</b>
<b>SOLAR ICFs</b>						
28423	25B0146700B	COTTAGE 1 (#411)	557742	AS - BUILDING DIV - BEATRICE D	5,105	
28424	25B0146800B	COTTAGE 2 (#412)	557742	AS - BUILDING DIV - BEATRICE D	5,105	
28425	25B0146900B	COTTAGE 3 (#413)	557742	AS - BUILDING DIV - BEATRICE D	5,105	
28426	25B0147000B	COTTAGE 4 (#414)	557742	AS - BUILDING DIV - BEATRICE D	5,105	
28427	25B0147100B	COTTAGE 5 (#415)	557742	AS - BUILDING DIV - BEATRICE D	5,105	
28428	25B0147200B	COTTAGE 6 (#416)	557742	AS - BUILDING DIV - BEATRICE D	5,105	
28429	25B0147300B	COTTAGE 7 (#418)	557742	AS - BUILDING DIV - BEATRICE D	5,105	
28430	25B0147400B	COTTAGE 8 (#420)	557742	AS - BUILDING DIV - BEATRICE D	5,105	
28431	25B0147500B	COTTAGE 9 (#422)	557742	AS - BUILDING DIV - BEATRICE D	5,105	
28432	25B0147600B	COTTAGE 10 (#424)	557742	AS - BUILDING DIV - BEATRICE D	5,105	
28437	25B0148000B	EMPLOYEES QUARTERS #27 (LAKE/31st St)	557742	AS - BUILDING DIV - BEATRICE D	12,251	not ADA compliant
28438	25B0148100B	EMPLOYEES QUARTERS #28 (LAKE/31st St)	557742	AS - BUILDING DIV - BEATRICE D	10,317	not ADA compliant
<b>SOLAR ICF</b>						<b>73,618</b>
<b>MISC BLDGS/STRUCTURES</b>						
28406	25B0145000B	D BUILDING #4	557742	AS - BUILDING DIV - BEATRICE D	67,816	
28409	25B0145300B	L BUILDING #7	557742	AS - BUILDING DIV - BEATRICE D	26,731	
28414	25B0145800B	Y BUILDING #13/ADDITION	557742	AS - BUILDING DIV - BEATRICE D	50,396	Cust & Bldg Div
28413	25B0145700B	CARSTEN'S CENTER #12	557742	AS - BUILDING DIV - BEATRICE D	28,825	
28420	25B0146300B	ADMIN BUILDING #15	557742	AS - BUILDING DIV - BEATRICE D	68,387	
28421	25B0146400B	2nd Flr ADMIN #17/WEST WING-1stFlr	557742	AS - BUILDING DIV - BEATRICE D	37,012	1st Flr = Bear Creek - PT/OT - Actv Ctr
28433	25B0147700B	LAUNDRY #22	557742	AS - BUILDING DIV - BEATRICE D	23,328	
28439	25B0148200B	CHAPEL #29	557742	AS - BUILDING DIV - BEATRICE D	5,569	
28436	25B0147900B	TRANSPORTATION	557742	AS - BUILDING DIV - BEATRICE D	5,733	
28444	25B0148700B	ENCLOSED WALKWAY (ADMIN-PT/OT)	557742	AS - BUILDING DIV - BEATRICE D	3,539	
28445	25B0148800B	FOOD SERVICE #18	557742	AS - BUILDING DIV - BEATRICE D	30,421	storage
28467	25B0334100B	PARK RESTROOM	557742	AS - BUILDING DIV - BEATRICE D	477	
28469	25B0361500B	BUS BARN	557742	AS - BUILDING DIV - BEATRICE D	4,224	
28470	25B0371300B	GAZEBO	557742	AS - BUILDING DIV - BEATRICE D	190	
28471	25B0391000B	CARSTENS STORAGE BLDG.	557742	AS - BUILDING DIV - BEATRICE D	320	
101337	25B0397500B	PHC/PHARMACY STORAGE BUILDING	557742	AS - BUILDING DIV - BEATRICE D	245	
199205	25B0397600B	CARSTENS GAZEBO	557742	AS - BUILDING DIV - BEATRICE D	95	
<b>MISC BLDGS/STRUCTURES</b>						<b>353,308</b>

554903 Rent

524900 Depreciation (Bldg Renewal Assessment Fee)

<b>Total Square Footage</b>	<b>552,241</b>
<b>Total Square Footage (LESS VBEL'd Buildings)</b>	<b>498,673</b>
<b>Total Square Footage (LESS Maintenance used areas &amp; VBEL'd Bldgs)</b>	<b>453,657</b>

PERIOD		SQ FT	FLAT RATE	Monthly Rate	Per Sq Ft Rate
7/1/2013 - 6/30/2015	Base Rent	516,419	2,449,374.94	204,114.58	4.74
	Renewal Assmt Fee	516,419	1,029,216.18	85,768.02	1.99

PERIOD		SQ FT	FLAT RATE	Monthly Rate	Per Sq Ft Rate
7/1/2017 - 6/30/2019	Base Rent	553,037	2,145,783.56	178,815.30	3.88
	Renewal Assmt Fee	553,037	1,034,179.19	86,181.60	1.87

PERIOD		SQ FT	FLAT RATE	Monthly Rate	Per Sq Ft Rate
7/1/2019 - 6/30/2021	Base Rent	553,037	3,362,468.00	280,205.67	6.08
	Renewal Assmt Fee	553,037	1,000,997.00	83,416.42	1.81

PERIOD		SQ FT	ANNUAL RENT	Monthly Rate	Per Sq Ft Rate
7/1/2021 - 6/30/2023	Base Rent	553,037	2,961,100.00	246,758.33	5.35
	Renewal Assmt Fee	553,037	724,478.00	60,373.17	1.31

Breakdown per AGREEMENT 14 - ADDENDUM 4					
PERIOD		SQ FT	ANNUAL RENT	Monthly Rate	Per Sq Ft Rate
7/1/23-6/30/25	Base Rent	551,585	3,248,835.65	270,736.30	5.89
	Renewal Assmt Fee	551,585	678,449.55	56,537.46	1.23
<b>TOTAL</b>		551,585	3,927,285.20	327,273.77	

## STATE FACILITY USE AGREEMENT 14 - ADDENDUM 4

This State Facility Use Agreement - Addendum 4, hereinafter this "Addendum," between the **Department of Administrative Services, State Building Division**, as "Owner," and the **Department of Health & Human Services**, as "Tenant Agency," for space located at:

**BEATRICE STATE DEVELOPMENT CENTER  
3000 LINCOLN STREET  
BEATRICE, NE 68310**

WHEREAS, Owner and Tenant Agency entered into the original Agreement, effective **July 1, 2015** and ending **June 30, 2017**; renewed by Addendum 1 effective July 1, 2017 and ending June 30, 2019; renewed by Addendum 2 effective July 1, 2019 and ending June 30, 2021; renewed by Addendum 3 effective July 1, 2021 and ending June 30, 2023; and

WHEREAS, Owner and Tenant Agency desire to renew the Term of this Lease for two (2) years; and

WHEREAS, Owner and Tenant Agency agree to the rental rate provided herein; and

WHEREAS, Owner and Tenant Agency agree to the following terms and conditions; and

NOW THEREFORE, in consideration of the mutual covenants contained herein, the parties amend this Agreement as follows:

1. As to Section 2. **TERM** of the original Agreement, it shall be deleted in its entirety and the following inserted in its place:

**TERM.** The term of this Agreement, hereinafter "Term" shall be effective on **July 1, 2023**, and shall terminate on **June 30, 2025**, unless sooner terminated as hereinafter provided.

2. As to Section 3. **RENT** of the original Agreement, it shall be deleted in its entirety and the following inserted in its place:

**RENT.** Tenant Agency shall pay Owner rent in equal monthly installments payable on the first day of each month throughout the Term of this Agreement. The rent and building renewal assessment fee (Neb Rev Stat § 81-188.01, also known as LB530), hereinafter collectively "Rent," is shown in the following schedule:

July 1, 2023 - June 30, 2025				
	Total Square Feet	PSF	Annual Rent	Monthly Payment
Base Rent	551,585	\$5.89	\$3,248,835.65	\$270,736.30
Renewal Assessment Fee	551,585	\$1.23	\$678,449.55	\$56,537.46
<b>TOTAL:</b>	551,585		\$3,927,285.20	\$327,273.77

Please provide one (1) **Rent Business Unit #**: 25980141.524600

Please provide one (1) **Building Renewal Assessment Fee Business Unit #**: 25980141.524900  
which does not involve federal funds.

**3. ENTIRE AGREEMENT.** This Addendum constitutes the entire and integrated agreement between Owner and Tenant Agency relating to the subject matter of this Addendum and supersedes all prior understandings, agreements, or representations, between the Parties, written or oral, to the extent they relate in any way to the subjects of this Agreement. All other terms and conditions of the original Agreement not addressed herein, shall remain the same and are hereby ratified and confirmed.

**IN WITNESS WHEREOF**, the Parties have executed this Agreement on the date(s) and year(s) below written.

**OWNER:**

Brent Flachsbart

Brent D. Flachsbart, Administrator  
DAS - State Building Division

8/1/2023

Date

**TENANT AGENCY:**

[Signature]

Authorized Signor  
Department of Health & Human Services

7/21/2023  
Date

(a)

Facility

Capacity-

Population

**FACILITY CAPACITY**

Total number of admitted individuals to the facility (please include all individuals admitted to the program who are admitted, including those that may not be present of campus that particular day)

Nov 1st, 2023	Dec 1st, 2023	Jan 1st, 2024	Feb 1st, 2024	March 1st, 2024	April 1st, 2024	May 1st, 2024	June 1st, 2024	July 1st, 2024	Aug 1st, 2024	Sept 1st, 2024	Oct 1st, 2024
79	79	79	81	81	80	80	80	80	80	80	79

81      81      81      81      81      80 w/ unlicens

(b)

# Inspection Reports

**SOLAR COTTAGES ICF**

**2024**

**PUBLIC HEALTH AND  
FIRE MARSHAL**

**2567'S AND PLANS OF  
CORRECTION**



# Public Health Reports

## PLAN OF CORRECTION

Provider/Supplier  
Name: →

STREET ADDRESS,  
CITY, ZIP: →

<b>SOLAR COTTAGES</b>	Survey Date ↓
3052,3054,3056,3060 PET BLV 753,743,723,715 SOL DR Beatrice, NE 68310	2/1/2024
SURVEY EVENT ID#	M1E311
(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 28-	ICFDD14

### PROVIDER'S PLAN OF CORRECTION

(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)

COMPLETION  
DATE

CITED TAG #	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETION DATE
E-0250		
<b>E-0250</b>	<b>A. ACTION(S) THAT WILL BE TAKEN TO CORRECT THIS DEFICIENCY - ALONG WITH A DESCRIPTION OF HOW THE ACTION WILL CORRECT OR IMPROVE THE PROCESSES THAT LEAD TO THE CITED DEFICIENCY:</b>	
	The Maintenance Department was contacted have checked all dishwashers at the facility and have identified two older dishwashers that will be replaced.	3/15/2024
	Water temperatures will be regulated at those identified homes not reaching the minimum of 150 degrees Fahrenheit required for sanitation: 715 and 743 Solar.	3/15/2024
	<b>B. THE PROCEDURE FOR IMPLEMENTING THE CORRECTIVE ACTION(S):</b>	
	Water temperatures will be regulated at those identified homes not reaching the minimum of 150 degrees Fahrenheit required for sanitation: 715 and 743 Solar.	3/15/2024
	Maintenance will add a label to the front of the dishwashers with instructions for staff members to follow on how to operate the dishwasher and which cycle to select to ensure the water temperatures are maintained at the minimum 150 degrees Fahrenheit temperature required for sanitation.	3/15/2024
	<b>C. THE MONITORING OR TRACKING PROCEDURE(S) TO ENSURE THE FACILITY IS EFFECTIVE IN CORRECTING THE DEFICIENCY AND TO ENSURE THE FACILITY REMAINS IN COMPLIANCE WITH THIS DEFICIENCY:</b>	
	Staff will be in-serviced to ensure they are following the instructions and choosing the correct cycle to ensure appropriate water temperatures are maintained at the minimum 150 degree Fahrenheit temperature required for sanitation. Weekly checks utilizing dishwasher test strips during a dishwashing cycle will be completed to ensure appropriate water temperatures are maintained.	3/15/2024
	<b>D. THE TITLE OF THE PERSON RESPONSIBLE FOR ENSURING THE FACILITY REMAINS IN COMPLIANCE WITH THE CITED DEFICIENCY: (Do not put the staff names).</b>	
	The ICF Administrator will be the responsible position to monitor and ensure compliance.	3/15/2024

	<b>A. ACTION(S) THAT WILL BE TAKEN TO CORRECT THIS DEFICIENCY - ALONG WITH A DESCRIPTION OF HOW THE ACTION WILL CORRECT OR IMPROVE THE PROCESSES THAT LEAD TO THE CITED DEFICIENCY:</b>	
	<b>B. THE PROCEDURE FOR IMPLEMENTING THE CORRECTIVE ACTION(S):</b>	
	<b>C. THE MONITORING OR TRACKING PROCEDURE(S) TO ENSURE THE FACILITY IS EFFECTIVE IN CORRECTING THE DEFICIENCY AND TO ENSURE THE FACILITY REMAINS IN COMPLIANCE WITH THIS DEFICIENCY:</b>	
	<b>D. THE TITLE OF THE PERSON RESPONSIBLE FOR ENSURING THE FACILITY REMAINS IN COMPLIANCE WITH THE CITED DEFICIENCY: (Do not put the staff names).</b>	
	<b>A. ACTION(S) THAT WILL BE TAKEN TO CORRECT THIS DEFICIENCY - ALONG WITH A DESCRIPTION OF HOW THE ACTION WILL CORRECT OR IMPROVE THE PROCESSES THAT LEAD TO THE CITED DEFICIENCY:</b>	
	<b>B. THE PROCEDURE FOR IMPLEMENTING THE CORRECTIVE ACTION(S):</b>	
	<b>C. THE MONITORING OR TRACKING PROCEDURE(S) TO ENSURE THE FACILITY IS EFFECTIVE IN CORRECTING THE DEFICIENCY AND TO ENSURE THE FACILITY REMAINS IN COMPLIANCE WITH THIS DEFICIENCY:</b>	
	<b>D. THE TITLE OF THE PERSON RESPONSIBLE FOR ENSURING THE FACILITY REMAINS IN COMPLIANCE WITH THE CITED DEFICIENCY: (Do not put the staff names).</b>	

## PLAN OF CORRECTION

<b>Provider/Supplier Name:</b> →	SOLAR COTTAGES	<b>Survey Date</b> ↓
<b>STREET ADDRESS, CITY, ZIP:</b> →	3052,3054,3056,3060 PET BLV 753,743,723,715 SOL DR Beatrice, NE 68310	2/1/2024
	SURVEY EVENT ID#	M1E311
	(x1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 28-	ICFDD14

### PROVIDER'S PLAN OF CORRECTION

(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)

COMPLETION DATE

CITED TAG #	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETION DATE
W-0186, W-0189, W-0249, W-0263, W-0382, W-0426, W-0436		
<b>W-0186</b>	<b>A. ACTION(S) THAT WILL BE TAKEN TO CORRECT THIS DEFICIENCY - ALONG WITH A DESCRIPTION OF HOW THE ACTION WILL CORRECT OR IMPROVE THE PROCESSES THAT LEAD TO THE CITED DEFICIENCY:</b>	
	Observations revealed that the facility failed to have staff in sufficient number to ensure and provide the interactions/supervision necessary for Client 4 to engage in purposeful and functional activities as identified in the ISP and to implement the Adaptive Equipment habilitation program specific to the wearing of prescription eyeglasses. The insufficient staff also affected the following clients and implementation of their ISP at this home: Client 9, Client 10, Client 11, Client 12, Client 13 and Client 14.	3/15/2024
	Management is aware of the staffing numbers and levels at each of the facility homes. BSDC continues to recruit for new staffing to fill vacancies utilizing a digital campaign, local newspaper and radio advertisements, referrals from friends/relatives working at BSDC, hiring events and flyers that are distributed during community events. Seven (six direct care and one LPN) new employees started on February 12, 2024, to fill shift vacancies. Three more vacancies will be filled on February 26, 2024. Management has also requested of Executive Leadership the authorization to submit contractes for additional temporary agency staff to assist with filling the vacancies to be able to provide the interactions/supervision and active treatment.	3/15/2024
	<b>B. THE PROCEDURE FOR IMPLEMENTING THE CORRECTIVE ACTION(S):</b>	

	Management is aware of the staffing numbers and levels at each of the facility homes. BSDC continues to recruit for new staffing to fill vacancies utilizing a digital campaign, local newspaper and radio advertisements, referrals from friends/relatives working at BSDC, hiring events and flyers that are distributed during community events. Seven (six direct care and one LPN) new employees started on February 12, 2024, to fill shift vacancies. Three more vacancies will be filled on February 26, 2024. Management has also requested of Executive Leadership the authorization to submit contractes for additional temporary agency staff to assist with filling the vacancies to be able to provide the interactions/supervision and active treatment.	3/15/2024
	Management will work to ensure that homes have sufficient staffing to provide interactions/supervision and active treatment as identified in Client 4 and every other Clients' ISP with the assistance of nursing, support staff and Supplemental Staffing Pool utilized as BSDC teammates to fill vacancies.	3/15/2024
	<b>C. THE MONITORING OR TRACKING PROCEDURE(S) TO ENSURE THE FACILITY IS EFFECTIVE IN CORRECTING THE DEFICIENCY AND TO ENSURE THE FACILITY REMAINS IN COMPLIANCE WITH THIS DEFICIENCY:</b>	
	Monitoring will be completed by review of daily coversheets and staff schedules to ensure that sufficient staffing is assigned for the shift.	3/15/2024
	<b>D. THE TITLE OF THE PERSON RESPONSIBLE FOR ENSURING THE FACILITY REMAINS IN COMPLIANCE WITH THE CITED DEFICIENCY: (Do not put the staff names).</b>	
	ICF Administrator will be the responsible position for monitoring and to ensure compliance.	3/15/2024
<b>W-0189</b>	<b>A. ACTION(S) THAT WILL BE TAKEN TO CORRECT THIS DEFICIENCY - ALONG WITH A DESCRIPTION OF HOW THE ACTION WILL CORRECT OR IMPROVE THE PROCESSES THAT LEAD TO THE CITED DEFICIENCY:</b>	
	For Client 2, DTSS-A and Staff Member's A and B and all other staff members within the Solar Cottage home will be provided an in-service on Client 2's Dining Card that reveals no evidence of utilizing a clothing protector. Should the IDT determine that Client 2 needs the use of a clothing protector to protect clothing, then it will be appropriately applied to protect clothing and to provide dignity and respect. The home will also receive a new expandable table that can be height adjusted to provide positioning for easier consumption of a meal.	3/15/2024
	For Client 8, Staff members I and K will be provided an in-service regarding derogatory discussion of clients in front of other clients residing at the home and ensuring all clients are provided dignity and respect.	3/15/2024
	For Client 7, Staff Member I will be provided an in-service regarding rude and disrespectful comments of Client(s) residing at the home and ensure all clients are provided dignity and respect.	3/15/2024
	<b>B. THE PROCEDURE FOR IMPLEMENTING THE CORRECTIVE ACTION(S):</b>	

	For Client 2, DTSS-A and Staff Member's A and B and all other staff members within the Solar Cottage home will be provided an in-service on Client 2's Dining Card that reveals no evidence of utilizing a clothing protector. Should the IDT determine that Client 2 needs the use of a clothing protector to protect clothing, then it will be appropriately applied to protect clothing and to provide dignity and respect. The home will also receive a new expandable table that can be height adjusted to provide positioning for easier consumption of a meal.	3/15/2024
	For Client 8, Staff members I and K will be provided an in-service regarding derogatory discussion of clients in front of other clients residing at the home and ensuring all clients are provided dignity and respect.	3/15/2024
	For Client 7, Staff Member I will be provided an in-service regarding rude and disrespectful comments of Client(s) residing at the home and ensure all clients are provided dignity and respect.	3/15/2024
	All other staff members within the Solar Cottage ICF will be provided with an in-service regarding treating each and every client with dignity and respect.	3/15/2024
	<b>C. THE MONITORING OR TRACKING PROCEDURE(S) TO ENSURE THE FACILITY IS EFFECTIVE IN CORRECTING THE DEFICIENCY AND TO ENSURE THE FACILITY REMAINS IN COMPLIANCE WITH THIS DEFICIENCY:</b>	
	Monitoring will be completed through on-going observations and quarterly audits by Compliance Specialists and mock audits.	3/15/2024
	<b>D. THE TITLE OF THE PERSON RESPONSIBLE FOR ENSURING THE FACILITY REMAINS IN COMPLIANCE WITH THE CITED DEFICIENCY: (Do not put the staff names).</b>	
	ICF Administrator will be the responsible position for monitoring and to ensure compliance.	3/15/2024
<b>W-0249</b>	<b>A. ACTION(S) THAT WILL BE TAKEN TO CORRECT THIS DEFICIENCY - ALONG WITH A DESCRIPTION OF HOW THE ACTION WILL CORRECT OR IMPROVE THE PROCESSES THAT LEAD TO THE CITED DEFICIENCY:</b>	
	For Client 4, Staff Members D and E and all other staff who support Client 4 will be re-in-serviced on the Adaptive Equipment habilitation program specific to the wearing of prescription eyeglasses. Staff Members D and E and all other staff who support Client 4 will be re-in-serviced that the Adaptive Equipment habilitation program is to be implemented "whenever there is a functional or situational reason to do so."	3/15/2024
	<b>B. THE PROCEDURE FOR IMPLEMENTING THE CORRECTIVE ACTION(S):</b>	
	For Client 4, Staff Members D and E and all other staff who support Client 4 will be re-in-serviced on the Adaptive Equipment habilitation program specific to the wearing of prescription eyeglasses. Staff Members D and E and all other staff who support Client 4 will be re-in-serviced that the Adaptive Equipment habilitation program is to be implemented "whenever there is a functional or situational reason to do so."	3/15/2024

	For all other clients residing within Solar Cottages ICF, the QDDPs will ensure adequate in-servicing is available to all staff members to ensure Client(s) adaptive equipment training habilitation programs are implemented as identified in the ISP.	3/15/2024
	<b>C. THE MONITORING OR TRACKING PROCEDURE(S) TO ENSURE THE FACILITY IS EFFECTIVE IN CORRECTING THE DEFICIENCY AND TO ENSURE THE FACILITY REMAINS IN COMPLIANCE WITH THIS DEFICIENCY:</b>	
	A monitoring system will include random audits to ensure implementation of training programs as identified in the ISP.	3/15/2024
	<b>D. THE TITLE OF THE PERSON RESPONSIBLE FOR ENSURING THE FACILITY REMAINS IN COMPLIANCE WITH THE CITED DEFICIENCY: (Do not put the staff names).</b>	
	The ICF Administrator will be the responsible position for monitoring and to ensure compliance.	3/15/2024
	<b>A. ACTION(S) THAT WILL BE TAKEN TO CORRECT THIS DEFICIENCY - ALONG WITH A DESCRIPTION OF HOW THE ACTION WILL CORRECT OR IMPROVE THE PROCESSES THAT LEAD TO THE CITED DEFICIENCY:</b>	
W-0263	For Client 1, written informed consent will be obtained from the Guardian for the psychotropic medication Lamictal prescribed for Client 1's bipolar disorder.	3/15/2024
	<b>B. THE PROCEDURE FOR IMPLEMENTING THE CORRECTIVE ACTION(S):</b>	
	For Client 1, written informed consent will be obtained from the Guardian for the psychotropic medication Lamictal prescribed for Client 1's bipolar disorder.	3/15/2024
	A record review will be completed by the QDDP to identify and ensure all written Guardian consents are received and documented for psychotropic medications. QDDP Coordinator will re-in-service the QDDPs on W0263 which includes that all emergency/immediate procedures will have Guardians' witnessed verbal consent along with the written informed consent.	3/15/2024
	<b>C. THE MONITORING OR TRACKING PROCEDURE(S) TO ENSURE THE FACILITY IS EFFECTIVE IN CORRECTING THE DEFICIENCY AND TO ENSURE THE FACILITY REMAINS IN COMPLIANCE WITH THIS DEFICIENCY:</b>	
	Human and Legal Rights Chair/Program Specialist will monitor compliance through HLRC reviews.	3/15/2024
	<b>D. THE TITLE OF THE PERSON RESPONSIBLE FOR ENSURING THE FACILITY REMAINS IN COMPLIANCE WITH THE CITED DEFICIENCY: (Do not put the staff names).</b>	
	The ICF Administrator will be the responsible position for monitoring and to ensure compliance.	3/15/2024

W-0382	<b>A. ACTION(S) THAT WILL BE TAKEN TO CORRECT THIS DEFICIENCY - ALONG WITH A DESCRIPTION OF HOW THE ACTION WILL CORRECT OR IMPROVE THE PROCESSES THAT LEAD TO THE CITED DEFICIENCY:</b>	
	For Staff LPN-A and Staff members D and I, and all other medication aides who provide support through medication provision will ensure medication carts are locked when out of immediate site and control of the person providing medications/treatments.	3/15/2024
	<b>B. THE PROCEDURE FOR IMPLEMENTING THE CORRECTIVE ACTION(S):</b>	
	All Nursing Staff and all Medication Aides at the facility will be re-in-serviced on the importance of locking the medication cart when it is out of immediate site and control of the person providing medications/treatments and re-in-serviced on the Standard Work Instruction - Basic Guidelines: Providing Medications and Treatments.	3/15/2024
	<b>C. THE MONITORING OR TRACKING PROCEDURE(S) TO ENSURE THE FACILITY IS EFFECTIVE IN CORRECTING THE DEFICIENCY AND TO ENSURE THE FACILITY REMAINS IN COMPLIANCE WITH THIS DEFICIENCY:</b>	
	Medication carts will be checked during environmental audits and during medication administration audits.	3/15/2024
	<b>D. THE TITLE OF THE PERSON RESPONSIBLE FOR ENSURING THE FACILITY REMAINS IN COMPLIANCE WITH THE CITED DEFICIENCY: (Do not put the staff names).</b>	
	The ICF Administrator will be the responsible position for monitoring and to ensure compliance.	3/15/2024
	<b>A. ACTION(S) THAT WILL BE TAKEN TO CORRECT THIS DEFICIENCY - ALONG WITH A DESCRIPTION OF HOW THE ACTION WILL CORRECT OR IMPROVE THE PROCESSES THAT LEAD TO THE CITED DEFICIENCY:</b>	
W-0426	The Maintenance Department was contacted the evening of the discovery of water temperatures exceeding 110 degrees Fahrenheit in the sinks and showers at 723 and 743 Solar.	3/15/2024
	The On-Call Maintenance Technician adjusted the water temperatures at those identified homes exceeding 110 degrees Fahrenheit: 723 and 743 Solar. The On-Call Maintenance Technician notified the ICF/DD Home Manager to confirm the water temperatures had been adjusted and regulated to not exceed 110 degrees Fahrenheit.	3/15/2024
	<b>B. THE PROCEDURE FOR IMPLEMENTING THE CORRECTIVE ACTION(S):</b>	
	The Maintenance Department was contacted the evening of the discovery of water temperatures exceeding 110 degrees Fahrenheit in the sinks and showers at 723 and 743 Solar.	3/15/2024



	The On-Call Maintenance Technician adjusted the water temperatures at those identified homes exceeding 110 degrees Fahrenheit: 723 and 743 Solar. The On-Call Maintenance Technician notified the ICF/DD Home Manager to confirm the water temperatures had been adjusted and regulated to not exceed 110 degrees Fahrenheit.	3/15/2024
	<b>C. THE MONITORING OR TRACKING PROCEDURE(S) TO ENSURE THE FACILITY IS EFFECTIVE IN CORRECTING THE DEFICIENCY AND TO ENSURE THE FACILITY REMAINS IN COMPLIANCE WITH THIS DEFICIENCY:</b>	
	Staff will be re-in-serviced to ensure appropriate water temperatures are maintained and not exceeding the 110 degree Fahrenheit temperature before exposing clients.	3/15/2024
	<b>D. THE TITLE OF THE PERSON RESPONSIBLE FOR ENSURING THE FACILITY REMAINS IN COMPLIANCE WITH THE CITED DEFICIENCY: (Do not put the staff names).</b>	
	The ICF Administrator will be the responsible position for monitoring and to ensure compliance.	3/15/2024
	<b>A. ACTION(S) THAT WILL BE TAKEN TO CORRECT THIS DEFICIENCY - ALONG WITH A DESCRIPTION OF HOW THE ACTION WILL CORRECT OR IMPROVE THE PROCESSES THAT LEAD TO THE CITED DEFICIENCY:</b>	
W-0436	For Client 2, Staff C confirmed that Client 2's eyeglasses has been broken and that the back-up pair were flimsy and a lens had popped out. Client 2 also received a new helmet (needed for seizure activity protocol) and that the eyeglasses fit differently, causing the eyeglasses to push down and cause discomfort resulting in Client 2 taking off the eyeglasses more frequently. The eyeglasses were taken in for repair on 1/24/24 and the Physical Therapist is continuing to make adjustments to Client 2's new helmet so that are able to wear eyeglasses without issue. For Client 2, Staff C and all other staff members who support Client 2 will be re-in-serviced on the Adaptive Equipment specifically required to be worn for improved sight.	3/15/2024
	For Client 1, all Staff Members who support Client 1 will be re-in-serviced on the Adaptive Equipment habilitation program specific to the wearing of hearing aids throughout the waking hours of the day.	3/15/2024
	For Client 5; Staff members H and J, and all other staff members who support Client 5 will be re-in-serviced on the Adaptive Equipment habilitation program specific to the wearing of hearing aids and eyeglasses and the need to prompt Client 5 to wear their hearing aids and eyeglasses throughout waking hours of the day.	3/15/2024
	<b>B. THE PROCEDURE FOR IMPLEMENTING THE CORRECTIVE ACTION(S):</b>	
	A baseline will be implemented to establish Client 2's ability to wear prescriptive eyeglasses upon return from repair with the new helmet needed for seizure activity protocol to ensure that Client 2 is able to wear the prescription eyeglasses without issue.	3/15/2024

	For all other individuals residing within Solar Cottages ICF, the QDDPs will ensure adequate in-servicing is available to all staff members to ensure Clients adaptive equipment training habilitation programs are implemented as identified in the ISP.	3/15/2024
	<b>C. THE MONITORING OR TRACKING PROCEDURE(S) TO ENSURE THE FACILITY IS EFFECTIVE IN CORRECTING THE DEFICIENCY AND TO ENSURE THE FACILITY REMAINS IN COMPLIANCE WITH THIS DEFICIENCY:</b>	
	A monitoring system will include random focused audits to ensure implementation of training programs as identified in the ISP.	3/15/2024
	<b>D. THE TITLE OF THE PERSON RESPONSIBLE FOR ENSURING THE FACILITY REMAINS IN COMPLIANCE WITH THE CITED DEFICIENCY: (Do not put the staff names).</b>	
	The ICF Administrator will be the responsible position for monitoring and to ensure compliance.	3/15/2024

# NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES



Jim Pillen, Governor

February 9, 2024

Dawn Urbaschek, Administrator  
Solar Cottages  
3052,3054,3056,3060 Pet Blv 753,743,723,715 Sol Dr  
Beatrice, NE 68310

Dear Ms. Urbaschek:

An unannounced visit was made to Solar Cottages on January 22, 2024-February 1, 2024, by representatives of this Department. The purpose of the visit was to investigate a complaint on non-compliance with regulatory requirements received by our office.

The following are the general allegation(s) of non-compliance and conclusions:

**ALLEGATION:**

The facility failed to implement client ISP protocols to prevent falls.

**FINDINGS:**

Observation, record review, and interview revealed the facility had systems and policies in place to address implementation of ISP fall risk protocols. Record review and interview confirmed the facility had systems and policies in place to address staff neglect of client safety and ISP implementation. Investigation evidence confirmed the facility had implemented safeguards to protect clients and prevent reoccurrence of incidents. At the time of the onsite investigation the facility was in compliance with the regulations as they related to the allegation.

These findings are related to regulations under the Licensure Unit's regulatory authority. Since each division has unique statutory and regulatory obligations and guidelines, it may be possible that your facility will receive additional findings from other divisions who have also participated in the investigation/assessment of these same or similar allegations.

Sincerely,

Mark Luger - Program Manager II  
DHHS Public Health - Licensure Unit  
Office of DD and Behavioral Health  
PO Box 94669, Lincoln, NE 68509-4669  
Email: mark.luger@nebraska.gov

EID: M1E311

ML/FE

# NEBRASKA

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DEPT. OF HEALTH AND HUMAN SERVICES



Jim Pillen, Governor

February 9, 2024

Dawn Urbaschek  
Solar Cottages  
3052,3054,3056,3060 Pet Blv 753,743,723,715 Sol Dr  
Beatrice, NE 68310

Dear Ms. Urbaschek:

### IMPORTANT NOTICE – PLEASE READ CAREFULLY

On January 22, 2024–February 1, 2024, DHHS representatives conducted surveys to determine whether your facility was in compliance with Federal Condition of Participation requirements, State Licensure regulations, and Life Safety Code Requirements for Intermediate Care Facilities for Individuals with Intellectual Disabilities. Enclosed you will find the CMS-2567's documenting the results of that survey. All references to regulatory requirements contained in this letter are found in Title 42, Code of Federal Regulations and 175 NAC Chapter 17 Regulations Governing Licensure of Intermediate Care Facilities for Individuals with Intellectual Disabilities.

### PLAN OF CORRECTION (POC)

A POC for each deficiency cited must be submitted to [DHHS.DDBHFacilities@nebraska.gov](mailto:DHHS.DDBHFacilities@nebraska.gov) **NO LATER THAN 10 calendar days after receipt of the CMS-2567's**. Failure to submit an acceptable POC timely may result in the imposition of Disciplinary Action.

### **An acceptable POC must include:**

- The plan of correcting the specific deficiency. The plan should address the processes that lead to the deficiencies cited;
- The procedure for implementing the acceptable plan of correction for the specific deficiency cited;
- The monitoring procedure to ensure that the plan of correction is effective and that specific deficiency cited remains corrected and/or in compliance with the regulatory requirements;
- The title of the person responsible for implementing the acceptable plan of correction;
- **PROVIDE THE DATE WHEN CORRECTION ACTION WILL BE COMPLETED.** Correction

Page 2  
February 9, 2024

dates should be no later than forty-five calendar days from the exit date of the survey or **March 17, 2024**.

**NOTE:** Remember to attach copies of any auditing tools; education; revised or new policies/processes.

**SIGNATURE ON FIRST PAGE OF THE 2567's:** The first page must be signed by the provider/supplier representative and faxed to 402-742-2326.

We will notify you whether your plan of correction is or is not acceptable via email. Subsequently, if your plan of correction is **not accepted**, you must submit an addendum to your plan of correction within ten (10) calendar days of the notification.

We thank you and your staff for your cooperation and assistance during the survey. If you have any questions regarding this correspondence, please contact this office.

Sincerely,

A handwritten signature in black ink that reads "Mark Luger". The signature is written in a cursive style with a large, stylized initial "M".

Mark Luger - Program Manager II  
DHHS Public Health - Licensure Unit  
Office of DD and Behavioral Health  
PO Box 94669, Lincoln, NE 68509-4669  
Email: mark.luger@nebraska.gov

EID: M1E311

ML/fe

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/09/2024  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>28G114</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b>  <b>02/01/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>SOLAR COTTAGES</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3052,3054,3056,3060 PET BLV 753,743,723,715 SOL DR BEATRICE, NE 68310</b>		
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W 000	INITIAL COMMENTS  Representatives of the DHHS, Division of Public Health conducted a Complaint Investigation in conjunction with the Recertification Survey completed on 2/1/24 to determine compliance with the Federal Regulations at 42 CFR 483, Subpart I, section 483.410-483.480, (Appendix J) Conditions of Participation for Intermediate Care Facilities for individuals with Intellectual Disabilities (ICF/IID). The facility was found to be in compliance with these regulations as they related to the Complaint Investigation allegation. However, the facility was not in compliance with the following Appendix J regulations. The facility census was 70 at the time of the survey.	W 000			

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

TITLE

(X6) DATE

*Dawn Wiltschek*

*ICFA*

*02/15/2024*

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
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W 186	<p><b>DIRECT CARE STAFF</b> CFR(s): 483.430(d)(1-2)</p> <p>The facility must provide sufficient direct care staff to manage and supervise clients in accordance with their individual program plans.</p> <p>Direct care staff are defined as the present on-duty staff calculated over all shifts in a 24-hour period for each defined residential living unit. This STANDARD is not met as evidenced by:</p> <p>Based on observations, record review and interviews, the facility failed to provide sufficient staff to supervise and engage the client and implement the Individual Support Plan (ISP) for 1 of 6 client in the sample (Client 4). This failure had to potential to affect all clients residing at the facility. The facility census was 70 at the time of the survey.</p> <p>Findings:</p> <p>Observations</p> <p>Three observations (dates below) totaling approximately 4 hours and 20 minutes were conducted on 2nd shift at Client 4's living unit, 3052 Peterson. Each of these 3 observations identified 2nd shift at 3052 Peterson was covered by two staff. Review of the staffing schedule for 3052 Peterson confirmed two staff on 2nd shift was the typical staff number for that living unit.</p> <p>Observations identified the facility failed to have staff in sufficient numbers to ensure the following:</p> <p>a) Provide the interactions/supervision necessary for Client 4 to engage in purposeful and functional</p>	W 186		

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

TITLE

(X6) DATE

*Dawn Ubaschek*

*ICFA*

*02-15-2024*

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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W 186	<p>Continued From page 1 activities.</p> <p>b) Implement Client 4 eyeglasses training program as identified in their Individual Program Plan.</p> <p>Specifically:</p> <p>1) Observations on January 22, 2024, from 4:45pm - 6:05pm identified Client 4 to be sitting in a recliner in the east living room with 6 peers. The TV was on, and Client 4 was sitting near it. Client 4 was not wearing their eyeglasses and it was not clear as to if Client 4 could see what was on the TV. There was no other activity provided to Client 4. Two staff were present on the living unit. Staff D was observed to pass medications and prepare (modify) the evening meal in accordance with the clients' dietary requirements. Client E was observed to assist clients with personal cares prior to the meal. Client 4 waited for their meal as Staff D and Staff E were observed to assist other clients with their meals. No purposeful activity was provided until 5:40pm when Qualified Intellectual Disabilities Professional (QIDP) E came to the living unit. QIDP E was observed to assist Staff D in the dining area which freed up Staff E to initiate a group activity in the living room. Upon arrival of QIDP E, Client 4 was observed to wear their glasses the last 20 minutes of the 1 hours and 20-minute observation.</p> <p>2) Observations on January 23, 2024, from 4:15pm - 5:34pm identified Client 4 to be sitting in a recliner in the east living room with 5 peers. The TV was on, and Client 4 was sitting near it. Client 4 was not wearing their eyeglasses and it was not clear as to if Client 4 could see what was on the TV. There was no other activity provided to</p>	W 186			



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W 186	<p>Continued From page 2</p> <p>Client 4. Two staff were present on the living unit. Staff D was observed to pass medications and prepare (modify) the evening meal in accordance with the clients' dietary requirements. Client F was observed to assist clients with personal cares prior to the meal. At no time during the observation were staff observed to initiate a purpose with Client 4 as they were assisting clients with medication provision, mealtime or personal care activities. At no time during this observation was Client 4 seen to wear or be in possession of their eyeglasses.</p> <p>3) Observation on January 30, 2024, from 3:46pm - 5:55pm identified Client 4 to be sitting in a recliner in the east living room with 4 to 6 peers. The TV was on, and Client 4 was sitting near it, wearing their eyeglasses. Client 4 was not looking toward the TV as the majority of the observation they were manipulating a DVD case they were holding in their right hand. Two staff were present on the living unit. No purposeful activity was offered Client 4 as Staff G was passing medications, while Staff D assisted clients with personal cares and prepared (modified) the food for the clients' dinner. Staff D interacted with Client 4 when Client 4's seat alarm activated, however Staff D return to assisting other clients with meals.</p> <p>Record Review</p> <p>A review of Client 4's 6/7/23 annual ISP identified an Adaptive Equipment Program specific to the wearing of prescription eyeglasses. The program's goal "Given one verbal prompt, I will return my eyeglasses to my face", required Client 4 to have their eyeglasses in their possession and for staff to provide a verbal cue to put their</p>	W 186			

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W 186	<p>Continued From page 3</p> <p>eyeglasses on their face. The program's training strategy specified training was to be implemented "whenever there is a function or situational reason to do so".</p> <p>Interviews</p> <p>1) Interview with Staff D on 1/23/24 at 5:35pm and 1/30/24 at 5:55pm confirmed:</p> <p>a) Client 4 should have been offered their eyeglasses. b) Two staff are all that is scheduled for 2nd shift. c) Two staff cannot ensure meaningful activities while passing medications, preparing/assisting with meals, and providing personal cares.</p> <p>2) Interview with Staff F on 1/23/24 at 5:10pm confirmed:</p> <p>a) They were new and still learning about the clients and their routine but didn't see how 2 staff could do everything. b) Two staff were all that were typically scheduled for the living unit. c) Other living units had three staff on 2nd shift but those living units had clients with behaviors</p> <p>3) Interview with Staff G on 1/30/23 at 5:57pm confirmed.</p> <p>a) Client 4 was to have their eyeglasses during all waking hours. b) Two staff were all that were schedules for this living unit. c) It was not possible to provide ongoing activities and complete basic needs (meals, medications and personal cares) with 2 staff.</p>	W 186		

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W 186	Continued From page 4 4) Interview with Qualified Intellectual Disabilities Professional (QIDP) E on 1/31/24 confirmed:  a) They were the staff who provided Client 4 with their eyeglasses during the 1/22/24 observation. b) Client 4 is to have access to their eyeglasses during waking hours. c) Staff should have ensured Client 4 had their eyeglasses and provided prompts to wear them. d) Client 4 should have been provided a purposeful activity while other peers were being assisted.  5) Interview with the facility Administrator on 1/31/24 at 3:04pm and 2/1/24 at 8:40am confirmed:  a) The staff ratio for 3052 Peterson was 2 staff on 2nd shift. b) The number of temporary agency staff available to the facility had been reduced. However, the facility had recently received approval for the use of agency staff, but these staff were not in place at the time of the survey. c) The facility had recently hired 8 staff; however, they were not in place at the time of the survey.  Note: Although this deficiency is specific to Client 4, the same findings with insufficient staff affected 6 of Client 4's peers. These peers were Clients 9, Client 10, Client 11, Client 12, Client 13 and Client 14.	W 186			
W 189	STAFF TRAINING PROGRAM CFR(s): 483.430(e)(1)  The facility must provide each employee with initial and continuing training that enables the	W 189			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/09/2024  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>28G114</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>02/01/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>SOLAR COTTAGES</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3052,3054,3056,3060 PET BLV 763,743,723,715 SOL DR BEATRICE, NE 68310</b>		
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W 189	<p>Continued From page 5</p> <p>employee to perform his or her duties effectively, efficiently, and competently. This STANDARD is not met as evidenced by:</p> <p>Based on observations, interviews, and record review revealed the facility failed to ensure staff demonstrated the skills necessary to provide dignity and respect to 1 of 6 clients in the sample (Client 2) and two clients added to the sample (Clients 7 and 8). This failure had the potential to affect all clients living at the facility. The facility census was 70 at the time of the survey.</p> <p>Findings:</p> <p>A) Client 2</p> <p>Observations on the 723 Solar Drive living unit during mealtimes on 1/22/24 at 5:55pm, 1/23/24 at 11:50am, and 1/24/24 at 7:40am revealed Client 2 wore a clothing protector. These observations revealed Direct Technician Shift Supervisor (DTSS)-A and Staff A and B before each meal assisted Client 2 with putting on their clothing protector. Client 2's clothing protector was draped over the clients' shoulders, chest/torso area, and then laid onto the dining table underneath the client's white lipped plate and adaptive silverware creating a pocket to catch food spillage. Client 2 ate independently but multiple bites of food (i.e., pizza, mixed vegetables, goulash, cooked spinach, bread, cereal, and toast with peanut butter) fell off the client's spoon and fork into the pocket of the clothing protector or onto the dining table. Client 2 then used their fingers to pick up the dropped foods and ate them. At no time during these observations did staff properly drape the clothing</p>	W 189			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/09/2024  
FORM APPROVED  
OMB NO. 0938-0391

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W 189	<p>Continued From page 6</p> <p>protector over Client 2 or redirect the client not to eat the food spillage from their clothing protector or the dining table.</p> <p>Review of Client 2's Individual Support Plan (ISP, dated 1/25/23), Occupational Therapy evaluation (dated 12/19/23), Nutritional Assessment (dated 12/28/23) and Dining Card (dated 1/8/24) revealed no evidence that the Client 2 utilized a clothing protector or that the clothing protector was to be draped over the client's chest and onto the dining table creating a pocket to catch food spillage.</p> <p>In an interview on 1/25/24 at 5:05pm, Qualified Intellectual Disabilities Professional (QIDP)-D confirmed that Client 2's clothing protector should not have been draped over the client and onto the dining table to catch food spillage. QIDP-D verified Client 2 eating spilled foods from the pocket of the clothing protector was not dignified.</p> <p>B) Client 8</p> <p>Observations on 1/24/2024 from 1:26 pm to 2:43 pm in Client 8's day site room revealed Client 8 walked around the tables and chairs, got in and out of their recliner, opened cupboards and tried to grab items from inside the cupboard, and carried and moved binders and puzzles from place to place.</p> <p>Staff I was observed to used body positioning to redirect Client 8. At 2:38 pm, Staff I stated to Staff K that Client 8 was "a handful today and think what [Client 8] would be like off medications." Staff I then laughed out loud. In response, Staff K also laughed and stated, "Not interested." Client 8 and three peers (Client 3, 4, and 16) were present in the day site room when Staff I and</p>	W 189			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/09/2024  
FORM APPROVED  
OMB NO. 0938-0391

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W 189	Continued From page 7 Staff K made these comments.  Interview on 1/31/2024 at 9:30 am, Qualified Developmental Disability Professional (QDDP) B confirmed the comments made by Staff I and Staff K were disrespectful and inappropriate to say about Client 8.  C) Client 7  Observation on 1/25/2024 at 11:38 am revealed Client 7 was sleeping in bedroom. Staff Home Manager A and surveyor were leaving the living unit when Staff A told staff present in the kitchen that Client 7 was in their room sleeping. Staff I stated "Client 7 is about to get a rude awakening."  Interview on 1/31/2024 at 9:30 am revealed Staff QDDP-B confirmed the comment made by Staff I was rude and disrespectful and shouldn't have happened.	W 189			
W 249	PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1)  As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.  This STANDARD is not met as evidenced by:	W 249			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/09/2024  
FORM APPROVED  
OMB NO. 0938-0391

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W 249	<p>Continued From page 8</p> <p>Based on record review, observations, and interviews the facility failed to ensure for 1 of 1 client in the sample (Clients 4) whose ISP included a training program for the wearing of prescription eyeglasses, the program was implemented as identified in the client's Individual Support Plan (ISP). This failure had the potential to affect all clients residing at the facility. The facility census was 70 at the time of the survey.</p> <p>Findings:</p> <p>A review of Client 4's 6/7/23 annual ISP identified an Adaptive Equipment Program specific to the wearing of prescription eyeglasses. The program's goal "Given one verbal prompt, I will return my eyeglasses to my face", required Client 4 to have their eyeglasses in their possession and for staff to provide a verbal cue to put their eyeglasses on their face. The program's training strategy specified training was to be implemented "whenever there is a functional or situational reason to do so".</p> <p>Observations identified staff failed to ensure Client 4 had their eyeglasses available to wear. Specifically:</p> <p>1) On 1/22/24 from 4:45 pm - 6:05 pm, Client 4 was not wearing their eyeglasses or had them in their possession. Staff D and Staff E made no attempt to provide Client 4 their eyeglasses. At 5:40 pm Qualified Intellectual Disabilities Professional (QIDP) E arrived at the living unit. Observation identified at 5:45 pm Client 4 was wearing their eyeglasses as per the program.</p>	W 249			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/09/2024  
FORM APPROVED  
OMB NO. 0938-0391

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W 249	Continued From page 9 2) On 1/23/24 from 4:15 pm - 5:35 pm Client 4 was not wearing their eyeglasses or had them in their possession. Staff D and Staff F made no attempt to provide Client 4 with their eyeglasses as per the program.  Interview with Staff D on 1/23/24 at 5:35 pm confirmed Client 4 should have been offered their eyeglasses.  Interview with the Qualified Intellectual Disabilities Professional (QIDP) E on 1/31/23 at 10:45 am confirmed:  a) They had given Client 4 the eyeglasses during the 1/22/24 observations. b) Staff should be ensuring Client 4 had their eyeglasses available to wear during waking hours as per the training program.	W 249			
W 263	PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(3)(ii)  The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian. This STANDARD is not met as evidenced by:  Based on record review and interview, the facility failed to obtain guardian written informed consent for the use of psychotropic medication to manage behaviors for 1 of 5 in the sample (Client 1). This failure had the potential to affect all clients whose rights were restricted by the use of psychotropic medications for behavior management. The facility census was 70 at the time of the survey.	W 263			



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/09/2024  
FORM APPROVED  
OMB NO. 0938-0391

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W 263	<p>Continued From page 10</p> <p>Findings:</p> <p>Review of the facility policy titled, "Psychotropic Medication Monitoring" (dated 3/17/23) identified guardian written informed consent is needed for psychotropic medications prescribed for management of behavioral symptoms and mental illness.</p> <p>Review of Client 1's Individual Support Plan (ISP, dated 04/12/23), identified Client 1's psychotropic medications included Abilify and Lamictal (Lamotrigine) for behavior management. The ISP identified Lamictal was discontinued on 12/29/22.</p> <p>Review of the document titled "Medication Administration Record-January, 2024", identified that Client 1 was currently taking Lamictal for their bipolar disorder.</p> <p>Review of the document titled "Informed Consent Psychotropic Medications" (dated 03/20/23), identified the facility had obtained written informed consent from Client 1's guardian on 05/12/2023 for Abilify, Depakote, and Pristiq. The Lamictal was not included within this consent.</p> <p>Further review of the clients record, identified the facility had no evidence of informed consent from Client 1's guardian for Lamictal.</p> <p>In an interview on 01/31/24 at 11:30 am, Qualified Intellectual Disabilities Professional (QIDP)-A confirmed the facility had no evidence of written informed consent from Client 1's guardian for the use of Lamictal.</p>	W 263			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/09/2024  
FORM APPROVED  
OMB NO. 0938-0391

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W 382 W 382	Continued From page 11 <b>DRUG STORAGE AND RECORDKEEPING</b> CFR(s): 483.460(l)(2)  The facility must keep all drugs and biologicals locked except when being prepared for administration. This STANDARD is not met as evidenced by:  Based on observation, record review and interview the facility failed to ensure medications were secure in the medication cart when not being provided for 3 of 6 medication carts found to be unlocked and unattended. This failure had the potential to affect all clients residing at the facility. The facility census was 70 at the time of the survey.  Findings:  A) Review of the facility policy titled "Medication Storage and Record Keeping" (dated 2/17/23) identified all client medications were to be stored in "locked cabinets/medication carts/med boxes."  B) 723 Solar During observations on 1/24/24 at 7:50 am on the 723 Solar living unit revealed Licensed Practical Nurse (LPN)-A had unlocked the medication cart (parked between the dining room and north living room), prepared and administered Client 15's medication, and then left the living unit at 7:54 am. Observation at 8:15 am revealed the medication cart was unlocked and had been unattended (for 19 minutes) since LPN-A had left the living unit. Home Manager-C was in the dining room and witnessed the surveyor open the top two drawers of the medication cart. Home	W 382 W 382			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/09/2024  
FORM APPROVED  
OMB NO. 0938-0391

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W 382	<p>Continued From page 12</p> <p>Manager-C identified they were not a medication aide and had no keys for the medication cart then left the area to find Staff C (medication aide on-duty). The surveyor remained with the medication cart until 8:18 am when Staff C locked the medication cart.</p> <p>Interview on 1/24/24 at 8:18 am with Home Manager-C and Staff C confirmed the medication carts were to be locked at all times to ensure client medications are secure and safe.</p> <p>C) 3052 Peterson</p> <p>On 01/22/2024 at 5:02 pm a medication cart at 3052 Peterson Blvd was observed in the dining area and found unlocked with medications accessible and the keys on top of the medication cart. Staff D was in the dining room about five (5) feet away from where the medication cart was located.</p> <p>Surveyor notified Staff D the medication cart was unlocked, Staff D immediately secured the medications by locking the cart and placing the keys in their pants pocket.</p> <p>Interview on 1/22/24 at 5:02 pm (during the observation), Staff D (a medication aide) confirmed the medication cart should have been locked.</p> <p>D) 3060 Peterson</p> <p>Observation on 01/23/2024 at 11:50 am a medication cart at 3060 Peterson Blvd was observed to be located in the dining room/kitchen area unlocked and unattended. Developmental</p>	W 382			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/09/2024  
FORM APPROVED  
OMB NO. 0938-0391

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W 382	Continued From page 13 Technician Shift Supervisor (DTSS) B (a medication aide) was walking by the medication cart, when surveyors notified Staff DTSS-B that the cart was unlocked. Staff DTSS-B immediately went to the medication cart and pressed the locking mechanism to secure the medications. Staff DTSS-B identified that Staff I was the medication aide on duty.  Interview on 1/23/2024 at 11:50 am during the observation, Staff I (a medication aide) confirmed they had failed to lock the medication cart after providing client medications.	W 382			
W 426	CLIENT BATHROOMS CFR(s): 483.470(d)(3)  The facility must, in areas of the facility where clients who have not been trained to regulate water temperature are exposed to hot water, ensure that the temperature of the water does not exceed 110 degrees Fahrenheit. This STANDARD is not met as evidenced by:  Based on observations and interview, the facility failed to ensure hot water temperature did not exceed 110 degrees Fahrenheit (F) on 2 of 8 living units (#723 and #743 Solar). This had the potential to affect all clients residing at the facility. The facility census was 70 at the time of the survey.  Findings:  A) Observations on 01/25/24 between 3:39 pm and 4:20 pm on the #723 Solar living unit	W 426			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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OMB NO. 0938-0391

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W 426	Continued From page 14 revealed the water temperatures in the client bathrooms sink and showers to be:  Bathroom between bedroom #19 and #22 = sink 113 degree F; shower 112.6 degree F Bathroom between bedroom #8 and #11 = sink 113.2 degree F; shower 112.8 degree F Bathroom between bedroom #2 and #5= sink 110.7 degree F  Interview on 01/25/24 during the environment tour from 3:39 pm and 4:20 pm, Home Manager B confirmed the above identified water temperature exceeded 110 degree F.  B) Observations on 01/25/24 between 4:20 pm 4:40 pm on the #743 Solar living unit revealed the water temperature to be:  Kitchen sink = 110.1 degree F Bathroom between bedroom #19 and #22 = sink 112.1 degree F; shower 111.9 degree F Bathroom between bedroom #25 and #28 = sink 110.7 degree F  C) Interview on 01/25/24 during the environment tour from 4:20 pm to 4:40 pm, Home Manager B confirmed the above identified water temperature exceeded 110 degree F.	W 426			
W 436	SPACE AND EQUIPMENT CFR(s): 483.470(g)(2)  The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces,	W 436			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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W 436	<p>Continued From page 15</p> <p>and other devices identified by the interdisciplinary team as needed by the client. This STANDARD is not met as evidenced by:</p> <p>Based on observations, record review, and interviews the facility failed to provide access to adaptive equipment and establish training methods for 3 of 5 clients in the sample (Client 1, 2, and 5) whose record identified the need for hearing aids and prescription eyeglasses. This failure had the potential to affect all clients who utilized adaptive equipment. The facility census was 70 at the time of the survey.</p> <p>Findings:</p> <p>A) Client 2 Review of the document titled, "Referral for Medical or Clinical Services" (dated 11/23/22) identified Client 2's visual acuity test revealed the client required the use of eyeglasses for improved sight.</p> <p>Review of Client 2's Individual Support Plan (ISP, dated 1/25/23) identified Client 2's adaptive equipment included wearing eyeglasses daily.</p> <p>Observations on 1/22/24 at 5:55 pm, 1/23/24 at 12:05 pm, and 1/24/24 at 7:40 am revealed at no time did Client 2 wear their eyeglasses during meals, transfers to/from their wheelchair to their recliner and dining chair, leisure times, or when the client propelled their wheelchair while traversing the living unit. During leisure time after meals on 1/22/24 and 1/23/24 Client 2 sat in their recliner chair in the living room while Bonanza, The Rifleman, and/or Gunsmoke played on the facility's computer monitor located on the</p>	W 436			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/09/2024  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>28G114</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>02/01/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>SOLAR COTTAGES</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3052,3054,3056,3060 PET BLV 753,743,723,716 SOL DR BEATRICE, NE 68310</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W 436	<p>Continued From page 16</p> <p>opposite side of the living room from Client 2's recliner.</p> <p>In an interview with Client 2 during observations on 1/23/24 at 12:45 pm when asked if Client 2 could see the computer monitor playing an episode of the Bonanza television show, Client 2 verified they could not see the show being played on the computer monitor but could hear the cowboys talking and the music.</p> <p>Interview on 1/24/24 at 8:45 am, Staff C confirmed Client 2's eyeglasses had been broken for more than one week. Staff C reported Client 2's regular pair of eyeglasses got bent and a lens popped out. Staff C verified Client 2's back up pair of eyeglasses were "flimsy," didn't fit Client 2 right, and were bent and broken making them not wearable. Staff C confirmed that Client 2 had a habit of taking their eyeglasses off and left them in their bedroom, or laying around the living room, dining room and at day services to which the client or peers would knock the eyeglasses off the tables. Staff C reported Client 2 had received a new helmet (for seizure safety protocol) which fit different on the client's head causing Client 2's eyeglasses to push down on their face, nose, and the tops of the client's ears. As a result, Client 2 took their eyeglasses off more often trying to adjust a better fit with the helmet. Staff C reported they did not know how Client 2's eyeglasses broke but the lens was popped out. When asked if Client 2 could see the computer monitor from their recliner, Staff C replied likely not but the client knew which western program was on based on the music and character voices.</p> <p>In an interview on 1/25/24 at 5:05 pm, Qualified Intellectual Disabilities Professional (QIDP)-D</p>	W 436			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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W 436	<p>Continued From page 17</p> <p>confirmed both pairs of Client 2's prescription eyeglasses were broken. QIDP-D verified they were notified on 1/23/24 that Client 2's eyeglasses were broken but had no idea how long the eyeglasses had been broken. QIDP-D verified that Client 2's eyeglasses were taken for repair on 1/24/24. QIDP-D confirmed the Physical Therapist continued to try to readjust the fit of Client 2's helmet so that the client could wear their eyeglasses without issue.</p> <p>B) Client 1</p> <p>Record review of Client 1's ISP (dated 04/12/23) identified Client 1 had a hearing deficit and wore hearing aids in both ears.</p> <p>Record review of document titled "Staff Supports-Adaptive Equipment" (dated 1/10/24) identified Client 1 was to wear their hearing aids from 7:00am to 3:00pm and 3:00pm to 11:00pm.</p> <p>Observations conducted on 01/22/24 at 4:35 pm, 01/23/24 at 10:25 am, 01/23/24 at 4:12 pm, 1/25/24 at 7:30 am, and 1/30/24 at 4:21 pm identified Client 1 was not wearing their hearing aids. During these times Client 1 did laundry, watched television, played board games, wrote in a notebook, listened to music, and participated in mealtime activities.</p> <p>During observation on 01/23/24 from 10:25 am to 12:45 pm Client 1 played board games and ate a meal without wearing their hearing aids while the hearing aids were on the dining table positioned on a tissue directly in front of the client. In addition, at no time during the observation did staff prompt the client to put in their hearing aids.</p>	W 436			



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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W 436	<p>Continued From page 18</p> <p>C) Client 5</p> <p>Record review of Client 5's ISP (dated 06/21/23) identified Client 5 wore hearing aids and glasses.</p> <p>Record review of document titled "Staff Supports-Adaptive Equipment" identified Client 5 needed to wear their hearing aids and eyeglasses from 7:00am to 3:00pm and 3:00pm to 11:00pm.</p> <p>Observation on 01/23/24 from 10:25 am to 12:45 pm revealed Client 5 was in the dining room area engaged in a coloring page activity and was not wearing their hearing aids or eyeglasses. Observations found Client 5's hearing aids and eyeglasses sat next to the coloring activity pages on the cabinet counter in the dining room/kitchen area a few feet away from where the client sat. After the coloring page activity Client 5 helped prepare and ate lunch without wearing their hearing aids and eyeglasses. At no time during the 2 hour and 20 minute observation did staff prompt or attempt to assist Client 5 to put on and wear their hearing aids and eyeglasses.</p> <p>Observation conducted on 01/25/24 from 7:30 am to 9:42 am revealed Client 5 was not wearing their hearing aids or eyeglasses. During this time Client 5 participated in the provision of their medication and helped prepare and ate breakfast.</p> <p>D) Interview on 01/23/24 at 11:02 am (during the observation identified above) Staff H confirmed Client 1 was to wear their hearing aids all day. When asked why Client 1 had not been wearing their hearing aids, Staff H reported none of the staff had noticed they weren't wearing their hearing aids. Staff H confirmed Client 5 wore</p>	W 436			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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W 436	<p>Continued From page 19</p> <p>hearing aids and eyeglasses. Staff H verified Client 5 took their hearing aids out throughout the day, but staff should be checking and ensuring Client 5 had their hearing aids in during waking hours.</p> <p>Interview with Staff J on 01/25/24 at 9:03 am confirmed Client 1 utilized hearing aids and Client 5 wore hearing aids and eyeglasses all day. Staff J reported Client 1 and 5 needed prompting and reminders to wear their hearing aids and glasses.</p> <p>During an interview on 01/31/24 at 11:30 am, Qualified Intellectual Disability Professional (QIDP) A confirmed:</p> <ol style="list-style-type: none"> <li>1) Client 1 needed to be wearing their hearing aids during waking hours as identified in their ISP.</li> <li>2) Client 5 needed to be wearing their hearing aids and eyeglasses during waking hours as identified in their ISP.</li> <li>3) Staff "need to be prompting" clients to wear their hearing aids and glasses. Staff need to prompt clients to put their hearing aids and glasses back on when taken off within minutes of removal.</li> </ol>	W 436			

Nebraska DHHS Licensure Unit

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>ICFDD14</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/01/2024</b>
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NAME OF PROVIDER OR SUPPLIER **SOLAR COTTAGES** STREET ADDRESS, CITY, STATE, ZIP CODE **3052,3054,3056,3060 PET BLV 753,743,723,715 SOL DR BEATRICE, NE 68310**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
E 250	<p><b>17-007.01A Dietary</b></p> <p>If food preparation is provided on site, the facility must dedicate space and equipment for the preparation of meals. Facilities licensed for more than 16 individuals must comply with the Food Code.</p> <p>For facilities licensed for 16 or fewer individuals or for areas of the facility used only for training or activity purposes may follow the food code or must develop policies and procedures to ensure the following:</p> <ol style="list-style-type: none"> <li>1. Automatic dishwasher final rinse cycle temperature of not less than 150 degrees Fahrenheit;</li> <li>2. Foods are stored, prepared, transported, and served at proper temperatures. Temperatures of potentially hazardous foods must be 45 degrees Fahrenheit or below or 140 degrees Fahrenheit or above at all times;</li> <li>3. Food preparation and eating areas are maintained in a sanitary manner; and</li> <li>4. All equipment and utensils, including dishes, glassware, and silverware used in the serving or preparation of food or drink for individuals is thoroughly cleaned after each use and stored in a manner to assure they are kept free of dust, insects, and contamination.</li> </ol> <p>This Standard is not met as evidenced by:</p> <p>Based on record review and interview, the facility failed to ensure dishwashers in 2 of the 8 living units (#715 and #743 Solar) reached the minimum 150 degrees Fahrenheit (F) required for the sanitization. This had the potential to affect all clients residing at the facility. The facility census was 70 at the time of the survey.</p>	E 250		

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

*Dawn Ulroschel*

TITLE

*ICFA*

(X6) DATE

*02-15-2024*

Nebraska DHHS Licensure Unit

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>ICFDD14</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/01/2024</b>
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E 250	<p>Continued From page 1</p> <p>Findings:</p> <p>Record review of the facility policy titled, "Dishwasher Care" (dated 08/18/2023) identified water temperature should be 150 degrees F or above.</p> <p>Thermo-tapes for the living unit dishwashers were given to Home Manager B while conducting the environment tour on 01/25/24. Review of the thermos-tapes revealed the following dishwasher failed to reach the minimum 150 degree F. for sanitization:</p> <p>#715 Solar living unit = 2 of 2 #743 Solar living unit = 1 of 2 (left side of the kitchen)</p> <p>Interview on 1/31/24 at 4:45 pm with Home Manager B confirmed the thermo-tapes for living unit #715 and #743 Solar did not reach the required minimum of 150 degrees Fahrenheit.</p>	E 250		

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/09/2024  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>28G114</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>02/01/2024</b>
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E 000	Initial Comments  Representatives of the DHHS, Division of Public Health on 2/1/24 completed a Recertification Survey which included a review to determine compliance with the Appendix Z, Emergency Preparedness Regulation requirements pertaining to Intermediate Care Facilities for individuals with Intellectual Disabilities (ICFID). The facility was found to be in compliance with the Appendix Z regulatory standards. The facility census was 70 at the time of the Survey.	E 000			

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

TITLE

(X6) DATE

*Dawn Uebischer*

*ICFA*

*02-15-2024*

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.



# Public Health Reports

**NEBRASKA**

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**DEPT. OF HEALTH AND HUMAN SERVICES**



Jim Pillen, Governor

April 16, 2024

Dawn Urbaschek, Administrator  
Solar Cottages  
3052,3054,3056,3060 Pet Blv 753,743,723,715 Sol Dr  
Beatrice, NE 68310

Dear Ms. Urbaschek:

After reviewing the findings of the onsite revisit survey conducted for your Intermediate Care Facility For Intellectually Disabled on April 12, 2024 by representatives of this Department, we are pleased to inform you that your facility is in substantial compliance.

The enclosed form indicates the survey results. Please retain for your files.

If you have any questions, please contact this office.

Sincerely,

A handwritten signature in cursive script that reads "Mark Luger".

Mark Luger - Program Manager II  
DHHS Public Health - Licensure Unit  
Office of DD and Behavioral Health  
PO Box 94669, Lincoln, NE 68509-4669  
Email: mark.luger@nebraska.gov

ML/fe

Enclosure: CMS-2567  
Survey Evaluation



Nebraska DHHS Licensure Unit

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>ICFDD14</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>04/12/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SOLAR COTTAGES</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3052,3054,3056,3060 PET BLV 753,743,723,715 SOL DR BEATRICE, NE 68310</b>
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E 000	<p>Title 175, Chapter 17</p> <p>Representatives of the DHHS, Division of Public Health conducted a revisit from 04/09/24 through 04/12/24 to a Licensure Inspection (dated 02/01/24). This revisit was to determine compliance with the State Licensure regulations for Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICFIID). The facility was found to be in compliance with the previously cited regulations. The facility census was 77 at the time of the revisit.</p>	E 000		

Licensure Unit LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/16/2024  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>28G114</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>R</b> <b>04/12/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>SOLAR COTTAGES</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3052,3054,3056,3060 PET BLV 753,743,723,715 SOL DR BEATRICE, NE 68310</b>		
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{W 000}	INITIAL COMMENTS  Representatives of the DHHS, Division of Public Health conducted a Revisit Survey, from 04/09/24 through 04/12/24, to the Recertification Survey (dated 02/01/24) in order to determine compliance with the Federal regulations at 42 CFR 483, Subpart I, section 483.410-483.480, Conditions of Participation for Intermediate Care Facilities for individuals with Intellectual Disabilities. The previously cited deficiencies were corrected, and the facility was found to be in compliance with the regulations. The facility census was 77 at the time of the Revisit Survey.	{W 000}			

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

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.



# NEBRASKA

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DEPT. OF HEALTH AND HUMAN SERVICES



Jim Pillen, Governor

August 5, 2024

Dawn Urbaschek, Administrator  
Solar Cottages  
3052,3054,3056,3060 Pet Blv 753,743,723,715 Sol Dr  
Beatrice, NE 68310

Dear Ms. Urbaschek:

An unannounced visit was made to Solar Cottages on July 22- 25, 2024, by representatives of this Department. The purpose of the visit was to investigate a complaint on non-compliance with regulatory requirements received by our office.

The following are the general allegation(s) of non-compliance and conclusions:

**ALLEGATION:**

1. The facility fails to protect clients from clients with adverse behaviors.
2. The facility fails to protect clients from staff abuse.
3. The facility fails to have systems in place to protect clients from staff verbal abuse.

**FINDINGS:**

1. At the time of the onsite investigation the facility was in compliance with the regulations as they related to the allegation of peer-to-peer adverse behaviors. The facility's system to address and prevent such behaviors was operational and affective. No peer-to-peer adverse behaviors were observed at the time of the complaint investigation.
2. Based on observation, record review, and interview the facility had systems and policies in place to address, respond to and prevent incidents of staff to client abuse, neglect, and mistreatment. Record review and interviews revealed the facility investigated allegations of staff to client abuse and took action to implement safeguards. At the time of the onsite investigation the facility was in compliance with the regulations as they related to the allegation.
3. Based on observation, record review, and interview the facility had systems and policies in place to address, respond to and prevent incidents of staff to client abuse, neglect, and mistreatment. Record review and interviews revealed the facility investigated allegations of staff to client abuse and took action to implement safeguards. At the time of the onsite investigation the facility was in compliance with the regulations as they related to the allegation.

These findings are related to regulations under the Licensure Unit's regulatory authority. Since each division has unique statutory and regulatory obligations and guidelines, it may be possible that your facility will receive additional findings from other divisions who have also participated in the investigation/assessment of these same or similar allegations.

Sincerely,

A handwritten signature in cursive script that reads "Mark Luger".

Mark Luger - Program Manager II  
DHHS Public Health - Licensure Unit  
Office of DD and Behavioral Health  
PO Box 94669, Lincoln, NE 68509-4669  
Email: mark.luger@nebraska.gov

ML/fe

EID: MNUF11

Nebraska DHHS Licensure Unit

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>ICFDD14</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/25/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SOLAR COTTAGES</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3052,3054,3056,3060 PET BLV 753,743,723,715 SOL DR BEATRICE, NE 68310</b>
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B 000	<p>Initial Comments</p> <p>Based on record review, interview and observation, during a complaint investigation, conducted by representatives of DHHS, Public Health, the facility was found in compliance with ICFIID NAC 175 Chapters 1 &amp; 17; and CMS 42 Code of Federal Regulations (CFR) 483.150 - 483.480. The census at the time of the investigaiton was 77.</p>	B 000		

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

TITLE

(X6) DATE

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>28G114</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/25/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>SOLAR COTTAGES</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3052,3054,3056,3060 PET BLV 753,743,723,715 SOL DR</b> <b>BEATRICE, NE 68310</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	(X6) DATE
W 000	<p><b>INITIAL COMMENTS</b></p> <p>Based on record review, interview and observation, during a complaint investigation, conducted by representatives of DHHS, Public Health, the facility was found in compliance with ICFIID NAC 175 Chapters 1 &amp; 17; and CMS 42 Code of Federal Regulations (CFR) 483.150 - 483.480. The census at the time of the investigaiton was 77.</p>	W 000			

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

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

Nebraska DHHS Licensure Unit

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>ICFDD14</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/25/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SOLAR COTTAGES</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3052,3054,3056,3060 PET BLV 753,743,723,715 SOL DR BEATRICE, NE 68310</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 000	<p>Initial Comments</p> <p>Based on record review, interview and observation, during a complaint investigation, conducted by representatives of DHHS, Public Health, the facility was found in compliance with ICFIID NAC 175 Chapters 1 &amp; 17; and CMS 42 Code of Federal Regulations (CFR) 483.150 - 483.480. The census at the time of the investigaiton was 77.</p>	D 000		

Licensure Unit  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_





# Fire Marshal Reports

# NEBRASKA

Good Life. Great Safety.

STATE FIRE MARSHAL AGENCY

To: Health Care Facilities

From: Doug Hohbein  
Assistant State Fire Marshal

Re: Evidence of Corrective Action for Plan of Correction

After the recent Life Safety Code survey conducted at your facility, a Plan of Correction (POC) for deficiencies cited must be prepared and sent to DHHS. Part of the POC approval process for the State Fire Marshal's Office is to receive evidence showing that all corrective actions outlined in your POC have been completed or are in the process of being completed. Examples could be, but are not limited to:

- Verifiable photos or videos (before/after, showing room number or location)
- New policies and procedures
- Attendance sign in sheets for drills or education
- Invoices, receipts or work orders
- System test reports
- Audit forms

Please provide the requested information in a single submittal when possible. Deficiencies are not required to be corrected prior to the submittal, but some form of documentation identifying the proposed corrective action for each citation is necessary.

You can upload documentation with your POC in the ePOC portal, send it with the POC you send to DHHS or email it to me at [sfm.LSCdocumentation@nebraska.gov](mailto:sfm.LSCdocumentation@nebraska.gov).

Feel free to contact me at [doug.hohbein@nebraska.gov](mailto:doug.hohbein@nebraska.gov) or 402-471-9478 if you have questions. Please note that this document is requesting evidence of corrective action only. Your POC must be submitted as you have always done, either through ePOC or directly to DHHS.

MAIN / DISTRICT A / BOILERS / PLANS  
INVESTIGATIONS / FIRE PREVENTION  
246 South 14th Street, Suite 1  
Lincoln, NE 68508  
(402) 471-2027

FUELS DIVISION  
 FLST  PIPELINE SAFETY  
246 South 14th Street, Suite 1  
Lincoln, NE 68508  
(402) 471-9465

DISTRICT B/C OFFICE  
438 West Market  
Albion, NE 68620  
(402) 395-2164

ELEVATOR DIVISION  
1313 Farnam Street, Room 233  
Omaha, NE 68102  
(402) 595-3184

TRAINING DIVISION  
3347 W Capital Ave  
Grand Island, NE 68803  
(308) 385-6892

## PLAN OF CORRECTION

Provider/Supplier  
Name: →

STREET ADDRESS,  
CITY, ZIP: →

<b>SOLAR COTTAGES</b>	Survey Date ↓
3052,3054,3056,3060 PET BLV 753,743,723,715 SOL DR Beatrice, NE 68310	1/29/2024
SURVEY EVENT ID#	M1E321
(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 28-	ICFDD14

### PROVIDER'S PLAN OF CORRECTION

(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)

COMPLETION  
DATE

CITED TAG #

CITED TAG #	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETION DATE
K-S353, K-S500, KS321,		
<b>K 0353</b>	<b>A. ACTION(S) THAT WILL BE TAKEN TO CORRECT THIS DEFICIENCY - ALONG WITH A DESCRIPTION OF HOW THE ACTION WILL CORRECT OR IMPROVE THE PROCESSES THAT LEAD TO THE CITED DEFICIENCY:</b>	
	Documentation review on 1/29/24 revealed the facility failed to provide at least a year of inspection reports for the sprinkler system, only the annual report was provided, dated 9/26/23. Staff A confirmed only one report was available to review in the book located in the laundry room in these homes: 715 Solar, 723 Solar, 753 Solar, 3052 Peterson, 3056 Peterson and 3060 Peterson.	2/14/2024
	<b>B. THE PROCEDURE FOR IMPLEMENTING THE CORRECTIVE ACTION(S):</b>	
	Maintenance was contacted immediately after the Fire Marshal completed the review and was provided notification that the sprinkler system reports were not in the books located in the laundry room of the identified homes: 715 Solar, 723 Solar, 753 Solar, 3052 Peterson, 3056 Peterson and 3060 Peterson. Maintenance has returned the Sprinkler Inspection Certificates for 2023 back to the books located in the laundry room for all Solar Cottage ICF Homes.	2/14/2024
	<b>C. THE MONITORING OR TRACKING PROCEDURE(S) TO ENSURE THE FACILITY IS EFFECTIVE IN CORRECTING THE DEFICIENCY AND TO ENSURE THE FACILITY REMAINS IN COMPLIANCE WITH THIS DEFICIENCY:</b>	
	The Facility Maintenance Manager will be the responsible position to monitor and ensure compliance.	2/14/2024
	<b>D. THE TITLE OF THE PERSON RESPONSIBLE FOR ENSURING THE FACILITY REMAINS IN COMPLIANCE WITH THE CITED DEFICIENCY: (Do not put the staff names).</b>	
	The Facility Maintenance Manager will be the responsible position to monitor and ensure compliance.	2/14/2024

K 0500	<b>A. ACTION(S) THAT WILL BE TAKEN TO CORRECT THIS DEFICIENCY - ALONG WITH A DESCRIPTION OF HOW THE ACTION WILL CORRECT OR IMPROVE THE PROCESSES THAT LEAD TO THE CITED DEFICIENCY:</b>	
	Documentation review on 1/29/24 revealed, the facility failed to have a cleaning schedule for cleaning inside the back of dryers or the vents. Staff A confirmed no schedule was provided for the cleaning of the dryer venting or back of dryers at the following homes: 715 Solar, 723 Solar, 753 Solar, 3052 Peterson, 3056 Peterson and 3060 Peterson.	2/14/2024
	<b>B. THE PROCEDURE FOR IMPLEMENTING THE CORRECTIVE ACTION(S):</b>	
	Maintenance was contacted immediately after the Fire Marshal completed the review and was provided notification that the facility failed to have a cleaning schedule for cleaning the back of dryers or the vents for the following homes identified: 715 Solar, 723 Solar, 753 Solar, 3052 Peterson, 3056 Peterson and 3060 Peterson. Maintenance provided the documentation that a cleaning schedule is completed for the cleaning of the back of dryers and vents and have placed their completed work orders in the boxes at all Solar Cottage ICF homes.	2/14/2024
	<b>C. THE MONITORING OR TRACKING PROCEDURE(S) TO ENSURE THE FACILITY IS EFFECTIVE IN CORRECTING THE DEFICIENCY AND TO ENSURE THE FACILITY REMAINS IN COMPLIANCE WITH THIS DEFICIENCY:</b>	
	The Facility Maintenance Manager will be the responsible position to monitor and ensure compliance.	2/14/2024
	<b>D. THE TITLE OF THE PERSON RESPONSIBLE FOR ENSURING THE FACILITY REMAINS IN COMPLIANCE WITH THE CITED DEFICIENCY: (Do not put the staff names).</b>	
	The Facility Maintenance Manager will be the responsible position to monitor and ensure compliance.	2/14/2024
K 0500	<b>A. ACTION(S) THAT WILL BE TAKEN TO CORRECT THIS DEFICIENCY - ALONG WITH A DESCRIPTION OF HOW THE ACTION WILL CORRECT OR IMPROVE THE PROCESSES THAT LEAD TO THE CITED DEFICIENCY:</b>	
715 Solar	During observation on 1/29/24, it was revealed that an oxygen concentrator was being utilized in Room 25 on the home 715 Solar and no warning signage was posted. Staff A confirmed the lack of oxygen signage.	1/29/2024
	<b>B. THE PROCEDURE FOR IMPLEMENTING THE CORRECTIVE ACTION(S):</b>	
	The Safety Coordinator immediately contacted the Respiratory Therapist after the Fire Marshal completed the review. Signage was immediately posted on the day of the review for Room #25 on the home of 715 Solar.	1/29/2024

	<b>C. THE MONITORING OR TRACKING PROCEDURE(S) TO ENSURE THE FACILITY IS EFFECTIVE IN CORRECTING THE DEFICIENCY AND TO ENSURE THE FACILITY REMAINS IN COMPLIANCE WITH THIS DEFICIENCY:</b>	
	The Facility Maintenance Manager is the responsible position to monitor and ensure compliance.	1/29/2024
	<b>D. THE TITLE OF THE PERSON RESPONSIBLE FOR ENSURING THE FACILITY REMAINS IN COMPLIANCE WITH THE CITED DEFICIENCY: (Do not put the staff names).</b>	
	The Facility Maintenance Manager is the responsible position to monitor and ensure compliance.	1/29/2024
<b>K 0321</b>	<b>A. ACTION(S) THAT WILL BE TAKEN TO CORRECT THIS DEFICIENCY - ALONG WITH A DESCRIPTION OF HOW THE ACTION WILL CORRECT OR IMPROVE THE PROCESSES THAT LEAD TO THE CITED DEFICIENCY:</b>	
<i>3052 Peterson</i>	Observations on 1/29/24 revealed the door to the laundry room equipped with a self-closing device was obstructed with a bag of ice melt. Staff A confirmed the door was obstructed.	1/29/2024
	<b>B. THE PROCEDURE FOR IMPLEMENTING THE CORRECTIVE ACTION(S):</b>	
	The Safety Coordinator immediately removed the bag of ice melt obstructing the door to the laundry room and moved it to the Mechanical Room. Removal of the bag of ice melt allowed the door to the laundry room to close and latch within the door frame.	1/29/2024
	<b>C. THE MONITORING OR TRACKING PROCEDURE(S) TO ENSURE THE FACILITY IS EFFECTIVE IN CORRECTING THE DEFICIENCY AND TO ENSURE THE FACILITY REMAINS IN COMPLIANCE WITH THIS DEFICIENCY:</b>	
	The Facility Maintenance Manager is the responsible position to monitor and ensure compliance.	1/29/2024
	<b>D. THE TITLE OF THE PERSON RESPONSIBLE FOR ENSURING THE FACILITY REMAINS IN COMPLIANCE WITH THE CITED DEFICIENCY: (Do not put the staff names).</b>	
	The Facility Maintenance Manager is the responsible position to monitor and ensure compliance.	1/29/2024

K 0321	<b>A. ACTION(S) THAT WILL BE TAKEN TO CORRECT THIS DEFICIENCY - ALONG WITH A DESCRIPTION OF HOW THE ACTION WILL CORRECT OR IMPROVE THE PROCESSES THAT LEAD TO THE CITED DEFICIENCY:</b>	
3056 Peterson	Observations on 1/29/24 revealed resident room #5 (listed incorrectly on the 2567 as room 8), was used as a storage room, and a self-closing device was not provided for the door. Staff A confirmed resident room #5 was used for storage.	1/29/2024
	<b>B. THE PROCEDURE FOR IMPLEMENTING THE CORRECTIVE ACTION(S):</b>	
	The Safety Coordinator immediately notified ICF staff after the Fire Marshal completed the review. For Room #5, all items in this room were immediately removed per the ICF/DD Home Manager and staff have been instructed to keep the room empty.	1/29/2024
	<b>C. THE MONITORING OR TRACKING PROCEDURE(S) TO ENSURE THE FACILITY IS EFFECTIVE IN CORRECTING THE DEFICIENCY AND TO ENSURE THE FACILITY REMAINS IN COMPLIANCE WITH THIS DEFICIENCY:</b>	
	The Facility Maintenance Manager is the responsible position to monitor and ensure compliance.	1/29/2024
	<b>D. THE TITLE OF THE PERSON RESPONSIBLE FOR ENSURING THE FACILITY REMAINS IN COMPLIANCE WITH THE CITED DEFICIENCY: (Do not put the staff names).</b>	
	The Facility Maintenance Manager is the responsible position to monitor and ensure compliance.	1/29/2024

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/09/2024  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>28G114</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>01/29/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>SOLAR COTTAGES</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3052,3054,3056,3080 PET BLV 753,743,723,715 SOL DR BEATRICE, NE 68310</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
E 000	Initial Comments  This facility is in compliance with Emergency Preparedness regulations at E41 [483.73(e)].	E 000			

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

TITLE

(X6) DATE

*Dawn Chiswick*

*ICFA*

*02-15-2024*

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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NAME OF PROVIDER OR SUPPLIER  <b>SOLAR COTTAGES</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3052,3054,3056,3060 PET BLV 753,743,723,715 SOL DR BEATRICE, NE 68310</b>	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	<p><b>INITIAL COMMENTS</b></p> <p>42 CFR 483.470 The facility must meet the applicable provisions of the 2012 Edition of the Life Safety Code of the National Fire Protection Association. This facility is governed by Chapter 33, Existing Residential Board and Care Occupancies of the 2012 Edition of the National Fire Protection Association [NFPA], Chapter 101: Life Safety Code.</p> <p>Solar Cottage, 3052 is a single story building of Type V (000) construction that was constructed in 2011 and is fully sprinkled.</p> <p>The facility has 12 skilled certified beds. At the time of the survey the census was 9.</p> <p>Solar Cottage 3052 was found to not be in compliance with the requirements for participation in Medicare/Medicaid at 42 CFR 483.470, Life Safety from Fire, and the related National Fire Protection Association (NFPA) Standard 101 - 2012 edition.</p>	K 000		
K0321	<p><b>Hazardous Areas - Enclosure</b> CFR(s): NFPA 101</p> <p><b>Hazardous Areas - Enclosure</b> 2012 EXISTING (Prompt) Any hazardous area that is on the same floor as, and is in or abut, a primary means of escape or a sleeping room shall be protected by one of the following means:</p> <ol style="list-style-type: none"> <li>1. Protection shall be an enclosure with a fire resistance rating of not less than 1 hour, with a self-closing or automatic closing fire door in accordance with 7.2.1.8 that has a fire protection rating of not less than 3/4 hour.</li> <li>2. Protection shall be automatic sprinkler</li> </ol>	K0321		

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

TITLE

(X6) DATE

*Dawn Libroschek*

*ICFA*

*02-15-2024*

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NAME OF PROVIDER OR SUPPLIER  <b>SOLAR COTTAGES</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3052,3054,3056,3060 PET BLV 753,743,723,715 SOL DR BEATRICE, NE 68310</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K0321	<p>Continued From page 1</p> <p>protection, in accordance with 33.2.3.5, and a smoke partition, in accordance with 8.4 located between the hazardous area and the sleeping area or primary escape route. Any doors in such separation shall be self-closing or automatic closing in accordance with 7.2.1.8.</p> <p>Other hazardous areas shall be protected in accordance with 33.2.3.2.5 by one of the following:</p> <ol style="list-style-type: none"> <li>1. An enclosure having a fire resistance rating of not less than 1/2 hour, with a self-closing or automatic-closing door in accordance with 7.2.1.8 that is equivalent to not less than a 13/4 inch (4.4 cm) thick, solid-bonded wood core construction.</li> <li>2. Automatic sprinkler protection in accordance with 33.2.3.5, regardless of enclosure.</li> </ol> <p>Areas with approved, properly installed and maintained furnaces and heating equipment, and cooking and laundry facilities are not classified as hazardous areas solely on basis of such equipment.</p> <p>Standard response sprinklers shall be permitted for use in hazardous areas in accordance with 33.2.3.2.</p> <p>33.2.2.2.4, 33.2.3.2, 33.2.3.2.5</p> <p>This STANDARD is not met as evidenced by:</p> <p>Based on observation and interview, the facility failed to assure a door to a hazardous area would close and latch. This deficient practice would allow smoke, fire and gasses to spread outside the room. The facility has the capacity for 12 beds with a census of 9 on the day of survey.</p> <p>Findings are:</p> <p>Observations on 1-29-24 at 12:02 pm revealed, the door to the laundry door equipped with a self-closing device, was obstructed with a bag of ice melt.</p>	K0321			

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NAME OF PROVIDER OR SUPPLIER  <b>SOLAR COTTAGES</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3052,3054,3056,3080 PET BLV 753,743,723,715 SOL DR BEATRICE, NE 68310</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K0321	Continued From page 2	K0321			
K0353	<p>During an interview on 1-29-24 at 12:02 pm, Staff A confirmed the door was obstructed.</p> <p>Sprinkler System - Maintenance and Testing CFR(s): NFPA 101</p> <p>Sprinkler System - Maintenance and Testing 2012 EXISTING (Prompt) NFPA 13 and 13R Systems All sprinkler systems installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, and NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies Up To and Including Four Stories in Height, are inspected, tested and maintained in accordance with NFPA 25, Standard for Inspection, Testing and Maintenance of Water Based Fire Protection System. NFPA 13D Systems Sprinkler systems installed in accordance with NFPA 13D, Standard for the Installation of Sprinkler Systems in One- and Two-Family Dwellings and Manufactured Homes, are inspected, tested and maintained in accordance with the following requirements of NFPA 25:</p> <ol style="list-style-type: none"> <li>1. Control valves inspected monthly (NFPA 25, section 13.3.2).</li> <li>2. Gauges inspected monthly (NFPA 25, section 13.2.71).</li> <li>3. Alarm devices inspected quarterly (NFPA 25, section 5.2.6).</li> <li>4. Alarm devices tested semiannually (NFPA 25, section 5.3.3).</li> <li>5. Valve supervisory switches tested semiannually (NFPA 25, section 13.3.3.5).</li> <li>6. Visible sprinklers inspected annually ((NFPA 25, section 5.2.1).</li> <li>7. Visible pipe inspected annually (NFPA 25, section 5.2.2).</li> </ol>	K0353			

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NAME OF PROVIDER OR SUPPLIER  <b>SOLAR COTTAGES</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3062,3064,3066,3060 PET BLV 763,743,723,715 SOL DR BEATRICE, NE 68310</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K0353	<p>Continued From page 3</p> <p>8. Visible pipe hangers inspected annually (NFPA 25, section 5.2.3).</p> <p>9. Buildings inspected annually prior to freezing weather for adequate heat for water filled piping (NFPA 25, section 5.2.5).</p> <p>10. A representative sample of fast response sprinklers are tested at 20 years (NFPA 25, section 5.3.1.1.1.2).</p> <p>11. A representative sample of dry pendant sprinklers are tested at 10 years (NFPA 25, section 5.3.1.1.15).</p> <p>12. Antifreeze solutions are tested annually (NFPA 25, section 5.3.4).</p> <p>13. Control valves are operated through their full range and returned to normal annually (NFPA 25, section 13.3.3.1).</p> <p>14. Operating stems of OS&amp;Y valves are lubricated annually (NFPA 25, section 13.3.4).</p> <p>15. Dry pipe systems extending into unheated portions of the building are inspected, tested and maintained (NFPA 25, section 13.4.4).</p> <p>A. Date sprinkler system last checked and necessary maintenance provided.</p> <p>_____</p> <p>B. Show who provided the service.</p> <p>_____</p> <p>C. Note the source of the water supply for the automatic sprinkler system.</p> <p>_____</p> <p>(Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system.)</p> <p>33.2.3.5.3, 33.2.3.5.8, 9.7.5, 9.7.7, 9.7.8, and NFPA 25</p> <p>This STANDARD is not met as evidenced by: Based on documentation review and interview the facility failed to provide all fire sprinkler inspection reports. This deficient practice would not assure that the sprinkler system would</p>	K0353			

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PRINTED: 02/09/2024  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>28G114</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>10 - SOLAR 3052</b>  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>01/29/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>SOLAR COTTAGES</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3052,3054,3056,3060 PET BLV 753,743,723,715 SOL DR BEATRICE, NE 68310</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K0353	Continued From page 4 activate as designed and affected all occupants. The facility has the capacity for 16 beds with a census of 7 on the day of survey.  Findings are: Documentation review on 1-29-24 at 12:08 pm revealed, the facility failed to provide at least a year of reports for the sprinkler system, only the annual was provided dated 9-26-23.	K0353			
K0500	During an interview on 1-29-24 at 12:08 pm, Staff A confirmed only one report was available to review in the book located in the laundry room.  Building Services - Other CFR(s): NFPA 101  Building Services - Other List in the REMARKS section any LSC Section 32.2.5 and 33.2.5 Building Services that are not addressed by the provided K-tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567. This STANDARD is not met as evidenced by: Based on observation, documentation review and interview, the facility failed to provide a cleaning schedule for the interior of dryers and vents. This deficient practice would increase the potential for a fire from the buildup of lint and spread outside the room. The facility has a capacity of 12 beds with a census of 7 on the day of survey.  Findings are: Documentation review on 1-29-24 at 12:12 pm revealed, the facility failed to have a cleaning schedule for cleaning inside the back of the dryers or the vents.	K0500			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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NAME OF PROVIDER OR SUPPLIER  <b>SOLAR COTTAGES</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3052,3054,3056,3060 PET BLV 753,743,723,716 SOL DR BEATRICE, NE 68310</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K0500	Continued From page 5  During an interview on 1-29-24 at 12:12 pm, Staff A confirmed no schedule was established for the cleaning of the dryer venting or inside of dryers.	K0500			

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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NAME OF PROVIDER OR SUPPLIER  SOLAR COTTAGES			STREET ADDRESS, CITY, STATE, ZIP CODE 3052,3054,3056,3060 PET BLV 753,743,723,715 SOL DR BEATRICE, NE 68310		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 000	<p><b>INITIAL COMMENTS</b></p> <p>42 CFR 483.470 The facility must meet the applicable provisions of the 2012 Edition of the Life Safety Code of the National Fire Protection Association. This facility is governed by Chapter 33, Existing Residential Board and Care Occupancies of the 2012 Edition of the National Fire Protection Association [NFPA], Chapter 101: Life Safety Code.</p> <p>Solar Cottage, 3054 is a single story building of Type V (000) construction that was constructed in 2011 and is fully sprinkled.</p> <p>The facility has 12 skilled certified beds. At the time of the survey the census was 7.</p> <p>Solar Cottage 3054 was found to be in compliance with the requirements for participation in Medicare/Medicaid at 42 CFR 483.470, Life Safety from Fire, and the related National Fire Protection Association (NFPA) Standard 101 - 2012 edition.</p>	K 000			

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

TITLE

(X8) DATE

*Dawn Hlesochek*

TCEA

02-15-2024

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>28G114</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>11 - SOLAR 3056</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/29/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>SOLAR COTTAGES</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3052,3054,3056,3060 PET BLV 753,743,723,715 SOL DR BEATRICE, NE 68310</b>	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	<p><b>INITIAL COMMENTS</b></p> <p>42 CFR 483.470 The facility must meet the applicable provisions of the 2012 Edition of the Life Safety Code of the National Fire Protection Association. This facility is governed by Chapter 33, Existing Residential Board and Care Occupancies of the 2012 Edition of the National Fire Protection Association [NFPA], Chapter 101: Life Safety Code.</p> <p>Solar Cottage, 3056 is a single story building of Type V (000) construction that was constructed in 2011 and is fully sprinkled.</p> <p>The facility has 12 skilled certified beds. At the time of the survey the census was 9.</p>	K 000		
K0321	<p>Hazardous Areas - Enclosure CFR(s): NFPA 101</p> <p>Hazardous Areas - Enclosure 2012 EXISTING (Prompt) Any hazardous area that is on the same floor as, and is in or abut, a primary means of escape or a sleeping room shall be protected by one of the following means: 1. Protection shall be an enclosure with a fire resistance rating of not less than 1 hour, with a self-closing or automatic closing fire door in accordance with 7.2.1.8 that has a fire protection rating of not less than 3/4 hour.</p>	K0321		

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

TITLE

(X8) DATE

*Dawn W. Wachs*

*ICFA*

*02-15-2024*

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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NAME OF PROVIDER OR SUPPLIER  <b>SOLAR COTTAGES</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3052,3054,3056,3060 PET BLV 753,743,723,715 SOL DR BEATRICE, NE 68310</b>		
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K0321	<p>Continued From page 1</p> <p>2. Protection shall be automatic sprinkler protection, in accordance with 33.2.3.5, and a smoke partition, in accordance with 8.4 located between the hazardous area and the sleeping area or primary escape route. Any doors in such separation shall be self-closing or automatic closing in accordance with 7.2.1.8. Other hazardous areas shall be protected in accordance with 33.2.3.2.5 by one of the following:</p> <p>1. An enclosure having a fire resistance rating of not less than 1/2 hour, with a self-closing or automatic-closing door in accordance with 7.2.1.8 that is equivalent to not less than a 13/4 inch (4.4 cm) thick, solid-bonded wood core construction.</p> <p>2. Automatic sprinkler protection in accordance with 33.2.3.5, regardless of enclosure.</p> <p>Areas with approved, properly installed and maintained furnaces and heating equipment, and cooking and laundry facilities are not classified as hazardous areas solely on basis of such equipment.</p> <p>Standard response sprinklers shall be permitted for use in hazardous areas in accordance with 33.2.3.2.</p> <p>33.2.2.2.4, 33.2.3.2, 33.2.3.2.5</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to assure a doors to a hazardous area would close and latch. This deficient practice would allow smoke, fire and gasses to spread outside the room. The facility has the capacity for 12 beds with a census of 9 on the day of survey.</p> <p>Findings are: Observations on 1-29-24 at 11:46 am revealed, resident room 8 was used as storage room, and a self-closing device was not provided for the door.</p>	K0321			



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NAME OF PROVIDER OR SUPPLIER  <b>SOLAR COTTAGES</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3052,3054,3056,3060 PET BLV 753,743,723,715 SOL DR BEATRICE, NE 68310</b>	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K0321	Continued From page 2	K0321		
K0353	<p>During an interview on 1-29-24 at 11:46 am, Staff A confirmed resident room 8 was used for storage.</p> <p>Sprinkler System - Maintenance and Testing CFR(s): NFPA 101</p> <p>Sprinkler System - Maintenance and Testing 2012 EXISTING (Prompt) NFPA 13 and 13R Systems All sprinkler systems installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, and NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies Up To and Including Four Stories in Height, are inspected, tested and maintained in accordance with NFPA 25, Standard for Inspection, Testing and Maintenance of Water Based Fire Protection System. NFPA 13D Systems Sprinkler systems installed in accordance with NFPA 13D, Standard for the Installation of Sprinkler Systems in One- and Two-Family Dwellings and Manufactured Homes, are inspected, tested and maintained in accordance with the following requirements of NFPA 25:</p> <ol style="list-style-type: none"> <li>1. Control valves inspected monthly (NFPA 25, section 13.3.2).</li> <li>2. Gauges inspected monthly (NFPA 25, section 13.2.71).</li> <li>3. Alarm devices inspected quarterly (NFPA 25, section 5.2.6).</li> <li>4. Alarm devices tested semiannually (NFPA 25, section 5.3.3).</li> <li>5. Valve supervisory switches tested semiannually (NFPA 25, section 13.3.3.5).</li> <li>6. Visible sprinklers inspected annually ((NFPA 25, section 5.2.1).</li> <li>7. Visible pipe inspected annually (NFPA 25,</li> </ol>	K0353		

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NAME OF PROVIDER OR SUPPLIER  <b>SOLAR COTTAGES</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3062,3064,3066,3060 PET BLV 753,743,723,715 SOL DR BEATRICE, NE 68310</b>	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K0353	Continued From page 3 section 5.2.2). 8. Visible pipe hangers inspected annually (NFPA 25, section 5.2.3). 9. Buildings inspected annually prior to freezing weather for adequate heat for water filled piping (NFPA 25, section 5.2.5). 10. A representative sample of fast response sprinklers are tested at 20 years (NFPA 25, section 5.3.1.1.1.2). 11 A representative sample of dry pendant sprinklers are tested at 10 years (NFPA 25, section 5.3.1.1.15). 12. Antifreeze solutions are tested annually (NFPA 25, section 5.3.4). 13. Control valves are operated through their full range and returned to normal annually (NFPA 25, section 13.3.3.1). 14. Operating stems of OS&Y valves are lubricated annually (NFPA 25, section 13.3.4). 15. Dry pipe systems extending into unheated portions of the building are inspected, tested and maintained (NFPA 25, section 13.4.4). A. Date sprinkler system last checked and necessary maintenance provided. _____ B. Show who provided the service. _____ C. Note the source of the water supply for the automatic sprinkler system. _____ (Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system.) 33.2.3.5.3, 33.2.3.5.8, 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This STANDARD is not met as evidenced by: Based on documentation review and interview the facility failed to provide all fire sprinkler inspection reports. This deficient practice would	K0353		

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NAME OF PROVIDER OR SUPPLIER  <b>SOLAR COTTAGES</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3052,3054,3056,3060 PET BLV 753,743,723,715 SOL DR BEATRICE, NE 68310</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K0353	Continued From page 4 not assure that the sprinkler system would activate as designed and affected all occupants. The facility has the capacity for 12 beds with a census of 9 on the day of survey.  Findings are: Documentation review on 1-29-24 at 11:42 am revealed, the facility failed to provide at least a year of reports for the sprinkler system, only a quarterly was provided dated 12-12-23.  During an interview on 1-29-24 at 11:42 am, Staff A confirmed only one report was available to review in the book located in the laundry room.	K0353			
K0500	Building Services - Other CFR(s): NFPA 101  Building Services - Other List in the REMARKS section any LSC Section 32.2.5 and 33.2.5 Building Services that are not addressed by the provided K-tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567. This STANDARD is not met as evidenced by: Based on observation, documentation review and interview, the facility failed to provide a cleaning schedule for the interior of dryers and the vents. This deficient practice would increase the potential for a fire from the buildup of lint and spread outside the room. The facility has a capacity of 12 beds with a census of 7 on the day of survey.  Findings are: Documentation review on 1-29-24 at 11:40 am revealed, the facility failed to have a cleaning schedule for cleaning inside the back of the	K0500			

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NAME OF PROVIDER OR SUPPLIER  <b>SOLAR COTTAGES</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3052,3054,3056,3060 PET BLV 753,743,723,715 SOL DR BEATRICE, NE 68310</b>		
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K0500	Continued From page 5 dryers or the vents.  During an interview on 1-29-24 at 12:40 am, Staff A confirmed no schedule was provided for the cleaning of the dryer venting or inside of dryers.	K0500			

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NAME OF PROVIDER OR SUPPLIER  <b>SOLAR COTTAGES</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3052,3054,3056,3060 PET BLV 753,743,723,716 SOL DR BEATRICE, NE 68310</b>	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	INITIAL COMMENTS  42 CFR 483.470 The facility must meet the applicable provisions of the 2012 Edition of the Life Safety Code of the National Fire Protection Association. This facility is governed by Chapter 33, Existing Residential Board and Care Occupancies of the 2012 Edition of the National Fire Protection Association [NFPA], Chapter 101: Life Safety Code.  Solar Cottage, 3060 is a two story building of Type V construction that was built in 1970 and is fully sprinkled.  The facility has 16 certified beds. At the time of the survey the census was 7 residents.  Solar Cottage, 3060 was found to be not in compliance with the requirements for participation in Medicare/Medicaid at 42 CFR 483.470, Life Safety from Fire, and the related National Fire Protection Association (NFPA) Standard 101 - 2012 edition.	K 000		
K0353	Sprinkler System - Maintenance and Testing CFR(s): NFPA 101  Sprinkler System - Maintenance and Testing 2012 EXISTING (Prompt) NFPA 13 and 13R Systems All sprinkler systems installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, and NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies Up To and Including Four Stories in Height, are inspected, tested and maintained in accordance with NFPA 25, Standard for Inspection, Testing and Maintenance of Water Based Fire Protection System.	K0353		

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

TITLE

(X6) DATE

*Dawn Heltschell*

*ICFA 02-15-2024*

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NAME OF PROVIDER OR SUPPLIER  <b>SOLAR COTTAGES</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3052,3054,3056,3060 PET BLV 753,743,723,716 SOL DR BEATRICE, NE 68310</b>		
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K0353	Continued From page 1 NFPA 13D Systems Sprinkler systems installed in accordance with NFPA 13D, Standard for the Installation of Sprinkler Systems in One- and Two-Family Dwellings and Manufactured Homes, are inspected, tested and maintained in accordance with the following requirements of NFPA 25: 1. Control valves inspected monthly (NFPA 25, section 13.3.2). 2. Gauges inspected monthly (NFPA 25, section 13.2.71). 3. Alarm devices inspected quarterly (NFPA 25, section 5.2.6). 4. Alarm devices tested semiannually (NFPA 25, section 5.3.3). 5. Valve supervisory switches tested semiannually (NFPA 25, section 13.3.3.5). 6. Visible sprinklers inspected annually ((NFPA 25, section 5.2.1). 7. Visible pipe inspected annually (NFPA 25, section 5.2.2). 8. Visible pipe hangers inspected annually (NFPA 25, section 5.2.3). 9. Buildings inspected annually prior to freezing weather for adequate heat for water filled piping (NFPA 25, section 5.2.5). 10. A representative sample of fast response sprinklers are tested at 20 years (NFPA 25, section 5.3.1.1.1.2). 11. A representative sample of dry pendant sprinklers are tested at 10 years (NFPA 25, section 5.3.1.1.15). 12. Antifreeze solutions are tested annually (NFPA 25, section 5.3.4). 13. Control valves are operated through their full range and returned to normal annually (NFPA 25, section 13.3.3.1). 14. Operating stems of OS&Y valves are	K0353			

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NAME OF PROVIDER OR SUPPLIER  <b>SOLAR COTTAGES</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3052,3054,3056,3060 PET BLV 753,743,723,715 SOL DR BEATRICE, NE 68310</b>	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K0353	Continued From page 2 lubricated annually (NFPA 25, section 13.3.4). 15. Dry pipe systems extending into unheated portions of the building are inspected, tested and maintained (NFPA 25, section 13.4.4). A. Date sprinkler system last checked and necessary maintenance provided.  B. Show who provided the service.  C. Note the source of the water supply for the automatic sprinkler system.  (Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system.) 33.2.3.5.3, 33.2.3.5.8, 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This STANDARD is not met as evidenced by: Based on documentation review and interview the facility failed to provide all fire sprinkler inspection reports. This deficient practice would not assure that the sprinkler system would activate as designed and affected all occupants. The facility has the capacity for 16 beds with a census of 7 on the day of survey.  Findings are: Documentation review on 1-29-24 at 11:22 am revealed, the facility failed to provide at least a year of reports for the sprinkler system, only the annual was provided dated 9-26-23.  During an interview on 1-29-24 at 11:22 am, Staff A confirmed only one report was available to review in the book located in the laundry room.	K0353		
K0500	Building Services - Other CFR(s): NFPA 101	K0500		

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/09/2024  
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OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>28G114</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING 12 - <b>SOLAR 3060</b>  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>01/29/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>SOLAR COTTAGES</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3052,3054,3056,3060 PET BLV 753,743,723,715 SOL DR BEATRICE, NE 68310</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K0500	<p>Continued From page 3</p> <p><b>Building Services - Other</b></p> <p>List in the REMARKS section any LSC Section 32.2.5 and 33.2.5 Building Services that are not addressed by the provided K-tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567. This STANDARD is not met as evidenced by:</p> <p>Based on observation, documentation review and interview, the facility failed to provide cleaning schedule for the interior of dryers and the vents. This deficient practice would increase the potential for a fire from the buildup of lint and spread outside the room. The facility has a capacity of 16 beds with a census of 7 on the day of survey.</p> <p>Findings are: Documentation review on 1-29-24 at 11:25 am revealed, the facility failed to have a cleaning schedule for cleaning inside the back of the dryers or the vents.</p> <p>During an interview on 1-29-24 at 11:25 am, Staff A confirmed no schedule was provided for the cleaning of the dryer venting or inside of dryers.</p>	K0500			



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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>28G114</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>04 - 715 SOLAR DRIVE</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/29/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SOLAR COTTAGES</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3052,3054,3056,3060 PET BLV 753,743,723,715 SOL DR BEATRICE, NE 68310</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	<p><b>INITIAL COMMENTS</b></p> <p>42 CFR 483.470 The facility must comply with the applicable provisions of Chapter 33, Existing Residential Board and Care Occupancies of the 2012 Edition of the National Fire Protection Association [NFPA], Chapter 101: Life Safety Code.</p> <p>Solar Cottage, 715 is a single story building of Type V (000) construction that was constructed in 2011 and is fully sprinkled.</p> <p>The facility has 16 skilled certified beds. At the time of the survey the census was 10.</p> <p>Solar Cottage, 715 was found to be not in compliance with the requirements for participation in Medicare/Medicaid at 42 CFR 483.470, Life Safety from Fire, and the related National Fire Protection Association (NFPA) Standard 101 - 2012 edition.</p>	K 000		
K0353	<p>Sprinkler System - Maintenance and Testing CFR(s): NFPA 101</p> <p>Sprinkler System - Maintenance and Testing 2012 EXISTING (Prompt) NFPA 13 and 13R Systems All sprinkler systems installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, and NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies Up To and Including Four Stories in Height, are inspected, tested and maintained in accordance with NFPA 25, Standard for Inspection, Testing and Maintenance of Water Based Fire Protection System. NFPA 13D Systems Sprinkler systems installed in accordance with</p>	K0353		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Dawn Luboschell* TITLE: *ICFA* (X8) DATE: *02-15-2024*

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>28G114</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>04 - 715 SOLAR DRIVE</b>  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>01/29/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>SOLAR COTTAGES</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3052,3054,3056,3060 PET BLV 763,743,723,716 SOL DR BEATRICE, NE 68310</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K0353	Continued From page 1 NFPA 13D, Standard for the Installation of Sprinkler Systems in One- and Two-Family Dwellings and Manufactured Homes, are inspected, tested and maintained in accordance with the following requirements of NFPA 25: 1. Control valves inspected monthly (NFPA 25, section 13.3.2). 2. Gauges inspected monthly (NFPA 25, section 13.2.71). 3. Alarm devices inspected quarterly (NFPA 25, section 5.2.6). 4. Alarm devices tested semiannually (NFPA 25, section 5.3.3). 5. Valve supervisory switches tested semiannually (NFPA 25, section 13.3.3.5). 6. Visible sprinklers inspected annually ((NFPA 25, section 5.2.1). 7. Visible pipe inspected annually (NFPA 25, section 5.2.2). 8. Visible pipe hangers Inspected annually (NFPA 25, section 5.2.3). 9. Buildings inspected annually prior to freezing weather for adequate heat for water filled piping (NFPA 25, section 5.2.5). 10. A representative sample of fast response sprinklers are tested at 20 years (NFPA 25, section 5.3.1.1.1.2). 11. A representative sample of dry pendant sprinklers are tested at 10 years (NFPA 25, section 5.3.1.1.15). 12. Antifreeze solutions are tested annually (NFPA 25, section 5.3.4). 13. Control valves are operated through their full range and returned to normal annually (NFPA 25, section 13.3.3.1). 14. Operating stems of OS&Y valves are lubricated annually (NFPA 25, section 13.3.4). 15. Dry pipe systems extending into unheated	K0353			

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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NAME OF PROVIDER OR SUPPLIER  <b>SOLAR COTTAGES</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3052,3054,3056,3060 PET BLV 753,743,723,715 SOL DR BEATRICE, NE 68310</b>	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K0353	Continued From page 2 portions of the building are inspected, tested and maintained (NFPA 25, section 13.4.4). A. Date sprinkler system last checked and necessary maintenance provided.  B. Show who provided the service.  C. Note the source of the water supply for the automatic sprinkler system.  (Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system.) 33.2.3.5.3, 33.2.3.5.8, 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This STANDARD is not met as evidenced by: Based on documentation review and interview the facility failed to provide all fire sprinkler inspection reports. This deficient practice would not assure that the sprinkler system would activate as designed and affected all occupants. The facility has the capacity for 16 beds with a census of 10 on the day of survey.  Findings are: Documentation review on 1-29-24 at 12:52 pm revealed, the facility failed to provide at least a year of inspection reports for the sprinkler system, only the annual was provided dated 9-26-23.  During an interview on 1-29-24 at 12:52 pm, Staff A confirmed only one report was available to review in the book located in the laundry room.	K0353		
K0500	Building Services - Other CFR(s): NFPA 101  Building Services - Other	K0500		

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>28G114</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>04 - 715 SOLAR DRIVE</b>  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>01/29/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>SOLAR COTTAGES</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3052,3054,3056,3060 PET BLV 753,743,723,715 SOL DR BEATRICE, NE 68310</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
<b>K0500</b>	<p>Continued From page 3</p> <p>List in the REMARKS section any LSC Section 32.2.5 and 33.2.5 Building Services that are not addressed by the provided K-tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567. This STANDARD is not met as evidenced by:</p> <p>Based on observation, documentation review and interview, the facility failed to provide cleaning schedule for the interior of dryers and vents, and to post "Oxygen in Use" signs on rooms where oxygen was in use. This deficient practice would increase the potential for a fire from the buildup of lint and spread outside the room and would not alert of the danger of an oxygen enriched atmosphere before entering the room. The facility has a capacity of 16 beds with a census of 10 on the day of survey.</p> <p>Findings are: Documentation review on 1-29-24 at 12:55 pm revealed, the facility failed to have a cleaning schedule for cleaning inside the back of the dryers or the vents.</p> <p>During an interview on 1-29-24 at 12:55 pm, Staff A confirmed no schedule was established for the cleaning of the dryer venting or inside of dryers.</p> <p>Observation on 1-29-24 at 1:17 pm revealed, oxygen concentrator in Room 25 and no warning signage was posted.</p> <p>During an interview on 1-29-24 at 1:17 pm, Staff A confirmed the lack of oxygen signage.</p>	<b>K0500</b>			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>28G114</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>03 - 723 SOLAR DRIVE</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/29/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>SOLAR COTTAGES</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3052,3054,3056,3060 PET BLV 753,743,723,715 SOL DR BEATRICE, NE 68310</b>	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	<p><b>INITIAL COMMENTS</b></p> <p>42 CFR 483.470 The facility is required to comply with the applicable provisions of Chapter 33, Existing Residential Board and Care Occupancies of the 2012 Edition of the National Fire Protection Association [NFPA], Chapter 101: Life Safety Code.</p> <p>Solar Cottage, 723 is a single story building of Type V (000) construction that was constructed in 2011 and is fully sprinkled.</p> <p>The facility has 16 skilled certified beds. At the time of the survey the census was 9.</p> <p>Solar Cottage, 723 was found to be not in compliance with the requirements for participation in Medicare/Medicaid at 42 CFR 483.470, Life Safety from Fire, and the related National Fire Protection Association (NFPA) Standard 101 - 2012 edition.</p>	K 000		
K0353	<p><b>Sprinkler System - Maintenance and Testing</b> CFR(s): NFPA 101</p> <p><b>Sprinkler System - Maintenance and Testing</b> 2012 EXISTING (Prompt) NFPA 13 and 13R Systems All sprinkler systems installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, and NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies Up To and Including Four Stories in Height, are inspected, tested and maintained in accordance with NFPA 25, Standard for Inspection, Testing and Maintenance of Water Based Fire Protection System. NFPA 13D Systems</p>	K0353		

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

TITLE

(X6) DATE

*Dawn Ulroschek*

*ICFA 02-15-2024*

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>28G114</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>03 - 723 SOLAR DRIVE</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/29/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>SOLAR COTTAGES</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3062,3064,3056,3060 PET BLV 753,743,723,716 SOL DR BEATRICE, NE 68310</b>	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K0353	Continued From page 1 Sprinkler systems installed in accordance with NFPA 13D, Standard for the Installation of Sprinkler Systems in One- and Two-Family Dwellings and Manufactured Homes, are inspected, tested and maintained in accordance with the following requirements of NFPA 25: 1. Control valves inspected monthly (NFPA 25, section 13.3.2). 2. Gauges inspected monthly (NFPA 25, section 13.2.71). 3. Alarm devices inspected quarterly (NFPA 25, section 5.2.6). 4. Alarm devices tested semiannually (NFPA 25, section 5.3.3). 5. Valve supervisory switches tested semiannually (NFPA 25, section 13.3.3.5). 6. Visible sprinklers inspected annually ((NFPA 25, section 5.2.1). 7. Visible pipe inspected annually (NFPA 25, section 5.2.2). 8. Visible pipe hangers inspected annually (NFPA 25, section 5.2.3). 9. Buildings inspected annually prior to freezing weather for adequate heat for water filled piping (NFPA 25, section 5.2.5). 10. A representative sample of fast response sprinklers are tested at 20 years (NFPA 25, section 5.3.1.1.1.2). 11. A representative sample of dry pendant sprinklers are tested at 10 years (NFPA 25, section 5.3.1.1.15). 12. Antifreeze solutions are tested annually (NFPA 25, section 5.3.4). 13. Control valves are operated through their full range and returned to normal annually (NFPA 25, section 13.3.3.1). 14. Operating stems of OS&Y valves are lubricated annually (NFPA 25, section 13.3.4).	K0353		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  28G114	(X2) MULTIPLE CONSTRUCTION A. BUILDING 03 - 723 SOLAR DRIVE  B. WING _____		(X3) DATE SURVEY COMPLETED  01/29/2024
NAME OF PROVIDER OR SUPPLIER  SOLAR COTTAGES			STREET ADDRESS, CITY, STATE, ZIP CODE 3052,3054,3056,3060 PET BLV 753,743,723,715 SOL DR BEATRICE, NE 68310		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K0353	Continued From page 2 15. Dry pipe systems extending into unheated portions of the building are inspected, tested and maintained (NFPA 25, section 13.4.4). A. Date sprinkler system last checked and necessary maintenance provided.  B. Show who provided the service.  C. Note the source of the water supply for the automatic sprinkler system.  (Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system.) 33.2.3.5.3, 33.2.3.5.8, 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This STANDARD is not met as evidenced by: Based on documentation review and interview the facility failed to provide all fire sprinkler inspection reports. This deficient practice would not assure that the sprinkler system would activate as designed and affected all occupants. The facility has the capacity for 16 beds with a census of 9 on the day of survey.  Findings are: Documentation review on 1-29-24 at 12:41 pm revealed, the facility failed to provide at least a year of inspection reports for the sprinkler system, only the annual was provided dated 9-26-23.  During an interview on 1-29-24 at 12:41 pm, Staff A confirmed only one report was available to review in the book located in the laundry room.	K0353			
K0500	Building Services - Other CFR(s): NFPA 101	K0500			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>28G114</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>03 - 723 SOLAR DRIVE</b>  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>01/29/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>SOLAR COTTAGES</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3052,3054,3056,3060 PET BLV 753,743,723,715 SOL DR BEATRICE, NE 68310</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K0500	<p>Continued From page 3</p> <p><b>Building Services - Other</b></p> <p>List in the REMARKS section any LSC Section 32.2.5 and 33.2.5 Building Services that are not addressed by the provided K-tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567. This STANDARD is not met as evidenced by:</p> <p>Based on observation, documentation review and interview, the facility failed to provide cleaning schedule for the interior of dryers and vents. This deficient practice would increase the potential for a fire from the buildup of lint and spread outside the room. The facility has a capacity of 16 beds with a census of 9 on the day of survey.</p> <p>Findings are: Documentation review on 1-29-24 at 12:45 pm revealed, the facility failed to have a cleaning schedule for cleaning inside the back of the dryers or the venting.</p> <p>During an interview on 1-29-24 at 12:45 pm, Staff A confirmed no schedule was established for the cleaning of the dryer venting or inside of dryers.</p>	K0500			



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NAME OF PROVIDER OR SUPPLIER  <b>SOLAR COTTAGES</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3062,3064,3056,3080 PET BLV 753,743,723,715 SOL DR BEATRICE, NE 68310</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 000	<p><b>INITIAL COMMENTS</b></p> <p>42 CFR 483.470 The facility is in compliance with the applicable provisions of Chapter 33, Existing Residential Board and Care Occupancies of the 2012 Edition of the National Fire Protection Association [NFPA], Chapter 101: Life Safety Code.</p> <p>Solar Cottage, 743 is a single story building of Type V (000) construction that was constructed in 2011 and is fully sprinkled.</p> <p>The facility has 16 skilled certified beds. At the time of the survey the census was 10.</p>	K 000			

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

*Donna Ubeschek*

TITLE

*ICFA*

(X6) DATE

*02-15-2024*

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>28G114</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - 753 SOLAR DRIVE</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/29/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>SOLAR COTTAGES</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3052,3054,3056,3060 PET BLV 753,743,723,715 SOL DR BEATRICE, NE 68310</b>	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	INITIAL COMMENTS  42 CFR 483.470 The facility must comply with the applicable provisions of Chapter 33, Existing Residential Board and Care Occupancies of the 2012 Edition of the National Fire Protection Association [NFPA], Chapter 101: Life Safety Code.  Solar Cottage, 753 is a single story building of Type V (000) construction that was constructed in 2011 and is fully sprinkled.  The facility has 16 skilled certified beds. At the time of the survey the census was 9.  Solar Cottage, 753 was found to be not in compliance with the requirements for participation in Medicare/Medicaid at 42 CFR 483.470, Life Safety from Fire, and the related National Fire Protection Association (NFPA) Standard 101 - 2012 edition.	K 000		
K0353	Sprinkler System - Maintenance and Testing CFR(s): NFPA 101  Sprinkler System - Maintenance and Testing 2012 EXISTING (Prompt) NFPA 13 and 13R Systems All sprinkler systems installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, and NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies Up To and Including Four Stories in Height, are inspected, tested and maintained in accordance with NFPA 25, Standard for Inspection, Testing and Maintenance of Water Based Fire Protection System. NFPA 13D Systems Sprinkler systems installed in accordance with	K0353		

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

*Dawn Uberschell*

TITLE

*ICFA*

(X6) DATE

*02-15-2024*

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/09/2024  
FORM APPROVED  
OMB NO. 0938-0391

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K0353	Continued From page 1 NFPA 13D, Standard for the Installation of Sprinkler Systems in One- and Two-Family Dwellings and Manufactured Homes, are inspected, tested and maintained in accordance with the following requirements of NFPA 25: 1. Control valves inspected monthly (NFPA 25, section 13.3.2). 2. Gauges inspected monthly (NFPA 25, section 13.2.71). 3. Alarm devices inspected quarterly (NFPA 25, section 5.2.6). 4. Alarm devices tested semiannually (NFPA 25, section 5.3.3). 5. Valve supervisory switches tested semiannually (NFPA 25, section 13.3.3.5). 6. Visible sprinklers inspected annually ((NFPA 25, section 5.2.1). 7. Visible pipe inspected annually (NFPA 25, section 5.2.2). 8. Visible pipe hangers inspected annually (NFPA 25, section 5.2.3). 9. Buildings inspected annually prior to freezing weather for adequate heat for water filled piping (NFPA 25, section 5.2.5). 10. A representative sample of fast response sprinklers are tested at 20 years (NFPA 25, section 5.3.1.1.1.2). 11. A representative sample of dry pendant sprinklers are tested at 10 years (NFPA 25, section 5.3.1.1.1.15). 12. Antifreeze solutions are tested annually (NFPA 25, section 5.3.4). 13. Control valves are operated through their full range and returned to normal annually (NFPA 25, section 13.3.3.1). 14. Operating stems of OS&Y valves are lubricated annually (NFPA 25, section 13.3.4). 15. Dry pipe systems extending into unheated	K0353			

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K0353	Continued From page 2 portions of the building are inspected, tested and maintained (NFPA 25, section 13.4.4). A. Date sprinkler system last checked and necessary maintenance provided.  B. Show who provided the service.  C. Note the source of the water supply for the automatic sprinkler system.  (Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system.) 33.2.3.5.3, 33.2.3.5.8, 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This STANDARD is not met as evidenced by: Based on documentation review and interview the facility failed to provide all fire sprinkler inspection reports. This deficient practice would not assure that the sprinkler system would activate as designed. The facility has the capacity for 16 beds with a census of 9 on the day of survey.  Findings are: Documentation review on 1-29-24 at 12:32 pm revealed, the facility failed to provide at least a year of inspection reports for the sprinkler system, only the annual was provided dated 9-26-23.  During an interview on 1-29-24 at 12:32 pm, Staff A confirmed only one report was available to review in the book located in the laundry room.	K0353		
K0500	Building Services - Other CFR(s): NFPA 101  Building Services - Other	K0500		

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K0500	<p>Continued From page 3</p> <p>List in the REMARKS section any LSC Section 32.2.5 and 33.2.5 Building Services that are not addressed by the provided K-tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567. This STANDARD is not met as evidenced by:</p> <p>Based on observation, documentation review and interview, the facility failed to provide cleaning schedule for the interior of dryers and the dryer vents. This deficient practice would increase the potential for a fire from the buildup of lint and spread outside the room. The facility has a capacity of 16 beds with a census of 9 on the day of survey.</p> <p>Findings are: Documentation review on 1-29-24 at 12:25 pm revealed, the facility failed to have a cleaning schedule for cleaning inside the back of the dryers or the venting</p> <p>During an interview on 1-29-24 at 12:25 pm, Staff A confirmed no schedule was provided for the cleaning of the dryer venting or inside of dryers.</p>	K0500			



**STATE BUILDING ICF**

**2024**

**PUBLIC HEALTH AND  
FIRE MARSHAL**

**2567'S AND PLANS OF  
CORRECTION**

# Public Health Reports



# NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES



Jim Pillen, Governor

March 22, 2024

Mark Luger – Program Manager II  
DHHS Public Health Licensure Unit  
Office of DD and Behavioral Health  
PO Box 94669  
Lincoln, NE 68509-4669

Dear Mr. Luger,

Beatrice State Developmental Center (BSDC) received your letter dated March 14, 2024, regarding the results of your office's survey to determine whether 400 State Building was in compliance with federal Condition of Participation requirements. In response, BSDC wishes to record objections to certain of the cited deficiencies, but is also submitting a plan of correction which you will find enclosed.

Specifically, BSDC records the following objections:

Cited Tag W102 - BSDC objects to the finding that the facility's governing body failed to ensure compliance with the condition of participation of active treatment services, in that BSDC relies on records and evaluations of all patients admitted to BSDC and the opinion of licensed clinicians that admittees are in need of active treatment. BSDC objects to surveyors finding patients not to need active treatment in contradiction of clinical determinations made by licensed clinicians acting within their scope of practice.

Cited Tag W104 - BSDC objects to the finding that the facility's governing body failed to ensure when Client 3 and Client 4 were admitted to the facility that these individuals had assessed developmental deficits and needs which required the provision of continuous active treatment services, supports, structure, and resources. BSDC relies on records and evaluations of all patients admitted to BSDC and the opinion of licensed clinicians that admittees are in need of active treatment. BSDC objects to surveyors finding patients not to need active treatment in contradiction of clinical determinations made by licensed clinicians acting within their scope of practice.

Cited Tag W195 - BSDC objects to the finding that the Condition of Participation (CoP) of Active Treatment Services was not met as the facility failed to ensure only clients requiring Active Treatment were admitted to the ICF/IID, in that BSDC relies on records and evaluations of all patients admitted to BSDC and the opinion of licensed clinicians that admittees are in need of active treatment. BSDC objects to surveyors finding patients not to need active treatment in contradiction of clinical determinations made by licensed clinicians acting within their scope of practice.

Cited Tag W197 - BSDC objects to the finding that the facility failed to ensure 1 of 3 clients in the sample (Client 3) and 1 client added to the sample (Client 4) had developmental needs/deficits requiring continuous active treatment services, in that BSDC relies on records and evaluations of all patients admitted to BSDC and the opinion of licensed clinicians that admittees are in need of active treatment. BSDC objects to surveyors finding patients not to need

active treatment in contradiction of clinical determinations made by licensed clinicians acting within their scope of practice.

Thank you for your consideration of these recorded objections and the plan of correction enclosed herewith.

Sincerely,



Corina Harrison  
Facility Operating Officer  
Beatrice State Developmental Center  
400 State Building  
Beatrice, NE 68310

## PLAN OF CORRECTION

Provider/Supplier Name: →

STREET ADDRESS, CITY, ZIP: →

400 STATE BUILDING	Survey Date ↓
3104, 3070, 3071 STATE AVE BEATRICE, NE 68310	3/4/2024
SURVEY EVENT ID#	2QVO11
(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 28-	ICFDD07

### PROVIDER'S PLAN OF CORRECTION

(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)

COMPLETION DATE

CITED TAG #

CITED TAG #	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETION DATE
	<b>A. ACTION(S) THAT WILL BE TAKEN TO CORRECT THIS DEFICIENCY - ALONG WITH A DESCRIPTION OF HOW THE ACTION WILL CORRECT OR IMPROVE THE PROCESSES THAT LEAD TO THE CITED DEFICIENCY:</b>	
W 102	<i>Based on observations, record reviews and interviews, the facility's Governing Body failed to exercise general operational direction, over-sight, and management of the facility to ensure compliance with the Condition of Participation of Active Treatment Services.</i>	
	All admissions to the Beatrice State Developmental Center (BSDC) follow the facility's policy "Admissions, Transfers, Discharge and ICF Consolidation" and conduct Pre-Admission evaluations which include review of current and valid assessments of functional development, behavioral, social, medical, health, nutrition, and background information to determine if the client is eligible for placement at an ICF/IID.	4/17/2024
	The DHHS Executive Medical Officer reviews all referrals prior to admission to the Beatrice State Developmental Center. The DHHS Executive Medical Officer will determine if the referrals to BSDC are appropriate for ICF/IID Level of Care.	4/17/2024
	At the time of admission, all referrals to the Beatrice State Developmental Center for services have been determined by clinicians to meet eligibility for DD Services and meet ICF/IID level of care requirements. Upon admission, additional on-site assessments and evaluations are completed to determine an individual's strengths and active treatment needs. All admissions to BSDC are determined by clinicians and DHHS Executive Medical Officer to be in need of active treatment services as required under 42 C.F.R. § 483.440(b).	4/17/2024
	<b>B. THE PROCEDURE FOR IMPLEMENTING THE CORRECTIVE ACTION(S):</b>	
	The DHHS Executive Medical Officer reviews all referrals prior to admission to the Beatrice State Developmental Center. The DHHS Executive Medical Officer will determine if the referrals to BSDC are appropriate for ICF/IID Level of Care.	4/17/2024
	As stated in the policy: ICFs will admit, transfer and discharge individuals in compliance with applicable Title XIX regulations.	4/17/2024
	<ul style="list-style-type: none"> <li><b>Admission:</b> Means an individual has met the criteria for ICF/Developmental Disabilities (DD) level of care and they been accepted into the facility <u>or have been court ordered to the facility</u>.</li> </ul>	4/17/2024

	o <u>Individuals admitted to the facility</u> will be assessed to determine if they need and benefit from active treatment (developmental deficits).	4/17/2024
	▪ Should they not have developmental deficits, the facility will document such, and <u>will ensure continuation of Instrumental ADLs to prepare the individual for transition</u> while collaborating with others to support the individual to return to a less restrictive environment as soon as possible.	4/17/2024
	For Client 3 and Client 4, along with other clients residing in State Building ICF, the facility will review current individuals' deficits that require the structure, support and resources that services of an ICF/IID level of care can provide and ensure those deficits have appropriate habilitation to address. The facility will ensure that active treatment is provided to address deficits identified so that individual maintains and attains needed skills for highest level of independence.	4/17/2024
	<b>C. THE MONITORING OR TRACKING PROCEDURE(S) TO ENSURE THE FACILITY IS EFFECTIVE IN CORRECTING THE DEFICIENCY AND TO ENSURE THE FACILITY REMAINS IN COMPLIANCE WITH THIS DEFICIENCY:</b>	
	The ICF/IID provides active treatment services by focusing on instrumental (Independent) ADLS with primary focus of on-site employment opportunities, managing finances, shopping, and meal preparation, housekeeping and home maintenance, communication with others and managing medications. In addition, patients benefit from active treatment in the areas of self-direction and capacity for independent living, which are areas of major life activity in which Client 3 and 4 have been assessed to have substantial functional limitations as part of the clinical determination that both clients have intellectual disability or a related condition as that term is defined under 42 C.F.R. § 435.1010. Both Client 3 and Client 4 are assessed and require habilitation/active treatment to acquire the skills and behaviors needed to function in society so that Client 3 and Client 4 do not pose threat of harm to themselves or others and are able to cope with their personal needs and demands of their environment. Both client 3 and 4 need and are receiving active treatment to ensure their acquisition of the behaviors necessary for them to function with as much self determination and independence as possible given their behavioral limitations, as required under 42 C.F.R. § 483.440(a)(1)(i), and to prevent or decelerate regression or loss of current optimal functional status as required under 42 C.F.R. § 483.440(a)(1)(ii). The instrumental ADLs assist in preparation of ultimately returning to a community provider while working diligently with other providers to find alternative placement.	4/17/2024
	<b>D. THE TITLE OF THE PERSON RESPONSIBLE FOR ENSURING THE FACILITY REMAINS IN COMPLIANCE WITH THE CITED DEFICIENCY: (Do not put the staff names).</b>	
	The ICF Facility Administrator will be the responsible position for monitoring to ensure compliance.	4/17/2024

W 104	<b>A. ACTION(S) THAT WILL BE TAKEN TO CORRECT THIS DEFICIENCY - ALONG WITH A DESCRIPTION OF HOW THE ACTION WILL CORRECT OR IMPROVE THE PROCESSES THAT LEAD TO THE CITED DEFICIENCY:</b>	
	<i>A. Governing Body failed to ensure when Client 3 and Client 4 were admitted to the facility that these individuals had assessed developmental deficits and needs which required the provision of continuous active treatment services, supports, structure, and resources.</i>	
	All admissions to the Beatrice State Developmental Center (BSDC) follow the facility's policy "Admissions, Transfers, Discharge and ICF Consolidation" and conduct Pre-Admission evaluations which include review of current and valid assessments of functional development, behavioral, social, medical, health, nutrition, and background information to determine if the client is eligible for placement at an ICF/IID.	4/17/2024
	The DHHS Executive Medical Officer reviews all referrals prior to admission to the Beatrice State Developmental Center. The DHHS Executive Medical Officer will determine if the referrals to BSDC are appropriate for ICF/IID Level of Care.	4/17/2024
	At the time of admission, all referrals to the Beatrice State Developmental Center for services have been determined by clinicians to meet eligibility for DD Services and meet ICF/IID level of care requirements. Upon admission, additional on-site assessments and evaluations are completed to determine an individual's strengths and active treatment needs. All admissions to BSDC are determined by clinicians and DHHS Executive Medical Officer to be in need of active treatment services as required under 42 C.F.R. § 483.440(b).	4/17/2024
	<b>B. THE PROCEDURE FOR IMPLEMENTING THE CORRECTIVE ACTION(S):</b>	
	The DHHS Executive Medical Officer reviews all referrals prior to admission to the Beatrice State Developmental Center. The DHHS Executive Medical Officer will determine if the referrals to BSDC are appropriate for ICF/IID Level of Care.	4/17/2024
	As stated in the policy: ICFs will admit, transfer and discharge individuals in compliance with applicable Title XIX regulations.	4/17/2024
	<ul style="list-style-type: none"> <li>• <b>Admission:</b> Means an individual has met the criteria for ICF/Developmental Disabilities (DD) level of care and they been accepted into the facility <u>or have been court ordered to the facility</u> .</li> </ul>	4/17/2024
	<ul style="list-style-type: none"> <li>o <u>Individuals who are court ordered to the facility</u> will be assessed to determine if they need and benefit from active treatment (developmental deficits).</li> </ul>	4/17/2024
	<ul style="list-style-type: none"> <li>▪ Should they not have developmental deficits, the facility will document such, and <u>will ensure continuation of Instrumental ADLs to prepare the individual for transition</u> while collaborating with the courts to support the individual to return to a less restrictive environment as soon as possible.</li> </ul>	4/17/2024
	For Client 3 and Client 4, along with other clients residing in State Building ICF, the facility will review current individuals' deficits that require the structure, support and resources that services of an ICF/IID level of care can provide and ensure those deficits have appropriate habilitation to address. The facility will ensure that active treatment is provided to address deficits identified so that individual maintains and attains needed skills for highest level of independence.	4/17/2024

	<b>C. THE MONITORING OR TRACKING PROCEDURE(S) TO ENSURE THE FACILITY IS EFFECTIVE IN CORRECTING THE DEFICIENCY AND TO ENSURE THE FACILITY REMAINS IN COMPLIANCE WITH THIS DEFICIENCY:</b>	
	<p>The ICF/IID provides active treatment services by focusing on instrumental (Independent) ADLS with primary focus of on-site employment opportunities, managing finances, shopping, and meal preparation, housekeeping and home maintenance, communication with others and managing medications. In addition, patients benefit from active treatment in the areas of self-direction and capacity for independent living, which are areas of major life activity in which Client 3 and 4 have been assessed to have substantial functional limitations as part of the clinical determination that both clients have intellectual disability or a related condition as that term is defined under 42 C.F.R. § 435.1010. Both Client 3 and Client 4 are assessed and require habilitation/active treatment to acquire the skills and behaviors needed to function in society so that Client 3 and Client 4 do not pose threat of harm to themselves or others and are able to cope with their personal needs and demands of their environment. Both client 3 and 4 need and are receiving active treatment to ensure their acquisition of the behaviors necessary for them to function with as much self determination and independence as possible given their behavioral limitations, as required under 42 C.F.R. § 483.440(a)(1)(i), and to prevent or decelerate regression or loss of current optimal functional status as required under 42 C.F.R. § 483.440(a)(1)(ii). The instrumental ADLs assist in preparation of ultimately returning to a community provider while working diligently with other providers to find alternative placement.</p>	4/17/2024
	<b>D. THE TITLE OF THE PERSON RESPONSIBLE FOR ENSURING THE FACILITY REMAINS IN COMPLIANCE WITH THE CITED DEFICIENCY: (Do not put the staff names).</b>	
	The ICF Facility Administrator will be the responsible position for monitoring to ensure compliance.	4/17/2024
	<b>A. ACTION(S) THAT WILL BE TAKEN TO CORRECT THIS DEFICIENCY - ALONG WITH A DESCRIPTION OF HOW THE ACTION WILL CORRECT OR IMPROVE THE PROCESSES THAT LEAD TO THE CITED DEFICIENCY:</b>	
<b>W 104</b>	<b>B. Facility failed to ensure a clean and well-maintained environment:</b>	
	1. 3071 State (411)	

	<p>a.</p> <p><b>*Bedroom 2 had no window drapery to provide privacy:</b> Home Manager verified window drapery was provided to provide privacy and was completed on 3/5/24.</p> <p><b>* Cluttered Closet:</b> Home Manager verified an email sent to QDDP to reach out to Guardian to remove personal items that are not needed. Asked for Guardian to complete by 3/29/24.</p> <p><b>* White plastic mattress cover:</b> Home Manager verified on 3/19/24 that the mattress cover has been replaced and items under the mattress have been removed.</p> <p><b>* Stack of 3 foam mats:</b> Home Manager verified on 3/19/24 that the 3 foam mats cloth covering was replaced.</p>	4/17/2024
	<p>b. <b>Bathroom between bedrooms 2 and 5 had no paper towels or hand towels:</b> Home Manager verified on 3/19/24 that paper towels were placed in the bathroom and no toothpaste was present in the sinks as they were cleaned.</p>	3/19/2024
	<p>c. <b>South living room blue recliner:</b> Home Manager verified an email was sent to the QDDP on 3/12/24 to reach out to the Guardian to either get a new recliner due to fabric on seat and footrest which exposed the foam cushion and wooden arm rests that are worn making them no longer a cleanable surface or a chair cover.</p>	4/17/2024
	<p>d.</p> <p><b>*Bathroom between bedrooms 8 and 11 had no paper towels or hand towels:</b> Home Manager verified on 3/19/24 papertowels were placed in the bathroom.</p> <p><b>*White shower curtain had orange and gray slime matter:</b> Home Manager verified on 3/19/24 the shower curtain was replaced.</p> <p><b>*Bathtub had gray colored stain on base and sides and orange slime substance in the corners:</b> Home Manager verified on 3/19/24 have reached out to Housekeeping for products to get stains out the bathtubs, including the corners.</p>	4/17/2024
	<p>e.</p> <p><b>*Surface of arm rests, head rest and seat of dark brown leather recliner in Bedroom 19 was worn:</b> Home Manager verified an email to QDDP on 3/12/24 to replace the chair.</p> <p><b>* Baseboard underneath the window in Bedroom 19 was missing:</b> Home Manager verified on 3/19/24 the baseboard on the wall has been replaced.</p>	4/17/2024

	<p><b>*Bathroom between bedrooms 28 and 25 had sink not clean with toothpaste residue:</b> Home Manager verified on 3/19/24 the sink has been cleaned and no toothpaste is present.</p> <p><b>*Bathroom between bedrooms 28 and 25 had no papertowels or hand towels:</b> This individual does not share a bathroom with another individual. This individual that utilizes this bathroom has a history of flushing inappropriate items down the toilet, causing substantial property damage; engaging in sensory seeking behaviors that escalate into self-injury; and obsessive-compulsive behaviors &amp; agitation regarding hygiene and clothing.</p> <p><b><i>The individual's safety plan reads that there are bathroom alarms on both doors to alert staff when I enter my bathroom so they can provide visual supervision.</i></b></p> <p><u>Restricted/Limited access to Toilet Paper and Paper Towels:</u>  <u>Up to 15 sheets of Toilet Paper will be provided during elimination.</u>  <i>*If more are needed, staff will provide upon request.</i>  <i>*Staff will ensure that I flush after every second request.</i></p> <p><u>3 Paper Towels will be provided after handwashing.</u>  <i>*If more are needed, staff will provide upon request.</i>  <i>*Staff will ensure I throw paper towels in the proper receptacle that is not in my room/bathroom.</i></p> <p>* Bathtub has chips and cracks on surface, was not clean as base and sides had orange, brown and dark gray streaks: Home Manager verified have reached out to Housekeeping for products to remove stains from bathtub base and sides on 3/19/24. A work order was submitted to the Maintenance Department on 2/27/24 for the chips and cracks to repair or replace the tub.</p> <p>*Sinks had hard water marks (blue/white color), toothpaste streaks and gray debris: Home Manager verified that the sinks have been cleaned and have reached out to Housekeeping for products to remove the hard water stains on 3/19/24.</p>	4/17/2024
	<p>g.</p> <p><b>*Kitchen dish rack:</b> the black dish rack was removed and a new one ordered. Home Manager verified on 3/19/24 the black dish rack was removed and a new one ordered.</p> <p><b>*Interior of microwave had colored splatter marks:</b> Home Manager verified on 3/19/24 that the microwave has been cleaned.</p> <p><b>*Interior of toaster:</b> Home Manager verified on 3/19/24 the toaster has been removed and a new one ordered.</p> <p><b>*Refrigerator drawers:</b> Home Manager verified a work order was submitted on 3/19/24 to obtain and replace the two bottom plastic drawers.</p>	4/17/2024
<b>3070 State (412)</b>		
	<p>a. <b>Bedroom 25 had a strong urine odor and soiled briefs were in a garbage can in the bathroom:</b> Home Manager verified on 3/19/24 the bathroom has been checked and no soiled briefs are in the bathroom trash can.</p>	3/19/2024



	<p><b>b.</b></p> <p><b>*Bathroom between bedrooms 19 and 22 had a shower drain covered in orange slime like substance and slightly rusted:</b> Home Manager verified on 3/19/24 the shower drain was replaced and completed in the bathroom between bedroom 19 and 22.</p> <p><b>* Ceiling above shower had peeling paint:</b> Home Manager verified on 3/19/24 a Maintenance Work Order was sent to repair the peeling paint.</p> <p><b>*Two water sprinklers had missing circular metal casings:</b> Home Manager verified on 3/19/24 that the two water sprinkler heads now have the circular metal casings and do not have exposed pipes or sensors.</p>	4/17/2024
	<p><b>c. Bathroom between bedrooms 28 &amp; 25 and bedrooms 2 &amp; 5 had toilets not clean:</b> Home Manager verified on 3/19/24 that they have reached out to Housekeeping for products to remove the stains from the toilets due to unsuccessful attempts to clean.</p>	4/17/2024
	<b>402 State</b>	
	<p><b>a. Upholstered seats to wooden chairs in kitchen are worn and torn:</b> Home Manager verified on 3/19/24 an In-House Work Order was sent to remove the kitchen chairs and and replace with new chairs ordered from McKesson.</p>	4/17/2024
	<p><b>b. Hood area over stove/oven was open, dark brown and greasy to the touch and Wires hung down from the open hood:</b> Home Manager verified on 3/18/24 an email was sent to the Safety Coordinator to look at and adjust the hanging wires due to relating to the Fire Monitor Prevention System.</p>	3/22/2024
	<p><b>c. Strong odor of mildew detected upon opening door of washing machine:</b> Home Manager verified on 3/19/24 have emailed Housekeeping for any product to remove the odor and mildew from the washer seals.</p>	4/17/2024
	<b>404 State</b>	
	<p><b>a. Resistance mechanism on oven door malfunctioned:</b> Home Manager verified a Maintenance Work order was submitted on 2/28/24 to have the resistance mechanism repaired on the stove. Completed on 3/5/24.</p>	3/5/2024
	<b>408 State</b>	
	<p><b>a. Interior of oven contained black and brown debris:</b> Home Manager verified a Maintenance Work order was submitted on 3/8/24.</p>	4/17/2024
	<p><b>b. Drawer located at base of oven crooked and difficult to open:</b> Home Manager verified a Maintenance Work Order was submitted on 3/8/24 and the drawer now is within the track and easier to open as noted on 3/19/24.</p>	3/19/2024
	<p><b>c. Strong odor of mildew detected upon opening door of washing machine:</b> Home Manager verified on 3/19/24 have emailed Housekeeping for any product to remove the odor and mildew from the washer seals.</p>	4/17/2024
	<b>B. THE PROCEDURE FOR IMPLEMENTING THE CORRECTIVE ACTION(S):</b>	
	<p>Work Orders have been submitted to the Beatrice State Developmental Center (BSDC) Maintenance Department and In-House Work Orders have been submitted to Facility Management to make needed repairs and/or replacements for issues identified during the recent survey at State Building ICF/IID (3104 State - living units 402, 404, 408) and 3070 &amp; 3071 State Avenue to ensure the living units are maintained in a manner that is safe, clean, and functional to receive clients.</p>	4/17/2024

	<b>C. THE MONITORING OR TRACKING PROCEDURE(S) TO ENSURE THE FACILITY IS EFFECTIVE IN CORRECTING THE DEFICIENCY AND TO ENSURE THE FACILITY REMAINS IN COMPLIANCE WITH THIS DEFICIENCY:</b>	
	Through consultation and environmental observations, ICF Management will ensure needed repairs and/or replacements identified are completed and that the living units are maintained in a manner that is safe, clean and functional to receive clients.	4/17/2024
	<b>D. THE TITLE OF THE PERSON RESPONSIBLE FOR ENSURING THE FACILITY REMAINS IN COMPLIANCE WITH THE CITED DEFICIENCY: (Do not put the staff names).</b>	
	The ICF Facility Administrator will be the responsible position for monitoring to ensure compliance.	4/17/2024
<b>W 195</b>	<b>A. ACTION(S) THAT WILL BE TAKEN TO CORRECT THIS DEFICIENCY - ALONG WITH A DESCRIPTION OF HOW THE ACTION WILL CORRECT OR IMPROVE THE PROCESSES THAT LEAD TO THE CITED DEFICIENCY:</b>	
	<i>Based on observations, interviews and record review, the Condition of Participation (CoP) of Active Treatment Services was not met as the facility failed to ensure only clients requiring Active Treatment were admitted to the ICF/IID. Observations, interviews, and record review identified Client 3 and Client 4 were able to function independently, with staff supervision provided due to behaviors and court ordered requirements.</i>	
	<i>Observations revealed Client 3</i> actively and independently participated in their environment and required little to no staff interventions related to daily living and developmental skills. The Developmental Disability Court-Ordered Custody and Treatment Plan (submitted 8/17/23) identified Client 3 was placed on Developmental Disabilities Court-Ordered Custody Act (DDCOCA) due to presenting a likely threat of harm to others, as evidence by their history of sexually inappropriate behavior, aggression and previous elopement attempts. Terms and Conditions to provide custody and treatment in the least restrictive alternative identified BSDC had a placement available in it's Crisis Stabilization Unit and its staff would be trained ensuring staff assigned to Client 3 understood "the severity of the risk (Client 3) posed to the community and the critical need for constant, close supervision." Recommendation for Treatment and Safety in the DDCOCA Treatment Plan mirrored the conditions listed in the Placement Order by the District Court of Lancaster County.	4/17/2024
	The ICF Administrator confirmed Client 3 had many skills but at the time they were to be placed at the facility it was difficult to determine what skills Client 3 had due to their refusal behavior.	4/17/2024

	<p><i>Observations revealed Client 4</i> actively and independently participated in their environment and daily routine requiring little to no staff interventions related to active treatment daily living and developmental skills. Observations revealed that Client 4 had 1:1 supervision 24 hours per day. Review of a letter titled "Developmental Disability Court-Ordered Custody and Treatment Plan" (dated 6/9/23, signed by a Psychologist for DHHS-DD) to the Douglas County Court revealed that Client 4 was under court custody due to arson. The letter identified that based on the continued Mild Intellectual Disability diagnosis that Client 4 continued to be eligible for services through DHHS-DD. Due to concerns about Client 4's mental health instability and medication changes prior to the arson incident, it was recommended that Client 4 receive intensive mental health services and medication evaluation in a state-operated inpatient setting before transitioning to community-based services.</p>	4/17/2024
	<p>The ICF Facility Administrator confirmed Client 4 was admitted to the facility due to a placement order by the District Court of Douglas County due to an incident of arson.</p>	4/17/2024
	<p><b>B. THE PROCEDURE FOR IMPLEMENTING THE CORRECTIVE ACTION(S):</b></p>	
	<p>The DHHS Executive Medical Officer reviews all referrals prior to admission to the Beatrice State Developmental Center. The DHHS Executive Medical Officer will determine if the referrals to BSDC are appropriate for ICF/IID Level of Care.</p>	4/17/2024
	<p>At the time of admission, all referrals to the Beatrice State Developmental Center for services have been determined by clinicians to meet eligibility for DD Services and meet ICF/IID level of care requirements. Upon admission, additional on-site assessments and evaluations are completed to determine an individual's strengths and active treatment needs. All admissions to BSDC are determined by clinicians and DHHS Executive Medical Officer to be in need of active treatment services as required under 42 C.F.R. § 483.440(b).</p>	4/17/2024
	<p>The BSDC Crisis Stabilization and Community Reintegration program was implemented in May 2017 to address a critical gap in serving the adult population participating in the Medicaid Home and Community Based Services for the Developmental Disabilities Waiver programs. Placement is temporary and may last between 30 and 180 days with individualized plans of care but can vary dependent upon the individual being supported. This is a period of intense treatment, stabilization (medical and/or behavioral) and habilitation (skills for preparation to return to the community) with continued transition supports with reintegration into the community. The facility will ensure that active treatment is provided to address deficits identified so that individual maintains and attains needed skills for highest level of independence.</p>	4/17/2024

	<p>The ICF/IID provides active treatment services by focusing on instrumental (Independent) ADLS with primary focus of on-site employment opportunities, managing finances, shopping, and meal preparation, housekeeping and home maintenance, communication with others and managing medications. In addition, patients benefit from active treatment in the areas of self-direction and capacity for independent living, which are areas of major life activity in which Client 3 and 4 have been assessed to have substantial functional limitations as part of the clinical determination that both clients have intellectual disability or a related condition as that term is defined under 42 C.F.R. § 435.1010. Both Client 3 and Client 4 are assessed and require habilitation/active treatment to acquire the skills and behaviors needed to function in society so that Client 3 and Client 4 do not pose threat of harm to themselves or others and are able to cope with their personal needs and demands of their environment. Both client 3 and 4 need and are receiving active treatment to ensure their acquisition of the behaviors necessary for them to function with as much self determination and independence as possible given their behavioral limitations, as required under 42 C.F.R. § 483.440(a)(1)(i), and to prevent or decelerate regression or loss of current optimal functional status as required under 42 C.F.R. § 483.440(a)(1)(ii). The instrumental ADLs assist in preparation of ultimately returning to a community provider while working diligently with other providers to find alternative placement.</p>	<p>4/17/2024</p>
<p><b>C. THE MONITORING OR TRACKING PROCEDURE(S) TO ENSURE THE FACILITY IS EFFECTIVE IN CORRECTING THE DEFICIENCY AND TO ENSURE THE FACILITY REMAINS IN COMPLIANCE WITH THIS DEFICIENCY:</b></p>		
	<p>For Client 3 and Client 4, along with other clients residing in State Building ICF, the facility will review current individuals' deficits that require the structure, support and resources that services of an ICF/IID level of care can provide and ensure those deficits have appropriate habilitation to address.</p>	<p>4/17/2024</p>
<p><b>D. THE TITLE OF THE PERSON RESPONSIBLE FOR ENSURING THE FACILITY REMAINS IN COMPLIANCE WITH THE CITED DEFICIENCY: (Do not put the staff names).</b></p>		
	<p>The ICF Facility Administrator will be the responsible position for monitoring to ensure compliance.</p>	<p>4/17/2024</p>
<p><b>W 197</b></p> <p><b>A. ACTION(S) THAT WILL BE TAKEN TO CORRECT THIS DEFICIENCY - ALONG WITH A DESCRIPTION OF HOW THE ACTION WILL CORRECT OR IMPROVE THE PROCESSES THAT LEAD TO THE CITED DEFICIENCY:</b></p>		
	<p><i>Based on observations, interviews and record reviews, the facility failed to ensure 1 of 3 clients in the sample (Client 3) and 1 client added to the sample (Client 4) had developmental needs/deficits requiring continuous active treatment services.</i></p>	

	<p>The BSDC Crisis Stabilization and Community Reintegration program was implemented in May 2017 to address a critical gap in serving the adult population participating in the Medicaid Home and Community Based Services for the Developmental Disabilities Waiver programs. Placement is temporary and may last between 30 and 180 days with individualized plans of care but can vary dependent upon the individual being supported. This is a period of intense treatment, stabilization (medical and/or behavioral) and habilitation (skills for preparation to return to the community) with continued transition supports with reintegration into the community.</p>	<p>4/17/2024</p>
	<p>The DHHS Executive Medical Officer will review all referrals prior to admission to the Beatrice State Developmental Center (BSDC). The DHHS Executive Medical Officer will determine if the referrals to BSDC are appropriate for ICF/IID Level of Care.</p>	<p>4/17/2024</p>
	<p>At the time of admission, all referrals to the Beatrice State Developmental Center for services have been determined by clinicians to meet eligibility for DD Services and meet ICF/IID level of care requirements. Upon admission, additional on-site assessments and evaluations are completed to determine an individual's strengths and active treatment needs. All admissions to BSDC are determined by clinicians and DHHS Executive Medical Officer to be in need of active treatment services as required under 42 C.F.R. § 483.440(b).</p>	<p>4/17/2024</p>
	<p><b>B. THE PROCEDURE FOR IMPLEMENTING THE CORRECTIVE ACTION(S):</b></p>	
	<p>The BSDC Crisis Stabilization and Community Reintegration program was implemented in May 2017 to address a critical gap in serving the adult population participating in the Medicaid Home and Community Based Services for the Developmental Disabilities Waiver programs. Placement is temporary and may last between 30 and 180 days with individualized plans of care but can vary dependent upon the individual being supported. This is a period of intense treatment, stabilization (medical and/or behavioral) and habilitation (skills for preparation to return to the community) with continued transition supports with reintegration into the community. The facility will ensure that active treatment is provided to address deficits identified so that individual maintains and attains needed skills for highest level of independence.</p>	<p>4/17/2024</p>
	<p><i>Observations revealed Client 3</i> actively and independently participated in their environment and required little to no staff interventions related to daily living and developmental skills. The Developmental Disability Court-Ordered Custody and Treatment Plan (submitted 8/17/23) identified Client 3 was placed on Developmental Disabilities Court-Ordered Custody Act (DDCOCA) due to presenting a likely threat of harm to others, as evidence by their history of sexually inappropriate behavior, aggression and previous elopement attempts. Terms and Conditions to provide custody and treatment in the least restrictive alternative identified BSDC had a placement available in it's Crisis Stabilization Unit and its staff would be trained ensuring staff assigned to Client 3 understood "the severity of the risk (Client 3) posed to the community and the critical need for constant, close supervision." Recommendation for Treatment and Safety in the DDCOCA Treatment Plan mirrored the conditions listed in the Placement Order by the District Court of Lancaster County.</p>	<p>4/17/2024</p>

	The ICF Administrator confirmed Client 3 had many skills but at the time they were to be placed at the facility it was difficult to determine what skills Client 3 had due to their refusal behavior.	4/17/2024
	<p><b>For Client 3</b>, BSDC has properly, and in reliance on clinical evaluation and opinion, determined that this individual meets the requirements for ICF/IID Level of Care. The ICF/IID continues to provide active treatment services by focusing on Instrumental (Independent) ADLs with primary focus on on-site employment opportunities, managing finances, shopping and meal preparation, housekeeping and home maintenance, communication with others and managing medications. In addition, Client 3 benefits from active treatment in areas of self-direction and capacity for independent living which are areas of major life activity in which Client 3 has been assessed to have substantial functional limitations as part of the clinical determination that Client 3 has an intellectual disability or a related condition as that term is defined under 42 C.F.R. § 435.1010. Client 3 was assessed and requires habilitation/active treatment to acquire the skills and behaviors needed to function in society so that Client 3 does not pose threat of harm to himself or others and is able to cope with their personal needs and demands of their environment. Client 3 needs and is receiving active treatment to ensure his acquisition of the behaviors necessary for him to function with as much self determination and independence as possible given his behavioral limitations, as required under 42 C.F.R. § 483.440(a)(1)(i), and to prevent or decelerate regression or loss of current optimal functional status as required under 42 C.F.R. § 483.440(a)(1)(ii). The Instrumental ADLs assist in preparation of ultimately returning to a community provider while working diligently to find alternative placement.</p>	4/17/2024
	<p><i>Observations revealed Client 4</i> actively and independently participated in their environment and daily routine requiring little to no staff interventions related to active treatment daily living and developmental skills. Observations revealed that Client 4 had 1:1 supervision 24 hours per day. Review of a letter titled "Developmental Disability Court-Ordered Custody and Treatment Plan" (dated 6/9/23, signed by a Psychologist for DHHS-DD) to the Douglas County Court revealed that Client 4 was under court custody due to arson. The letter identified that based on the continued Mild Intellectual Disability diagnosis that Client 4 continued to be eligible for services through DHHS-DD. Due to concerns about Client 4's mental health instability and medication changes prior to the arson incident, it was recommended that Client 4 receive intensive mental health services and medication evaluation in a state-operated inpatient setting before transitioning to community-based services.</p>	4/17/2024
	The ICF Facility Administrator confirmed Client 4 was admitted to the facility based on clinicial recommendation to, and a subsequent placement order by the District Court of Douglas County following an incident of arson.	4/17/2024

	<p>For Client 4, BSDC has properly, and in reliance on clinical evaluation and opinion, determined that this individual meets the requirements for ICF/IID Level of Care. The ICF/IID continues to provide active treatment services by focusing on Instrumental (Independent) ADLs with primary focus on on-site employment opportunities, managing finances, shopping and meal preparation, housekeeping and home maintenance, communication with others and managing medications. In addition, Client 3 benefits from active treatment in areas of self-direction and capacity for independent living which are areas of major life activity in which Client 4 has been assessed to have substantial functional limitations as part of the clinical determination that Client 4 has an intellectual disability or a related condition as that term is defined under 42 C.F.R. § 435.1010. Client 4 was assessed and requires habilitation/active treatment to acquire the skills and behaviors needed to function in society so that Client 4 does not pose threat of harm to himself or others and is able to cope with their personal needs and demands of their environment. Client 4 needs and is receiving active treatment to ensure his acquisition of the behaviors necessary for him to function with as much self determination and independence as possible given his behavioral limitations, as required under 42 C.F.R. § 483.440(a)(1)(i), and to prevent or decelerate regression or loss of current optimal functional status as required under 42 C.F.R. § 483.440(a)(1)(ii). The Instrumental ADLs assist in preparation of ultimately returning to a community provider while working diligently to find alternative placement.</p>	4/17/2024
	<p><b>C. THE MONITORING OR TRACKING PROCEDURE(S) TO ENSURE THE FACILITY IS EFFECTIVE IN CORRECTING THE DEFICIENCY AND TO ENSURE THE FACILITY REMAINS IN COMPLIANCE WITH THIS DEFICIENCY:</b></p>	
	<p>For all future admissions to the Beatrice State Developmental Center, the facility will follow the policy "Admissions, Transfers, Discharge and ICF Consolidation" and conduct Pre-Admission evaluations which will include review of current and valid assessments of functional development, behavioral, social, medical, health, nutrition, and background information to determine if the client is eligible for placement at an ICF/IID. The ICF Administrator will discuss with the Facility Administrator the findings of the pre-admission review to ensure the client meets level of care requirements.</p>	4/17/2024
	<p>The DHHS Executive Medical Officer will review all referrals prior to admission to the Beatrice State Developmental Center (BSDC). The DHHS Executive Medical Officer will determine if the referrals to BSDC are appropriate for ICF/IID Level of Care.</p>	4/17/2024
	<p><b>D. THE TITLE OF THE PERSON RESPONSIBLE FOR ENSURING THE FACILITY REMAINS IN COMPLIANCE WITH THE CITED DEFICIENCY: (Do not put the staff names).</b></p>	
	<p>The ICF Facility Administrator will be the responsible position for monitoring to ensure compliance.</p>	4/17/2024
<p><b>W 249</b></p>	<p><b>A. ACTION(S) THAT WILL BE TAKEN TO CORRECT THIS DEFICIENCY - ALONG WITH A DESCRIPTION OF HOW THE ACTION WILL CORRECT OR IMPROVE THE PROCESSES THAT LEAD TO THE CITED DEFICIENCY:</b></p>	

	<i>Based on observation, record review and interviews the facility failed to ensure training programs and protocol strategies for Client 1 were consistently implemented in accordance with the Client's Individual Support Plan (ISP).</i>	
	For Client 1, the ISP identified a dining protocol and strategies to address the client's dysphagia and hyponatremia. The IDT reviewed and approved new dining strategies and diet texture changes as identified on the Dining Card.	4/17/2024
	<b>B. THE PROCEDURE FOR IMPLEMENTING THE CORRECTIVE ACTION(S):</b>	
	Through observations, QIDP confirmed that Client 1 did not have sufficient fluid to last an entire meal and that staff adjusting or providing additional fluids when Client 1 coughed while eating, failed to follow Client 1's ISP and dietary protocol strategies. The IDT met on 3/1/2024 to review the dining protocol and strategies to address the dysphagia and hyponatremia to ensure that Client 1 has adequate fluids available during meals. Client 1's Dining Card was updated to reflect fluids at mealtime. All 400 State Building ICF staff will be in-serviced on the revised dining protocols and strategies.	4/17/2024
	For all other individuals residing within the State Building ICF, all staff will be re-in-serviced on mealtime protocols and strategies as outlined in the Individual Support Plan (ISP).	4/17/2024
	<b>C. THE MONITORING OR TRACKING PROCEDURE(S) TO ENSURE THE FACILITY IS EFFECTIVE IN CORRECTING THE DEFICIENCY AND TO ENSURE THE FACILITY REMAINS IN COMPLIANCE WITH THIS DEFICIENCY:</b>	
	A monitoring system will be developed to ensure implementation of mealtime protocols and strategies to be completed by the Compliance Specialists, QDDPs, Home Managers and DTSSs.	4/17/2024
	<b>D. THE TITLE OF THE PERSON RESPONSIBLE FOR ENSURING THE FACILITY REMAINS IN COMPLIANCE WITH THE CITED DEFICIENCY: (Do not put the staff names).</b>	
	The ICF Facility Administrator will be the responsible position for monitoring to ensure compliance.	4/17/2024
<b>W 473</b>	<b>A. ACTION(S) THAT WILL BE TAKEN TO CORRECT THIS DEFICIENCY - ALONG WITH A DESCRIPTION OF HOW THE ACTION WILL CORRECT OR IMPROVE THE PROCESSES THAT LEAD TO THE CITED DEFICIENCY:</b>	
	<i>Based on observation, interview and record review, the facility failed to ensure that foods provided to 1 of 2 living units (3070 State) by the Social Center delivery were stored and served at the appropriate food safe temperature.</i>	



	During environmental observation on 2/28/24 at 3:13 PM, on 3070 State Avenue, three plastic hot food containers containing peas and carrots, ground steak, and potatoes were in the oven which was not turned on. Home Manager B verified that food prepared in the Carstens Café was delivered between 1:30-2:00 PM every Tuesday, Wednesday and Thursday and that staff and clients delivering the food were responsible for ensuring the oven was turned on to keep foods hot. Home Manager B confirmed the hot food containers had been sitting in a cold oven for an hour and fifteen minutes up to an hour and forty-five minutes. According to Home Manager B, the hot items were not safe to serve clients.	4/17/2024
	<b>B. THE PROCEDURE FOR IMPLEMENTING THE CORRECTIVE ACTION(S):</b>	
	During environmental observation on 2/28/24 at 3:13 PM, on 3070 State Avenue, three plastic hot food containers containing peas and carrots, ground steak, and potatoes were in the oven which was not turned on. Home Manager B verified that food prepared in the Carstens Café was delivered between 1:30-2:00 PM every Tuesday, Wednesday and Thursday and that staff and clients delivering the food were responsible for ensuring the oven was turned on to keep foods hot. Home Manager B confirmed the hot food containers had been sitting in a cold oven for an hour and fifteen minutes up to an hour and forty-five minutes. According to Home Manager B, the hot items were not safe to serve clients.	4/17/2024
	The Active Treatment Program Manager was notified on this date of the oven not being turned on and food containers in the cold oven. All food delivery bags have now been marked to state <b><i>“turn on ovens and set temperature to 170 degrees”</i></b> . An email was sent by Home Manager to all 400 State Building ICF staff encouraging staff and individuals delivering food to the homes to take their time and to turn the oven on to 170 degrees to ensure hot food containers maintain the appropriate temperature.	4/17/2024
	<b>C. THE MONITORING OR TRACKING PROCEDURE(S) TO ENSURE THE FACILITY IS EFFECTIVE IN CORRECTING THE DEFICIENCY AND TO ENSURE THE FACILITY REMAINS IN COMPLIANCE WITH THIS DEFICIENCY:</b>	
	A monitoring system will be developed to ensure that food items delivered to the homes are maintained at the appropriate temperature for consumption by the Active Treatment Program Manager conducting weekly spot checks by assisting with food deliveries.	4/17/2024
	<b>D. THE TITLE OF THE PERSON RESPONSIBLE FOR ENSURING THE FACILITY REMAINS IN COMPLIANCE WITH THE CITED DEFICIENCY: (Do not put the staff names).</b>	
	The ICF Facility Administrator will be the responsible position for monitoring to ensure compliance.	4/17/2024

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>28G107</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>03/04/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>400 STATE BUILDING</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3104, 3070, 3071 STATE AVE BEATRICE, NE 68310</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W 102	<p><b>GOVERNING BODY AND MANAGEMENT</b> CFR(s): 483.410</p> <p>The facility must ensure that specific governing body and management requirements are met.</p> <p>This CONDITION is not met as evidenced by:</p> <p>Based on observations, record reviews, and interviews, the Condition of Participation of Governing Body and Management was not met as the facility's Governing Body failed to exercise general operational direction, over-sight, and management of the facility necessary to ensure compliance with the Condition of Participation of Active Treatment Services. Evidence revealed the facility's ongoing and recurrent non-compliance with the admission of clients that had no active treatment developmental deficits. Refer to W195. This deficient practice affected 2 of 11 clients living at the facility and had the potential to affect clients being admitted to the facility.</p>	W 102			
W 104	<p><b>GOVERNING BODY</b> CFR(s): 483.410(a)(1)</p> <p>The governing body must exercise general policy, budget, and operating direction over the facility. This STANDARD is not met as evidenced by:</p> <p>Based on observation, record review, and interviews the Governing Body failed to provide the necessary oversight and monitoring to</p>	W 104			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  
*Dawn Ulbrschell*

TITLE  
*ICFA*

(X6) DATE  
*03-22-24*

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>28G107</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/04/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>400 STATE BUILDING</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3104, 3070, 3071 STATE AVE BEATRICE, NE 68310</b>	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 104	<p>Continued From page 1</p> <p>ensure: (A) 1 of 3 clients in the sample (Client 3) and one client added to the sample (Client 4) had developmental deficits requiring active treatment and (B) the environment was clean and well-maintained. This failure had the potential to affect all clients living at the facility. The facility census was 11 at the time of the survey.</p> <p>Findings:</p> <p>A) The Governing Body failed to ensure when Client 3 and Client 4 were admitted to the facility that these clients had assessed developmental deficits and needs which required the provision of continuous active treatment services, supports, structure, and resources. Observations, record reviews, and interviews confirmed Client 3 and Client 4 received services to maintain their verified independence and skills. (Refer to W197)</p> <p>B) Review of the document titled "Environment Audit Guide" (no date) provided by the Administrator on 3/4/25 identified that the facility staff were to ensure client bedrooms and bathrooms were kept clean, showers/tubs were to absent of mold and substances, were odor free, mattresses were to be clean and comfortable, storage was to be available and appropriate to store client belongings, furniture used by clients was to be maintained in good condition, soiled linens and client personal items were to be clean, and kitchen appliances and dishes were to be clean and in good condition.</p> <p>Observations and interviews conducted on 2/28/24 starting at 2:00pm with Home Managers A and B revealed the following facility failures to ensure a clean and well-maintained environment.</p>	W 104		

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
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NAME OF PROVIDER OR SUPPLIER  <b>400 STATE BUILDING</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3104, 3070, 3071 STATE AVE BEATRICE, NE 68310</b>		
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W 104	Continued From page 2  1) 3071 (411) a) Bedroom 2 had no window drapery to providing privacy. The closet was cluttered and unorganized as boxes, clear storage tubs, a manual wheelchair, sleeping bag, and other miscellaneous items were stacked on top of each other. A stack of 3 foam fall mats sat on the floor next to the client's bed but was unclean as the cloth covering was stained a gray color, had large water marks (6" by 8"), ripped exposing the foam, and had snags and tears in the cloth fabric which were frayed. The white plastic mattress protector was ripped and shredded. This resulted in the plastic covering hanging down between the bed-frame and mattress which allowed a box of facial tissues and purple nitrile gloves to fall between the mattress and the torn holes.  b) The bathroom between bedrooms 2 and 5 had no paper towels or hand towels for clients to use to after completing hand washing. Both sinks had blue toothpaste streaks and gray debris in the sink bowls.  c) The south living room had a blue recliner which had rip and tears to the fabric on the seat and footrest which exposed the foam cushioning. The finish on the wooden arm rests on both sides were worn to the base making them no longer a cleanable surface.  d) The bathroom between bedrooms 8 and 11 (office) had no paper towels or hand towels for clients to use to after completing hand washing. The white shower curtain had orange and gray slime like matter across the bottom 4 to 5 inches and streaked in the middle. The bathtub had a gray colored stain on the base and sides of the	W 104			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/14/2024  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>28G107</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>03/04/2024</b>
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W 104	<p>Continued From page 3</p> <p>tub and more orange slime substances in the corners.</p> <p>e) The surface of the arm rests, head rest and seat of the dark brown leather recliner located in bedroom 19 was worn through the leather making it a light reddish-tan color and torn in small sections. The base board underneath the window in bedroom 19 was missing and exposed the drywall which was cracked creating a small hole.</p> <p>f) The bathroom between bedrooms 28 and 25 had a sink that was not clean as it had toothpaste residue and gray splatter marks in the sink bowl. There were no paper towels or hand towels for clients to use to after completing hand washing. The bathtub had chips and cracks on the surface. The tub was not clean as the base and sides had orange, brown, and dark gray streaks, and splatter marks. The sinks had hard water marks (blue-white color), blue toothpaste streaks and gray debris in the sink bowls.</p> <p>g) Kitchen. The black dish drying rack had white and orange colored substance in the silverware drain, on the sides, and bottom side of the rack. Client drinking cups were left drying in the unclean dish drain. The interior roof and sides of the microwave had brown, yellow, and rusted colored splatter marks. The interior of the toaster was not clean as brown and black colored food debris was on the bottom tray. The refrigerator was missing a bottom plastic crisper drawer. The second crisper drawer which held cheese slices and cream cheese was cracked and the handle/lip was broken creating a jagged and sharp edge.</p> <p>2) 3070 (412)</p>	W 104			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/14/2024  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>28G107</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>03/04/2024</b>
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W 104	<p>Continued From page 5</p> <p>kitchen was open, dark brown and greasy to the touch. Wires hunger down from the open hood area and were easily accessible.</p> <p>c) A strong odor of mildew was detected upon opening the door to the laundry room. Upon further inspection it was determined the odor was coming from the inside of the washing machine. The seal inside the washer was peppered with gray and back stains and debris. Large amounts of this debris were found between the seal and the washer's drum.</p> <p>4) 404 State</p> <p>a) The resistance mechanism on the oven door malfunctioned, as it fell open when engaged.</p> <p>5) 408 State</p> <p>a) The interior of the oven contained burnt black and brown debris. The interior to the oven door had brown and black stripes and was greasy to the touch.</p> <p>b) The drawer located at the base of the oven was sitting crooked and difficult to open.</p> <p>c) A strong odor of mildew was detected upon opening the door to the washing machine. The seal inside the washer was peppered with gray and back stains and debris. Large amounts of this debris were found between the seal and the washer's drum.</p> <p>Interviews conducted on 3/28/24 during the physical environment tour of 402, 404 and 406 State, from 2:00pm until 4:20 pm, Home Manager A verified the findings listed above. Home Manager A confirmed the condition of the kitchen chairs, the issues with the cleanliness and the</p>	W 104			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/14/2024  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>28G107</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>03/04/2024</b>
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W 104	<p>Continued From page 4</p> <p>a) Bedroom 25 had a strong urine odor. Further observations revealed soiled briefs were left in a garbage can in the bathroom.</p> <p>b) The bathroom between bedrooms 19 and 22 had a shower drain that was cover in an orange slime like substance and slightly rusted. The ceiling above the shower had peeling white paint ranging in sections from 8-inches to 10-inches in length. Two water sprinklers had missing circular metal casing rings which exposed the sprinkler pipes and sensors.</p> <p>c) The bathroom between bedrooms 28 and 25 and bedrooms 2 and 5 had toilets which were not clean, or client move-in ready as the toilet bowls had rings of light and dark brown in color and the water was a brownish yellow color.</p> <p>Interviews conducted on 3/28/24 during the observations in 3071 and 3070 from 2.00pm until 3:20pm, Home Manager B verified the above environmental findings regarding cleanliness and maintenance. According to Home Manager B, the blue recliner and leather chair found in 3071 were owned by clients but were damaged and needed either a furniture cover or to be replaced. Home Manager B reported a work order had been submitted on 2/27/24 for the bathtub located between bedrooms 25 and 28 on the 3071 living unit.</p> <p>3) 402 State</p> <p>a) The upholstered seats to wooden chairs with the dining table located in the kitchen were worn and torn. The legs and backs of these wooden chairs were scuffed and scratched.</p> <p>b) The hood area over the stove/oven in the</p>	W 104			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/14/2024  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>28G107</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>03/04/2024</b>
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W 104	Continued From page 6 condition of the ovens, and odor/cleanliness of the washing machines.	W 104			
W 195	<b>ACTIVE TREATMENT SERVICES</b> CFR(s): 483.440  The facility must ensure that specific active treatment services requirements are met.  This CONDITION is not met as evidenced by:  Based on observations, interviews, and record review, the Condition of Participation (CoP) of Active Treatment Services was not met as the facility failed to ensure only clients requiring Active Treatment were admitted to the ICFIID. Non-compliance of this CoP affected 1 of 3 clients in the sample (Client 3) and 1 client added to the sample (Client 4). This failure had the potential to affect all clients admitted to the facility. The facility census was 11 at the time of the survey.  Findings:  The facility failed to ensure all clients admitted to the facility had developmental needs/deficits requiring continuous active treatment services. Observations, interviews, and record review identified Client 3 and Client 4 were able to function independently, with staff supervision provided due to behaviors and court ordered requirements. Refer to W197.	W 195			



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/14/2024  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>28G107</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/04/2024</b>
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W 195	Continued From page 7	W 195		
W 197	<p><b>ACTIVE TREATMENT</b> CFR(s): 483.440(a)(2)</p> <p>Active treatment does not include services to maintain generally independent clients who are able to function with little supervision or in the absence of a continuous active treatment program. This STANDARD is not met as evidenced by:</p> <p>Based on observations, interviews, and record review, the facility failed to ensure 1 of 3 clients in the sample (Client 3) and 1 client added to the sample (Client 4) had developmental needs/deficits requiring continuous active treatment services. Facility census was 11 at the time of the survey.</p> <p>Findings:</p> <p>A) Client 3</p> <p>1) Observations on 2/26/24 from 5:12pm - 6:20pm, 2/27/24 from 11:33am - 12:05pm, 2/27/24 from 4:30pm - 5:36pm, 7/28/24 from 9:20am -10:30pm and 2/28/24 from 10:55am-11:10am revealed Client 3 actively and independently participated in their environment and required little to no staff interventions related to daily living and developmental skills. These observations revealed the following about Client 3:</p> <p>a) Verbally communicated with direct support staff regarding their wants, needs, and activity</p>	W 197		

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED  
OMB NO. 0938-0391

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W 197	<p>Continued From page 8 schedule.</p> <p>b) Possessed developmental skills of eating/drinking, dressing, personal hygiene, toileting, grooming, and maintaining privacy.</p> <p>c) Used leisure time by watching TV or playing cards (Spades) with staff and peer.</p> <p>d) Independently participated in the "Spades" card game, including bidding, tracking the number of "tricks" taken and anticipated what cards were "still in play".</p> <p>e) Independently retrieved food from the refrigerator, plated it and reheated it in the microwave, prepared (including the use of measuring cups) food items by following the directions on the box, and showed staff how to set the time on the oven, when staff did not know how, and reprogrammed the TV after staff asked for Client 3's assistance.</p> <p>f) Independently operated the TV.</p> <p>g) Was able to read and tell time.</p> <p>h) Vacuumed as part of a paid job activity.</p> <p>i) Verbally communicated effectively with the surveyor when interviewed regarding their treatment and supports provided by the facility, their independent abilities, and plan to move back into the community.</p> <p>j) These same observations further identified the facility provided Client 3 with a supervision level of constant 2 (staff) to 1 (Client #3) visual supervision. Furthermore, the observations revealed Client 3 did not display or engage in elopement behaviors, property damage, and/or verbal and physical aggression toward staff and peers.</p> <p>2) Review of Client 3's record identified that the client (admitted to the facility on 9/11/23 as per the client's ISP page 14, dated 10/10/23) was</p>	W 197			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/14/2024  
FORM APPROVED  
OMB NO. 0938-0391

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W 197	Continued From page 9 independent and/or capable of demonstrating basic developmental and daily living skills, with the facility's training focusing on demonstrating skills already attained and the provision of behavioral supports to address aggressions, compliance, and elopement.  a) Client 3's Individual Support Plan (ISP, dated 10/10/23 and subsequent meeting addendums, psych clinics and quarterlies dated on 10/12/23, 11/9/23, 12/7/23, 1/4/24, 1/9/24, 1/18/24, 2/6/24) identified: (a.1.) Client 3's communication is unimpaired and readily understood. Client 3 may mumble at times, but when asked to repeat themselves is understood. Client 3 could communicate wants and needs and express likes, dislikes, and preferences. (a.2.) Client 3 is independently capable of demonstrating skills in the areas of communication, toileting, personal hygiene, bathing, grooming, dressing, eating/mealtime, basic money skills, number identification, time concepts, writing, reading, clothing care and food preparation. (a.3.) Client 3 is a social person and will independently engage in most social activities. (a.4.) Client 3 is able to independently ambulate with functional mobility. (a.5.) Client 3 has a history of "safety concerns" which were being monitored (physical aggression, verbal aggression, property destruction and elopement), but has not displayed any negative behaviors since being admitted. Additional behaviors which were being tracked included inappropriate social boundaries, illegal activity conversations and stealing. (a.6.) Client 3 currently has limited travel off campus and required 2:1 supervision, with one	W 197			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED  
OMB NO. 0938-0391

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W 197	Continued From page 10 staff being within 6 feet of Client 3. (a.7.) Client 3 has a court order for placement and to comply with the facility. (a.8.) Client 3 is receiving skill training programs to complete task analyses for the maintenance of mastered skills of medication administration, home maintenance, adding/subtracting monetary amounts, kitchen maintenance, clothing care, follow a recipe and to follow a work schedule at day services. (a.9.) Client 3 had one training program, Oral Hygiene which focused on the teaching a skill not already mastered (the importance of proper dental care.) (a.10.) Client 3 has a behavior support plan (BSP) with actions plans/goals to address needs in the areas of pro-social communication, coping skills, verbal or physical aggression, property destruction and elopement. (a.11) Client 3 Utilized psychotropic medications to address difficulties in "managing moods and impulsivity which can lead to inability to manage self and lead to attempts to cause harm to self/others and engage in unsafe behaviors and illegal activity." (a.12.) Client 3 has a safety plan which outlined behavioral concerns of verbal aggression, elopement, physical aggression, property destruction, inappropriate social boundaries, stealing and illegal activity conversation. The plan also outlined a list of "Safety Support Devices" including living on a secure unit with alarms and sensors on doors, rooms and offices. Vehicle safety to include a seat belt guard to prevent unbuckling by Client 3, safety locks on the doors and positioning in the back seat away from the driver, with a second staff next to Client 3. Staff supervision levels for Client 3 included the assignment of two staff to Client 3 at all times,	W 197			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/14/2024  
FORM APPROVED  
OMB NO. 0938-0391

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W 197	<p>Continued From page 11</p> <p>except when in the bathroom or during sleeping hours 10pm - 8am when 15 minutes checks were completed. When Client 3 was in their bedroom staff positioned themselves so as to be in view of the doorway to Client 3's bedroom to ensure Client 3 does not exit the bedroom unsupervised. (a.13.) Client 3 had "Restrictions of Rights due to Safety Concerns" listed in the safety plan. This included:</p> <ul style="list-style-type: none"> <li>- Staff's use of body blocking and position to direct Client 3 to a safe area when behavior interventions were not effective.</li> <li>- Limitation of on campus and off campus travel.</li> <li>- No access to "sharps" such as knives scissors, CDs/DVDs or any item that could be converted to a weapon.</li> <li>- Conduction of "Searches" including area searches of Client 3's bedroom, bathroom and personal items, on-person and pat searches.</li> <li>- Removal of items that could be used as a weapon to harm self or others.</li> <li>- No access to communication devices include, cell phone, Internet/Wi-Fi, social media site, tablets and computers, TVs with Internet access.</li> <li>- Staff supervision to make a land line phone call and limitations to who can be called.</li> <li>- No physical access to money</li> </ul> <p>b) Client 3's updated "BSP Post Admission Report," identified that from 9/11/23 to 10/3/23 Client 3 had no incidents of elopement, physical aggression, or property destruction and 1 incident of verbal aggression. Client 3 was at 100% for the use of pro-social requests and coping skills.</p> <p>c) Client 3's "Independent Living Skills Assessment" (dated 10/5/23) identified the client was capable of independently demonstrating skills in communication, toileting, personal</p>	W 197			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/14/2024  
FORM APPROVED  
OMB NO. 0938-0391

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W 197	<p>Continued From page 12</p> <p>hygiene, hand hygiene, bathing, grooming, dressing, eating/mealtime, money skills, numbers, time concepts, writing, reading, colors, privacy, advocacy, clothing care and food preparation. The assessment revealed Client 3 needed minimal verbal prompts from direct support staff to ensure completion and thoroughness of the skill or task. Client 3 did require staff cues to complete oral hygiene skills.</p> <p>d) Client 3's "Psychological Assessment" (dated 9/11/23) identified the following diagnoses: Attention Deficit Hyperactivity Disorder, Major Neurocognitive Disorder due to TBI (Traumatic Brain Injury) and Mild Intellectual Disability. The assessment further identified Client 3 sustained a skull fracture at age 8 months, graduated from high school via a special education program, had a significant history of law enforcement contact, including theft, shoplifting, terroristic threats, vehicle theft, fleeing from police and drug possession/use.</p> <p>e) Client 3's "Mental Health/Behavior Crisis Intervention Plan" (MHBCIP, dated 9/15/23) defined a plan to address Client 3's "target problem behavior" of verbal aggression, elopement (including the theft of vehicles, high speed police chases and car crashes), physical aggression, property destruction and inappropriate social boundaries (conversations/actions of a intimate or sexual nature due to a history of sexual assault) and stealing. This plan included the use of physical interventions and holds as needed and contacting law enforcement as per a court order.</p> <p>f) Placement Order by the District Court of Lancaster County, Nebraska 9/1/23. The</p>	W 197			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/14/2024  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>28G107</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>03/04/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>400 STATE BUILDING</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3104, 3070, 3071 STATE AVE BEATRICE, NE 68310</b>		
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W 197	Continued From page 13 placement order identified Client 3 was currently in the Lancaster County jail and was to be "placed in the custody" of the Nebraska Department Health and Human Services for treatment pursuant to the Developmental Disabilities Court-Ordered Custody Act. Client 3 was to reside at the Beatrice State Developmental Center (BSDC) with the following conditions: (f.1.) Client 3 will have at least 2:1 sole staffing at all times. (f.2.) When outside of the home, staff are to be within six feet of Client 3 (f.3.) Alarms on all home doors and window to alert staff to elopement attempts. (f.4.) Client 3 is to avoid areas with children, such as public parks. (f.5.) Client 3 is to have no access to fire starting materials. (f.6.) The Facility is to develop a safety plan for elopement and coordinate with the Beatrice Police Department. (f.7.) Client 3 is to take medication as prescribed, with the facility taking step to assure medications are taken timely. (f.8.) Client 3 is to have no access to communication devices, including cell phones, internet, social media, tablets, computers. Supervised land line phone calls to designated parties are allowed. (f.9.) Searches for contraband of Client 3's person, possession and room are allowed. (f.10.) Client 3 is to have no access to physical money. (f.11.) Client 3 is to have limited community integration services including not being allowed to enter indoor shopping center or mall. (f.12.) The facility is to ensure deletion of Client 3's Facebook account and other social medial accounts.	W 197			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/14/2024  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>28G107</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>03/04/2024</b>
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W 197	<p>Continued From page 14</p> <p>(f.13.) Should Client 3 elope, the facility is to notify the Lincoln Police Department and the Beatrice Police Department.</p> <p>g) Developmental Disability Court-Ordered Custody and Treatment Plan (submitted 8/17/23) identified Client 3 was place on Developmental Disabilities Court-Ordered Custody Act (DDCOCA) due to presenting a likely threat of harm to others, as evidence by their history of sexually inappropriate behavior, aggression and previous elopement attempts. Incidents leading to the DDCOCA began on 8/9/21 when Client 3 eloped from their DD placement, resulted in a missing person's report being filed. When Client 3 was found, they went to jail in Lincoln on felony charges including grand theft auto and property damage over \$5000. After being released, Client 3 committed 1st degree sexual assault of a child and theft/unlawful property of \$5000 or more.</p> <p>-Terms and Conditions to provide custody and treatment in the least restrictive alternative identified BSDC had a residential placement available in its Crisis Stabilization Unit and its staff would be trained ensuring staff assigned to Client 3 understood "the severity of the risk [Client 3] posed to the community and the critical need for constant, close supervision".</p> <p>-Recommendations for Treatment and Safety in the DDCOC Treatment Plan mirrored the conditions listed in the Placement Order by the District Court of Lancaster County.</p> <p>3) The following interviews with Client 3 and facility staff confirmed Client 3 was independent and capable of demonstrating daily living and developmental skills resulting in the client not needing the provision of active treatment services at the ICFIID facility.</p>	W 197			



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/14/2024  
FORM APPROVED  
OMB NO. 0938-0391

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W 197	<p>Continued From page 15</p> <p>a) Interview on 2/29/24 at 3:55pm (in the presence of Staff B and Staff Q), Client 3 confirmed they were independent in toileting, eating/drinking, communication, dressing, bathing and grooming. Client 3 reported they did have a program for tooth brushing but that was only because they "had bad teeth." Client 3 reported they could read, write, and tell time. Client 3 also revealed they had graduated from high school and wanted to get out of the facility to take care of their mom, uncle and daughter. Client 3 reported they were at the facility because of a court order as they had stolen cars. Client 3 reported that they were not "learning anything here" and were "just killing time".</p> <p>b) Interview with Staff C on 2/29/24 at 12:30pm confirmed Client 3 was independent in toileting, eating/drinking, communication, bathing, dressing and could read and write. Staff C reported Client 3 was took pride in the way they look and was always neat and clean. According to Staff C, Client 3 could probably take care of themselves if it wasn't for their behaviors (verbal and physical aggression, elopement and car theft.) Staff C stated Client 3 preferred male staff and would at times refuse direction from female staff. Staff C reported they believed that Client 3 had some computer skills as they had at least one social media account. When asked why Client 3 was at the facility, Staff C reported Client 3 was court ordered to be at the facility due to aggression and car theft.</p> <p>c) Interview on 2/29/24 at 2:50pm with Staff D confirmed Client 3 was independent in toileting, eating/drinking, bathing, communication, dressing and grooming. Staff D stated Client 3 did have a</p>	W 197			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/14/2024  
FORM APPROVED  
OMB NO. 0938-0391

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W 197	<p>Continued From page 16</p> <p>program for brushing teeth due to poor dental care. Staff D reported Client 3 could read, write, tell time, and had basic cooking skills. Staff D described Client 3 as a "master manipulator" who had been court ordered to the facility for aggression, stealing cars and a history of involvement with law enforcement. According to Staff D, Client 3 often refused direction from female staff and preferred to work with male staff. According to Staff D, Client 3 learned very quickly and could understand complex activities such as playing the card game "Spades". Staff D reported Client 3 could shuffle and deal the cards, knew how to correctly bid based on the cards in their hand, strategically played in response to other cards played, kept track of the tricks taken by their team and could keep a written running score of the game.</p> <p>d) Interview on 2/29/24 at 2:00pm, Staff B described that Client 3 had their own outdoor frisbee-golf game which the client would independently (weather permitting) set up a course throughout the BSDC campus premises and then independently throw the frisbee discs at the targets and keep score for the client and staff. Staff B reported that Client 3 was capable and independent to cook foods (hamburgers, hot dogs, chicken, etc.) on the outdoor grill.</p> <p>e) Interview on 2/28/24 at 7:25am during observations, Staff J confirmed Client 3 was able to independently communicate, eat, prepare/cook breakfast and lunch meals, dress, shower, personal hygiene tasks, and do laundry. Client 3 required 1:1 staffing 24/7.</p> <p>f) Interview on 2/29/24 at 1:50pm with Client 3's Qualified Intellectual Disabilities Professional</p>	W 197			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/14/2024  
FORM APPROVED  
OMB NO. 0938-0391

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W 197	<p>Continued From page 17</p> <p>(QIDP-B) confirmed Client 3:</p> <p>(1) Was court ordered to the facility by the District Court of Lancaster County (in Lincoln Nebraska) due aggression, theft, property destruction and involvement with law enforcement. All decision related to Client 3's supervision, restrictions and discharge from the facility was controlled by the court.</p> <p>(2) ISP included skill training programs to complete task analyses for medication administration, adding and subtracting monetary amounts, kitchen maintenance after meals, home maintenance tasks, clothing care and storage, following a recipe, and following a daily work schedule. According to QIDP B, Client 3 continued to work on consistently completing those learned skills. Client 3 also had oral hygiene program which focused on learning the steps to thoroughly brush their teeth.</p> <p>(3) Was independent in toileting, eating and drinking, communication, bathing/showering, personal hygiene, dressing and grooming, has basic reading and writing skills and can tell time. QIDP B stated they believed Client 3 had some money skills but could not accurately assess or trained to these skills as Client 3 was to have no physical access to money per the court order.</p> <p>(4) ISP included a BSP which included goals to address the client's pro-social communication, coping skills, verbal and physical aggression, property destruction, and elopement.</p> <p>(5) Client 3 had a significant history with law enforcement and that it was difficult at time to fully assess all Client 3's skills as they would hide their ability to perform/complete skills and tasks. QIDP B further confirmed Client 3 was a significant elopement risk; so much so as to purposefully take non-direct routes when transporting Client 3 from one location to another</p>	W 197			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/14/2024  
FORM APPROVED  
OMB NO. 0938-0391

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W 197	<p>Continued From page 18 in the facility van.</p> <p>g) Interview on 2/29/24 at 4:15pm, the facility Administrator confirmed Client 3 came to the facility by way of a Placement Order by the District Court of Lancaster County. This order placed Client 3, who had been in the county jail, in the custody of the Department of Health and Human Services (DHHS) specifically for placement at the facility. The Administrator confirmed Client 3 had many skills but at the time they were to be placed at the facility it was difficult to determine what skills Client 3 had due to their refusal behavior. According to the Administrator, the facility had been identified by DHHS to be the best placement for Client 3. When asked if Client 3 had developmental deficits that required Active Treatment, the Administrator stated the facility was required to serve Client 3 under the court order.</p> <p>B) Client 4</p> <p>1) Observations on 2/26/24 (from 4:25pm to 6:20pm), 2/27/24 (from 11:20am to 12:15pm, 1:10pm to 1:45pm, and 4:38pm to 5:36pm), 2/28/24 (from 7:25am to 8:38am and 10:55am to 11:28am) revealed Client 4 actively and independently participated in their environment and daily routine requiring little to no staff interventions related to active treatment daily living and developmental skills. Observations further revealed that Client 4 had 1:1 supervision 24-hours per day. These observations identified Client 4 independently:</p> <p>a) Possessed and demonstrated basic developmental skills of eating, drinking, maintain privacy (given their rights restrictions), toileting,</p>	W 197			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/14/2024  
FORM APPROVED  
OMB NO. 0938-0391

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W 197	Continued From page 19 and personal hygiene. b) Demonstrated the ability to dress and complete grooming tasks. Client 4 tied and re-tied their tennis shoes. Client 4 dressed according to weather conditions and vocational tasks by choosing to wear outerwear (windbreaker jacket, coat, and coveralls). Client 4 reported to staff that they wanted to look good for work and their daily tasks. Client 4 reported to the surveyor that their Special Olympics' basketball jersey was clean and hung up for an upcoming game. Client 4 addressed grooming by requesting that staff make an appointment on 2/28/24 for a haircut with the facility's campus beauty shop and then described how the client wanted their hair cut and what hair-clippers to use. c) Demonstrated skills in setting the table, meal preparations, used the microwave, oven, after meal clean-up, and loading/unloading dishwasher. Client 4 prepared their lunch meals and snacks during vocational services. Client 4 verbally described their ability to participate in and complete tasks to making meals collard greens, mashed potatoes, salads, "barbecuing" hamburgers and chicken, and using the microwave to make eggs and sausage for breakfast. d) Verbally communicated clearly with direct support staff regarding their wants and needs and independent abilities. (d.1.) In interviews during these observations, Client 4 conversed about current events, their activity and work schedule, medical appointments, Special Olympic basketball team's game schedule, treatment and supports provided by the facility, and meals. (d.2.) Client 4 communicated past-history placement, community living, jail time, placement at the State's Regional Center, and time in their	W 197		

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/14/2024  
FORM APPROVED  
OMB NO. 0938-0391

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W 197	Continued From page 20 youth when they lived in Mississippi. Client 4 reported city and states where their guardian and other family and friends lived. (d.3.)Client 4 reported their plans for moving into community-based placement in Omaha after discharge from the facility. e) Demonstrated skills oral/dental health care. (e.1.) On 2/28/24 at 8:10am during the medication pass, the medication aide was unable to find the client's prescription toothpaste in the medication cart to which Client 4 described the toothpaste tube in detail, then asked the medication aide if the client could look in the cart, to which Client 4 immediately found their toothpaste tube, showed the staff, and then told staff they'd be right back, left the area to go brush their teeth, and returned the tube of toothpaste after 3 minutes. f) Client 4 took their medication provided by medication aides without incident. Client 4 refused their morning dose of Poly-Glycol because they took a dose at night which "did the job" and gestured to stomach area. The client also refused their foot/toe treatment because their foot was "healed." g) Used leisure time by choosing recreation activities, watching television, conversing with staff and roommate, or played board and cards games. When playing Uno and Spades card games, Client 4 displayed cognitive and physical ability to shuffle, deal the cards to all players, play according to color, number, suit, bid appropriately, play in turn and game sequence, understand game rules, explain said rules to staff, kept score, and maintained appropriate conversations with staff and peers while playing the card games. At 4:00pm each day, Client 4 was provided a fifteen-to-twenty-minute van ride which consisted of driving around in the	W 197			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/14/2024  
FORM APPROVED  
OMB NO. 0938-0391

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W 197	<p>Continued From page 21</p> <p>community or around the campus parking lots.</p> <p>h) Operated personal music devices, the land-line phone, television, and computer (based on rights restrictions).</p> <p>i) Independently used the microwave, stove, and oven, but required staff supervision given the client's history of arson.</p> <p>j) Demonstrated the ability to identify safety signs, rudimentary writing skills, identify numbers, and wore one or two watches to accurately tell time.</p> <p>k) Independently completed vocational clean tasks of wiping down tables and emptied garbage with minimal staff verbal prompts to complete missed steps. Client 4 reported to staff that they liked to make money, therefore the client wanted to do paid jobs on campus. Client 4 described to the surveyor that three times per week they delivered prepared meals from the Carsten's Café to the appropriate living units, turned the oven on to 170 degrees Fahrenheit, and then retrieved the empty containers the next day with minimal staff assistance.</p> <p>l) These same observations further identified the facility provided Client 4 with supervision levels ranging from constant 1:1 visual supervision to time alone in Client 4's bedroom with periodic 15-minutes checks by staff.</p> <p>m) Observations revealed Client 4 did not display or engage in self-injurious behaviors, property damage, elopement, verbal aggression or threats, and physical aggression toward peers, direct support staff, and/or supervisory staff.</p> <p>2) Record review of the following documents identified Client 4 (admitted 7/24/23 as per the client's ISP 8/22/23) was independent, capable of demonstrating basic developmental and daily living skills, and required little to no training</p>	W 197			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/14/2024  
FORM APPROVED  
OMB NO. 0938-0391

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W 197	<p>Continued From page 22</p> <p>programs for basic skill acquisition to address developmental deficits. The facility's provision of active treatment services was focused on interventions for the client's mental health needs, medication compliance, arson attempts, and aggressive behavior.</p> <p>a) Review of a letter titled "Developmental Disability Court-Ordered Custody and Treatment Plan" (dated 6/9/23, signed by a Psychologist for DHHS-DDD) to the Douglas County Court revealed that Client 4 was under court custody due to arson. Client 4 had a history of arson attempts, physical assault, property destruction, sexually inappropriate behaviors, and elopement. Client 4 was diagnosed with Mild Intellectual Disabilities and Schizophrenia (paranoid type). The letter identified that based on the continued Mild Intellectual Disability diagnosis that Client 4 continued to be eligible for services through DHHS-DDD. Due to concerns about Client 4's mental health instability and medication changes prior to the arson incident, it was recommended that Client 4 receive intensive mental health services and medication evaluation in a state-operated inpatient setting before transitioning to community-based services. The letter further revealed that Client 4 was to be admitted to the ICFIID (400 State/BSDC) facility for behavior planning and medication stabilization. According to the letter, the ICFIID's individual support plan for Client 4 would include that the client: (1) utilize the facility's psychiatric services for medication management, (2) adhere to their prescribed medication regimen, (3) be provided 1:1(not shared) full-time supervision 24/7 throughout all residential, vocational, and transportation environments, 1:1 awake overnight staff, and staff needed to be within close</p>	W 197			



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/14/2024  
FORM APPROVED  
OMB NO. 0938-0391

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W 197	<p>Continued From page 23</p> <p>proximity to ensure Client 4's needs were met. Once Client 4's medication regimen and mental health were determined to be stable by the ICFIID facility, DHHS-DDD would seek placement in community-based services.</p> <p>b) Review of a court document titled "In the District Court of Douglas County, Nebraska" (signed by the District Court Judge, dated 6/14/23) identified Client 4 had committed the crime of Arson in the First Degree. On 5/8/23 the court determined that Client 4 met the criteria of Developmental Disabilities Court-Ordered Custody Act (DDCOCA) for which Client 4 was put in the care and custody of DHHS. The Court ordered DHHS to develop an "appropriate treatment plan" for Client 4 utilizing the least restrictive means possible while maintaining public safety. The court order identified that DHHS was to provide evaluations, treatment, and placement for Client 4. The document further identified that the motion and request (identified above) was granted and Client 4's placement be at a state operated facility (400 State/BSDC).</p> <p>c) Review of the document titled "Beatrice State Developmental Center-Psychological Assessment" (dated 8/8/23) identified Client 4's diagnosis to be Schizophrenia (paranoid type), ADHD (predominately inattentive type), PTSD (chronic), Bipolar 1 Disorder, and Mild Intellectual Disabilities.</p> <p>d) Review of the facility assessment titled "Annual Independent Living Skills Assessment Summary" (dated 8/20/23) identified Client 4 was capable and could independently complete in all or most basic active treatment skills of toileting, personal hygiene, hand hygiene, bathing/showering, oral</p>	W 197			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/14/2024  
FORM APPROVED  
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NAME OF PROVIDER OR SUPPLIER  <b>400 STATE BUILDING</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3104, 3070, 3071 STATE AVE BEATRICE, NE 68310</b>		
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W 197	<p>Continued From page 24</p> <p>hygiene, grooming, adaptive equipment, privacy, communication skills, advocacy for self, dressing, clothing care/laundry, household care/chores, money skills/management, numbers, writing, reading, color recognition, eating, mealtime dining and food preparation. The assessment revealed Client 4 was independent in accepting medications independently but needed cues regarding the right time, purpose/reason for the medication, and identification of each medication by name and dosage. The assessment identified Client 4 was independent in social skills but needed cues to ask permission before touching others. Client 4 had moderate knowledge regarding human sexuality but did not have skills regarding going on dates or use of contraception. According to the assessment Client 4 was independent in all areas of community involvement but currently had rights restrictions which limited the client's ability to participate in personal tasks in the community, public events and community functions.</p> <p>e) Review of the facility assessment titled "Evaluation and Management" (dated 7/25/23) identified Client 4 had previously been admitted to the Lincoln Regional Center and the Douglas County Department of Correction. Client 4 was transferred from the Lincoln Regional Center to the BSDC/400 State ICFIID facility to take advantage of the multidisciplinary services, further evaluation of the client's developmental disability related diagnoses, and develop an ISP so that Client 4 could re-enter community-based services. The document identified Client 4 was incarcerated for committing arson and assaultive behaviors resulting in physical holds and seclusion. The document identified Client 4 was diagnosed with mild developmental disabilities,</p>	W 197			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/14/2024  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>28G107</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>03/04/2024</b>
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W 197	<p>Continued From page 25</p> <p>probable tardive dyskinesia, GERD, Type 2 Diabetes, hypothyroidism, history of hypertension, and psychiatric and behavioral needs. According to this assessment Client 4 was admitted to the facility for "further multi-specialty evaluation and development of treatment plan; it will include active treatment to maximize [Client 4] skills and ability and hopefully allow [Client 4] to gain more independent functioning. The requirements of an ICF environment is appropriate for this endeavor."</p> <p>f) Review of Client 4's "Individual Support Plan" (ISP, dated 8/22/23, and subsequent meeting dates 8/31/23, 11/23/23, 12/6/23, 1/4/24 and 2/15/24, and "Psych Clinic" reviews 9/8/23, 10/4/23, 11/1/23, 11/22/23, 12/19/23, 1/6/24, and 2/14/26) identified:</p> <p>(f.1.) Client 4's admission to the ICFIID facility on 7/24/22 as per a "Developmental Disability Court-Ordered Custody Agreement."</p> <p>(f.2.) Client 4's primary diagnosis was mild developmental disability, Schizophrenia paranoid type, ADHD, PTSD, Bipolar I disorder, Diabetes Type 2 (limited sweets and sodas), Hypothyroidism, Hypertension, probable Tardive Dyskinesia, and GERD.</p> <p>(f.3.) Expressive and receptive language skills were adequate to effectively communicate wants, needs, and desires. The speech and language assessment identified no deficits in the client's ability to communicate. The client at times had difficulty distinguishing between what is real and not real which was directly related to the client mental health hallucinations and delusions.</p> <p>(f.4.) Client 4 independently ambulated and was not a fall risk. Client 4 had normal and good range of motion, upper extremity strength, adequate fine motor skills, physically independent</p>	W 197			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/14/2024  
FORM APPROVED  
OMB NO. 0938-0391

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W 197	Continued From page 26 with basic ADLs. Skilled physical and occupational therapy was not recommended. (f.5.) Client 4 wore glasses and there were no concerns with use or condition. (f.6.) Client 4 was independent in "many areas of personal living skills." The client was independent and capable of demonstrating skills in Communication, Toileting, Personal Hygiene, Hand Hygiene, Bathing, Oral Hygiene, Grooming, Dressing, Eating/Mealtime, Dining/Food Preparations, Household and Clothing Care. (f.7.) Client 4 independently demonstrated skills in cognitive areas of reading, writing, color recognition, understanding/managing money. The ISP identified the client had good social skills and competent awareness of human sexuality, privacy, self-advocacy, and community integration. The client wanted to work to make money to be able to afford to purchase items to live independently in the community. (f.8.) Client 4's behavior support plan (BSP) address and reduce verbal aggression/threats, physical aggression, property destruction, arson, elopement, SIB, and suicidal/homicidal threats and increase pro-social replacement behaviors. (f.9.) Client 4 had training programs to address a nighttime incontinence prevention and completing task analysis in order maintain hygiene skills, home maintenance tasks/chores, fitness activities, following a daily work schedule, and maintaining a money ledger. (f.10.) Client 4 had a program to address medication administration as directed by the medical providers. The program integrated the BSP with the use of psychotropic medications to address mental health needs and subsequent behaviors. (f.11.) Client 4 utilized psychotropic medications to address behavioral and mental health needs	W 197			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/14/2024  
FORM APPROVED  
OMB NO. 0938-0391

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W 197	<p>Continued From page 27</p> <p>as "without my psychotropic medications I would not be able to participate in daily activities." The client received Depakote ER, Risperidone, Amantadine, Benztropine, and Clonidine. These psychotropic medications were to address mood stabilization schizophrenia, extrapyramidal disorders, and aggression,</p> <p>g) Review of the document titled "Mental Health/Behavior Crisis Intervention Plan" (MHBCIP, dated 10/6/23) identified a plan to address Client 4's "target problem behaviors" included SIB, physical aggression, verbal aggression, property destruction, elopement, suicidal and homicidal threats, unsafe social behaviors (Arson, jumping from moving vehicles, accepting rides from strangers, or intentionally running into middle of streets). This plan included the use of physical restraint, physical escort from the area to bedroom/safe room and enhanced visual supervision up to and including 2:1 supervision.</p> <p>h) Review of the document titled "Individualized Safety Plan &amp; Other Restrictions of Rights" (dated 1/4/24) identified the individualized supports needed for Client 4 to maintain protections and safety. The safety plan addressed Client 4's targeted behaviors of physical and verbal aggression, self-injurious behaviors (SIB), property destruction, elopement, suicidal/homicidal ideations and threats, arson/fire starting, and unsafe social behaviors (jumping out of vehicles, accepting rides when eloped, etc). Client 4 was diagnosed with Paranoid Schizophrenia, PTSD, ADHD, and bipolar disorder which contributed to the client's identified target behaviors. The safety plan identified the client had a history of using</p>	W 197		

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/14/2024  
FORM APPROVED  
OMB NO. 0938-0391

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W 197	<p>Continued From page 28</p> <p>weapons (rocks, bricks, pool cues, wooden boards, chairs, and box cutters) when aggressive or to cause extreme property damage and used various fire-starting devices. The safety plan outlined the following restrictions were approved by the client's guardian and the interdisciplinary team at the time of admission (7/24/23) and continued throughout the survey:</p> <p>(h.1.) 1:1 supervision 24/7 and enhanced supervision and increased to 2:1 supervision based on the occurrence of targeted behaviors;</p> <p>(h.2.) Increased staff ratios for off campus activities and the client was not permitted to leave Gage County;</p> <p>(h.3.) Use of vehicle safety locks, devices to prevent removal of seat belts during transportation, and seat positioning;</p> <p>(h.4.) Restricted access to sharps (knives, scissor, razors, or any items easily converted to a weapon);</p> <p>(h.5.) On-person and area searches related to weapons and fire starting devices;</p> <p>(h.6.) Limited and supervised access to phone calls, television, and computers;</p> <p>(h.7.) Door alarms (badge entry to the front door and motion sensors);</p> <p>(h.8.) Locked kitchen;</p> <p>(h.9.) Use of Tobacco products;</p> <p>(h.10.) Fire starting materials (lighters, kitchen stove, microwave, toaster, matches, etc.); and</p> <p>(h.11.) Dietary limited sodas.</p> <p>i) Review of the "BSDC Nursing Evaluation" (dated 8/17/23) identified Client 4 was court ordered to BSDC/400 State ICFIID after discharge from the Lincoln Regional Center. The evaluation identified Client 4 had mild intellectual disabilities and a significant psychiatric diagnostic history inclusive of paranoid schizophrenia,</p>	W 197			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/14/2024  
FORM APPROVED  
OMB NO. 0938-0391

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W 197	<p>Continued From page 29</p> <p>ADHD, PTSD, bipolar disorder, tardive dyskinesia, and IED (intermittent explosive disorder). History behaviors included a history of arson, elopement, use of weapons during SIB incidents, verbal aggression, severe physical aggression, suicidal ideations, and property destruction. Client 4 was diagnosed with GERD, constipation, hypertension, diabetes, and hypothyroidism. Nursing documented that the client independently ambulated, verbally communicated, and could communicate pain.</p> <p>3) The following interview with Client 4 and facility staff confirmed Client 4 was independent and capable of demonstrating active treatment daily living and developmental skills resulting in the client not needing or meeting the criteria for the provision of active treatment services at the ICFIID facility.</p> <p>a) During an interview on 2/29/24 at 4:03pm (in the presence of Staff R), Client 4 confirmed they were court ordered to be at the facility because "need help with my anger." Client 4 reported a year ago they "burned down" a house in Omaha, then went to jail, then some other state place, and the courts sent them to the facility in July or August 2023. The client reported they did not want or need to be at the facility. When asked about their skill level, Client 4 confirmed they independently brushed their teeth, toileted, ate food, told staff when they wanted something or needed help, did own laundry. The client reported being able to prepare meals using a stove, microwave or outdoor grill and preparing cereal, eggs, sausage, collard greens, chicken, meatballs, potatoes, salad, hamburgers, and hot dogs. When asked what the client needed to do</p>	W 197			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/14/2024  
FORM APPROVED  
OMB NO. 0938-0391

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W 197	<p>Continued From page 30</p> <p>to move back into the community, Client 4 reported "be good, stay out of trouble, go to work." Client 4 reported they were able to read, write, use the telephone and TV, tell time, and then proceeded to describe they were going to be in a Special Olympics basketball league and the date and time of games.</p> <p>b) Interview on 2/29/24 at 1:10pm, Staff A confirmed Client 4 was independent in toileting, eating, cooking, oral hygiene, personal hygiene, bathing, grooming, dressing, vocational jobs, operation of electronics, laundry, and communicating wants and needs. Staff A verified that medication aides provided Client 4 their medications as the client was not able to follow their medication regimen. Staff A reported Client 4 had 1:1 staffing supervision 24/7.</p> <p>c) Interview on 2/29/24 at 2:00pm, Staff B verified Client 4 had mild developmental disabilities, had 1:1 staffing 24/7 due to verbal and physical aggression, was independent in their daily living skills, and experienced hallucinations which were controlled by medication. Staff B confirmed the client independently communicated their wants and needs. The client was capable and good at playing card and board games. Staff B confirmed the client had a history of arson and that was one of the primary reasons the client was in services at the ICFIID.</p> <p>d) Interview on 2/29/24 at 2:41pm, Staff E verified Client 4 was court ordered to be at the ICFIID facility for their aggressive behaviors, arson, and mental illness. Staff E confirmed Client 4 was independent and could do all of their own personal hygiene, bathing, dressing, and grooming. The client communicated with staff</p>	W 197			



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/14/2024  
FORM APPROVED  
OMB NO. 0938-0391

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W 197	<p>Continued From page 31</p> <p>independently regarding their needs, wants, and if/when had a headache. Staff E verified when working on the 406 living unit they often played card games, watched television, went to shoot basketball, or took the client for van rides. When asked if Client 4 belonged at the facility, Staff E reported the client was court ordered here for their behaviors but did not belong at the facility like some of the other clients who had more needs and programs.</p> <p>e) Interview with Staff C on 2/29/24 at 12:45pm confirmed Client 4 was independent in the areas of toileting, eating/drinking, oral hygiene, bathing, communication, dressing, dressing and personal hygiene. Staff C stated Client 4 usually would complete these skills on their own, rarely needed prompts from staff. Staff C reported Client 4 had basic reading and writing skills and could tell time. Staff C stated that if shown how to do a task, Client 4 was able to then complete it. According to Staff C, Client 4 had 1:1 staffing due to behaviors of aggression, elopement, arson, and the requirements of the court order placing Client 4 at the facility.</p> <p>f) Interview with Staff D on 2/29/24 at 2:45pm confirmed Client 4 was placed at at the facility by way of a court order due to aggression, elopement, arson and mental health issues. Staff D stated Client 4 was independent in communication, eating/drinking, toileting, dressing, bathing and dressing. According to Staff D, Client 4 could read, write, tell time, and had a basic understanding of numbers. Staff D reported Client 4's mental health needs were significant and utilized a number of medications to address those needs. Staff D confirmed that all "sharps" (sharp items) were locked up on Client 4's home</p>	W 197			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED  
OMB NO. 0938-0391

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W 197	<p>Continued From page 32</p> <p>due to Client 4's history of aggression toward others. According to Staff D, Client 4 had 1:1 staffing due to behaviors and mental health needs.</p> <p>g) Interview on 2/28/24 at 7:25am during observations, Staff J confirmed Client 4 was able to independently communicate, eat, prepare/cook breakfast and lunch meals, dress, shower, personal hygiene tasks, and do laundry. Staff J verified Client 4 was on a basketball league and independently played the game with peers without aggression. Staff J confirmed the client was court ordered to the facility due to arson and aggressive behaviors. Staff J reported staff passed clients their medications which the client took without aggression. Client 4 required 1:1 staffing 24/7</p> <p>h) Interview on 2/29/24 at 1:15pm, QIDP-B confirmed Client 4 was independent and capable of completing active treatment basic daily skills of toileting, eating, cooking, cleaning household, oral hygiene, personal hygiene, showering/bathing, grooming, dressing, vocational employment, use/operation of electronics, laundry/clothes care, and communicating wants and needs. The client had an understanding but needed some assistance in money management and medication provision. When asked why Client 4 was admitted to the facility, QIDP-B verified the client's placement was due to a court order after the client was discharged from the state mental health center. According to the court order the facility was to address Client 4's behavioral, mental health, and medication stabilization. QIDP-B confirmed the client had committed arson burning a house and had a history of verbal and physical aggression, SIB, and suicidal threats.</p>	W 197			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED  
OMB NO. 0938-0391

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W 197	Continued From page 33 QIDP-B verified that the facility had identified Client 4 had met the stipulations of the court order and had started to explore community-based placement, but it was up to the courts to determine if the client could leave the facility's ICFIID services. QIDP-B verified that the rights restrictions identified above were in place for the protection of Client 4, peers, staff, and the community given the client's arson, verbal aggression, assaultive behaviors, and property destruction.  i) During an interview on 2/29/24 at 4:15pm, the facility Administrator confirmed Client 4 was admitted to the facility due to a placement order by the District Court of Douglas County due to an incident of arson in which Client 4 burned down a house and for stabilization of the client's mental health needs and medication. When asked why the client was admitted and continued to receive services at the ICFIID when Client 4's record indicated that the client had no developmental deficits, the Administrator nodded "Yes" that they were aware Client 4 had no developmental deficits and that the client was admitted to the facility due to the court order. The Administrator reported that the facility (this week) had started to put referrals for community-based placement for the client.	W 197		
W 249	PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1)  As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active	W 249		

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/14/2024  
FORM APPROVED  
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W 249	<p>Continued From page 34</p> <p>treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>This STANDARD is not met as evidenced by:</p> <p>Based on observation, record review, and interviews the facility failed to ensure training programs and protocol strategies for 1 of 3 clients in the sample (Client 1) were consistently implemented in accordance with the client's Individual Support Plan (ISP). This failure had the potential to affect all clients living at the facility. The facility census was 11 at the time of the survey.</p> <p>Findings:</p> <p>A) Review of Client 1's ISP (dated 8/23/23, Quarterly summary 2/23/24) identified Client 1 had a dining protocol and strategies to address the client's dysphagia and hyponatremia. The IDT reviewed and approved the new dining strategies and diet texture changes as identified on the dining card. These changes included the client receiving 1-tablespoon of food on their plate at a time and getting 15-30ml of fluid after every 1-2 bites of food. The ISP identified that Client 1's diagnosis included dysphagia and hyponatremia. Client 1 was on a 1500ml fluid approved restriction.</p> <p>B) Review of Client 1's "Nursing Care Plan" (dated 8/23/23) identified the client was</p>	W 249			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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W 249	<p>Continued From page 35</p> <p>diagnosed with Dysphagia, GERD, Hyponatremia, and was at high risk for aspiration and choking (coughing).</p> <p>C) Review of Client 1's "Dining Card" (dated 2/14/24) identified the client had a ground diet with food being a moist consistency. Client 1's adaptive eating equipment included a built-up handle youth spoon (teaspoon) and a nosy cup. The eating strategy identified staff were to provide 1 tablespoon of food at a time to the client's plate. Client 1 was to finish the food on the plate and have no food in their mouth before another tablespoon of food was provided. This was to slow down the client's eating speed. The drinking strategy identified staff were to provide the client 15-30 ml at a time in a nosy cup to limit the amount of liquids with each sip due to the client's dysphagia diagnosis. The strategy further identified Client 1 was to be provided a drink (15-30ml) after ever 1 to 2 teaspoon bites of food. Client 1's fluid schedule was 90ml at the breakfast, lunch, and supper meals and 60ml at the morning, afternoon, and evening snacks (450ml daily total).</p> <p>D) Observations conducted on 2/26/24 at 5:10pm revealed Staff G provided Client 1 with 1 tablespoon of a rice and ground meat casserole on the client's plate. Staff G measured the fluids by pouring fluids from a 4-ounce juice cup into a medication cup to measure 15ml then poured the medication cup into the client's nosy cup. Client 1 then used their adaptive teaspoon to eat the casserole dish. After 2 bites Staff G provided 15ml of Almond milk in the client's nosy cup which Client 1 drank. Client 1 returned to taking teaspoon bites of food and coughed (a gurgling and gagging type sound) after the second bite.</p>	W 249			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/14/2024  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>28G107</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>03/04/2024</b>
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W 249	<p>Continued From page 36</p> <p>Staff G again provided Client 1 with 15ml of fluid to drink. Staff G then provided another tablespoon of rice casserole to the client's plate, Client 1 ate two bites of food and coughed one time. Staff G provided another 15ml of fluid which the client drank.</p> <p>Staff G then said to Staff H and Staff I that Client 1's fluids were "not going to last the full meal" because Client 1 had drunk 45ml of fluid after only 6 bites of food. Staff G and Staff I then reviewed Client 1's dining card and verified the client was to get only 90ml of fluid at the meal and agreed the fluids would not last the entirety of the meal as the client had about three-fourths (3/4) of their food yet to eat. Staff G continued three more sessions to provide 15ml. of fluid after Client 1 ate 2 bites of food which completed the 90ml of fluid allotted for the meal. During the three sessions Client 1 coughed twice while eating the rice casserole. Staff H then told Staff G that if Client 1 wanted more liquids staff could not restrict the client's rights. Staff H then retrieved the Almond milk from the refrigerator, refilled the 4-ounce juice glass, and repeated that if Client 1 wanted or needed fluids they could have more. Staff G then continued to give Client 1 15ml. of fluid (Almond milk) at a time, but after every 4 to 7 bites of food or after the client coughed while eating.</p> <p>Interview on 2/26/24 at 5:40pm, Staff G confirmed Client 1 had a 1500ml fluid restriction and at meals was to get 90ml of fluid. Staff G reported Client 1 was to get 15-30ml of fluid after every 1-2 bites, but the drink to bite ratio was not sufficient to ensure the client had enough fluid to last the entire meal. Staff G verified they provided extra fluids during the supper meal as Client 1</p>	W 249			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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W 249	<p>Continued From page 37</p> <p>was coughing and making gag like sounds while eating.</p> <p>E) Observations on 2/27/24 at 11:44am, revealed Staff P provided Client 1 with 1 tablespoon of ground meat sandwich and pea salad onto the client's paper plate. Staff P poured flavored water into a medication cup to measure 15ml then poured the fluid from the medication cup into the client's nosy cup. After 2 bites of food, Staff P prompted Client 1 to take a drink. Client 1 then took 3 more bites of food and Staff P provided the client's second 15ml of fluid. Staff P and Staff J then switched client assignments; Staff J took over Client 1's supervision. Staff J then assisted Client 1 to the restroom. Once back at the dining table, Staff J placed a tablespoon of food onto Client 1's plate, after 3 bites Staff J provided the client with 15ml of fluid. Staff J continued to provide 15ml of fluid after every 2-3 bites for two more sessions during which Client 1 occasionally coughed. Observations at 12:10pm revealed that Client 1 still had about half of their meal left in the lunch container and with 15ml fluids left to drink.</p> <p>At 12:20pm, Licensed Practical Nurse (LPN-A) arrived and sat at the dining table with Client 1 and Staff J. When Staff J measured Client 1's final 15ml of fluid, LPN-A told Staff J that Client 1 could have up to 30ml of fluids per session. Staff J replied that Client 1 had already had 75ml of fluid and only had 15ml of their 90ml left. LPN-A then directed Staff J to give the client 30ml of fluid, to which Staff J did. Client 1 then ate 4 bites of food, Staff J provided 15ml of fluid for two more sessions. This resulted in Client 1 having 135ml of fluid for the meal (45ml. over allotted amount). Client 1 then reported to Staff J they were done eating even though they still had food</p>	W 249		

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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W 249	<p>Continued From page 38</p> <p>in their meal container. LPN-A then provided Client 1 their crushed medications mixed with flavored water. Next LPN-A poured about 3 tablespoons (45ml) of the flavored water into the client's nosy cup and gave the cup to Client 1 to drink at one time. Client 1 drank the flavored water. LPN-A then continued to provided Client 1 the flavored water until the client drank 275ml.</p> <p>Interview on 2/27/24 at 12:20pm (during the above observation), Staff J (first shift staff) confirmed that Client 1's fluids schedule was 90ml at breakfast and lunch and 60ml at snack time. Staff J verified the client was to get 15ml at time after every 2 or 3 bites. Staff J confirmed the client's fluid did not last the duration of the meal. Staff J confirmed Client 1 no longer received fluids or medications via g-tube.</p> <p>In an interview on 2/27/24 at 12:34pm, LPN-A confirmed Client 2 had not had their g-tube for 4 or 5 months, but nursing still provided all Client 1's medications crushed and mixed with fluid and provided 275ml. of fluid four times per day after meals. LPN-A verified that during meals the client was to get 15-30ml of fluid after every 2 bites of food. When asked why the client didn't receive enough fluids during the meal to prevent coughing, LPN-A replied that the client was only to receive the 90ml during the meal and then nursing provided 275ml of fluids after the meal as per the client's fluid plan.</p> <p>G) In an interview on 2/29/24 at 11:38am Registered Nurse (RN) A confirmed that nursing provided the client 275ml four times a day at each medication pass (total of 1100ml. of fluid). RN-A verified that this was the plan established when Client 1 had their g-tube but added that Client 1's</p>	W 249			



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CENTERS FOR MEDICARE & MEDICAID SERVICES

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W 249	Continued From page 39  g-tube had been discontinued and not replaced after the client pulled the g-tube out in October 2023. RN-A confirmed Client 1's current fluid intake was still based on the plan when the client had for their g-tube. RN-A was not aware if Client 1 had been assessed by nursing or dietary regarding the change in the clients g-tube status or if a fluid balance assessment had been completed.  H) In an interview on 3/1/24 at 10:46am, Qualified Intellectual Disabilities Professional (QIDP) A confirmed that Client 1's diet card dated 2/14/24 was current as per the client's new orders which were reflected in the 2/23/24 Quarterly ISP meeting. QIDP-A verified that staff were to be providing Client 1 with 15ml of fluid after every 2 bites of food during meals and snacks. During meals Client 1 received 90ml of fluid and at snacks 60ml of fluid. After describing the observations in which Client 1 did not have sufficient fluid to last the entire meal and that staff adjusted or provided additional fluids when Client 1 coughed while eating, QIDP-A confirmed staff failed to follow the clients ISP and dietary protocol strategies by providing additional fluids. QIDP- A confirmed that Client 1 not having enough fluids throughout the meals or snacks was a "huge problem" because that didn't meet the client's dietary risks of coughing and aspirating. QIDP-A then stated that the IDT "set staff up to fail" by not reassessing Client 1's fluid balance and restorative eating after the client's g-tube was discontinued in October 2023.	W 249			
W 473	MEAL SERVICES	W 473			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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W 473	<p>Continued From page 40 CFR(s): 483.480(b)(2)(ii)</p> <p>Food must be served at appropriate temperature. This STANDARD is not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to ensure that foods provided to 1 of 2 living units (3070) by social center meal delivery were stored and served at the appropriate food safe temperature. This had the potential to affect the 7 clients that resided on the 3070 and 3071 living units. The facility census was 11 at the time of the survey.</p> <p>Findings:</p> <p>During environmental observations conducted on 2/28/24 at 3:13pm on the 3070-living unit, three plastic hot food containers containing peas and carrots, ground steak, and potatoes were in the oven. The oven was not on and when touched the containers were slightly warm to cool.</p> <p>In an interview on 2/28/24 at 3:13pm (during the observation), Home Manager-B confirmed the food containers were in the oven which was not turned on. When asked how long the items had been in the oven, Home Manager-B verified that food prepared in the Carsten's Café was delivered between 1:30pm and 2:00pm every Tuesday, Wednesday, and Thursday and that the staff and clients delivering the foods were responsible for ensuring the oven was turned on to keep foods hot. Home Manager-B confirmed the hot food containers had been sitting in a cold oven for an hour and fifteen minutes up to an hour and forty-five minutes. According to Home Manger-B the hot food items were not safe to</p>	W 473			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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W 473	<p>Continued From page 41 serve clients.</p> <p>In an interview on 2/29/24 at 4:03pm, Client 4 confirmed they worked on the meal delivery jobs. According to Client 4, the client and staff picked the food up in hot carts, then delivered each home their food containers, put the containers in the oven and turned the oven on to 170 degrees Fahrenheit. Client 4 did not know who delivered the foods to the 3070-living unit on 2/28/24.</p> <p>Review of facility policy titled, "Standard Work Instruction-Infection Control Measures for Food Preparation" (dated 3/17/23) identified that the facility would cook and store foods at proper temperatures and that hot foods should reach at least 165 degrees Fahrenheit.</p> <p>Review of the facility menu title "Fall/Winter Week 2, Home 3070 State" identified the supper meal "Provided by Carsten's Café: Salisbury steak, roasted potatoes, peas &amp; carrots."</p>	W 473			

Nebraska DHHS Licensure Unit

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>ICFDD07</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>03/04/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>400 STATE BUILDING</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3104, 3070, 3071 STATE AVE BEATRICE, NE 68310</b>
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E 000	<p>Title 175, Chapter 17</p> <p>Representatives of the DHHS, Division of Public Health completed a Licensure Survey on 3/4/24 to determine compliance with the Title 175 NAC Chapter 17, Regulations Governing Licensure of Intermediate Care Facilities for Individuals with Intellectual Disabilities. The facility was found to be in compliance with these regulations. The facility census was 11 at the time of the survey.</p>	E 000		

Licensure Unit

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

TITLE

(X6) DATE

*Daum Ullrich*

*ICFA*

*03-22-24*

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/13/2024  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  28G107	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  03/04/2024
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E 000	Initial Comments  Representatives of the DHHS, Division of Public Health on 3/4/24 completed a Recertification Survey which included a review to determine compliance with the Appendix Z, Emergency Preparedness Regulation requirements pertaining to Intermediate Care Facilities for individuals with Intellectual Disabilities (ICFID). The facility was found to be in compliance with the Appendix Z regulatory standards. The facility census was 11 at the time of the Survey.	E 000			

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

TITLE

(X6) DATE

*Dawn Ultraschek*

ICFA

03-22-24

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

# NEBRASKA

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DEPT. OF HEALTH AND HUMAN SERVICES



Jim Pillen, Governor

March 14, 2024

Dawn Urbaschek  
400 State Building  
3104, 3070, 3071 State Ave  
Beatrice, NE 68310

Dear Ms. Urbaschek:

On February 26, 2024–March 4, 2024, DHHS representatives conducted surveys to determine whether your facility was in compliance with Federal Condition of Participation requirements, State Licensure regulations, and Life Safety Code Requirements for Intermediate Care Facilities for Individuals with Intellectual Disabilities. Enclosed you will find the CMS-2567's documenting the results of that survey. All references to regulatory requirements contained in this letter are found in Title 42, Code of Federal Regulations and 175 NAC Chapter 17 Regulations Governing Licensure of Intermediate Care Facilities for Individuals with Intellectual Disabilities.

### **PLAN OF CORRECTION (POC)**

A POC for each deficiency cited must be submitted to [DHHS.DDBHFacilities@nebraska.gov](mailto:DHHS.DDBHFacilities@nebraska.gov) **NO LATER THAN 10 calendar days after receipt of the CMS-2567's**. Failure to submit an acceptable POC timely may result in the imposition of Disciplinary Action.

### **An acceptable POC must include:**

- The plan of correcting the specific deficiency. The plan should address the processes that lead to the deficiencies cited;
- The procedure for implementing the acceptable plan of correction for the specific deficiency cited;
- The monitoring procedure to ensure that the plan of correction is effective and that specific deficiency cited remains corrected and/or in compliance with the regulatory requirements;
- The title of the person responsible for implementing the acceptable plan of correction;
- **PROVIDE THE DATE WHEN CORRECTION ACTION WILL BE COMPLETED.** Correction

Page 2 of 2;

dates should be no later than forty-five calendar days from the exit date of the survey or **April 18, 2024**.

**NOTE:** Remember to attach copies of any auditing tools; education; revised or new policies/processes.

**SIGNATURE ON FIRST PAGE OF THE 2567's:** The first page must be signed by the provider/supplier representative and faxed to 402-742-2326.

We will notify you whether your plan of correction is or is not acceptable via email. Subsequently, if your plan of correction is **not accepted**, you must submit an addendum to your plan of correction within ten (10) calendar days of the notification.

We thank you and your staff for your cooperation and assistance during the survey. If you have any questions regarding this correspondence, please contact this office.

Sincerely,

A handwritten signature in black ink that reads "Mark Luger". The signature is written in a cursive style with a large, stylized initial "M".

Mark Luger - Program Manager II  
DHHS Public Health - Licensure Unit  
Office of DD and Behavioral Health  
PO Box 94669, Lincoln, NE 68509-4669  
Email: [mark.luger@nebraska.gov](mailto:mark.luger@nebraska.gov)

EID: 2QVO21

ML/fe

# NEBRASKA

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DEPT. OF HEALTH AND HUMAN SERVICES



Jim Pillen, Governor

March 14, 2024

Dawn Urbaschek, Administrator  
400 State Building  
3104, 3070, 3071 State Avenue  
Beatrice, NE 68310

Dear Ms. Urbaschek:

On February 26 – March 4, 2024, Representatives of the Department conducted a survey to determine whether your facility, 400 State Building, was in compliance with Federal Condition of Participation requirements, State Licensure regulations, and Emergency Preparedness regulations for ICF/IID. Your facility was found to be out of compliance with the following Medicare Conditions of Participation. Enclosed you will find the CMS-2567 documenting the results of that survey.

- **CFR 483.440 – Condition of Participation: Active Treatment Services**
- **CFR 483.410 – Condition of Participation: Governing Body and Management**

Unless compliance with these conditions is achieved by **April 28, 2024**, we will recommend to the Centers for Medicare and Medicaid Services (CMS) Regional Office that your Medicare participation be terminated. The termination process provides an opportunity to make corrections and when compliance is achieved, you should notify this office immediately with a statement or documentation that indicates corrective action has been accomplished and the problems have been resolved.

A revisit will be conducted within **45** calendar days of the survey if a credible allegation of compliance is received. If compliance has not been achieved at the revisit, the CMS Regional Office will inform you of the termination of Medicare participation and of your appeal rights.

The following options are available to you when responding to the deficiencies:

- Accept deficiencies stated on CMS-2567 and submit an acceptable plan of correction;
- Record objections to the cited deficiencies and submit an acceptable plan of correction; or
- Record objections to the cited deficiencies on the CMS-2567, do not submit a plan of correction, and provide convincing arguments and documented evidence that the deficiencies are invalid. If this action is taken and the deficiencies are found to be valid, termination of the agency provider agreement could result due to failure to submit an acceptable plan of correction.

To be acceptable, the plan of correction must include:

- A step-by-step description of the methods used to correct each deficiency cited;
- Information which assures the intent of the regulation, as evidenced by the examples, is corrected;

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Page 2 of 2:

- How the facility will identify other individuals who have the potential to be affected by the same deficiency, and how the facility will act to protect individuals in similar situations;
- What measures will be put into place or systemic changes made to ensure that the deficiency will not recur;
- The person, by position, not name, responsible for monitoring the correction of the deficiency to prevent recurrence;
- A realistic date by which each deficiency will be corrected;
- A copy of the first page of the CMS 2567 signed and dated by the Administrator.

Please submit your plan of correction to this office by **March 24, 2024**.

If your plan of correction is acceptable, we will notify you and will conduct a revisit to determine if compliance with the Conditions of Participation has been achieved.

We thank you and your staff for your cooperation and assistance at the time of the survey. If you have any questions regarding this correspondence, please contact this office.

Sincerely,



Mark Luger – Program Manager II  
DHHS Public Health – Licensure Unit  
Office of DD and Behavioral Health  
PO Box 94669, Lincoln, NE 68509-4669  
[Email: mark.luger@nebraska.gov](mailto:mark.luger@nebraska.gov)

EID: 2QVO11



## **Fralin, Russell**

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**From:** DHHS DDBH Facilities  
**Sent:** Tuesday, April 9, 2024 8:32 AM  
**To:** Urbaschek, Dawn  
**Cc:** Luger, Mark; Fralin, Russell  
**Subject:** Acceptable Plan of Correction: 400 State Building, exit 3-4-2024 (2QVO11)

**Importance:** High

Good morning :

RE: 400 STATE BUILDING 3104, 3070, 3071 STATE AVE BEATRICE, NE 68310-ICFDD07

This correspondence is to acknowledge receipt of the acceptable plan of correction the recertification survey ending March 4, 2024, conducted by DHHS representatives.

A revisit inspection may be conducted to verify correction and determine compliance with the regulations. If you have any further questions, please feel free to contact Mark Luger DDBH Program Manger II at [mark.luger@nebraska.gov](mailto:mark.luger@nebraska.gov)

Sincerely,

**Fe Esquivel-Olivares** | *Administrative Specialist*

PUBLIC HEALTH

**Nebraska Department of Health and Human Services**

OFFICE: 402-471-9607

**[DHHS.ne.gov](https://dohhs.ne.gov) | [Facebook](#) | [Twitter](#) | [LinkedIn](#)**



April 1, 2024

Ms. Dawn Urbaschek, Administrator,  
400 State Building  
3104, 3070, 3071 State Ave  
Beatrice, NE 68310

Dear Ms. Urbaschek:

The Department of Health and Human Services, Division of Public Health, has completed a review of your Plan of Correction (POC) dated March 22, 2024, as it applied to the Recertification Survey on March 4, 2024, conducted at your facility. The POC submitted by your facility **has not been** accepted and was rejected for the following reasons:

1. W 102 B: THE PROCEDURE FOR IMPLEMENTING THE CORRECTIVE ACTION(S):
  - Individuals admitted to the facility should be assessed prior to coming to the facility to determine if they need and would benefit from active treatment. An individual being admitted to the facility needs to be appropriate for services whether or not a court order is in place.
  - Clients 3 and 4 were not in need of active treatment at the time of admission based on the initial assessments, and neither client was receiving active treatment at the time of the survey. Please address what the facility has specifically done to correct the deficient practice as it relates to Clients 3 and 4.
2. W 102 C: THE MONITORING OR TRACKING PROCEDURE TO ENSURE THE FACILITY IS EFFECTIVE IN CORRECTING THE DEFICIENCY AND TO ENSURE THE FACILITY REMAINS IN COMPLIANCE WITH THIS DEFICIENCY:
  - The POC does not address the monitoring or tracking procedures addressing changes made that all clients meet the criteria of active treatment and are receiving active treatment.
  - The information provided is disputing the reasons why Clients 3 and 4 should be at the facility but needs to address the monitoring or tracking procedures related to the correction of the deficient practice.
3. W 104 B: THE PROCEDURE FOR IMPLEMENTING THE CORRECTIVE ACTIONS(S):
  - Individuals admitted to the facility should be assessed prior to coming to the facility to determine if they need and would benefit from active treatment. An individual being admitted to the facility needs to be appropriate for services whether or not a court order is in place.
4. W 104 C: THE MONITORING OR TRACKING PROCEDURE TO ENSURE THE FACILITY IS EFFECTIVE IN CORRECTING THE DEFICIENCY AND TO ENSURE THE FACILITY REMAINS IN COMPLIANCE WITH THIS DEFICIENCY:

- The POC does not address the monitoring or tracking procedures addressing changes made that all clients meet the criteria of active treatment and are receiving active treatment.
  - The information provided is disputing the reasons why Clients 3 and 4 should be at the facility but needs to address the monitoring or tracking procedures related to the correction of the deficient practice.
5. W 104: The POC related to the environmental concerns is acceptable.
6. W 195 B: THE PROCEDURE FOR IMPLEMENTING THE CORRECTIVE ACTION(S):
- The deficient practice related to this regulation cited that Clients 3 and 4 were not receiving active treatment and did not meet the need for Intermediate Care Facility (ICF) services related to active treatment as the clients functioned independently with staff supervision. Since Clients 3 and 4 did not meet the need for active treatment, the clients are not appropriate for placement in the ICF. The POC needs to address this placement concern related to Clients 3 and 4. Please address what the facility has specifically done to correct the deficient practice as it relates to Clients 3 and 4. The rest of the POC for this section is acceptable.
7. W 195 C: THE MONITORING OR TRACKING PROCEDURE TO ENSURE THE FACILITY IS EFFECTIVE IN CORRECTING THE DEFICIENCY AND TO ENSURE THE FACILITY REMAINS IN COMPLIANCE WITH THIS DEFICIENCY:
- The POC also needs to address how the facility is going to ensure monitoring and tracking of all clients being admitted to the facility are in need of active treatment.
8. W 197 B: THE PROCEDURE FOR IMPLEMENTING THE CORRECTIVE ACTION(S):
- The deficient practice related to this regulation cited that Client 3 was not receiving active treatment and did not meet the need for ICF services related to active treatment as the client functioned independently with staff supervision. Since Client 3 did not meet the need for active treatment, the client is not appropriate for placement in the ICF. The POC needs to address this placement concern related to Client 3. Please address what the facility has specifically done to correct the deficient practice as it relates to Client 3.
  - The deficient practice related to this regulation cited that Client 4 was not receiving active treatment and did not meet the need for ICF services related to active treatment as the client functioned independently with staff supervision. Since Client 4 did not meet the need for active treatment, the client is not appropriate for placement in the ICF. The POC needs to address this placement concern related to Client 4. Please address what the facility has specifically done to correct the deficient practice as it relates to Client 4.

It is your responsibility to ensure you have the resources with the sufficient knowledge to correct and maintain compliance with the regulations. An acceptable POC is a requirement for your facility to maintain certification. You will need to have an acceptable POC submitted to this office **within 5 days of receipt of this notification**. To be acceptable, your POC must address the above identified issues and include:

1. Action(s) that will be taken to correct the deficiency for individuals identified to have been affected and/or other individuals that have the potential to be affected by the deficient practice;

2. The procedure for implementing the corrective action(s) put into place or systemic changes made to ensure the deficient practice will not reoccur for individuals identified and others potentially affected;
3. How the facility will monitor its corrective actions/performance to ensure that the deficient practice is being corrected and will not recur, (i.e. what will be put into place to monitor the continued effectiveness of the systemic change to ensure that solutions are permanent);
4. Identify person(s) by position, not individual name, who will be responsible for monitoring and ensuring that compliance is achieved and continues;
5. A realistic date by which each deficiency will be corrected.

Please email your revised POC to the department at [DHHS.DDBHFacilities@Nebraska.gov](mailto:DHHS.DDBHFacilities@Nebraska.gov)

Thank you for your prompt assistance in this matter.  
Sincerely,



Mark Luger - Program Manager II  
DHHS Public Health - Licensure Unit  
Office of DD and Behavioral Health  
PO Box 94986, Lincoln, NE 68509-4986  
Email: [mark.luger@nebraska.gov](mailto:mark.luger@nebraska.gov)

EVID: P1VF12  
ML/js

# NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES



Jim Pillen, Governor

April 22, 2024

Mark Luger  
Public Health/Health Licensure & Investigations-Licensure  
Behavioral Health & DD Facilities & Services  
Nebraska State Office Building -1<sup>st</sup> Floor  
P.O. Box 94986  
301 Centennial Mall  
Lincoln, NE 68509-4986

Dear Mr. Luger:

At this time, the BSDC Facility Administrator, BSDC ICF Area Administrator, BSDC Quality Control Supervisor, DHHS Attorney, Administrators of Community Based Services, Service Coordination and Clinical Administrator are meeting weekly to discuss; working on creation of a plan to present to the court for the discharge of Client 3 from the 400 State Building ICF at the Beatrice State Developmental Center.

The Beatrice State Developmental Center ICF Management is meeting weekly to monitor and track the progress while actively working toward determining alternative placement that will best fit the needs and requirements for Client 3's discharge from the 400 State Building ICF.

The date in which we can change placement of Client 3 is subject to the court order. While working diligently to find alternative placement for Client 3, ultimately discharge from BSDC is subject to the court's approval. Discharging Client 3 anywhere else at this time without the court's approval will subject DHHS-BSDC to contempt of court proceedings, as well as potential civil liability in regard to Client 3's health and safety.

In reference to the Beatrice State Developmental Center – 400 State Building ICF revised plan of correction submitted on 4/5/2024 and the acceptance received on 4/9/2024 from your office, we are respectively requesting for an extension for the discharge of Client 3 from the previous date of May 3, 2024 to July 3, 2024.

*Dawn Urbaschek*

Dawn Urbaschek, ICF Administrator  
Beatrice State Developmental Center  
3000 Lincoln Blvd.  
Beatrice, NE 68310

## PLAN OF CORRECTION

Provider/Supplier  
Name: →

400 STATE BUILDING

Survey Date ↓

STREET ADDRESS,  
CITY, ZIP: →

3104, 3070, 3071 STATE AVE BEATRICE, NE 68310

3/4/2024

SURVEY EVENT ID#

2QVO11

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 28-

ICFDD07

### PROVIDER'S PLAN OF CORRECTION

(EACH CORRECTIVE ACTION SHOULD BE CROSS-  
REFERENCED TO THE APPROPRIATE DEFICIENCY)

COMPLETION  
DATE

CITED TAG #

CITED TAG #	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETION DATE
	<b>A. ACTION(S) THAT WILL BE TAKEN TO CORRECT THIS DEFICIENCY - ALONG WITH A DESCRIPTION OF HOW THE ACTION WILL CORRECT OR IMPROVE THE PROCESSES THAT LEAD TO THE CITED DEFICIENCY:</b>	
<b>W 102</b>	<i>Based on observations, record reviews and interviews, the facility's Governing Body failed to exercise general operational direction, over-sight, and management of the facility to ensure compliance with the Condition of Participation of Active Treatment Services.</i>	
	All admissions to the Beatrice State Developmental Center (BSDC) follow the facility's policy "Admissions, Transfers, Discharge and ICF Consolidation" and conduct Pre-Admission evaluations which include review of current and valid assessments of functional development, behavioral, social, medical, health, nutrition, and background information to determine if the client is eligible for placement at an ICF/IID.	4/17/2024
	The DHHS Executive Medical Officer reviews all referrals prior to admission to the Beatrice State Developmental Center. The DHHS Executive Medical Officer will determine if the referrals to BSDC are appropriate for ICF/IID Level of Care.	4/17/2024
	At the time of admission, all referrals to the Beatrice State Developmental Center for services have been determined by clinicians to meet eligibility for DD Services and meet ICF/IID level of care requirements. Upon admission, additional on-site assessments and evaluations are completed to determine an individual's strengths and active treatment needs. All admissions to BSDC are determined by clinicians and DHHS Executive Medical Officer to be in need of active treatment services as required under 42 C.F.R. § 483.440(b).	4/17/2024



	<p>Beatrice State Developmental Center through collaborative efforts of BSDC leadership and clinical community services, are holding bi-weekly collaborative meetings to discuss both current individuals residing at the State ICF Crisis Stabilization Unit and any potential admissions, if known, to BSDC State ICF. The meetings will include the following members: BSDC Facility Administrator, BSDC Area Administrator, BSDC Quality Control Supervisor, DHHS attorney, and Administrators of community based services with Service Coordination and Clinical Administrator.</p> <p>For current individuals residing at the State ICF, will provide ongoing review of the individuals program plans and current needs to ensure appropriateness for services at the State ICF. Should an individual have changes identified in which they may no longer need or benefit from active treatment, referrals and transition planning to discharge will be started.</p> <p>For potential admissions, the team will review and discuss individuals needs, developmental deficits, if they will benefit from active treatment, and the appropriateness for services at the State ICF.</p> <p>If there is awareness of a potential court order to the State ICF and information is available for review, the team will review and based on information available, the team will provide recommendations of the appropriateness of the admission to the State ICF. If individual is believed to not meet identified needs, information will be shared to the court to not recommend placement at the ICF.</p> <p>This should correct or improve appropriate admissions since there will be additional discussions and reviews of individuals.</p>	4/17/2024
	<b>B. THE PROCEDURE FOR IMPLEMENTING THE CORRECTIVE ACTION(S):</b>	
	The DHHS Executive Medical Officer reviews all referrals prior to admission to the Beatrice State Developmental Center. The DHHS Executive Medical Officer will determine if the referrals to BSDC are appropriate for ICF/IID Level of Care.	4/17/2024
	As stated in the policy: ICFs will admit, transfer and discharge individuals in compliance with applicable Title XIX regulations.	4/17/2024
	<ul style="list-style-type: none"> <li>• <b>Admission:</b> Means an individual has met the criteria for ICF/Developmental Disabilities (DD) level of care and they been accepted into the facility <u>or have been court ordered to the facility</u>.</li> </ul>	4/17/2024
	<ul style="list-style-type: none"> <li>o <u>Individuals admitted to the facility</u> will be assessed to determine if they need and benefit from active treatment (developmental deficits).</li> </ul>	4/17/2024

	<p>Beatrice State Developmental Center through collaborative efforts of BSDC leadership and clinical community services, are holding bi-weekly collaborative meetings to discuss both current individuals residing at the State ICF Crisis Stabilization Unit and any potential admissions, if known, to BSDC State ICF. The meetings will include the following members: BSDC Facility Administrator, BSDC Area Administrator, BSDC Quality Control Supervisor, DHHS attorney, and Administrators of community based services with Service Coordination and Clinical Administrator.</p> <p>For current individuals residing at the State ICF, will provide ongoing review of the individuals program plans and current needs to ensure appropriateness for services at the State ICF. Should an individual have changes identified in which they may no longer need or benefit from active treatment, referrals and transition planning to discharge will be started.</p> <p>For potential admissions, the team will review and discuss individuals needs, developmental deficits, if they will benefit from active treatment, and the appropriateness for services at the State ICF.</p> <p>If there is awareness of a potential court order to the State ICF and information is available for review, the team will review and based on information available, the team will provide recommendations of the appropriateness of the admission to the State ICF. If individual is believed to not meet identified needs, information will be shared to the court to not recommend placement at the ICF.</p> <p>This should correct or improve appropriate admissions.</p>	4/17/2024
	<p>Client 4 has been discharged from the State Building ICF at the Beatrice State Developmental Center effective 4/1/2024.</p>	4/1/2024
	<p>ICF Management will meet weekly to monitor and track progress while actively working toward Client 3 being discharged from the State Building ICF at the Beatrice State Developmental Center within 30 days.</p>	5/3/2024
	<p><b>C. THE MONITORING OR TRACKING PROCEDURE(S) TO ENSURE THE FACILITY IS EFFECTIVE IN CORRECTING THE DEFICIENCY AND TO ENSURE THE FACILITY REMAINS IN COMPLIANCE WITH THIS DEFICIENCY:</b></p>	

	<p>The ICF/IID provides active treatment services by focusing on instrumental (Independent) ADLS with primary focus of on-site employment opportunities, managing finances, shopping, and meal preparation, housekeeping and home maintenance, communication with others and managing medications. In addition, patients benefit from active treatment in the areas of self-direction and capacity for independent living, which are areas of major life activity in which Client 3 and 4 have been assessed to have substantial functional limitations as part of the clinical determination that both clients have intellectual disability or a related condition as that term is defined under 42 C.F.R. § 435.1010. Both Client 3 and Client 4 are assessed and require habilitation/active treatment to acquire the skills and behaviors needed to function in society so that Client 3 and Client 4 do not pose threat of harm to themselves or others and are able to cope with their personal needs and demands of their environment. Both client 3 and 4 need and are receiving active treatment to ensure their acquisition of the behaviors necessary for them to function with as much self determination and independence as possible given their behavioral limitations, as required under 42 C.F.R. § 483.440(a)(1)(i), and to prevent or decelerate regression or loss of current optimal functional status as required under 42 C.F.R. § 483.440(a)(1)(ii). The instrumental ADLs assist in preparation of ultimately returning to a community provider while working diligently with other providers to find alternative placement.</p>	<p>4/17/2024</p>
	<p>At the time of admission, all referrals to the Beatrice State Developmental Center for services have been determined by clinicians to meet eligibility for DD services and meet ICF/IID level of care requirements. Upon admission, additional on-site assessments and evaluations are completed to determine an individual's strengths and active treatment needs. All admissions to BSDC are determined by clinicians and DHHS Executive Medical Officer to be in need of active treatment services as required under 42 C.F.R. § 483.440(b).</p>	<p>4/17/2024</p>
	<p>Both Client 3 and Client 4 were assessed and required habilitation/active treatment to acquire the skills and behaviors needed to function in society so that Client 3 and Client 4 do not pose threat of harm to themselves or others and are able to cope with their personal needs and demands of their environment. Both client 3 and 4 need and are receiving active treatment to ensure their acquisition of the behaviors necessary for them to function with as much self-determination and independence as possible given their behavioral limitations, as required under 42 C.F.R. § 483.440(a)(1)(i), and to prevent or decelerate regression or loss of current optimal functional status as required under 42 C.F.R. § 483.440(a)(1)(ii). The instrumental ADLs assist in preparation of ultimately returning to a community provider while working diligently with other providers to find alternative placement.</p>	<p>4/17/2024</p>

	<p>Monitoring and tracking will occur through the following to ensure all clients meet the criteria of active treatment and benefit from active treatment:</p> <ul style="list-style-type: none"> <li>- Bi-Weekly Collaborative Team Meetings will document in <b>meeting minutes</b> that will be saved summary of discussions on individuals, potential admission, status, and steps/actions taking as follows: <ul style="list-style-type: none"> <li>* Current individuals residing at the State ICF, review summary of individuals program plans and current needs to ensure appropriateness for services at the State ICF. Should an individual have changes identified in which they may no longer need or benefit from active treatment, referrals and transition planning to discharge will be started.</li> <li>* For potential admission of an individual, team will review and discuss individuals needs, developmental deficits, if they will benefit from active treatment, and the appropriateness for services at the State ICF.</li> <li>* If there is awareness of a potential court order of an individual to the State ICF and information is available for review, the team will review and based on information available, the team will provide recommendations of the appropriateness of the admission to the State ICF. If individual is believed to not meet identified needs, information will be shared to the court to not recommend placement at the ICF.</li> </ul> </li> <li>- IDT will monitor and track at least quarterly individuals progress towards goals and if they continue to benefit from active treatment.</li> </ul>	4/17/2024
	Client 4 has been discharged from the State Building ICF at the Beatrice State Developmental Center effective 4/1/2024.	4/1/2024
	For Client 3, ICF Administration (Facility Administrator, Area Administrator, and Quality Control Supervisor) will meet weekly to monitor and track progress toward discharging Client 3.	5/3/2024
	<b>D. THE TITLE OF THE PERSON RESPONSIBLE FOR ENSURING THE FACILITY REMAINS IN COMPLIANCE WITH THE CITED DEFICIENCY: (Do not put the staff names).</b>	
	The ICF Facility Administrator will be the responsible position for monitoring to ensure compliance.	4/17/2024
<b>W 104</b>	<b>A. ACTION(S) THAT WILL BE TAKEN TO CORRECT THIS DEFICIENCY - ALONG WITH A DESCRIPTION OF HOW THE ACTION WILL CORRECT OR IMPROVE THE PROCESSES THAT LEAD TO THE CITED DEFICIENCY:</b>	

	<p><b>A. Governing Body failed to ensure when Client 3 and Client 4 were admitted to the facility that these individuals had assessed developmental deficits and needs which required the provision of continuous active treatment services, supports, structure, and resources.</b></p>	
	<p>All admissions to the Beatrice State Developmental Center (BSDC) follow the facility’s policy “Admissions, Transfers, Discharge and ICF Consolidation” and conduct Pre-Admission evaluations which include review of current and valid assessments of functional development, behavioral, social, medical, health, nutrition, and background information to determine if the client is eligible for placement at an ICF/IID.</p>	<p>4/17/2024</p>
	<p>The DHHS Executive Medical Officer reviews all referrals prior to admission to the Beatrice State Developmental Center. The DHHS Executive Medical Officer will determine if the referrals to BSDC are appropriate for ICF/IID Level of Care.</p>	<p>4/17/2024</p>
	<p>Beatrice State Developmental Center through collaborative efforts of BSDC leadership and clinical community services, are holding bi-weekly collaborative meetings to discuss both current individuals residing at the State ICF Crisis Stabilization Unit and any potential admissions, if known, to BSDC State ICF. The meetings will include the following members: BSDC Facility Administrator, BSDC Area Administrator, BSDC Quality Control Supervisor, DHHS attorney, and Administrators of community based services with Service Coordination and Clinical Administrator.</p> <p>For current individuals residing at the State ICF, will provide ongoing review of the individuals program plans and current needs to ensure appropriateness for services at the State ICF. Should an individual have changes identified in which they may no longer need or benefit from active treatment, referrals and transition planning to discharge will be started.</p> <p>For potential admissions, the team will review and discuss individuals needs, developmental deficits, if they will benefit from active treatment, and the appropriateness for services at the State ICF.</p> <p>If there is awareness of a potential court order to the State ICF and information is available for review, the team will review and based on information available, the team will provide recommendations of the appropriateness of the admission to the State ICF. If individual is believed to not meet identified needs, information will be shared to the court to not recommend placement at the ICF.</p> <p>This should correct or improve appropriate admissions since there will be additional discussions and reviews of individuals.</p>	
	<p><b>B. THE PROCEDURE FOR IMPLEMENTING THE CORRECTIVE ACTION(S):</b></p>	
	<p>The DHHS Executive Medical Officer reviews all referrals prior to admission to the Beatrice State Developmental Center. The DHHS Executive Medical Officer will determine if the referrals to BSDC are appropriate for ICF/IID Level of Care.</p>	<p>4/17/2024</p>

	<p>At the time of admission, all referrals to the Beatrice State Developmental Center for services have been determined by clinicians to need and would benefit from active treatment. Upon admission, additional on-site assessments and evaluations are completed to determine an individual's strengths and active treatment needs. All admissions to BSDC are determined by clinicians and DHHS Executive Medical Officer to be in need of active treatment services as required under 42 C.F.R. § 483.440(b).</p>	<p>4/17/2024</p>
	<p>As stated in the policy: ICFs will admit, transfer and discharge individuals in compliance with applicable Title XIX regulations.</p>	<p>4/17/2024</p>
	<ul style="list-style-type: none"> <li>• <b>Admission:</b> Means an individual has met the criteria for ICF/Developmental Disabilities (DD) level of care and they been accepted into the facility <u>or have been court ordered to the facility</u>.</li> </ul>	<p>4/17/2024</p>
	<ul style="list-style-type: none"> <li>○ <u>Individuals who are court ordered to the facility</u> will be assessed to determine if they need and benefit from active treatment (developmental deficits).</li> </ul>	<p>4/17/2024</p>
	<ul style="list-style-type: none"> <li>▪ Should they not have developmental deficits, the facility will document such, and <u>will ensure continuation of Instrumental ADLs to prepare the individual for transition while collaborating with the courts to support the individual to return to a less restrictive environment as soon as possible.</u></li> </ul>	<p>4/17/2024</p>
	<p>For all other clients residing in State Building ICF, the facility will review current individuals' deficits that require the structure, support and resources that services of an ICF/IID level of care can provide and ensure those deficits have appropriate habilitation to address. The facility will ensure that active treatment is provided to address deficits identified so that individual maintains and attains needed skills for highest level of independence.</p>	<p>4/17/2024</p>

	<p>Beatrice State Developmental Center through collaborative efforts of BSDC leadership and clinical community services, are holding bi-weekly collaborative meetings to discuss both current individuals residing at the State ICF Crisis Stabilization Unit and any potential admissions, if known, to BSDC State ICF. The meetings will include the following members: BSDC Facility Administrator, BSDC Area Administrator, BSDC Quality Control Supervisor, DHHS attorney, and Administrators of community based services with Service Coordination and Clinical Administrator.</p> <p>For current individuals residing at the State ICF, will provide ongoing review of the individuals program plans and current needs to ensure appropriateness for services at the State ICF. Should an individual have changes identified in which they may no longer need or benefit from active treatment, referrals and transition planning to discharge will be started.</p> <p>For potential admissions, the team will review and discuss individuals needs, developmental deficits, if they will benefit from active treatment, and the appropriateness for services at the State ICF.</p> <p>If there is awareness of a potential court order to the State ICF and information is available for review, the team will review and based on information available, the team will provide recommendations of the appropriateness of the admission to the State ICF. If individual is believed to not meet identified needs, information will be shared to the court to not recommend placement at the ICF.</p> <p>This should correct or improve appropriate admissions since there will be additional discussions and reviews of individuals.</p>	
	<p>Client 4 has been discharged from the State Building ICF at the Beatrice State Developmental Center effective 4/1/2024.</p>	<p>4/1/2024</p>
	<p>ICF Management will meet weekly to monitor and track progress while actively working toward Client 3 being discharged from the State Building ICF at the Beatrice State Developmental Center within 30 days.</p>	<p>5/3/2024</p>
	<p><b>C. THE MONITORING OR TRACKING PROCEDURE(S) TO ENSURE THE FACILITY IS EFFECTIVE IN CORRECTING THE DEFICIENCY AND TO ENSURE THE FACILITY REMAINS IN COMPLIANCE WITH THIS DEFICIENCY:</b></p>	

	<p>The ICF/IID provides active treatment services by focusing on instrumental (Independent) ADLS with primary focus of on-site employment opportunities, managing finances, shopping, and meal preparation, housekeeping and home maintenance, communication with others and managing medications. In addition, patients benefit from active treatment in the areas of self-direction and capacity for independent living, which are areas of major life activity in which Client 3 and 4 have been assessed to have substantial functional limitations as part of the clinical determination that both clients have intellectual disability or a related condition as that term is defined under 42 C.F.R. § 435.1010. Both Client 3 and Client 4 are assessed and require habilitation/active treatment to acquire the skills and behaviors needed to function in society so that Client 3 and Client 4 do not pose threat of harm to themselves or others and are able to cope with their personal needs and demands of their environment. Both client 3 and 4 need and are receiving active treatment to ensure their acquisition of the behaviors necessary for them to function with as much self determination and independence as possible given their behavioral limitations, as required under 42 C.F.R. § 483.440(a)(1)(i), and to prevent or decelerate regression or loss of current optimal functional status as required under 42 C.F.R. § 483.440(a)(1)(ii). The instrumental ADLs assist in preparation of ultimately returning to a community provider while working diligently with other providers to find alternative placement.</p>	4/17/2024
	<p>At the time of admission, all referrals to the Beatrice State Developmental Center for services have been determined by clinicians to meet eligibility for DD services and meet ICF/IID level of care requirements. Upon admission, additional on-site assessments and evaluations are completed to determine an individual's strengths and active treatment needs. All admissions to BSDC are determined by clinicians and DHHS Executive Medical Officer to be in need of active treatment services as required under 42 C.F.R. § 483.440(b).</p>	4/17/2024
	<p>Both client 3 and 4 need and are receiving active treatment to ensure their acquisition of the behaviors necessary for them to function with as much self-determination and independence as possible given their behavioral limitations, as required under 42 C.F.R. § 483.440(a)(1)(i), and to prevent or decelerate regression or loss of current optimal functional status as required under 42 C.F.R. § 483.440(a)(1)(ii). The instrumental ADLs assist in preparation of ultimately returning to a community provider while working diligently with other providers to find alternative placement.</p>	4/17/2024
	<p>ICF Management will meet weekly to monitor and track progress while actively working toward Client 3 being discharged from the State Building ICF at the Beatrice State Developmental Center within 30 days.</p>	5/3/2024
	<p>Client 4 has been discharged from the Beatrice State Developmental Center effective 4/1/2024.</p>	4/1/2024



	<p>Monitoring and tracking will occur through the following to ensure all clients meet the criteria of active treatment and benefit from active treatment:</p> <ul style="list-style-type: none"> <li>- Bi-Weekly Collaborative Team Meetings will document in <b>meeting minutes</b> that will be saved summary of discussions on individuals, potential admission, status, and steps/actions taking as follows: <ul style="list-style-type: none"> <li>* Current individuals residing at the State ICF, review summary of individuals program plans and current needs to ensure appropriateness for services at the State ICF. Should an individual have changes identified in which they may no longer need or benefit from active treatment, referrals and transition planning to discharge will be started.</li> <li>* For potential admission of an individual, team will review and discuss individuals needs, developmental deficits, if they will benefit from active treatment, and the appropriateness for services at the State ICF.</li> <li>* If there is awareness of a potential court order of an individual to the State ICF and information is available for review, the team will review and based on information available, the team will provide recommendations of the appropriateness of the admission to the State ICF. If individual is believed to not meet identified needs, information will be shared to the court to not recommend placement at the ICF.</li> </ul> </li> <li>- IDT will monitor and track at least quarterly individuals progress towards goals and if they continue to benefit from active treatment.</li> </ul>	4/17/2024
	<p>For Client 3, ICF Administration (Facility Administrator, Area Administrator, and Quality Control Supervisor) will meet weekly to monitor and track progress toward discharging Client 3.</p>	5/3/2024
	<p><b>D. THE TITLE OF THE PERSON RESPONSIBLE FOR ENSURING THE FACILITY REMAINS IN COMPLIANCE WITH THE CITED DEFICIENCY: (Do not put the staff names).</b></p>	
	<p>The ICF Facility Administrator will be the responsible position for monitoring to ensure compliance.</p>	4/17/2024
<p><b>W 104</b></p>	<p><b>A. ACTION(S) THAT WILL BE TAKEN TO CORRECT THIS DEFICIENCY - ALONG WITH A DESCRIPTION OF HOW THE ACTION WILL CORRECT OR IMPROVE THE PROCESSES THAT LEAD TO THE CITED DEFICIENCY:</b></p>	
	<p><b>B. Facility failed to ensure a clean and well-maintained environment:</b></p>	
	<p><b>1. 3071 State (411)</b></p>	

	<p>a.</p> <p><b>*Bedroom 2 had no window drapery to provide privacy:</b> Home Manager verified window drapery was provided to provide privacy and was completed on 3/5/24.</p> <p><b>* Cluttered Closet:</b> Home Manager verified an email sent to QDDP to reach out to Guardian to remove personal items that are not needed. Asked for Guardian to complete by 3/29/24.</p> <p><b>* White plastic mattress cover:</b> Home Manager verified on 3/19/24 that the mattress cover has been replaced and items under the mattress have been removed.</p> <p><b>* Stack of 3 foam mats:</b> Home Manager verified on 3/19/24 that the 3 foam mats cloth covering was replaced.</p>	4/17/2024
	<p>b. <b>Bathroom between bedrooms 2 and 5 had no paper towels or hand towels:</b> Home Manager verified on 3/19/24 that paper towels were placed in the bathroom and no toothpaste was present in the sinks as they were cleaned.</p>	3/19/2024
	<p>c. <b>South living room blue recliner:</b> Home Manager verified an email was sent to the QDDP on 3/12/24 to reach out to the Guardian to either get a new recliner due to fabric on seat and footrest which exposed the foam cushion and wooden arm rests that are worn making them no longer a cleanable surface or a chair cover.</p>	4/17/2024
	<p>d.</p> <p><b>*Bathroom between bedrooms 8 and 11 had no paper towels or hand towels:</b> Home Manager verified on 3/19/24 papertowels were placed in the bathroom.</p> <p><b>*White shower curtain had orange and gray slime matter:</b> Home Manager verified on 3/19/24 the shower curtain was replaced.</p> <p><b>*Bathtub had gray colored stain on base and sides and orange slime substance in the corners:</b> Home Manager verified on 3/19/24 have reached out to Housekeeping for products to get stains out the bathtubs, including the corners.</p>	4/17/2024
	<p>e.</p> <p><b>*Surface of arm rests, head rest and seat of dark brown leather recliner in Bedroom 19 was worn:</b> Home Manager verified an email to QDDP on 3/12/24 to replace the chair.</p> <p><b>* Baseboard underneath the window in Bedroom 19 was missing:</b> Home Manager verified on 3/19/24 the baseboard on the wall has been replaced.</p>	4/17/2024

	<p><b>*Bathroom between bedrooms 28 and 25 had sink not clean with toothpaste residue:</b> Home Manager verified on 3/19/24 the sink has been cleaned and no toothpaste is present.</p> <p><b>*Bathroom between bedrooms 28 and 25 had no papertowels or hand towels:</b> This individual does not share a bathroom with another individual. This individual that utilizes this bathroom has a history of flushing inappropriate items down the toilet, causing substantial property damage; engaging in sensory seeking behaviors that escalate into self-injury; and obsessive-compulsive behaviors &amp; agitation regarding hygiene and clothing.</p> <p><i>The individual's safety plan reads that there are bathroom alarms on both doors to alert staff when I enter my bathroom so they can provide visual supervision.</i></p> <p><u>Restricted/Limited access to Toilet Paper and Paper Towels:</u>  <u>Up to 15 sheets of Toilet Paper will be provided during elimination.</u>  <i>*If more are needed, staff will provide upon request.</i>  <i>*Staff will ensure that I flush after every second request.</i></p> <p><u>3 Paper Towels will be provided after handwashing.</u>  <i>*If more are needed, staff will provide upon request.</i>  <i>*Staff will ensure I throw paper towels in the proper receptacle that is not in my room/bathroom.</i></p> <p>* Bathtub has chips and cracks on surface, was not clean as base and sides hasd orange, brown and dark gray streaks: Home Manager verified have reached out to Housekeeping for products to remove stains from bathtub base and sides on 3/19/24. A work order was submitted to the Maintenance Department on 2/27/24 for the chips and cracks to repair or replace the tub.</p> <p>*Sinks had hard water marks (blue/white color), toothpaste streaks and gray debris: Home Manager verified that the sinks have been cleaned and have reached out to Housekeeping for products to remove the hard water stains on 3/19/24.</p>	4/17/2024
	<p>g.</p> <p><b>*Kitchen dish rack:</b> the black dish rack was removed and a new one ordered. Home Manager verified on 3/19/24 the black dish rack was removed and a new one ordered.</p> <p><b>*Interior of microwave had colored splatter marks:</b> Home Manager verified on 3/19/24 that the microwave has been cleaned.</p> <p><b>*Interior of toaster:</b> Home Manager verified on 3/19/24 the toaster has been removed and a new one ordered.</p> <p><b>*Refrigerator drawers:</b> Home Manager verified a work order was submitted on 3/19/24 to obtain and replace the two bottom plastic drawers.</p>	4/17/2024
<b>3070 State (412)</b>		
	<p>a. <b>Bedroom 25 had a strong urine odor and soiled briefs were in a garbage can in the bathroom:</b> Home Manager verified on 3/19/24 the bathroom has been checked and no soiled briefs are in the bathroom trash can.</p>	3/19/2024

	<p><b>b.</b></p> <p><b>*Bathroom between bedrooms 19 and 22 had a shower drain covered in orange slime like substance and slightly rusted:</b> Home Manager verified on 3/19/24 the shower drain was replaced and completed in the bathroom between bedroom 19 and 22.</p> <p><b>* Ceiling above shower had peeling paint:</b> Home Manager verified on 3/19/24 a Maintenance Work Order was sent to repair the peeling paint.</p> <p><b>*Two water sprinklers had missing circular metal casings:</b> Home Manager verified on 3/19/24 that the two water sprinkler heads now have the circular metal casings and do not have exposed pipes or sensors.</p>	4/17/2024
	<p><b>c. Bathroom between bedrooms 28 &amp; 25 and bedrooms 2 &amp; 5 had toilets not clean:</b> Home Manager verified on 3/19/24 that they have reached out to Housekeeping for products to remove the stains from the toilets due to unsuccessful attempts to clean.</p>	4/17/2024
	<b>402 State</b>	
	<p><b>a. Upholstered seats to wooden chairs in kitchen are worn and torn:</b> Home Manager verified on 3/19/24 an In-House Work Order was sent to remove the kitchen chairs and and replace with new chairs ordered from McKesson.</p>	4/17/2024
	<p><b>b. Hood area over stove/oven was open, dark brown and greasy to the touch and Wires hung down from the open hood:</b> Home Manager verified on 3/18/24 an email was sent to the Safety Coordinator to look at and adjust the hanging wires due to relating to the Fire Monitor Prevention System.</p>	3/22/2024
	<p><b>c. Strong odor of mildew detected upon opening door of washing machine:</b> Home Manager verified on 3/19/24 have emailed Housekeeping for any product to remove the odor and mildew from the washer seals.</p>	4/17/2024
	<b>404 State</b>	
	<p><b>a. Resistance mechanism on oven door malfunctioned:</b> Home Manager verified a Maintenance Work order was submitted on 2/28/24 to have the resistance mechanism repaired on the stove. Completed on 3/5/24.</p>	3/5/2024
	<b>408 State</b>	
	<p><b>a. Interior of oven contained black and brown debris:</b> Home Manager verified a Maintenance Work order was submitted on 3/8/24.</p>	4/17/2024
	<p><b>b. Drawer located at base of oven crooked and difficult to open:</b> Home Manager verified a Maintenance Work Order was submitted on 3/8/24 and the drawer now is within the track and easier to open as noted on 3/19/24.</p>	3/19/2024
	<p><b>c. Strong odor of mildew detected upon opening door of washing machine:</b> Home Manager verified on 3/19/24 have emailed Housekeeping for any product to remove the odor and mildew from the washer seals.</p>	4/17/2024
	<b>B. THE PROCEDURE FOR IMPLEMENTING THE CORRECTIVE ACTION(S):</b>	
	<p>Work Orders have been submitted to the Beatrice State Developmental Center (BSDC) Maintenance Department and In-House Work Orders have been submitted to Facility Management to make needed repairs and/or replacements for issues identified during the recent survey at State Building ICF/IID (3104 State - living units 402, 404, 408) and 3070 &amp; 3071 State Avenue to ensure the living units are maintained in a manner that is safe, clean, and functional to receive clients.</p>	4/17/2024

	<b>C. THE MONITORING OR TRACKING PROCEDURE(S) TO ENSURE THE FACILITY IS EFFECTIVE IN CORRECTING THE DEFICIENCY AND TO ENSURE THE FACILITY REMAINS IN COMPLIANCE WITH THIS DEFICIENCY:</b>	
	Through consultation and environmental observations, ICF Management will ensure needed repairs and/or replacements identified are completed and that the living units are maintained in a manner that is safe, clean and functional to receive clients.	4/17/2024
	<b>D. THE TITLE OF THE PERSON RESPONSIBLE FOR ENSURING THE FACILITY REMAINS IN COMPLIANCE WITH THE CITED DEFICIENCY: (Do not put the staff names).</b>	
	The ICF Facility Administrator will be the responsible position for monitoring to ensure compliance.	4/17/2024
<b>W 195</b>	<b>A. ACTION(S) THAT WILL BE TAKEN TO CORRECT THIS DEFICIENCY - ALONG WITH A DESCRIPTION OF HOW THE ACTION WILL CORRECT OR IMPROVE THE PROCESSES THAT LEAD TO THE CITED DEFICIENCY:</b>	
	<i>Based on observations, interviews and record review, the Condition of Participation (CoP) of Active Treatment Services was not met as the facility failed to ensure only clients requiring Active Treatment were admitted to the ICF/IID. Observations, interviews, and record review identified Client 3 and Client 4 were able to function independently, with staff supervision provided due to behaviors and court ordered requirements.</i>	
	<i>Observations revealed Client 3</i> actively and independently participated in their environment and required little to no staff interventions related to daily living and developmental skills. The Developmental Disability Court-Ordered Custody and Treatment Plan (submitted 8/17/23) identified Client 3 was placed on Developmental Disabilities Court-Ordered Custody Act (DDCOCA) due to presenting a likely threat of harm to others, as evidence by their history of sexually inappropriate behavior, aggression and previous elopement attempts. Terms and Conditions to provide custody and treatment in the least restrictive alternative identified BSDC had a placement available in it's Crisis Stabilization Unit and its staff would be trained ensuring staff assigned to Client 3 understood "the severity of the risk (Client 3) posed to the community and the critical need for constant, close supervision." Recommendation for Treatment and Safety in the DDCOCA Treatment Plan mirrored the conditions listed in the Placement Order by the District Court of Lancaster County.	4/17/2024
	The ICF Administrator confirmed Client 3 had many skills but at the time they were to be placed at the facility it was difficult to determine what skills Client 3 had due to their refusal behavior.	4/17/2024

	<p><i>Observations revealed Client 4</i> actively and independently participated in their environment and daily routine requiring little to no staff interventions related to active treatment daily living and developmental skills. Observations revealed that Client 4 had 1:1 supervision 24 hours per day. Review of a letter titled “Developmental Disability Court-Ordered Custody and Treatment Plan” (dated 6/9/23, signed by a Psychologist for DHHS-DD) to the Douglas County Court revealed that Client 4 was under court custody due to arson. The letter identified that based on the continued Mild Intellectual Disability diagnosis that Client 4 continued to be eligible for services through DHHS-DD. Due to concerns about Client 4’s mental health instability and medication changes prior to the arson incident, it was recommended that Client 4 receive intensive mental health services and medication evaluation in a state-operated inpatient setting before transitioning to community-based services.</p>	4/17/2024
	<p>The ICF Facility Administrator confirmed Client 4 was admitted to the facility due to a placement order by the District Court of Douglas County due to an incident of arson.</p>	4/17/2024
	<p>Beatrice State Developmental Center through collaborative efforts of BSDC leadership and clinical community services, are holding bi-weekly collaborative meetings to discuss both current individuals residing at the State ICF Crisis Stabilization Unit and any potential admissions, if known, to BSDC State ICF. The meetings will include the following members: BSDC Facility Administrator, BSDC Area Administrator, BSDC Quality Control Supervisor, DHHS attorney, and Administrators of community based services with Service Coordination and Clinical Administrator.</p> <p>For current individuals residing at the State ICF, will provide ongoing review of the individuals program plans and current needs to ensure appropriateness for services at the State ICF. Should an individual have changes identified in which they may no longer need or benefit from active treatment, referrals and transition planning to discharge will be started.</p> <p>For potential admissions, the team will review and discuss individuals needs, developmental deficits, if they will benefit from active treatment, and the appropriateness for services at the State ICF.</p> <p>If there is awareness of a potential court order to the State ICF and information is available for review, the team will review and based on information available, the team will provide recommendations of the appropriateness of the admission to the State ICF. If individual is believed to not meet identified needs, information will be shared to the court to not recommend placement at the ICF.</p> <p>This should correct or improve appropriate admissions since there will be additional discussions and reviews of individuals.</p>	4/17/2024
	<p><b>B. THE PROCEDURE FOR IMPLEMENTING THE CORRECTIVE ACTION(S):</b></p>	

	<p>The DHHS Executive Medical Officer reviews all referrals prior to admission to the Beatrice State Developmental Center. The DHHS Executive Medical Officer will determine if the referrals to BSDC are appropriate for ICF/IID Level of Care.</p>	<p>4/17/2024</p>
	<p>At the time of admission, all referrals to the Beatrice State Developmental Center for services have been determined by clinicians to meet eligibility for DD Services and meet ICF/IID level of care requirements. Upon admission, additional on-site assessments and evaluations are completed to determine an individual's strengths and active treatment needs. All admissions to BSDC are determined by clinicians and DHHS Executive Medical Officer to be in need of active treatment services as required under 42 C.F.R. § 483.440(b).</p>	<p>4/17/2024</p>
	<p>The BSDC Crisis Stabilization and Community Reintegration program was implemented in May 2017 to address a critical gap in serving the adult population participating in the Medicaid Home and Community Based Services for the Developmental Disabilities Waiver programs. Placement is temporary and may last between 30 and 180 days with individualized plans of care but can vary dependent upon the individual being supported. This is a period of intense treatment, stabilization (medical and/or behavioral) and habilitation (skills for preparation to return to the community) with continued transition supports with reintegration into the community. The facility will ensure that active treatment is provided to address deficits identified so that individual maintains and attains needed skills for highest level of independence.</p>	<p>4/17/2024</p>
	<p>The ICF/IID provides active treatment services by focusing on instrumental (Independent) ADLS with primary focus of on-site employment opportunities, managing finances, shopping, and meal preparation, housekeeping and home maintenance, communication with others and managing medications. In addition, patients benefit from active treatment in the areas of self-direction and capacity for independent living, which are areas of major life activity in which Client 3 and 4 have been assessed to have substantial functional limitations as part of the clinical determination that both clients have intellectual disability or a related condition as that term is defined under 42 C.F.R. § 435.1010. Both Client 3 and Client 4 are assessed and require habilitation/active treatment to acquire the skills and behaviors needed to function in society so that Client 3 and Client 4 do not pose threat of harm to themselves or others and are able to cope with their personal needs and demands of their environment. Both client 3 and 4 need and are receiving active treatment to ensure their acquisition of the behaviors necessary for them to function with as much self determination and independence as possible given their behavioral limitations, as required under 42 C.F.R. § 483.440(a)(1)(i), and to prevent or decelerate regression or loss of current optimal functional status as required under 42 C.F.R. § 483.440(a)(1)(ii). The instrumental ADLS assist in preparation of ultimately returning to a community provider while working diligently with other providers to find alternative placement.</p>	<p>4/17/2024</p>

	<p>Beatrice State Developmental Center through collaborative efforts of BSDC leadership and clinical community services, are holding bi-weekly collaborative meetings to discuss both current individuals residing at the State ICF Crisis Stabilization Unit and any potential admissions, if known, to BSDC State ICF. The meetings will include the following members: BSDC Facility Administrator, BSDC Area Administrator, BSDC Quality Control Supervisor, DHHS attorney, and Administrators of community based services with Service Coordination and Clinical Administrator.</p> <p>For current individuals residing at the State ICF, will provide ongoing review of the individuals program plans and current needs to ensure appropriateness for services at the State ICF. Should an individual have changes identified in which they may no longer need or benefit from active treatment, referrals and transition planning to discharge will be started.</p> <p>For potential admissions, the team will review and discuss individuals needs, developmental deficits, if they will benefit from active treatment, and the appropriateness for services at the State ICF.</p> <p>If there is awareness of a potential court order to the State ICF and information is available for review, the team will review and based on information available, the team will provide recommendations of the appropriateness of the admission to the State ICF. If individual is believed to not meet identified needs, information will be shared to the court to not recommend placement at the ICF.</p> <p>This should correct or improve appropriate admissions since there will be additional discussions and reviews of individuals.</p>	4/17/2024
	<p>ICF Management will meet weekly to monitor and track progress while actively working toward Client 3 being discharged from the State Building ICF at the Beatrice State Developmental Center within 30 days.</p>	5/3/2024
	<p>Client 4 has been discharged from the State Building ICF at the Beatrice State Developmental Center effective 4/1/2024.</p>	4/1/2024
	<p>For all other clients residing in State Building ICF, the facility will review current individuals' deficits that require the structure, support and resources that services of an ICF/IID level of care can provide and ensure those deficits have appropriate habilitation to address.</p>	4/17/2024
	<p><b>C. THE MONITORING OR TRACKING PROCEDURE(S) TO ENSURE THE FACILITY IS EFFECTIVE IN CORRECTING THE DEFICIENCY AND TO ENSURE THE FACILITY REMAINS IN COMPLIANCE WITH THIS DEFICIENCY:</b></p>	
	<p>At the time of admission, all referrals to the Beatrice State Developmental Center for services have been determined by clinicians to meet eligibility for DD services and meet ICF/IID level of care requirements. Upon admission, additional on-site assessments and evaluations are completed to determine an individual's strengths and active treatment needs. All admissions to BSDC are determined by clinicians and DHHS Executive Medical Officer to be in need of active treatment services as required under 42 C.F.R. § 483.440(b).</p>	4/17/2024



	For all other clients residing in State Building ICF, the facility will review current individuals' deficits that require the structure, support and resources that services of an ICF/IID level of care can provide and ensure those deficits have appropriate habilitation to address.	4/17/2024
	<p>Monitoring and tracking will occur through the following to ensure all clients meet the criteria of active treatment and benefit from active treatment:</p> <ul style="list-style-type: none"> <li>- Bi-Weekly Collaborative Team Meetings will document in <b>meeting minutes</b> that will be saved summary of discussions on individuals, potential admission, status, and steps/actions taking as follows: <ul style="list-style-type: none"> <li>* Current individuals residing at the State ICF, review summary of individuals program plans and current needs to ensure appropriateness for services at the State ICF. Should an individual have changes identified in which they may no longer need or benefit from active treatment, referrals and transition planning to discharge will be started.</li> <li>* For potential admission of an individual, team will review and discuss individuals needs, developmental deficits, if they will benefit from active treatment, and the appropriateness for services at the State ICF.</li> <li>* If there is awareness of a potential court order of an individual to the State ICF and information is available for review, the team will review and based on information available, the team will provide recommendations of the appropriateness of the admission to the State ICF. If individual is believed to not meet identified needs, information will be shared to the court to not recommend placement at the ICF.</li> </ul> </li> <li>- IDT will monitor and track at least quarterly individuals progress towards goals and if they continue to benefit from active treatment.</li> </ul>	
	ICF Management will meet weekly to monitor and track progress while actively working toward Client 3 being discharged from the State Building ICF at the Beatrice State Developmental Center within 30 days.	5/3/2024
	Client 4 has been discharged from the State Building ICF at the Beatrice State Developmental Center effective 4/1/2024.	4/1/2024
	For Client 3, ICF Administration (Facility Administrator, Area Administrator, and Quality Control Supervisor) will meet weekly to monitor and track progress toward discharging Client 3.	5/3/2024
	<b>D. THE TITLE OF THE PERSON RESPONSIBLE FOR ENSURING THE FACILITY REMAINS IN COMPLIANCE WITH THE CITED DEFICIENCY: (Do not put the staff names).</b>	
	The ICF Facility Administrator will be the responsible position for monitoring to ensure compliance.	4/17/2024
	<b>A. ACTION(S) THAT WILL BE TAKEN TO CORRECT THIS DEFICIENCY - ALONG WITH A DESCRIPTION OF HOW THE ACTION WILL CORRECT OR IMPROVE THE PROCESSES THAT LEAD TO THE CITED DEFICIENCY:</b>	
<b>W 197</b>		

	<b><i>Based on observations, interviews and record reviews, the facility failed to ensure 1 of 3 clients in the sample (Client 3) and 1 client added to the sample (Client 4) had developmental needs/deficits requiring continuous active treatment services.</i></b>	
	The BSDC Crisis Stabilization and Community Reintegration program was implemented in May 2017 to address a critical gap in serving the adult population participating in the Medicaid Home and Community Based Services for the Developmental Disabilities Waiver programs. Placement is temporary and may last between 30 and 180 days with individualized plans of care but can vary dependent upon the individual being supported. This is a period of intense treatment, stabilization (medical and/or behavioral) and habilitation (skills for preparation to return to the community) with continued transition supports with reintegration into the community.	4/17/2024
	The DHHS Executive Medical Officer will review all referrals prior to admission to the Beatrice State Developmental Center (BSDC). The DHHS Executive Medical Officer will determine if the referrals to BSDC are appropriate for ICF/IID Level of Care.	4/17/2024
	At the time of admission, all referrals to the Beatrice State Developmental Center for services have been determined by clinicians to meet eligibility for DD Services and meet ICF/IID level of care requirements. Upon admission, additional on-site assessments and evaluations are completed to determine an individual's strengths and active treatment needs. All admissions to BSDC are determined by clinicians and DHHS Executive Medical Officer to be in need of active treatment services as required under 42 C.F.R. § 483.440(b).	4/17/2024

	<p>Beatrice State Developmental Center through collaborative efforts of BSDC leadership and clinical community services, are holding bi-weekly collaborative meetings to discuss both current individuals residing at the State ICF Crisis Stabilization Unit and any potential admissions, if known, to BSDC State ICF. The meetings will include the following members: BSDC Facility Administrator, BSDC Area Administrator, BSDC Quality Control Supervisor, DHHS attorney, and Administrators of community based services with Service Coordination and Clinical Administrator.</p> <p>For current individuals residing at the State ICF, will provide ongoing review of the individuals program plans and current needs to ensure appropriateness for services at the State ICF. Should an individual have changes identified in which they may no longer need or benefit from active treatment, referrals and transition planning to discharge will be started.</p> <p>For potential admissions, the team will review and discuss individuals needs, developmental deficits, if they will benefit from active treatment, and the appropriateness for services at the State ICF.</p> <p>If there is awareness of a potential court order to the State ICF and information is available for review, the team will review and based on information available, the team will provide recommendations of the appropriateness of the admission to the State ICF. If individual is believed to not meet identified needs, information will be shared to the court to not recommend placement at the ICF.</p> <p>This should correct or improve appropriate admissions since there will be additional discussions and reviews of individuals.</p>	4/17/2024
	<p><b>B. THE PROCEDURE FOR IMPLEMENTING THE CORRECTIVE ACTION(S):</b></p>	
	<p>The BSDC Crisis Stabilization and Community Reintegration program was implemented in May 2017 to address a critical gap in serving the adult population participating in the Medicaid Home and Community Based Services for the Developmental Disabilities Waiver programs. Placement is temporary and may last between 30 and 180 days with individualized plans of care but can vary dependent upon the individual being supported. This is a period of intense treatment, stabilization (medical and/or behavioral) and habilitation (skills for preparation to return to the community) with continued transition supports with reintegration into the community. The facility will ensure that active treatment is provided to address deficits identified so that individual maintains and attains needed skills for highest level of independence.</p>	4/17/2024

	<p>Beatrice State Developmental Center through collaborative efforts of BSDC leadership and clinical community services, are holding bi-weekly collaborative meetings to discuss both current individuals residing at the State ICF Crisis Stabilization Unit and any potential admissions, if known, to BSDC State ICF. The meetings will include the following members: BSDC Facility Administrator, BSDC Area Administrator, BSDC Quality Control Supervisor, DHHS attorney, and Administrators of community based services with Service Coordination and Clinical Administrator.</p> <p>For current individuals residing at the State ICF, will provide ongoing review of the individuals program plans and current needs to ensure appropriateness for services at the State ICF. Should an individual have changes identified in which they may no longer need or benefit from active treatment, referrals and transition planning to discharge will be started.</p> <p>For potential admissions, the team will review and discuss individuals needs, developmental deficits, if they will benefit from active treatment, and the appropriateness for services at the State ICF.</p> <p>If there is awareness of a potential court order to the State ICF and information is available for review, the team will review and based on information available, the team will provide recommendations of the appropriateness of the admission to the State ICF. If individual is believed to not meet identified needs, information will be shared to the court to not recommend placement at the ICF.</p> <p>This should correct or improve appropriate admissions since there will be additional discussions and reviews of individuals.</p>	4/17/2024
	<p><i>Observations revealed Client 3</i> actively and independently participated in their environment and required little to no staff interventions related to daily living and developmental skills. The Developmental Disability Court-Ordered Custody and Treatment Plan (submitted 8/17/23) identified Client 3 was placed on Developmental Disabilities Court-Ordered Custody Act (DDCOCA) due to presenting a likely threat of harm to others, as evidence by their history of sexually inappropriate behavior, aggression and previous elopement attempts. Terms and Conditions to provide custody and treatment in the least restrictive alternative identified BSDC had a placement available in it's Crisis Stabilization Unit and its staff would be trained ensuring staff assigned to Client 3 understood "the severity of the risk (Client 3) posed to the community and the critical need for constant, close supervision." Recommendation for Treatment and Safety in the DDCOCA Treatment Plan mirrored the conditions listed in the Placement Order by the District Court of Lancaster County.</p>	4/17/2024

	<p><b>For Client 3</b>, BSDC has properly, and in reliance on clinical evaluation and opinion, determined that this individual meets the requirements for ICF/IID Level of Care. The ICF/IID continues to provide active treatment services by focusing on Instrumental (Independent) ADLs with primary focus on on-site employment opportunities, managing finances, shopping and meal preparation, housekeeping and home maintenance, communication with others and managing medications. In addition, Client 3 benefits from active treatment in areas of self-direction and capacity for independent living which are areas of major life activity in which Client 3 has been assessed to have substantial functional limitations as part of the clinical determination that Client 3 has an intellectual disability or a related condition as that term is defined under 42 C.F.R. § 435.1010. Client 3 was assessed and requires habilitation/active treatment to acquire the skills and behaviors needed to function in society so that Client 3 does not pose threat of harm to himself or others and is able to cope with their personal needs and demands of their environment. Client 3 needs and is receiving active treatment to ensure his acquisition of the behaviors necessary for him to function with as much self determination and independence as possible given his behavioral limitations, as required under 42 C.F.R. § 483.440(a)(1)(i), and to prevent or decelerate regression or loss of current optimal functional status as required under 42 C.F.R. § 483.440(a)(1)(ii). The Instrumental ADLs assist in preparation of ultimately returning to a community provider while working diligently to find alternative placement.</p>	4/17/2024
	<p><b>ICF Management will meet weekly to monitor and track progress while actively working toward Client 3 being discharged from the State Building ICF at the Beatrice State Developmental Center within 30 days.</b></p>	5/3/2024
	<p><b>Observations revealed Client 4</b> actively and independently participated in their environment and daily routine requiring little to no staff interventions related to active treatment daily living and developmental skills. Observations revealed that Client 4 had 1:1 supervision 24 hours per day. Review of a letter titled "Developmental Disability Court-Ordered Custody and Treatment Plan" (dated 6/9/23, signed by a Psychologist for DHHS-DD) to the Douglas County Court revealed that Client 4 was under court custody due to arson. The letter identified that based on the continued Mild Intellectual Disability diagnosis that Client 4 continued to be eligible for services through DHHS-DD. Due to concerns about Client 4's mental health instability and medication changes prior to the arson incident, it was recommended that Client 4 receive intensive mental health services and medication evaluation in a state-operated inpatient setting before transitioning to community-based services.</p>	4/17/2024

	<p>For Client 4, BSDC has properly, and in reliance on clinical evaluation and opinion, determined that this individual meets the requirements for ICF/IID Level of Care. The ICF/IID continues to provide active treatment services by focusing on Instrumental (Independent) ADLs with primary focus on on-site employment opportunities, managing finances, shopping and meal preparation, housekeeping and home maintenance, communication with others and managing medications. In addition, Client 3 benefits from active treatment in areas of self-direction and capacity for independent living which are areas of major life activity in which Client 4 has been assessed to have substantial functional limitations as part of the clinical determination that Client 4 has an intellectual disability or a related condition as that term is defined under 42 C.F.R. § 435.1010. Client 4 was assessed and requires habilitation/active treatment to acquire the skills and behaviors needed to function in society so that Client 4 does not pose threat of harm to himself or others and is able to cope with their personal needs and demands of their environment. Client 4 needs and is receiving active treatment to ensure his acquisition of the behaviors necessary for him to function with as much self determination and independence as possible given his behavioral limitations, as required under 42 C.F.R. § 483.440(a)(1)(i), and to prevent or decelerate regression or loss of current optimal functional status as required under 42 C.F.R. § 483.440(a)(1)(ii). The Instrumental ADLs assist in preparation of ultimately returning to a community provider while working diligently to find alternative placement.</p>	4/17/2024
	<p>Client 4 has been discharged from the Beatrice State Developmental Center effective 4/1/2024.</p>	4/1/2024
	<p>For Client 3, ICF Administration (Facility Administrator, Area Administrator, and Quality Control Supervisor) will meet weekly to monitor and track progress toward discharging Client 3.</p>	5/3/2024
	<p><b>C. THE MONITORING OR TRACKING PROCEDURE(S) TO ENSURE THE FACILITY IS EFFECTIVE IN CORRECTING THE DEFICIENCY AND TO ENSURE THE FACILITY REMAINS IN COMPLIANCE WITH THIS DEFICIENCY:</b></p>	
	<p>For all future admissions to the Beatrice State Developmental Center, the facility will follow the policy "Admissions, Transfers, Discharge and ICF Consolidation" and conduct Pre-Admission evaluations which will include review of current and valid assessments of functional development, behavioral, social, medical, health, nutrition, and background information to determine if the client is eligible for placement at an ICF/IID.</p>	4/17/2024
	<p>The DHHS Executive Medical Officer will review all referrals prior to admission to the Beatrice State Developmental Center (BSDC). The DHHS Executive Medical Officer will determine if the referrals to BSDC are appropriate for ICF/IID Level of Care.</p>	4/17/2024

	<p>Monitoring and tracking will occur through the following to ensure all clients meet the criteria of active treatment and benefit from active treatment:</p> <ul style="list-style-type: none"> <li>- Bi-Weekly Collaborative Team Meetings will document in <b>meeting minutes</b> that will be saved summary of discussions on individuals, potential admission, status, and steps/actions taking as follows: <ul style="list-style-type: none"> <li>* Current individuals residing at the State ICF, review summary of individuals program plans and current needs to ensure appropriateness for services at the State ICF. Should an individual have changes identified in which they may no longer need or benefit from active treatment, referrals and transition planning to discharge will be started.</li> <li>* For potential admission of an individual, team will review and discuss individuals needs, developmental deficits, if they will benefit from active treatment, and the appropriateness for services at the State ICF.</li> <li>* If there is awareness of a potential court order of an individual to the State ICF and information is available for review, the team will review and based on information available, the team will provide recommendations of the appropriateness of the admission to the State ICF. If individual is believed to not meet identified needs, information will be shared to the court to not recommend placement at the ICF.</li> </ul> </li> <li>- IDT will monitor and track at least quarterly individuals progress towards goals and if they continue to benefit from active treatment.</li> </ul>	4/17/2024
	ICF Management will meet weekly to monitor and track progress while actively working toward Client 3 being discharged from the State Building ICF at the Beatrice State Developmental Center within 30 days.	5/3/2024
	Client 4 has been discharged from the State Building ICF at the Beatrice State Developmental Center effective 4/1/2024.	4/1/2024
	For Client 3, ICF Administration (Facility Administrator, Area Administrator, and Quality Control Supervisor) will meet weekly to monitor and track progress toward discharging Client 3.	5/3/2024
	<b>D. THE TITLE OF THE PERSON RESPONSIBLE FOR ENSURING THE FACILITY REMAINS IN COMPLIANCE WITH THE CITED DEFICIENCY: (Do not put the staff names).</b>	
	The ICF Facility Administrator will be the responsible position for monitoring to ensure compliance.	4/17/2024
<b>W 249</b>	<b>A. ACTION(S) THAT WILL BE TAKEN TO CORRECT THIS DEFICIENCY - ALONG WITH A DESCRIPTION OF HOW THE ACTION WILL CORRECT OR IMPROVE THE PROCESSES THAT LEAD TO THE CITED DEFICIENCY:</b>	
	<i>Based on observation, record review and interviews the facility failed to ensure training programs and protocol strategies for Client 1 were consistently implemented in accordance with the Client's Individual Support Plan (ISP).</i>	
	For Client 1, the ISP identified a dining protocol and strategies to address the client's dysphagia and hyponatremia. The IDT reviewed and approved new dining strategies and diet texture changes as identified on the Dining Card.	4/17/2024

	<b>B. THE PROCEDURE FOR IMPLEMENTING THE CORRECTIVE ACTION(S):</b>	
	Through observations, QIDP confirmed that Client 1 did not have sufficient fluid to last an entire meal and that staff adjusting or providing additional fluids when Client 1 coughed while eating, failed to follow Client 1's ISP and dietary protocol strategies. The IDT met on 3/1/2024 to review the dining protocol and strategies to address the dysphagia and hyponatremia to ensure that Client 1 has adequate fluids available during meals. Client 1's Dining Card was updated to reflect fluids at mealtime. All 400 State Building ICF staff will be in-serviced on the revised dining protocols and strategies.	4/17/2024
	For all other individuals residing within the State Building ICF, all staff will be re-in-serviced on mealtime protocols and strategies as outlined in the Individual Support Plan (ISP).	4/17/2024
	<b>C. THE MONITORING OR TRACKING PROCEDURE(S) TO ENSURE THE FACILITY IS EFFECTIVE IN CORRECTING THE DEFICIENCY AND TO ENSURE THE FACILITY REMAINS IN COMPLIANCE WITH THIS DEFICIENCY:</b>	
	A monitoring system will be developed to ensure implementation of mealtime protocols and strategies to be completed by the Compliance Specialists, QDDPs, Home Managers and DTSSs.	4/17/2024
	<b>D. THE TITLE OF THE PERSON RESPONSIBLE FOR ENSURING THE FACILITY REMAINS IN COMPLIANCE WITH THE CITED DEFICIENCY: (Do not put the staff names).</b>	
	The ICF Facility Administrator will be the responsible position for monitoring to ensure compliance.	4/17/2024
<b>W 473</b>	<b>A. ACTION(S) THAT WILL BE TAKEN TO CORRECT THIS DEFICIENCY - ALONG WITH A DESCRIPTION OF HOW THE ACTION WILL CORRECT OR IMPROVE THE PROCESSES THAT LEAD TO THE CITED DEFICIENCY:</b>	
	<i>Based on observation, interview and record review, the facility failed to ensure that foods provided to 1 of 2 living units (3070 State) by the Social Center delivery were stored and served at the appropriate food safe temperature.</i>	
	During environmental observation on 2/28/24 at 3:13 PM, on 3070 State Avenue, three plastic hot food containers containing peas and carrots, ground steak, and potatoes were in the oven which was not turned on. Home Manager B verified that food prepared in the Carstens Café was delivered between 1:30-2:00 PM every Tuesday, Wednesday and Thursday and that staff and clients delivering the food were responsible for ensuring the oven was turned on to keep foods hot. Home Manager B confirmed the hot food containers had been sitting in a cold oven for an hour and fifteen minutes up to an hour and forty-five minutes. According to Home Manager B, the hot items were not safe to serve clients.	4/17/2024
	<b>B. THE PROCEDURE FOR IMPLEMENTING THE CORRECTIVE ACTION(S):</b>	



	During environmental observation on 2/28/24 at 3:13 PM, on 3070 State Avenue, three plastic hot food containers containing peas and carrots, ground steak, and potatoes were in the oven which was not turned on. Home Manager B verified that food prepared in the Carstens Café was delivered between 1:30-2:00 PM every Tuesday, Wednesday and Thursday and that staff and clients delivering the food were responsible for ensuring the oven was turned on to keep foods hot. Home Manager B confirmed the hot food containers had been sitting in a cold oven for an hour and fifteen minutes up to an hour and forty-five minutes. According to Home Manager B, the hot items were not safe to serve clients.	4/17/2024
	The Active Treatment Program Manager was notified on this date of the oven not being turned on and food containers in the cold oven. All food delivery bags have now been marked to state <b><i>“turn on ovens and set temperature to 170 degrees”</i></b> . An email was sent by Home Manager to all 400 State Building ICF staff encouraging staff and individuals delivering food to the homes to take their time and to turn the oven on to 170 degrees to ensure hot food containers maintain the appropriate temperature.	4/17/2024
	<b>C. THE MONITORING OR TRACKING PROCEDURE(S) TO ENSURE THE FACILITY IS EFFECTIVE IN CORRECTING THE DEFICIENCY AND TO ENSURE THE FACILITY REMAINS IN COMPLIANCE WITH THIS DEFICIENCY:</b>	
	A monitoring system will be developed to ensure that food items delivered to the homes are maintained at the appropriate temperature for consumption by the Active Treatment Program Manager conducting weekly spot checks by assisting with food deliveries.	4/17/2024
	<b>D. THE TITLE OF THE PERSON RESPONSIBLE FOR ENSURING THE FACILITY REMAINS IN COMPLIANCE WITH THE CITED DEFICIENCY: (Do not put the staff names).</b>	
	The ICF Facility Administrator will be the responsible position for monitoring to ensure compliance.	4/17/2024

\*\*\*\*\*  
FAX TX REPORT  
\*\*\*\*\*

TRANSMISSION OK

JOB NO.	0422
DESTINATION ADDRESS	14027422326
SUBADDRESS	
DESTINATION ID	
ST. TIME	08/01 08:30
TX/RX TIME	01'33
PGS.	4
RESULT	OK

# NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM



## BEATRICE STATE DEVELOPMENTAL CENTER FACSIMILE TRANSMITTAL SHEET

TO: DHHS DDBH Facilities FROM: Russell Fralin, Admin Specialist

COMPANY: DATE: August 1, 2024

FAX NUMBER: 402.742.2326 TOTAL PAGES INCLUDING COVER: 4

PHONE NUMBER: PHONE NUMBER: 402.223.6827

URGENT  FOR REVIEW  PLEASE REPLY  AS REQUESTED

Attached are the signed front pages for the 2567s received for 400 State Building ICF at the Beatrice State Developmental Center (BSDC) from the Fire Marshal for Dawn Urbaschek.

The plan of correction for the Fire Marshal Office is being emailed per the instructions on the letter received.

Please advise if further information is needed.

Thank you



# NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES



Jim Pillen Governor

May 31, 2024

Dawn Urbaschek, Administrator  
400 State Building  
3104, 3070, 3071 State Ave  
Beatrice, NE 68310

Dear Ms. Urbaschek:

After reviewing the findings of the onsite revisit survey conducted for your Intermediate Care Facility For Intellectually Disabled on May 30, 2024 by a representative of this Department, we are pleased to inform you that your facility is in substantial compliance.

The enclosed form indicates the survey results. Please retain for your files.

If you have any questions, please contact this office.

Sincerely,

Mark Luger - Program Manager II  
DHHS Public Health - Licensure Unit  
Office of DD and Behavioral Health  
PO Box 94669, Lincoln, NE 68509-4669  
Email: mark.luger@nebraska.gov

ML/fe

EID: 2QVO12

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/31/2024  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>28G107</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>R</b> <b>05/30/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>400 STATE BUILDING</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3104, 3070, 3071 STATE AVE</b> <b>BEATRICE, NE 68310</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
{W 000}	<b>INITIAL COMMENTS</b>  A representative of the DHHS, Division of Public Health, conducted a Revisit on 5/30/24 to the 3/4/24 Recertification Survey. This revisit was to assess compliance with Appendix J regulations for Intermediate Care Facilities for Individuals with Intellectual Disabilities. All previously cited deficiencies, include the Conditions of Participation for Governing Body and Active Treatment, were corrected at the time of this Revisit. The facility census was 3 at the time of the Recertification revisit.	{W 000}			
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE	(X6) DATE	

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.



# Fire Marshal Reports

## PLAN OF CORRECTION

Provider/Supplier Name: →

STREET ADDRESS, CITY, ZIP: →

<b>400 STATE BUILDING</b>	Survey Date ↓
<b>3104, 3070, 3071 STATE AVE BEATRICE, NE 68310</b>	<b>2/28/2024</b>
SURVEY EVENT ID#	<b>2QVO21</b>
(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 28-	<b>ICFDD07</b>

### PROVIDER'S PLAN OF CORRECTION

(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)

COMPLETION DATE

CITED TAG #

CITED TAG #	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETION DATE
<b>Bldg. 2 400 State Building</b>		
<b>K0353</b>	<b>A. ACTION(S) THAT WILL BE TAKEN TO CORRECT THIS DEFICIENCY - ALONG WITH A DESCRIPTION OF HOW THE ACTION WILL CORRECT OR IMPROVE THE PROCESSES THAT LEAD TO THE CITED DEFICIENCY:</b>	
	Observations on 3-5-2024 revealed ceiling tiles out of the grid in the entry of 400 State Building.	3/4/2024
	<b>B. THE PROCEDURE FOR IMPLEMENTING THE CORRECTIVE ACTION(S):</b>	
	Maintenance Work Order # 22946 was submitted to the Maintenance Department to replace ceiling tiles that are out of the grid in the entry of 400 State Building. Ceiling tile was cut and replaced in the opening in the ceiling grid.	3/4/2024
	<b>C. THE MONITORING OR TRACKING PROCEDURE(S) TO ENSURE THE FACILITY IS EFFECTIVE IN CORRECTING THE DEFICIENCY AND TO ENSURE THE FACILITY REMAINS IN COMPLIANCE WITH THIS DEFICIENCY:</b>	
	The Facility Maintenance Manager is the responsible position to monitor and ensure compliance.	3/4/2024
	<b>D. THE TITLE OF THE PERSON RESPONSIBLE FOR ENSURING THE FACILITY REMAINS IN COMPLIANCE WITH THE CITED DEFICIENCY: (Do not put the staff names).</b>	
	The Facility Maintenance Manager is the responsible position to monitor and ensure compliance.	3/4/2024
<b>K0355</b>	<b>A. ACTION(S) THAT WILL BE TAKEN TO CORRECT THIS DEFICIENCY - ALONG WITH A DESCRIPTION OF HOW THE ACTION WILL CORRECT OR IMPROVE THE PROCESSES THAT LEAD TO THE CITED DEFICIENCY:</b>	
	Observation revealed the fire extinguisher in the basement was serviced in 12/23 with no monthly inspection.	3/4/2024



	<b>B. THE PROCEDURE FOR IMPLEMENTING THE CORRECTIVE ACTION(S):</b>	
	The fire extinguisher in the basement was inspected and the fire extinguisher tag has been signed for documentation.	3/4/2024
	<b>C. THE MONITORING OR TRACKING PROCEDURE(S) TO ENSURE THE FACILITY IS EFFECTIVE IN CORRECTING THE DEFICIENCY AND TO ENSURE THE FACILITY REMAINS IN COMPLIANCE WITH THIS DEFICIENCY:</b>	
	The Facility Maintenance Manager is the responsible position to monitor and ensure compliance.	3/4/2024
	<b>D. THE TITLE OF THE PERSON RESPONSIBLE FOR ENSURING THE FACILITY REMAINS IN COMPLIANCE WITH THE CITED DEFICIENCY: (Do not put the staff names).</b>	
	The Facility Maintenance Manager is the responsible position to monitor and ensure compliance.	3/4/2024
<b>K0363</b>	<b>A. ACTION(S) THAT WILL BE TAKEN TO CORRECT THIS DEFICIENCY - ALONG WITH A DESCRIPTION OF HOW THE ACTION WILL CORRECT OR IMPROVE THE PROCESSES THAT LEAD TO THE CITED DEFICIENCY:</b>	
	Observations on 3-5-2024 revealed the first resident room door on the south side of 406 failed to latch within the doorframe.	3/20/2024
	<b>B. THE PROCEDURE FOR IMPLEMENTING THE CORRECTIVE ACTION(S):</b>	
	Maintenance Work Order # 23156 was submitted to the Maintenance Department to repair the first resident room door on the south side of 406 that failed to latch within the doorframe. The latch assembly was replaced and the door now latches within the doorframe.	3/20/2024
	<b>C. THE MONITORING OR TRACKING PROCEDURE(S) TO ENSURE THE FACILITY IS EFFECTIVE IN CORRECTING THE DEFICIENCY AND TO ENSURE THE FACILITY REMAINS IN COMPLIANCE WITH THIS DEFICIENCY:</b>	
	The Facility Maintenance Manager is the responsible position to monitor and ensure compliance .	3/20/2024
	<b>D. THE TITLE OF THE PERSON RESPONSIBLE FOR ENSURING THE FACILITY REMAINS IN COMPLIANCE WITH THE CITED DEFICIENCY: (Do not put the staff names).</b>	
	The Facility Maintenance Manager is the responsible position to monitor and ensure compliance.	3/20/2024

<b>K0761</b>	<b>A. ACTION(S) THAT WILL BE TAKEN TO CORRECT THIS DEFICIENCY - ALONG WITH A DESCRIPTION OF HOW THE ACTION WILL CORRECT OR IMPROVE THE PROCESSES THAT LEAD TO THE CITED DEFICIENCY:</b>	
	Record review on 3-5-2024 revealed the facility failed to provide a complete list of all fire rated doors.	3/20/2024
	<b>B. THE PROCEDURE FOR IMPLEMENTING THE CORRECTIVE ACTION(S):</b>	
	The Safety Coordinator provided a Fire Door Inspection Report to the Maintenance Department. The Maintenance Department is currently reviewing information on how to proceed with meeting this requirement for the facility.	3/20/2024
	<b>C. THE MONITORING OR TRACKING PROCEDURE(S) TO ENSURE THE FACILITY IS EFFECTIVE IN CORRECTING THE DEFICIENCY AND TO ENSURE THE FACILITY REMAINS IN COMPLIANCE WITH THIS DEFICIENCY:</b>	
	The Facility Maintenance Manager is the responsible position to monitor and ensure compliance .	3/20/2024
	<b>D. THE TITLE OF THE PERSON RESPONSIBLE FOR ENSURING THE FACILITY REMAINS IN COMPLIANCE WITH THE CITED DEFICIENCY: (Do not put the staff names).</b>	
	The Facility Maintenance Manager is the responsible position to monitor and ensure compliance.	3/20/2024

## PLAN OF CORRECTION

Provider/Supplier Name: →

STREET ADDRESS, CITY, ZIP: →

<b>400 STATE BUILDING</b>	Survey Date ↓
<b>3104, 3070, 3071 STATE AVE BEATRICE, NE 68310</b>	<b>2/28/2024</b>
SURVEY EVENT ID#	<b>2QVO21</b>
(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 28-	<b>ICFDD07</b>

### PROVIDER'S PLAN OF CORRECTION

(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)

COMPLETION DATE

CITED TAG #

CITED TAG #	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETION DATE
<b>Bldg. 3 200 Sheridan Building</b>		
<b>K0200</b>	<b>A. ACTION(S) THAT WILL BE TAKEN TO CORRECT THIS DEFICIENCY - ALONG WITH A DESCRIPTION OF HOW THE ACTION WILL CORRECT OR IMPROVE THE PROCESSES THAT LEAD TO THE CITED DEFICIENCY:</b>	
	1. Observation on 3/5/2024 revealed the egress lighting for the southwest exit in the basement was not illuminated.	3/20/2024
	2. Observation on 3/5/2024 revealed the east and west exit signs in the Activity Center were not visible.	3/20/2024
	<b>B. THE PROCEDURE FOR IMPLEMENTING THE CORRECTIVE ACTION(S):</b>	
	1. Work Order #23159 was submitted to the Maintenance Department to repair the egress lighting in basement. The Maintenance Department repaired the egress lighting and it is now illuminated.	3/20/2024
	2. Work Order #23153 was submitted to the Maintenance Department to lower the east and west exit signs in the Activity Center so that they are visible. The exit signs in the Activity Center are now lowered.	3/20/2024
	<b>C. THE MONITORING OR TRACKING PROCEDURE(S) TO ENSURE THE FACILITY IS EFFECTIVE IN CORRECTING THE DEFICIENCY AND TO ENSURE THE FACILITY REMAINS IN COMPLIANCE WITH THIS DEFICIENCY:</b>	
	The Facility Maintenance Manager will be the responsible position to monitor and ensure compliance.	3/20/2024
	<b>D. THE TITLE OF THE PERSON RESPONSIBLE FOR ENSURING THE FACILITY REMAINS IN COMPLIANCE WITH THE CITED DEFICIENCY: (Do not put the staff names).</b>	
	The Facility Maintenance Manager will be the responsible position to monitor and ensure compliance.	3/20/2024

<b>K0321</b>	<b>A. ACTION(S) THAT WILL BE TAKEN TO CORRECT THIS DEFICIENCY - ALONG WITH A DESCRIPTION OF HOW THE ACTION WILL CORRECT OR IMPROVE THE PROCESSES THAT LEAD TO THE CITED DEFICIENCY:</b>	
	<b>Observation on 3-5-2024 revealed:</b>	
	1. The rated door to the non-sprinkled north crawl space failed to close within the frame.	3/20/2024
	2. The fire rated door to the non-sprinkled south crawl space failed to close within the frame.	3/20/2024
	3. The 1 1/2 hour fire rated door next to the vending machines failed to close and latch within the door frame.	3/20/2024
	<b>B. THE PROCEDURE FOR IMPLEMENTING THE CORRECTIVE ACTION(S):</b>	
	1. Maintenance Work Order #23164 was submitted to the Maintenance Department to repair the rated door to the non-sprinkled north crawl space. The rated door for the north crawl space has been repaired and will now close within the frame.	3/20/2024
	2. Maintenance Work Order #23164 was submitted to the Maintenance Department to repair the fire rated door to the non-sprinkled south crawl space. The rated door for the south crawl space has been repaired and will now close within the frame.	3/20/2024
	3. Work Order #23152 was submitted to the Maintenance Department to repair the fire rated door next to the vending machines as it failed to close and latch within the door frame. <b>This door is not latching because it has a door opener that wasn't installed correctly. The push bar has the latch locked in the retracted position because there is no solenoid operated latch plate, so if the door is latched and the opener activated, it would be pushing against the latch and wouldn't open. BSDC is contacting a contractor to correct this issue.</b>	3/20/2024
	<b>C. THE MONITORING OR TRACKING PROCEDURE(S) TO ENSURE THE FACILITY IS EFFECTIVE IN CORRECTING THE DEFICIENCY AND TO ENSURE THE FACILITY REMAINS IN COMPLIANCE WITH THIS DEFICIENCY:</b>	
	The Facility Maintenance Manager is the responsible position to monitor and ensure compliance.	3/20/2024
	<b>D. THE TITLE OF THE PERSON RESPONSIBLE FOR ENSURING THE FACILITY REMAINS IN COMPLIANCE WITH THE CITED DEFICIENCY: (Do not put the staff names).</b>	
	The Facility Maintenance Manager is the responsible position to monitor and ensure compliance.	3/20/2024
	<b>A. ACTION(S) THAT WILL BE TAKEN TO CORRECT THIS DEFICIENCY - ALONG WITH A DESCRIPTION OF HOW THE ACTION WILL CORRECT OR IMPROVE THE PROCESSES THAT LEAD TO THE CITED DEFICIENCY:</b>	

	<b>B. THE PROCEDURE FOR IMPLEMENTING THE CORRECTIVE ACTION(S):</b>	
	<b>C. THE MONITORING OR TRACKING PROCEDURE(S) TO ENSURE THE FACILITY IS EFFECTIVE IN CORRECTING THE DEFICIENCY AND TO ENSURE THE FACILITY REMAINS IN COMPLIANCE WITH THIS DEFICIENCY:</b>	
	<b>D. THE TITLE OF THE PERSON RESPONSIBLE FOR ENSURING THE FACILITY REMAINS IN COMPLIANCE WITH THE CITED DEFICIENCY: (Do not put the staff names).</b>	

## PLAN OF CORRECTION

Provider/Supplier Name: →

STREET ADDRESS, CITY, ZIP: →

400 STATE BUILDING	Survey Date ↓
3104, 3070, 3071 STATE AVE BEATRICE, NE 68310	2/28/2024
SURVEY EVENT ID#	2QVO21
(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 28-	ICFDD07

### PROVIDER'S PLAN OF CORRECTION

(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)

COMPLETION DATE

CITED TAG #

CITED TAG #	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETION DATE
<b>Bldg. 4 Carstens Center</b>		
<b>K0200</b>	<b>A. ACTION(S) THAT WILL BE TAKEN TO CORRECT THIS DEFICIENCY - ALONG WITH A DESCRIPTION OF HOW THE ACTION WILL CORRECT OR IMPROVE THE PROCESSES THAT LEAD TO THE CITED DEFICIENCY:</b>	
	Documentation review revealed the annual emergency lighting test had not been conducted for 1/2024.	3/20/2024
	<b>B. THE PROCEDURE FOR IMPLEMENTING THE CORRECTIVE ACTION(S):</b>	
	Maintenance Work Order #23157 was submitted to the Maintenance Department to reveal the annual emergency lighting test had not been conducted for 1/2024. The Maintenance Department has conducted the lighting test and documented the lighting test is completed.	3/20/2024
	<b>C. THE MONITORING OR TRACKING PROCEDURE(S) TO ENSURE THE FACILITY IS EFFECTIVE IN CORRECTING THE DEFICIENCY AND TO ENSURE THE FACILITY REMAINS IN COMPLIANCE WITH THIS DEFICIENCY:</b>	
	The Facility Maintenance Manager is the responsible position to monitor and ensure compliance.	3/20/2024
	<b>D. THE TITLE OF THE PERSON RESPONSIBLE FOR ENSURING THE FACILITY REMAINS IN COMPLIANCE WITH THE CITED DEFICIENCY: (Do not put the staff names).</b>	
	The Facility Maintenance Manager is the responsible position to monitor and ensure compliance.	3/20/2024
	<b>A. ACTION(S) THAT WILL BE TAKEN TO CORRECT THIS DEFICIENCY - ALONG WITH A DESCRIPTION OF HOW THE ACTION WILL CORRECT OR IMPROVE THE PROCESSES THAT LEAD TO THE CITED DEFICIENCY:</b>	

	<b>B. THE PROCEDURE FOR IMPLEMENTING THE CORRECTIVE ACTION(S):</b>	
	<b>C. THE MONITORING OR TRACKING PROCEDURE(S) TO ENSURE THE FACILITY IS EFFECTIVE IN CORRECTING THE DEFICIENCY AND TO ENSURE THE FACILITY REMAINS IN COMPLIANCE WITH THIS DEFICIENCY:</b>	
	<b>D. THE TITLE OF THE PERSON RESPONSIBLE FOR ENSURING THE FACILITY REMAINS IN COMPLIANCE WITH THE CITED DEFICIENCY: (Do not put the staff names).</b>	
	<b>A. ACTION(S) THAT WILL BE TAKEN TO CORRECT THIS DEFICIENCY - ALONG WITH A DESCRIPTION OF HOW THE ACTION WILL CORRECT OR IMPROVE THE PROCESSES THAT LEAD TO THE CITED DEFICIENCY:</b>	
	<b>B. THE PROCEDURE FOR IMPLEMENTING THE CORRECTIVE ACTION(S):</b>	
	<b>C. THE MONITORING OR TRACKING PROCEDURE(S) TO ENSURE THE FACILITY IS EFFECTIVE IN CORRECTING THE DEFICIENCY AND TO ENSURE THE FACILITY REMAINS IN COMPLIANCE WITH THIS DEFICIENCY:</b>	
	<b>D. THE TITLE OF THE PERSON RESPONSIBLE FOR ENSURING THE FACILITY REMAINS IN COMPLIANCE WITH THE CITED DEFICIENCY: (Do not put the staff names).</b>	

## PLAN OF CORRECTION

<b>Provider/Supplier Name:</b> →	400 STATE BUILDING	<b>Survey Date</b> ↓
<b>STREET ADDRESS, CITY, ZIP:</b> →	3104, 3070, 3071 STATE AVE BEATRICE, NE 68310	2/28/2024
	SURVEY EVENT ID#	2QVO21
	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 28-	ICFDD07

### PROVIDER'S PLAN OF CORRECTION

(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)

COMPLETION DATE

CITED TAG #	PROVIDER'S PLAN OF CORRECTION	COMPLETION DATE
<b>Bldg. 6</b>		
<b>D Building</b>		
<b>K0345</b>	<b>A. ACTION(S) THAT WILL BE TAKEN TO CORRECT THIS DEFICIENCY - ALONG WITH A DESCRIPTION OF HOW THE ACTION WILL CORRECT OR IMPROVE THE PROCESSES THAT LEAD TO THE CITED DEFICIENCY:</b>	
	Observations revealed on 3-5-2024:	
	1. Missing junction box cover for the fire alarm wiring in the first floor riser room.	3/15/2024
	2. Missing three junction box covers for the fire alarm wiring in the center mechanical room in the basement.	3/15/2024
	3. Documentation review on 3-5-2024 revealed that only the 11-15-23 fire alarm report was provided.	3/20/2024
	<b>B. THE PROCEDURE FOR IMPLEMENTING THE CORRECTIVE ACTION(S):</b>	
	1. Maintenance Work Order #23097 was submitted to the Maintenance Department to replace the missing junction box cover for the fire alarm wiring in the first floor riser room. The missing cover was replaced for the fire alarm wiring.	3/15/2024
	2. Maintenance Work Order #23097 was submitted to the Maintenance Department to replace the three junction box covers for the fire alarm wiring in the center mechanical room in the basement. The three junction box covers were replaced for the fire alarm wiring.	3/15/2024
	3. Documentation review on 3-5-2024 revealed that only the 11-15-23 fire alarm report was provided. Midwest Alarms completes inspections. Inspection reports for 11-16-2022 and 11-15-2023 are in the inspection folder in D Building.	3/20/2024
	<b>C. THE MONITORING OR TRACKING PROCEDURE(S) TO ENSURE THE FACILITY IS EFFECTIVE IN CORRECTING THE DEFICIENCY AND TO ENSURE THE FACILITY REMAINS IN COMPLIANCE WITH THIS DEFICIENCY:</b>	
	The Facility Maintenance Manager is the responsible position to monitor and ensure compliance.	3/20/2024
	<b>D. THE TITLE OF THE PERSON RESPONSIBLE FOR ENSURING THE FACILITY REMAINS IN COMPLIANCE WITH THE CITED DEFICIENCY: (Do not put the staff names).</b>	



	The Facility Maintenance Manager is the responsible position to monitor and ensure compliance.	3/20/2024
	<b>A. ACTION(S) THAT WILL BE TAKEN TO CORRECT THIS DEFICIENCY - ALONG WITH A DESCRIPTION OF HOW THE ACTION WILL CORRECT OR IMPROVE THE PROCESSES THAT LEAD TO THE CITED DEFICIENCY:</b>	
	<b>B. THE PROCEDURE FOR IMPLEMENTING THE CORRECTIVE ACTION(S):</b>	
	<b>C. THE MONITORING OR TRACKING PROCEDURE(S) TO ENSURE THE FACILITY IS EFFECTIVE IN CORRECTING THE DEFICIENCY AND TO ENSURE THE FACILITY REMAINS IN COMPLIANCE WITH THIS DEFICIENCY:</b>	
	<b>D. THE TITLE OF THE PERSON RESPONSIBLE FOR ENSURING THE FACILITY REMAINS IN COMPLIANCE WITH THE CITED DEFICIENCY: (Do not put the staff names).</b>	
	<b>A. ACTION(S) THAT WILL BE TAKEN TO CORRECT THIS DEFICIENCY - ALONG WITH A DESCRIPTION OF HOW THE ACTION WILL CORRECT OR IMPROVE THE PROCESSES THAT LEAD TO THE CITED DEFICIENCY:</b>	
	<b>B. THE PROCEDURE FOR IMPLEMENTING THE CORRECTIVE ACTION(S):</b>	
	<b>C. THE MONITORING OR TRACKING PROCEDURE(S) TO ENSURE THE FACILITY IS EFFECTIVE IN CORRECTING THE DEFICIENCY AND TO ENSURE THE FACILITY REMAINS IN COMPLIANCE WITH THIS DEFICIENCY:</b>	
	<b>D. THE TITLE OF THE PERSON RESPONSIBLE FOR ENSURING THE FACILITY REMAINS IN COMPLIANCE WITH THE CITED DEFICIENCY: (Do not put the staff names).</b>	

## PLAN OF CORRECTION

<b>Provider/Supplier Name:</b> →	400 STATE BUILDING	<b>Survey Date</b> ↓
<b>STREET ADDRESS, CITY, ZIP:</b> →	3104, 3070, 3071 STATE AVE BEATRICE, NE 68310	2/28/2024
	SURVEY EVENT ID#	2QVO21
	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 28-	ICFDD07

### PROVIDER'S PLAN OF CORRECTION

(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)

COMPLETION DATE

CITED TAG #	PROVIDER'S PLAN OF CORRECTION	COMPLETION DATE
<b>Bldg. 10 Administration Building</b>		
<b>K0321</b>	<b>A. ACTION(S) THAT WILL BE TAKEN TO CORRECT THIS DEFICIENCY - ALONG WITH A DESCRIPTION OF HOW THE ACTION WILL CORRECT OR IMPROVE THE PROCESSES THAT LEAD TO THE CITED DEFICIENCY:</b>	
	Observation revealed the fire rated door 173A leading into the old generator room failed to close and latch.	3/20/2024
	<b>B. THE PROCEDURE FOR IMPLEMENTING THE CORRECTIVE ACTION(S):</b>	
	Maintenance Work Order # 23150 was submitted to the Maintenance Department to repair the fire rated door 173A leading into the old generator room as it failed to close and latch. The door closer was seized up. The bad door closer was removed, all hardware was tightened, lubricated hinges and lockset and installed a new door closer. Fire rated door 173A now closes and latches within the doorframe.	3/20/2024
	<b>C. THE MONITORING OR TRACKING PROCEDURE(S) TO ENSURE THE FACILITY IS EFFECTIVE IN CORRECTING THE DEFICIENCY AND TO ENSURE THE FACILITY REMAINS IN COMPLIANCE WITH THIS DEFICIENCY:</b>	
	The Facility Maintenance Manager is the responsible position to monitor and ensure compliance.	3/20/2024
	<b>D. THE TITLE OF THE PERSON RESPONSIBLE FOR ENSURING THE FACILITY REMAINS IN COMPLIANCE WITH THE CITED DEFICIENCY: (Do not put the staff names).</b>	
	The Facility Maintenance Manager is the responsible position to monitor and ensure compliance.	3/20/2024
	<b>A. ACTION(S) THAT WILL BE TAKEN TO CORRECT THIS DEFICIENCY - ALONG WITH A DESCRIPTION OF HOW THE ACTION WILL CORRECT OR IMPROVE THE PROCESSES THAT LEAD TO THE CITED DEFICIENCY:</b>	

	<b>B. THE PROCEDURE FOR IMPLEMENTING THE CORRECTIVE ACTION(S):</b>	
	<b>C. THE MONITORING OR TRACKING PROCEDURE(S) TO ENSURE THE FACILITY IS EFFECTIVE IN CORRECTING THE DEFICIENCY AND TO ENSURE THE FACILITY REMAINS IN COMPLIANCE WITH THIS DEFICIENCY:</b>	
	<b>D. THE TITLE OF THE PERSON RESPONSIBLE FOR ENSURING THE FACILITY REMAINS IN COMPLIANCE WITH THE CITED DEFICIENCY: (Do not put the staff names).</b>	
	<b>A. ACTION(S) THAT WILL BE TAKEN TO CORRECT THIS DEFICIENCY - ALONG WITH A DESCRIPTION OF HOW THE ACTION WILL CORRECT OR IMPROVE THE PROCESSES THAT LEAD TO THE CITED DEFICIENCY:</b>	
	<b>B. THE PROCEDURE FOR IMPLEMENTING THE CORRECTIVE ACTION(S):</b>	
	<b>C. THE MONITORING OR TRACKING PROCEDURE(S) TO ENSURE THE FACILITY IS EFFECTIVE IN CORRECTING THE DEFICIENCY AND TO ENSURE THE FACILITY REMAINS IN COMPLIANCE WITH THIS DEFICIENCY:</b>	
	<b>D. THE TITLE OF THE PERSON RESPONSIBLE FOR ENSURING THE FACILITY REMAINS IN COMPLIANCE WITH THE CITED DEFICIENCY: (Do not put the staff names).</b>	

## PLAN OF CORRECTION

Provider/Supplier Name: →

STREET ADDRESS, CITY, ZIP: →

400 STATE BUILDING	Survey Date ↓
3104, 3070, 3071 STATE AVE BEATRICE, NE 68310	2/28/2024
SURVEY EVENT ID#	2QVO21
(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 28-	ICFDD07

### PROVIDER'S PLAN OF CORRECTION

(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)

COMPLETION DATE

CITED TAG #

CITED TAG #	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETION DATE
<b>Bldg. 11 3071 State Avenue</b>		
<b>K0761</b>	<b>A. ACTION(S) THAT WILL BE TAKEN TO CORRECT THIS DEFICIENCY - ALONG WITH A DESCRIPTION OF HOW THE ACTION WILL CORRECT OR IMPROVE THE PROCESSES THAT LEAD TO THE CITED DEFICIENCY:</b>	
	Record review revealed the facility failed to provide a complete list of all fire rated doors.	3/20/2024
	<b>B. THE PROCEDURE FOR IMPLEMENTING THE CORRECTIVE ACTION(S):</b>	
	The Safety Coordinator provided a Fire Door Inspection Report to the Maintenance Department. The Maintenance Department is currently reviewing information on how to proceed with meeting this requirement for the facility.	3/20/2024
	<b>C. THE MONITORING OR TRACKING PROCEDURE(S) TO ENSURE THE FACILITY IS EFFECTIVE IN CORRECTING THE DEFICIENCY AND TO ENSURE THE FACILITY REMAINS IN COMPLIANCE WITH THIS DEFICIENCY:</b>	
	The Facility Maintenance Manager is the responsible position to monitor and ensure compliance.	3/20/2024
	<b>D. THE TITLE OF THE PERSON RESPONSIBLE FOR ENSURING THE FACILITY REMAINS IN COMPLIANCE WITH THE CITED DEFICIENCY: (Do not put the staff names).</b>	
	The Facility Maintenance Manager is the responsible position to monitor and ensure compliance.	3/20/2024
	<b>A. ACTION(S) THAT WILL BE TAKEN TO CORRECT THIS DEFICIENCY - ALONG WITH A DESCRIPTION OF HOW THE ACTION WILL CORRECT OR IMPROVE THE PROCESSES THAT LEAD TO THE CITED DEFICIENCY:</b>	

	<b>B. THE PROCEDURE FOR IMPLEMENTING THE CORRECTIVE ACTION(S):</b>	
	<b>C. THE MONITORING OR TRACKING PROCEDURE(S) TO ENSURE THE FACILITY IS EFFECTIVE IN CORRECTING THE DEFICIENCY AND TO ENSURE THE FACILITY REMAINS IN COMPLIANCE WITH THIS DEFICIENCY:</b>	
	<b>D. THE TITLE OF THE PERSON RESPONSIBLE FOR ENSURING THE FACILITY REMAINS IN COMPLIANCE WITH THE CITED DEFICIENCY: (Do not put the staff names).</b>	
	<b>A. ACTION(S) THAT WILL BE TAKEN TO CORRECT THIS DEFICIENCY - ALONG WITH A DESCRIPTION OF HOW THE ACTION WILL CORRECT OR IMPROVE THE PROCESSES THAT LEAD TO THE CITED DEFICIENCY:</b>	
	<b>B. THE PROCEDURE FOR IMPLEMENTING THE CORRECTIVE ACTION(S):</b>	
	<b>C. THE MONITORING OR TRACKING PROCEDURE(S) TO ENSURE THE FACILITY IS EFFECTIVE IN CORRECTING THE DEFICIENCY AND TO ENSURE THE FACILITY REMAINS IN COMPLIANCE WITH THIS DEFICIENCY:</b>	
	<b>D. THE TITLE OF THE PERSON RESPONSIBLE FOR ENSURING THE FACILITY REMAINS IN COMPLIANCE WITH THE CITED DEFICIENCY: (Do not put the staff names).</b>	

## PLAN OF CORRECTION

Provider/Supplier Name: →

STREET ADDRESS, CITY, ZIP: →

<b>400 STATE BUILDING</b>	Survey Date ↓
<b>3104, 3070, 3071 STATE AVE BEATRICE, NE 68310</b>	<b>2/28/2024</b>
SURVEY EVENT ID#	<b>2QVO21</b>
(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 28-	<b>ICFDD07</b>

### PROVIDER'S PLAN OF CORRECTION

(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)

COMPLETION DATE

CITED TAG #	PROVIDER'S PLAN OF CORRECTION	COMPLETION DATE
<b>Bldg. 12 3070 State Avenue</b>		
<b>K0300</b>	<b>A. ACTION(S) THAT WILL BE TAKEN TO CORRECT THIS DEFICIENCY - ALONG WITH A DESCRIPTION OF HOW THE ACTION WILL CORRECT OR IMPROVE THE PROCESSES THAT LEAD TO THE CITED DEFICIENCY:</b>	
	Observation on 3/1/2024 revealed the fire extinguisher in the laundry room last inspection was dated 1/4/24.	3/20/2024
	<b>B. THE PROCEDURE FOR IMPLEMENTING THE CORRECTIVE ACTION(S):</b>	
	Maintenance Work Order #22945 was submitted to the Maintenance Department to inspect the fire extinguisher in the laundry room and document the inspection date on the fire extinguisher tag.	3/20/2024
	<b>C. THE MONITORING OR TRACKING PROCEDURE(S) TO ENSURE THE FACILITY IS EFFECTIVE IN CORRECTING THE DEFICIENCY AND TO ENSURE THE FACILITY REMAINS IN COMPLIANCE WITH THIS DEFICIENCY:</b>	
	The Facility Maintenance Manager is the responsible position to monitor and ensure compliance.	3/20/2024
	<b>D. THE TITLE OF THE PERSON RESPONSIBLE FOR ENSURING THE FACILITY REMAINS IN COMPLIANCE WITH THE CITED DEFICIENCY: (Do not put the staff names).</b>	
	The Facility Maintenance Manager is the responsible position to monitor and ensure compliance.	3/20/2024
<b>K0321</b>	<b>A. ACTION(S) THAT WILL BE TAKEN TO CORRECT THIS DEFICIENCY - ALONG WITH A DESCRIPTION OF HOW THE ACTION WILL CORRECT OR IMPROVE THE PROCESSES THAT LEAD TO THE CITED DEFICIENCY:</b>	
	Observation revealed an unsealed penetration around silver pipe above the door in the Mechanical Room.	3/20/2024

	<b>B. THE PROCEDURE FOR IMPLEMENTING THE CORRECTIVE ACTION(S):</b>	
	Maintenance Work Order #22945 was submitted to the Maintenance Department to fill the hole in the ceiling with fire retardant filler. The hole has been filled with 3M fire barrier sealant.	3/20/2024
	<b>C. THE MONITORING OR TRACKING PROCEDURE(S) TO ENSURE THE FACILITY IS EFFECTIVE IN CORRECTING THE DEFICIENCY AND TO ENSURE THE FACILITY REMAINS IN COMPLIANCE WITH THIS DEFICIENCY:</b>	
	The Facility Maintenance Manager is the responsible position to monitor and ensure compliance.	3/20/2024
	<b>D. THE TITLE OF THE PERSON RESPONSIBLE FOR ENSURING THE FACILITY REMAINS IN COMPLIANCE WITH THE CITED DEFICIENCY: (Do not put the staff names).</b>	
	The Facility Maintenance Manager is the responsible position to monitor and ensure compliance.	3/20/2024
<b>K0761</b>	<b>A. ACTION(S) THAT WILL BE TAKEN TO CORRECT THIS DEFICIENCY - ALONG WITH A DESCRIPTION OF HOW THE ACTION WILL CORRECT OR IMPROVE THE PROCESSES THAT LEAD TO THE CITED DEFICIENCY:</b>	
	Record review revealed the facility failed to provide a complete list of all fire rated doors.	3/20/2024
	<b>B. THE PROCEDURE FOR IMPLEMENTING THE CORRECTIVE ACTION(S):</b>	
	The Safety Coordinator provided a Fire Door Inspection Report to the Maintenance Department. The Maintenance Department is currently reviewing information on how to proceed with meeting this requirement for the facility.	3/20/2024
	<b>C. THE MONITORING OR TRACKING PROCEDURE(S) TO ENSURE THE FACILITY IS EFFECTIVE IN CORRECTING THE DEFICIENCY AND TO ENSURE THE FACILITY REMAINS IN COMPLIANCE WITH THIS DEFICIENCY:</b>	
	The Facility Maintenance Manager is the responsible position to monitor and ensure compliance.	3/20/2024
	<b>D. THE TITLE OF THE PERSON RESPONSIBLE FOR ENSURING THE FACILITY REMAINS IN COMPLIANCE WITH THE CITED DEFICIENCY: (Do not put the staff names).</b>	
	The Facility Maintenance Manager is the responsible position to monitor and ensure compliance.	3/20/2024

# Work Orders

- ✓ 400 State Building
  - ✓ 200 Sheridan
  - ✓ Carstens Center
  - ✓ D Building
  - ✓ Admin Building
- ✓ 3070 State Avenue





BSDC  
Beatrice State Development Center  
3000 Lincoln Blvd  
Beatrice, NE 68310

**DUE BY 3/13/2024 2:00 PM**

**MEDIUM**

**WO# BSDC-22946**

**NOT TO EXCEED \$0.00**

**STATUS COMPLETED**

**BUILDING**

*400 State Building*

**Name** BSDC  
**Address** 3104 State Avenue  
Beatrice, NE 68310

**Contact** Russell Fralin  
**Contact At** russell.fralin@nebraska.gov  
**Phone** 402-223-6827  
**Fax**

**REQUEST**

**DATE CREATED 3/1/2024 1:48 PM**

**General** Describe as needed 3104 State Avenue/F Building: Per Mike Balderson- on the 1st floor of the lobby area (just north of the elevators), ceiling tile is missing. A ceiling tile with the sprinkler head is not seated properly. Please replace and repair. BILLING FOR BEATRICE STATE DEVELOPMENTAL CENTER

**ASSIGNMENT**

**Assigned To** Richard Karas  
**Mobile** 402.239.9732  
**Email** richard.karas@nebraska.gov

**Specialty** General Maintenance  
**Access/Appt** N/A  
**Scheduled Start**  
**PO#**

**COMPLETION**

**REQUIRED SIGNATURE**

**Work Completed** 3/4/2024 10:25 AM  
**Repair Category/Code** Floors/Walls/Ceilings Other  
cut new tile and installed

**Signature** If this document was sent because a signed copy has been requested during the sign-off process on a mobile device, check the second attachment to the same email for the signed receipt.



**BSDC**  
Beatrice State Development Center  
3000 Lincoln Blvd  
Beatrice, NE 68310

*400 State Building*  
**WO# BSDC-22947**

**DUE BY 3/13/2024 2:00 PM**

**MEDIUM**

**NOT TO EXCEED \$0.00**

**STATUS COMPLETED**

**BUILDING**

<b>Name</b>	BSDC	<b>Contact</b>	Russell Fralin
<b>Address</b>	3104 State Avenue Beatrice, NE 68310	<b>Contact At</b>	russell.fralin@nebraska.gov
		<b>Phone</b>	402-223-6827
		<b>Fax</b>	

**REQUEST**

**DATE CREATED 3/1/2024 1:50 PM**

**General** Describe as needed 3104 State Avenue/F Building: Per Mike Balderson, in the basement elevator room, the fire extinguisher does not show inspection or sign-off for 2024. Please inspect and update. BILLING FOR BEATRICE STATE DEVELOPMENTAL CENTER

**ASSIGNMENT**

<b>Assigned To</b>	Richard Karas	<b>Specialty</b>	General Maintenance
<b>Mobile</b>	402.239.9732	<b>Access/Appt</b>	N/A
<b>Email</b>	richard.karas@nebraska.gov	<b>Scheduled Start</b>	
		<b>PO#</b>	

**COMPLETION**

**REQUIRED SIGNATURE**

**Work Completed** 3/4/2024 10:24 AM  
**Repair Category/Code** General  
 checked fire extinguisher and signed tag.

**Signature** If this document was sent because a signed copy has been requested during the sign-off process on a mobile device, check the second attachment to the same email for the signed receipt.

NEBRASKA

Good Life. Great Opportunity.

BSDC  
Beatrice State Development Center  
3000 Lincoln Blvd  
Beatrice, NE 68310

400 State Building  
WO# BSDC-23156

DUE BY 4/1/2024 2:00 PM

MEDIUM

NOT TO EXCEED \$0.00

STATUS COMPLETED

**BUILDING**

Name

Contact

Steve Robertson

Address

3000 Lincoln Blvd  
Beatrice, NE 68310

Contact At

steve.robertson@nebraska.gov

Phone

Fax

**BASIC**

DATE CREATED 3/20/2024 1:53 PM

BSDC-Building 5 #005 (3104 State Avenue) Other Fire Marshal Discrepancy 3104 State (F Bldg.), 406, Room 207 - The door failed to latch during the Fire Marshal inspection.

**ASSIGNMENT**

Assigned To

Steven Robertson

Specialty

Carpentry/Handyman Svcs  
(deleted)

Mobile

402.806.5607

Access/Appt

N/A

Email

steve.robertson@nebraska.gov

Scheduled Start

PO#

**COMPLETION**

**REQUIRED SIGNATURE**

Work Completed

3/20/2024 1:56 PM

Signature

If this document was sent because a signed copy has been requested during the sign-off process on a mobile device, check the second attachment to the same email for the signed receipt.

Repair Category/Code

Doors and Windows Improper  
Operation

Replaced the latch assembly.





BSDC  
Beatrice State Development Center  
3000 Lincoln Blvd  
Beatrice, NE 68310

DUE BY 4/1/2024 3:30 PM  
NOT TO EXCEED \$0.00

MEDIUM

WO# BSDC-23159

STATUS COMPLETED

*200 Sheridan*

**BUILDING**

Name

Contact

Address

3000 Lincoln Blvd  
Beatrice, NE 68310

Contact At

Phone

Fax

**BASIC**

DATE CREATED 3/20/2024 3:14 PM

BSDC-West Wing #017 (854 Sheridan 2nd Flr/834 Sheridan 1st Flr) Other repair egress light per fire marshall

**ASSIGNMENT**

Assigned To

Ray Reckley

Specialty

Carpentry/Handyman Svcs  
(deleted)

Mobile

Access/Appt

N/A

Email

raymond.reckley@nebraska.gov

Scheduled Start

PO#

**COMPLETION**

**REQUIRED SIGNATURE**

Work Completed

3/20/2024 3:15 PM

Signature

If this document was sent because a signed copy has been requested during the sign-off process on a mobile device, check the second attachment to the same email for the signed receipt.

Repair Category/Code

Lights and Signs Bulb

repair egress light per fire marshall work order



**BSDC**  
Beatrice State Development Center  
3000 Lincoln Blvd  
Beatrice, NE 68310

**DUE BY 4/1/2024 1:30 PM**  
**NOT TO EXCEED \$0.00**

**MEDIUM**

**WO# BSDC-23153**  
**STATUS COMPLETED**

*200 Sheridan*

**BUILDING**

**Name**

**Address** 3000 Lincoln Blvd  
Beatrice, NE 68310

**Contact**

**Contact At**

**Phone**

**Fax**

**BASIC**

**DATE CREATED 3/20/2024 1:03 PM**

**BSDC-West Wing #017 (854 Sheridan 2nd Flr/834 Sheridan 1st Flr) Other fire marshall work order**

**ASSIGNMENT**

**Assigned To** William Lux  
**Mobile** 402.806.7526  
**Email** william.lux@nebraska.gov

**Specialty** Carpentry/Handyman Svcs  
(deleted)

**Access/Appt** N/A

**Scheduled Start**

**PO#**

**COMPLETION**

**Work Completed** 3/20/2024 1:05 PM  
**Repair Category/Code** Electrical Other

**REQUIRED SIGNATURE**

**Signature** If this document was sent because a signed copy has been requested during the sign-off process on a mobile device, check the second attachment to the same email for the signed receipt.

fire marshall work order for activity center, lower exit signs by doors



BSDC  
Beatrice State Development Center  
3000 Lincoln Blvd  
Beatrice, NE 68310

DUE BY 4/2/2024 12:00 PM

MEDIUM

WO# BSDC-23164

NOT TO EXCEED \$0.00

STATUS COMPLETED

*200 Sheridan*

**BUILDING**

Name

Contact

Steve Robertson

Address

3000 Lincoln Blvd  
Beatrice, NE 68310

Contact At

steve.robertson@nebraska.gov

Phone

Fax

**BASIC**

DATE CREATED 3/21/2024 11:41 AM

BSDC-West Wing #017 (854 Sheridan 2nd Flr/834 Sheridan 1st Flr) Other Fire Marshal Deficiency 834 Sheridan (West Wing) Basement - During the Fire Marshal inspection the north and south crawl space hatch doors were not closing and latching.

**ASSIGNMENT**

Assigned To

Steven Robertson

Specialty

Carpentry/Handyman Svcs  
(deleted)

Mobile

402.806.5607

Access/Appt

N/A

Email

steve.robertson@nebraska.gov

Scheduled Start

PO#

**COMPLETION**

Work Completed

3/21/2024 11:48 AM

Repair Category/Code

Doors and Windows Broken  
Closer

**REQUIRED SIGNATURE**

Signature

If this document was sent because a signed copy has been requested during the sign-off process on a mobile device, check the second attachment to the same email for the signed receipt.

The doors weren't closing because the return springs were unhooked, I re-attached them. I lubricated the hinges and latch mechanisms for good measure. I tested the doors and they are closing and latching now.

NEBRASKA

Good Life. Great Opportunity.

BSDC  
Beatrice State Development Center  
3000 Lincoln Blvd  
Beatrice, NE 68310

DUE BY 4/1/2024 10:00 AM

MEDIUM

WO# BSDC-23152

NOT TO EXCEED \$0.00

STATUS ON HOLD

*200 Sheridan*

**BUILDING**

**Name**

**Contact**

Steve Robertson

**Address**

3000 Lincoln Blvd  
Beatrice, NE 68310

**Contact At**

steve.robertson@nebraska.gov

**Phone**

**Fax**

**BASIC**

DATE CREATED 3/20/2024 9:46 AM

BSDC-West Wing #017 (854 Sheridan 2nd Flr/834 Sheridan 1st Flr) Other Fire Marshal Deficiency 834 Sheridan (West Wing, 1st Floor). Door #143  
- The door failed to latch during the Fire Marshal inspection.

**ASSIGNMENT**

**Assigned To**

Steven Robertson

**Specialty**

Carpentry/Handyman Svcs  
(deleted)

**Mobile**

402.806.5607

**Access/Appt**

N/A

**Email**

steve.robertson@nebraska.gov

**Scheduled Start**

**PO#**

**COMPLETION**

**REQUIRED SIGNATURE**

**Work Completed**

**Signature**

If this document was sent because a signed copy has been requested during the sign-off process on a mobile device, check the second attachment to the same email for the signed receipt.

**NOTES**

3/20/2024 9:51 AM - Steven Robertson Wrote: The door is not latching because it has a door opener that wasn't installed correctly - the push bar has the latch locked in the retracted position because there is no solenoid operated latch plate, so if the door is latched and the opener activated it would be pushing against the latch and wouldn't open. We are contacting a contractor to correct the issue.







BSDC  
Beatrice State Development Center  
3000 Lincoln Blvd  
Beatrice, NE 68310

DUE BY 4/1/2024 3:00 PM

MEDIUM

WO# BSDC-23157

NOT TO EXCEED \$0.00

STATUS COMPLETED

*Carstens Center*

**BUILDING**

<b>Name</b>	BSDC	<b>Contact</b>
<b>Address</b>	3000 Carstens Drive Beatrice, NE 68310	<b>Contact At</b>
		<b>Phone</b>
		<b>Fax</b>

**BASIC**

DATE CREATED 3/20/2024 2:56 PM

**General** Describe as needed During the Fire Marshal walk though revealed, the annual emergency lighting test had not been conducted for 1/24.

**ASSIGNMENT**

<b>Assigned To</b>	Terry Brown	<b>Specialty</b>	General Maintenance
<b>Mobile</b>	402.806.0609	<b>Access/Appt</b>	N/A
<b>Email</b>	terry.brown@nebraska.gov	<b>Scheduled Start</b>	
		<b>PO#</b>	

**COMPLETION**

**REQUIRED SIGNATURE**

**Work Completed** 3/20/2024 3:05 PM  
**Repair Category/Code** General

**Signature** If this document was sent because a signed copy has been requested during the sign-off process on a mobile device, check the second attachment to the same email for the signed receipt.

signed off on 1/24 that the annual emergency lighting test had been conducted.





BSDC  
Beatrice State Development Center  
3000 Lincoln Blvd  
Beatrice, NE 68310

DUE BY 3/27/2024 10:00 AM

MEDIUM

WO# BSDC-23097

NOT TO EXCEED \$0.00

STATUS COMPLETED

*S Building*

**BUILDING**

**Name** BSDC  
**Address** 941 Sheridan Drive  
Beatrice, NE 68310

**Contact**  
**Contact At**  
**Phone**  
**Fax**

**BASIC**

DATE CREATED 3/15/2024 9:57 AM

**Electrical** Cover plate damaged/missing replaced covers that the contractor left off.

**ASSIGNMENT**

**Assigned To** William Lux  
**Mobile** 402.806.7526  
**Email** william.lux@nebraska.gov

**Specialty** Electrical  
**Access/Appt** N/A  
**Scheduled Start**  
**PO#**

**COMPLETION**

**Work Completed** 3/15/2024 9:58 AM  
**Repair Category/Code** Electrical Missing Part  
replaced the covers that the contractor left off

**REQUIRED SIGNATURE**

**Signature** If this document was sent because a signed copy has been requested during the sign-off process on a mobile device, check the second attachment to the same email for the signed receipt.





**BSDC**  
Beatrice State Development Center  
3000 Lincoln Blvd  
Beatrice, NE 68310

**DUE BY 4/1/2024 8:30 AM**

**MEDIUM**

**WO# BSDC-23150**

**NOT TO EXCEED \$0.00**

**STATUS COMPLETED**

*Admin Building*

**BUILDING**

<b>Name</b>		<b>Contact</b>	Steve Robertson
<b>Address</b>	3000 Lincoln Blvd Beatrice, NE 68310	<b>Contact At</b>	steve.robertson@nebraska.gov
		<b>Phone</b>	
		<b>Fax</b>	

**BASIC**

**DATE CREATED 3/20/2024 8:26 AM**

**BSDC-Administration Building #015 (843 Wallman Drive)** Other Fire Marshal Deficiency 843 Wallman Drive (Admin), Door #047, the entry door to the old generator room that now houses the generator backed up electric panels. - The door failed to latch during the recent Fire Marshal inspection.

**ASSIGNMENT**

<b>Assigned To</b>	Steven Robertson	<b>Specialty</b>	Carpentry/Handyman Svcs (deleted)
<b>Mobile</b>	402.806.5607	<b>Access/Appt</b>	N/A
<b>Email</b>	steve.robertson@nebraska.gov	<b>Scheduled Start</b>	
		<b>PO#</b>	

**COMPLETION**

**REQUIRED SIGNATURE**

**Work Completed** 3/20/2024 8:39 AM

**Repair Category/Code** Doors and Windows Broken Closer

**Signature** If this document was sent because a signed copy has been requested during the sign-off process on a mobile device, check the second attachment to the same email for the signed receipt.

The door closer was seized up. That room has had a leak in the past and water had run down and corroded the closer and mounting hardware making it difficult to remove them. We removed the bad closer, tightened all hardware, lubricated the hinges and lockset, and installed and adjusted a new closer. Terry Brown assisted for training.





BSDC  
Beatrice State Development Center  
3000 Lincoln Blvd  
Beatrice, NE 68310

DUE BY 3/13/2024 2:00 PM

MEDIUM

WO# BSDC-22945

NOT TO EXCEED \$0.00

STATUS COMPLETED

*3070 State*

**BUILDING**

<b>Name</b>	BSDC	<b>Contact</b>	Russell Fralin
<b>Address</b>	3070 State Avenue Beatrice, NE 68310	<b>Contact At</b>	russell.fralin@nebraska.gov
		<b>Phone</b>	402-223-6827
		<b>Fax</b>	

**REQUEST**

DATE CREATED 3/1/2024 1:46 PM

**General** Describe as needed 3070 State Avenue/412 State: Per Mike Balderson, the following needs to be completed: \*fire extinguisher in the Laundry room is not up to date for inspection/sign off \*In Mechanical Room, the hole in ceiling around pipe needs to be filled with fire retardant filler (located on left side of of mechanical room). BILLING FOR BEATRICE STATE DEVELOPMENTAL CENTER

**ASSIGNMENT**

<b>Assigned To</b>	Daniel Rash	<b>Specialty</b>	General Maintenance
<b>Mobile</b>		<b>Access/Appt</b>	N/A
<b>Email</b>	Daniel.Rash@nebraska.gov	<b>Scheduled Start</b>	
		<b>PO#</b>	

**COMPLETION**

**REQUIRED SIGNATURE**

<b>Work Completed</b>	3/20/2024 3:19 PM
<b>Repair Category/Code</b>	General

**Signature** If this document was sent because a signed copy has been requested during the sign-off process on a mobile device, check the second attachment to the same email for the signed receipt.

Caulked hole in ceiling that was requested. While I had the tube of caulking open, I proceeded to fill in other places that I thought needed done. The caulking used was 3M fire barrier sealant. I also rechecked fire extinguisher and signed tag on fire extinguisher that I had not signed off on originally. I contacted Mike Balderson to check on the work and the fire extinguisher tag. All work and corrections he approved.

**NOTES**

3/1/2024 2:09 PM - Gayle Hawkins Wrote: One work order on each request. This work order has two requests. Thank you



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/11/2024  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>28G107</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>03 - 200 SHERIDAN NON-RES</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/28/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>400 STATE BUILDING</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3104, 3070, 3071 STATE AVE BEATRICE, NE 68310</b>	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	INITIAL COMMENTS  42 CFR 483.470 The facility must meet the applicable provisions of the 2012 Edition of the Life Safety Code of the National Fire Protection Association. This facility is governed by Chapter 39, Existing Business Occupancies of the 2012 Edition of the National Fire Protection Association [NFPA], Chapter 101: Life Safety Code.  400 State Building - 200 Sheridan (Bear Creek/Therapy) is a two story building of Type II (000) construction that was approved in 2002 and is fully sprinkled.  400 State Building - 200 Sheridan (Bear Creek/Therapy) was found not to be in compliance with the requirements for participation in Medicare/Medicaid at 42 CFR 483.470 Life Safety from Fire, and the related National Fire Protection Association (NFPA) Standard 101 - 2012	K 000		
K0200	Means of Egress Requirements - Other CFR(s): NFPA 101  Means of Escape Requirements - Other 2012 EXISTING List in the REMARKS section any LSC Section 33.2.2 Means of Escape requirements that are not addressed by the provided K-tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567. This STANDARD is not met as evidenced by: 1. Based on observation and interview, the facility failed to assure egress lighting was maintained. This deficient practice would cause confusion and delay egress.	K0200		

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

*Deann Ulbrich*

TITLE

*ICFA*

(X6) DATE

*03-22-24*

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K0200	Continued From page 1  Findings are: Observation on 3-5-24 at 11:00 am revealed, the egress lighting for the southwest exit in the basement was not illuminated.  During an interview on 3-5-24 at 11:00 am, Staff A confirmed the lack of egress lighting.  2. Based on observation and interview, the facility failed to assure exit signs were visible. This deficient practice would cause confusion and delay egress.  Findings are: Observation on 3-5-24 at 10:51 am revealed, the east and west exit signs in the Activity center were not visible.  During an interview on 3-5-24 at 10:51 am, Staff A confirmed the exit signs were located so that they were not visible.	K0200		
K0321	Hazardous Areas - Enclosure CFR(s): NFPA 101  Hazardous Areas - Enclosure 2012 EXISTING (Prompt) Any hazardous area that is on the same floor as, and is in or abut, a primary means of escape or a sleeping room shall be protected by one of the following means: 1. Protection shall be an enclosure with a fire resistance rating of not less than 1 hour, with a self-closing or automatic closing fire door in accordance with 7.2.1.8 that has a fire protection rating of not less than 3/4 hour. 2. Protection shall be automatic sprinkler	K0321		

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K0321	<p>Continued From page 2</p> <p>protection, in accordance with 33.2.3.5, and a smoke partition, in accordance with 8.4 located between the hazardous area and the sleeping area or primary escape route. Any doors in such separation shall be self-closing or automatic closing in accordance with 7.2.1.8. Other hazardous areas shall be protected in accordance with 33.2.3.2.5 by one of the following:</p> <ol style="list-style-type: none"> <li>1. An enclosure having a fire resistance rating of not less than 1/2 hour, with a self-closing or automatic-closing door in accordance with 7.2.1.8 that is equivalent to not less than a 13/4 inch (4.4 cm) thick, solid-bonded wood core construction.</li> <li>2. Automatic sprinkler protection in accordance with 33.2.3.5, regardless of enclosure.</li> </ol> <p>Areas with approved, properly installed and maintained furnaces and heating equipment, and cooking and laundry facilities are not classified as hazardous areas solely on basis of such equipment.</p> <p>Standard response sprinklers shall be permitted for use in hazardous areas in accordance with 33.2.3.2.</p> <p>33.2.2.2.4, 33.2.3.2, 33.2.3.2.5</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to assure the door to a hazardous would latch within the frame. This deficient practice would allow fire, smoke and gasses to migrate into other areas.</p> <p>Findings are: Observation on 3-5-24 between 11:14 am and 11:23 am revealed:</p> <ol style="list-style-type: none"> <li>1. The rated door to the non-sprinkled north crawl space failed to close within the frame.</li> <li>2. The fire rated door to the non-sprinkled south crawl space failed to close within the frame.</li> </ol>	K0321			

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K0321	Continued From page 3 3. The 1 ½ hour fire rated door next to the vending machines failed to close and latch within the door frame.  During an interview on 3-5-24 between 11:14 am and 11:23 am, Facility Staff A confirmed the findings.	K0321			

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K 000	INITIAL COMMENTS  42 CFR 483.470 The facility must meet the applicable provisions of the 2012 Edition of the Life Safety Code of the National Fire Protection Association. This facility is governed by Chapter 39, Existing Business Occupancies of the 2012 Edition of the National Fire Protection Association [NFPA], Chapter 101: Life Safety Code.  400 State Building - D Building (training) is a three story building of Type II (000) construction that was approved in 2002 and is fully sprinkled.  400 State Building - D Building (training) was found to not be in compliance with the requirements for participation in Medicare/Medicaid at 42 CFR 483.470 Life Safety from Fire, and the related National Fire Protection Association (NFPA) Standard 101 - 2012	K 000			
K0345	Fire Alarm System - Testing and Maintenance CFR(s): NFPA 101  Fire Alarm System - Testing and Maintenance 2012 EXISTING (Prompt) A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This STANDARD is not met as evidenced by: Based on observation, documentation review and interview, the facility failed to assure all fire alarm reports were provided and failed to assure junction boxes were covered. This deficient	K0345			

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

TITLE

(X6) DATE

*Dawn Ulbrueckel*

*ICFA*

*03-22-24*

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K0345	<p>Continued From page 1 practice would increase the potential for the fire alarm system not to activate as designed.</p> <p>Findings are: Observations on 3-5-24 at 10:22 am and 10:35 am revealed:</p> <ol style="list-style-type: none"> <li>1. Missing junction box cover for fire alarm wiring in the first-floor riser room.</li> <li>2. Missing three junction box covers for the fire alarm wiring in the center mechanical room in the basement.</li> </ol> <p>During an interview on 3-5-24 at 10:22 am and 10:35 am, Staff A confirmed the open junction boxes.</p> <p>Documentation review on 3-5-24 at 1:09 pm revealed that only the 11-15-23 fire alarm report was provided.</p> <p>During an interview on 3-5-24 at 1:09 pm, Staff A confirmed missing fire alarm reports.</p>	K0345		

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K 000	INITIAL COMMENTS  42 CFR 483.470 The facility must meet the applicable provisions of the 2012 Edition of the Life Safety Code of the National Fire Protection Association. This facility is governed by Chapter 33, Existing Residential Board and Care Occupancies of the 2012 Edition of the National Fire Protection Association [NFPA], Chapter 101: Life Safety Code.  400 State Building - Main is a two story building of Type III (200) construction that was approved in 2002 and is fully sprinkled.  The facility has 36 certified beds. At the time of the survey the census was 4 residents.  400 State Building - Main was found to be in compliance with the requirements for participation in Medicare/Medicaid at 42 CFR 483.470 Life Safety from Fire, and the related National Fire Protection Association (NFPA) Standard 101 - 2012 edition.	K 000		
K0353	Sprinkler System - Maintenance and Testing CFR(s): NFPA 101  Sprinkler System - Maintenance and Testing 2012 EXISTING (Prompt and Slow) Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available. a) Date sprinkler system was last checked _____	K0353		

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

TITLE

(X6) DATE

*Down Ubrasczek*

*ICFA*

*03-22-24*

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K0353	Continued From page 1 b) Who provided system test  c) Water system supply source _____ 33.3.3.5.1, 9.7.5, 9.7.7, 9.7.8, NFPA 25 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to provide a smoke resistant enclosure for the corridor on the first floor. This deficient practice would allow fire and smoke to migrate out of the hazard areas into the exit corridor which could delay egress. The facility census was 4.  Findings are: Observation on 3-1-24 at 12:04 pm revealed, ceiling tiles out of the grid in the entry of 400 State Building.  During an interview on 3-1-24 at 12:04 pm, Staff A confirmed the ceiling tiles out of the grid.	K0353		
K0355	Portable Fire Extinguishers CFR(s): NFPA 101  Portable Fire Extinguishers 2012 EXISTING (Prompt and Slow) Portable fire extinguishers shall be provided near hazardous areas in accordance with 9.7.4.1. 33.3.3.5.7  This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to assure fire extinguishers were inspected on a monthly basis. This deficient practice would delay the extinguishment of a fire. The facility census was 4.  Findings are:	K0355		



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K0355	Continued From page 2 Observation on 3-1-24 at 12:08 pm revealed, the fire extinguisher in the basement was serviced in 12/23 with no monthly inspection.	K0355			
K0363	During an interview on 3-6-23 at 12:08 pm, Staff A confirmed the fire extinguisher had not been inspected. Corridor - Doors CFR(s): NFPA 101  Corridor - Doors Doors shall have a fire protection rating of not less than 20 minutes, unless the following condition exist: 1. Solid-bonded wood core doors of not less than 1-3/4 inches (4.4 cm) thickness shall be permitted to continue to be used. 2. In buildings protected throughout by an approved automatic sprinkler system in accordance with 33.3.3.5, doors that are nonrated shall be permitted to continue to be used. 3. Where automatic sprinkler protection is provided in the corridor in accordance with 31.3.5.8, doors shall not be required to have a fire protection rating but shall be in accordance with 8.4.3. The provisions of 8.4.3.5 shall not apply. Doors shall be equipped with latches for keeping the doors tightly closed. Walls and doors required by 33.3.3.6.1 and 33.3.3.6.2 shall be constructed as smoke partitions in accordance with 8.4. The provisions of 8.4.3.5 shall not apply. Doors shall be self-closing or automatic-closing in accordance with 7.2.1.8. Doors in walls separating sleeping rooms from corridors shall be automatic-closing in accordance with 7.2.1.8.2 unless the following conditions exist: 1. Doors to sleeping rooms that have	K0363			

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NAME OF PROVIDER OR SUPPLIER  <b>400 STATE BUILDING</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3104, 3070, 3071 STATE AVE BEATRICE, NE 68310</b>		
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K0363	Continued From page 3 occupant-control locks such that access is normally restricted to the occupants or staff personnel shall be permitted to be self-closing. 2. In buildings protected throughout by an approved automatic sprinkler system installed in accordance with 33.3.3.5, doors, other than doors to hazardous areas, vertical openings, and exit enclosures, shall not be required to be self-closing or automatic-closing. Door assemblies with leaves required to swing in the direction of egress travel are inspected and tested annually per 7.2.1.15. 33.3.3.6.4.1, 33.3.3.6.4.2, 33.3.3.6.4.3, 33.3.3.6.4.4, 33.3.3.6.5, 33.3.3.6.6.1, 33.3.6.6.2, 33.3.3.6.6.3, 33.7.7 This STANDARD is not met as evidenced by: Based on observation and interview the facility failed to assure doors would latch within the doorframe this deficient practice would allow smoke, fire and gasses to spread outside the room. The facility census was 4.  Findings are: Observations on 3-1-24 at 11:49 am revealed, the first resident room door on the south side of 406 failed to latch within the doorframe.  During an interview on 3-1-24 at 11:49 am, Staff A confirmed the door failed to latch.	K0363			
K0761	Maintenance, Inspection & Testing - Doors CFR(s): NFPA 101  Maintenance, Inspection & Testing - Doors Door assemblies where the door leaf is required to swing in the direction of egress travel are inspected and tested annually per 7.2.1.15. Fire door assemblies are inspected and tested in accordance with NFPA 80, Standard for Fire	K0761			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/11/2024  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>28G107</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>02 - 400 STATE BUILDING</b>  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>02/28/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>400 STATE BUILDING</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3104, 3070, 3071 STATE AVE BEATRICE, NE 68310</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K0761	<p>Continued From page 4</p> <p>Doors and Other Opening Protectives. Smoke door assemblies are inspected and tested in accordance with NFPA 105, Standard for Smoke Door Assemblies and Other Opening Protectives. Door assemblies are visually inspected on both sides and the requirements under 7.2.1.15.7 are verified. Individuals performing the door inspection and testing have an understanding of the operating components of the doors. Written records of inspection and testing are maintained and are available for review. 33.7.7, 7.2.1.15 (LSC) 5.2. 5.2.3 (NFPA 80) 5.2.1 (NFPA 105) This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility repeatedly failed to provide documentation for the inspection and testing of ALL fire doors and smoke doors annually throughout the facility. This deficient practice would allow the spread of fire through fire doors that would otherwise contain a fire, which would affect all occupants. The facility census was 4.</p> <p>Findings are: Record review on 3-5-24 at 12:42 pm revealed, facility failed to provide a complete list of all fire rated doors.</p> <p>During an interview on 3-5-24 at 12:46 pm, Staff A confirmed that inspection report failed to include all fire rated and fire rated smoke doors on the inspection form.</p>	K0761			

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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NAME OF PROVIDER OR SUPPLIER  <b>400 STATE BUILDING</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3104, 3070, 3071 STATE AVE BEATRICE, NE 68310</b>	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	INITIAL COMMENTS  42 CFR 483.470 The facility must meet the applicable provisions of the 2012 Edition of the Life Safety Code of the National Fire Protection Association. This facility is governed by Chapter 13, Assembly Occupancies of the 2012 Edition of the National Fire Protection Association [NFPA], Chapter 101: Life Safety Code.  400 State Building - Carstens is a single story building of Type II (000) construction that was approved in 2002 and is fully sprinkled.  400 State Building - Carstens was found to be not in compliance with the requirements for participation in Medicare/Medicaid at 42 CFR 483.470 Life Safety from Fire, and the related National Fire Protection Association (NFPA) Standard 101 - 2012	K 000		
K0200	Means of Egress Requirements - Other CFR(s): NFPA 101  Means of Escape Requirements - Other 2012 EXISTING List in the REMARKS section any LSC Section 33.2.2 Means of Escape requirements that are not addressed by the provided K-tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567. This STANDARD is not met as evidenced by: Based on documentation and interview, the facility failed to maintain emergency lighting. This deficient practice would cause confusion and delay egress the in the event of a power failure; no egress lighting would be available.  Findings are:	K0200		

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

TITLE

(X6) DATE

*Donna Ulbrich*

ICFA

03-22-24

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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OMB NO. 0938-0391

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NAME OF PROVIDER OR SUPPLIER  <b>400 STATE BUILDING</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3104, 3070, 3071 STATE AVE BEATRICE, NE 68310</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K0200	Continued From page 1 Documentation review on 3-5-24 at 12:39 pm revealed, the annual emergency lighting test had not been conducted for 1/24.  During an interview on 3-6-23 at 12:39 am, Staff A confirmed the emergency lighting had not been inspected for the annual test.	K0200			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/11/2024  
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OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>28G107</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>05 - CHAPEL NON-RES</b>  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>02/28/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>400 STATE BUILDING</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3104, 3070, 3071 STATE AVE BEATRICE, NE 68310</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 000	<p><b>INITIAL COMMENTS</b></p> <p>42 CFR 483.470 The facility must meet the applicable provisions of the 2012 Edition of the Life Safety Code of the National Fire Protection Association. This facility is governed by Chapter 13, Assembly Occupancies of the 2012 Edition of the National Fire Protection Association [NFPA], Chapter 101: Life Safety Code.</p> <p>400 State Building - Chapel is a single story building of Type V (000) construction that was approved in 2002 and is not sprinkled.</p> <p>400 State Building - Chapel was found to be in compliance with the requirements for participation in Medicare/Medicaid at 42 CFR 483.470 Life Safety from Fire, and the related National Fire Protection Association (NFPA) Standard 101 - 2012</p>	K 000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE **ICFA** (X6) DATE **03-22-24**

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DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>28G107</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING 10 - <b>ADMINISTRATION BLDG NON-RES</b>  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>02/28/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>400 STATE BUILDING</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3104, 3070, 3071 STATE AVE BEATRICE, NE 68310</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 000	INITIAL COMMENTS  42 CFR 483.470 The facility must meet the applicable provisions of the 2012 Edition of the Life Safety Code of the National Fire Protection Association. This facility is governed by Chapter 39, Existing Business Occupancies of the 2012 Edition of the National Fire Protection Association [NFPA], Chapter 101: Life Safety Code.  400 State Building - Administration is a two story building of Type II (000) construction that was approved in 2002 and is fully sprinkled.  400 State Building - Administration was found to be not in compliance with the requirements for participation in Medicare/Medicaid at 42 CFR 483.470 Life Safety from Fire, and the related National Fire Protection Association (NFPA) Standard 101 - 2012 edition.	K 000			
K0321	Hazardous Areas - Enclosure CFR(s): NFPA 101  Hazardous Areas - Enclosure 2012 EXISTING (Prompt) Any hazardous area that is on the same floor as, and is in or abut, a primary means of escape or a sleeping room shall be protected by one of the following means: 1. Protection shall be an enclosure with a fire resistance rating of not less than 1 hour, with a self-closing or automatic closing fire door in accordance with 7.2.1.8 that has a fire protection rating of not less than 3/4 hour. 2. Protection shall be automatic sprinkler protection, in accordance with 33.2.3.5, and a smoke partition, in accordance with 8.4 located between the hazardous area and the sleeping area or primary escape route. Any doors in such	K0321			

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

TITLE

(X6) DATE

*Down Uberschell*

*ICFA*

*03-22-24*

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DEPARTMENT OF HEALTH AND HUMAN SERVICES  
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NAME OF PROVIDER OR SUPPLIER  <b>400 STATE BUILDING</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3104, 3070, 3071 STATE AVE BEATRICE, NE 68310</b>	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K0321	<p>Continued From page 1</p> <p>separation shall be self-closing or automatic closing in accordance with 7.2.1.8.</p> <p>Other hazardous areas shall be protected in accordance with 33.2.3.2.5 by one of the following:</p> <ol style="list-style-type: none"> <li>1. An enclosure having a fire resistance rating of not less than 1/2 hour, with a self-closing or automatic-closing door in accordance with 7.2.1.8 that is equivalent to not less than a 13/4 inch (4.4 cm) thick, solid-bonded wood core construction.</li> <li>2. Automatic sprinkler protection in accordance with 33.2.3.5, regardless of enclosure.</li> </ol> <p>Areas with approved, properly installed and maintained furnaces and heating equipment, and cooking and laundry facilities are not classified as hazardous areas solely on basis of such equipment.</p> <p>Standard response sprinklers shall be permitted for use in hazardous areas in accordance with 33.2.3.2.</p> <p>33.2.2.2.4, 33.2.3.2, 33.2.3.2.5</p> <p>This STANDARD is not met as evidenced by:</p> <p>Based on observation and interview, the facility failed to provide a smoke resistant enclosure for hazardous areas to separate them from the rest of the facility. This deficient practice would allow fire and smoke to migrate into corridor which could delay egress.</p> <p>Findings are:</p> <p>Observation on 3-5-24 at 11:56 am revealed, the fire rated door 173A leading into the old generator room failed to close and latch.</p> <p>During an interview on 3-5-24 at 11:50 am a Staff A confirmed the fire rated door failed to close and latch.</p>	K0321		



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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OMB NO. 0938-0391

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NAME OF PROVIDER OR SUPPLIER  <b>400 STATE BUILDING</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3104, 3070, 3071 STATE AVE BEATRICE, NE 68310</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 000	INITIAL COMMENTS  42 CFR 483.470 The facility must meet the applicable provisions of the 2012 Edition of the Life Safety Code of the National Fire Protection Association. This facility is governed by Chapter 33, Existing Residential Board and Care Occupancies of the 2012 Edition of the National Fire Protection Association [NFPA], Chapter 101: Life Safety Code.  400 State Building - 3071 State is a single story building of Type V (000) construction that was built in 1970 and is fully sprinkled.  The facility has 12 certified beds. At the time of the survey the census was 5 residents.  400 State Building - 3071 State was found not to be in compliance with the requirements for participation in Medicare/Medicaid at 42 CFR 483.470 Life Safety from Fire, and the related National Fire Protection Association (NFPA) Standard 101 - 2012 edition.	K 000			
K0761	Maintenance, Inspection and Testing - Doors CFR(s): NFPA 101  Maintenance, Inspection & Testing - Doors Door assemblies where the door leaf is required to swing in the direction of egress travel are inspected and tested annually per 7.2.1.15. Fire door assemblies are inspected and tested in accordance with NFPA 80, Standard for Fire Doors and Other Opening Protectives. Smoke door assemblies are inspected and tested in accordance with NFPA 105, Standard for Smoke Door Assemblies and Other Opening Protectives. Door assemblies are visually inspected on both	K0761			

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

TITLE

(X6) DATE

*Dawn Ubaschek*

*ICFA*

*03-22-24*

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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NAME OF PROVIDER OR SUPPLIER  <b>400 STATE BUILDING</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3104, 3070, 3071 STATE AVE BEATRICE, NE 68310</b>	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K0761	<p>Continued From page 1</p> <p>sides and the requirements under 7.2.1.15.7 are verified.</p> <p>Individuals performing the door inspection and testing have an understanding of the operating components of the doors.</p> <p>Written records of inspection and testing are maintained and are available for review.</p> <p>33.7.7, 7.2.1.15 (LSC) 5.2. 5.2.3 (NFPA 80) 5.2.1 (NFPA 105)</p> <p>This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility repeatedly failed to provide documentation for the inspection and testing of ALL fire doors and smoke doors annually throughout the facility. This deficient practice would allow the spread of fire through fire doors that would otherwise contain a fire, which would affect all occupants. The facility census was 5.</p> <p>Findings are: Record review on 3-5-24 at 12:42 pm revealed, facility failed to provide a complete list of all fire rated doors.</p> <p>During an interview on 3-5-24 at 12:46 pm, Staff A confirmed that inspection report failed to include all fire rated and fire rated smoke doors on the inspection form.</p>	K0761		

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NAME OF PROVIDER OR SUPPLIER  <b>400 STATE BUILDING</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3104, 3070, 3071 STATE AVE BEATRICE, NE 68310</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 000	INITIAL COMMENTS  42 CFR 483.470 The facility must meet the applicable provisions of the 2012 Edition of the Life Safety Code of the National Fire Protection Association. This facility is governed by Chapter 33, Existing Residential Board and Care Occupancies of the 2012 Edition of the National Fire Protection Association [NFPA], Chapter 101: Life Safety Code.  400 State Building - 3070 State is a single story building of Type V (000) construction that was built in 1970 and is fully sprinkled.  The facility has 12 certified beds. At the time of the survey the census was 2 residents.  400 State Building - 3071 State was found not to be in compliance with the requirements for participation in Medicare/Medicaid at 42 CFR 483.470 Life Safety from Fire, and the related National Fire Protection Association (NFPA) Standard 101 - 2012 edition.	K 000			
K0300	Protection - Other CFR(s): NFPA 101  Protection - Other 2012 EXISTING List in the REMARKS section any LSC Section 33.2.3 Protection requirements that are not addressed by the provided K-tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567. This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to assure fire extinguishers were inspected monthly. The facility census was 2.	K0300			

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

TITLE

(X6) DATE

*Dawn Ulbrich*

ICFA

03-22-24

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NAME OF PROVIDER OR SUPPLIER  <b>400 STATE BUILDING</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3104, 3070, 3071 STATE AVE BEATRICE, NE 68310</b>	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K0300	Continued From page 1	K0300		
K0321	<p>Findings are: Observation on 3-1-24 at 10:38 am revealed, the fire extinguisher in the laundry room last inspection was dated 1/4/24.</p> <p>During an interview on 3-1-24 at 10:38 am, Staff A confirmed extinguisher failed to have a current inspection.</p> <p><b>Hazardous Areas - Enclosure</b> CFR(s): NFPA 101</p> <p><b>Hazardous Areas - Enclosure</b> 2012 EXISTING (Prompt) Any hazardous area that is on the same floor as, and is in or abut, a primary means of escape or a sleeping room shall be protected by one of the following means:</p> <ol style="list-style-type: none"> <li>1. Protection shall be an enclosure with a fire resistance rating of not less than 1 hour, with a self-closing or automatic closing fire door in accordance with 7.2.1.8 that has a fire protection rating of not less than 3/4 hour.</li> <li>2. Protection shall be automatic sprinkler protection, in accordance with 33.2.3.5, and a smoke partition, in accordance with 8.4 located between the hazardous area and the sleeping area or primary escape route. Any doors in such separation shall be self-closing or automatic closing in accordance with 7.2.1.8.</li> </ol> <p>Other hazardous areas shall be protected in accordance with 33.2.3.2.5 by one of the following:</p> <ol style="list-style-type: none"> <li>1. An enclosure having a fire resistance rating of not less than 1/2 hour, with a self-closing or automatic-closing door in accordance with 7.2.1.8 that is equivalent to not less than a 13/4 inch (4.4 cm) thick, solid-bonded wood core construction.</li> </ol>	K0321		

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>28G107</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>12 - 3070 STATE AVENUE</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/28/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>400 STATE BUILDING</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3104, 3070, 3071 STATE AVE BEATRICE, NE 68310</b>	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K0321	Continued From page 2 2. Automatic sprinkler protection in accordance with 33.2.3.5, regardless of enclosure. Areas with approved, properly installed and maintained furnaces and heating equipment, and cooking and laundry facilities are not classified as hazardous areas solely on basis of such equipment. Standard response sprinklers shall be permitted for use in hazardous areas in accordance with 33.2.3.2. 33.2.2.2.4, 33.2.3.2, 33.2.3.2.5 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to assure that hazard areas were smoke tight. The facility census was 2.  Findings are: Observations on 3-1-24 at 10:40 am revealed, an unsealed penetration around silver pipe above the door in the Mechanical room.  During an interview on 3-1-24 at 10:40 am, Staff A confirmed the unsealed penetration.	K0321		
K0761	Maintenance, Inspection and Testing - Doors CFR(s): NFPA 101  Maintenance, Inspection & Testing - Doors Door assemblies where the door leaf is required to swing in the direction of egress travel are inspected and tested annually per 7.2.1.15. Fire door assemblies are inspected and tested in accordance with NFPA 80, Standard for Fire Doors and Other Opening Protectives. Smoke door assemblies are inspected and tested in accordance with NFPA 105, Standard for Smoke Door Assemblies and Other Opening Protectives. Door assemblies are visually inspected on both	K0761		

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/11/2024  
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OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>28G107</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>12 - 3070 STATE AVENUE</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/28/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>400 STATE BUILDING</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3104, 3070, 3071 STATE AVE BEATRICE, NE 68310</b>	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K0761	<p>Continued From page 3</p> <p>sides and the requirements under 7.2.1.15.7 are verified.</p> <p>Individuals performing the door inspection and testing have an understanding of the operating components of the doors.</p> <p>Written records of inspection and testing are maintained and are available for review.</p> <p>33.7.7, 7.2.1.15 (LSC) 5.2. 5.2.3 (NFPA 80) 5.2.1 (NFPA 105)</p> <p>This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility repeatedly failed to provide documentation for the inspection and testing of ALL fire doors and smoke doors annually throughout the facility. This deficient practice would allow the spread of fire through fire doors that would otherwise contain a fire, which would affect all occupants. The facility census was 2.</p> <p>Findings are: Record review on 3-5-24 at 12:42 pm revealed, facility failed to provide a complete list of all fire rated doors.</p> <p>During an interview on 3-5-24 at 12:46 pm, Staff A confirmed that inspection report failed to include all fire rated and fire rated smoke doors on the inspection form.</p>	K0761		



# Fire Marshal Reports



# NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM



## BEATRICE STATE DEVELOPMENTAL CENTER FACSIMILE TRANSMITTAL SHEET

TO: DHHS DDBH Facilities FROM: Russell Fralin, Admin Specialist

COMPANY: DATE: August 1, 2024

FAX NUMBER: 402.742.2326 TOTAL PAGES INCLUDING COVER: 4

PHONE NUMBER: PHONE NUMBER: 402.223.6827

URGENT  FOR REVIEW  PLEASE REPLY  AS REQUESTED

Attached are the signed front pages for the 2567s received for 400 State Building ICF at the Beatrice State Developmental Center (BSDC) from the Fire Marshal for Dawn Urbaschek.

The plan of correction for the Fire Marshal Office is being emailed per the instructions on the letter received.

Please advise if further information is needed.

Thank you

Attached pages within this transmission may include protected health information, under the standards established per the Health Insurance Portability and Accountability Act of 1996, and Neb. Rev. Stat., section 68-313, if this information has been received in error, the recipient is directed to destroy the information and notify this office of the error immediately. Failure to do so may lead to civil or criminal penalties.

3000 Lincoln Boulevard  
Beatrice, NE 68310-3319

## PLAN OF CORRECTION

<b>Provider/Supplier Name:</b> →	400 STATE BUILDING	<b>Survey Date</b> ↓
<b>STREET ADDRESS, CITY, ZIP:</b> →	3104, 3070, 3071 STATE AVE BEATRICE, NE 68310	<b>Revisit</b> 4/12/2024
	SURVEY EVENT ID#	2QVO21
	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 28-	ICFDD07

### PROVIDER'S PLAN OF CORRECTION

(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)

COMPLETION DATE

CITED TAG #	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETION DATE
<b>Bldg. 3 200 Sheridan Building</b>		
<b>K 000</b>	<b>A. ACTION(S) THAT WILL BE TAKEN TO CORRECT THIS DEFICIENCY - ALONG WITH A DESCRIPTION OF HOW THE ACTION WILL CORRECT OR IMPROVE THE PROCESSES THAT LEAD TO THE CITED DEFICIENCY:</b>	
	200 Sheridan was found not to be in compliance with the requirements for participation in Medicare/Medicaid at 42 CFR483.470 Life Safety from Fire and the related National Fire Protection Association (NFPA) Standard 101-2012	7/30/2024
	<b>B. THE PROCEDURE FOR IMPLEMENTING THE CORRECTIVE ACTION(S):</b>	
	It is anticipated that with the correction of K0200 (ensuring the east and west exit lights in the Activity Center were lowered and clearly visible) and the correction of K0363 (ensuring that the corridor door with self-closing device will latch within the doorframe of the Activity Center) that the facility meets the requirements for participation in Medicare/Medicaid at 42 CFR 83.470 Life Safety from Fire and the related National Fire Protection Association (NFPA) Standard 101-2012.	7/30/2024
	<b>C. THE MONITORING OR TRACKING PROCEDURE(S) TO ENSURE THE FACILITY IS EFFECTIVE IN CORRECTING THE DEFICIENCY AND TO ENSURE THE FACILITY REMAINS IN COMPLIANCE WITH THIS DEFICIENCY:</b>	
	The Facility Maintenance Manager will be the responsible position to monitor and ensure compliance.	7/30/2024
	<b>D. THE TITLE OF THE PERSON RESPONSIBLE FOR ENSURING THE FACILITY REMAINS IN COMPLIANCE WITH THE CITED DEFICIENCY: (Do not put the staff names).</b>	
	The Facility Maintenance Manager will be the responsible position to monitor and ensure compliance.	7/30/2024

<b>K0200</b>	<b>A. ACTION(S) THAT WILL BE TAKEN TO CORRECT THIS DEFICIENCY - ALONG WITH A DESCRIPTION OF HOW THE ACTION WILL CORRECT OR IMPROVE THE PROCESSES THAT LEAD TO THE CITED DEFICIENCY:</b>	
	<b>Observation on 4-12-2024 revealed:</b>	
	Based on observation on 4/12/2024, the facility failed to assure the east and west exit signs in the Activity Center were visible.	7/29/2024
	<b>B. THE PROCEDURE FOR IMPLEMENTING THE CORRECTIVE ACTION(S):</b>	
	Maintenance Work Order #26421 was submitted on 7/25/2024 to the Maintenance Department to lower the east and west exit lights in the Activity Center to ensure that they are clearly visible for staff and individuals served. On July 29, 2024 Maintenance notified that the east and west exit lights in the Activity Center have been lowered and are in direct line of sight.	7/29/2024
	<b>C. THE MONITORING OR TRACKING PROCEDURE(S) TO ENSURE THE FACILITY IS EFFECTIVE IN CORRECTING THE DEFICIENCY AND TO ENSURE THE FACILITY REMAINS IN COMPLIANCE WITH THIS DEFICIENCY:</b>	
	The Facility Maintenance Manager is the responsible position to monitor and ensure compliance.	7/29/2024
	<b>D. THE TITLE OF THE PERSON RESPONSIBLE FOR ENSURING THE FACILITY REMAINS IN COMPLIANCE WITH THE CITED DEFICIENCY: (Do not put the staff names).</b>	
	The Facility Maintenance Manager is the responsible position to monitor and ensure compliance.	7/29/2024
<b>K0363</b>	<b>A. ACTION(S) THAT WILL BE TAKEN TO CORRECT THIS DEFICIENCY - ALONG WITH A DESCRIPTION OF HOW THE ACTION WILL CORRECT OR IMPROVE THE PROCESSES THAT LEAD TO THE CITED DEFICIENCY:</b>	
	Based on observation on 4/12/2024, the facility failed to assure the corridor door with self closing device to the Activity Center would latch within the doorframe when closed.	7/30/2024
	<b>B. THE PROCEDURE FOR IMPLEMENTING THE CORRECTIVE ACTION(S):</b>	

	<p>Maintenance Work Order #26422 was submitted on 7/25/2024 to the Maintenance Department to repair the corridor door with with closing device to the Activity Center to assure the door will latch within the doorframe when closed. Maintenance noted that on April 12, 2024 the Safety Coorinator notified the Maintenance Department that the corridor door to the Activity Center was not closing and latching within the doorframe. During this time period, the building was having air pressure balance issues. The building pressure issues have been resolved and no longer occurs. The door was rechecked on July 30, 2024 and it closes and latches within the doorframe.</p>	7/30/2024
	<p><b>C. THE MONITORING OR TRACKING PROCEDURE(S) TO ENSURE THE FACILITY IS EFFECTIVE IN CORRECTING THE DEFICIENCY AND TO ENSURE THE FACILITY REMAINS IN COMPLIANCE WITH THIS DEFICIENCY:</b></p>	
	<p>The Facility Maintenance Manager is the responsible position to monitor and ensure compliance.</p>	7/30/2024
	<p><b>D. THE TITLE OF THE PERSON RESPONSIBLE FOR ENSURING THE FACILITY REMAINS IN COMPLIANCE WITH THE CITED DEFICIENCY: (Do not put the staff names).</b></p>	
	<p>The Facility Maintenance Manager is the responsible position to monitor and ensure compliance.</p>	7/30/2024

## PLAN OF CORRECTION

Provider/Supplier Name: →

STREET ADDRESS, CITY, ZIP: →

400 STATE BUILDING	Survey Date ↓
3104, 3070, 3071 STATE AVE BEATRICE, NE 68310	Revisit 4/12/2024
SURVEY EVENT ID#	2QVO21
(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 28-	<b>ICFDD07</b>

### PROVIDER'S PLAN OF CORRECTION

(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)

COMPLETION DATE

CITED TAG #		
<b>Bldg. 12 3070 State Avenue</b>		
<b>K000</b>	<b>A. ACTION(S) THAT WILL BE TAKEN TO CORRECT THIS DEFICIENCY - ALONG WITH A DESCRIPTION OF HOW THE ACTION WILL CORRECT OR IMPROVE THE PROCESSES THAT LEAD TO THE CITED DEFICIENCY:</b>	
	3070 State Avenue was found not to be in compliance with the requirements for participation in Medicare/Medicaid at 42 CFR483.470 Life Safety from Fire and the related National Fire Protection Association (NFPA) Standard 101-2012	8/22/2024
	<b>B. THE PROCEDURE FOR IMPLEMENTING THE CORRECTIVE ACTION(S):</b>	
	It is anticipated that with the correction of K0761 by providing documentation and scheduled inspection date of 8/14-16/2024 that 3070 State Avenue and the facility meet the requirements for participation in Medicare/Medicaid at 42 CFR 83.470 Life Safety from Fire and the related National Fire Protection Association (NFPA) Standard 101-2012.	8/22/2024
	<b>C. THE MONITORING OR TRACKING PROCEDURE(S) TO ENSURE THE FACILITY IS EFFECTIVE IN CORRECTING THE DEFICIENCY AND TO ENSURE THE FACILITY REMAINS IN COMPLIANCE WITH THIS DEFICIENCY:</b>	
	The Facility Maintenance Manager is the responsible position to monitor and ensure compliance.	8/22/2024
	<b>D. THE TITLE OF THE PERSON RESPONSIBLE FOR ENSURING THE FACILITY REMAINS IN COMPLIANCE WITH THE CITED DEFICIENCY: (Do not put the staff names).</b>	
	The Facility Maintenance Manager is the responsible position to monitor and ensure compliance.	8/22/2024

<b>K0761</b>	<b>A. ACTION(S) THAT WILL BE TAKEN TO CORRECT THIS DEFICIENCY - ALONG WITH A DESCRIPTION OF HOW THE ACTION WILL CORRECT OR IMPROVE THE PROCESSES THAT LEAD TO THE CITED DEFICIENCY:</b>	
	Based on observation, record review and interview, the facility repeatedly failed to provide documentation for the inspection and testing of ALL fire doors annually throughout the facility.	8/22/2024
	Record review on 4/12/2024 revealed the facility failed to provide a complete list of all fire rated doors.	8/22/2024
	<b>B. THE PROCEDURE FOR IMPLEMENTING THE CORRECTIVE ACTION(S):</b>	
	The Facility Maintenance Manager has completed a proposal for DH Pace Compliance Services to complete the fire door inspection for the Beatrice State Developmental Center. A signed proposal has been submitted and the Beatrice State Developmental Center has been scheduled for inspection on August 14 through August 16, 2024. A complete list of of all fire rated doors will be made available after the completed inspection.	8/22/2024
	<b>C. THE MONITORING OR TRACKING PROCEDURE(S) TO ENSURE THE FACILITY IS EFFECTIVE IN CORRECTING THE DEFICIENCY AND TO ENSURE THE FACILITY REMAINS IN COMPLIANCE WITH THIS DEFICIENCY:</b>	
	The Facility Maintenance Manager is the responsible position to monitor and ensure compliance.	8/22/2024
	<b>D. THE TITLE OF THE PERSON RESPONSIBLE FOR ENSURING THE FACILITY REMAINS IN COMPLIANCE WITH THE CITED DEFICIENCY: (Do not put the staff names).</b>	
	The Facility Maintenance Manager is the responsible position to monitor and ensure compliance.	8/22/2024

## PLAN OF CORRECTION

<b>Provider/Supplier Name:</b> →	400 STATE BUILDING	<b>Survey Date</b> ↓
<b>STREET ADDRESS, CITY, ZIP:</b> →	3104, 3070, 3071 STATE AVE BEATRICE, NE 68310	Revisit 4/12/2024
	SURVEY EVENT ID#	2QVO21
	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 28-	ICFDD07

### PROVIDER'S PLAN OF CORRECTION

(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)

COMPLETION DATE

CITED TAG #	PROVIDER'S PLAN OF CORRECTION	COMPLETION DATE
<b>Bldg. 11 3071 State Avenue</b>		
<b>K000</b>	<b>A. ACTION(S) THAT WILL BE TAKEN TO CORRECT THIS DEFICIENCY - ALONG WITH A DESCRIPTION OF HOW THE ACTION WILL CORRECT OR IMPROVE THE PROCESSES THAT LEAD TO THE CITED DEFICIENCY:</b>	
	3071 State Avenue was found not to be in compliance with the requirements for participation in Medicare/Medicaid at 42 CFR483.470 Life Safety from Fire and the related National Fire Protection Association (NFPA) Standard 101-2012	8/22/2024
	<b>B. THE PROCEDURE FOR IMPLEMENTING THE CORRECTIVE ACTION(S):</b>	
	It is anticipated that with the correction of K0761 by providing documentation and scheduled inspection date of 8/14-16/2024 that 3071 State Avenue and the facility meet the requirements for participation in Medicare/Medicaid at 42 CFR 83.470 Life Safety from Fire and the related National Fire Protection Association (NFPA) Standard 101-2012.	8/22/2024
	<b>C. THE MONITORING OR TRACKING PROCEDURE(S) TO ENSURE THE FACILITY IS EFFECTIVE IN CORRECTING THE DEFICIENCY AND TO ENSURE THE FACILITY REMAINS IN COMPLIANCE WITH THIS DEFICIENCY:</b>	
	The Facility Maintenance Manager is the responsible position to monitor and ensure compliance.	8/22/2024
	<b>D. THE TITLE OF THE PERSON RESPONSIBLE FOR ENSURING THE FACILITY REMAINS IN COMPLIANCE WITH THE CITED DEFICIENCY: (Do not put the staff names).</b>	
	The Facility Maintenance Manager is the responsible position to monitor and ensure compliance.	8/22/2024
<b>K0761</b>	<b>A. ACTION(S) THAT WILL BE TAKEN TO CORRECT THIS DEFICIENCY - ALONG WITH A DESCRIPTION OF HOW THE ACTION WILL CORRECT OR IMPROVE THE PROCESSES THAT LEAD TO THE CITED DEFICIENCY:</b>	

	Based on observation, record review and interview, the facility repeatedly failed to provide documentation for the inspection and testing of ALL fire doors annually throughout the facility.	8/22/2024
	Record review on 4/12/2024 revealed the facility failed to provide a complete list of all fire rated doors.	8/22/2024
	<b>B. THE PROCEDURE FOR IMPLEMENTING THE CORRECTIVE ACTION(S):</b>	
	The Facility Maintenance Manager has completed a proposal for DH Pace Compliance Services to complete the fire door inspection for the Beatrice State Developmental Center. A signed proposal has been submitted and the Beatrice State Developmental Center has been scheduled for inspection on August 14 through August 16, 2024. A complete list of of all fire rated doors will be made available after the completed inspection.	8/22/2024
	<b>C. THE MONITORING OR TRACKING PROCEDURE(S) TO ENSURE THE FACILITY IS EFFECTIVE IN CORRECTING THE DEFICIENCY AND TO ENSURE THE FACILITY REMAINS IN COMPLIANCE WITH THIS DEFICIENCY:</b>	
	The Facility Maintenance Manager is the responsible position to monitor and ensure compliance.	8/22/2024
	<b>D. THE TITLE OF THE PERSON RESPONSIBLE FOR ENSURING THE FACILITY REMAINS IN COMPLIANCE WITH THE CITED DEFICIENCY: (Do not put the staff names).</b>	
	The Facility Maintenance Manager is the responsible position to monitor and ensure compliance.	8/22/2024



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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NAME OF PROVIDER OR SUPPLIER  <b>400 STATE BUILDING</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3104, 3070, 3071 STATE AVE</b> <b>BEATRICE, NE 68310</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
{K0761}	<p>Continued From page 1</p> <p>sides and the requirements under 7.2.1.15.7 are verified.</p> <p>Individuals performing the door inspection and testing have an understanding of the operating components of the doors.</p> <p>Written records of inspection and testing are maintained and are available for review.</p> <p>33.7.7, 7.2.1.15 (LSC) 5.2. 5.2.3 (NFPA 80) 5.2.1 (NFPA 105)</p> <p>This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility repeatedly failed to provide documentation for the inspection and testing of ALL fire doors annually throughout the facility. This deficient practice would allow the spread of fire through fire doors that would otherwise contain a fire, which would affect all occupants. The facility census was 5.</p> <p>Findings are: Record review on 4-12-24 at 11:46 am revealed, facility failed to provide a complete list of all fire rated doors.</p> <p>During an interview on 4-12-24 at 11:46 am, Staff A confirmed that inspection report failed to include all fire rated doors on the inspection form.</p>	{K0761}			

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NAME OF PROVIDER OR SUPPLIER  <b>400 STATE BUILDING</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3104, 3070, 3071 STATE AVE</b> <b>BEATRICE, NE 68310</b>		
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{K 000}	<p><b>INITIAL COMMENTS</b></p> <p>42 CFR 483.470 The facility must meet the applicable provisions of the 2012 Edition of the Life Safety Code of the National Fire Protection Association. This facility is governed by Chapter 33, Existing Residential Board and Care Occupancies of the 2012 Edition of the National Fire Protection Association [NFPA], Chapter 101: Life Safety Code.</p> <p>400 State Building - 3071 State is a single story building of Type V (000) construction that was built in 1970 and is fully sprinkled.</p> <p>The facility has 12 certified beds. At the time of the survey the census was 5 residents.</p> <p>400 State Building - 3071 State was found not to be in compliance with the requirements for participation in Medicare/Medicaid at 42 CFR 483.470 Life Safety from Fire, and the related National Fire Protection Association (NFPA) Standard 101 - 2012 edition.</p>	{K 000}			
{K0761}	<p><b>Maintenance, Inspection and Testing - Doors</b> CFR(s): NFPA 101</p> <p><b>Maintenance, Inspection &amp; Testing - Doors</b> Door assemblies where the door leaf is required to swing in the direction of egress travel are inspected and tested annually per 7.2.1.15. Fire door assemblies are inspected and tested in accordance with NFPA 80, Standard for Fire Doors and Other Opening Protectives. Smoke door assemblies are inspected and tested in accordance with NFPA 105, Standard for Smoke Door Assemblies and Other Opening Protectives. Door assemblies are visually inspected on both</p>	{K0761}			

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

TITLE

(X6) DATE

*Dawn Ustroschek*

*ICFA*

*08-01-2024*

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
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NAME OF PROVIDER OR SUPPLIER  <b>400 STATE BUILDING</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3104, 3070, 3071 STATE AVE</b> <b>BEATRICE, NE 68310</b>		
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{K0761}	<p>Continued From page 1</p> <p>sides and the requirements under 7.2.1.15.7 are verified.</p> <p>Individuals performing the door inspection and testing have an understanding of the operating components of the doors.</p> <p>Written records of inspection and testing are maintained and are available for review.</p> <p>33.7.7, 7.2.1.15 (LSC) 5.2. 5.2.3 (NFPA 80) 5.2.1 (NFPA 105)</p> <p>This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility repeatedly failed to provide documentation for the inspection and testing of ALL fire rated doors annually throughout the facility. This deficient practice would allow the spread of fire through fire doors that would otherwise contain a fire, which would affect all occupants. The facility census was 2.</p> <p>Findings are: Record review on 4-12-24 at 11:42 am revealed, facility failed to provide a complete list of all fire rated doors.</p> <p>During an interview on 4-12-24 at 11:42 am, Staff A confirmed that inspection report failed to include all fire rated doors on the inspection form.</p>	{K0761}			

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NAME OF PROVIDER OR SUPPLIER  <b>400 STATE BUILDING</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3104, 3070, 3071 STATE AVE</b> <b>BEATRICE, NE 68310</b>	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
{K 000}	INITIAL COMMENTS  42 CFR 483.470 The facility must meet the applicable provisions of the 2012 Edition of the Life Safety Code of the National Fire Protection Association. This facility is governed by Chapter 33, Existing Residential Board and Care Occupancies of the 2012 Edition of the National Fire Protection Association [NFPA], Chapter 101: Life Safety Code.  400 State Building - 3070 State is a single story building of Type V (000) construction that was built in 1970 and is fully sprinkled.  The facility has 12 certified beds. At the time of the survey the census was 2 residents.  400 State Building - 3071 State was found not to be in compliance with the requirements for participation in Medicare/Medicaid at 42 CFR 483.470 Life Safety from Fire, and the related National Fire Protection Association (NFPA) Standard 101 - 2012 edition.	{K 000}		
{K0761}	Maintenance, Inspection and Testing - Doors CFR(s): NFPA 101  Maintenance, Inspection & Testing - Doors Door assemblies where the door leaf is required to swing in the direction of egress travel are inspected and tested annually per 7.2.1.15. Fire door assemblies are inspected and tested in accordance with NFPA 80, Standard for Fire Doors and Other Opening Protectives. Smoke door assemblies are inspected and tested in accordance with NFPA 105, Standard for Smoke Door Assemblies and Other Opening Protectives. Door assemblies are visually inspected on both	{K0761}		

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

TITLE

(X6) DATE

*Dawn Urbaschek*

*ICFA*

*08-01-2024*

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/15/2024  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>28G107</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>03 - 200 SHERIDAN NON-RES</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>04/12/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>400 STATE BUILDING</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3104, 3070, 3071 STATE AVE</b> <b>BEATRICE, NE 68310</b>	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
{K 000}	INITIAL COMMENTS  42 CFR 483.470 The facility must meet the applicable provisions of the 2012 Edition of the Life Safety Code of the National Fire Protection Association. This facility is governed by Chapter 39, Existing Business Occupancies of the 2012 Edition of the National Fire Protection Association [NFPA], Chapter 101: Life Safety Code.  400 State Building - 200 Sheridan (D-BLDG/Bear Creek/Therapy) is a two story building of Type II (000) construction that was approved in 2002 and is fully sprinkled.  400 State Building - 200 Sheridan (D-BLDG/Bear Creek/Therapy) was found not to be not in compliance with the requirements for participation in Medicare/Medicaid at 42 CFR 483.470 Life Safety from Fire, and the related National Fire Protection Association (NFPA) Standard 101 - 2012	{K 000}		
{K0200}	Means of Egress Requirements - Other CFR(s): NFPA 101  Means of Escape Requirements - Other 2012 EXISTING List in the REMARKS section any LSC Section 33.2.2 Means of Escape requirements that are not addressed by the provided K-tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567. This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to assure exit signs were visible. This deficient practice would cause confusion and delay egress.	{K0200}		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Dawn Urbaschek* TITLE: *ICPA* (X6) DATE: *08-01-2024*

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/15/2024  
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>28G107</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>03 - 200 SHERIDAN NON-RES</b>  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>R</b> <b>04/12/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>400 STATE BUILDING</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3104, 3070, 3071 STATE AVE</b> <b>BEATRICE, NE 68310</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
{K0200}	Continued From page 1 Findings are: Observation on 4-12-24 at 11:15 am revealed, the east and west exit signs in the Activity center were not visible.  During an interview on 4-12-24 at 11:15 am, Staff A confirmed the exit signs were located so that they were not visible.	{K0200}			
K0363	Corridor - Doors CFR(s): NFPA 101  Corridor - Doors Doors shall meet all of the following requirements: 1. Doors shall be provided with latches or other mechanisms suitable for keeping the door closed. 2. No doors shall be arranged to prevent the occupant from closing the door. 3. Doors shall be self-closing or automatic-closing in accordance with 7.2.1.8 in buildings other than those protected throughout by an approved automatic sprinkler system in accordance with 33.2.3.5. Door assemblies with leaves required to swing in the direction of egress travel are inspected and tested annually per 7.2.1.15. 33.2.3.6.4, 33.7.7 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to assure corridor doors with self-closing devices would latch within the doorframe. This deficient practice would allow fire smoke and gasses to spread.  Findings are: Observations on 4-12-24 at 11:20 am revealed, the door to the Activities Room failed to latch within the doorframe.	K0363			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/15/2024  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>28G107</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>03 - 200 SHERIDAN NON-RES</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>04/12/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>400 STATE BUILDING</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3104, 3070, 3071 STATE AVE</b> <b>BEATRICE, NE 68310</b>	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K0363	Continued From page 2  During an interview on 4-12-24 at 11:20 am, Staff A confirmed the door failed to latch.	K0363		

## **Fralin, Russell**

---

**From:** Behrens, Kyle  
**Sent:** Wednesday, July 31, 2024 2:29 PM  
**To:** Fralin, Russell  
**Subject:** FW: Question

### **Kyle Behrens**

*Facility Maintenance Manager* | STATE BUILDING DIVISION

#### **Nebraska Department of Administrative Services**

3000 Lincoln St, Beatrice, NE 68310

CELL 402-219-3766

[Kyle.Behrens@nebraska.gov](mailto:Kyle.Behrens@nebraska.gov)

[das.nebraska.gov](http://das.nebraska.gov) | [Facebook](#) | [Twitter](#)

**From:** Jason Stockbauer <[Jason.Stockbauer@dhpac.com](mailto:Jason.Stockbauer@dhpac.com)>  
**Sent:** Wednesday, July 31, 2024 2:24 PM  
**To:** Behrens, Kyle <[Kyle.Behrens@nebraska.gov](mailto:Kyle.Behrens@nebraska.gov)>  
**Cc:** Brigit Hesser <[Brigit.Hesser@dhpac.com](mailto:Brigit.Hesser@dhpac.com)>  
**Subject:** RE: Question

Kyle,

We will have the inspection complete on Friday August 16<sup>th</sup>. I will begin working on the report Monday. If there are no unforeseen hiccups, I could have it completed and emailed to you by Wednesday August 21<sup>st</sup>. Let me know how else I can help.

Thank you,  
Jason

**From:** Behrens, Kyle <[Kyle.Behrens@nebraska.gov](mailto:Kyle.Behrens@nebraska.gov)>  
**Sent:** Wednesday, July 31, 2024 1:26 PM  
**To:** Jason Stockbauer <[Jason.Stockbauer@dhpac.com](mailto:Jason.Stockbauer@dhpac.com)>  
**Cc:** Brigit Hesser <[Brigit.Hesser@dhpac.com](mailto:Brigit.Hesser@dhpac.com)>  
**Subject:** FW: Question

Please see thread below.

### **Kyle Behrens**

*Facility Maintenance Manager* | STATE BUILDING DIVISION

#### **Nebraska Department of Administrative Services**

3000 Lincoln St, Beatrice, NE 68310

CELL 402-219-3766

[Kyle.Behrens@nebraska.gov](mailto:Kyle.Behrens@nebraska.gov)

[das.nebraska.gov](http://das.nebraska.gov) | [Facebook](#) | [Twitter](#)



**From:** Fralin, Russell <[Russell.Fralin@nebraska.gov](mailto:Russell.Fralin@nebraska.gov)>  
**Sent:** Wednesday, July 31, 2024 11:58 AM  
**To:** Behrens, Kyle <[Kyle.Behrens@nebraska.gov](mailto:Kyle.Behrens@nebraska.gov)>  
**Cc:** Bjerrum, Jesse <[Jesse.Bjerrum@nebraska.gov](mailto:Jesse.Bjerrum@nebraska.gov)>; Urbaschek, Dawn <[Dawn.Urbaschek@nebraska.gov](mailto:Dawn.Urbaschek@nebraska.gov)>  
**Subject:** Question

Part of the plan of correction is being able to provide documentation and a list of all fire rated doors. When the inspection is completed, will we get a list that day or will we have to wait? If we have to wait, HOW long? Sorry, I know I am bombarding you, but I am trying figure out what "completion" date I can put on the form.

**Russell Fralin** | *Administrative Specialist*  
DEVELOPMENTAL DISABILITIES

**Nebraska Department of Health and Human Services**  
OFFICE: 402-223-6600 x2236827

**DHHS.ne.gov** | [Facebook](#) | [Twitter](#) | [LinkedIn](#)

**Fralin, Russell**

---

**From:** Behrens, Kyle  
**Sent:** Wednesday, July 31, 2024 10:51 AM  
**To:** Fralin, Russell  
**Subject:** FW: BSDC Building Division-Beatrice State Developmental Center-Beatrice, NE

Would this be sufficient?

**Kyle Behrens**

*Facility Maintenance Manager* | STATE BUILDING DIVISION

**Nebraska Department of Administrative Services**

3000 Lincoln St, Beatrice, NE 68310

CELL 402-219-3766

[Kyle.Behrens@nebraska.gov](mailto:Kyle.Behrens@nebraska.gov)

[das.nebraska.gov](http://das.nebraska.gov) | [Facebook](#) | [Twitter](#)

**From:** Jason Stockbauer <Jason.Stockbauer@dhpac.com>  
**Sent:** Wednesday, July 31, 2024 10:21 AM  
**To:** Behrens, Kyle <Kyle.Behrens@nebraska.gov>  
**Subject:** BSDC Building Division-Beatrice State Developmental Center-Beatrice, NE

Kyle,

We have received your signed proposal to complete your fire door inspection for Beatrice State Developmental Center. All other paperwork has been completed. I have you on the schedule for August 14<sup>th</sup>-16<sup>th</sup>. I will give you a call Monday August 13<sup>th</sup> to confirm times. If you have any other questions or concerns, please let me know.

Thank you for the opportunity,

**Jason Stockbauer CFDAI**

*District Director Code Compliance  
DH Pace Compliance Services*

**Direct:** (833) 434-7223

**Office:** (816) 221-0543

**Mobile:** (913) 405-4045

**Email:** [Jason.Stockbauer@dhpac.com](mailto:Jason.Stockbauer@dhpac.com)



[www.dhpac.compliance.com/](http://www.dhpac.compliance.com/)

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DH Pace Compliance Services - 1901 E. 119th Street - Olathe, KS 66061

**Who is DH Pace Company?:** [Click Here](#)

"Code Interpretation Disclaimer: All information provided by DH Pace Company, Inc. represents our interpretation regarding the intent of the standard(s) and/or code(s) applicable to the issue being addressed. By law, the Authority Having Jurisdiction (AHJ) is the only entity with the legal standing and discretionary authority to make a definitive ruling on these matters. As such, DH Pace disclaims any consequential damages that may arise from the use of the information provided, recommendation made, or opinions expressed on this matter."

**Fralin, Russell**

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**From:** replyto@cn90listener.corrigo.com  
**Sent:** Monday, July 29, 2024 3:16 PM  
**To:** Fralin, Russell  
**Subject:** WO# BSDC-26421 has been completed - please verify.

**WO# BSDC-26421 has been completed - please verify.**

<b>Request Number</b>	<b>Request Description</b>	<b>Location</b>
BSDC-26421	General:834 Sheridan/West Wing - 1st floor: From a 2567 received today from the Fire Marshal office need to ensure that both the east and west exit signs in the Activity Center have been lowered so that they are plainly visible to staff and individuals. A previous work order may have been done, but believe that not both signs were lowered for visibility when checked by the Fire Marshal in her revisit. I will need a copy of this completed work order for the plan of correction to be submitted before August 1s	Floor 1

**Assigned To:**

Ray Reckley

**Customer Portal:**

<https://stateofnebraska.corrigo.com/CP30/follow-link?FollowLinkId=1&ActionId=6&WoKey=sexzq1x7gp4w3q83nzqr7xxe3e>

**Completion Notes:**

moved exit light down to be more in direct line of sight

*Please login to the Customer Portal and verify their work.*

-OR-

*You may reply to this email by typing one of four (4) one word responses below, followed by any clarifying comments as described at the bottom of this email.*

**Please verify the work was completed and note your satisfaction by replying to this email and typing a response.**

**Code Type:**

'cpos' if you are **Satisfied** with the work

'cneg' if the work was completed but you are **Not Satisfied**

'neutral' if the work was completed and your satisfaction level is **Neutral**

'nc' if the work is **Not Completed**

**\*\*\*Any comments typed after the 'code' will be copied into the work order for the JLL team to review and follow up on according to your feedback.**

**Fralin, Russell**

---

**From:** replyto@cn90listener.corrigo.com  
**Sent:** Wednesday, July 31, 2024 8:06 AM  
**To:** Fralin, Russell  
**Subject:** WO# BSDC-26422 has been completed - please verify.

**WO# BSDC-26422 has been completed - please verify.**

Request Number	Request Description	Location
BSDC-26422	General:834 Sheridan/West Wing - 1st floor: From a 2567 received today from the Fire Marshal office it is cited that the door to the Activity Center failed to latch within the doorframe. Please repair this door so that it does latch within the doorframe. A previous work order may have been done, but believe the door would not latch within the door frame when checked by the Fire Marshal in her revisit. I will need a copy of this completed work order for the plan of correction to be submitted before August 1s	Floor 1

**Assigned To:**

Steven Robertson

**Customer Portal:**

<https://stateofnebraska.corrigo.com/CP30/follow-link?FollowLinkId=1&ActionId=6&WoKey=hmmf9k5km31r8ko18ghjz9q8or>

**Completion Notes:**

On April 12th, 2024 the Safety Director (Mike Balderson) notified us that the Fire Marshal had found West Wing Room 208, the Activity Center's west hall entry door, was not closing and latching. I checked the door and it was latching perfectly, however during that time period we were having building air pressure balance issues, basically the air handler was bringing in too much outside air due to a flaw in it's free cooling programming. It only happened when the building was calling for cooling and the outside air temperature was below 65 degrees. When it happened air pressure would push against the doors and keep some from latching, especially doors near outside exit/entry doors and this door is right across the hall from one, so our thought was they checked it during a time of high building pressure. The building pressure issue has been resolved and no longer occurs. I checked the door on Tuesday, July 30th, 2024 and it is closing and latching perfectly.

*Please login to the Customer Portal and verify their work.*

-OR-

*You may reply to this email by typing one of four (4) one word responses below, followed by any clarifying comments as described at the bottom of this email.*

**Please verify the work was completed and note your satisfaction by replying to this email and typing a response.**

**Code Type:**

'cpos' if you are **Satisfied** with the work

'cneg' if the work was completed but you are **Not Satisfied**

'neutral' if the work was completed and your satisfaction level is **Neutral**

'nc' if the work is **Not Completed**

**\*\*\*Any comments typed after the 'code' will be copied into the work order for the JLL team to review and follow up on according to your feedback.**



**BSDC**  
**Beatrice State Development Center**  
**3000 Lincoln Blvd**  
**Beatrice, NE 68310**

**DUE BY 8/6/2024 11:00 AM**  
**NOT TO EXCEED \$0.00**

**MEDIUM**

**WO# BSDC-26422**  
**STATUS COMPLETED**

**BUILDING**

<b>Name</b>	BSDC	<b>Contact</b>	Russell Fralin
<b>Address</b>	854 Sheridan 2nd Flr/834 Sheridan 1st Flr Beatrice, NE 68310	<b>Contact At</b>	russell.fralin@nebraska.gov
		<b>Phone</b>	402-223-6827
		<b>Fax</b>	

**REQUEST**

**DATE CREATED 7/25/2024 10:42 AM**

**General** Describe as needed 834 Sheridan/West Wing - 1st floor: From a 2567 received today from the Fire Marshal office it is cited that the door to the Activity Center failed to latch within the doorframe. Please repair this door so that it does latch within the doorframe. A previous work order may have been done, but believe the door would not latch within the door frame when checked by the Fire Marshal in her revisit. I will need a copy of this completed work order for the plan of correction to be submitted before August 1st. Thank you! **BILLING FOR BEATRICE STATE DEVELOPMENTAL CENTER**

**ASSIGNMENT**

<b>Assigned To</b>	Steven Robertson	<b>Specialty</b>	General Maintenance
<b>Mobile</b>	402.806.5607	<b>Access/Appt</b>	N/A
<b>Email</b>	steve.robertson@nebraska.gov	<b>Scheduled Start</b>	
		<b>PO#</b>	

**FINANCIAL**

<b>Estimate</b>	<b>Quote</b>	<b>Total Expense</b>	TBD
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**INTERNAL COSTS**

<b>Status</b>	Pending
<b>Total</b>	\$17.00

**VENDOR INVOICE**

<b>Status</b>	None
<b>Total</b>	\$0.00

**COMPLETION**

**Work Completed** 7/31/2024 8:05 AM  
**Repair Category/Code** Doors and Windows Improper Operation

**REQUIRED SIGNATURE**

**Signature** If this document was sent because a signed copy has been requested during the sign-off process on a mobile device, check the second attachment to the same email for the signed receipt.

On April 12th, 2024 the Safety Director (Mike Balderson) notified us that the Fire Marshal had found West Wing Room 208, the Activity Center's west hall entry door, was not closing and latching. I checked the door and it was latching perfectly, however during that time period we were having building air pressure balance issues, basically the air handler was bringing in too much outside air due to a flaw in it's free cooling programming. It only happened when the building was calling for cooling and the outside air temperature was below 65 degrees. When it happened air pressure would push against the doors and keep some from latching, especially doors near outside exit/entry doors and this door is right across the hall from one, so our thought was they checked it during a time of high building pressure. The building pressure issue has been resolved and no longer occurs. I checked the door on Tuesday, July 30th, 2024 and it is closing and latching perfectly.

**ACTIVITY LOG**

<b>ACTION</b>	<b>BY</b>	<b>AT</b>	<b>COMMENTS</b>
Completed	Steven Robertson	7/31/2024 8:05 AM	On April 12th, 2024 the Safety Director (Mike Balderson) notified us that the Fire Marshal had found West Wing Room 208, the Activity Center's west hall entry door, was not closing and latching. I checked the door and it was latching perfectly, however during that time period we were having building air pressure balance issues, basically the air handler was bringing in too much outside air due to a flaw in it's free cooling programming. It only happened when the building was calling for cooling and the outside air temperature was below 65 degrees. When it happened air pressure would push against the doors and keep some from latching, especially doors near outside exit/entry doors and this door is right across the hall from one, so our thought was they checked it during a time of high building pressure. The building pressure issue has been resolved and no longer occurs. I checked the door on Tuesday, July 30th, 2024 and it is closing and latching perfectly.
Picked Up	Steven Robertson	7/30/2024 12:00 PM	
Assignment Changed	Steven Robertson	7/30/2024 11:54 AM	Reassigned from: Gayle Hawkins to: Steven Robertson.
Created	Russell Fralin	7/25/2024 10:42 AM	

(c-i)

Staff Assaults



**A. Staff Assaults:** *The number of assaults on staff for the period of 10/1/2023 – 10/31/2024.*

BSDC has documentation of 25 reported staff injuries due to Individual Aggression / Behavioral of Individuals.

**10/01/2023 - 12/31/2022 = 4 Injuries**

No Medical Treatment Indicated: 1

Minor Clinic / Hospital: 1

Emergency Room: 2

**01/01/2024 – 03/31/2024 = 4 Injuries**

No Medical Treatment Indicated: 0

Minor Clinic / Hospital: 2

Emergency Room: 2

**04/01/2024 - 06/30/2024 = 7 Injuries**

No Medical Treatment Indicated: 4

Minor Clinic / Hospital: 1

Emergency Room: 2

**07/01/2024 – 09/30/2024 = 7 injuries**

No Medical Treatment Indicated: 3

Minor Clinic / Hospital: 4

Emergency Room: 0

**10/01/2024 – 10/31/2024 = 3 injuries**

No Medical Treatment Indicated: 0

Minor Clinic / Hospital: 2

Emergency Room: 1

NOTE: No staff injuries were a result of a use of force event.

**Mike Balderson** | *Safety Coordinator*

DEVELOPMENTAL DISABILITIES

**Nebraska Department of Health and Human Services**

OFFICE: 402-806-3759

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# MIDWEST ALARM SERVICES

Tech connected. Lives protected.

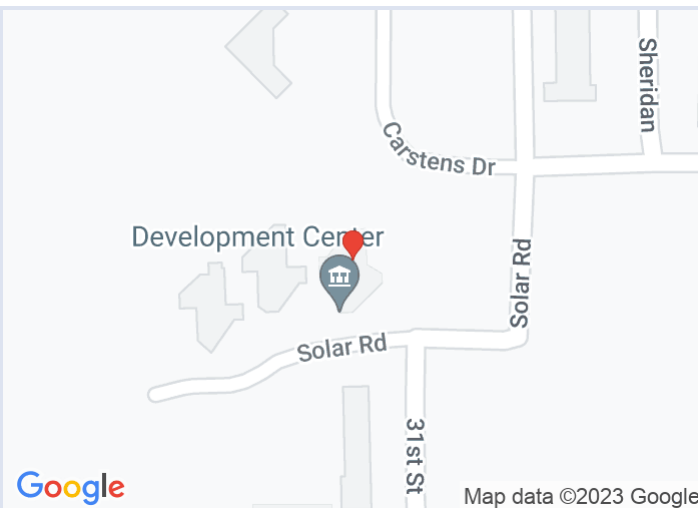
## Inspection Report

---

Presented To  
State of Nebraska

---

For  
B Building  
3000 Lincoln St  
Beatrice, NE 68310



**This site has been inspected  
and tested in compliance  
with applicable standards.**

---

Completed:  
**Wednesday, May 24, 2023**

---

Tested By:  
**Gary Hesman**  
Midwest Alarm Services  
3630 W Old Hwy 30  
Grand Island, NE 68803

Scan Code to Access  
Nspec Cloud Portal



# Inspection Information

## CUSTOMER INFORMATION

Name:	State of Nebraska	Address:	3000 Lincoln St
City:	Beatrice	State:	NE
ZIP:	68310	Email:	mike.balderson@nebraska.gov
AR#:	1001603		

## BUILDING INFORMATION

Name:	B Building	Occupancy Type:	Institutional (Group I)
Address:	3000 Lincoln St	City:	Beatrice
State:	NE	ZIP:	68310
Monitoring Company Account Number:	FA14300	AR#:	1001603
Email for Reports:	mike.balderson@nebraska.gov		

## COMPANY INFORMATION

Name:	Midwest Alarm Services	Address:	3630 W Old Hwy 30
City:	Grand Island	State:	NE
Zip:	68803	License:	-
Email:	tracy.hesman@mw-as.com	Phone:	308-389-3981

## AUTHORITY HAVING JURISDICTION

Name:	State of Nebraska Fire Marshal	Address:	246 S 14th St
City:	Lincoln	State:	NE
Zip:	68508	Email:	-
Phone:	402-471-2027		

## MONITORING COMPANY

Name:	Per Mar	Address:	1910 E Kimberly Rd
City:	Davenport	State:	IA
Zip:	52807	Email:	-
phone:	800-227-9805		

## TESTING SUMMARY

EQUIPMENT TYPE	TOTAL	TESTED	PASSED	FAILED
Communicator	0	0 (0%)	0 (0%)	0 (0%)
Alarm Initiated Device	59	0 (0%)	0 (0%)	0 (0%)
Alarm Notification Appliance	7	0 (0%)	0 (0%)	0 (0%)
Annunciator	0	0 (0%)	0 (0%)	0 (0%)
Auxiliary Device	0	0 (0%)	0 (0%)	0 (0%)
Auxiliary Power Supply	0	0 (0%)	0 (0%)	0 (0%)
Control Unit	1	1 (100%)	0 (0%)	1 (100%)
Supervising Station Monitoring	0	0 (0%)	0 (0%)	0 (0%)
Supervisory Signal Device	0	0 (0%)	0 (0%)	0 (0%)

## Fire Alarm Inspection- NFPA 72 (2013)

This testing was performed in accordance with applicable NFPA 72 Standards.

Midwest Alarm Services provides many services to our community. If you would like quarterly, semi-annual or annual testing/inspection, the inspection coordinator can reach out and offer inspections on a time and material basis. Signing an Inspection Agreement with Midwest Alarm Services has many benefits. Not only do you save money, but our inspection coordinator will work with you to ensure your Fire System stays in code as well as has proper documentation sent to the local jurisdiction for compliance. If you need an estimate or have questions about our services, please reach out to our operations manager.

Gary Hesman  
Operations Manager  
308-389-3981  
gary.hesman@mw-as.com

---

Tested By:



**Gary Hesman**  
Midwest Alarm Services  
3630 W Old Hwy 30  
Grand Island, NE 68803

## Control Unit

### Location

Location  
By East Main Entrance

### Specification

Type/Make/Model  
Spectronics / 641

### Software Firmware

Revision Number	Onsite Location Of Documentation
-	-

### Primary Power

Nominal Voltage	Amps
-	-

### Overcurrent Protection

Type	Amps	Location	Disconnecting Means Location
-	-	-	-

### Batteries

Battery Date	Battery Type	Nominal Voltage	Amps/Hour Rating
-	-	-	-
Standby Mode (hrs)	Alarm Mode (mins)		
-	-		

### Result

**X Failed**

## Alarm Initiated Device

Location	Specification	New Section	Result	Notes
Location Front Entrance	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual	Result Not Tested	Number -
Location Center Area	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual	Result Not Tested	Number -
Location Center Area	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual	Result Not Tested	Number -
Location Center Area	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual	Result Not Tested	Number -
Location Center Area by Elevator	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual	Result Not Tested	Number -
Location South Area	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual	Result Not Tested	Number -
Location South Area	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual	Result Not Tested	Number -

Location	Specification	New Section	Result	Notes
Location South Area	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual	Result Not Tested	Number -
Location South Area	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual	Result Not Tested	Number -
Location South Area	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual	Result Not Tested	Number -
Location South Area	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual	Result Not Tested	Number -
Location South Area	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual	Result Not Tested	Number -
Location South Area	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual	Result Not Tested	Number -
Location North Area	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual	Result Not Tested	Number -
Location North Area	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual	Result Not Tested	Number -
Location North Area	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual	Result Not Tested	Number -
Location North Area	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual	Result Not Tested	Number -
Location North Area	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual	Result Not Tested	Number -
Location North Area	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual	Result Not Tested	Number -
Location North Area	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual	Result Not Tested	Number -
Location North Area	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual	Result Not Tested	Number -
Location Center Area	Type/Make/Model Heat Detector	Visual	Result Not Tested	Number -
Location Center Area	Type/Make/Model Heat Detector	Visual	Result Not Tested	Number -
Location Center Area	Type/Make/Model Heat Detector	Visual	Result Not Tested	Number -
Location Center Area	Type/Make/Model Heat Detector	Visual	Result Not Tested	Number -

Location	Specification	New Section	Result	Notes
Location	Type/Make/Model	Visual	Result	Number
Center Area	Heat Detector		Not Tested	-
Location	Type/Make/Model	Visual	Result	Number
Center Area	Heat Detector		Not Tested	-
Location	Type/Make/Model	Visual	Result	Number
North Area	Heat Detector		Not Tested	-
Location	Type/Make/Model	Visual	Result	Number
South Area	Heat Detector		Not Tested	-
Location	Type/Make/Model	Visual	Result	Number
Front Entrance	Manual Pull Station		Not Tested	-
Location	Type/Make/Model	Visual	Result	Number
South Exit	Manual Pull Station		Not Tested	-
Location	Type/Make/Model	Visual	Result	Number
North Exit	Manual Pull Station		Not Tested	-
Location	Type/Make/Model	Visual	Result	Number
Attic	Heat Detector		Not Tested	-
Location	Type/Make/Model	Visual	Result	Number
Attic	Heat Detector		Not Tested	-
Location	Type/Make/Model	Visual	Result	Number
Attic	Heat Detector		Not Tested	-
Location	Type/Make/Model	Visual	Result	Number
Attic	Heat Detector		Not Tested	-
Location	Type/Make/Model	Visual	Result	Number
Attic	Heat Detector		Not Tested	-
Location	Type/Make/Model	Visual	Result	Number
Attic	Heat Detector		Not Tested	-
Location	Type/Make/Model	Visual	Result	Number
Attic	Heat Detector		Not Tested	-
Location	Type/Make/Model	Visual	Result	Number
Attic	Heat Detector		Not Tested	-
Location	Type/Make/Model	Visual	Result	Number
Attic	Heat Detector		Not Tested	-
Location	Type/Make/Model	Visual	Result	Number
Attic	Duct Smoke Detector		Not Tested	-
Location	Type/Make/Model	Visual	Result	Number
Attic	Duct Smoke Detector		Not Tested	-
Location	Type/Make/Model	Visual	Result	Number
Attic	Duct Smoke Detector		Not Tested	-
Location	Type/Make/Model	Visual	Result	Number
Attic	Duct Smoke Detector		Not Tested	-
Location	Type/Make/Model	Visual	Result	Number
Attic	Duct Smoke Detector		Not Tested	-
Location	Type/Make/Model	Visual	Result	Number
Attic	Duct Smoke Detector		Not Tested	-
Location	Type/Make/Model	Visual	Result	Number
Attic	Duct Smoke Detector		Not Tested	-

Location	Specification	New Section	Result	Notes
Location	Type/Make/Model	Visual	Result	Number
Crawl Space	Duct Smoke Detector		Not Tested	-
Location	Type/Make/Model	Visual	Result	Number
Crawl Space	Duct Smoke Detector		Not Tested	-
Location	Type/Make/Model	Visual	Result	Number
Crawl Space	Duct Smoke Detector		Not Tested	-
Location	Type/Make/Model	Visual	Result	Number
Crawl Space	Duct Smoke Detector		Not Tested	-
Location	Type/Make/Model	Visual	Result	Number
Crawl Space	Duct Smoke Detector		Not Tested	-
Location	Type/Make/Model	Visual	Result	Number
Crawl Space	Duct Smoke Detector		Not Tested	-
Location	Type/Make/Model	Visual	Result	Number
Crawl Space	Duct Smoke Detector		Not Tested	-

## Alarm Notification Appliance

Location	Specification	New Section	Result	Notes
Location	Type/Make/Model	Visual / Functional	Result	Number
	Horn/Strobe / System Sensor / P2WL		Not Tested	-
Location	Type/Make/Model	Visual / Functional	Result	Number
	Horn/Strobe / System Sensor / P2WL		Not Tested	-
Location	Type/Make/Model	Visual / Functional	Result	Number
	Horn/Strobe / System Sensor / P2WL		Not Tested	-
Location	Type/Make/Model	Visual / Functional	Result	Number
	Horn/Strobe / System Sensor / P2WL		Not Tested	-
Location	Type/Make/Model	Visual / Functional	Result	Number
	Horn/Strobe / System Sensor / P2WL		Not Tested	-
Location	Type/Make/Model	Visual / Functional	Result	Number
	Bell		Not Tested	-
Location	Type/Make/Model	Visual / Functional	Result	Number
	Bell		Not Tested	-

## Comments

Number	COMMENT	IMAGE
1	Fire Alarm Panel completely dead. Taken out of service due to building being condemned and deconstructed.	





**Tech connected. Lives protected.**

## **Conclusion**

We appreciate the opportunity to provide this inspection report. We are confident in the accuracy of the contents of this report. Should you require any additional services, or have questions regarding the contents of this report, please do not hesitate to contact your Midwest Alarm Services representative at 308-389-3981.

## **Life Safety Solutions Experts Since 1950**

For more than 70 years, Midwest Alarm Services has been providing the best, innovative fire, security and technology solutions for homes and businesses. As a systems integrator, we can design, install, maintain, monitor and service a wide variety of equipment and software. We take the time to understand your needs and customize solutions to fit your needs and budget. To learn more about our company and the services we provide, please visit:

[www.midwestalarmservices.com](http://www.midwestalarmservices.com)

A handwritten signature in black ink, appearing to read 'GH', is positioned above a solid blue horizontal line.

Tested By:

**Gary Hesman**

Midwest Alarm Services

3630 W Old Hwy 30

Grand Island, NE 68803



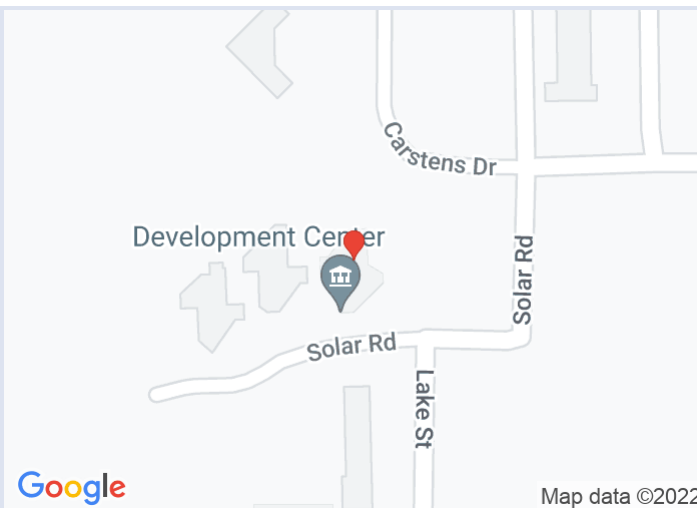
# MIDWEST ALARM SERVICES

Tech connected. Lives protected.

## Inspection Report

Presented To  
State of Nebraska

For  
B Building  
3000 Lincoln St  
Beatrice, NE 68310



**This site has been inspected  
and tested in compliance  
with applicable standards.**

Completed:  
**Wednesday, December 14,  
2022**

Tested By:  
**Lucas Canfield**  
Midwest Alarm Services  
3630 W Old Hwy 30  
Grand Island, NE 68803

Scan Code to Access  
Nspec Cloud Portal



# Inspection Information

## CUSTOMER INFORMATION

Name:	State of Nebraska	Address:	3000 Lincoln St
City:	Beatrice	State:	NE
ZIP:	68310	Email:	mike.balderson@nebraska.gov
AR#:	1001603		

## BUILDING INFORMATION

Name:	B Building	Occupancy Type:	Institutional (Group I)
Address:	3000 Lincoln St	City:	Beatrice
State:	NE	ZIP:	68310
Monitoring Company Account Number:	FA14300	AR#:	1001603
Email for Reports:	mike.balderson@nebraska.gov		

## COMPANY INFORMATION

Name:	Midwest Alarm Services	Address:	3630 W Old Hwy 30
City:	Grand Island	State:	NE
Zip:	68803	License:	-
Email:	tracy.hesman@mw-as.com	Phone:	308-389-3981

## AUTHORITY HAVING JURISDICTION

Name:	State of Nebraska Fire Marshal	Address:	246 S 14th St
City:	Lincoln	State:	NE
Zip:	68508	Email:	-
Phone:	402-471-2027		

## MONITORING COMPANY

Name:	Per Mar	Address:	1910 E Kimberly Rd
City:	Davenport	State:	IA
Zip:	52807	Email:	-
phone:	800-227-9805		

## TESTING SUMMARY

EQUIPMENT TYPE	TOTAL	TESTED	PASSED	FAILED
Fire Extinguisher	1	1 (100%)	1 (100%)	0 (0%)

## Fire Extinguisher Report

This testing was performed in accordance with applicable NFPA 72 Standards.

Midwest Alarm Services provides many services to our community. If you would like quarterly, semi-annual or annual testing/inspection, the inspection coordinator can reach out and offer inspections on a time and material basis. Signing an Inspection Agreement with Midwest Alarm Services has many benefits. Not only do you save money, but our inspection coordinator will work with you to ensure your Fire System stays in code as well as has proper documentation sent to the local jurisdiction for compliance. If you need an estimate or have questions about our services, please reach out to our operations manager.

Gary Hesman  
Operations Manager  
308-389-3981  
gary.hesman@mw-as.com

Tested By:



**Lucas Canfield**  
Midwest Alarm Services  
3630 W Old Hwy 30  
Grand Island, NE 68803

## Fire Extinguisher

Location	Specification	Information	Dates	Inspected	Inspected	Result	Notes
Location	Type/Make/Model	Serial #	Last Hydro Date	Weight	Signage	Result	Number
1 / 1st / B	Buckeye / 10	J958099	12/14/2021	Yes	No	● Passed	-
Building / BY	HI SA80 ABC	Size	Next Hydro Date	Bracket	Hose		
FACP		10#	-	No	Yes		
		Type	Next Six Year	Gauge	Collar		
		ABC	Date	Yes	Yes		
		Mfg Date	12/14/2027	Pull Pin	Due for Service		
		2009		Yes	No		

## Comments

Number	COMMENT	IMAGE
1	Annual Fire Extinguisher Inspection. No issues.	



**Tech connected. Lives protected.**

## **Conclusion**

We appreciate the opportunity to provide this inspection report. We are confident in the accuracy of the contents of this report. Should you require any additional services, or have questions regarding the contents of this report, please do not hesitate to contact your Midwest Alarm Services representative at 308-389-3981.

### **Life Safety Solutions Experts Since 1950**

For more than 70 years, Midwest Alarm Services has been providing the best, innovative fire, security and technology solutions for homes and businesses. As a systems integrator, we can design, install, maintain, monitor and service a wide variety of equipment and software. We take the time to understand your needs and customized solutions to fit your needs and budget. To learn more about our company and the services we provide, please visit:

[www.midwestalarmservices.com](http://www.midwestalarmservices.com)

A handwritten signature in black ink, appearing to read 'Lucas Canfield', is written over a solid blue horizontal line.

Tested By:

**Lucas Canfield**

Midwest Alarm Services

3630 W Old Hwy 30

Grand Island, NE 68803



CITY HALL  
400 Ella Street : Beatrice, NE 68310  
Phone: 402.228.5200 Fax: 402.228.2312

# BACKFLOW DEVICE TEST REPORT

**BEATRICE**  
CITY BOARD OF PUBLIC WORKS

SERVICE CENTER  
500 North Commerce Street : Beatrice, NE 68310  
Phone: 402.228.5211 Fax: 402.223.5181

**CONSUMER: RETURN THIS REPORT TO THE ABOVE ADDRESS NO LATER THAN:**

Name of Premises (Company, Person, etc.) BSPDC Hoyt St East

Service Address 3000 Lincoln St City Beatrice State NE Zip 68310

Location of Device \_\_\_\_\_

Device Type RP Manufacturer Watts Serial No. 1409 Model No. 757 Size 10"

**NOTE: Final Slots to be Filled in Only if Device In Disrepair and is Retested**

Line Pressure at Time of Test (at inlet test cock) <u>7.4</u> PSI	Date Installed _____	Annual Test <input checked="" type="checkbox"/>
Apparent Pressure Drop Across First Check Valve <u>2.8</u> PSID	Gauge Last Calibrated _____	Initial Test <input checked="" type="checkbox"/>
Relief Valve Opened at <u>4.6</u> PSID		Replacement Test <input checked="" type="checkbox"/>
Difference _____ PSID		Other <input type="checkbox"/>

	Check Valves	Air Inlet (Pressure Vacuum Braker)		Differential Pressure Relief Valve		Shut Off Valves	
		#1	#2	Opened at _____ PSID	Opened at _____ PSID	#1	#2
<b>INITIAL</b>	Pressure Loss <u>7.4</u> <u>5.8</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>2.8</u> PSID	<input type="checkbox"/>	<input type="checkbox"/>
	1. Leaked <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did Not Open <input type="checkbox"/>	1. Leaked <input type="checkbox"/>	<input type="checkbox"/>
	2. Closed Tight <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did Not Open <input type="checkbox"/>	2. Closed Tight <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>REPAIRS</b>	Cleaned Replaced:	<input type="checkbox"/>	<input type="checkbox"/>	Cleaned Replaced:	<input type="checkbox"/>	Cleaned	<input type="checkbox"/>
	Disc <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Disc <input type="checkbox"/>	<input type="checkbox"/>	Replaced:	<input type="checkbox"/>
	Spring <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Upper <input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	Guide <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lower <input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	Pin Retainer <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spring <input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	Hinge Pin <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Diaphragm <input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	Seat <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Large: <input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	Other <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Upper <input type="checkbox"/>	<input type="checkbox"/>	Other:	<input type="checkbox"/>
				Lower <input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
				Small: <input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
				Seat <input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
				Upper <input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
				Lower <input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
				Other <input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
<b>FINAL TEST</b>	Closed Tight <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Opened at _____ PSID	Closed Tight	<input type="checkbox"/>

Prevents backflow from: Lawn Irrigation  Fire Protection   
Domestic Usage  Boiler

Remarks: \_\_\_\_\_

Other (explain) \_\_\_\_\_

Initial test performed by: (Please Print) <u>Mike Lotmeyer</u>	Company <u>BPW</u>	BFD T Cert. No. <u>8491</u>	Date of Testing <u>2-14-23</u>
Repaired by (Please Print)	Company	BFD T Cert. No.	Date of Repair
		Expiration Date	
Final test performed by (Please Print)	Company	BFD T Cert. No.	Date of Testing
		Expiration Date	

Signature [Handwritten Signature]



CITY HALL  
400 Ella Street | Beatrice, NE 68310  
Phone: 402.228.5200 Fax: 402.228.2312

# BACKFLOW DEVICE TEST REPORT

**BEATRICE**  
CITY BOARD OF PUBLIC WORKS

SERVICE CENTER  
500 North Commerce Street | Beatrice, NE 68310  
Phone: 402.228.5211 Fax: 402.223.5181

**CONSUMER: RETURN THIS REPORT TO THE ABOVE ADDRESS NO LATER THAN:**

Name of Premises (Company, Person, etc.) BSDC Hoyt St W

Service Address 3000 ~~Lincoln~~ Hoyt City Beatrice State NE Zip 68310

Location of Device \_\_\_\_\_

Device Type RP Manufacturer Watts Serial No. 1351 Model No. 957 Size 10"

NOTE: Final Slots to be Filled in Only if Device In Disrepair and is Retested

Line Pressure at Time of Test _____ PSI	Date Installed _____	Annual Test <input checked="" type="checkbox"/>
Apparent Pressure Drop <u>6.8</u> PSID	Gauge Last Calibrated _____	Initial Test <input type="checkbox"/>
Relief Valve Opened at <u>2.4</u> PSID		Replacement Test <input type="checkbox"/>
Difference <u>4.4</u> PSID		Other <input type="checkbox"/>

	Check Valves		Air Inlet (Pressure Vacuum Braker)	Differential Pressure Relief Valve	Shut Off Valves	
	#1	#2			#1	#2
<b>INITIAL</b>	Pressure Loss <u>6.8</u>	<u>5.6</u>	<input type="checkbox"/> Opened at _____ PSID	<input type="checkbox"/> Opened at <u>2.4</u> PSID	1. Leaked <input type="checkbox"/>	<input type="checkbox"/>
	1. Leaked <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Did Not Open	Did Not Open <input type="checkbox"/>	2. Closed Tight <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>REPAIRS</b>	Cleaned Replaced:	<input type="checkbox"/>	Cleaned Replaced:	<input type="checkbox"/>	Cleaned	<input type="checkbox"/>
	Disc <input type="checkbox"/>	<input type="checkbox"/>	Disc <input type="checkbox"/>	Disc <input type="checkbox"/>	Replaced:	<input type="checkbox"/>
	Spring <input type="checkbox"/>	<input type="checkbox"/>	Spring <input type="checkbox"/>	Upper <input type="checkbox"/>		
	Guide <input type="checkbox"/>	<input type="checkbox"/>	Seat <input type="checkbox"/>	Lower <input type="checkbox"/>		
	Pin Retainer <input type="checkbox"/>	<input type="checkbox"/>	Diaphragm <input type="checkbox"/>	Spring <input type="checkbox"/>		
	Hinge Pin <input type="checkbox"/>	<input type="checkbox"/>	Float <input type="checkbox"/>	Diaphragm <input type="checkbox"/>		
	Seat <input type="checkbox"/>	<input type="checkbox"/>	Other <input type="checkbox"/>	Large: <input type="checkbox"/>	Other:	<input type="checkbox"/>
	Other <input type="checkbox"/>	<input type="checkbox"/>		Upper <input type="checkbox"/>		
				Lower <input type="checkbox"/>		
				Small: <input type="checkbox"/>		
				Seat <input type="checkbox"/>		
				Upper <input type="checkbox"/>		
				Lower <input type="checkbox"/>		
				Spacer <input type="checkbox"/>		
				Other <input type="checkbox"/>		
<b>FINAL TEST</b>	Closed Tight <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Opened at _____ PSID	Opened at _____ PSID	Closed Tight <input type="checkbox"/>	<input type="checkbox"/>

Prevents backflow from: Lawn Irrigation  Fire Protection   
Domestic Usage  Boiler

Remarks: \_\_\_\_\_

Other (explain) \_\_\_\_\_

Initial test performed by: (Please Print) <u>Mike Lohmeyer</u>	Company <u>BPW</u>	BFD T Cert. No. <u>8497</u>	Date of Testing <u>2-14-23</u>
Repaired by (Please Print)	Company	BFD T Cert. No.	Date of Repair
Final test performed by (Please Print)	Company	BFD T Cert. No.	Date of Testing
		Expiration Date	

Signature [Signature]





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# BACKFLOW DEVICE TEST REPORT

**BEATRICE**  
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SERVICE CENTER  
500 North Commerce Street | Beatrice, NE 68310  
Phone: 402.228.5211 Fax: 402.223.5181

**CONSUMER: RETURN THIS REPORT TO THE ABOVE ADDRESS NO LATER THAN:**

Name of Premises (Company, Person, etc.) BSDC Lincoln St West

Service Address 3000 Lincoln St City Beatrice State NE Zip 68310

Location of Device VC=1345

Device Type RP Manufacturer Watts Serial No. 1271A Model No. 957 Size 10"

**NOTE: Final Slots to be Filled in Only if Device in Disrepair and is Retested**

Line Pressure at Time of Test (at inlet test cock) <u>7.0</u> PSI	Date Installed	Annual Test <input checked="" type="checkbox"/>
Apparent Pressure Drop Across First Check Valve <u>2.6</u> PSID	Gauge Last Calibrated	Initial Test <input type="checkbox"/>
Relief Valve Opened at <u>4.4</u> PSID		Replacement Test <input type="checkbox"/>
Difference <u>4.4</u> PSID		Other <input type="checkbox"/>

	Check Valves		Air Inlet (Pressure Vacuum Braker)	Differential Pressure Relief Valve	Shut Off Valves	
	#1	#2			#1	#2
<b>INITIAL</b>	Pressure Loss <u>7.0</u>	<u>2.8</u>	<input type="checkbox"/> Opened at _____ PSID	<input type="checkbox"/> Opened at <u>2.6</u> PSID	1. Leaked <input type="checkbox"/>	<input type="checkbox"/>
	1. Leaked <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Did Not Open	Did Not Open <input type="checkbox"/>	2. Closed Tight <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>REPAIRS</b>	Cleaned Replaced:	<input type="checkbox"/>	Cleaned Replaced:	<input type="checkbox"/>	Cleaned	<input type="checkbox"/>
	Disc <input type="checkbox"/>	<input type="checkbox"/>	Disc <input type="checkbox"/>	Disc <input type="checkbox"/>	Replaced:	<input type="checkbox"/>
	Spring <input type="checkbox"/>	<input type="checkbox"/>	Spring <input type="checkbox"/>	Upper <input type="checkbox"/>		
	Guide <input type="checkbox"/>	<input type="checkbox"/>	Seat <input type="checkbox"/>	Lower <input type="checkbox"/>		
	Pin Retainer <input type="checkbox"/>	<input type="checkbox"/>	Diaphragm <input type="checkbox"/>	Spring <input type="checkbox"/>		
	Hinge Pin <input type="checkbox"/>	<input type="checkbox"/>	Float <input type="checkbox"/>	Diaphragm <input type="checkbox"/>		
	Seat <input type="checkbox"/>	<input type="checkbox"/>	Other <input type="checkbox"/>	Large: <input type="checkbox"/>	Other:	<input type="checkbox"/>
	Other <input type="checkbox"/>	<input type="checkbox"/>		Upper <input type="checkbox"/>		
				Lower <input type="checkbox"/>		
				Small: <input type="checkbox"/>		
				Seat <input type="checkbox"/>		
				Upper <input type="checkbox"/>		
				Lower <input type="checkbox"/>		
				Other <input type="checkbox"/>		
				Spacer <input type="checkbox"/>		
<b>FINAL TEST</b>	Closed Tight <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Opened at _____ PSID	Opened at _____ PSID	Closed Tight <input type="checkbox"/>	<input type="checkbox"/>

Prevents backflow from: Lawn Irrigation  Fire Protection   
Domestic Usage  Boiler

Remarks:

Other (explain) \_\_\_\_\_

Initial test performed by: (Please Print) <u>Mike Lohmeyer</u>	Company <u>BPW</u>	BFD T Cert. No. <u>8491</u>	Date of Testing <u>2-14-23</u>
Repaired by (Please Print)	Company	BFD T Cert. No. <u>12-23</u>	Date of Repair
Final test performed by (Please Print)	Company	BFD T Cert. No.	Date of Testing
		Expiration Date	

Signature [Signature]



CITY HALL  
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# BACKFLOW DEVICE TEST REPORT

## BEATRICE

SERVICE CENTER  
500 North Commerce Street | Beatrice, NE 68310  
Phone: 402.228.5211 Fax: 402.223.5181

CONSUMER: RETURN THIS REPORT TO THE ABOVE ADDRESS NO LATER THAN:

Name of Premises (Company, Person, etc.) BSAC Lincoln St East

Service Address 3000 Lincoln St City Beatrice State NE Zip 68310

Location of Device VD 0739-51

Device Type RP Manufacturer Watts Serial No. [Signature] Model No. 957 Size 10"

NOTE: Final Slots to be Filled in Only if Device In Disrepair and is Retested

Line Pressure at Time of Test (at inlet test cock) <u>7.2</u> PSI	Date Installed	Annual Test	<input checked="" type="checkbox"/>
Apparent Pressure Drop Across First Check Valve <u>2.2</u> PSID	Gauge Last Calibrated	Initial Test	<input type="checkbox"/>
Relief Valve Opened at <u>5.0</u> PSID		Replacement Test	<input type="checkbox"/>
Difference <u>5.0</u> PSID		Other	<input type="checkbox"/>

	Check Valves		Air Inlet (Pressure Vacuum Braker)	Differential Pressure Relief Valve	Shut Off Valves	
	#1	#2			#1	#2
<b>INITIAL</b>	Pressure Loss <u>7.2</u>	<u>5.2</u>	<input type="checkbox"/> Opened at _____ PSID	<input type="checkbox"/> Opened at _____ PSID	1. Leaked	<input type="checkbox"/> <input type="checkbox"/>
	1. Leaked <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Did Not Open	Did Not Open <input type="checkbox"/>	2. Closed Tight	<input type="checkbox"/> <input checked="" type="checkbox"/>
<b>REPAIRS</b>	Cleaned Replaced:		Cleaned Replaced:		Cleaned Replaced:	
	Disc <input type="checkbox"/>	<input type="checkbox"/>	Disc <input type="checkbox"/>	Disc <input type="checkbox"/>	Disc <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	Spring <input type="checkbox"/>	<input type="checkbox"/>	Spring <input type="checkbox"/>	Upper <input type="checkbox"/>	Upper <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	Guide <input type="checkbox"/>	<input type="checkbox"/>	Seat <input type="checkbox"/>	Lower <input type="checkbox"/>	Lower <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	Pin Retainer <input type="checkbox"/>	<input type="checkbox"/>	Diaphragm <input type="checkbox"/>	Spring <input type="checkbox"/>	Spring <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	Hinge Pin <input type="checkbox"/>	<input type="checkbox"/>	Float <input type="checkbox"/>	Diaphragm <input type="checkbox"/>	Diaphragm <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	Seat <input type="checkbox"/>	<input type="checkbox"/>	Other <input type="checkbox"/>	Large: <input type="checkbox"/>	Other: <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	Other <input type="checkbox"/>	<input type="checkbox"/>		Upper <input type="checkbox"/>		
				Lower <input type="checkbox"/>		
				Small: <input type="checkbox"/>		
				Seat <input type="checkbox"/>		
				Upper <input type="checkbox"/>		
				Lower <input type="checkbox"/>		
				Other <input type="checkbox"/>		
<b>FINAL TEST</b>	Closed Tight <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Opened at _____ PSID	Opened at _____ PSID	Closed Tight	<input type="checkbox"/> <input type="checkbox"/>

Prevents backflow from: Lawn Irrigation  Fire Protection   
Domestic Usage  Boiler

Remarks:

Other (explain) \_\_\_\_\_

Initial test performed by: (Please Print) <u>Mike Lohmeyer</u>	Company <u>BPW</u>	BFDT Cert. No. <u>8491</u>	Date of Testing <u>2-14-23</u>
Repaired by (Please Print)	Company	BFDT Cert. No. <u>12-23</u>	Date of Repair
Final test performed by (Please Print)	Company	BFDT Cert. No.	Date of Testing
		Expiration Date	

Signature [Signature]

WHITE - Water District YELLOW - Customer



LEAVE NO FIELD BLANK  
NEEDS N/A IF NOT USED

7402 L Street  
Omaha, NE 68127  
605-251-9415

N/A - NOT APPLICABLE ON THIS SERVICE  
CHANGED - FILTER OR PART WAS REPLACED  
PASSED - ITEM CHECKED OUT GOOD

ANNUAL

SEMI-ANNUAL INSPECTION

QUARTERLY INSPECTION

3E's GENERATOR (EPS) MAINTENANCE REPORT

CUSTOMER: Building 5, State Building MAKE CAT TYPE Semi Annual 922603  
 CONTACT: \_\_\_\_\_ SERIAL CATDG230CKJ800107 DATE 3/29/2023  
 PHONE: \_\_\_\_\_ MODEL DG230GC HRS 48.5  
 ADDRESS \_\_\_\_\_ TECH Daniel  
 CITY Beatrice NE

AUTOMATIC TRANSFER SWITCHES

MAKE \_\_\_\_\_ SERIAL \_\_\_\_\_ MODEL \_\_\_\_\_  
 MAKE \_\_\_\_\_ SERIAL \_\_\_\_\_ MODEL \_\_\_\_\_  
 MAKE \_\_\_\_\_ SERIAL \_\_\_\_\_ MODEL \_\_\_\_\_

(1) FUEL SYSTEM

CHECK (A) FUEL LEAKS None  
 \* (B) LINES/CONNECTIONS Pass  
 \* (C) DAY TANK LEVEL N/A  
 \* (D) DAY TANK OPERATION N/A  
 \* (E) TRANSFER PUMP N/A  
 \* (F) MAIN TANK LEVEL N/A  
 \* (G) VENT/OVERFLOW N/A  
 \* (H) WATER IN FUEL N/A  
 \* (I) INJECTION PUMP N/A  
 \* (J) SOLENOID VALVE Pass  
 \* CHANGE (K) FUEL FILTER N/A  
 \* CHANGE (L) WATER SEPARATOR N/A  
 \* TEST (M) FUEL SAMPLE N/A

(6) ELECTRICAL SYSTEM

CHECK (A) WIRING CONNECTIONS Pass  
 \* (B) INSTRUMENTATION Pass  
 \* (C) SAFETIES SHUTDOWNS Pass  
 \* (1) OVERCRANK Pass  
 \* (2) HIGH WATER TEMP Pass  
 \* (3) LOW OIL PRESSURE Pass  
 \* (4) OVERSPEED Pass  
 \* (D) ALARMS Pass  
 \* (E) PREALARMS Pass  
 \* (F) CIRCUIT BREAKERS Pass  
 \* (G) FUSES Pass  
 \* CHECK (H) INSULATION DAMAGE None  
 CLEAN (I) CABINETY Pass

(2) LUBRICATION

CHECK (A) LEAKS None  
 \* (B) ENGINE OIL LEVEL Pass  
 \* (C) OIL HEATER N/A  
 \* (D) GOVERNOR OIL LEVEL N/A  
 \* (E) CRANKCASE BREATHER Pass  
 \* CHANGE (F) OIL FILTER Pass  
 \* CHANGE (G) ENGINE OIL Pass  
 \* CHANGE (H) GOVERNOR OIL N/A  
 \* TEST (I) OIL SAMPLE N/A

(7) PRIME MOVER

CHECK (A) GOVERNOR OPERATION Pass  
 \* (B) VIBRATION Pass  
 \* (C) TIMING Pass  
 \* (D) INJECTORS Pass  
 \* (E) MOUNTING HARDWARE Pass  
 \* (F) AIR INTAKE Pass  
 \* (G) OIL PRESSURE 81  
 \* (H) WATER TEMPERATURE 171  
 \* (I) DC ALTERNATOR Pass  
 \* (1) VOLTS 114  
 \* (2) AMPS N/A  
 \*\* CHANGE (J) AIR CLEANER Pass  
 \*\* TORQUE (K) BOLTS Pass

(3) COOLING SYSTEM

CHECK (A) LEAKS None  
 \* (B) COOLANT LEVEL Pass  
 \* (C) FREEZE POINT -35  
 \* (D) RADIATOR AIR FLOW Pass  
 \* (E) LOUVER SYSTEMS Pass  
 \* (F) BLOCK HEATER Pass  
 \* (G) WATER PUMP Pass  
 \* (H) HOSES Pass  
 \* (I) BELTS Pass  
 \* (J) FAN HUB Pass  
 \* (K) PULLEYS Pass  
 \* (L) RADIATOR PSI N/A  
 \* (M) RADIATOR CAP PSI N/A  
 \* CHANGE (N) WATER FILTER N/A  
 \*\* CHANGE (O) ANTIFREEZE 50/50 (Green)  
1

(8) GENERATOR

CHECK (A) ROTOR Pass  
 \* (B) STATOR Pass  
 \* (C) EXCITOR Pass  
 \* (1) STATOR Pass  
 \* (2) ROTOR Pass  
 \* (D) BEARINGS (IR) Pass  
 \* (E) DIODES Pass  
 \* (F) AIR FLOW Pass  
 \* (G) VOLTAGE REGULATOR Pass  
 \* TEST (H) FEED BREAKER Pass  
 RECORD (I) VOLTAGE 215  
 \* (J) HERTZ 60

(4) EXHAUST SYSTEM

CHECK (A) LEAKS None  
 \* (B) CONDENSATION TRAP N/A  
 \* (C) INSULATION N/A  
 \* (D) RESTRICTION Pass  
 \* (E) RAINGAP Pass  
 CHECK (F) HANGERS/SUPPORT Pass  
 \* (G) FLEX SECTIONS Pass

(9) AUTOMATIC TRANSFER SWITCHES

CHECK (A) ATS, CONTACTS Pass  
 \* LINEAR MOTORS ACTUATION Pass  
 \* MOVING PARTS Pass  
 \* (B) SIMULATE POWER FAILURE N/A  
 \* (C) TIME DELAYS Pass  
 \* (D) CLOCK EXERCISER \_\_\_\_\_

(5) BATTERY SYSTEMS

CHECK (A) CHARGER VOLTAGE 27.9  
 \* (1) FLOAT Pass  
 \* (2) EQUALIZE N/A  
 \* (B) ELECTROLYTE LEVEL N/A  
 \* (C) TERMINALS/CABLES Pass  
 \* (D) BLANKET HEATER N/A  
 \* (E) SPECIFIC GRAVITY N/A  
 \* (1) HIGH N/A  
 \* (2) LOW N/A  
 \* (F) LOAD TEST Pass  
 CLEAN (G) CORROSION None

(10) GENERAL CONDITION - EPSS

CHECK (A) UNUSUAL/UNSAFE None  
 \* (B) HOUSEKEEPING Pass

(11) LOAD TEST

RECORD (A) AMPERAGE/LEG N/A  
 \* (B) VOLTAGE/LEG N/A  
 \* (C) HERTZ N/A  
 \* (D) CB CONNECTIONS N/A  
 \* (E) UNIT LOADED N/A

(12) EPSS

CHECK (A) EPS IN AUTO? Pass  
 \* (B) BREAKER CLOSED? Pass

\* As needed, specified or during Annual inspection only  
 \*\* Additional cost if needed or specified.

Comments:

Semi Annual PM complete with 2hr load bank.

2.5 Hours 95 Miles

Customer Signature \_\_\_\_\_

3E Signature \_\_\_\_\_

Date 3/30/2023

LOAD BANK REPORT

3E ELECTRICAL ENGINEERING & EQUIPMENT COMPANY

7402 L STREET OMAHA NE 68127

TECHNICIAN NAME THAT COMPLETED LOAD BANK:

Customer	State Buiding	Date	3/29/2023									
Location		W/O #	922604		Desired load	510.75						
Generator M/N	DG230 GC	Hour Meter	48.5		Phase: ( 1 or 3)	3						
Generator S/N	CATDG230CKJ800107	Rated KW	230	Volts	208							

Generator Make CAT

	Setup	1	2	3	4	5	6	7	8	9	10	11
Time	2:30	2:45	3:00	3:15	3:30	3:45	4:00	4:15	4:30			

KW	57.5	57.5	57.5	115	115	172.5	172.5	207	207	0	0	0
% Desired	25	25	25	50	50	75	75	90	90			
Desired Load	154.65	154.41	154.41	308.35	308.35	462.52	462.52	555.88	555.88	#DIV/0!	#DIV/0!	#DIV/0!
Actual %	25.1	25.3	25.3	50.3	50.3	74.7	74.7	89.5	89.5	0.0	0.0	0.0

**Test Results**

Volts												
L1-L2	215	216	216	216	216	216	216	216	216			
L2-L3	214	214	214	215	215	215	215	215	215			
L1-L3	215	215	215	215	215	215	215	214	214			
Average	214.67	215	215	215.33	215.33	215.33	215.33	215	215	0	0	0
Amps												
A	155	157	157	311	311	457	457	550	550			
B	158	158	158	312	312	460	460	552	552			
C	152	153	153	308	308	465	465	557	557			
Average	155	156	156	310.33	310.33	460.67	460.67	553	553	0	0	0
Hz												

**Engine Instruments**

Hour Meter	48.5	48.8	49.0	49.2	49.5	49.7	50.0	50.2	50.5			
Oil Pressure	90	86	86	84	84	82	82	81	81			
Temp	135	147	147	163	163	169	169	171	171			

**Comments**



**LOAD BANK REPORT**

**3E ELECTRICAL ENGINEERING & EQUIPMENT COMPANY**  
**7402 L STREET OMAHA NE 68127**

**TECHNICIAN NAME THAT COMPLETED LOAD BANK:**

<b>Customer</b>	Powerplant	<b>Date</b>	3/30/2023	[REDACTED]	
<b>Location</b>		<b>W/O #</b>	922139		
<b>Generator M/N</b>	DGFC4962640	<b>Hour Meter</b>	536.7		
<b>Generator S/N</b>	G010341898	<b>Rated KW</b>	200		<b>Volts</b>

**Generator Make** Cummins

	Setup	1	2	3	4	5	6	7	8	9	10	11
<b>Time</b>	2:30	2:45	3:00	3:15	3:30	3:45	4:00	4:15	4:30			
<b>KW</b>	50	50	50	100	100	150	150	180	180	0	0	0
<b>% Desired</b>	25	25	25	50	50	75	75	90	90			
<b>Desired Load</b>	138.79	138.79	138.79	277.58	277.58	416.37	416.37	499.64	499.64	#DIV/0!	#DIV/0!	#DIV/0!
<b>Actual %</b>	26.4	26.5	26.6	51.6	51.6	75.2	75.2	90.9	90.9	0.0	0.0	0.0

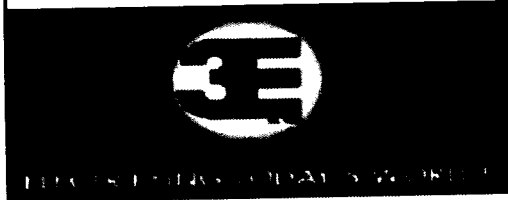
**Test Results**

<b>Volts</b>												
L1-L2	208	208	208	208	208	208	208	208	208	208		
L2-L3	208	208	208	208	208	208	208	208	208	208		
L1-L3	208	208	208	208	208	208	208	208	208	208		
<b>Average</b>	208	208	208	208	208	208	208	208	208	208	0	0
<b>Amps</b>												
A	148	148	149	286	286	420	420	503	503			
B	148	150	150	287	287	420	420	507	507			
C	143	144	144	287	287	413	413	504	504			
<b>Average</b>	146.33	147.33	147.67	286.67	286.67	417.67	417.67	504.67	504.67	0	0	0
<b>Hz</b>												

**Engine Instruments**

<b>Hour Meter</b>	536.7	537.0	537.3	537.6	537.9	538.1	538.3	538.5	538.7			
<b>Oil Pressure</b>	70	70	70	70	60	55	55	50	50			
<b>Temp</b>	175	180	180	180	180	190	190	200	200			

**Comments**



**KOHLER**  
**IN POWER. SINCE 1920.**



LEAVE NO FIELD BLANK  
NEEDS N/A IF NOT USED

7402 L Street  
Omaha, NE 68127  
605-251-9415

N/A - NOT APPLICABLE ON THIS SERVICE  
CHANGED - FILTER OR PART WAS REPLACED  
PASSED - ITEM CHECKED OUT GOOD

ANNUAL

SEMI-ANNUAL INSPECTION

QUARTERLY INSPECTION

3E's GENERATOR (EPS) MAINTENANCE REPORT

CUSTOMER: Power Plant MAKE Cummins TYPE Semi Annual 922138  
 CONTACT: \_\_\_\_\_ SERIAL G010341898 DATE 02/02/2023  
 PHONE: \_\_\_\_\_ MODEL DGFC4962640 HRS 535  
 ADDRESS \_\_\_\_\_ TECH Daniel  
 CITY Beatrice, NE

AUTOMATIC TRANSFER SWITCHES

MAKE Cummins SERIAL H120382074 MODEL OTPCD-1211884  
 MAKE \_\_\_\_\_ SERIAL \_\_\_\_\_ MODEL \_\_\_\_\_  
 MAKE \_\_\_\_\_ SERIAL \_\_\_\_\_ MODEL \_\_\_\_\_

(1) FUEL SYSTEM

CHECK (A) FUEL LEAKS None  
 \* (B) LINES/CONNECTIONS Pass  
 \* (C) DAYTANK LEVEL Pass  
 \* (D) DAYTANK OPERATION Pass  
 \* (E) TRANSFER PUMP N/A  
 \* (F) MAIN TANK LEVEL Pass  
 \* (G) VENT/OVERFLOW N/A  
 \* (H) WATER IN FUEL None  
 \* (I) INJECTION PUMP Pass  
 \* (J) SOLENOID VALVE N/A  
 \* CHANGE (K) FUEL FILTER Pass  
 \* CHANGE (L) WATER SEPARATOR Pass  
 \* TEST (M) FUEL SAMPLE N/A

(8) ELECTRICAL SYSTEM

CHECK (A) WIRING CONNECTIONS Pass  
 \* (B) INSTRUMENTATION Pass  
 \* (C) SAFETIES SHUTDOWNS Pass  
 \* (1) OVERCRANK Pass  
 \* (2) HIGH WATER TEMP Pass  
 \* (3) LOW OIL PRESSURE Pass  
 \* (4) OVERSPEED Pass  
 \* (D) ALARMS Pass  
 \* (E) PREALARMS Pass  
 \* (F) CIRCUIT BREAKERS Pass  
 \* (G) FUSES Pass  
 \* CHECK (H) INSULATION DAMAGE None  
 CLEAN (I) CABINETS Pass

(2) LUBRICATION

CHECK (A) LEAKS None  
 \* (B) ENGINE OIL LEVEL Pass  
 \* (C) OIL HEATER N/A  
 \* (D) GOVERNOR OIL LEVEL N/A  
 \* (E) CRANKCASE BREATHER Pass  
 \* CHANGE (F) OIL FILTER Pass  
 \* CHANGE (G) ENGINE OIL Pass  
 \* CHANGE (H) GOVERNOR OIL N/A  
 \* TEST (I) OIL SAMPLE N/A

(7) PRIME MOVER

CHECK (A) GOVERNOR OPERATION Pass  
 \* (B) VIBRATION Pass  
 \* (C) TIMING Pass  
 \* (D) INJECTORS Pass  
 \* (E) MOUNTING HARDWARE Pass  
 \* (F) AIR INTAKE Pass  
 \* (G) OIL PRESSURE 55  
 \* (H) WATER TEMPERATURE 200  
 \* (I) DC ALTERNATOR Pass  
 \* (1) VOLTS 14  
 \* (2) AMPS N/A  
 \* CHANGE (J) AIR CLEANER Pass  
 \* TORQUE (K) BOLTS Pass

(3) COOLING SYSTEM

CHECK (A) LEAKS None  
 \* (B) COOLANT LEVEL Pass  
 \* (C) FREEZE POINT -25  
 \* (D) RADATOR AIR FLOW Pass  
 \* (E) LOUVER SYSTEMS N/A  
 \* (F) BLOCK HEATER N/A  
 \* (G) WATER PUMP Pass  
 \* (H) HOSES Pass  
 \* (I) BELTS Pass  
 \* (J) FAN HUB Pass  
 \* (K) PULLEYS Pass  
 \* (L) RADATOR PSI N/A  
 \* (M) RADATOR CAP PSI N/A  
 \* CHANGE (N) WATER FILTER N/A  
 \*\* CHANGE (O) ANTIFREEZE 50/50 (Green)

(8) GENERATOR

CHECK (A) ROTOR Pass  
 \* (B) STATOR Pass  
 \* (C) EXCITOR Pass  
 \* (1) STATOR Pass  
 \* (2) ROTOR Pass  
 \* (D) BEARINGS (IR) Pass  
 \* (E) DIODES Pass  
 \* (F) AIR FLOW Pass  
 \* (G) VOLTAGE REGULATOR Pass  
 \* TEST (H) FEED BREAKER Pass  
 RECORD (I) VOLTAGE 20A  
 \* (J) HERTZ 60

(4) EXHAUST SYSTEM

CHECK (A) LEAKS None  
 \* (B) CONDENSATION TRAP Pass  
 \* (C) INSULATION N/A  
 \* (D) RESTRICTION Pass  
 \* (E) RAINCAP Pass  
 CHECK (F) HANGERS/SUPPORT Pass  
 \* (G) FLEX SECTIONS Pass

(8) AUTOMATIC TRANSFER SWITCHES

CHECK (A) ATS, CONTACTS Pass  
 \* LINEAR MOTORS ACTUATION Pass  
 \* MOVING PARTS Pass  
 \* (B) SIMULATE POWER FAILURE N/A  
 \* (C) TIME DELAYS Pass  
 \* (D) CLOCK EXERCISER Pass

(5) BATTERY SYSTEMS

CHECK (A) CHARGER VOLTAGE 14  
 \* (1) FLOAT Pass  
 \* (2) EQUALIZE N/A  
 \* (B) ELECTROLYTE LEVEL N/A  
 \* (C) TERMINALS/CABLES Pass  
 \* (D) BLANKET HEATER N/A  
 \* (E) SPECIFIC GRAVITY N/A  
 \* (1) HIGH N/A  
 \* (2) LOW N/A  
 \* (F) LOAD TEST Pass  
 CLEAN (G) CORROSION None

(10) GENERAL CONDITION - EPSS

CHECK (A) UNUSUAL/UNSAFE None  
 \* (B) HOUSEKEEPING Pass

(11) LOAD TEST

RECORD (A) AMPERAGE/LEG L1: 503, L2: 507, L3: 504  
 \* (B) VOLTAGE/LEG L1: 208, L2: 208, L3: 504  
 \* (C) HERTZ 60  
 \* (D) CB CONNECTIONS Pass  
 \* (E) UNIT LOADED 90%

(12) EPSS

CHECK (A) EPS IN AUTO? Pass  
 \* (B) BREAKER CLOSED? Pass

\* As needed, specified or during annual inspection only  
 \*\* Additional cost if needed or specified

Comments:

Semi Annual PM complete. Note had to do load bank on separate day due to load bank being down.

3 Hours 40 Miles

Customer Signature \_\_\_\_\_

3E Signature \_\_\_\_\_

Date 02/02/2023



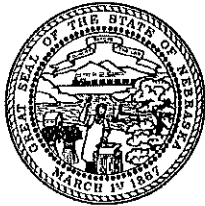
Nebraska State Fire Marshal Agency  
Boiler Inspection Division  
246 S. 14th Street, Suite 1  
Lincoln, NE 68508  
Phone (402) 471-9902, Email [sfm.boilers@nebraska.gov](mailto:sfm.boilers@nebraska.gov)

Levi Nelson  
Chief Boiler Inspector  
Doug Hohbein  
Acting State Fire Marshal

State Development Center  
ATTN: Terry Brown  
3000 Lincoln St Dock 2  
Beatrice, NE 68310-3319

11/07/2022

If you sell, transfer, scrap, disconnect, or relocate this boiler, please notify our office @ (402) 471-9902 or [sfm.boilers@nebraska.gov](mailto:sfm.boilers@nebraska.gov). This certificate shall be posted on or near the unit described. If this unit is exposed to the weather or other possible damage, the certificate may be kept in a central location but shall be available to the inspector or any other legal authority.



## CERTIFICATE OF INSPECTION

Nebraska State Fire Marshal Agency  
Boiler Inspection Division  
246 S. 14th Street, Suite 1  
Lincoln, NE 68508  
Phone (402) 471-9902, Email [sfm.boilers@nebraska.gov](mailto:sfm.boilers@nebraska.gov)

Owner

State Development Center  
3000 Lincoln St  
Beatrice, NE 68310-3319

Location 614588

State Development Center  
3000 Lincoln St  
Beatrice, NE 68310-3319

State ID Number: NE22793  
Type: CHWH - ASME/Fired Water Heater  
Last External Inspection: 09/21/2022  
Expiration Date: 09/30/2024  
Inspected By: Joshua Shandy  
Inspecting Agency: Zurich American Insurance  
Last Internal Inspection:  
National Board Number: 170171

Pressure Allowed: 160 PSI  
Safety-Relief Valves Setting: 150 PSI  
Manufacturer: A O Smith  
Year Built: 2012  
Print Date: 11/07/2022  
Next Internal Due Date:  
Serial Number: 170171  
Owner's Equip ID:

This is to certify that the described unit may be operated at a pressure not to exceed the "Pressure Allowed" as shown. This certificate is valid until the expiration date, another inspection is made, or is withdrawn for cause. Issuance of this certificate does not create liability nor guarantee personal safety. If you have any questions regarding the operation or safety of this unit, contact the owner or the State Chief Boiler Inspector.

Chief Boiler Inspector

  
Levi Nelson



Nebraska State Fire Marshal Agency  
 Boiler Inspection Division  
 246 S. 14th Street, Suite 1  
 Lincoln, NE 68508  
 Phone (402) 471-9902, Email [sfm.boilers@nebraska.gov](mailto:sfm.boilers@nebraska.gov)

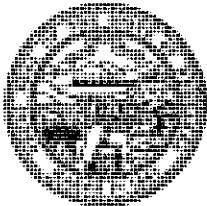
Levi Nelson  
 Chief Boiler Inspector  
 Doug Hohbein  
 Acting State Fire Marshal

State Development Center  
 ATTN: Terry Brown  
 3000 Lincoln St Dock 2  
 Beatrice, NE 68310-3319

11/07/2022

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### CERTIFICATE OF INSPECTION



Nebraska State Fire Marshal Agency  
 Boiler Inspection Division  
 246 S. 14th Street, Suite 1  
 Lincoln, NE 68508  
 Phone (402) 471-9902, Email [sfm.boilers@nebraska.gov](mailto:sfm.boilers@nebraska.gov)

Owner

State Development Center  
 3000 Lincoln St  
 Beatrice, NE 68310-3319

Location 614588

State Development Center  
 3000 Lincoln St  
 Beatrice, NE 68310-3319

State ID Number: NE22794  
 Type: CHWH - ASME/Fired Water Heater  
 Last External Inspection: 09/21/2022  
 Expiration Date: 09/30/2024  
 Inspected By: Joshua Shandy  
 Inspecting Agency: Zurich American Insurance  
 Last Internal Inspection:  
 National Board Number: 170090

Pressure Allowed: 160 PSI  
 Safety-Relief Valves Setting: 150 PSI  
 Manufacturer: A O Smith  
 Year Built: 2012  
 Print Date: 11/07/2022  
 Next Internal Due Date:  
 Serial Number: 170090  
 Owner's Equip ID:

This is to certify that the described unit may be operated at a pressure not to exceed the "Pressure Allowed" as shown. This certificate is valid until the expiration date, another inspection is made, or is withdrawn for cause. Issuance of this certificate does not create liability nor guarantee personal safety. If you have any questions regarding the operation or safety of this unit, contact the owner or the State Chief Boiler Inspector.

Chief Boiler Inspector

Levi Nelson





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Beatrice, NE 68310-3319

11/07/2022

If you sell, transfer, scrap, disconnect, or relocate this boiler, please notify our office @ (402) 471-9902 or [sfm.boilers@nebraska.gov](mailto:sfm.boilers@nebraska.gov). This certificate shall be posted on or near the unit described. If this unit is exposed to the weather or other possible damage, the certificate may be kept in a central location but shall be available to the inspector or any other legal authority.



## CERTIFICATE OF INSPECTION

Nebraska State Fire Marshal Agency  
Boiler Inspection Division  
246 S. 14th Street, Suite 1  
Lincoln, NE 68508  
Phone (402) 471-9902, Email [sfm.boilers@nebraska.gov](mailto:sfm.boilers@nebraska.gov)

Owner

State Development Center  
3000 Lincoln St  
Beatrice, NE 68310-3319

Location 614588

State Development Center  
3000 Lincoln St  
Beatrice, NE 68310-3319

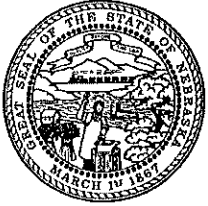
State ID Number: NE22794  
Type: CHWH - ASME/Fired Water Heater  
Last External Inspection: 09/21/2022  
Expiration Date: 09/30/2024  
Inspected By: Joshua Shandy  
Inspecting Agency: Zurich American Insurance  
Last Internal Inspection:  
National Board Number: 170090

Pressure Allowed: 160 PSI  
Safety-Relief Valves Setting: 150 PSI  
Manufacturer: A O Smith  
Year Built: 2012  
Print Date: 11/07/2022  
Next Internal Due Date:  
Serial Number: 170090  
Owner's Equip ID:

This is to certify that the described unit may be operated at a pressure not to exceed the "Pressure Allowed" as shown. This certificate is valid until the expiration date, another inspection is made, or is withdrawn for cause. Issuance of this certificate does not create liability nor guarantee personal safety. If you have any questions regarding the operation or safety of this unit, contact the owner or the State Chief Boiler Inspector.

Chief Boiler Inspector

Levi Nelson



Nebraska State Fire Marshal Agency  
Boiler Inspection Division  
246 S. 14th Street, Suite 1  
Lincoln, NE 68508  
Phone (402) 471-9902, Email [sfm.boilers@nebraska.gov](mailto:sfm.boilers@nebraska.gov)

Levi Nelson  
Chief Boiler Inspector  
Doug Hohbein  
Acting State Fire Marshal

State Development Center  
ATTN: Terry Brown  
3000 Lincoln St Dock 2  
Beatrice, NE 68310-3319

11/07/2022

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Owner

State Development Center  
3000 Lincoln St  
Beatrice, NE 68310-3319

Location 614588

State Development Center  
3000 Lincoln St  
Beatrice, NE 68310-3319

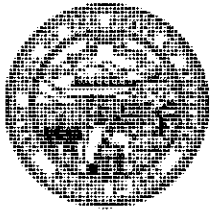
State ID Number: NE22887  
Type: FTHT - Firetube Horizontal  
Last External Inspection: 09/21/2022  
Expiration Date: 09/30/2023  
Inspected By: Joshua Shandy  
Inspecting Agency: Zurich American Insurance  
Last Internal Inspection: 03/19/2021  
National Board Number: 18449

Pressure Allowed: 15 PSI  
Safety-Relief Valves Setting: 15 PSI  
Manufacturer: Hurst  
Year Built: 2012  
Print Date: 11/07/2022  
Next Internal Due Date: 03/19/2023  
Serial Number: 1200259  
Owner's Equip ID: 600 HP

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Chief Boiler Inspector

  
Levi Nelson



Nebraska State Fire Marshal Agency  
 Boiler Inspection Division  
 246 S. 14th Street, Suite 1  
 Lincoln, NE 68508  
 Phone (402) 471-9902, Email sfm.boilers@nebraska.gov

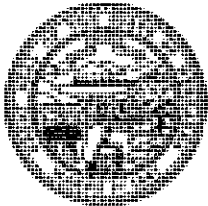
Levi Nelson  
 Chief Boiler Inspector  
 Doug Hohbein  
 Acting State Fire Marshal

State Development Center  
 ATTN: Terry Brown  
 3000 Lincoln St Dock 2  
 Beatrice, NE 68310-3319

11/07/2022

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### CERTIFICATE OF INSPECTION



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 Boiler Inspection Division  
 246 S. 14th Street, Suite 1  
 Lincoln, NE 68508  
 Phone (402) 471-9902, Email sfm.boilers@nebraska.gov

Owner

State Development Center  
 3000 Lincoln St  
 Beatrice, NE 68310-3319

Location 614588

State Development Center  
 3000 Lincoln St  
 Beatrice, NE 68310-3319

State ID Number: NE24116  
 Type: FTHT - Firetube Horizontal  
 Last External Inspection: 09/21/2022  
 Expiration Date: 09/30/2023  
 Inspected By: Joshua Shandy  
 Inspecting Agency: Zurich American Insurance  
 Last Internal Inspection: 12/10/2021  
 National Board Number: 18714

Pressure Allowed: 15 PSI  
 Safety-Relief Valves Setting: 15 PSI  
 Manufacturer: Hurst  
 Year Built: 2013  
 Print Date: 11/07/2022  
 Next Internal Due Date: 12/10/2023  
 Serial Number: S1000-15-58  
 Owner's Equip ID: 200 HP

This is to certify that the described unit may be operated at a pressure not to exceed the "Pressure Allowed" as shown. This certificate is valid until the expiration date, another inspection is made, or is withdrawn for cause. Issuance of this certificate does not create liability nor guarantee personal safety. If you have any questions regarding the operation or safety of this unit, contact the owner or the State Chief Boiler Inspector.

Chief Boiler Inspector

Levi Nelson



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Boiler Inspection Division  
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Phone (402) 471-9902, Email [sfm.boilers@nebraska.gov](mailto:sfm.boilers@nebraska.gov)

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Chief Boiler Inspector  
Doug Hohbein  
Acting State Fire Marshal

State Development Center  
ATTN: Terry Brown  
3000 Lincoln St Dock 2  
Beatrice, NE 68310-3319

11/07/2022

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Boiler Inspection Division  
246 S. 14th Street, Suite 1  
Lincoln, NE 68508  
Phone (402) 471-9902, Email [sfm.boilers@nebraska.gov](mailto:sfm.boilers@nebraska.gov)

Owner

State Development Center  
3000 Lincoln St  
Beatrice, NE 68310-3319

Location **614588**

State Development Center  
3000 Lincoln St  
Beatrice, NE 68310-3319

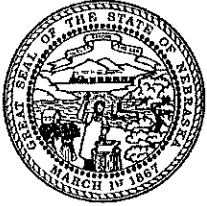
State ID Number: NE24656  
Type: FTWB - FTS Marine Wet Back  
Last External Inspection: 09/21/2022  
Expiration Date: 09/30/2023  
Inspected By: Joshua Shandy  
Inspecting Agency: Zurich American Insurance  
Last Internal Inspection: 03/19/2021  
National Board Number: 18656

Pressure Allowed: 15 PSI  
Safety-Relief Valves Setting: 15 PSI  
Manufacturer: Hurst  
Year Built: 2012  
Print Date: 11/07/2022  
Next Internal Due Date: 03/19/2023  
Serial Number: 32000-15-11  
Owner's Equip ID:

This is to certify that the described unit may be operated at a pressure not to exceed the "Pressure Allowed" as shown. This certificate is valid until the expiration date, another inspection is made, or is withdrawn for cause. Issuance of this certificate does not create liability nor guarantee personal safety. If you have any questions regarding the operation or safety of this unit, contact the owner or the State Chief Boiler Inspector.

Chief Boiler Inspector

Levi Nelson



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Owner

State Development Center  
3000 Lincoln St  
Beatrice, NE 68310-3319

Location 614588

State Development Center  
3000 Lincoln St  
Beatrice, NE 68310-3319

State ID Number: NE29200  
Type: CHWH - ASME/Fired Water Heater  
Last External Inspection: 09/21/2022  
Expiration Date: 09/30/2024  
Inspected By: Joshua Shandy  
Inspecting Agency: Zurich American Insurance  
Last Internal Inspection:  
National Board Number: 196013

Pressure Allowed: 160 PSI  
Safety-Relief Valves Setting: 150 PSI  
Manufacturer: A O Smith  
Year Built: 2014  
Print Date: 11/07/2022  
Next Internal Due Date: 09/30/2026  
Serial Number: 196013  
Owner's Equip ID:

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Chief Boiler Inspector

  
Levi Nelson



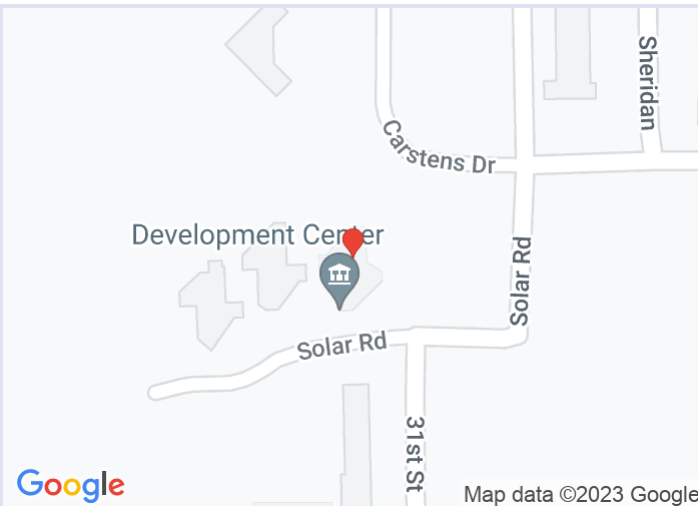
# MIDWEST ALARM SERVICES

Tech connected. Lives protected.

## Inspection Report

Presented To  
State of Nebraska

For  
C Building  
3000 Lincoln St  
Beatrice, NE 68310



**This site has been inspected and tested in compliance with applicable standards.**

Completed:  
**Wednesday, May 24, 2023**

Tested By:  
**Gary Hesman**  
Midwest Alarm Services  
3630 W Old Hwy 30  
Grand Island, NE 68803

Scan Code to Access  
Nspec Cloud Portal



# Inspection Information

## CUSTOMER INFORMATION

Name:	State of Nebraska	Address:	3000 Lincoln St
City:	Beatrice	State:	NE
ZIP:	68310	Email:	mike.balderson@nebraska.gov
AR#:	1001603		

## BUILDING INFORMATION

Name:	C Building	Occupancy Type:	Institutional (Group I)
Address:	3000 Lincoln St	City:	Beatrice
State:	NE	ZIP:	68310
Monitoring Company Account Number:	FA14300	AR#:	1001603
Email for Reports:	mike.balderson@nebraska.gov		

## COMPANY INFORMATION

Name:	Midwest Alarm Services	Address:	3630 W Old Hwy 30
City:	Grand Island	State:	NE
Zip:	68803	License:	-
Email:	tracy.hesman@mw-as.com	Phone:	308-389-3981

## AUTHORITY HAVING JURISDICTION

Name:	State of Nebraska Fire Marshal	Address:	246 S 14th St
City:	Lincoln	State:	NE
Zip:	68508	Email:	-
Phone:	402-471-2027		

## MONITORING COMPANY

Name:	Per Mar	Address:	1910 E Kimberly Rd
City:	Davenport	State:	IA
Zip:	52807	Email:	-
phone:	800-227-9805		

## TESTING SUMMARY

EQUIPMENT TYPE	TOTAL	TESTED	PASSED	FAILED
Communicator	1	1 (100%)	1 (100%)	0 (0%)
Alarm Initiated Device	95	0 (0%)	0 (0%)	0 (0%)
Alarm Notification Appliance	21	0 (0%)	0 (0%)	0 (0%)
Annunciator	0	0 (0%)	0 (0%)	0 (0%)
Auxiliary Device	0	0 (0%)	0 (0%)	0 (0%)
Auxiliary Power Supply	0	0 (0%)	0 (0%)	0 (0%)
Control Unit	1	1 (100%)	1 (100%)	0 (0%)
Supervising Station Monitoring	1	1 (100%)	1 (100%)	0 (0%)
Supervisory Signal Device	0	0 (0%)	0 (0%)	0 (0%)

## Fire Alarm Inspection- NFPA 72 (2013)

This testing was performed in accordance with applicable NFPA 72 Standards.

Midwest Alarm Services provides many services to our community. If you would like quarterly, semi-annual or annual testing/inspection, the inspection coordinator can reach out and offer inspections on a time and material basis. Signing an Inspection Agreement with Midwest Alarm Services has many benefits. Not only do you save money, but our inspection coordinator will work with you to ensure your Fire System stays in code as well as has proper documentation sent to the local jurisdiction for compliance. If you need an estimate or have questions about our services, please reach out to our operations manager.

Gary Hesman  
Operations Manager  
308-389-3981  
gary.hesman@mw-as.com

---

Tested By:



**Gary Hesman**  
Midwest Alarm Services  
3630 W Old Hwy 30  
Grand Island, NE 68803



## Control Unit

### Location

Location  
C Building / By Front Entrance

### Specification

Type/Make/Model  
Spectronics / 641

### Software Firmware

Revision Number	Onsite Location Of Documentation
-	-

### Primary Power

Nominal Voltage	Amps
120v	-

### Overcurrent Protection

Type	Amps	Location	Disconnecting Means Location
-	-	-	-

### Visual/ Functional

Control Unit	Lamps/LEDs/LCDs	Fuses	Trouble Signal
Tested functionally	Tested functionally	Tested functionally	Tested functionally
Disconnect Switch	Ground-Fault Monitoring		
Tested functionally	Tested functionally		

### Batteries

Battery Date	Battery Type	Nominal Voltage	Amps/Hour Rating
01/18/2021	Gel	27.0v	7ah
Standby Mode (hrs)	Alarm Mode (mins)		
-	-		

### Visual/ Functional

Load Voltage	Charge Test	Discharge Test	Battery Condition
Tested functionally	Tested functionally	Tested functionally	Tested functionally

### Result

● Passed

## Communicator

### Specification

Type/Make/Model  
-

### Type

Type  
Phone Lines : Thru Admin

### Result

● Passed

## Supervising Station Monitoring

### Specification

Type/Make/Model  
-

### Supervising Station Monitoring

Alarm Signal	Alarm Restoration	Trouble Signal	Trouble Restoration
Tested functionally	Tested functionally	Tested functionally	Tested functionally

Supervisory Signal  
Tested functionally

Supervisory Restoration  
Tested functionally

## Result

● Passed

## Alarm Initiated Device

Location	Specification	New Section	Result	Notes
Location Center Area	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual	Result Not Tested	Number -
Location Center Area	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual	Result Not Tested	Number -
Location Center Area	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual	Result Not Tested	Number -
Location Center Area	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual	Result Not Tested	Number -
Location Center Area	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual	Result Not Tested	Number -
Location South Area	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested visually	Result Not Tested	Number -
Location South Area	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested visually	Result Not Tested	Number -
Location South Area	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested visually	Result Not Tested	Number -
Location South Area	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual	Result Not Tested	Number -
Location South Area	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual	Result Not Tested	Number -
Location South Area	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual	Result Not Tested	Number -
Location South Area	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual	Result Not Tested	Number -
Location South Area	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual	Result Not Tested	Number -
Location North Area	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual	Result Not Tested	Number -
Location North Area	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual	Result Not Tested	Number -

Location	Specification	New Section	Result	Notes
Location	Type/Make/Model	Visual	Result	Number
North Area	Smoke Detector / System Sensor / 2WB		Not Tested	-
Location	Type/Make/Model	Visual	Result	Number
North Area	Smoke Detector / System Sensor / 2WB		Not Tested	-
Location	Type/Make/Model	Visual	Result	Number
North Area	Smoke Detector / System Sensor / 2WB		Not Tested	-
Location	Type/Make/Model	Visual	Result	Number
North Area	Smoke Detector / System Sensor / 2WB		Not Tested	-
Location	Type/Make/Model	Visual	Result	Number
North Area	Smoke Detector / System Sensor / 2WB		Not Tested	-
Location	Type/Make/Model	Visual	Result	Number
Center Area west Exit	Manual Pull Station		Not Tested	-
Location	Type/Make/Model	Visual	Result	Number
Center Door to West Exit	Manual Pull Station		Not Tested	-
Location	Type/Make/Model	Visual	Result	Number
Center SW Exit	Manual Pull Station		Not Tested	-
Location	Type/Make/Model	Visual	Result	Number
Center Office	Manual Pull Station		Not Tested	-
Location	Type/Make/Model	Visual	Result	Number
Center Front Entrance	Manual Pull Station		Not Tested	-
Location	Type/Make/Model	Visual	Result	Number
South Area South Exit	Manual Pull Station		Not Tested	-
Location	Type/Make/Model	Visual	Result	Number
North Area North Exit	Manual Pull Station		Not Tested	-
Location	Type/Make/Model	Visual	Result	Number
Center Area	Heat Detector		Not Tested	-
Location	Type/Make/Model	Visual	Result	Number
Center Area	Heat Detector		Not Tested	-
Location	Type/Make/Model	Visual	Result	Number
Center Area	Heat Detector		Not Tested	-
Location	Type/Make/Model	Visual	Result	Number
Center Area	Heat Detector		Not Tested	-
Location	Type/Make/Model	Visual	Result	Number
Center Area	Heat Detector		Not Tested	-
Location	Type/Make/Model	Visual	Result	Number
Center Area	Heat Detector		Not Tested	-
Location	Type/Make/Model	Visual	Result	Number
Center Area	Heat Detector		Not Tested	-
Location	Type/Make/Model	Visual	Result	Number
Center Area	Heat Detector		Not Tested	-

Location	Specification	New Section	Result	Notes
Location	Type/Make/Model	Visual	Result	Number
Center Area	Heat Detector		Not Tested	-
Location	Type/Make/Model	Visual	Result	Number
Center Area	Heat Detector		Not Tested	-
Location	Type/Make/Model	Visual	Result	Number
South Area	Heat Detector		Not Tested	-
Location	Type/Make/Model	Visual	Result	Number
North Area	Heat Detector		Not Tested	-
Location	Type/Make/Model	Visual	Result	Number
Center Area	Smoke Detector / System Sensor / 2WB		Not Tested	-
Location	Type/Make/Model	Visual	Result	Number
Center Area	Smoke Detector / System Sensor / 2WB		Not Tested	-
Location	Type/Make/Model	Visual	Result	Number
Center Area	Smoke Detector / System Sensor / 2WB		Not Tested	-
Location	Type/Make/Model	Visual	Result	Number
Center Area	Smoke Detector / System Sensor / 2WB		Not Tested	-
Location	Type/Make/Model	Visual	Result	Number
Center Area	Smoke Detector / System Sensor / 2WB		Not Tested	-
Location	Type/Make/Model	Visual	Result	Number
Center Area	Smoke Detector / System Sensor / 2WB		Not Tested	-
Location	Type/Make/Model	Visual	Result	Number
Center Area	Smoke Detector / System Sensor / 2WB		Not Tested	-
Location	Type/Make/Model	Visual	Result	Number
North Area	Smoke Detector / System Sensor / 2WB		Not Tested	-
Location	Type/Make/Model	Visual	Result	Number
North Area	Smoke Detector / System Sensor / 2WB		Not Tested	-
Location	Type/Make/Model	Visual	Result	Number
North Area	Smoke Detector / System Sensor / 2WB		Not Tested	-
Location	Type/Make/Model	Visual	Result	Number
North Area	Smoke Detector / System Sensor / 2WB		Not Tested	-
Location	Type/Make/Model	Visual	Result	Number
North Area	Smoke Detector / System Sensor / 2WB		Not Tested	-
Location	Type/Make/Model	Visual	Result	Number
North Area	Smoke Detector / System Sensor / 2WB		Not Tested	-

Location	Specification	New Section	Result	Notes
Location North Area	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual	Result Not Tested	Number -
Location South Area	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual	Result Not Tested	Number -
Location South Area	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual	Result Not Tested	Number -
Location South Area	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual	Result Not Tested	Number -
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Location South Area	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual	Result Not Tested	Number -
Location South Area	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual	Result Not Tested	Number -
Location Center Area	Type/Make/Model Heat Detector	Visual	Result Not Tested	Number -
Location Center Area	Type/Make/Model Heat Detector	Visual	Result Not Tested	Number -
Location Center Area	Type/Make/Model Heat Detector	Visual	Result Not Tested	Number -
Location Center Area	Type/Make/Model Heat Detector	Visual	Result Not Tested	Number -
Location Center Area	Type/Make/Model Heat Detector	Visual	Result Not Tested	Number -
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Location Center Area	Type/Make/Model Heat Detector	Visual	Result Not Tested	Number -
Location Center Area	Type/Make/Model Heat Detector	Visual	Result Not Tested	Number -
Location North Area	Type/Make/Model Heat Detector	Visual	Result Not Tested	Number -
Location South Area	Type/Make/Model Heat Detector	Visual	Result Not Tested	Number -



Location	Specification	New Section	Result	Notes
Location	Type/Make/Model Horn/Strobe / System Sensor / P2WL	Visual / Functional	Result Not Tested	Number -
Location	Type/Make/Model Horn/Strobe / System Sensor / P2WL	Visual / Functional	Result Not Tested	Number -
Location	Type/Make/Model Horn/Strobe / System Sensor / P2WL	Visual / Functional	Result Not Tested	Number -
Location	Type/Make/Model Horn/Strobe / System Sensor / P2WL	Visual / Functional	Result Not Tested	Number -
Location	Type/Make/Model Bell	Visual / Functional	Result Not Tested	Number -
Location	Type/Make/Model Bell	Visual / Functional	Result Not Tested	Number -
Location	Type/Make/Model Bell	Visual / Functional	Result Not Tested	Number -
Location	Type/Make/Model Bell	Visual / Functional	Result Not Tested	Number -
Location	Type/Make/Model Bell	Visual / Functional	Result Not Tested	Number -
Location 2nd	Type/Make/Model Horn/Strobe / System Sensor / P2WL	Visual / Functional	Result Not Tested	Number -
Location 2nd	Type/Make/Model Horn/Strobe / System Sensor / P2WL	Visual / Functional	Result Not Tested	Number -
Location 2nd	Type/Make/Model Horn/Strobe / System Sensor / P2WL	Visual / Functional	Result Not Tested	Number -
Location 2nd	Type/Make/Model Horn/Strobe / System Sensor / P2WL	Visual / Functional	Result Not Tested	Number -
Location 2nd	Type/Make/Model Horn/Strobe / System Sensor / P2WL	Visual / Functional	Result Not Tested	Number -
Location 2nd	Type/Make/Model Horn/Strobe / System Sensor / P2WL	Visual / Functional	Result Not Tested	Number -
Location 2nd	Type/Make/Model Bell	Visual / Functional	Result Not Tested	Number -
Location 2nd	Type/Make/Model Bell	Visual / Functional	Result Not Tested	Number -
Location 2nd	Type/Make/Model Bell	Visual / Functional	Result Not Tested	Number -
Location 2nd	Type/Make/Model Bell	Visual / Functional	Result Not Tested	Number -

## Comments

Number	COMMENT	IMAGE
1	Fire Alarm Inspection. Building condemned and cards removed from panel. Many devices are non operational.	





**Tech connected. Lives protected.**

## **Conclusion**

We appreciate the opportunity to provide this inspection report. We are confident in the accuracy of the contents of this report. Should you require any additional services, or have questions regarding the contents of this report, please do not hesitate to contact your Midwest Alarm Services representative at 308-389-3981.

## **Life Safety Solutions Experts Since 1950**

For more than 70 years, Midwest Alarm Services has been providing the best, innovative fire, security and technology solutions for homes and businesses. As a systems integrator, we can design, install, maintain, monitor and service a wide variety of equipment and software. We take the time to understand your needs and customize solutions to fit your needs and budget. To learn more about our company and the services we provide, please visit:

[www.midwestalarmservices.com](http://www.midwestalarmservices.com)

A handwritten signature in black ink, appearing to read 'GH', is positioned above a solid blue horizontal line.

Tested By:

**Gary Hesman**

Midwest Alarm Services

3630 W Old Hwy 30

Grand Island, NE 68803



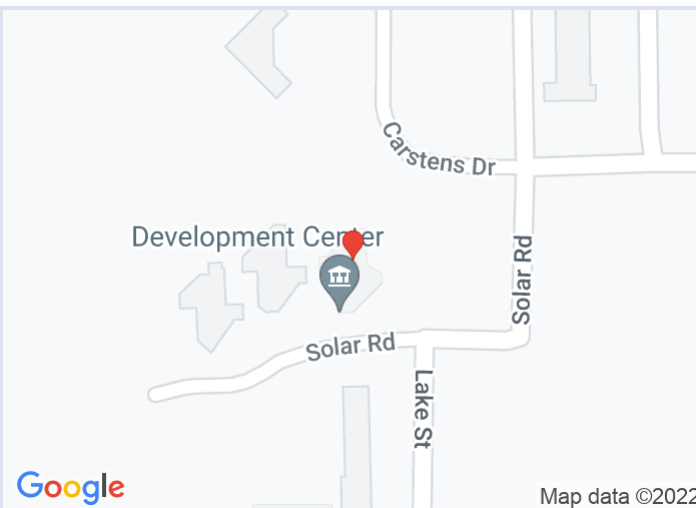
# MIDWEST ALARM SERVICES

Tech connected. Lives protected.

## Inspection Report

Presented To  
State of Nebraska

For  
C Building  
3000 Lincoln St  
Beatrice, NE 68310



**This site has been inspected and tested in compliance with applicable standards.**

Completed:  
**Wednesday, December 14, 2022**

Tested By:  
**Lucas Canfield**  
Midwest Alarm Services  
3630 W Old Hwy 30  
Grand Island, NE 68803

Scan Code to Access  
Nspec Cloud Portal



# Inspection Information

## CUSTOMER INFORMATION

Name:	State of Nebraska	Address:	3000 Lincoln St
City:	Beatrice	State:	NE
ZIP:	68310	Email:	mike.balderson@nebraska.gov
AR#:	1001603		

## BUILDING INFORMATION

Name:	C Building	Occupancy Type:	Institutional (Group I)
Address:	3000 Lincoln St	City:	Beatrice
State:	NE	ZIP:	68310
Monitoring Company Account Number:	FA14300	AR#:	1001603
Email for Reports:	mike.balderson@nebraska.gov		

## COMPANY INFORMATION

Name:	Midwest Alarm Services	Address:	3630 W Old Hwy 30
City:	Grand Island	State:	NE
Zip:	68803	License:	-
Email:	tracy.hesman@mw-as.com	Phone:	308-389-3981

## AUTHORITY HAVING JURISDICTION

Name:	State of Nebraska Fire Marshal	Address:	246 S 14th St
City:	Lincoln	State:	NE
Zip:	68508	Email:	-
Phone:	402-471-2027		

## MONITORING COMPANY

Name:	Per Mar	Address:	1910 E Kimberly Rd
City:	Davenport	State:	IA
Zip:	52807	Email:	-
phone:	800-227-9805		

## TESTING SUMMARY

EQUIPMENT TYPE	TOTAL	TESTED	PASSED	FAILED
Fire Extinguisher	1	1 (100%)	1 (100%)	0 (0%)

## Fire Extinguisher Report

This testing was performed in accordance with applicable NFPA 72 Standards.

Midwest Alarm Services provides many services to our community. If you would like quarterly, semi-annual or annual testing/inspection, the inspection coordinator can reach out and offer inspections on a time and material basis. Signing an Inspection Agreement with Midwest Alarm Services has many benefits. Not only do you save money, but our inspection coordinator will work with you to ensure your Fire System stays in code as well as has proper documentation sent to the local jurisdiction for compliance. If you need an estimate or have questions about our services, please reach out to our operations manager.

Gary Hesman  
Operations Manager  
308-389-3981  
gary.hesman@mw-as.com

Tested By:



**Lucas Canfield**  
Midwest Alarm Services  
3630 W Old Hwy 30  
Grand Island, NE 68803

## Fire Extinguisher

Location	Specification	Information	Dates	Inspected	Inspected	Result	Notes
Location	Type/Make/Model	Serial #	Last Hydro Date	Weight	Signage	Result	Number
1 / 1st / C	Amerex /	TB-751117	12/14/2019	Yes	No	● Passed	-
Building / By	B456	Size	Next Hydro Date	Bracket	Hose		
FACP		10#	12/01/2025	Yes	Yes		
		Type	Next Six Year	Gauge	Collar		
		ABC	Date	Yes	Yes		
		Mfg Date	-	Pull Pin	Due for Service		
		2002		Yes	No		

## Comments

Number	COMMENT	IMAGE
1	Annual Fire Extinguisher Inspection. No issues.	



**Tech connected. Lives protected.**

## **Conclusion**

We appreciate the opportunity to provide this inspection report. We are confident in the accuracy of the contents of this report. Should you require any additional services, or have questions regarding the contents of this report, please do not hesitate to contact your Midwest Alarm Services representative at 308-389-3981.

### **Life Safety Solutions Experts Since 1950**

For more than 70 years, Midwest Alarm Services has been providing the best, innovative fire, security and technology solutions for homes and businesses. As a systems integrator, we can design, install, maintain, monitor and service a wide variety of equipment and software. We take the time to understand your needs and customized solutions to fit your needs and budget. To learn more about our company and the services we provide, please visit:

[www.midwestalarmservices.com](http://www.midwestalarmservices.com)

A handwritten signature in black ink, appearing to read 'Lucas Canfield', is written over a blue horizontal line.

Tested By:

**Lucas Canfield**

Midwest Alarm Services

3630 W Old Hwy 30

Grand Island, NE 68803



# Backflow Preventer Test Form

402.441.5912 • e-mail: [Backflow@lincoln.ne.gov](mailto:Backflow@lincoln.ne.gov) • FAX: 402.441.8003

Return to: Lincoln Water System Backflow 2021 North 27th Street, Lincoln, NE 68503

Business/Building \_\_\_\_\_ Contact Person \_\_\_\_\_

Service Address \_\_\_\_\_ Suite# \_\_\_\_\_

Phone# \_\_\_\_\_ e-mail: \_\_\_\_\_

Device Location \_\_\_\_\_

<input type="checkbox"/> Annual Test	<input type="checkbox"/> Repair	<input type="checkbox"/> New Installation
<input type="checkbox"/> DC	<input type="checkbox"/> RPP	Serial #: _____ Size: _____ Manufacturer: _____ Model#: _____
<input type="checkbox"/> Replacement		
<input type="checkbox"/> DC	<input type="checkbox"/> RPP	Serial #: _____ Size: _____ Manufacturer: _____ Model#: _____

<input type="checkbox"/> Domestic Containment	<input type="checkbox"/> Irrigation	<input type="checkbox"/> Fire Service	<input type="checkbox"/> Boiler	<input type="checkbox"/> Carbonator
<input type="checkbox"/> Swimming Pool	<input type="checkbox"/> Cooling Tower	<input type="checkbox"/> Water Cooled Ice Maker	<input type="checkbox"/> Other (Desc): _____	

Reduced Pressure-Double Check Valve		Pressure Vacuum Breaker	
Shut off #2	Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #1	Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #1 _____ PSID	Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #2	Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #2 _____ PSID	Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Check Valve Held at _____ PSID	
Relief Valve (RP only) Opened at _____ PSID		Air vent opened at _____ PSID	

Final Test: Check Valve #1	Check Valve #2	Pressure Relief	PVB/SVB
	Closed Tight <input type="checkbox"/> Yes <input type="checkbox"/> No		Check Valve PSID
PSID	PSID	Replaced PSID	Air Inlet PSID

I hereby certify the above backflow preventer has been tested in accordance with all rules and regulations of the State of Nebraska Health and Human Services, Department of Regulation and Licensure, Title 179, and the Lincoln Water System Title 17, and that all readings are true and accurate to the best of my ability. **Must be returned to LWS within 30 days of performing test.**

State Certified Technician (Please Print) \_\_\_\_\_ Company \_\_\_\_\_ Grade 6 Certificate# \_\_\_\_\_ Cell/Phone# \_\_\_\_\_

State Certified Technician (Signature) \_\_\_\_\_ Customer (Signature) \_\_\_\_\_ Date of Test \_\_\_\_\_

Test Gauge Manufacturer \_\_\_\_\_ Test Gauge Serial # \_\_\_\_\_ Date of Calibration \_\_\_\_\_

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

PLEASE TYPE OR PRINT LEGIBLY

# Sprinkler Inspection Certificate

*For*

Beatrice State Development  
Carstens Center  
3000 Carstens Drive  
Beatrice, Nebraska 68310

Tested to NFPA 25 Standards

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

*Annual Inspection  
Inspection Date  
Sep 27, 2023*

Building: Beatrice State Development Carstens Center  
Contact: Facility Manager  
Title: Contact

Company: NIFCO Mechanical Systems  
Contact: Travis Billesbach  
Title: Inspector



# Executive Summary

Generated by: *BuildingReports.com*

Building Information			
<b>Building:</b> Beatrice State Development Carstens Center		<b>Contact:</b> Facility Manager	
<b>Address:</b> 3000 Carstens Drive		<b>Phone:</b> 402-223-7526	
<b>Address:</b>		<b>Fax:</b>	
<b>City/State/ZIP Code:</b> Beatrice, Nebraska 68310		<b>Mobile:</b>	
<b>Country:</b> United States of America		<b>Email:</b>	
Inspection Performed By			
<b>Company:</b> NIFCO Mechanical Systems		<b>Inspector:</b> Travis Billesbach	
<b>Address:</b> 500 Blue Heron Dr		<b>Phone:</b> 402-477-0666	
<b>Address:</b>		<b>Fax:</b>	
<b>City/State/ZIP Code:</b> Lincoln, NE 68522-1701		<b>Mobile:</b> 531-220-1687	
<b>Country:</b> United States of America		<b>Email:</b> tbillesbach@nifcomechanical.com	
System Control Unit			
System Type	System Location	Protected Area	Devices
Service Main	Building-	Building-	2
Wet Pipe	Building-	Building-	4

Inspection Summary								
Category	Total Items		Serviced		Passed		Failed/Other	
	Qty	%	Qty	%	Qty	%	Qty	%
Alarm	1	16.67%	1	100.00%	1	100.00%	0	0.00%
Device	1	16.67%	1	100.00%	1	100.00%	0	0.00%
Hose	1	16.67%	1	100.00%	1	100.00%	0	0.00%
Valve	3	50.00%	3	100.00%	3	100.00%	0	0.00%
<b>Totals</b>	<b>6</b>	<b>100%</b>	<b>6</b>	<b>100.00%</b>	<b>6</b>	<b>100.00%</b>	<b>0</b>	<b>0.00%</b>

Certification	
<b>Company:</b> NIFCO Mechanical Systems	<b>Building:</b> Beatrice State Development Carstens Center
<b>Inspector:</b> Travis Billesbach	<b>Contact:</b> Facility Manager

Travis Billesbach Certifications	
Certification Type	Number
NICET Inspection and Testing of Water-Based Systems Level I	
Nebraska Grade VI Water Operator	8466

# Inspection & Testing

Generated by: BuildingReports.com

## Building: Beatrice State Development Carstens Center

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

Device Type	Location	Service	Time	Date
<i>Passed</i>				
<b>Building- Service Main, Building-</b>				
Fire Dep't Connection	Ground South Outside	Annual	8:33:15 AM	09/27/2023
Post Indicator Valve	Ground South Outside	Annual	8:33:19 AM	09/27/2023
<b>Building- Wet Pipe, Building-</b>				
Waterflow Switch	1st North Mechanical Closet	Annual	8:33:25 AM	09/27/2023
Drain	1st North Mechanical Closet	Annual	8:32:59 AM	09/27/2023
Control Valve	1st North Mechanical Closet	Annual	8:32:38 AM	09/27/2023
Control Valve	1st North Mechanical Closet	Annual	8:32:48 AM	09/27/2023

# Wet Pipe Fire Sprinkler Systems

Generated by: *BuildingReports.com*

Building: Beatrice State Development Carstens Center						Building-, Building-		
<p><i>This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.</i></p>								
<b>Alarms</b>								
<b>Waterflow Switch</b>								
<b>Type</b>	<b>Manufacturer</b>	<b>Model #</b>	<b>Sec</b>	<b>Size</b>	<b>Zone/Address</b>	<b>OK</b>	<b>ScanID</b>	
Vane				3.0	1	<input checked="" type="checkbox"/>	68605829	
<b>Components</b>								
<b>Control Valve</b>								
<b>Type</b>	<b>Manufacturer</b>	<b>Model</b>	<b>Location</b>	<b>Size</b>	<b>Position</b>	<b>Status</b>	<b>OK</b>	<b>ScanID</b>
Butterfly			1st North Mechanical Closet	4"	Open	Supervised	<input checked="" type="checkbox"/>	68605830
<b>Description</b>								
Main Control								
<b>Control Valve</b>								
<b>Type</b>	<b>Manufacturer</b>	<b>Model</b>	<b>Location</b>	<b>Size</b>	<b>Position</b>	<b>Status</b>	<b>OK</b>	<b>ScanID</b>
Butterfly			1st North Mechanical Closet	4"	Open	Supervised	<input checked="" type="checkbox"/>	68605831
<b>Description</b>								
Main Control								
<b>Devices</b>								
<b>Drain</b>								
<b>Type</b>	<b>Location</b>	<b>Size</b>	<b>Supply psi</b>	<b>Restored psi</b>	<b>Residual psi</b>	<b>Sec</b>	<b>OK</b>	<b>ScanID</b>
Combination	1st North Mechanical Closet	1.25"	56	52	50		<input checked="" type="checkbox"/>	68605828

# Private Fire Service Mains

Generated by: *BuildingReports.com*

<b>Building: Beatrice State Development Carstens Center</b>				<b>Building-, Building-</b>			
<i>This section lists out all the devices and components that have been associated with a Private Fire Service Main and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.</i>							
<b><i>Components</i></b>							
<b>Post Indicator Valve</b>							
<b>Manufacturer</b>	<b>Model</b>	<b>Location</b>			<b>OK</b>	<b>ScanID</b>	
		Ground South Outside			<input checked="" type="checkbox"/>	68605827	
<b>Type</b>	<b>Size</b>	<b>Position</b>	<b>Status</b>	<b>Number of Turns</b>			
Ground	6"	Open	Locked & Supervised				
<b><i>Devices</i></b>							
<b>Fire Dep't Connection</b>							
<b>Location</b>		<b>Type</b>	<b>BallDrip</b>	<b>Rotating Swivels</b>	<b>Size</b>	<b>OK</b>	<b>ScanID</b>
Ground South Outside		Siamese	Yes	Yes	4"	<input checked="" type="checkbox"/>	68605826

# Inventory & Warranty Report

Generated by: [BuildingReports.com](http://BuildingReports.com)

Building: Beatrice State Development Carstens Center					
<p><i>The Inventory &amp; Warranty Report lists each of the devices and items that are included in your Inspection Report. A complete inventory count by device type and category is provided. Items installed within the last 90 days, within the last year, and devices installed for two years or more are grouped together for easy reference.</i></p>					
Device or Type	Category	% of Inventory	Quantity		
Control Valve	Valve	33.33%	2		
Drain	Device	16.67%	1		
Fire Dep't Connection	Hose	16.67%	1		
Post Indicator Valve	Valve	16.67%	1		
Waterflow Switch	Alarm	16.67%	1		
Device Type	Qty	Model #	Type	Description	Install Date
<b><i>In Service - 3 Years to 5 Years</i></b>					
<b>Building– Service Main, Building–</b>					
Fire Dep't Connection	1		Siamese		06/23/2020
Post Indicator Valve	1		Ground		06/23/2020
<b>Building– Wet Pipe, Building–</b>					
Control Valve	2		Butterfly	Main Control	06/23/2020
Drain	1		Combination		06/23/2020
Waterflow Switch	1		Vane	Alarm	06/23/2020

# Sprinkler Inspection Certificate

*For*

Beatrice State Development  
Carstens Center  
3000 Carstens Drive  
Beatrice, Nebraska 68310

Tested to NFPA 25 Standards

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

*Quarterly Inspection*  
*Inspection Date*  
*Jun 14, 2023*

Building: Beatrice State Development Carstens Center  
Contact: Facility Manager  
Title: Contact

Company: NIFCO Mechanical Systems  
Contact: Travis Billesbach  
Title: Inspector

# Executive Summary

Generated by: *BuildingReports.com*

Building Information			
<b>Building:</b> Beatrice State Development Carstens Center		<b>Contact:</b> Facility Manager	
<b>Address:</b> 3000 Carstens Drive		<b>Phone:</b> 402-223-7526	
<b>Address:</b>		<b>Fax:</b>	
<b>City/State/ZIP Code:</b> Beatrice, Nebraska 68310		<b>Mobile:</b>	
<b>Country:</b> United States of America		<b>Email:</b>	
Inspection Performed By			
<b>Company:</b> NIFCO Mechanical Systems		<b>Inspector:</b> Travis Billesbach	
<b>Address:</b> 500 Blue Heron Dr		<b>Phone:</b> 402-477-0666	
<b>Address:</b>		<b>Fax:</b>	
<b>City/State/ZIP Code:</b> Lincoln, NE 68522-1701		<b>Mobile:</b> 531-220-1687	
<b>Country:</b> United States of America		<b>Email:</b> tbillesbach@nifcomechanical.com	
System Control Unit			
System Type	System Location	Protected Area	Devices
Service Main	Building-	Building-	2
Wet Pipe	Building-	Building-	4



Inspection Summary								
Category	Total Items		Serviced		Passed		Failed/Other	
	Qty	%	Qty	%	Qty	%	Qty	%
Alarm	1	16.67%	1	100.00%	1	100.00%	0	0.00%
Device	1	16.67%	1	100.00%	1	100.00%	0	0.00%
Hose	1	16.67%	1	100.00%	1	100.00%	0	0.00%
Valve	3	50.00%	3	100.00%	3	100.00%	0	0.00%
<b>Totals</b>	<b>6</b>	<b>100%</b>	<b>6</b>	<b>100.00%</b>	<b>6</b>	<b>100.00%</b>	<b>0</b>	<b>0.00%</b>

Certification	
<b>Company:</b> NIFCO Mechanical Systems	<b>Building:</b> Beatrice State Development Carstens Center
<b>Inspector:</b> Travis Billesbach	<b>Contact:</b> Facility Manager

Travis Billesbach Certifications	
Certification Type	Number
NICET Inspection and Testing of Water-Based Systems Level I	
Nebraska Grade VI Water Operator	8466

# Inspection & Testing

Generated by: BuildingReports.com

## Building: Beatrice State Development Carstens Center

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

Device Type	Location	Service	Time	Date
<i>Passed</i>				
<b>Building- Service Main, Building-</b>				
Fire Dep't Connection	Ground South Outside	Quarterly	7:36:35 AM	06/14/2023
Post Indicator Valve	Ground South Outside	Quarterly	7:36:29 AM	06/14/2023
<b>Building- Wet Pipe, Building-</b>				
Waterflow Switch	1st North Mechanical Closet	Quarterly	7:36:24 AM	06/14/2023
Drain	1st North Mechanical Closet	Quarterly	7:36:58 AM	06/14/2023
Control Valve	1st North Mechanical Closet	Quarterly	7:36:40 AM	06/14/2023
Control Valve	1st North Mechanical Closet	Quarterly	7:36:50 AM	06/14/2023

# Wet Pipe Fire Sprinkler Systems

Generated by: *BuildingReports.com*

Building: Beatrice State Development Carstens Center						Building-, Building-		
<p><i>This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.</i></p>								
<b>Alarms</b>								
<b>Waterflow Switch</b>								
<b>Type</b>	<b>Manufacturer</b>	<b>Model #</b>	<b>Sec</b>	<b>Size</b>	<b>Zone/Address</b>	<b>OK</b>	<b>ScanID</b>	
Vane				3.0	1	<input checked="" type="checkbox"/>	68605829	
<b>Components</b>								
<b>Control Valve</b>								
<b>Type</b>	<b>Manufacturer</b>	<b>Model</b>	<b>Location</b>	<b>Size</b>	<b>Position</b>	<b>Status</b>	<b>OK</b>	<b>ScanID</b>
Butterfly			1st North Mechanical Closet	4"	Open	Supervised	<input checked="" type="checkbox"/>	68605830
<b>Description</b>								
Main Control								
<b>Control Valve</b>								
<b>Type</b>	<b>Manufacturer</b>	<b>Model</b>	<b>Location</b>	<b>Size</b>	<b>Position</b>	<b>Status</b>	<b>OK</b>	<b>ScanID</b>
Butterfly			1st North Mechanical Closet	4"	Open	Supervised	<input checked="" type="checkbox"/>	68605831
<b>Description</b>								
Main Control								
<b>Devices</b>								
<b>Drain</b>								
<b>Type</b>	<b>Location</b>	<b>Size</b>	<b>Supply psi</b>	<b>Restored psi</b>	<b>Residual psi</b>	<b>Sec</b>	<b>OK</b>	<b>ScanID</b>
Combination	1st North Mechanical Closet	1.25"	49	47	28		<input checked="" type="checkbox"/>	68605828

# Private Fire Service Mains

Generated by: *BuildingReports.com*

<b>Building: Beatrice State Development Carstens Center</b>				<b>Building-, Building-</b>			
<i>This section lists out all the devices and components that have been associated with a Private Fire Service Main and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.</i>							
<b><i>Components</i></b>							
<b>Post Indicator Valve</b>							
<b>Manufacturer</b>	<b>Model</b>	<b>Location</b>			<b>OK</b>	<b>ScanID</b>	
		Ground South Outside			<input checked="" type="checkbox"/>	68605827	
<b>Type</b>	<b>Size</b>	<b>Position</b>	<b>Status</b>	<b>Number of Turns</b>			
Ground	6"	Open	Locked & Supervised				
<b><i>Devices</i></b>							
<b>Fire Dep't Connection</b>							
<b>Location</b>		<b>Type</b>	<b>BallDrip</b>	<b>Rotating Swivels</b>	<b>Size</b>	<b>OK</b>	<b>ScanID</b>
Ground South Outside		Siamese	Yes	Yes	4"	<input checked="" type="checkbox"/>	68605826

# Inventory & Warranty Report

Generated by: [BuildingReports.com](http://BuildingReports.com)

Building: Beatrice State Development Carstens Center					
<p><i>The Inventory &amp; Warranty Report lists each of the devices and items that are included in your Inspection Report. A complete inventory count by device type and category is provided. Items installed within the last 90 days, within the last year, and devices installed for two years or more are grouped together for easy reference.</i></p>					
Device or Type	Category	% of Inventory	Quantity		
Control Valve	Valve	33.33%	2		
Drain	Device	16.67%	1		
Fire Dep't Connection	Hose	16.67%	1		
Post Indicator Valve	Valve	16.67%	1		
Waterflow Switch	Alarm	16.67%	1		
Device Type	Qty	Model #	Type	Description	Install Date
<b><i>In Service - 2 Years to 3 Years</i></b>					
<b>Building– Service Main, Building–</b>					
Fire Dep't Connection	1		Siamese		06/23/2020
Post Indicator Valve	1		Ground		06/23/2020
<b>Building– Wet Pipe, Building–</b>					
Control Valve	2		Butterfly	Main Control	06/23/2020
Drain	1		Combination		06/23/2020
Waterflow Switch	1		Vane	Alarm	06/23/2020

# Sprinkler Inspection Certificate

*For*

Beatrice State Development D  
Building  
941 Sheridan Dr.  
Beatrice, Nebraska 68310

Tested to NFPA 25 Standards

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

*Semi-Annual Inspection*

*Inspection Date*

*Mar 28, 2023*

Building: Beatrice State Development D Building  
Contact: Facility Manager  
Title: Maint. Supervisor

Company: NIFCO Mechanical Systems  
Contact: Travis Billesbach  
Title: Inspector

# Executive Summary

Generated by: *BuildingReports.com*

Building Information			
<b>Building:</b> Beatrice State Development D Building			<b>Contact:</b> Facility Manager
<b>Address:</b> 941 Sheridan Dr.			<b>Phone:</b> 402-223-7526
<b>Address:</b>			<b>Fax:</b>
<b>City/State/ZIP Code:</b> Beatrice, Nebraska 68310			<b>Mobile:</b>
<b>Country:</b> United States of America			<b>Email:</b>
Inspection Performed By			
<b>Company:</b> NIFCO Mechanical Systems			<b>Inspector:</b> Travis Billesbach
<b>Address:</b> 500 Blue Heron Dr			<b>Phone:</b> 402-477-0666
<b>Address:</b>			<b>Fax:</b>
<b>City/State/ZIP Code:</b> Lincoln, NE 68522-1701			<b>Mobile:</b> 531-220-1687
<b>Country:</b> United States of America			<b>Email:</b> tbillesbach@nifcomechanical.com
System Control Unit			
System Type	System Location	Protected Area	Devices
Wet Pipe	Building-	Building-	7
Wet Pipe	Building-	Building-Basement	2
Wet Pipe	Building-	Floors-	2
Wet Pipe	Building-	Floors-1st	3
Wet Pipe	Building-	Floors-2nd	2
Wet Pipe	Building-	Floors-3rd	2

Inspection Summary								
Category	Total Items		Serviced		Passed		Failed/Other	
	Qty	%	Qty	%	Qty	%	Qty	%
Alarm	5	27.78%	5	100.00%	5	100.00%	0	0.00%
Device	2	11.11%	1	50.00%	1	100.00%	0	0.00%
Hose	1	5.56%	1	100.00%	1	100.00%	0	0.00%
Sprinkler	1	5.56%	0	0.00%	0	0.00%	0	0.00%
Valve	9	50.00%	8	88.89%	8	100.00%	0	0.00%
<b>Totals</b>	<b>18</b>	<b>100%</b>	<b>15</b>	<b>83.33%</b>	<b>15</b>	<b>100.00%</b>	<b>0</b>	<b>0.00%</b>

### Certification

**Company:** NIFCO Mechanical Systems

**Building:** Beatrice State Development D Building

**Inspector:** Travis Billesbach

**Contact:** Facility Manager

### Travis Billesbach Certifications

Certification Type	Number
Nebraska Grade VI Water Operator	8466
NICET Inspection and Testing of Water-Based Systems Level I	



# Inspection & Testing

Generated by: [BuildingReports.com](http://BuildingReports.com)

Building: Beatrice State Development D Building				
<i>The Inspection &amp; Testing section lists all of the items inspected in your building. Items are grouped by Passed or Failed/Other. Items are listed by Category. Each item includes the services performed, and the time &amp; date at which testing occurred.</i>				
Device Type	Location	Service	Time	Date
<b><i>Passed</i></b>				
<b>Building– Wet Pipe, Building–</b>				
Fire Dep't Connection	Ground West outside	Semi-Annual	8:34:49 AM	03/28/2023
Control Valve	Basement East Mechanical	Semi-Annual	8:36:23 AM	03/28/2023
Control Valve	Basement East Mechanical	Semi-Annual	8:36:30 AM	03/28/2023
Post Indicator Valve	Ground West outside	Semi-Annual	8:33:16 AM	03/28/2023
<b>Building– Wet Pipe, Building–Basement</b>				
Waterflow Switch	Basement West Mechanical	Semi-Annual	8:33:12 AM	03/28/2023
Control Valve	Basement West Mechanical	Semi-Annual	8:36:15 AM	03/28/2023
<b>Building– Wet Pipe, Floors–</b>				
Waterflow Switch	Basement West Mechanical	Semi-Annual	8:33:07 AM	03/28/2023
Drain	Basement West Mechanical	Semi-Annual	8:34:54 AM	03/28/2023
<b>Building– Wet Pipe, Floors–1st</b>				
Waterflow Switch	1st Inner Housekeeping	Semi-Annual	8:33:03 AM	03/28/2023
Control Valve	Basement West Mechanical	Semi-Annual	8:36:08 AM	03/28/2023
Control Valve	1st Inner Housekeeping	Semi-Annual	8:35:59 AM	03/28/2023
<b>Building– Wet Pipe, Floors–2nd</b>				
Waterflow Switch	2nd Inner Housekeeping	Semi-Annual	8:32:50 AM	03/28/2023
Control Valve	2nd Inner Housekeeping	Semi-Annual	8:35:47 AM	03/28/2023
<b>Building– Wet Pipe, Floors–3rd</b>				
Waterflow Switch	3rd Inner Housekeeping	Semi-Annual	8:32:59 AM	03/28/2023
Control Valve	3rd Inner Housekeeping	Semi-Annual	8:35:51 AM	03/28/2023
<b><i>Untested</i></b>				
<b>Building– Wet Pipe, Building–</b>				
Gauge	Basement East Mechanical			
Piping	Basement East Mechanical			
Check Valve	Basement East Mechanical			

# Wet Pipe Fire Sprinkler Systems

Generated by: *BuildingReports.com*

<b>Building:</b> Beatrice State Development D <b>Building</b>	<b>Building-</b> , <b>Building-</b>
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*This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.*

## Components

### Check Valve

Type	Location	Internal Date	Size	OK	ScanID
Grooved	Basement East Mechanical	12/31/1969	4"	<input type="checkbox"/>	68041421

### Control Valve

Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			Basement East Mechanical	4"	Open	Supervised	<input checked="" type="checkbox"/>	59770092

#### Description

Main Control

### Control Valve

Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			Basement East Mechanical	4"	Open	Supervised	<input checked="" type="checkbox"/>	59770093

#### Description

Main Control

### Post Indicator Valve

Manufacturer	Model	Location	OK	ScanID
		Ground West outside	<input checked="" type="checkbox"/>	59770087

Type	Size	Position	Status	Number of Turns
Ground	6"	Open	Locked & Supervised	

## Devices

### Fire Dep't Connection

Location	Type	BallDrip	Rotating Swivels	Size	OK	ScanID
Ground West outside	Siamese	Yes	Yes	4"	<input checked="" type="checkbox"/>	59770086

### Gauge

Location	Service Date
Basement East Mechanical	12/31/1969

Type	Manufacturer	Model #	Static psi	Fill Type	Size	OK	ScanID
						<input type="checkbox"/>	68041423

### Piping

Location	Type	Size	Internal Date

Basement East Mechanical	Steel		10/14/2021		
<b>Hangers</b>	<b>Braces</b>	<b>Fittings</b>	<b>Identified</b>	<b>Antifreeze</b>	<b>ScanID</b>
Normal	Normal		Tagged	N/A	68041422

Building: Beatrice State Development D  
 Building

Building-, Building-Basement

*This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.*

**Alarms**

**Waterflow Switch**

Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID
Vane				3.0	1	<input checked="" type="checkbox"/>	59770089

**Components**

**Control Valve**

Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			Basement West Mechanical	3"	Open	Supervised	<input checked="" type="checkbox"/>	59770091

**Description**

Isolation

*This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.*

**Alarms**

**Waterflow Switch**

Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID
Vane				4.0	1	<input checked="" type="checkbox"/>	59770088

**Devices**

**Drain**

**Current Inspection**

Type	Location	Size	Supply psi	Restored psi	Residual psi	Sec	OK	ScanID
Main	Basement West Mechanical	2"	48	42	30		<input checked="" type="checkbox"/>	59770085

**Previous Inspections**

**December 13, 2022**

Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	Basement West Mechanical	2"	52	55	31		<input checked="" type="checkbox"/>	59770085

**September 26, 2022**

Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	Basement West Mechanical	2"	52	55	31		<input checked="" type="checkbox"/>	59770085

*This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.*

**Alarms**

**Waterflow Switch**

Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID
Vane				2.5	1	<input checked="" type="checkbox"/>	59770084

**Components**

**Control Valve**

Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			Basement West Mechanical	4"	Open	Supervised	<input checked="" type="checkbox"/>	59770090

**Description**

Isolation

**Control Valve**

Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			1st Inner Housekeeping	2.5"	Open	Supervised	<input checked="" type="checkbox"/>	59770083

**Description**

Isolation

Building: Beatrice State Development D  
Building

Building-, Floors-2nd

*This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.*

***Alarms***

**Waterflow Switch**

Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID
Vane				2.5	1	<input checked="" type="checkbox"/>	59770063

***Components***

**Control Valve**

Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			2nd Inner Housekeeping	2"	Open	Supervised	<input checked="" type="checkbox"/>	59770064

**Description**

Isolation

Building: Beatrice State Development D  
Building

Building-, Floors-3rd

*This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.*

***Alarms***

**Waterflow Switch**

Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID
Vane				2.0	1	<input checked="" type="checkbox"/>	59770082

***Components***

**Control Valve**

Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			3rd Inner Housekeeping	2"	Open	Supervised	<input checked="" type="checkbox"/>	59770081

**Description**

Isolation



# Inventory & Warranty Report

Generated by: [BuildingReports.com](http://BuildingReports.com)

## Building: Beatrice State Development D Building

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

Device or Type	Category	% of Inventory	Quantity
Check Valve	Valve	5.56%	1
Control Valve	Valve	38.89%	7
Drain	Device	5.56%	1
Fire Dep't Connection	Hose	5.56%	1
Gauge	Device	5.56%	1
Piping	Sprinkler	5.56%	1
Post Indicator Valve	Valve	5.56%	1
Waterflow Switch	Alarm	27.78%	5

Device Type	Qty	Model #	Type	Description	Install Date
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### In Service - 3 Years to 5 Years

#### Building- Wet Pipe, Building-

Check Valve	1		Grooved		03/20/2020
Control Valve	2		Butterfly	Main Control	03/20/2020
Fire Dep't Connection	1		Siamese		03/20/2020
Gauge	1				03/20/2020
Piping	1		Steel		03/20/2020
Post Indicator Valve	1		Ground		03/20/2020

#### Building- Wet Pipe, Building-Basement

Control Valve	1		Butterfly	Isolation	03/20/2020
Waterflow Switch	1		Vane	Alarm	03/20/2020

#### Building- Wet Pipe, Floors-

Drain	1		Main		03/20/2020
Waterflow Switch	1		Vane	Alarm	03/20/2020

#### Building- Wet Pipe, Floors-1st

Control Valve	2		Butterfly	Isolation	03/20/2020
Waterflow Switch	1		Vane	Alarm	03/20/2020

#### Building- Wet Pipe, Floors-2nd

Control Valve	1		Butterfly	Isolation	03/20/2020
Waterflow Switch	1		Vane	Alarm	03/20/2020

#### Building- Wet Pipe, Floors-3rd

Control Valve	1		Butterfly	Isolation	03/20/2020
Waterflow Switch	1		Vane	Alarm	03/20/2020

# Notes & Recommendations

Generated by: BuildingReports.com

## Building: Beatrice State Development D Building

The Notes & Recommendations Report details additional inspection notes made by the Inspectors during the course of the building inspection. Notes are grouped by SystemID.

Note	Device Type	Location	Comment	ScanID
<b><i>Building- Wet Pipe, Building-</i></b>				
1	Check Valve	Basement East Mechanical		68041421
	Valve moves freely at this time			
2	Gauge	Basement East Mechanical		68041423
	5 gages replaced on this date			
3	Piping	Basement East Mechanical		68041422
	No sign of corrosion or blockage at this time			



# MIDWEST ALARM SERVICES

Tech connected. Lives protected.

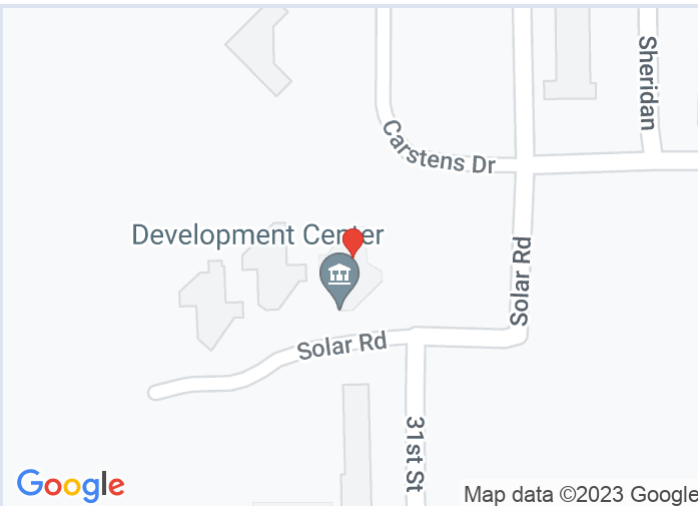
## Inspection Report

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Presented To  
State of Nebraska

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For  
Carsten Center  
3000 Lincoln St  
Beatrice, NE 68310



**This site has been inspected and tested in compliance with applicable standards.**

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Completed:  
**Tuesday, May 23, 2023**

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Tested By:  
**Gary Hesman**  
Midwest Alarm Services  
3630 W Old Hwy 30  
Grand Island, NE 68803

Scan Code to Access  
Nspec Cloud Portal



# Inspection Information

## CUSTOMER INFORMATION

Name:	State of Nebraska	Address:	3000 Lincoln St
City:	Beatrice	State:	NE
ZIP:	68310	Email:	mike.balderson@nebraska.gov
AR#:	1001603		

## BUILDING INFORMATION

Name:	Carsten Center	Occupancy Type:	Institutional (Group I)
Address:	3000 Lincoln St	City:	Beatrice
State:	NE	ZIP:	68310
Monitoring Company Account Number:	FA14300	AR#:	1001603
Email for Reports:	mike.balderson@nebraska.gov		

## COMPANY INFORMATION

Name:	Midwest Alarm Services	Address:	3630 W Old Hwy 30
City:	Grand Island	State:	NE
Zip:	68803	License:	-
Email:	tracy.hesman@mw-as.com	Phone:	308-389-3981

## AUTHORITY HAVING JURISDICTION

Name:	State of Nebraska Fire Marshal	Address:	246 S 14th St
City:	Lincoln	State:	NE
Zip:	68508	Email:	-
Phone:	402-471-2027		

## MONITORING COMPANY

Name:	Per Mar	Address:	1910 E Kimberly Rd
City:	Davenport	State:	IA
Zip:	52807	Email:	-
phone:	800-227-9805		

## TESTING SUMMARY

EQUIPMENT TYPE	TOTAL	TESTED	PASSED	FAILED
Communicator	1	1 (100%)	1 (100%)	0 (0%)
Alarm Initiated Device	19	19 (100%)	19 (100%)	0 (0%)
Alarm Notification Appliance	43	43 (100%)	43 (100%)	0 (0%)
Annunciator	0	0 (0%)	0 (0%)	0 (0%)
Auxiliary Device	3	3 (100%)	3 (100%)	0 (0%)
Auxiliary Power Supply	1	1 (100%)	1 (100%)	0 (0%)
Control Unit	1	1 (100%)	1 (100%)	0 (0%)
Supervising Station Monitoring	1	1 (100%)	1 (100%)	0 (0%)
Supervisory Signal Device	3	3 (100%)	3 (100%)	0 (0%)

## Fire Alarm Inspection- NFPA 72 (2013)

This testing was performed in accordance with applicable NFPA 72 Standards.

Midwest Alarm Services provides many services to our community. If you would like quarterly, semi-annual or annual testing/inspection, the inspection coordinator can reach out and offer inspections on a time and material basis. Signing an Inspection Agreement with Midwest Alarm Services has many benefits. Not only do you save money, but our inspection coordinator will work with you to ensure your Fire System stays in code as well as has proper documentation sent to the local jurisdiction for compliance. If you need an estimate or have questions about our services, please reach out to our operations manager.

Gary Hesman  
Operations Manager  
308-389-3981  
gary.hesman@mw-as.com

---

Tested By:



**Gary Hesman**  
Midwest Alarm Services  
3630 W Old Hwy 30  
Grand Island, NE 68803

## Control Unit

### Location

Location  
Carstens Center / By Front Desk

### Specification

Type/Make/Model  
Potter / IPA4000

### Software Firmware

Revision Number	Onsite Location Of Documentation
-	-

### Primary Power

Nominal Voltage	Amps
120v	-

### Overcurrent Protection

Type	Amps	Location	Disconnecting Means Location
-	-	-	-

### Visual/ Functional

Control Unit	Lamps/LEDs/LCDs	Fuses	Trouble Signal
Tested functionally	Tested functionally	Tested functionally	Tested functionally
Disconnect Switch	Ground-Fault Monitoring		
Tested functionally	Tested functionally		

### Batteries

Battery Date	Battery Type	Nominal Voltage	Amps/Hour Rating
02/18/2020	Gel	27.0v	7ah
Standby Mode (hrs)	Alarm Mode (mins)		
-	-		

### Visual/ Functional

Load Voltage	Charge Test	Discharge Test	Battery Condition
Tested functionally	Tested functionally	Tested functionally	Tested functionally

### Result

● Passed

## Communicator

### Specification

Type/Make/Model  
-

### Type

Type  
Phone Lines : Thru Admin

### Result

● Passed

## Supervising Station Monitoring

### Specification

Type/Make/Model  
-

### Supervising Station Monitoring

Alarm Signal Tested functionally	Alarm Restoration Tested functionally	Trouble Signal Tested functionally	Trouble Restoration Tested functionally
Supervisory Signal Tested functionally	Supervisory Restoration Tested functionally		

## Result

● Passed

## Auxiliary Power Supply 1

### Location

Location	Next to FACP
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### Specification

Type/Make/Model	Potter
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### Primary Power

Nominal Voltage	120v
Amps	-

### Overcurrent Protection

Type	-
Amps	-
Location	-
Disconnecting means location	-

### Visual/ Functional

Auxiliary Power Supply	Tested functionally
Lamps/LEDs/LCDs	Tested functionally
Fuses	Tested functionally
Trouble Signal	Tested functionally
Disconnect Switch	Tested functionally
Ground-Fault Monitoring	Tested functionally

### Batteries

Battery Date	02/15/2020
Battery Type	Lead Acid
Nominal Voltage	27.2v
Amps/Hour Rating	7ah
Standby Mode (hrs)	-
Alarm Mode (mins)	-

### Visual/ Functional

Load Voltage	Tested functionally
Charge Test	Tested functionally
Discharge Test	Tested functionally
Battery Condition	Tested functionally

## Result

● Passed

### Notes

Number	-
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## Alarm Initiated Device

Location	Specification	New Section	Result	Notes
Location Above Fire Panel / 1	Type/Make/Model Photo Detector / Potter / PAD200-PD	Visual Tested functionally	Result ● Passed	Number -
Location East Main Entrance / 2	Type/Make/Model Manual Pull Station / Potter / PAD100-PSDA	Visual Tested functionally	Result ● Passed	Number -
Location Kitchen Store Room / 3	Type/Make/Model Manual Pull Station / Potter / PAD100-PSDA	Visual Tested functionally	Result ● Passed	Number -
Location Kitchen Exit / 4	Type/Make/Model Manual Pull Station / Potter / PAD100-PSDA	Visual Tested functionally	Result ● Passed	Number -
Location South Hallway Exit / 5	Type/Make/Model Manual Pull Station / Potter / PAD100-PSDA	Visual Tested functionally	Result ● Passed	Number -
Location Social Center Exit 6	Type/Make/Model Manual Pull Station / Potter / PAD100-PSDA	Visual Tested functionally	Result ● Passed	Number -
Location Pool Pump Room Exit / 7	Type/Make/Model Manual Pull Station / Potter / PAD100-PSDA	Visual Tested functionally	Result ● Passed	Number -
Location Pool West Exit / 8	Type/Make/Model Manual Pull Station / Potter / PAD100-PSDA	Visual Tested functionally	Result ● Passed	Number -
Location Pool Hallway North Exit / 9	Type/Make/Model Manual Pull Station / Potter / PAD100-PSDA	Visual Tested functionally	Result ● Passed	Number -
Location Gym NW Exit / 10	Type/Make/Model Manual Pull Station / Potter / PAD100-PSDA	Visual Tested functionally	Result ● Passed	Number -
Location Gym NE Exit / 11	Type/Make/Model Manual Pull Station / Potter / PAD100-PSDA	Visual Tested functionally	Result ● Passed	Number -
Location Kitchen Rangehood / 12	Type/Make/Model Manual Pull Station / Potter / PAD100-PSDA	Visual Tested functionally	Result ● Passed	Number -
Location AHU 3 Return	Type/Make/Model Duct Smoke Detector / Potter / PAD200- DUCT	Visual Tested functionally	Result ● Passed	Number -
Location AHU 3 Supply	Type/Make/Model Duct Smoke Detector / Potter / PAD200- DUCT	Visual Tested functionally	Result ● Passed	Number -
Location AHU 2 Return	Type/Make/Model Duct Smoke Detector / Potter / PAD200- DUCT	Visual Tested functionally	Result ● Passed	Number -



Location	Specification	New Section	Result	Notes
Location AHU 2 Supply	Type/Make/Model Duct Smoke Detector / Potter / PAD200-DUCT	Visual Tested functionally	Result ● Passed	Number -
Location AHU 1 Supply	Type/Make/Model Duct Smoke Detector / Potter / PAD200-DUCT	Visual Tested functionally	Result ● Passed	Number -
Location AHU 1 Return	Type/Make/Model Duct Smoke Detector / Potter / PAD200-DUCT	Visual Tested functionally	Result ● Passed	Number -
Location Fitness Room Exit	Type/Make/Model Manual Pull Station / Potter / PAD100-PSDA	Visual Tested functionally	Result ● Passed	Number -

## Supervisory Signal Device

Location	Specification	New Section	Result	Notes
Location	Type/Make/Model Water Flow / Potter / PAD100-MIM	Visual / Functional Tested visually	Result ● Passed	Number -
Location	Type/Make/Model Sprinkler Valve / Potter / PAD100-MIM	Visual / Functional Tested visually	Result ● Passed	Number -
Location	Type/Make/Model Sprinkler Post Indicator Valve / Potter	Visual / Functional Tested visually	Result ● Passed	Number -

## Auxiliary Device

Location	Specification	New Section	Result	Notes
Location AHU 3 Shutdown	Type/Make/Model Fan Shut Down Relay / Potter / PAD100RM	Visual / Functional Tested functionally	Result ● Passed	Number -
Location AHU 2 Shutdown	Type/Make/Model Fan Shut Down Relay / Potter / PAD100RM	Visual / Functional Tested functionally	Result ● Passed	Number -
Location AHU 1 Shutdown	Type/Make/Model Fan Shut Down Relay / Potter / PAD100RM	Visual / Functional Tested functionally	Result ● Passed	Number -

## Alarm Notification Appliance

Location	Specification	New Section	Result	Notes
Location 1st / Lobby	Type/Make/Model Speaker/Strobe / Potter / SPKSTR-24WLPW	Visual / Functional Tested functionally	Result ● Passed	Number -

Location	Specification	New Section	Result	Notes
Location 1st / Gym	Type/Make/Model Speaker/Strobe / Potter / SPKSTR- 24WLPW	Visual / Functional Tested functionally	Result ● Passed	Number -
Location 1st / Gym	Type/Make/Model Speaker/Strobe / Potter / SPKSTR- 24WLPW	Visual / Functional Tested functionally	Result ● Passed	Number -
Location 1st / Gym	Type/Make/Model Speaker/Strobe / Potter / SPKSTR- 24WLPW	Visual / Functional Tested functionally	Result ● Passed	Number -
Location 1st / Gym	Type/Make/Model Speaker/Strobe / Potter / SPKSTR- 24CLPW	Visual / Functional Tested functionally	Result ● Passed	Number -
Location 1st / Fitness Center	Type/Make/Model Speaker/Strobe / Potter / SPKSTR- 24WLPW	Visual / Functional Tested functionally	Result ● Passed	Number -
Location 1st / Kitchen	Type/Make/Model Speaker/Strobe / Potter / SPKSTR- 24CLPW	Visual / Functional Tested functionally	Result ● Passed	Number -
Location 1st / Dining Hall	Type/Make/Model Speaker/Strobe / Potter / SPKSTR- 24CLPW	Visual / Functional Tested functionally	Result ● Passed	Number -
Location 1st / Kitchen	Type/Make/Model Strobe / Potter / CS24W	Visual / Functional Tested functionally	Result ● Passed	Number -
Location 1st / Hallway	Type/Make/Model Strobe / Potter / CS24W	Visual / Functional Tested functionally	Result ● Passed	Number -
Location 1st / Kitchen Wash Center	Type/Make/Model Speaker/Strobe / Potter / SPKSTR- 24CLPW	Visual / Functional Tested functionally	Result ● Passed	Number -
Location 1st / Hallway Male Restroom	Type/Make/Model Speaker/Strobe / Potter / SPKSTR- 24CLPW	Visual / Functional Tested functionally	Result ● Passed	Number -
Location 1st / Hallway Female Restroom	Type/Make/Model Speaker/Strobe / Potter / SPKSTR- 24CLPW	Visual / Functional Tested functionally	Result ● Passed	Number -
Location 1st / Hallway	Type/Make/Model Speaker/Strobe / Potter / SPKSTR- 24CLPW	Visual / Functional Tested functionally	Result ● Passed	Number -

Location	Specification	New Section	Result	Notes
Location 1st / Hallway	Type/Make/Model Speaker/Strobe / Potter / SPKSTR- 24CLPW	Visual / Functional Tested functionally	Result ● Passed	Number -
Location 1st / Hallway	Type/Make/Model Speaker/Strobe / Potter / SPKSTR- 24CLPW	Visual / Functional Tested functionally	Result ● Passed	Number -
Location 1st / Activities Room	Type/Make/Model Speaker/Strobe / Potter / SPKSTR- 24CLPW	Visual / Functional Tested functionally	Result ● Passed	Number -
Location 1st / Activities Room	Type/Make/Model Speaker/Strobe / Potter / SPKSTR- 24CLPW	Visual / Functional Tested functionally	Result ● Passed	Number -
Location 1st / Activities Room Restroom	Type/Make/Model Strobe / Potter	Visual / Functional Tested functionally	Result ● Passed	Number -
Location 1st / Breakroom	Type/Make/Model Speaker/Strobe / Potter / SPKSTR- 24WLPW	Visual / Functional Tested functionally	Result ● Passed	Number -
Location 1st / Pool Mechanical Room	Type/Make/Model Speaker/Strobe / Potter / SPKSTR- 24WLPW	Visual / Functional Tested functionally	Result ● Passed	Number -
Location 1st / Storage Room	Type/Make/Model Speaker/Strobe / Potter / SPKSTR- 24WLPW	Visual / Functional Tested functionally	Result ● Passed	Number -
Location Outside	Type/Make/Model Horn/Strobe / Potter	Visual / Functional Tested functionally	Result ● Passed	Number -
Location 1st / Pool Hallway	Type/Make/Model Speaker/Strobe / Potter / SPKSTR- 24CLPW	Visual / Functional Tested functionally	Result ● Passed	Number -
Location 1st / Pool Hallway	Type/Make/Model Speaker/Strobe / Potter / SPKSTR- 24CLPW	Visual / Functional Tested functionally	Result ● Passed	Number -
Location 1st / Pool Hallway	Type/Make/Model Speaker/Strobe / Potter / SPKSTR- 24CLPW	Visual / Functional Tested functionally	Result ● Passed	Number -
Location 1st / Pool Hallway	Type/Make/Model Speaker/Strobe / Potter / SPKSTR- 24CLPW	Visual / Functional Tested functionally	Result ● Passed	Number -

Location	Specification	New Section	Result	Notes
Location 1st / Pool Hallway	Type/Make/Model Speaker/Strobe / Potter / SPKSTR- 24CLPW	Visual / Functional Tested functionally	Result ● Passed	Number -
Location 1st / Pool	Type/Make/Model Speaker/Strobe / Potter / SPKSTR- 24CLPW	Visual / Functional Tested functionally	Result ● Passed	Number -
Location 1st / Pool	Type/Make/Model Speaker/Strobe / Potter / SPKSTR- 24CLPW	Visual / Functional Tested functionally	Result ● Passed	Number -
Location 1st / Male Locker Room	Type/Make/Model Speaker/Strobe / Potter / SPKSTR- 24CLPW	Visual / Functional Tested functionally	Result ● Passed	Number -
Location 1st / Male Locker Room	Type/Make/Model Speaker/Strobe / Potter / SPKSTR- 24CLPW	Visual / Functional Tested functionally	Result ● Passed	Number -
Location 1st / Male Locker Room	Type/Make/Model Strobe / Potter	Visual / Functional Tested functionally	Result ● Passed	Number -
Location 1st / Pool	Type/Make/Model Speaker/Strobe / Potter / SPKSTR- 24CLPW	Visual / Functional Tested functionally	Result ● Passed	Number -
Location Outside	Type/Make/Model Bell	Visual / Functional Tested functionally	Result ● Passed	Number -
Location 1st / Pool	Type/Make/Model Speaker/Strobe / Potter / SPKSTR- 24CLPW	Visual / Functional Tested functionally	Result ● Passed	Number -
Location 1st / Female Locker Room	Type/Make/Model Speaker/Strobe / Potter / SPKSTR- 24CLPW	Visual / Functional Tested functionally	Result ● Passed	Number -
Location 1st / Female Locker Room	Type/Make/Model Speaker/Strobe / Potter / SPKSTR- 24CLPW	Visual / Functional Tested functionally	Result ● Passed	Number -
Location 1st / Female Locker Room	Type/Make/Model Strobe / Potter	Visual / Functional Tested functionally	Result ● Passed	Number -
Location 1st / Office	Type/Make/Model Speaker/Strobe / Potter / SPKSTR- 24CLPW	Visual / Functional Tested functionally	Result ● Passed	Number -
Location 1st / Office	Type/Make/Model Speaker/Strobe / Potter / SPKSTR- 24CLPW	Visual / Functional Tested functionally	Result ● Passed	Number -

Location	Specification	New Section	Result	Notes
Location 2nd / Mechanical Room	Type/Make/Model Speaker/Strobe / Potter / SPKSTR- 24CLPW	Visual / Functional Tested functionally	Result ● Passed	Number -
Location 2nd / Mechanical Room	Type/Make/Model Speaker/Strobe / Potter / SPKSTR- 24CLPW	Visual / Functional Tested functionally	Result ● Passed	Number -

## Comments

Number	COMMENT	IMAGE
1	Fire Alarm Inspection. No issues.	



**Tech connected. Lives protected.**

## **Conclusion**

We appreciate the opportunity to provide this inspection report. We are confident in the accuracy of the contents of this report. Should you require any additional services, or have questions regarding the contents of this report, please do not hesitate to contact your Midwest Alarm Services representative at 308-389-3981.

### **Life Safety Solutions Experts Since 1950**

For more than 70 years, Midwest Alarm Services has been providing the best, innovative fire, security and technology solutions for homes and businesses. As a systems integrator, we can design, install, maintain, monitor and service a wide variety of equipment and software. We take the time to understand your needs and customize solutions to fit your needs and budget. To learn more about our company and the services we provide, please visit:

[www.midwestalarmservices.com](http://www.midwestalarmservices.com)

A handwritten signature in black ink, appearing to read 'G. Hesman', is written over a solid blue horizontal line.

Tested By:

**Gary Hesman**

Midwest Alarm Services

3630 W Old Hwy 30

Grand Island, NE 68803



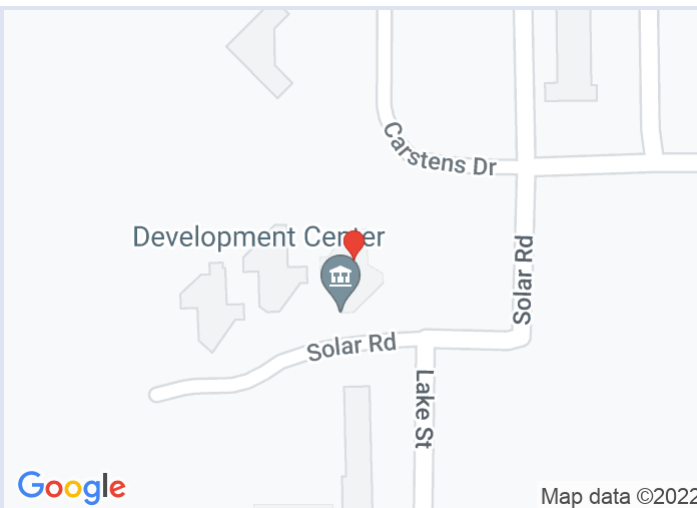
# MIDWEST ALARM SERVICES

Tech connected. Lives protected.

## Inspection Report

Presented To  
State of Nebraska

For  
Carsten Center  
3000 Lincoln St  
Beatrice, NE 68310



**This site has been inspected and tested in compliance with applicable standards.**

Completed:  
**Wednesday, December 14, 2022**

Tested By:  
**Lucas Canfield**  
Midwest Alarm Services  
3630 W Old Hwy 30  
Grand Island, NE 68803

Scan Code to Access  
Nspec Cloud Portal



# Inspection Information

## CUSTOMER INFORMATION

Name:	State of Nebraska	Address:	3000 Lincoln St
City:	Beatrice	State:	NE
ZIP:	68310	Email:	mike.balderson@nebraska.gov
AR#:	1001603		

## BUILDING INFORMATION

Name:	Carsten Center	Occupancy Type:	Institutional (Group I)
Address:	3000 Lincoln St	City:	Beatrice
State:	NE	ZIP:	68310
Monitoring Company Account Number:	FA14300	AR#:	1001603
Email for Reports:	mike.balderson@nebraska.gov		

## COMPANY INFORMATION

Name:	Midwest Alarm Services	Address:	3630 W Old Hwy 30
City:	Grand Island	State:	NE
Zip:	68803	License:	-
Email:	tracy.hesman@mw-as.com	Phone:	308-389-3981

## AUTHORITY HAVING JURISDICTION

Name:	State of Nebraska Fire Marshal	Address:	246 S 14th St
City:	Lincoln	State:	NE
Zip:	68508	Email:	-
Phone:	402-471-2027		

## MONITORING COMPANY

Name:	Per Mar	Address:	1910 E Kimberly Rd
City:	Davenport	State:	IA
Zip:	52807	Email:	-
phone:	800-227-9805		



## TESTING SUMMARY

EQUIPMENT TYPE	TOTAL	TESTED	PASSED	FAILED
Fire Extinguisher	12	12 (100%)	9 (75%)	3 (25%)

## Fire Extinguisher Report

This testing was performed in accordance with applicable NFPA 72 Standards.

Midwest Alarm Services provides many services to our community. If you would like quarterly, semi-annual or annual testing/inspection, the inspection coordinator can reach out and offer inspections on a time and material basis. Signing an Inspection Agreement with Midwest Alarm Services has many benefits. Not only do you save money, but our inspection coordinator will work with you to ensure your Fire System stays in code as well as has proper documentation sent to the local jurisdiction for compliance. If you need an estimate or have questions about our services, please reach out to our operations manager.

Gary Hesman  
Operations Manager  
308-389-3981  
gary.hesman@mw-as.com

Tested By:



**Lucas Canfield**  
Midwest Alarm Services  
3630 W Old Hwy 30  
Grand Island, NE 68803

## Fire Extinguisher

Location	Specification	Information	Dates	Inspected	Inspected	Result	Notes
Location 3 / 1st / Carstens Center / Small Kitchenette	Type/Make/Model Amerex / B456	Serial # AU462503 Size 10# Type ABC Mfg Date 2011	Last Hydro Date - Next Hydro Date 12/01/2023 Next Six Year Date - Mfg Date 2011	Weight Yes Bracket Yes Gauge Yes Pull Pin Yes	Signage No Hose Yes Collar Yes Due for Service No	Result ● Passed	Number -
Location 2 / 1st / Carstens Center / Main Kitchen	Type/Make/Model Amerex / B260	Serial # AA-162459 Size 10# Type Class K Mfg Date 2003	Last Hydro Date 12/14/2022 Next Hydro Date 12/14/2027 Next Six Year Date - Mfg Date 2003	Weight Yes Bracket Yes Gauge Yes Pull Pin Yes	Signage No Hose Yes Collar Yes Due for Service No	Result ● Passed	Number -
Location 11 / 1st / Carstens Center / Exercise Room	Type/Make/Model Buckeye / 5 HI SA40 ABC	Serial # AH-255302 Size 5# Type ABC Mfg Date 2011	Last Hydro Date 12/14/2018 Next Hydro Date - Next Six Year Date 12/14/2024 Mfg Date 2011	Weight Yes Bracket Yes Gauge Yes Pull Pin Yes	Signage No Hose Yes Collar Yes Due for Service No	Result ● Passed	Number -
Location 10 / 1st / Carstens Center / By Entrance to Cafe	Type/Make/Model Badger / ADV- 10	Serial # AS632688 Size 10# Type ABC Mfg Date 2012	Last Hydro Date 12/14/2019 Next Hydro Date - Next Six Year Date 12/14/2025 Mfg Date 2012	Weight Yes Bracket Yes Gauge Yes Pull Pin Yes	Signage No Hose Yes Collar Yes Due for Service No	Result ● Passed	Number -
Location 1 / 1st / Carstens Center / South Hall by South Entrance	Type/Make/Model Amerex / B456	Serial # TB-751958 Size 10# Type ABC Mfg Date 2002	Last Hydro Date - Next Hydro Date 12/14/2025 Next Six Year Date - Mfg Date 2002	Weight Yes Bracket Yes Gauge Yes Pull Pin Yes	Signage No Hose Yes Collar Yes Due for Service No	Result ● Passed	Number -
Location 4 / 1st / Carstens Center / Pool Pump Room	Type/Make/Model Buckeye / 10 HI SA80 ABC	Serial # ZZ175388 Size 10# Type ABC Mfg Date 2009	Last Hydro Date - Next Hydro Date 12/14/2023 Next Six Year Date - Mfg Date 2009	Weight Yes Bracket Yes Gauge Yes Pull Pin Yes	Signage Yes Hose Yes Collar Yes Due for Service No	Result ● Passed	Number -

Location	Specification	Information	Dates	Inspected	Inspected	Result	Notes
Location 5 / 1st / Carstens Center / Pool Hallway	Type/Make/Model Ansul / AA10S	Serial # BD-979329 Size 10# Type ABC Mfg Date 2012	Last Hydro Date 12/14/2019 Next Hydro Date - Next Six Year Date 12/14/2025	Weight Yes Bracket Yes Gauge Yes Pull Pin Yes	Signage No Hose Yes Collar Yes Due for Service No	Result X Failed	Number 1
Location 12 / 1st / Carstens Center / Gym by North Door	Type/Make/Model Badger / 10MB-8H	Serial # ZC803693 Size 10# Type ABC Mfg Date 2007	Last Hydro Date 12/14/2020 Next Hydro Date - Next Six Year Date 12/14/2026	Weight Yes Bracket Yes Gauge Yes Pull Pin Yes	Signage No Hose Yes Collar Yes Due for Service No	Result ● Passed	Number -
Location 8 / 2nd / Carstens Center / Mechanical Room by Office	Type/Make/Model Buckeye / 10 HI SA80 ABC	Serial # ZZ175372 Size 10# Type ABC Mfg Date 2009	Last Hydro Date - Next Hydro Date 12/14/2022 Next Six Year Date -	Weight Yes Bracket Yes Gauge Yes Pull Pin Yes	Signage No Hose Yes Collar No Due for Service Yes	Result X Failed	Number 3
Location 9 / 2nd / Carstens Center / Mechanical Room by South Door	Type/Make/Model Ansul / AA10S	Serial # AC491687 Size 10# Type ABC Mfg Date -	Last Hydro Date 12/14/2019 Next Hydro Date - Next Six Year Date 12/14/2025	Weight Yes Bracket Yes Gauge Yes Pull Pin Yes	Signage No Hose Yes Collar Yes Due for Service No	Result ● Passed	Number -
Location 6 / 2nd / Carstens Center / Spare - In Mechanical Room	Type/Make/Model Buckeye / 10 HI SA80 ABC	Serial # N361243 Size 10# Type ABC Mfg Date 2010	Last Hydro Date - Next Hydro Date 12/14/2022 Next Six Year Date -	Weight Yes Bracket Yes Gauge Yes Pull Pin Yes	Signage No Hose Yes Collar No Due for Service Yes	Result X Failed	Number 2
Location 7 / 2nd / Carstens Center / Spare - In Mechanical Room	Type/Make/Model Badger / ADV- 550	Serial # AS473458 Size 5# Type ABC Mfg Date 2011	Last Hydro Date 12/14/2018 Next Hydro Date - Next Six Year Date 12/14/2024	Weight Yes Bracket Yes Gauge Yes Pull Pin Yes	Signage No Hose Yes Collar Yes Due for Service No	Result ● Passed	Number -

## Deficiencies

Location 5 / 1st / Carstens Center / Pool Hallway	Type/Make/Model Ansul / AA10S	Serial # BD-979329 Size 10# Type ABC Mfg Date 2012	Last Hydro Date 12/14/2019 Next Hydro Date - Next Six Year Date 12/14/2025	Weight Yes Bracket Yes Gauge Yes Pull Pin Yes	Signage No Hose Yes Collar Yes Due for Service No	Result Failed	Number 1
Location 8 / 2nd / Carstens Center / Mechanical Room by Office	Type/Make/Model Buckeye / 10 HI SA80 ABC	Serial # ZZ175372 Size 10# Type ABC Mfg Date 2009	Last Hydro Date - Next Hydro Date 12/14/2022 Next Six Year Date -	Weight Yes Bracket Yes Gauge Yes Pull Pin Yes	Signage No Hose Yes Collar No Due for Service Yes	Result Failed	Number 3
Location 6 / 2nd / Carstens Center / Spare - In Mechanical Room	Type/Make/Model Buckeye / 10 HI SA80 ABC	Serial # N361243 Size 10# Type ABC Mfg Date 2010	Last Hydro Date - Next Hydro Date 12/14/2022 Next Six Year Date -	Weight Yes Bracket Yes Gauge Yes Pull Pin Yes	Signage No Hose Yes Collar No Due for Service Yes	Result Failed	Number 2

## Comments

Number	COMMENT	IMAGE
1	#5 needs recharged	
2	#6 due for hydro	
3	#8 due for hydro	
4	Annual Fire Extinguisher Inspection. Issues listed.	



**Tech connected. Lives protected.**

## **Conclusion**

We appreciate the opportunity to provide this inspection report. We are confident in the accuracy of the contents of this report. Should you require any additional services, or have questions regarding the contents of this report, please do not hesitate to contact your Midwest Alarm Services representative at 308-389-3981.

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[www.midwestalarmservices.com](http://www.midwestalarmservices.com)

A handwritten signature in black ink, appearing to read 'Lucas Canfield', is written over a solid blue horizontal line.

Tested By:

**Lucas Canfield**

Midwest Alarm Services

3630 W Old Hwy 30

Grand Island, NE 68803



Tech connected. Lives protected.

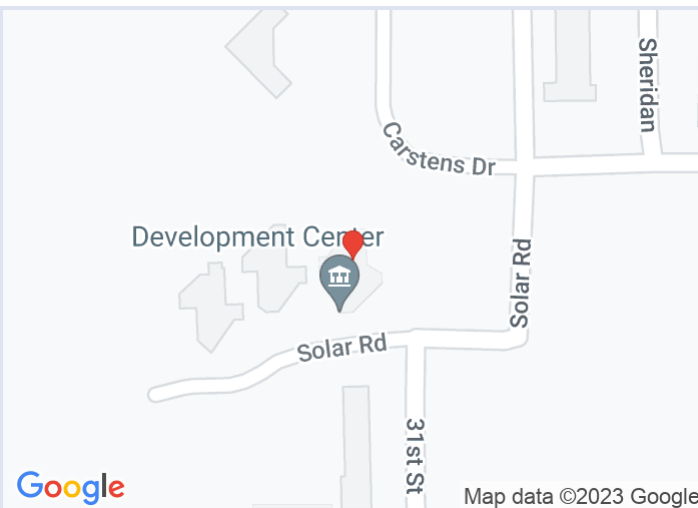
# Inspection Report

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Presented To  
State of Nebraska

---

For  
Carsten Center  
3000 Lincoln St  
Beatrice, NE 68310



**This site has been inspected  
and tested in compliance  
with applicable standards.**

---

Completed:  
**Tuesday, May 23, 2023**

---

Tested By:  
**Gary Hesman**  
Midwest Alarm Services  
3630 W Old Hwy 30  
Grand Island, NE 68803

Scan Code to Access  
Nspec Cloud Portal



# Inspection Information

## CUSTOMER INFORMATION

Name:	State of Nebraska	Address:	3000 Lincoln St
City:	Beatrice	State:	NE
ZIP:	68310	Email:	mike.balderson@nebraska.gov
AR#:	1001603		

## BUILDING INFORMATION

Name:	Carsten Center	Occupancy Type:	Institutional (Group I)
Address:	3000 Lincoln St	City:	Beatrice
State:	NE	ZIP:	68310
Monitoring Company Account Number:	FA14300	AR#:	1001603
Email for Reports:	mike.balderson@nebraska.gov		

## COMPANY INFORMATION

Name:	Midwest Alarm Services	Address:	3630 W Old Hwy 30
City:	Grand Island	State:	NE
Zip:	68803	License:	-
Email:	tracy.hesman@mw-as.com	Phone:	308-389-3981

## AUTHORITY HAVING JURISDICTION

Name:	State of Nebraska Fire Marshal	Address:	246 S 14th St
City:	Lincoln	State:	NE
Zip:	68508	Email:	-
Phone:	402-471-2027		

## MONITORING COMPANY

Name:	Per Mar	Address:	1910 E Kimberly Rd
City:	Davenport	State:	IA
Zip:	52807	Email:	-
phone:	800-227-9805		

## TESTING SUMMARY

EQUIPMENT TYPE	TOTAL	TESTED	PASSED	FAILED
Service & Inspection Report	2	2 (100%)	2 (100%)	0 (0%)

## Kitchen Report

This testing was performed in accordance with applicable NFPA 72 Standards.

Midwest Alarm Services provides many services to our community. If you would like quarterly, semi-annual or annual testing/inspection, the inspection coordinator can reach out and offer inspections on a time and material basis. Signing an Inspection Agreement with Midwest Alarm Services has many benefits. Not only do you save money, but our inspection coordinator will work with you to ensure your Fire System stays in code as well as has proper documentation sent to the local jurisdiction for compliance. If you need an estimate or have questions about our services, please reach out to our operations manager.

Gary Hesman  
Operations Manager  
308-389-3981  
gary.hesman@mw-as.com

---

Tested By:



**Gary Hesman**  
Midwest Alarm Services  
3630 W Old Hwy 30  
Grand Island, NE 68803



# Service & Inspection Report 1

## Specification

Type/Make/Model	Guardian / G300-A
-----------------	-------------------

## General Information

Manufacturer	GSSI
Control Head Type	-
Cylinder Size	-
HST Date	05/23/2022
Best Time for Gas Shutdown	-
Repairs Required - No Longer Serviceable	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A <input type="checkbox"/>

## System Layout

Number of Plenum Nozzles:	-
Number of Duct Nozzles:	-
Number of Surface Nozzles:	2
Number of Detectors	2
Type and Temp of Detectors	Electronic Heat Detectors
Remote Pull Station	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Reset Relay	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Fire Alarm Connection	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A <input type="checkbox"/>
ETL	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Washdown Connection	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Gas	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Electrical	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
Fuel Shut-Off	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>

## System Inspection

1. Check general system design	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
2a. Check pressure gauge	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
2b. Gauge pressure (psi)	100
3. All lead and wire seals are intact	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
4. There are no visible signs that system(s) has fired or been tampered with. If so, check & report.	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
5a. Replace/check cartridge	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
5b. Cartridge weight	-
5c. Cartridge date	-
6. Check all piping and conduit; must be immobilized with proper hangers and brackets	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
7. Check positioning of all nozzles	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
8. Check action on self-closing caps	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
9. Replace all protective covers on nozzles	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
10. System operated manually	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
11. System operated automatically by cutting terminal link	N/A
12. Test proper operation of gas valve(s)	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
13. Test proper operation of micro switch (electric shutdown, washdown)	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
14. Check operation of multiple systems, all tripped	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
15. Replace and seal all safety pins in manual & remote releases	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
16. Fuel shut-off is in "ON" position	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
17. Check exhaust fan for operating order	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
18. Clean system cylinder & component parts	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
19. Fan warning sign on hood	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
20. Distributor emergency phone number on system	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
21. Inspection & servicing tag are on system	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>

22. Personnel has been instructed on manual operation of system(s)	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
23. Hand portable extinguishers serviced	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
24. Pin removed, tension set, system armed	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
25. Canopy/ Duct Const	-

## Deficiencies

System is free of deficiencies and functions as required?	Yes
Parts Required:	-

## Result

	● Passed
--	----------

## Notes

Number	-
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## Service & Inspection Report 2

### Specification

Type/Make/Model	Ansul / R-102 3 Gal
-----------------	---------------------

### General Information

Manufacturer	Ansul
Control Head Type	-
Cylinder Size	3Gallon
HST Date	05/23/2019
Best Time for Gas Shutdown	-
Repairs Required - No Longer Serviceable	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A <input type="checkbox"/>

### System Layout

Number of Plenum Nozzles:	1
Number of Duct Nozzles:	1
Number of Surface Nozzles:	2
Number of Detectors	2
Type and Temp of Detectors	K - 450 degree
Remote Pull Station	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
Reset Relay	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Fire Alarm Connection	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
ETL	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Washdown Connection	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
Gas	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Electrical	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
Fuel Shut-Off	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>

### System Inspection

1. Check general system design	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
2a. Check pressure gauge	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
2b. Gauge pressure (psi)	-
3. All lead and wire seals are intact	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
4. There are no visible signs that system(s) has fired or been tampered with. If so, check & report.	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
5a. Replace/check cartridge	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
5b. Cartridge weight	42
5c. Cartridge date	11/15/2015
6. Check all piping and conduit; must be immobilized with proper hangers and brackets	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
7. Check positioning of all nozzles	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>

8. Check action on self-closing caps	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
9. Replace all protective covers on nozzles	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
10. System operated manually	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A <input type="checkbox"/>
11. System operated automatically by cutting terminal link	No
12. Test proper operation of gas valve(s)	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
13. Test proper operation of micro switch (electric shutdown, washdown)	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
14. Check operation of multiple systems, all tripped	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
15. Replace and seal all safety pins in manual & remote releases	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
16. Fuel shut-off is in "ON" position	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
17. Check exhaust fan for operating order	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
18. Clean system cylinder & component parts	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
19. Fan warning sign on hood	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
20. Distributor emergency phone number on system	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
21. Inspection & servicing tag are on system	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
22. Personnel has been instructed on manual operation of system(s)	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
23. Hand portable extinguishers serviced	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
24. Pin removed, tension set, system armed	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
25. Canopy/ Duct Const	Bastian Blessing

## Deficiencies

System is free of deficiencies and functions as required?	Yes
Parts Required:	2 - 450 degree fuse links

## Result

	● Passed
--	----------

## Notes

Number	-
--------	---

## Comments

Number	COMMENT	IMAGE
1	Range Hood Inspection. Kitchen has no issues. Replaced 2 - 450 degree K type fuse links. Breakroom not tied to fire alarm, no other issues.	



**Tech connected. Lives protected.**

## Conclusion

We appreciate the opportunity to provide this inspection report. We are confident in the accuracy of the contents of this report. Should you require any additional services, or have questions regarding the contents of this report, please do not hesitate to contact your Midwest Alarm Services representative at 308-389-3981.

### Life Safety Solutions Experts Since 1950

For more than 70 years, Midwest Alarm Services has been providing the best, innovative fire, security and technology solutions for homes and businesses. As a systems integrator, we can design, install, maintain, monitor and service a wide variety of equipment and software. We take the time to understand your needs and customized solutions to fit your needs and budget. To learn more about our company and the services we provide, please visit:

[www.midwestalarmservices.com](http://www.midwestalarmservices.com)

A handwritten signature in black ink, consisting of the letters 'G' and 'H' intertwined.

Tested By:

**Gary Hesman**

Midwest Alarm Services

3630 W Old Hwy 30

Grand Island, NE 68803



# MIDWEST ALARM SERVICES

Tech connected. Lives protected.

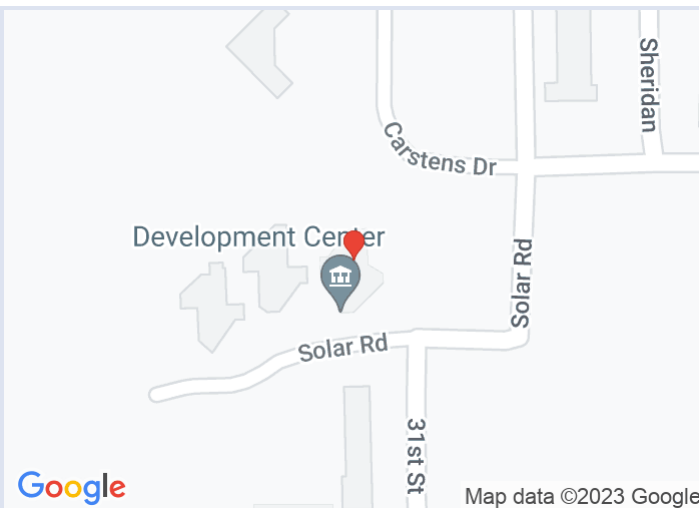
## Inspection Report

---

Presented To  
State of Nebraska

---

For  
Chapel  
3000 Lincoln St  
Beatrice, NE 68310



**This site has been inspected  
and tested in compliance  
with applicable standards.**

---

Completed:  
**Tuesday, May 23, 2023**

---

Tested By:  
**Gary Hesman**  
Midwest Alarm Services  
3630 W Old Hwy 30  
Grand Island, NE 68803

Scan Code to Access  
Nspec Cloud Portal



# Inspection Information

## CUSTOMER INFORMATION

Name:	State of Nebraska	Address:	3000 Lincoln St
City:	Beatrice	State:	NE
ZIP:	68310	Email:	mike.balderson@nebraska.gov
AR#:	1001603		

## BUILDING INFORMATION

Name:	Chapel	Occupancy Type:	Institutional (Group I)
Address:	3000 Lincoln St	City:	Beatrice
State:	NE	ZIP:	68310
Monitoring Company Account Number:	FA14300	AR#:	1001603
Email for Reports:	mike.balderson@nebraska.gov		

## COMPANY INFORMATION

Name:	Midwest Alarm Services	Address:	3630 W Old Hwy 30
City:	Grand Island	State:	NE
Zip:	68803	License:	-
Email:	tracy.hesman@mw-as.com	Phone:	308-389-3981

## AUTHORITY HAVING JURISDICTION

Name:	State of Nebraska Fire Marshal	Address:	246 S 14th St
City:	Lincoln	State:	NE
Zip:	68508	Email:	-
Phone:	402-471-2027		

## MONITORING COMPANY

Name:	Per Mar	Address:	1910 E Kimberly Rd
City:	Davenport	State:	IA
Zip:	52807	Email:	-
phone:	800-227-9805		

## TESTING SUMMARY

EQUIPMENT TYPE	TOTAL	TESTED	PASSED	FAILED
Communicator	1	1 (100%)	1 (100%)	0 (0%)
Alarm Initiated Device	31	31 (100%)	31 (100%)	0 (0%)
Alarm Notification Appliance	7	7 (100%)	7 (100%)	0 (0%)
Annunciator	0	0 (0%)	0 (0%)	0 (0%)
Auxiliary Device	0	0 (0%)	0 (0%)	0 (0%)
Auxiliary Power Supply	0	0 (0%)	0 (0%)	0 (0%)
Control Unit	1	1 (100%)	1 (100%)	0 (0%)
Supervising Station Monitoring	1	1 (100%)	1 (100%)	0 (0%)
Supervisory Signal Device	0	0 (0%)	0 (0%)	0 (0%)

## Fire Alarm Inspection- NFPA 72 (2013)

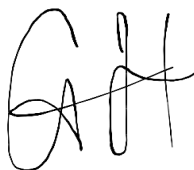
This testing was performed in accordance with applicable NFPA 72 Standards.

Midwest Alarm Services provides many services to our community. If you would like quarterly, semi-annual or annual testing/inspection, the inspection coordinator can reach out and offer inspections on a time and material basis. Signing an Inspection Agreement with Midwest Alarm Services has many benefits. Not only do you save money, but our inspection coordinator will work with you to ensure your Fire System stays in code as well as has proper documentation sent to the local jurisdiction for compliance. If you need an estimate or have questions about our services, please reach out to our operations manager.

Gary Hesman  
Operations Manager  
308-389-3981  
gary.hesman@mw-as.com

---

Tested By:



**Gary Hesman**  
Midwest Alarm Services  
3630 W Old Hwy 30  
Grand Island, NE 68803

## Control Unit

### Location

Location  
Chapel / By Office Area

### Specification

Type/Make/Model  
ESL

### Software Firmware

Revision Number	Onsite Location Of Documentation
-	-

### Primary Power

Nominal Voltage	Amps
120v	-

### Overcurrent Protection

Type	Amps	Location	Disconnecting Means Location
-	-	-	-

### Visual/ Functional

Control Unit	Lamps/LEDs/LCDs	Fuses	Trouble Signal
Tested functionally	Tested functionally	Tested functionally	Tested functionally
Disconnect Switch	Ground-Fault Monitoring		
Tested functionally	Tested functionally		

### Batteries

Battery Date	Battery Type	Nominal Voltage	Amps/Hour Rating
05/18/2022	Gel	27.0v	7ah
Standby Mode (hrs)	Alarm Mode (mins)		
-	-		

### Visual/ Functional

Load Voltage	Charge Test	Discharge Test	Battery Condition
Tested functionally	Tested functionally	Tested functionally	Tested functionally

### Result

● Passed

## Communicator

### Specification

Type/Make/Model  
-

### Type

Type  
Phone Lines : Thru Admin

### Result

● Passed

## Supervising Station Monitoring

### Specification

Type/Make/Model  
-

### Supervising Station Monitoring

Alarm Signal	Alarm Restoration	Trouble Signal	Trouble Restoration
Tested functionally	Tested functionally	Tested functionally	Tested functionally



Supervisory Signal  
Tested functionally

Supervisory Restoration  
Tested functionally

## Result

● Passed

## Alarm Initiated Device

Location	Specification	New Section	Result	Notes
Location	Type/Make/Model	Visual	Result	Number
FACP	Smoke Detector	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
South Main Entry	Smoke Detector	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
Office Area	Smoke Detector	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
North Sanctuary	Smoke Detector	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
South Sanctuary	Smoke Detector	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
Main Entry North	Manual Pull Station	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
Main Entry South	Manual Pull Station	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
Classroom South Exit	Manual Pull Station	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
Sanctuary SW Exit	Manual Pull Station	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
Sanctuary NW Exit	Manual Pull Station	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
Chapel Area	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
Chapel Area	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
Chapel Area	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
Chapel Area	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
Storage Behind Alter	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
Music Room	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
Office/Conference	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
Office	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
Office	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
Office	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
Electrical Room North	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
Electrical Room South	Heat Detector	Tested visually	● Passed	-

Location	Specification	New Section	Result	Notes
Location	Type/Make/Model	Visual	Result	Number
Mezz AHU Room North	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
Men's Restroom	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
Women's Restroom	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
Classroom	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
Classroom	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
Mezz AHU Room South	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
Chapel Area	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
Mezz AHU Room North	Duct Smoke Detector	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
Mezz AHU Room South	Duct Smoke Detector	Tested functionally	● Passed	-

## Alarm Notification Appliance

Location	Specification	New Section	Result	Notes
Location	Type/Make/Model	Visual / Functional	Result	Number
Sanctuary	Strobe	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
Sanctuary	Strobe	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
Breakroom	Strobe	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
Sanctuary	Strobe	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
Office Hallway	Strobe	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
Music Room	Horn/Strobe	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
Sanctuary	Bell	Tested functionally	● Passed	-

## Comments

Number	COMMENT	IMAGE
1	Fire Alarm Inspection. No issues.	



**Tech connected. Lives protected.**

## **Conclusion**

We appreciate the opportunity to provide this inspection report. We are confident in the accuracy of the contents of this report. Should you require any additional services, or have questions regarding the contents of this report, please do not hesitate to contact your Midwest Alarm Services representative at 308-389-3981.

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A handwritten signature in black ink, appearing to read 'GH', is positioned above a solid blue horizontal line.

Tested By:

**Gary Hesman**

Midwest Alarm Services

3630 W Old Hwy 30

Grand Island, NE 68803



# MIDWEST ALARM SERVICES

Tech connected. Lives protected.

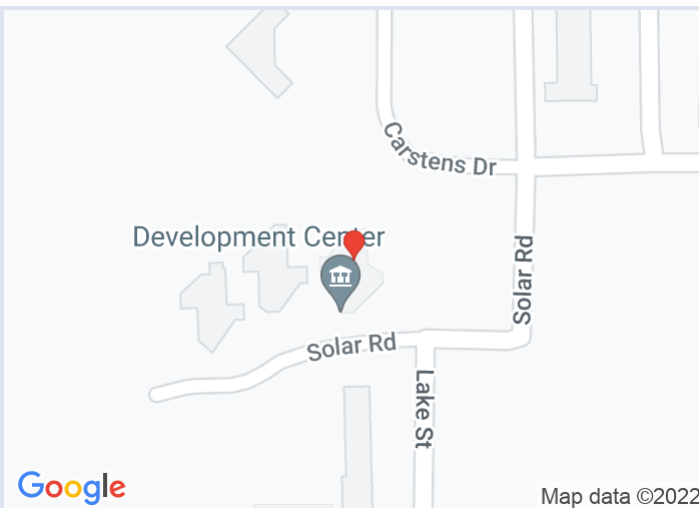
## Inspection Report

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Presented To  
State of Nebraska

---

For  
Chapel  
3000 Lincoln St  
Beatrice, NE 68310



**This site has been inspected  
and tested in compliance  
with applicable standards.**

---

Completed:  
**Wednesday, December 14,  
2022**

---

Tested By:  
**Lucas Canfield**  
Midwest Alarm Services  
3630 W Old Hwy 30  
Grand Island, NE 68803

Scan Code to Access  
Nspec Cloud Portal



# Inspection Information

## CUSTOMER INFORMATION

Name:	State of Nebraska	Address:	3000 Lincoln St
City:	Beatrice	State:	NE
ZIP:	68310	Email:	mike.balderson@nebraska.gov
AR#:	1001603		

## BUILDING INFORMATION

Name:	Chapel	Occupancy Type:	Institutional (Group I)
Address:	3000 Lincoln St	City:	Beatrice
State:	NE	ZIP:	68310
Monitoring Company Account Number:	FA14300	AR#:	1001603
Email for Reports:	mike.balderson@nebraska.gov		

## COMPANY INFORMATION

Name:	Midwest Alarm Services	Address:	3630 W Old Hwy 30
City:	Grand Island	State:	NE
Zip:	68803	License:	-
Email:	tracy.hesman@mw-as.com	Phone:	308-389-3981

## AUTHORITY HAVING JURISDICTION

Name:	State of Nebraska Fire Marshal	Address:	246 S 14th St
City:	Lincoln	State:	NE
Zip:	68508	Email:	-
Phone:	402-471-2027		

## MONITORING COMPANY

Name:	Per Mar	Address:	1910 E Kimberly Rd
City:	Davenport	State:	IA
Zip:	52807	Email:	-
phone:	800-227-9805		

## TESTING SUMMARY

EQUIPMENT TYPE	TOTAL	TESTED	PASSED	FAILED
Fire Extinguisher	6	6 (100%)	6 (100%)	0 (0%)

## Fire Extinguisher Report

This testing was performed in accordance with applicable NFPA 72 Standards.

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Gary Hesman  
Operations Manager  
308-389-3981  
gary.hesman@mw-as.com

---

Tested By:



**Lucas Canfield**  
Midwest Alarm Services  
3630 W Old Hwy 30  
Grand Island, NE 68803

## Fire Extinguisher

Location	Specification	Information	Dates	Inspected	Inspected	Result	Notes
Location 1 / 1st / Chapel / North Office Storage Closet	Type/Make/Model Amerex / B402	Serial # C-94603657 Size 5# Type ABC Mfg Date 2017	Last Hydro Date - Next Hydro Date - Next Six Year Date 12/14/2023	Weight Yes Bracket Yes Gauge Yes Pull Pin Yes	Signage Yes Hose Yes Collar Yes Due for Service No	Result ● Passed	Number -
Location 2 / 1st / Chapel / Next to Main Fire Panel	Type/Make/Model Buckeye / 5 HI SA40 ABC	Serial # AB808162 Size 5# Type ABC Mfg Date 2011	Last Hydro Date - Next Hydro Date 12/01/2023 Next Six Year Date - Pull Pin Yes	Weight Yes Bracket Yes Gauge Yes Pull Pin Yes	Signage Yes Hose Yes Collar Yes Due for Service No	Result ● Passed	Number -
Location 3 / 1st / Chapel / Sanctuary by North Exit	Type/Make/Model Buckeye / 5 HI SA40 ABC	Serial # AB802659 Size 5# Type ABC Mfg Date 2011	Last Hydro Date - Next Hydro Date 12/01/2023 Next Six Year Date - Pull Pin Yes	Weight Yes Bracket Yes Gauge Yes Pull Pin Yes	Signage Yes Hose Yes Collar Yes Due for Service No	Result ● Passed	Number -
Location 4 / 1st / Chapel / Sanctuary Stage Closet	Type/Make/Model Buckeye / 5 HI SA40 ABC	Serial # Z461438 Size 5# Type ABC Mfg Date 2010	Last Hydro Date - Next Hydro Date 12/01/2023 Next Six Year Date - Pull Pin Yes	Weight Yes Bracket Yes Gauge Yes Pull Pin Yes	Signage Yes Hose Yes Collar Yes Due for Service No	Result ● Passed	Number -
Location 5 / 1st / Chapel / Sanctuary by South Exit	Type/Make/Model Buckeye / 5 HI SA40 ABC	Serial # AB802660 Size 5# Type ABC Mfg Date 2011	Last Hydro Date - Next Hydro Date 12/14/2023 Next Six Year Date - Pull Pin Yes	Weight Yes Bracket Yes Gauge Yes Pull Pin Yes	Signage Yes Hose Yes Collar Yes Due for Service No	Result ● Passed	Number -
Location 6 / 1st / Chapel / South Electrical Room	Type/Make/Model Buckeye / 5 HI SA40 ABC	Serial # AB808164 Size 5# Type ABC Mfg Date 2011	Last Hydro Date - Next Hydro Date 12/01/2023 Next Six Year Date - Pull Pin Yes	Weight Yes Bracket Yes Gauge Yes Pull Pin Yes	Signage No Hose Yes Collar Yes Due for Service No	Result ● Passed	Number -

## Comments

Number	COMMENT	IMAGE
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**Tech connected. Lives protected.**

## **Conclusion**

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Tested By:

**Lucas Canfield**

Midwest Alarm Services

3630 W Old Hwy 30

Grand Island, NE 68803



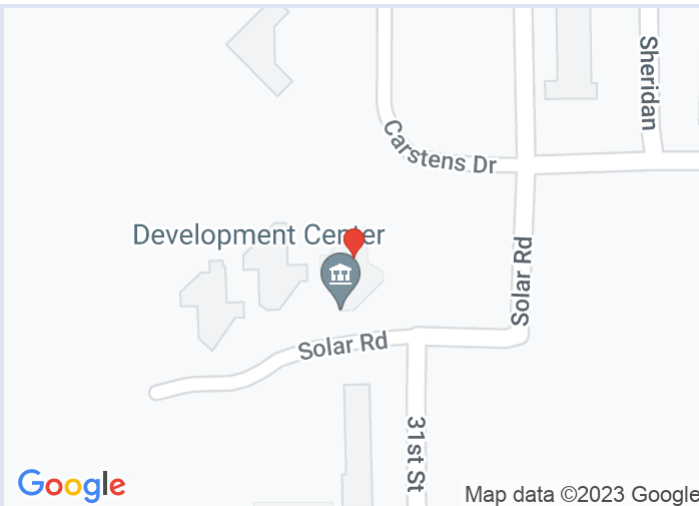
# MIDWEST ALARM SERVICES

Tech connected. Lives protected.

## Inspection Report

Presented To  
State of Nebraska

For  
Cottage 715-424  
3000 Lincoln St  
Beatrice, NE 68310



**This site has been inspected  
and tested in compliance  
with applicable standards.**

Completed:  
**Monday, May 22, 2023**

Tested By:

**Gary Hesman**

Midwest Alarm Services  
3630 W Old Hwy 30  
Grand Island, NE 68803

Scan Code to Access  
Nspec Cloud Portal



# Inspection Information

## CUSTOMER INFORMATION

Name:	State of Nebraska	Address:	3000 Lincoln St
City:	Beatrice	State:	NE
ZIP:	68310	Email:	mike.balderson@nebraska.gov
AR#:	1001603		

## BUILDING INFORMATION

Name:	Cottage 715-424	Occupancy Type:	Institutional (Group I)
Address:	3000 Lincoln St	City:	Beatrice
State:	NE	ZIP:	68310
Monitoring Company Account Number:	FA14300	AR#:	1001603
Email for Reports:	mike.balderson@nebraska.gov		

## COMPANY INFORMATION

Name:	Midwest Alarm Services	Address:	3630 W Old Hwy 30
City:	Grand Island	State:	NE
Zip:	68803	License:	-
Email:	tracy.hesman@mw-as.com	Phone:	308-389-3981

## AUTHORITY HAVING JURISDICTION

Name:	State of Nebraska Fire Marshal	Address:	246 S 14th St
City:	Lincoln	State:	NE
Zip:	68508	Email:	-
Phone:	402-471-2027		

## MONITORING COMPANY

Name:	Per Mar	Address:	1910 E Kimberly Rd
City:	Davenport	State:	IA
Zip:	52807	Email:	-
phone:	800-227-9805		

## TESTING SUMMARY

EQUIPMENT TYPE	TOTAL	TESTED	PASSED	FAILED
Communicator	1	1 (100%)	1 (100%)	0 (0%)
Alarm Initiated Device	30	30 (100%)	30 (100%)	0 (0%)
Alarm Notification Appliance	8	8 (100%)	8 (100%)	0 (0%)
Annunciator	0	0 (0%)	0 (0%)	0 (0%)
Auxiliary Device	1	1 (100%)	1 (100%)	0 (0%)
Auxiliary Power Supply	0	0 (0%)	0 (0%)	0 (0%)
Control Unit	1	1 (100%)	1 (100%)	0 (0%)
Supervising Station Monitoring	1	1 (100%)	1 (100%)	0 (0%)
Supervisory Signal Device	2	2 (100%)	2 (100%)	0 (0%)

## Fire Alarm Inspection- NFPA 72 (2013)

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Gary Hesman  
Operations Manager  
308-389-3981  
gary.hesman@mw-as.com

---

Tested By:



**Gary Hesman**  
Midwest Alarm Services  
3630 W Old Hwy 30  
Grand Island, NE 68803

## Control Unit

### Location

Location  
Cottage 424 / Dining Room

### Specification

Type/Make/Model  
Spectronics / 641

### Software Firmware

Revision Number	Onsite Location Of Documentation
-	-

### Primary Power

Nominal Voltage	Amps
120v	-

### Overcurrent Protection

Type	Amps	Location	Disconnecting Means Location
-	-	-	-

### Visual/ Functional

Control Unit	Lamps/LEDs/LCDs	Fuses	Trouble Signal
Tested functionally	Tested functionally	Tested functionally	Tested functionally
Disconnect Switch	Ground-Fault Monitoring		
Tested functionally	Tested functionally		

### Batteries

Battery Date	Battery Type	Nominal Voltage	Amps/Hour Rating
11/14/2022	Gel	27.2v	7ah
Standby Mode (hrs)	Alarm Mode (mins)		
-	-		

### Visual/ Functional

Load Voltage	Charge Test	Discharge Test	Battery Condition
Tested functionally	Tested functionally	Tested functionally	Tested functionally

### Result

● Passed

## Communicator

### Specification

Type/Make/Model  
-

### Type

Type  
Phone Lines : Thru Admin

### Result

● Passed

## Supervising Station Monitoring

### Specification

Type/Make/Model  
-

### Supervising Station Monitoring

Alarm Signal Tested functionally	Alarm Restoration Tested functionally	Trouble Signal Tested functionally	Trouble Restoration Tested functionally
Supervisory Signal Tested functionally	Supervisory Restoration Tested functionally		

## Result

● Passed

## Alarm Initiated Device

Location	Specification	New Section	Result	Notes
Location West Exit	Type/Make/Model Manual Pull Station	Visual Tested functionally	Result ● Passed	Number -
Location SE Exit	Type/Make/Model Manual Pull Station	Visual Tested functionally	Result ● Passed	Number -
Location SW Exit	Type/Make/Model Manual Pull Station	Visual Tested functionally	Result ● Passed	Number -
Location East Exit	Type/Make/Model Manual Pull Station	Visual Tested functionally	Result ● Passed	Number -
Location NE Exit	Type/Make/Model Manual Pull Station	Visual Tested functionally	Result ● Passed	Number -
Location NW Exit	Type/Make/Model Manual Pull Station	Visual Tested functionally	Result ● Passed	Number -
Location FACP	Type/Make/Model Photo Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location West by Kitchen	Type/Make/Model Photo Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location Laundry Room	Type/Make/Model Photo Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location Room 19	Type/Make/Model Photo Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location Room 22	Type/Make/Model Photo Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location Hall by Rooms 22/19	Type/Make/Model Photo Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location South Community Room	Type/Make/Model Photo Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location Hall by Room 25/28	Type/Make/Model Photo Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location Room 28	Type/Make/Model Photo Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location Room 25	Type/Make/Model Photo Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -

Location	Specification	New Section	Result	Notes
Location Dining Room	Type/Make/Model Photo Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location North Community Room	Type/Make/Model Photo Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location Room 11	Type/Make/Model Photo Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location Room 8	Type/Make/Model Photo Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location Hall by Room 8/11	Type/Make/Model Photo Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location Hall by Room 2/5	Type/Make/Model Photo Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location Room 5	Type/Make/Model Photo Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location Room 2	Type/Make/Model Photo Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location Supply Duct Detector	Type/Make/Model Duct Smoke Detector / System Sensor / D4120	Visual Tested functionally	Result ● Passed	Number -
Location Kitchen	Type/Make/Model Heat Detector / System Sensor	Visual Tested visually	Result ● Passed	Number -
Location Mechanical Room	Type/Make/Model Heat Detector / System Sensor	Visual Tested visually	Result ● Passed	Number -
Location Crawl Space Main Return Duct	Type/Make/Model Duct Smoke Detector / System Sensor	Visual Tested functionally	Result ● Passed	Number -
Location Fresh Air Duct	Type/Make/Model Duct Smoke Detector / System Sensor	Visual Tested functionally	Result ● Passed	Number -
Location Room Air Duct	Type/Make/Model Duct Smoke Detector / System Sensor	Visual Tested functionally	Result ● Passed	Number -

## Supervisory Signal Device

Location	Specification	New Section	Result	Notes
Location Laundry Room	Type/Make/Model Tamper Switch	Visual / Functional Tested visually	Result ● Passed	Number -
Location Laundry Room	Type/Make/Model Water Flow	Visual / Functional Tested visually	Result ● Passed	Number -

## Auxiliary Device

Location	Specification	New Section	Result	Notes
Location	Type/Make/Model	Visual / Functional	Result	Number
Mech Room	Fan Shut Down Relay	Tested functionally	● Passed	-

## Alarm Notification Appliance

Location	Specification	New Section	Result	Notes
Location	Type/Make/Model	Visual / Functional	Result	Number
	Horn/Strobe / System Sensor / P2WL	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
	Horn/Strobe / System Sensor / P2WL	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
	Horn/Strobe / System Sensor / P2WL	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
	Strobe / System Sensor	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
	Strobe / System Sensor	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
	Strobe / System Sensor	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
	Strobe / System Sensor	Tested functionally	● Passed	-

## Comments

Number	COMMENT	IMAGE
1	Fire Alarm Inspection. No issues.	





**Tech connected. Lives protected.**

## **Conclusion**

We appreciate the opportunity to provide this inspection report. We are confident in the accuracy of the contents of this report. Should you require any additional services, or have questions regarding the contents of this report, please do not hesitate to contact your Midwest Alarm Services representative at 308-389-3981.

## **Life Safety Solutions Experts Since 1950**

For more than 70 years, Midwest Alarm Services has been providing the best, innovative fire, security and technology solutions for homes and businesses. As a systems integrator, we can design, install, maintain, monitor and service a wide variety of equipment and software. We take the time to understand your needs and customize solutions to fit your needs and budget. To learn more about our company and the services we provide, please visit:

[www.midwestalarmservices.com](http://www.midwestalarmservices.com)

A handwritten signature in black ink, appearing to read 'GH', is positioned above a horizontal blue line.

Tested By:

**Gary Hesman**

Midwest Alarm Services

3630 W Old Hwy 30

Grand Island, NE 68803



# MIDWEST ALARM SERVICES

Tech connected. Lives protected.

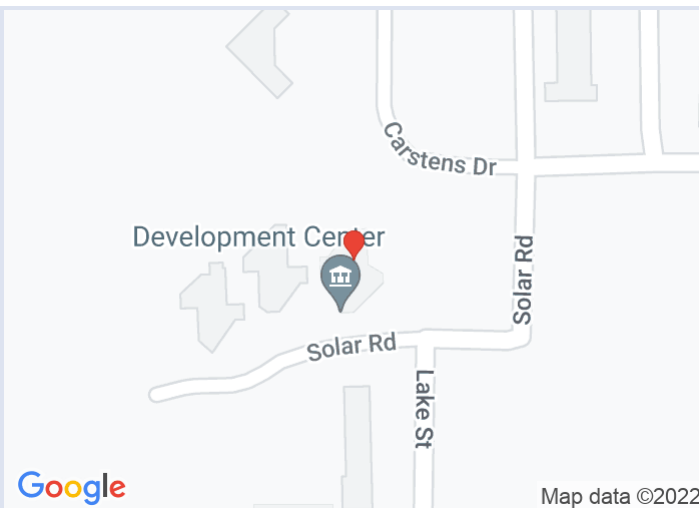
## Inspection Report

---

Presented To  
State of Nebraska

---

For  
Cottage 715-424  
3000 Lincoln St  
Beatrice, NE 68310



**This site has been inspected  
and tested in compliance  
with applicable standards.**

---

Completed:  
**Tuesday, December 13, 2022**

---

Tested By:  
**Lucas Canfield**  
Midwest Alarm Services  
3630 W Old Hwy 30  
Grand Island, NE 68803

Scan Code to Access  
Nspec Cloud Portal



# Inspection Information

## CUSTOMER INFORMATION

Name:	State of Nebraska	Address:	3000 Lincoln St
City:	Beatrice	State:	NE
ZIP:	68310	Email:	mike.balderson@nebraska.gov
AR#:	1001603		

## BUILDING INFORMATION

Name:	Cottage 715-424	Occupancy Type:	Institutional (Group I)
Address:	3000 Lincoln St	City:	Beatrice
State:	NE	ZIP:	68310
Monitoring Company Account Number:	FA14300	AR#:	1001603
Email for Reports:	mike.balderson@nebraska.gov		

## COMPANY INFORMATION

Name:	Midwest Alarm Services	Address:	3630 W Old Hwy 30
City:	Grand Island	State:	NE
Zip:	68803	License:	-
Email:	tracy.hesman@mw-as.com	Phone:	308-389-3981

## AUTHORITY HAVING JURISDICTION

Name:	State of Nebraska Fire Marshal	Address:	246 S 14th St
City:	Lincoln	State:	NE
Zip:	68508	Email:	-
Phone:	402-471-2027		

## MONITORING COMPANY

Name:	Per Mar	Address:	1910 E Kimberly Rd
City:	Davenport	State:	IA
Zip:	52807	Email:	-
phone:	800-227-9805		

## TESTING SUMMARY

EQUIPMENT TYPE	TOTAL	TESTED	PASSED	FAILED
Fire Extinguisher	2	2 (100%)	2 (100%)	0 (0%)

## Fire Extinguisher Report

This testing was performed in accordance with applicable NFPA 72 Standards.

Midwest Alarm Services provides many services to our community. If you would like quarterly, semi-annual or annual testing/inspection, the inspection coordinator can reach out and offer inspections on a time and material basis. Signing an Inspection Agreement with Midwest Alarm Services has many benefits. Not only do you save money, but our inspection coordinator will work with you to ensure your Fire System stays in code as well as has proper documentation sent to the local jurisdiction for compliance. If you need an estimate or have questions about our services, please reach out to our operations manager.

Gary Hesman  
Operations Manager  
308-389-3981  
gary.hesman@mw-as.com

---

Tested By:



**Lucas Canfield**  
Midwest Alarm Services  
3630 W Old Hwy 30  
Grand Island, NE 68803

## Fire Extinguisher

Location	Specification	Information	Dates	Inspected	Inspected	Result	Notes
Location 7 / South Cottage 424 / / 10LB By FACP	Type/Make/Model The Fire Guy	Serial # A00044217	Last Hydro Date - Next Hydro Date 12/01/2026 Next Six Year Date - Mfg Date 2014	Weight Yes Bracket Yes Gauge Yes Pull Pin Yes	Signage Yes Hose Yes Collar Yes Due for Service No	Result ● Passed	Number -
Location 8 / South Cottage 424 / Laundry Room	Type/Make/Model Amerex / B456	Serial # TB-747178	Last Hydro Date - Next Hydro Date 12/01/2025 Next Six Year Date - Mfg Date 2002	Weight Yes Bracket Yes Gauge Yes Pull Pin Yes	Signage No Hose Yes Collar Yes Due for Service No	Result ● Passed	Number -

## Comments

Number	COMMENT	IMAGE
1	Annual Fire Extinguisher Inspection. No issues.	



**Tech connected. Lives protected.**

## **Conclusion**

We appreciate the opportunity to provide this inspection report. We are confident in the accuracy of the contents of this report. Should you require any additional services, or have questions regarding the contents of this report, please do not hesitate to contact your Midwest Alarm Services representative at 308-389-3981.

### **Life Safety Solutions Experts Since 1950**

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[www.midwestalarmservices.com](http://www.midwestalarmservices.com)

A handwritten signature in black ink, appearing to read 'Lucas Canfield', is written over a blue horizontal line.

Tested By:

**Lucas Canfield**

Midwest Alarm Services

3630 W Old Hwy 30

Grand Island, NE 68803

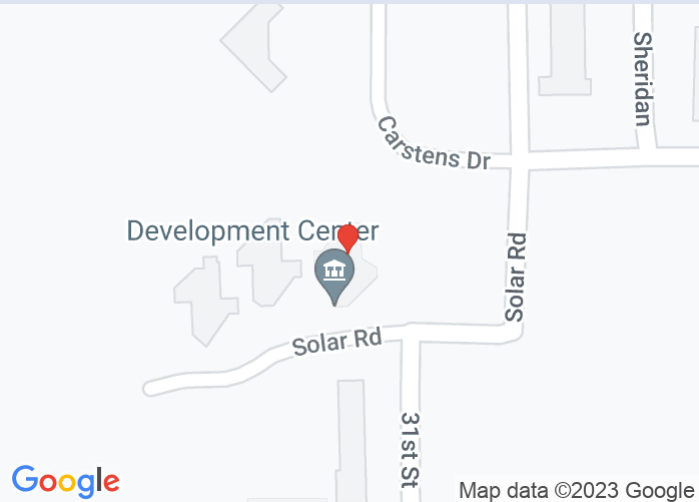


Tech connected. Lives protected.

# Inspection Report

Presented To  
State of Nebraska

For  
Cottage 715-424  
3000 Lincoln St  
Beatrice, NE 68310



This site has been inspected and tested in compliance with applicable standards.

Completed:  
**Monday, May 22, 2023**

The complex block contains a map on the left and text on the right. The map is a Google Maps snippet showing a street grid with labels for Carstens Dr, Sheridan, Solar Rd, and 31st St. A red location pin is placed on Solar Rd, with a label 'Development Center' above it. The Google logo and 'Map data ©2023 Google' are visible at the bottom of the map. The text on the right is set against a light blue background and includes a bold statement of compliance and the completion date.

Tested By:  
**Gary Hesman**  
Midwest Alarm Services  
3630 W Old Hwy 30  
Grand Island, NE 68803



# Inspection Information

## CUSTOMER INFORMATION

Name:	State of Nebraska	Address:	3000 Lincoln St
City:	Beatrice	State:	NE
ZIP:	68310	Email:	mike.balderson@nebraska.gov
AR#:	1001603		

## BUILDING INFORMATION

Name:	Cottage 715-424	Occupancy Type:	Institutional (Group I)
Address:	3000 Lincoln St	City:	Beatrice
State:	NE	ZIP:	68310
Monitoring Company Account Number:	FA14300	AR#:	1001603
Email for Reports:	mike.balderson@nebraska.gov		

## COMPANY INFORMATION

Name:	Midwest Alarm Services	Address:	3630 W Old Hwy 30
City:	Grand Island	State:	NE
Zip:	68803	License:	-
Email:	tracy.hesman@mw-as.com	Phone:	308-389-3981

## AUTHORITY HAVING JURISDICTION

Name:	State of Nebraska Fire Marshal	Address:	246 S 14th St
City:	Lincoln	State:	NE
Zip:	68508	Email:	-
Phone:	402-471-2027		

## MONITORING COMPANY

Name:	Per Mar	Address:	1910 E Kimberly Rd
City:	Davenport	State:	IA
Zip:	52807	Email:	-
phone:	800-227-9805		



## TESTING SUMMARY

EQUIPMENT TYPE	TOTAL	TESTED	PASSED	FAILED
Service & Inspection Report	1	1 (100%)	1 (100%)	0 (0%)

## Kitchen Report

This testing was performed in accordance with applicable NFPA 72 Standards.

Midwest Alarm Services provides many services to our community. If you would like quarterly, semi-annual or annual testing/inspection, the inspection coordinator can reach out and offer inspections on a time and material basis. Signing an Inspection Agreement with Midwest Alarm Services has many benefits. Not only do you save money, but our inspection coordinator will work with you to ensure your Fire System stays in code as well as has proper documentation sent to the local jurisdiction for compliance. If you need an estimate or have questions about our services, please reach out to our operations manager.

Gary Hesman  
Operations Manager  
308-389-3981  
gary.hesman@mw-as.com

---

Tested By:



**Gary Hesman**  
Midwest Alarm Services  
3630 W Old Hwy 30  
Grand Island, NE 68803

# Service & Inspection Report 1

## Specification

Type/Make/Model	Guardian / G300-A
-----------------	-------------------

## General Information

Manufacturer	GSSI
Control Head Type	Heat Detectors
Cylinder Size	-
HST Date	05/22/2031
Best Time for Gas Shutdown	-
Repairs Required - No Longer Serviceable	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>

## System Layout

Number of Plenum Nozzles:	-
Number of Duct Nozzles:	-
Number of Surface Nozzles:	2
Number of Detectors	2
Type and Temp of Detectors	Electronic Heat Detectors
Remote Pull Station	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Reset Relay	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Fire Alarm Connection	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
ETL	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Washdown Connection	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Gas	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Electrical	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
Fuel Shut-Off	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>

## System Inspection

1. Check general system design	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
2a. Check pressure gauge	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
2b. Gauge pressure (psi)	100
3. All lead and wire seals are intact	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
4. There are no visible signs that system(s) has fired or been tampered with. If so, check & report.	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
5a. Replace/check cartridge	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
5b. Cartridge weight	-
5c. Cartridge date	-
6. Check all piping and conduit; must be immobilized with proper hangers and brackets	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
7. Check positioning of all nozzles	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
8. Check action on self-closing caps	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
9. Replace all protective covers on nozzles	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
10. System operated manually	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
11. System operated automatically by cutting terminal link	N/A
12. Test proper operation of gas valve(s)	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
13. Test proper operation of micro switch (electric shutdown, washdown)	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
14. Check operation of multiple systems, all tripped	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
15. Replace and seal all safety pins in manual & remote releases	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
16. Fuel shut-off is in "ON" position	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
17. Check exhaust fan for operating order	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
18. Clean system cylinder & component parts	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
19. Fan warning sign on hood	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
20. Distributor emergency phone number on system	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
21. Inspection & servicing tag are on system	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>

22. Personnel has been instructed on manual operation of system(s)	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
23. Hand portable extinguishers serviced	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
24. Pin removed, tension set, system armed	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
25. Canopy/ Duct Const	-

### Deficiencies

System is free of deficiencies and functions as required?	Yes
Parts Required:	-

### Result

	● Passed
--	----------

### Notes

Number	-
--------	---

## Comments

Number	COMMENT	IMAGE
1	Range Hood Inspection. No issues.	



**Tech connected. Lives protected.**

## **Conclusion**

We appreciate the opportunity to provide this inspection report. We are confident in the accuracy of the contents of this report. Should you require any additional services, or have questions regarding the contents of this report, please do not hesitate to contact your Midwest Alarm Services representative at 308-389-3981.

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A handwritten signature in black ink, appearing to read 'G.H.', is positioned above a solid blue horizontal line.

**Tested By:**

**Gary Hesman**

Midwest Alarm Services

3630 W Old Hwy 30

Grand Island, NE 68803



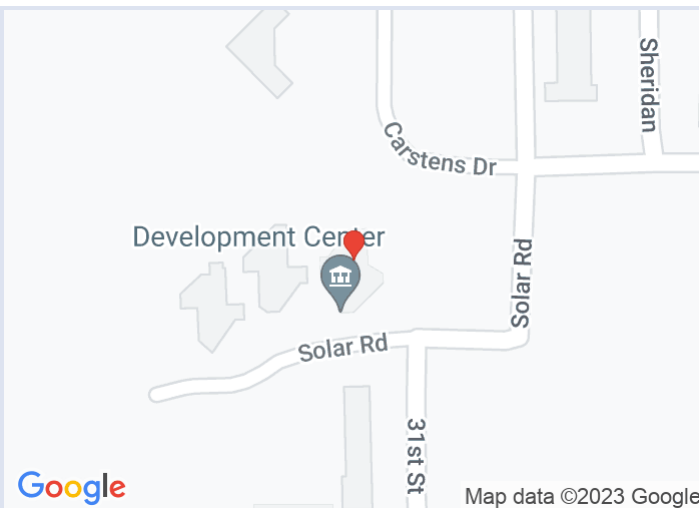
# MIDWEST ALARM SERVICES

Tech connected. Lives protected.

## Inspection Report

Presented To  
State of Nebraska

For  
Cottage 723-422  
3000 Lincoln St  
Beatrice, NE 68310



**This site has been inspected  
and tested in compliance  
with applicable standards.**

Completed:  
**Monday, May 22, 2023**

Tested By:

**Gary Hesman**

Midwest Alarm Services  
3630 W Old Hwy 30  
Grand Island, NE 68803

Scan Code to Access  
Nspec Cloud Portal



# Inspection Information

## CUSTOMER INFORMATION

Name:	State of Nebraska	Address:	3000 Lincoln St
City:	Beatrice	State:	NE
ZIP:	68310	Email:	mike.balderson@nebraska.gov
AR#:	1001603		

## BUILDING INFORMATION

Name:	Cottage 723-422	Occupancy Type:	Institutional (Group I)
Address:	3000 Lincoln St	City:	Beatrice
State:	NE	ZIP:	68310
Monitoring Company Account Number:	FA14300	AR#:	1001603
Email for Reports:	mike.balderson@nebraska.gov		

## COMPANY INFORMATION

Name:	Midwest Alarm Services	Address:	3630 W Old Hwy 30
City:	Grand Island	State:	NE
Zip:	68803	License:	-
Email:	tracy.hesman@mw-as.com	Phone:	308-389-3981

## AUTHORITY HAVING JURISDICTION

Name:	State of Nebraska Fire Marshal	Address:	246 S 14th St
City:	Lincoln	State:	NE
Zip:	68508	Email:	-
Phone:	402-471-2027		

## MONITORING COMPANY

Name:	Per Mar	Address:	1910 E Kimberly Rd
City:	Davenport	State:	IA
Zip:	52807	Email:	-
phone:	800-227-9805		

## TESTING SUMMARY

EQUIPMENT TYPE	TOTAL	TESTED	PASSED	FAILED
Communicator	1	1 (100%)	1 (100%)	0 (0%)
Alarm Initiated Device	29	29 (100%)	29 (100%)	0 (0%)
Alarm Notification Appliance	8	8 (100%)	8 (100%)	0 (0%)
Annunciator	0	0 (0%)	0 (0%)	0 (0%)
Auxiliary Device	1	1 (100%)	1 (100%)	0 (0%)
Auxiliary Power Supply	0	0 (0%)	0 (0%)	0 (0%)
Control Unit	1	1 (100%)	1 (100%)	0 (0%)
Supervising Station Monitoring	1	1 (100%)	1 (100%)	0 (0%)
Supervisory Signal Device	2	2 (100%)	2 (100%)	0 (0%)

## Fire Alarm Inspection- NFPA 72 (2013)

This testing was performed in accordance with applicable NFPA 72 Standards.

Midwest Alarm Services provides many services to our community. If you would like quarterly, semi-annual or annual testing/inspection, the inspection coordinator can reach out and offer inspections on a time and material basis. Signing an Inspection Agreement with Midwest Alarm Services has many benefits. Not only do you save money, but our inspection coordinator will work with you to ensure your Fire System stays in code as well as has proper documentation sent to the local jurisdiction for compliance. If you need an estimate or have questions about our services, please reach out to our operations manager.

Gary Hesman  
Operations Manager  
308-389-3981  
gary.hesman@mw-as.com

---

Tested By:



**Gary Hesman**  
Midwest Alarm Services  
3630 W Old Hwy 30  
Grand Island, NE 68803

## Control Unit

### Location

Location  
Cottage 422 / Dining Area

### Specification

Type/Make/Model  
Spectronics / 641

### Software Firmware

Revision Number	Onsite Location Of Documentation
-	-

### Primary Power

Nominal Voltage	Amps
120v	-

### Overcurrent Protection

Type	Amps	Location	Disconnecting Means Location
-	-	-	-

### Visual/ Functional

Control Unit	Lamps/LEDs/LCDs	Fuses	Trouble Signal
Tested functionally	Tested functionally	Tested functionally	Tested functionally
Disconnect Switch	Ground-Fault Monitoring		
Tested functionally	Tested functionally		

### Batteries

Battery Date	Battery Type	Nominal Voltage	Amps/Hour Rating
11/14/2022	Gel	26.3v	7ah
Standby Mode (hrs)	Alarm Mode (mins)		
-	-		

### Visual/ Functional

Load Voltage	Charge Test	Discharge Test	Battery Condition
Tested functionally	Tested functionally	Tested functionally	Tested functionally

### Result

● Passed

## Communicator

### Specification

Type/Make/Model  
-

### Type

Type  
Phone Lines : Thru Admin

### Result

● Passed

## Supervising Station Monitoring

### Specification

Type/Make/Model  
-

### Supervising Station Monitoring



Alarm Signal Tested functionally	Alarm Restoration Tested functionally	Trouble Signal Tested functionally	Trouble Restoration Tested functionally
Supervisory Signal Tested functionally	Supervisory Restoration Tested functionally		

## Result

● Passed

## Alarm Initiated Device

Location	Specification	New Section	Result	Notes
Location East Exit	Type/Make/Model Manual Pull Station	Visual Tested functionally	Result ● Passed	Number -
Location NE Exit	Type/Make/Model Manual Pull Station	Visual Tested functionally	Result ● Passed	Number -
Location NW Exit	Type/Make/Model Manual Pull Station	Visual Tested functionally	Result ● Passed	Number -
Location West Exit	Type/Make/Model Manual Pull Station	Visual Tested functionally	Result ● Passed	Number -
Location SW Exit	Type/Make/Model Manual Pull Station	Visual Tested functionally	Result ● Passed	Number -
Location SE Exit	Type/Make/Model Manual Pull Station	Visual Tested functionally	Result ● Passed	Number -
Location Hall next to Kitchen	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location Laundry Room	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location Room 19	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location Room 22	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location N. Commons by Room 19/22	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location N. Commons	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location By Room 25/28	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location Room 25	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location Room 28	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location Dining Room	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -

Location	Specification	New Section	Result	Notes
Location S. Commons	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location Room 11	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location Room 8	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location Room 8/11	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location By Room 2/5	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location Room 5	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location Room 2	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location Supply Duct Detector	Type/Make/Model Duct Smoke Detector / System Sensor	Visual Tested functionally	Result ● Passed	Number -
Location Crawl Space Main	Type/Make/Model Duct Smoke Detector / System Sensor	Visual Tested functionally	Result ● Passed	Number -
Location Fresh Air	Type/Make/Model Duct Smoke Detector / System Sensor	Visual Tested functionally	Result ● Passed	Number -
Location Room Air	Type/Make/Model Duct Smoke Detector / System Sensor	Visual Tested functionally	Result ● Passed	Number -
Location Kitchen	Type/Make/Model Heat Detector / System Sensor	Visual Tested visually	Result ● Passed	Number -
Location Mechanical Room	Type/Make/Model Heat Detector / System Sensor	Visual Tested visually	Result ● Passed	Number -

## Supervisory Signal Device

Location	Specification	New Section	Result	Notes
Location Laundry Room	Type/Make/Model Tamper Switch	Visual / Functional Tested visually	Result ● Passed	Number -
Location Laundry Room	Type/Make/Model Water Flow	Visual / Functional Tested visually	Result ● Passed	Number -

## Auxiliary Device

Location	Specification	New Section	Result	Notes
----------	---------------	-------------	--------	-------

Location	Type/Make/Model	Visual / Functional	Result	Number
Mechanical Room	Relay	Tested functionally	● Passed	-

## Alarm Notification Appliance

Location	Specification	New Section	Result	Notes
Location	Type/Make/Model Horn/Strobe / System Sensor / P2WL	Visual / Functional Tested functionally	Result ● Passed	Number -
Location	Type/Make/Model Horn/Strobe / System Sensor / P2WL	Visual / Functional Tested functionally	Result ● Passed	Number -
Location	Type/Make/Model Horn/Strobe / System Sensor / P2WL	Visual / Functional Tested functionally	Result ● Passed	Number -
Location	Type/Make/Model Strobe / System Sensor	Visual / Functional Tested functionally	Result ● Passed	Number -
Location	Type/Make/Model Strobe / System Sensor	Visual / Functional Tested functionally	Result ● Passed	Number -
Location	Type/Make/Model Strobe / System Sensor	Visual / Functional Tested functionally	Result ● Passed	Number -
Location	Type/Make/Model Strobe / System Sensor	Visual / Functional Tested functionally	Result ● Passed	Number -

## Comments

Number	COMMENT	IMAGE
1	Fire Alarm Inspection. No issues.	



**Tech connected. Lives protected.**

## **Conclusion**

We appreciate the opportunity to provide this inspection report. We are confident in the accuracy of the contents of this report. Should you require any additional services, or have questions regarding the contents of this report, please do not hesitate to contact your Midwest Alarm Services representative at 308-389-3981.

## **Life Safety Solutions Experts Since 1950**

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A handwritten signature in black ink, appearing to read 'G. Hesman', is written over a solid blue horizontal line.

Tested By:

**Gary Hesman**

Midwest Alarm Services

3630 W Old Hwy 30

Grand Island, NE 68803



# MIDWEST ALARM SERVICES

Tech connected. Lives protected.

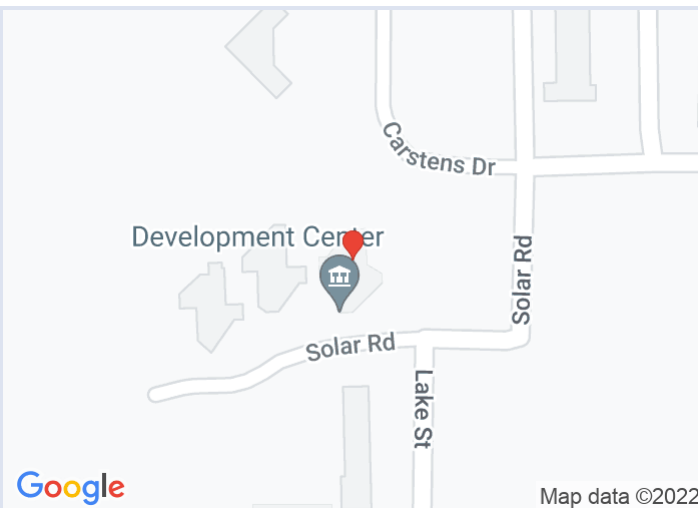
## Inspection Report

---

Presented To  
State of Nebraska

---

For  
Cottage 723-422  
3000 Lincoln St  
Beatrice, NE 68310



**This site has been inspected  
and tested in compliance  
with applicable standards.**

---

Completed:  
**Tuesday, December 13, 2022**

---

Tested By:  
**Lucas Canfield**  
Midwest Alarm Services  
3630 W Old Hwy 30  
Grand Island, NE 68803

Scan Code to Access  
Nspec Cloud Portal



# Inspection Information

## CUSTOMER INFORMATION

Name:	State of Nebraska	Address:	3000 Lincoln St
City:	Beatrice	State:	NE
ZIP:	68310	Email:	mike.balderson@nebraska.gov
AR#:	1001603		

## BUILDING INFORMATION

Name:	Cottage 723-422	Occupancy Type:	Institutional (Group I)
Address:	3000 Lincoln St	City:	Beatrice
State:	NE	ZIP:	68310
Monitoring Company Account Number:	FA14300	AR#:	1001603
Email for Reports:	mike.balderson@nebraska.gov		

## COMPANY INFORMATION

Name:	Midwest Alarm Services	Address:	3630 W Old Hwy 30
City:	Grand Island	State:	NE
Zip:	68803	License:	-
Email:	tracy.hesman@mw-as.com	Phone:	308-389-3981

## AUTHORITY HAVING JURISDICTION

Name:	State of Nebraska Fire Marshal	Address:	246 S 14th St
City:	Lincoln	State:	NE
Zip:	68508	Email:	-
Phone:	402-471-2027		

## MONITORING COMPANY

Name:	Per Mar	Address:	1910 E Kimberly Rd
City:	Davenport	State:	IA
Zip:	52807	Email:	-
phone:	800-227-9805		

## TESTING SUMMARY

EQUIPMENT TYPE	TOTAL	TESTED	PASSED	FAILED
Fire Extinguisher	2	2 (100%)	2 (100%)	0 (0%)

## Fire Extinguisher Report

This testing was performed in accordance with applicable NFPA 72 Standards.

Midwest Alarm Services provides many services to our community. If you would like quarterly, semi-annual or annual testing/inspection, the inspection coordinator can reach out and offer inspections on a time and material basis. Signing an Inspection Agreement with Midwest Alarm Services has many benefits. Not only do you save money, but our inspection coordinator will work with you to ensure your Fire System stays in code as well as has proper documentation sent to the local jurisdiction for compliance. If you need an estimate or have questions about our services, please reach out to our operations manager.

Gary Hesman  
Operations Manager  
308-389-3981  
gary.hesman@mw-as.com

---

Tested By:



**Lucas Canfield**  
Midwest Alarm Services  
3630 W Old Hwy 30  
Grand Island, NE 68803

## Fire Extinguisher

Location	Specification	Information	Dates	Inspected	Inspected	Result	Notes
Location 5 / South Cottage 422 / By FACP	Type/Make/Model Badger / 10MB-8H	Serial # A-33532782 Size 10# Type ABC Mfg Date 2015	Last Hydro Date - Next Hydro Date 12/01/2027 Next Six Year Date - 2015	Weight Yes Bracket Yes Gauge Yes Pull Pin Yes	Signage Yes Hose Yes Collar Yes Due for Service No	Result ● Passed	Number -
Location 6 / South Cottage 422 / Laundry Room	Type/Make/Model Amerex / B456	Serial # RX-886887 Size 10# Type ABC Mfg Date 2000	Last Hydro Date - Next Hydro Date 12/01/2025 Next Six Year Date - 2000	Weight Yes Bracket Yes Gauge Yes Pull Pin Yes	Signage No Hose Yes Collar Yes Due for Service No	Result ● Passed	Number -

## Comments

Number	COMMENT	IMAGE
1	Annual Fire Extinguisher Inspection. No issues.	





**Tech connected. Lives protected.**

## **Conclusion**

We appreciate the opportunity to provide this inspection report. We are confident in the accuracy of the contents of this report. Should you require any additional services, or have questions regarding the contents of this report, please do not hesitate to contact your Midwest Alarm Services representative at 308-389-3981.

### **Life Safety Solutions Experts Since 1950**

For more than 70 years, Midwest Alarm Services has been providing the best, innovative fire, security and technology solutions for homes and businesses. As a systems integrator, we can design, install, maintain, monitor and service a wide variety of equipment and software. We take the time to understand your needs and customized solutions to fit your needs and budget. To learn more about our company and the services we provide, please visit:

[www.midwestalarmservices.com](http://www.midwestalarmservices.com)

A handwritten signature in black ink, appearing to read 'Lucas Canfield', is written over a blue horizontal line.

Tested By:

**Lucas Canfield**

Midwest Alarm Services

3630 W Old Hwy 30

Grand Island, NE 68803



# MIDWEST ALARM SERVICES

Tech connected. Lives protected.

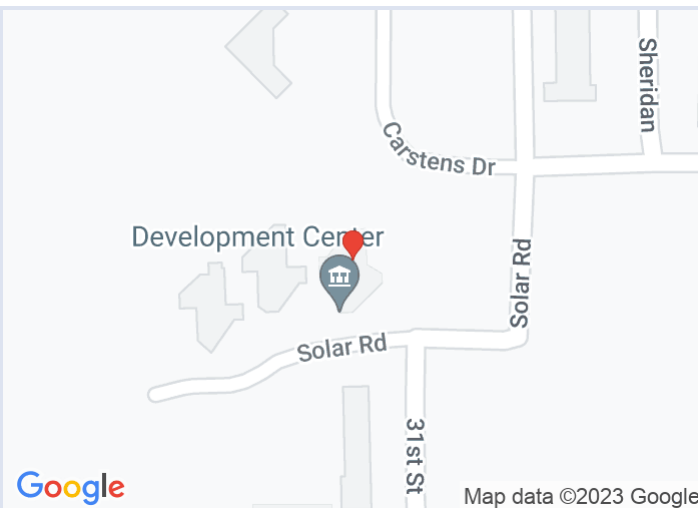
## Inspection Report

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Presented To  
State of Nebraska

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For  
Cottage 723-422  
3000 Lincoln St  
Beatrice, NE 68310



**This site has been inspected and tested in compliance with applicable standards.**

---

Completed:  
**Monday, May 22, 2023**

---

Tested By:  
**Gary Hesman**  
Midwest Alarm Services  
3630 W Old Hwy 30  
Grand Island, NE 68803

Scan Code to Access  
Nspec Cloud Portal



# Inspection Information

## CUSTOMER INFORMATION

Name:	State of Nebraska	Address:	3000 Lincoln St
City:	Beatrice	State:	NE
ZIP:	68310	Email:	mike.balderson@nebraska.gov
AR#:	1001603		

## BUILDING INFORMATION

Name:	Cottage 723-422	Occupancy Type:	Institutional (Group I)
Address:	3000 Lincoln St	City:	Beatrice
State:	NE	ZIP:	68310
Monitoring Company Account Number:	FA14300	AR#:	1001603
Email for Reports:	mike.balderson@nebraska.gov		

## COMPANY INFORMATION

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City:	Grand Island	State:	NE
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Email:	tracy.hesman@mw-as.com	Phone:	308-389-3981

## AUTHORITY HAVING JURISDICTION

Name:	State of Nebraska Fire Marshal	Address:	246 S 14th St
City:	Lincoln	State:	NE
Zip:	68508	Email:	-
Phone:	402-471-2027		

## MONITORING COMPANY

Name:	Per Mar	Address:	1910 E Kimberly Rd
City:	Davenport	State:	IA
Zip:	52807	Email:	-
phone:	800-227-9805		

## TESTING SUMMARY

EQUIPMENT TYPE	TOTAL	TESTED	PASSED	FAILED
Service & Inspection Report	1	1 (100%)	1 (100%)	0 (0%)

## Kitchen Report

This testing was performed in accordance with applicable NFPA 72 Standards.

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Gary Hesman  
Operations Manager  
308-389-3981  
gary.hesman@mw-as.com

---

Tested By:



**Gary Hesman**  
Midwest Alarm Services  
3630 W Old Hwy 30  
Grand Island, NE 68803

# Service & Inspection Report 1

## Specification

Type/Make/Model	Guardian / G300-A
-----------------	-------------------

## General Information

Manufacturer	GSSI
Control Head Type	Heat Detectors
Cylinder Size	-
HST Date	05/22/2031
Best Time for Gas Shutdown	-
Repairs Required - No Longer Serviceable	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A <input type="checkbox"/>

## System Layout

Number of Plenum Nozzles:	-
Number of Duct Nozzles:	-
Number of Surface Nozzles:	2
Number of Detectors	2
Type and Temp of Detectors	Electronic Heat Detectors
Remote Pull Station	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Reset Relay	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Fire Alarm Connection	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
ETL	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Washdown Connection	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Gas	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Electrical	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
Fuel Shut-Off	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>

## System Inspection

1. Check general system design	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
2a. Check pressure gauge	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
2b. Gauge pressure (psi)	100
3. All lead and wire seals are intact	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
4. There are no visible signs that system(s) has fired or been tampered with. If so, check & report.	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
5a. Replace/check cartridge	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
5b. Cartridge weight	-
5c. Cartridge date	-
6. Check all piping and conduit; must be immobilized with proper hangers and brackets	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
7. Check positioning of all nozzles	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
8. Check action on self-closing caps	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
9. Replace all protective covers on nozzles	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
10. System operated manually	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
11. System operated automatically by cutting terminal link	N/A
12. Test proper operation of gas valve(s)	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
13. Test proper operation of micro switch (electric shutdown, washdown)	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
14. Check operation of multiple systems, all tripped	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
15. Replace and seal all safety pins in manual & remote releases	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
16. Fuel shut-off is in "ON" position	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
17. Check exhaust fan for operating order	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
18. Clean system cylinder & component parts	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
19. Fan warning sign on hood	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
20. Distributor emergency phone number on system	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
21. Inspection & servicing tag are on system	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>

22. Personnel has been instructed on manual operation of system(s)	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
23. Hand portable extinguishers serviced	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
24. Pin removed, tension set, system armed	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
25. Canopy/ Duct Const	-

### Deficiencies

System is free of deficiencies and functions as required?	Yes
Parts Required:	-

### Result

	● Passed
--	----------

### Notes

Number	-
--------	---

## Comments

Number	COMMENT	IMAGE
1	Range Hood Inspection. No issues.	



**Tech connected. Lives protected.**

## **Conclusion**

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**Tested By:**

**Gary Hesman**

Midwest Alarm Services

3630 W Old Hwy 30

Grand Island, NE 68803



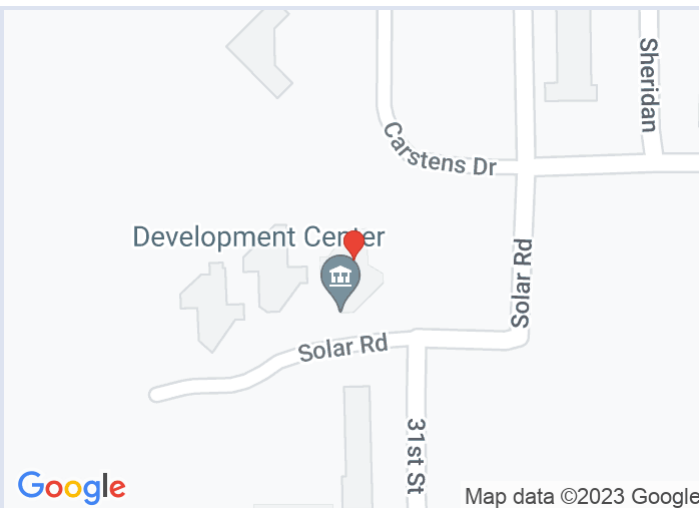
# MIDWEST ALARM SERVICES

Tech connected. Lives protected.

## Inspection Report

Presented To  
State of Nebraska

For  
Cottage 743-420  
3000 Lincoln St  
Beatrice, NE 68310



**This site has been inspected  
and tested in compliance  
with applicable standards.**

Completed:  
**Monday, May 22, 2023**

Tested By:

**Gary Hesman**

Midwest Alarm Services  
3630 W Old Hwy 30  
Grand Island, NE 68803

Scan Code to Access  
Nspec Cloud Portal





# Inspection Information

## CUSTOMER INFORMATION

Name:	State of Nebraska	Address:	3000 Lincoln St
City:	Beatrice	State:	NE
ZIP:	68310	Email:	mike.balderson@nebraska.gov
AR#:	1001603		

## BUILDING INFORMATION

Name:	Cottage 743-420	Occupancy Type:	Institutional (Group I)
Address:	3000 Lincoln St	City:	Beatrice
State:	NE	ZIP:	68310
Monitoring Company Account Number:	FA14300	AR#:	1001603
Email for Reports:	mike.balderson@nebraska.gov		

## COMPANY INFORMATION

Name:	Midwest Alarm Services	Address:	3630 W Old Hwy 30
City:	Grand Island	State:	NE
Zip:	68803	License:	-
Email:	tracy.hesman@mw-as.com	Phone:	308-389-3981

## AUTHORITY HAVING JURISDICTION

Name:	State of Nebraska Fire Marshal	Address:	246 S 14th St
City:	Lincoln	State:	NE
Zip:	68508	Email:	-
Phone:	402-471-2027		

## MONITORING COMPANY

Name:	Per Mar	Address:	1910 E Kimberly Rd
City:	Davenport	State:	IA
Zip:	52807	Email:	-
phone:	800-227-9805		

## TESTING SUMMARY

EQUIPMENT TYPE	TOTAL	TESTED	PASSED	FAILED
Communicator	1	1 (100%)	1 (100%)	0 (0%)
Alarm Initiated Device	30	30 (100%)	30 (100%)	0 (0%)
Alarm Notification Appliance	9	9 (100%)	9 (100%)	0 (0%)
Annunciator	0	0 (0%)	0 (0%)	0 (0%)
Auxiliary Device	0	0 (0%)	0 (0%)	0 (0%)
Auxiliary Power Supply	0	0 (0%)	0 (0%)	0 (0%)
Control Unit	1	1 (100%)	1 (100%)	0 (0%)
Supervising Station Monitoring	1	1 (100%)	1 (100%)	0 (0%)
Supervisory Signal Device	2	2 (100%)	2 (100%)	0 (0%)

## Fire Alarm Inspection- NFPA 72 (2013)

This testing was performed in accordance with applicable NFPA 72 Standards.

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Operations Manager  
308-389-3981  
gary.hesman@mw-as.com

---

Tested By:



**Gary Hesman**  
Midwest Alarm Services  
3630 W Old Hwy 30  
Grand Island, NE 68803

## Control Unit

### Location

Location  
Cottage 420 / Dining Area

### Specification

Type/Make/Model  
Spectronics / 641

### Software Firmware

Revision Number	Onsite Location Of Documentation
-	-

### Primary Power

Nominal Voltage	Amps
120v	-

### Overcurrent Protection

Type	Amps	Location	Disconnecting Means Location
-	-	-	-

### Visual/ Functional

Control Unit	Lamps/LEDs/LCDs	Fuses	Trouble Signal
Tested functionally	Tested functionally	Tested functionally	Tested functionally
Disconnect Switch	Ground-Fault Monitoring		
Tested functionally	Tested functionally		

### Batteries

Battery Date	Battery Type	Nominal Voltage	Amps/Hour Rating
11/14/2022	Gel	27.5v	7ah
Standby Mode (hrs)	Alarm Mode (mins)		
-	-		

### Visual/ Functional

Load Voltage	Charge Test	Discharge Test	Battery Condition
Tested functionally	Tested functionally	Tested functionally	Tested functionally

### Result

● Passed

## Communicator

### Specification

Type/Make/Model  
-

### Type

Type  
Phone Lines : Thru Admin

### Result

● Passed

## Supervising Station Monitoring

### Specification

Type/Make/Model  
-

### Supervising Station Monitoring

Alarm Signal Tested functionally	Alarm Restoration Tested functionally	Trouble Signal Tested functionally	Trouble Restoration Tested functionally
Supervisory Signal Tested functionally	Supervisory Restoration Tested functionally		

## Result

● Passed

## Alarm Initiated Device

Location	Specification	New Section	Result	Notes
Location West Exit	Type/Make/Model Manual Pull Station	Visual Tested functionally	Result ● Passed	Number -
Location SW Exit	Type/Make/Model Manual Pull Station	Visual Tested functionally	Result ● Passed	Number -
Location SE Exit	Type/Make/Model Manual Pull Station	Visual Tested functionally	Result ● Passed	Number -
Location East Exit	Type/Make/Model Manual Pull Station	Visual Tested functionally	Result ● Passed	Number -
Location NE Exit	Type/Make/Model Manual Pull Station	Visual Tested functionally	Result ● Passed	Number -
Location NW Exit	Type/Make/Model Manual Pull Station	Visual Tested functionally	Result ● Passed	Number -
Location FACP	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location Hall by Mech Room	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location Laundry Room	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location Room 19	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location Room 22	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location Room 19/22	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location N. Commons	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location By Room 25/28	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location Room 25	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location Room 28	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -

Location	Specification	New Section	Result	Notes
Location Dining Room	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location S. Commons	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location Room 11	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location Room 8	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location By Room 8/11	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location By Room 5/2	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location Room 5	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location Room 2	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location Laundry Room	Type/Make/Model Heat Detector / System Sensor	Visual Tested visually	Result ● Passed	Number -
Location Mechanical Room	Type/Make/Model Heat Detector / System Sensor	Visual Tested visually	Result ● Passed	Number -
Location Supply Duct	Type/Make/Model Duct Smoke Detector / System Sensor	Visual Tested functionally	Result ● Passed	Number -
Location Main Return Duct	Type/Make/Model Duct Smoke Detector / System Sensor	Visual Tested functionally	Result ● Passed	Number -
Location Fresh Air Duct	Type/Make/Model Duct Smoke Detector / System Sensor	Visual Tested functionally	Result ● Passed	Number -
Location Room Air Duct	Type/Make/Model Duct Smoke Detector / System Sensor	Visual Tested functionally	Result ● Passed	Number -

## Supervisory Signal Device

Location	Specification	New Section	Result	Notes
Location Laundry	Type/Make/Model Tamper Switch	Visual / Functional Tested visually	Result ● Passed	Number -
Location Laundry Room	Type/Make/Model Water Flow	Visual / Functional Tested visually	Result ● Passed	Number -

## Alarm Notification Appliance

Location	Specification	New Section	Result	Notes
Location	Type/Make/Model Horn / System Sensor	Visual / Functional Tested functionally	Result ● Passed	Number -
Location	Type/Make/Model Strobe / System Sensor / SWL	Visual / Functional Tested functionally	Result ● Passed	Number -
Location	Type/Make/Model Strobe / System Sensor / SWL	Visual / Functional Tested functionally	Result ● Passed	Number -
Location	Type/Make/Model Strobe / System Sensor / SWL	Visual / Functional Tested functionally	Result ● Passed	Number -
Location	Type/Make/Model Strobe / System Sensor / SWL	Visual / Functional Tested functionally	Result ● Passed	Number -
Location	Type/Make/Model Strobe / System Sensor / SWL	Visual / Functional Tested functionally	Result ● Passed	Number -
Location	Type/Make/Model Horn/Strobe / System Sensor	Visual / Functional Tested functionally	Result ● Passed	Number -
Location	Type/Make/Model Horn/Strobe / System Sensor	Visual / Functional Tested functionally	Result ● Passed	Number -
Location	Type/Make/Model Horn/Strobe / System Sensor	Visual / Functional Tested functionally	Result ● Passed	Number -

## Comments

Number	COMMENT	IMAGE
1	Fire Alarm Inspection. No issues.	



**Tech connected. Lives protected.**

## **Conclusion**

We appreciate the opportunity to provide this inspection report. We are confident in the accuracy of the contents of this report. Should you require any additional services, or have questions regarding the contents of this report, please do not hesitate to contact your Midwest Alarm Services representative at 308-389-3981.

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3630 W Old Hwy 30

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# MIDWEST ALARM SERVICES

Tech connected. Lives protected.

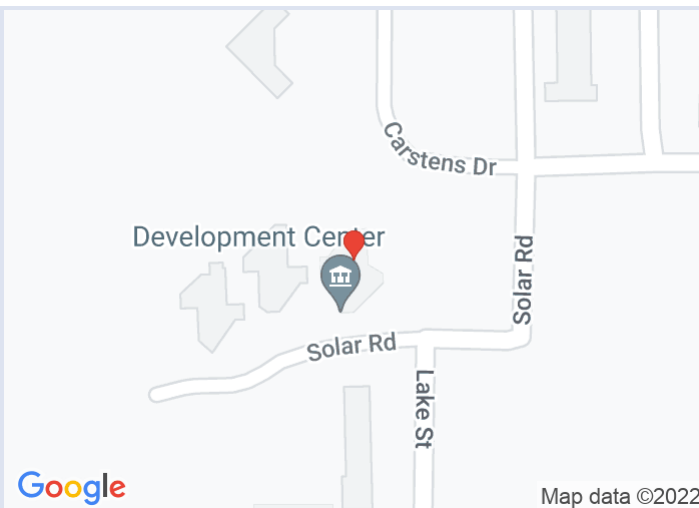
## Inspection Report

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Presented To  
State of Nebraska

---

For  
Cottage 743-420  
3000 Lincoln St  
Beatrice, NE 68310



**This site has been inspected  
and tested in compliance  
with applicable standards.**

---

Completed:  
**Tuesday, December 13, 2022**

---

Tested By:  
**Lucas Canfield**  
Midwest Alarm Services  
3630 W Old Hwy 30  
Grand Island, NE 68803

Scan Code to Access  
Nspec Cloud Portal





# Inspection Information

## CUSTOMER INFORMATION

Name:	State of Nebraska	Address:	3000 Lincoln St
City:	Beatrice	State:	NE
ZIP:	68310	Email:	mike.balderson@nebraska.gov
AR#:	1001603		

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## MONITORING COMPANY

Name:	Per Mar	Address:	1910 E Kimberly Rd
City:	Davenport	State:	IA
Zip:	52807	Email:	-
phone:	800-227-9805		

## TESTING SUMMARY

EQUIPMENT TYPE	TOTAL	TESTED	PASSED	FAILED
Fire Extinguisher	2	2 (100%)	2 (100%)	0 (0%)

## Fire Extinguisher Report

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Tested By:



**Lucas Canfield**  
Midwest Alarm Services  
3630 W Old Hwy 30  
Grand Island, NE 68803

## Fire Extinguisher

Location	Specification	Information	Dates	Inspected	Inspected	Result	Notes
Location	Type/Make/Model	Serial #	Last Hydro Date	Weight	Signage	Result	Number
3 / South Cottage 420 / By FACP	Badger / 10MB-8H	XR-771692 Size 10# Type ABC Mfg Date 2005	12/01/2019 Next Hydro Date - Next Six Year Date 12/01/2025	Yes Bracket Yes Gauge Yes Pull Pin Yes	Yes Hose Yes Collar Yes Due for Service No	● Passed	-
Location	Type/Make/Model	Serial #	Last Hydro Date	Weight	Signage	Result	Number
4 / South Cottage 420 / Laundry Room	Amerex / B456	BJ-822923 Size 10# Type ABC Mfg Date 2012	- Next Hydro Date 12/01/2024 Next Six Year Date - Pull Pin Yes	Yes Bracket Yes Gauge Yes Pull Pin Yes	No Hose Yes Collar Yes Due for Service No	● Passed	-

## Comments

Number	COMMENT	IMAGE
1	Annual Fire Extinguisher Inspection. No issues.	



**Tech connected. Lives protected.**

## **Conclusion**

We appreciate the opportunity to provide this inspection report. We are confident in the accuracy of the contents of this report. Should you require any additional services, or have questions regarding the contents of this report, please do not hesitate to contact your Midwest Alarm Services representative at 308-389-3981.

### **Life Safety Solutions Experts Since 1950**

For more than 70 years, Midwest Alarm Services has been providing the best, innovative fire, security and technology solutions for homes and businesses. As a systems integrator, we can design, install, maintain, monitor and service a wide variety of equipment and software. We take the time to understand your needs and customized solutions to fit your needs and budget. To learn more about our company and the services we provide, please visit:

[www.midwestalarmservices.com](http://www.midwestalarmservices.com)

A handwritten signature in black ink, appearing to read 'Lucas Canfield', is written over a solid blue horizontal line.

Tested By:

**Lucas Canfield**

Midwest Alarm Services

3630 W Old Hwy 30

Grand Island, NE 68803



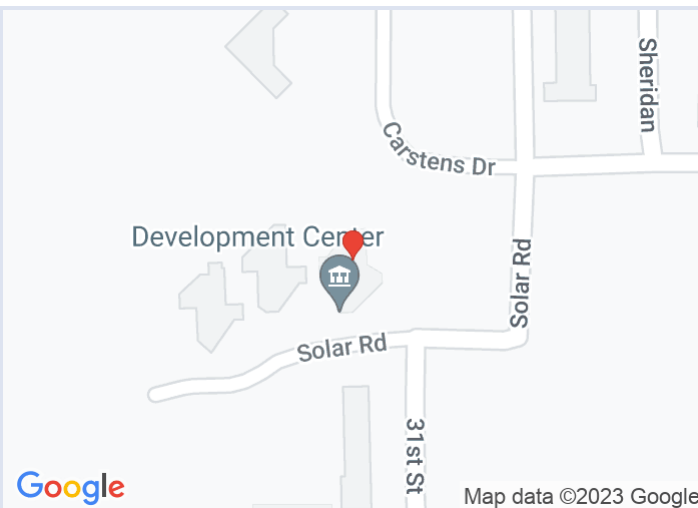
# MIDWEST ALARM SERVICES

Tech connected. Lives protected.

## Inspection Report

Presented To  
State of Nebraska

For  
Cottage 743-420  
3000 Lincoln St  
Beatrice, NE 68310



**This site has been inspected and tested in compliance with applicable standards.**

Completed:  
**Monday, May 22, 2023**

Tested By:  
**Gary Hesman**  
Midwest Alarm Services  
3630 W Old Hwy 30  
Grand Island, NE 68803

Scan Code to Access  
Nspec Cloud Portal



# Inspection Information

## CUSTOMER INFORMATION

Name:	State of Nebraska	Address:	3000 Lincoln St
City:	Beatrice	State:	NE
ZIP:	68310	Email:	mike.balderson@nebraska.gov
AR#:	1001603		

## BUILDING INFORMATION

Name:	Cottage 743-420	Occupancy Type:	Institutional (Group I)
Address:	3000 Lincoln St	City:	Beatrice
State:	NE	ZIP:	68310
Monitoring Company Account Number:	FA14300	AR#:	1001603
Email for Reports:	mike.balderson@nebraska.gov		

## COMPANY INFORMATION

Name:	Midwest Alarm Services	Address:	3630 W Old Hwy 30
City:	Grand Island	State:	NE
Zip:	68803	License:	-
Email:	tracy.hesman@mw-as.com	Phone:	308-389-3981

## AUTHORITY HAVING JURISDICTION

Name:	State of Nebraska Fire Marshal	Address:	246 S 14th St
City:	Lincoln	State:	NE
Zip:	68508	Email:	-
Phone:	402-471-2027		

## MONITORING COMPANY

Name:	Per Mar	Address:	1910 E Kimberly Rd
City:	Davenport	State:	IA
Zip:	52807	Email:	-
phone:	800-227-9805		

## TESTING SUMMARY

EQUIPMENT TYPE	TOTAL	TESTED	PASSED	FAILED
Service & Inspection Report	1	1 (100%)	1 (100%)	0 (0%)

## Kitchen Report

This testing was performed in accordance with applicable NFPA 72 Standards.

Midwest Alarm Services provides many services to our community. If you would like quarterly, semi-annual or annual testing/inspection, the inspection coordinator can reach out and offer inspections on a time and material basis. Signing an Inspection Agreement with Midwest Alarm Services has many benefits. Not only do you save money, but our inspection coordinator will work with you to ensure your Fire System stays in code as well as has proper documentation sent to the local jurisdiction for compliance. If you need an estimate or have questions about our services, please reach out to our operations manager.

Gary Hesman  
Operations Manager  
308-389-3981  
gary.hesman@mw-as.com

---

Tested By:



**Gary Hesman**  
Midwest Alarm Services  
3630 W Old Hwy 30  
Grand Island, NE 68803

# Service & Inspection Report 1

## Specification

Type/Make/Model	Guardian / G300-A
-----------------	-------------------

## General Information

Manufacturer	GSSI
Control Head Type	Heat Detectors
Cylinder Size	-
HST Date	05/22/2031
Best Time for Gas Shutdown	-
Repairs Required - No Longer Serviceable	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A <input type="checkbox"/>

## System Layout

Number of Plenum Nozzles:	-
Number of Duct Nozzles:	-
Number of Surface Nozzles:	2
Number of Detectors	2
Type and Temp of Detectors	Electronic Heat Detectors
Remote Pull Station	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Reset Relay	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Fire Alarm Connection	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
ETL	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Washdown Connection	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Gas	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Electrical	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
Fuel Shut-Off	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>

## System Inspection

1. Check general system design	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
2a. Check pressure gauge	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
2b. Gauge pressure (psi)	100
3. All lead and wire seals are intact	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
4. There are no visible signs that system(s) has fired or been tampered with. If so, check & report.	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
5a. Replace/check cartridge	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
5b. Cartridge weight	-
5c. Cartridge date	-
6. Check all piping and conduit; must be immobilized with proper hangers and brackets	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
7. Check positioning of all nozzles	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
8. Check action on self-closing caps	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
9. Replace all protective covers on nozzles	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
10. System operated manually	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
11. System operated automatically by cutting terminal link	N/A
12. Test proper operation of gas valve(s)	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
13. Test proper operation of micro switch (electric shutdown, washdown)	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
14. Check operation of multiple systems, all tripped	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
15. Replace and seal all safety pins in manual & remote releases	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
16. Fuel shut-off is in "ON" position	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
17. Check exhaust fan for operating order	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
18. Clean system cylinder & component parts	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
19. Fan warning sign on hood	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
20. Distributor emergency phone number on system	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
21. Inspection & servicing tag are on system	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>



22. Personnel has been instructed on manual operation of system(s)	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
23. Hand portable extinguishers serviced	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
24. Pin removed, tension set, system armed	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
25. Canopy/ Duct Const	-

### Deficiencies

System is free of deficiencies and functions as required?	Yes
Parts Required:	-

### Result

	● Passed
--	----------

### Notes

Number	-
--------	---

## Comments

Number	COMMENT	IMAGE
1	Range Hood Inspection. No issues.	



**Tech connected. Lives protected.**

## **Conclusion**

We appreciate the opportunity to provide this inspection report. We are confident in the accuracy of the contents of this report. Should you require any additional services, or have questions regarding the contents of this report, please do not hesitate to contact your Midwest Alarm Services representative at 308-389-3981.

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[www.midwestalarmservices.com](http://www.midwestalarmservices.com)

A handwritten signature in black ink, appearing to read 'GH', is positioned above a solid blue horizontal line.

**Tested By:**

**Gary Hesman**

Midwest Alarm Services

3630 W Old Hwy 30

Grand Island, NE 68803



# MIDWEST ALARM SERVICES

Tech connected. Lives protected.

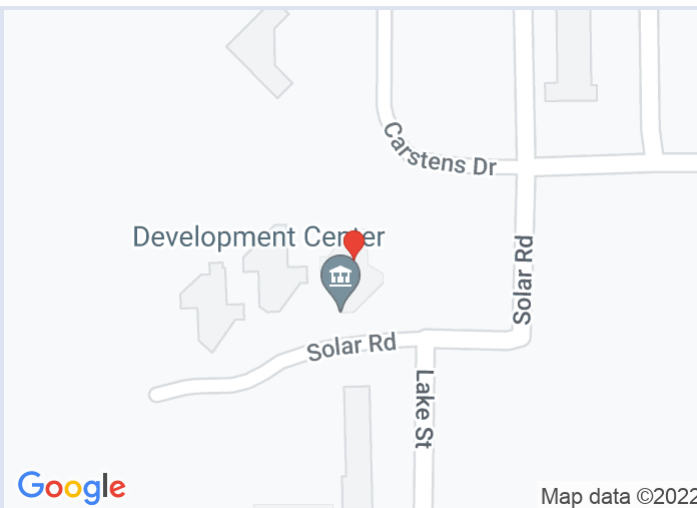
## Inspection Report

---

Presented To  
State of Nebraska

---

For  
Cottage 753-418  
3000 Lincoln St  
Beatrice, NE 68310



**This site has been inspected  
and tested in compliance  
with applicable standards.**

---

Completed:  
**Tuesday, December 13, 2022**

---

Tested By:  
**Lucas Canfield**  
Midwest Alarm Services  
3630 W Old Hwy 30  
Grand Island, NE 68803

Scan Code to Access  
Nspec Cloud Portal



# Inspection Information

## CUSTOMER INFORMATION

Name:	State of Nebraska	Address:	3000 Lincoln St
City:	Beatrice	State:	NE
ZIP:	68310	Email:	mike.balderson@nebraska.gov
AR#:	1001603		

## BUILDING INFORMATION

Name:	Cottage 753-418	Occupancy Type:	Institutional (Group I)
Address:	3000 Lincoln St	City:	Beatrice
State:	NE	ZIP:	68310
Monitoring Company Account Number:	FA14300	AR#:	1001603
Email for Reports:	mike.balderson@nebraska.gov		

## COMPANY INFORMATION

Name:	Midwest Alarm Services	Address:	3630 W Old Hwy 30
City:	Grand Island	State:	NE
Zip:	68803	License:	-
Email:	tracy.hesman@mw-as.com	Phone:	308-389-3981

## AUTHORITY HAVING JURISDICTION

Name:	State of Nebraska Fire Marshal	Address:	246 S 14th St
City:	Lincoln	State:	NE
Zip:	68508	Email:	-
Phone:	402-471-2027		

## MONITORING COMPANY

Name:	Per Mar	Address:	1910 E Kimberly Rd
City:	Davenport	State:	IA
Zip:	52807	Email:	-
phone:	800-227-9805		

## TESTING SUMMARY

EQUIPMENT TYPE	TOTAL	TESTED	PASSED	FAILED
Fire Extinguisher	2	2 (100%)	2 (100%)	0 (0%)

## Fire Extinguisher Report

This testing was performed in accordance with applicable NFPA 72 Standards.

Midwest Alarm Services provides many services to our community. If you would like quarterly, semi-annual or annual testing/inspection, the inspection coordinator can reach out and offer inspections on a time and material basis. Signing an Inspection Agreement with Midwest Alarm Services has many benefits. Not only do you save money, but our inspection coordinator will work with you to ensure your Fire System stays in code as well as has proper documentation sent to the local jurisdiction for compliance. If you need an estimate or have questions about our services, please reach out to our operations manager.

Gary Hesman  
Operations Manager  
308-389-3981  
gary.hesman@mw-as.com

---

Tested By:



**Lucas Canfield**  
Midwest Alarm Services  
3630 W Old Hwy 30  
Grand Island, NE 68803

## Fire Extinguisher

Location	Specification	Information	Dates	Inspected	Inspected	Result	Notes
Location 1 / South Cottage 418 / By FACP	Type/Make/Model Ansul / AA10S	Serial # BZ-612450 Size 10# Type ABC Mfg Date 2014	Last Hydro Date - Next Hydro Date 12/01/2025 Next Six Year Date - Pull Pin Yes	Weight Yes Bracket Yes Gauge Yes Pull Pin Yes	Signage Yes Hose Yes Collar Yes Due for Service No	Result ● Passed	Number -
Location 2 / South Cottage 418 / Laundry Room	Type/Make/Model Badger / 10MB-8H	Serial # XR-782738 Size 10# Type ABC Mfg Date 2005	Last Hydro Date 01/12/2019 Next Hydro Date - Next Six Year Date 12/01/2025 Pull Pin Yes	Weight Yes Bracket Yes Gauge Yes Pull Pin Yes	Signage No Hose Yes Collar Yes Due for Service No	Result ● Passed	Number -

## Comments

Number	COMMENT	IMAGE
1	Annual Fire Extinguisher Inspection. No issues.	



**Tech connected. Lives protected.**

## **Conclusion**

We appreciate the opportunity to provide this inspection report. We are confident in the accuracy of the contents of this report. Should you require any additional services, or have questions regarding the contents of this report, please do not hesitate to contact your Midwest Alarm Services representative at 308-389-3981.

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[www.midwestalarmservices.com](http://www.midwestalarmservices.com)

A handwritten signature in black ink, appearing to read 'Lucas Canfield', is written over a solid blue horizontal line.

Tested By:

**Lucas Canfield**

Midwest Alarm Services

3630 W Old Hwy 30

Grand Island, NE 68803



# MIDWEST ALARM SERVICES

Tech connected. Lives protected.

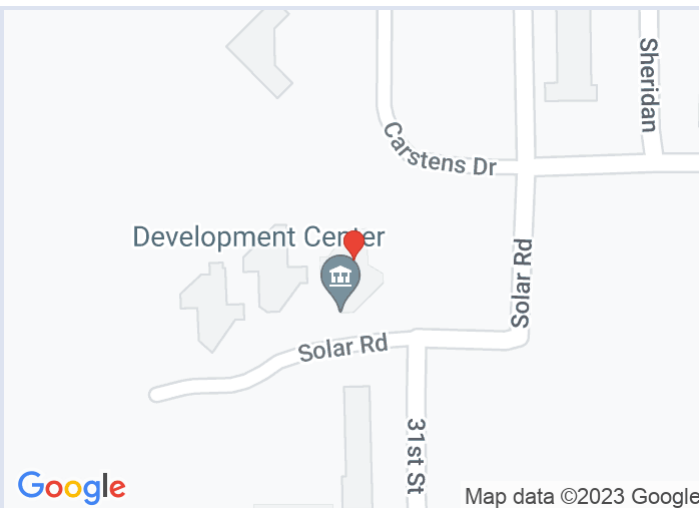
## Inspection Report

---

Presented To  
State of Nebraska

---

For  
Cottage 753-418  
3000 Lincoln St  
Beatrice, NE 68310



**This site has been inspected  
and tested in compliance  
with applicable standards.**

---

Completed:  
**Monday, May 22, 2023**

---

Tested By:  
**Gary Hesman**  
Midwest Alarm Services  
3630 W Old Hwy 30  
Grand Island, NE 68803

Scan Code to Access  
Nspec Cloud Portal





# Inspection Information

## CUSTOMER INFORMATION

Name:	State of Nebraska	Address:	3000 Lincoln St
City:	Beatrice	State:	NE
ZIP:	68310	Email:	mike.balderson@nebraska.gov
AR#:	1001603		

## BUILDING INFORMATION

Name:	Cottage 753-418	Occupancy Type:	Institutional (Group I)
Address:	3000 Lincoln St	City:	Beatrice
State:	NE	ZIP:	68310
Monitoring Company Account Number:	FA14300	AR#:	1001603
Email for Reports:	mike.balderson@nebraska.gov		

## COMPANY INFORMATION

Name:	Midwest Alarm Services	Address:	3630 W Old Hwy 30
City:	Grand Island	State:	NE
Zip:	68803	License:	-
Email:	tracy.hesman@mw-as.com	Phone:	308-389-3981

## AUTHORITY HAVING JURISDICTION

Name:	State of Nebraska Fire Marshal	Address:	246 S 14th St
City:	Lincoln	State:	NE
Zip:	68508	Email:	-
Phone:	402-471-2027		

## MONITORING COMPANY

Name:	Per Mar	Address:	1910 E Kimberly Rd
City:	Davenport	State:	IA
Zip:	52807	Email:	-
phone:	800-227-9805		

## TESTING SUMMARY

EQUIPMENT TYPE	TOTAL	TESTED	PASSED	FAILED
Service & Inspection Report	1	1 (100%)	1 (100%)	0 (0%)

## Kitchen Report

This testing was performed in accordance with applicable NFPA 72 Standards.

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Gary Hesman  
Operations Manager  
308-389-3981  
gary.hesman@mw-as.com

---

Tested By:



**Gary Hesman**  
Midwest Alarm Services  
3630 W Old Hwy 30  
Grand Island, NE 68803

# Service & Inspection Report 1

## Specification

Type/Make/Model	Guardian / G300-A
-----------------	-------------------

## General Information

Manufacturer	GSSI
Control Head Type	Heat Detectors
Cylinder Size	-
HST Date	05/22/2031
Best Time for Gas Shutdown	-
Repairs Required - No Longer Serviceable	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A <input type="checkbox"/>

## System Layout

Number of Plenum Nozzles:	-
Number of Duct Nozzles:	-
Number of Surface Nozzles:	2
Number of Detectors	2
Type and Temp of Detectors	Electronic Heat Detectors
Remote Pull Station	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Reset Relay	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Fire Alarm Connection	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
ETL	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Washdown Connection	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Gas	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Electrical	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
Fuel Shut-Off	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>

## System Inspection

1. Check general system design	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
2a. Check pressure gauge	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
2b. Gauge pressure (psi)	100
3. All lead and wire seals are intact	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
4. There are no visible signs that system(s) has fired or been tampered with. If so, check & report.	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
5a. Replace/check cartridge	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
5b. Cartridge weight	-
5c. Cartridge date	-
6. Check all piping and conduit; must be immobilized with proper hangers and brackets	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
7. Check positioning of all nozzles	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
8. Check action on self-closing caps	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
9. Replace all protective covers on nozzles	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
10. System operated manually	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
11. System operated automatically by cutting terminal link	N/A
12. Test proper operation of gas valve(s)	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
13. Test proper operation of micro switch (electric shutdown, washdown)	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
14. Check operation of multiple systems, all tripped	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
15. Replace and seal all safety pins in manual & remote releases	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
16. Fuel shut-off is in "ON" position	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
17. Check exhaust fan for operating order	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
18. Clean system cylinder & component parts	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
19. Fan warning sign on hood	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
20. Distributor emergency phone number on system	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
21. Inspection & servicing tag are on system	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>

22. Personnel has been instructed on manual operation of system(s)	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
23. Hand portable extinguishers serviced	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
24. Pin removed, tension set, system armed	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
25. Canopy/ Duct Const	-

### Deficiencies

System is free of deficiencies and functions as required?	Yes
Parts Required:	-

### Result

	● Passed
--	----------

### Notes

Number	-
--------	---

## Comments

Number	COMMENT	IMAGE
1	Range Hood Inspection. No issues.	



**Tech connected. Lives protected.**

## **Conclusion**

We appreciate the opportunity to provide this inspection report. We are confident in the accuracy of the contents of this report. Should you require any additional services, or have questions regarding the contents of this report, please do not hesitate to contact your Midwest Alarm Services representative at 308-389-3981.

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[www.midwestalarmservices.com](http://www.midwestalarmservices.com)

A handwritten signature in black ink, appearing to read 'GH', is positioned above a solid blue horizontal line.

**Tested By:**

**Gary Hesman**

Midwest Alarm Services

3630 W Old Hwy 30

Grand Island, NE 68803



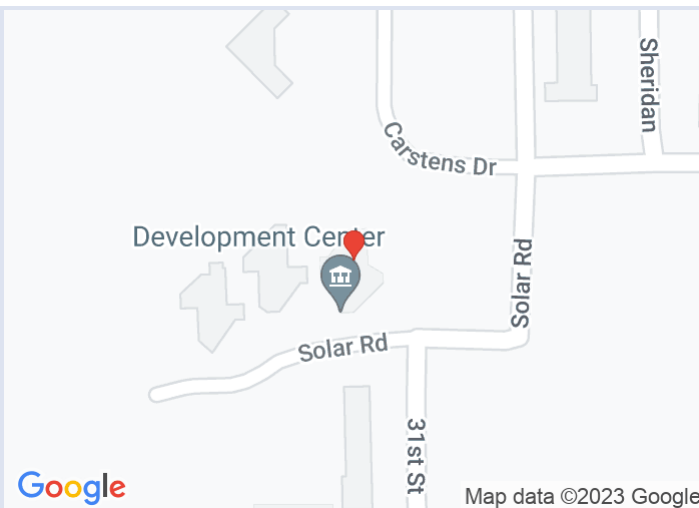
# MIDWEST ALARM SERVICES

Tech connected. Lives protected.

## Inspection Report

Presented To  
State of Nebraska

For  
Cottage 3052-416  
3000 Lincoln St  
Beatrice, NE 68310



**This site has been inspected  
and tested in compliance  
with applicable standards.**

Completed:  
**Monday, May 22, 2023**

Tested By:

**Gary Hesman**

Midwest Alarm Services  
3630 W Old Hwy 30  
Grand Island, NE 68803

Scan Code to Access  
Nspec Cloud Portal



# Inspection Information

## CUSTOMER INFORMATION

Name:	State of Nebraska	Address:	3000 Lincoln St
City:	Beatrice	State:	NE
ZIP:	68310	Email:	mike.balderson@nebraska.gov
AR#:	1001603		

## BUILDING INFORMATION

Name:	Cottage 3052-416	Occupancy Type:	Institutional (Group I)
Address:	3000 Lincoln St	City:	Beatrice
State:	NE	ZIP:	68310
Monitoring Company Account Number:	FA14300	AR#:	1001603
Email for Reports:	mike.balderson@nebraska.gov		

## COMPANY INFORMATION

Name:	Midwest Alarm Services	Address:	3630 W Old Hwy 30
City:	Grand Island	State:	NE
Zip:	68803	License:	-
Email:	tracy.hesman@mw-as.com	Phone:	308-389-3981

## AUTHORITY HAVING JURISDICTION

Name:	State of Nebraska Fire Marshal	Address:	246 S 14th St
City:	Lincoln	State:	NE
Zip:	68508	Email:	-
Phone:	402-471-2027		

## MONITORING COMPANY

Name:	Per Mar	Address:	1910 E Kimberly Rd
City:	Davenport	State:	IA
Zip:	52807	Email:	-
phone:	800-227-9805		

## TESTING SUMMARY

EQUIPMENT TYPE	TOTAL	TESTED	PASSED	FAILED
Communicator	1	1 (100%)	1 (100%)	0 (0%)
Alarm Initiated Device	29	29 (100%)	29 (100%)	0 (0%)
Alarm Notification Appliance	6	6 (100%)	6 (100%)	0 (0%)
Annunciator	0	0 (0%)	0 (0%)	0 (0%)
Auxiliary Device	3	3 (100%)	3 (100%)	0 (0%)
Auxiliary Power Supply	0	0 (0%)	0 (0%)	0 (0%)
Control Unit	1	1 (100%)	1 (100%)	0 (0%)
Supervising Station Monitoring	1	1 (100%)	1 (100%)	0 (0%)
Supervisory Signal Device	2	2 (100%)	2 (100%)	0 (0%)

## Fire Alarm Inspection- NFPA 72 (2013)

This testing was performed in accordance with applicable NFPA 72 Standards.

Midwest Alarm Services provides many services to our community. If you would like quarterly, semi-annual or annual testing/inspection, the inspection coordinator can reach out and offer inspections on a time and material basis. Signing an Inspection Agreement with Midwest Alarm Services has many benefits. Not only do you save money, but our inspection coordinator will work with you to ensure your Fire System stays in code as well as has proper documentation sent to the local jurisdiction for compliance. If you need an estimate or have questions about our services, please reach out to our operations manager.

Gary Hesman  
Operations Manager  
308-389-3981  
gary.hesman@mw-as.com

---

Tested By:



**Gary Hesman**  
Midwest Alarm Services  
3630 W Old Hwy 30  
Grand Island, NE 68803



## Control Unit

### Location

Location  
Cottage 416 / Dining Area

### Specification

Type/Make/Model  
Spectronics / 641

### Software Firmware

Revision Number	Onsite Location Of Documentation
-	-

### Primary Power

Nominal Voltage	Amps
120 volts	-

### Overcurrent Protection

Type	Amps	Location	Disconnecting Means Location
-	-	-	-

### Visual/ Functional

Control Unit	Lamps/LEDs/LCDs	Fuses	Trouble Signal
Tested functionally	Tested functionally	Tested functionally	Tested functionally
Disconnect Switch	Ground-Fault Monitoring		
Tested functionally	Tested functionally		

### Batteries

Battery Date	Battery Type	Nominal Voltage	Amps/Hour Rating
01/15/2021	Gel	26.9v	7ah
Standby Mode (hrs)	Alarm Mode (mins)		
-	-		

### Visual/ Functional

Load Voltage	Charge Test	Discharge Test	Battery Condition
Tested functionally	Tested functionally	Tested functionally	Tested functionally

### Result

● Passed

## Communicator

### Specification

Type/Make/Model  
-

### Type

Type  
Phone Lines

### Result

● Passed

## Supervising Station Monitoring

### Specification

Type/Make/Model  
-

### Supervising Station Monitoring

Alarm Signal Tested functionally	Alarm Restoration Tested functionally	Trouble Signal Tested functionally	Trouble Restoration Tested functionally
Supervisory Signal Tested functionally	Supervisory Restoration Tested functionally		

## Result

● Passed

## Alarm Initiated Device

Location	Specification	New Section	Result	Notes
Location NW Exit	Type/Make/Model Manual Pull Station	Visual Tested functionally	Result ● Passed	Number -
Location NE Exit	Type/Make/Model Manual Pull Station	Visual Tested functionally	Result ● Passed	Number -
Location North Exit	Type/Make/Model Manual Pull Station	Visual Tested functionally	Result ● Passed	Number -
Location SW Exit	Type/Make/Model Manual Pull Station	Visual Tested functionally	Result ● Passed	Number -
Location SE Exit	Type/Make/Model Manual Pull Station	Visual Tested functionally	Result ● Passed	Number -
Location South Exit	Type/Make/Model Manual Pull Station	Visual Tested functionally	Result ● Passed	Number -
Location Laundry Room	Type/Make/Model Heat Detector / System Sensor	Visual Tested visually	Result ● Passed	Number -
Location Mechanical Room	Type/Make/Model Heat Detector / System Sensor	Visual Tested visually	Result ● Passed	Number -
Location Room 19	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location Room 22	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location By Room 19	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location North Commons	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location By Room 28	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location Room 25	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location Room 28	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location Dining Room	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -

Location	Specification	New Section	Result	Notes
Location South Commons	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location Room 2	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location Room 5	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location By Room 2	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location By Room 11	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location Room 8	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location Room 11	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location Mechanical Room	Type/Make/Model Duct Smoke Detector / System Sensor	Visual Tested functionally	Result ● Passed	Number -
Location Mechanical Room	Type/Make/Model Duct Smoke Detector / System Sensor	Visual Tested functionally	Result ● Passed	Number -
Location Outside NW Bedroom	Type/Make/Model Carbon Monoxide Detector / System Sensor	Visual Tested functionally	Result ● Passed	Number -
Location Outside SW Bedroom	Type/Make/Model Carbon Monoxide Detector / System Sensor	Visual Tested functionally	Result ● Passed	Number -
Location Outside NE Bedroom	Type/Make/Model Carbon Monoxide Detector / System Sensor	Visual Tested functionally	Result ● Passed	Number -
Location Outside SE Bedroom	Type/Make/Model Carbon Monoxide Detector / System Sensor	Visual Tested functionally	Result ● Passed	Number -

## Supervisory Signal Device

Location	Specification	New Section	Result	Notes
Location Laundry Room	Type/Make/Model Sprinkler Tamper Switch / Valve	Visual / Functional Tested visually	Result ● Passed	Number -

Location	Specification	New Section	Result	Notes
Location	Type/Make/Model	Visual / Functional	Result	Number
Laundry Room	Water Flow	Tested visually	● Passed	-

## Auxiliary Device

Location	Specification	New Section	Result	Notes
Location	Type/Make/Model	Visual / Functional	Result	Number
Mechanical Room	Fan Shut Down Relay	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
Mechanical Room	Fan Shut Down Relay	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
Mechanical Room	Relay	Tested functionally	● Passed	-

## Alarm Notification Appliance

Location	Specification	New Section	Result	Notes
Location	Type/Make/Model	Visual / Functional	Result	Number
North Living Area	Horn/Strobe / System Sensor / P2WL	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
Dining Area	Horn/Strobe / System Sensor / P2WL	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
South Living Area	Horn/Strobe / System Sensor / P2WL	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
	Bell	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
Room 11	Strobe / System Sensor	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
Room 11 Restroom	Strobe / System Sensor	Tested functionally	● Passed	-

## Comments

Number	COMMENT	IMAGE
1	Fire Alarm Inspection. No issues.	



**Tech connected. Lives protected.**

## **Conclusion**

We appreciate the opportunity to provide this inspection report. We are confident in the accuracy of the contents of this report. Should you require any additional services, or have questions regarding the contents of this report, please do not hesitate to contact your Midwest Alarm Services representative at 308-389-3981.

## **Life Safety Solutions Experts Since 1950**

For more than 70 years, Midwest Alarm Services has been providing the best, innovative fire, security and technology solutions for homes and businesses. As a systems integrator, we can design, install, maintain, monitor and service a wide variety of equipment and software. We take the time to understand your needs and customize solutions to fit your needs and budget. To learn more about our company and the services we provide, please visit:

[www.midwestalarmservices.com](http://www.midwestalarmservices.com)

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Tested By:

**Gary Hesman**

Midwest Alarm Services

3630 W Old Hwy 30

Grand Island, NE 68803



# MIDWEST ALARM SERVICES

Tech connected. Lives protected.

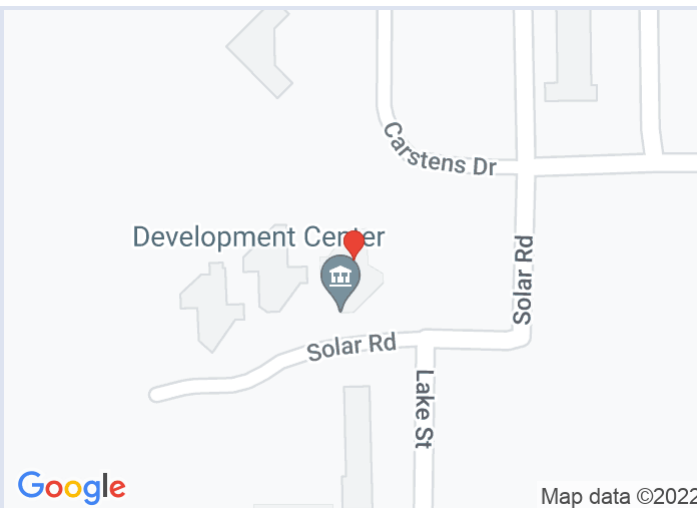
## Inspection Report

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Presented To  
State of Nebraska

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For  
Cottage 3052-416  
3000 Lincoln St  
Beatrice, NE 68310



**This site has been inspected  
and tested in compliance  
with applicable standards.**

---

Completed:  
**Tuesday, December 13, 2022**

---

Tested By:  
**Lucas Canfield**  
Midwest Alarm Services  
3630 W Old Hwy 30  
Grand Island, NE 68803

Scan Code to Access  
Nspec Cloud Portal



# Inspection Information

## CUSTOMER INFORMATION

Name:	State of Nebraska	Address:	3000 Lincoln St
City:	Beatrice	State:	NE
ZIP:	68310	Email:	mike.balderson@nebraska.gov
AR#:	1001603		

## BUILDING INFORMATION

Name:	Cottage 3052-416	Occupancy Type:	Institutional (Group I)
Address:	3000 Lincoln St	City:	Beatrice
State:	NE	ZIP:	68310
Monitoring Company Account Number:	FA14300	AR#:	1001603
Email for Reports:	mike.balderson@nebraska.gov		

## COMPANY INFORMATION

Name:	Midwest Alarm Services	Address:	3630 W Old Hwy 30
City:	Grand Island	State:	NE
Zip:	68803	License:	-
Email:	tracy.hesman@mw-as.com	Phone:	308-389-3981

## AUTHORITY HAVING JURISDICTION

Name:	State of Nebraska Fire Marshal	Address:	246 S 14th St
City:	Lincoln	State:	NE
Zip:	68508	Email:	-
Phone:	402-471-2027		

## MONITORING COMPANY

Name:	Per Mar	Address:	1910 E Kimberly Rd
City:	Davenport	State:	IA
Zip:	52807	Email:	-
phone:	800-227-9805		

## TESTING SUMMARY

EQUIPMENT TYPE	TOTAL	TESTED	PASSED	FAILED
Fire Extinguisher	2	2 (100%)	0 (0%)	2 (100%)

## Fire Extinguisher Report

This testing was performed in accordance with applicable NFPA 72 Standards.

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Gary Hesman  
Operations Manager  
308-389-3981  
gary.hesman@mw-as.com

---

Tested By:



**Lucas Canfield**  
Midwest Alarm Services  
3630 W Old Hwy 30  
Grand Island, NE 68803



## Fire Extinguisher

Location	Specification	Information	Dates	Inspected	Inspected	Result	Notes
Location 1 / North Cottage 416 / Kitchen	Type/Make/Model Buckeye / 10 HI SA80 ABC	Serial # K026897 Size 10# Type ABC Mfg Date 2009	Last Hydro Date - Next Hydro Date 12/13/2022 Next Six Year Date - 2009	Weight Yes Bracket Yes Gauge Yes Pull Pin Yes	Signage Yes Hose Yes Collar Yes Due for Service Yes	Result <b>X Failed</b>	Number -
Location 2 / North Cottage 416 / Laundry Room	Type/Make/Model Buckeye / 10 HI SA80 ABC	Serial # ZZ175387 Size 10# Type ABC Mfg Date 2009	Last Hydro Date - Next Hydro Date 12/13/2022 Next Six Year Date - 2009	Weight Yes Bracket Yes Gauge Yes Pull Pin Yes	Signage No Hose Yes Collar Yes Due for Service Yes	Result <b>X Failed</b>	Number -

## Deficiencies

Location 1 / North Cottage 416 / Kitchen	Type/Make/Model Buckeye / 10 HI SA80 ABC	Serial # K026897 Size 10# Type ABC Mfg Date 2009	Last Hydro Date - Next Hydro Date 12/13/2022 Next Six Year Date -	Weight Yes Bracket Yes Gauge Yes Pull Pin Yes	Signage Yes Hose Yes Collar Yes Due for Service Yes	Result <b>Failed</b>	Number -
Location 2 / North Cottage 416 / Laundry Room	Type/Make/Model Buckeye / 10 HI SA80 ABC	Serial # ZZ175387 Size 10# Type ABC Mfg Date 2009	Last Hydro Date - Next Hydro Date 12/13/2022 Next Six Year Date -	Weight Yes Bracket Yes Gauge Yes Pull Pin Yes	Signage No Hose Yes Collar Yes Due for Service Yes	Result <b>Failed</b>	Number -

## Comments

Number	COMMENT	IMAGE
1	Annual Fire Extinguisher Inspection. Both due for hydro test.	



**Tech connected. Lives protected.**

## **Conclusion**

We appreciate the opportunity to provide this inspection report. We are confident in the accuracy of the contents of this report. Should you require any additional services, or have questions regarding the contents of this report, please do not hesitate to contact your Midwest Alarm Services representative at 308-389-3981.

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Tested By:

**Lucas Canfield**

Midwest Alarm Services

3630 W Old Hwy 30

Grand Island, NE 68803



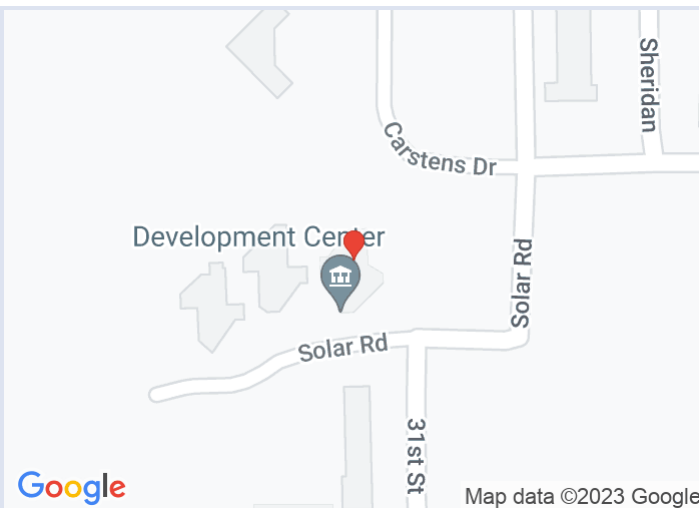
# MIDWEST ALARM SERVICES

Tech connected. Lives protected.

## Inspection Report

Presented To  
State of Nebraska

For  
Cottage 3052-416  
3000 Lincoln St  
Beatrice, NE 68310



**This site has been inspected and tested in compliance with applicable standards.**

Completed:  
**Monday, May 22, 2023**

Tested By:

**Gary Hesman**

Midwest Alarm Services  
3630 W Old Hwy 30  
Grand Island, NE 68803

Scan Code to Access  
Nspec Cloud Portal



# Inspection Information

## CUSTOMER INFORMATION

Name:	State of Nebraska	Address:	3000 Lincoln St
City:	Beatrice	State:	NE
ZIP:	68310	Email:	mike.balderson@nebraska.gov
AR#:	1001603		

## BUILDING INFORMATION

Name:	Cottage 3052-416	Occupancy Type:	Institutional (Group I)
Address:	3000 Lincoln St	City:	Beatrice
State:	NE	ZIP:	68310
Monitoring Company Account Number:	FA14300	AR#:	1001603
Email for Reports:	mike.balderson@nebraska.gov		

## COMPANY INFORMATION

Name:	Midwest Alarm Services	Address:	3630 W Old Hwy 30
City:	Grand Island	State:	NE
Zip:	68803	License:	-
Email:	tracy.hesman@mw-as.com	Phone:	308-389-3981

## AUTHORITY HAVING JURISDICTION

Name:	State of Nebraska Fire Marshal	Address:	246 S 14th St
City:	Lincoln	State:	NE
Zip:	68508	Email:	-
Phone:	402-471-2027		

## MONITORING COMPANY

Name:	Per Mar	Address:	1910 E Kimberly Rd
City:	Davenport	State:	IA
Zip:	52807	Email:	-
phone:	800-227-9805		

## TESTING SUMMARY

EQUIPMENT TYPE	TOTAL	TESTED	PASSED	FAILED
Service & Inspection Report	1	1 (100%)	1 (100%)	0 (0%)

## Kitchen Report

This testing was performed in accordance with applicable NFPA 72 Standards.

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Gary Hesman  
Operations Manager  
308-389-3981  
gary.hesman@mw-as.com

---

Tested By:



**Gary Hesman**  
Midwest Alarm Services  
3630 W Old Hwy 30  
Grand Island, NE 68803

# Service & Inspection Report 1

## Specification

Type/Make/Model	Guardian / G300-A
-----------------	-------------------

## General Information

Manufacturer	GSSI
Control Head Type	Heat Detectors
Cylinder Size	-
HST Date	-
Best Time for Gas Shutdown	-
Repairs Required - No Longer Serviceable	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A <input type="checkbox"/>

## System Layout

Number of Plenum Nozzles:	-
Number of Duct Nozzles:	-
Number of Surface Nozzles:	2
Number of Detectors	2
Type and Temp of Detectors	Electronic Heat Detectors
Remote Pull Station	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A <input type="checkbox"/>
Reset Relay	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Fire Alarm Connection	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
ETL	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Washdown Connection	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Gas	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A <input type="checkbox"/>
Electrical	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
Fuel Shut-Off	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>

## System Inspection

1. Check general system design	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
2a. Check pressure gauge	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
2b. Gauge pressure (psi)	100
3. All lead and wire seals are intact	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
4. There are no visible signs that system(s) has fired or been tampered with. If so, check & report.	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
5a. Replace/check cartridge	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
5b. Cartridge weight	-
5c. Cartridge date	-
6. Check all piping and conduit; must be immobilized with proper hangers and brackets	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
7. Check positioning of all nozzles	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
8. Check action on self-closing caps	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
9. Replace all protective covers on nozzles	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
10. System operated manually	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
11. System operated automatically by cutting terminal link	N/A
12. Test proper operation of gas valve(s)	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
13. Test proper operation of micro switch (electric shutdown, washdown)	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
14. Check operation of multiple systems, all tripped	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
15. Replace and seal all safety pins in manual & remote releases	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
16. Fuel shut-off is in "ON" position	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
17. Check exhaust fan for operating order	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
18. Clean system cylinder & component parts	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
19. Fan warning sign on hood	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A <input type="checkbox"/>
20. Distributor emergency phone number on system	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A <input type="checkbox"/>
21. Inspection & servicing tag are on system	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>

22. Personnel has been instructed on manual operation of system(s)	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
23. Hand portable extinguishers serviced	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
24. Pin removed, tension set, system armed	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
25. Canopy/ Duct Const	-

### Deficiencies

System is free of deficiencies and functions as required?	Yes
Parts Required:	-

### Result

	● Passed
--	----------

### Notes

Number	-
--------	---

## Comments

Number	COMMENT	IMAGE
1	Range Hood Inspection. No issues.	



**Tech connected. Lives protected.**

## **Conclusion**

We appreciate the opportunity to provide this inspection report. We are confident in the accuracy of the contents of this report. Should you require any additional services, or have questions regarding the contents of this report, please do not hesitate to contact your Midwest Alarm Services representative at 308-389-3981.

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**Tested By:**

**Gary Hesman**

Midwest Alarm Services

3630 W Old Hwy 30

Grand Island, NE 68803





# MIDWEST ALARM SERVICES

Tech connected. Lives protected.

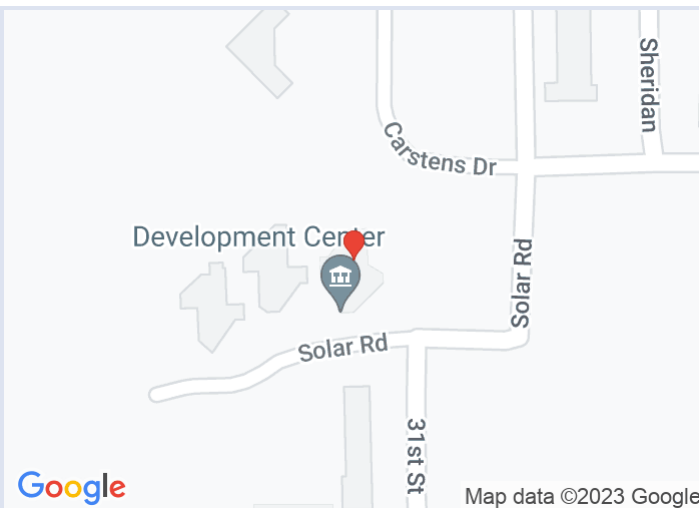
## Inspection Report

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Presented To  
State of Nebraska

---

For  
Cottage 3054-415  
3000 Lincoln St  
Beatrice, NE 68310



**This site has been inspected  
and tested in compliance  
with applicable standards.**

---

Completed:  
**Monday, May 22, 2023**

---

Tested By:  
**Gary Hesman**  
Midwest Alarm Services  
3630 W Old Hwy 30  
Grand Island, NE 68803

Scan Code to Access  
Nspec Cloud Portal



# Inspection Information

## CUSTOMER INFORMATION

Name:	State of Nebraska	Address:	3000 Lincoln St
City:	Beatrice	State:	NE
ZIP:	68310	Email:	mike.balderson@nebraska.gov
AR#:	1001603		

## BUILDING INFORMATION

Name:	Cottage 3054-415	Occupancy Type:	Institutional (Group I)
Address:	3000 Lincoln St	City:	Beatrice
State:	NE	ZIP:	68310
Monitoring Company Account Number:	FA14300	AR#:	1001603
Email for Reports:	mike.balderson@nebraska.gov		

## COMPANY INFORMATION

Name:	Midwest Alarm Services	Address:	3630 W Old Hwy 30
City:	Grand Island	State:	NE
Zip:	68803	License:	-
Email:	tracy.hesman@mw-as.com	Phone:	308-389-3981

## AUTHORITY HAVING JURISDICTION

Name:	State of Nebraska Fire Marshal	Address:	246 S 14th St
City:	Lincoln	State:	NE
Zip:	68508	Email:	-
Phone:	402-471-2027		

## MONITORING COMPANY

Name:	Per Mar	Address:	1910 E Kimberly Rd
City:	Davenport	State:	IA
Zip:	52807	Email:	-
phone:	800-227-9805		

## TESTING SUMMARY

EQUIPMENT TYPE	TOTAL	TESTED	PASSED	FAILED
Communicator	1	1 (100%)	1 (100%)	0 (0%)
Alarm Initiated Device	32	32 (100%)	32 (100%)	0 (0%)
Alarm Notification Appliance	9	9 (100%)	9 (100%)	0 (0%)
Annunciator	0	0 (0%)	0 (0%)	0 (0%)
Auxiliary Device	1	1 (100%)	1 (100%)	0 (0%)
Auxiliary Power Supply	0	0 (0%)	0 (0%)	0 (0%)
Control Unit	1	1 (100%)	1 (100%)	0 (0%)
Supervising Station Monitoring	1	1 (100%)	1 (100%)	0 (0%)
Supervisory Signal Device	2	2 (100%)	2 (100%)	0 (0%)

## Fire Alarm Inspection- NFPA 72 (2013)

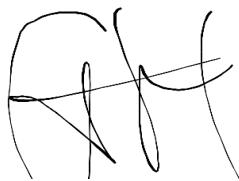
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gary.hesman@mw-as.com

---

Tested By:



**Gary Hesman**  
Midwest Alarm Services  
3630 W Old Hwy 30  
Grand Island, NE 68803

## Control Unit

### Location

Location  
Cottage 415 / Dining Area

### Specification

Type/Make/Model  
Spectronics / 641

### Software Firmware

Revision Number	Onsite Location Of Documentation
-	-

### Primary Power

Nominal Voltage	Amps
120 volts	-

### Overcurrent Protection

Type	Amps	Location	Disconnecting Means Location
-	-	-	-

### Visual/ Functional

Control Unit	Lamps/LEDs/LCDs	Fuses	Trouble Signal
Tested functionally	Tested functionally	Tested functionally	Tested functionally
Disconnect Switch	Ground-Fault Monitoring		
Tested functionally	Tested functionally		

### Batteries

Battery Date	Battery Type	Nominal Voltage	Amps/Hour Rating
05/16/2022	Gel	27.0 v	7 ah
Standby Mode (hrs)	Alarm Mode (mins)		
-	-		

### Visual/ Functional

Load Voltage	Charge Test	Discharge Test	Battery Condition
Tested functionally	Tested functionally	Tested functionally	Tested functionally

### Result

● Passed

## Communicator

### Specification

Type/Make/Model  
-

### Type

Type  
Phone Lines : Thru Admin

### Result

● Passed

## Supervising Station Monitoring

### Specification

Type/Make/Model  
-

### Supervising Station Monitoring

Alarm Signal Tested functionally	Alarm Restoration Tested functionally	Trouble Signal Tested functionally	Trouble Restoration Tested functionally
Supervisory Signal Tested functionally	Supervisory Restoration Tested functionally		

## Result

● Passed

## Alarm Initiated Device

Location	Specification	New Section	Result	Notes
Location	Type/Make/Model	Visual	Result	Number
East Exit	Manual Pull Station	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
SE Exit	Manual Pull Station	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
SW Exit	Manual Pull Station	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
West Exit	Manual Pull Station	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
NW Exit	Manual Pull Station	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
NE Exit	Manual Pull Station	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
Kitchen	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
Mechanical Room	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
FACP	Smoke Detector / System Sensor / 2WB	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
Hall by Mechanical Room	Smoke Detector / System Sensor / 2WB	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
Laundry Room	Smoke Detector / System Sensor / 2WB	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
Room 19	Smoke Detector / System Sensor / 2WB	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
Room 22	Smoke Detector / System Sensor / 2WB	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
By Room 19	Smoke Detector / System Sensor / 2WB	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
North Commons	Smoke Detector / System Sensor / 2WB	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
By Room 28	Smoke Detector / System Sensor / 2WB	Tested functionally	● Passed	-

Location	Specification	New Section	Result	Notes
Location Room 25	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location Room 28	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location Dining Room	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location South Commons	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location Room 11	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location Room 8	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location By Room 11	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location By Room 2	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location Room 5	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location Room 2	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location Mechanical Room	Type/Make/Model Duct Smoke Detector	Visual Tested functionally	Result ● Passed	Number -
Location Mechanical Room	Type/Make/Model Duct Smoke Detector	Visual Tested functionally	Result ● Passed	Number -
Location Outside NW Bedroom	Type/Make/Model Carbon Monoxide Detector	Visual Tested functionally	Result ● Passed	Number -
Location Outside SW Bedroom	Type/Make/Model Carbon Monoxide Detector	Visual Tested functionally	Result ● Passed	Number -
Location Outside NE Bedroom	Type/Make/Model Carbon Monoxide Detector	Visual Tested functionally	Result ● Passed	Number -
Location Outside SE Bedroom	Type/Make/Model Carbon Monoxide Detector	Visual Tested functionally	Result ● Passed	Number -

## Supervisory Signal Device

Location	Specification	New Section	Result	Notes
----------	---------------	-------------	--------	-------

Location	Type/Make/Model	Visual / Functional	Result	Number
Laundry Room	Sprinkler Tamper Switch / Valve	Tested visually	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
Laundry Room	Water Flow	Tested visually	● Passed	-

## Auxiliary Device

Location	Specification	New Section	Result	Notes
Location	Type/Make/Model	Visual / Functional	Result	Number
Mechanical Room	Fan Shut Down Relay	Tested functionally	● Passed	-

## Alarm Notification Appliance

Location	Specification	New Section	Result	Notes
Location	Type/Make/Model	Visual / Functional	Result	Number
	Horn/Strobe / System Sensor / P2WL	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
	Horn/Strobe / System Sensor / P2WL	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
	Horn/Strobe / System Sensor / P2WL	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
	Bell	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
	Strobe / System Sensor	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
	Strobe / System Sensor	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
	Strobe / System Sensor	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
	Strobe / System Sensor	Tested functionally	● Passed	-

## Comments

Number	COMMENT	IMAGE
1	Fire Alarm Inspection. No issues.	



**Tech connected. Lives protected.**

## **Conclusion**

We appreciate the opportunity to provide this inspection report. We are confident in the accuracy of the contents of this report. Should you require any additional services, or have questions regarding the contents of this report, please do not hesitate to contact your Midwest Alarm Services representative at 308-389-3981.

### **Life Safety Solutions Experts Since 1950**

For more than 70 years, Midwest Alarm Services has been providing the best, innovative fire, security and technology solutions for homes and businesses. As a systems integrator, we can design, install, maintain, monitor and service a wide variety of equipment and software. We take the time to understand your needs and customize solutions to fit your needs and budget. To learn more about our company and the services we provide, please visit:

[www.midwestalarmservices.com](http://www.midwestalarmservices.com)

A handwritten signature in black ink, appearing to read 'GH', is written over a solid blue horizontal line.

Tested By:

**Gary Hesman**

Midwest Alarm Services

3630 W Old Hwy 30

Grand Island, NE 68803





# MIDWEST ALARM SERVICES

Tech connected. Lives protected.

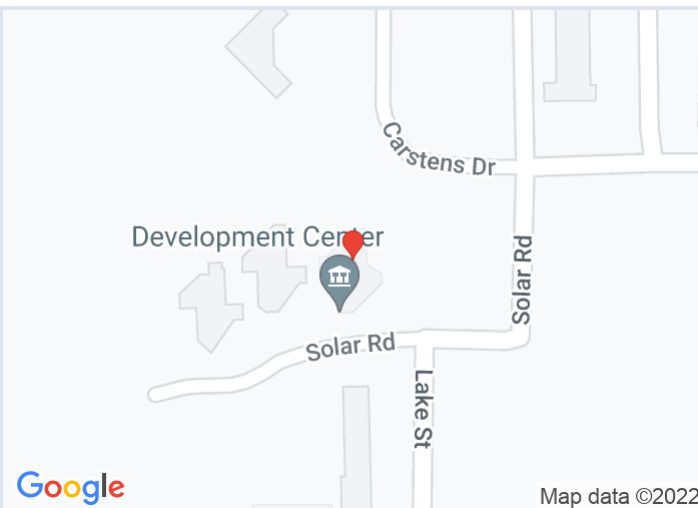
## Inspection Report

---

Presented To  
State of Nebraska

---

For  
Cottage 3054-415  
3000 Lincoln St  
Beatrice, NE 68310



**This site has been inspected  
and tested in compliance  
with applicable standards.**

---

Completed:  
**Tuesday, December 13, 2022**

---

Tested By:  
**Lucas Canfield**  
Midwest Alarm Services  
3630 W Old Hwy 30  
Grand Island, NE 68803

Scan Code to Access  
Nspec Cloud Portal



# Inspection Information

## CUSTOMER INFORMATION

Name:	State of Nebraska	Address:	3000 Lincoln St
City:	Beatrice	State:	NE
ZIP:	68310	Email:	mike.balderson@nebraska.gov
AR#:	1001603		

## BUILDING INFORMATION

Name:	Cottage 3054-415	Occupancy Type:	Institutional (Group I)
Address:	3000 Lincoln St	City:	Beatrice
State:	NE	ZIP:	68310
Monitoring Company Account Number:	FA14300	AR#:	1001603
Email for Reports:	mike.balderson@nebraska.gov		

## COMPANY INFORMATION

Name:	Midwest Alarm Services	Address:	3630 W Old Hwy 30
City:	Grand Island	State:	NE
Zip:	68803	License:	-
Email:	tracy.hesman@mw-as.com	Phone:	308-389-3981

## AUTHORITY HAVING JURISDICTION

Name:	State of Nebraska Fire Marshal	Address:	246 S 14th St
City:	Lincoln	State:	NE
Zip:	68508	Email:	-
Phone:	402-471-2027		

## MONITORING COMPANY

Name:	Per Mar	Address:	1910 E Kimberly Rd
City:	Davenport	State:	IA
Zip:	52807	Email:	-
phone:	800-227-9805		

## TESTING SUMMARY

EQUIPMENT TYPE	TOTAL	TESTED	PASSED	FAILED
Fire Extinguisher	2	2 (100%)	2 (100%)	0 (0%)

## Fire Extinguisher Report

This testing was performed in accordance with applicable NFPA 72 Standards.

Midwest Alarm Services provides many services to our community. If you would like quarterly, semi-annual or annual testing/inspection, the inspection coordinator can reach out and offer inspections on a time and material basis. Signing an Inspection Agreement with Midwest Alarm Services has many benefits. Not only do you save money, but our inspection coordinator will work with you to ensure your Fire System stays in code as well as has proper documentation sent to the local jurisdiction for compliance. If you need an estimate or have questions about our services, please reach out to our operations manager.

Gary Hesman  
Operations Manager  
308-389-3981  
gary.hesman@mw-as.com

Tested By:



**Lucas Canfield**  
Midwest Alarm Services  
3630 W Old Hwy 30  
Grand Island, NE 68803

## Fire Extinguisher

Location	Specification	Information	Dates	Inspected	Inspected	Result	Notes
Location	Type/Make/Model	Serial #	Last Hydro Date	Weight	Signage	Result	Number
4 / North Cottage 415 / / 10LB Kitchen	The Fire Guy	A00044216	-	Yes	Yes	● Passed	-
		Size	Next Hydro Date	Bracket	Hose		
		10#	12/01/2026	Yes	Yes		
		Type	Next Six Year	Gauge	Collar		
		ABC	Date	Yes	Yes		
		Mfg Date	-	Pull Pin	Due for Service		
		2014		Yes	No		
Location	Type/Make/Model	Serial #	Last Hydro Date	Weight	Signage	Result	Number
3 / North Cottage 415 / / 10LB Laundry Room	The Fire Guy	A00044232	-	Yes	No	● Passed	-
		Size	Next Hydro Date	Bracket	Hose		
		10#	12/01/2026	Yes	Yes		
		Type	Next Six Year	Gauge	Collar		
		ABC	Date	Yes	Yes		
		Mfg Date	-	Pull Pin	Due for Service		
		2014		Yes	No		

## Comments

Number	COMMENT	IMAGE
1	Annual Fire Extinguisher Inspection. No issues.	



**Tech connected. Lives protected.**

## **Conclusion**

We appreciate the opportunity to provide this inspection report. We are confident in the accuracy of the contents of this report. Should you require any additional services, or have questions regarding the contents of this report, please do not hesitate to contact your Midwest Alarm Services representative at 308-389-3981.

### **Life Safety Solutions Experts Since 1950**

For more than 70 years, Midwest Alarm Services has been providing the best, innovative fire, security and technology solutions for homes and businesses. As a systems integrator, we can design, install, maintain, monitor and service a wide variety of equipment and software. We take the time to understand your needs and customized solutions to fit your needs and budget. To learn more about our company and the services we provide, please visit:

[www.midwestalarmservices.com](http://www.midwestalarmservices.com)

A handwritten signature in black ink, appearing to read 'Lucas Canfield', is written over a blue horizontal line.

Tested By:

**Lucas Canfield**

Midwest Alarm Services

3630 W Old Hwy 30

Grand Island, NE 68803



Tech connected. Lives protected.

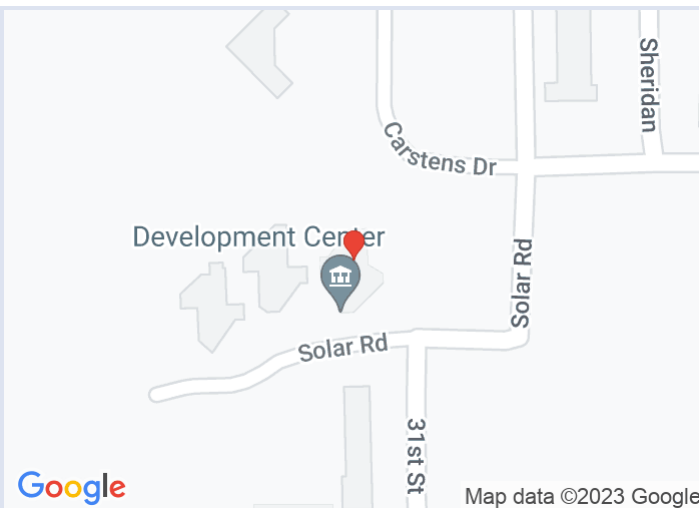
## Inspection Report

---

Presented To  
State of Nebraska

---

For  
Cottage 3054-415  
3000 Lincoln St  
Beatrice, NE 68310



**This site has been inspected  
and tested in compliance  
with applicable standards.**

---

Completed:  
**Monday, May 22, 2023**

---

Tested By:  
**Gary Hesman**  
Midwest Alarm Services  
3630 W Old Hwy 30  
Grand Island, NE 68803



# Inspection Information

## CUSTOMER INFORMATION

Name:	State of Nebraska	Address:	3000 Lincoln St
City:	Beatrice	State:	NE
ZIP:	68310	Email:	mike.balderson@nebraska.gov
AR#:	1001603		

## BUILDING INFORMATION

Name:	Cottage 3054-415	Occupancy Type:	Institutional (Group I)
Address:	3000 Lincoln St	City:	Beatrice
State:	NE	ZIP:	68310
Monitoring Company Account Number:	FA14300	AR#:	1001603
Email for Reports:	mike.balderson@nebraska.gov		

## COMPANY INFORMATION

Name:	Midwest Alarm Services	Address:	3630 W Old Hwy 30
City:	Grand Island	State:	NE
Zip:	68803	License:	-
Email:	tracy.hesman@mw-as.com	Phone:	308-389-3981

## AUTHORITY HAVING JURISDICTION

Name:	State of Nebraska Fire Marshal	Address:	246 S 14th St
City:	Lincoln	State:	NE
Zip:	68508	Email:	-
Phone:	402-471-2027		

## MONITORING COMPANY

Name:	Per Mar	Address:	1910 E Kimberly Rd
City:	Davenport	State:	IA
Zip:	52807	Email:	-
phone:	800-227-9805		

## TESTING SUMMARY

EQUIPMENT TYPE	TOTAL	TESTED	PASSED	FAILED
Service & Inspection Report	1	1 (100%)	1 (100%)	0 (0%)

## Kitchen Report

This testing was performed in accordance with applicable NFPA 72 Standards.

Midwest Alarm Services provides many services to our community. If you would like quarterly, semi-annual or annual testing/inspection, the inspection coordinator can reach out and offer inspections on a time and material basis. Signing an Inspection Agreement with Midwest Alarm Services has many benefits. Not only do you save money, but our inspection coordinator will work with you to ensure your Fire System stays in code as well as has proper documentation sent to the local jurisdiction for compliance. If you need an estimate or have questions about our services, please reach out to our operations manager.

Gary Hesman  
Operations Manager  
308-389-3981  
gary.hesman@mw-as.com

---

Tested By:



**Gary Hesman**  
Midwest Alarm Services  
3630 W Old Hwy 30  
Grand Island, NE 68803



# Service & Inspection Report 1

## Specification

Type/Make/Model	Guardian / G300-A
-----------------	-------------------

## General Information

Manufacturer	GSSI
Control Head Type	-
Cylinder Size	-
HST Date	-
Best Time for Gas Shutdown	-
Repairs Required - No Longer Serviceable	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A <input type="checkbox"/>

## System Layout

Number of Plenum Nozzles:	-
Number of Duct Nozzles:	-
Number of Surface Nozzles:	2
Number of Detectors	2
Type and Temp of Detectors	Electronic Heat Detectors
Remote Pull Station	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Reset Relay	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Fire Alarm Connection	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
ETL	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Washdown Connection	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Gas	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Electrical	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
Fuel Shut-Off	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>

## System Inspection

1. Check general system design	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
2a. Check pressure gauge	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
2b. Gauge pressure (psi)	100
3. All lead and wire seals are intact	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
4. There are no visible signs that system(s) has fired or been tampered with. If so, check & report.	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
5a. Replace/check cartridge	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
5b. Cartridge weight	-
5c. Cartridge date	-
6. Check all piping and conduit; must be immobilized with proper hangers and brackets	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
7. Check positioning of all nozzles	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
8. Check action on self-closing caps	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
9. Replace all protective covers on nozzles	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
10. System operated manually	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
11. System operated automatically by cutting terminal link	N/A
12. Test proper operation of gas valve(s)	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
13. Test proper operation of micro switch (electric shutdown, washdown)	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
14. Check operation of multiple systems, all tripped	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
15. Replace and seal all safety pins in manual & remote releases	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
16. Fuel shut-off is in "ON" position	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
17. Check exhaust fan for operating order	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
18. Clean system cylinder & component parts	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
19. Fan warning sign on hood	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
20. Distributor emergency phone number on system	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
21. Inspection & servicing tag are on system	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>

22. Personnel has been instructed on manual operation of system(s)	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
23. Hand portable extinguishers serviced	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
24. Pin removed, tension set, system armed	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
25. Canopy/ Duct Const	-

### Deficiencies

System is free of deficiencies and functions as required?	Yes
Parts Required:	-

### Result

	● Passed
--	----------

### Notes

Number	-
--------	---

## Comments

Number	COMMENT	IMAGE
1	Range Hood Inspection. No issues.	



**Tech connected. Lives protected.**

## **Conclusion**

We appreciate the opportunity to provide this inspection report. We are confident in the accuracy of the contents of this report. Should you require any additional services, or have questions regarding the contents of this report, please do not hesitate to contact your Midwest Alarm Services representative at 308-389-3981.

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A handwritten signature in black ink, appearing to read 'GH', is positioned above a solid blue horizontal line.

Tested By:

**Gary Hesman**

Midwest Alarm Services

3630 W Old Hwy 30

Grand Island, NE 68803



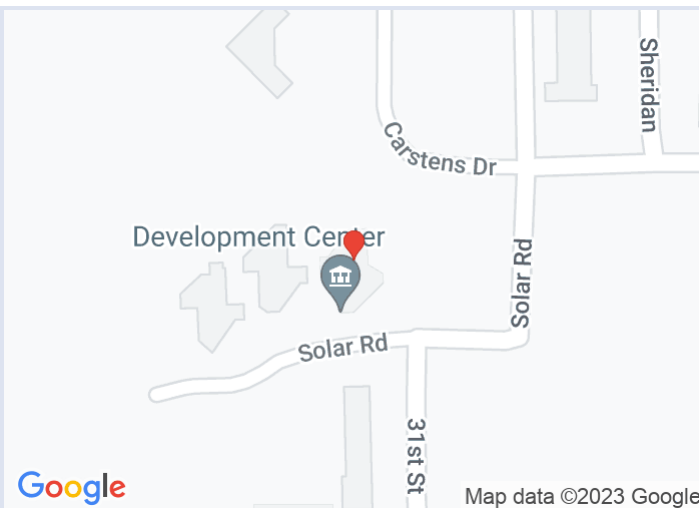
# MIDWEST ALARM SERVICES

Tech connected. Lives protected.

## Inspection Report

Presented To  
State of Nebraska

For  
Cottage 3056-414  
3000 Lincoln St  
Beatrice, NE 68310



**This site has been inspected  
and tested in compliance  
with applicable standards.**

Completed:  
**Monday, May 22, 2023**

Tested By:

**Gary Hesman**

Midwest Alarm Services  
3630 W Old Hwy 30  
Grand Island, NE 68803

Scan Code to Access  
Nspec Cloud Portal



# Inspection Information

## CUSTOMER INFORMATION

Name:	State of Nebraska	Address:	3000 Lincoln St
City:	Beatrice	State:	NE
ZIP:	68310	Email:	mike.balderson@nebraska.gov
AR#:	1001603		

## BUILDING INFORMATION

Name:	Cottage 3056-414	Occupancy Type:	Institutional (Group I)
Address:	3000 Lincoln St	City:	Beatrice
State:	NE	ZIP:	68310
Monitoring Company Account Number:	FA14300	AR#:	1001603
Email for Reports:	mike.balderson@nebraska.gov		

## COMPANY INFORMATION

Name:	Midwest Alarm Services	Address:	3630 W Old Hwy 30
City:	Grand Island	State:	NE
Zip:	68803	License:	-
Email:	tracy.hesman@mw-as.com	Phone:	308-389-3981

## AUTHORITY HAVING JURISDICTION

Name:	State of Nebraska Fire Marshal	Address:	246 S 14th St
City:	Lincoln	State:	NE
Zip:	68508	Email:	-
Phone:	402-471-2027		

## MONITORING COMPANY

Name:	Per Mar	Address:	1910 E Kimberly Rd
City:	Davenport	State:	IA
Zip:	52807	Email:	-
phone:	800-227-9805		

## TESTING SUMMARY

EQUIPMENT TYPE	TOTAL	TESTED	PASSED	FAILED
Communicator	1	1 (100%)	1 (100%)	0 (0%)
Alarm Initiated Device	31	31 (100%)	31 (100%)	0 (0%)
Alarm Notification Appliance	9	9 (100%)	9 (100%)	0 (0%)
Annunciator	0	0 (0%)	0 (0%)	0 (0%)
Auxiliary Device	3	3 (100%)	3 (100%)	0 (0%)
Auxiliary Power Supply	0	0 (0%)	0 (0%)	0 (0%)
Control Unit	1	1 (100%)	1 (100%)	0 (0%)
Supervising Station Monitoring	1	1 (100%)	1 (100%)	0 (0%)
Supervisory Signal Device	2	2 (100%)	2 (100%)	0 (0%)

## Fire Alarm Inspection- NFPA 72 (2013)

This testing was performed in accordance with applicable NFPA 72 Standards.

Midwest Alarm Services provides many services to our community. If you would like quarterly, semi-annual or annual testing/inspection, the inspection coordinator can reach out and offer inspections on a time and material basis. Signing an Inspection Agreement with Midwest Alarm Services has many benefits. Not only do you save money, but our inspection coordinator will work with you to ensure your Fire System stays in code as well as has proper documentation sent to the local jurisdiction for compliance. If you need an estimate or have questions about our services, please reach out to our operations manager.

Gary Hesman  
Operations Manager  
308-389-3981  
gary.hesman@mw-as.com

---

Tested By:



**Gary Hesman**  
Midwest Alarm Services  
3630 W Old Hwy 30  
Grand Island, NE 68803

## Control Unit

### Location

Location  
Cottage 414 / Dining Area

### Specification

Type/Make/Model  
Spectronics / 641

### Software Firmware

Revision Number	Onsite Location Of Documentation
-	-

### Primary Power

Nominal Voltage	Amps
120 volts	-

### Overcurrent Protection

Type	Amps	Location	Disconnecting Means Location
-	-	-	-

### Visual/ Functional

Control Unit	Lamps/LEDs/LCDs	Fuses	Trouble Signal
Tested functionally	Tested functionally	Tested functionally	Tested functionally
Disconnect Switch	Ground-Fault Monitoring		
Tested functionally	Tested functionally		

### Batteries

Battery Date	Battery Type	Nominal Voltage	Amps/Hour Rating
11/16/2022	Gel	26.4 v	7 ah
Standby Mode (hrs)	Alarm Mode (mins)		
-	-		

### Visual/ Functional

Load Voltage	Charge Test	Discharge Test	Battery Condition
Tested functionally	Tested functionally	Tested functionally	Tested functionally

### Result

● Passed

## Communicator

### Specification

Type/Make/Model  
-

### Type

Type  
Phone Lines : Thru Admin

### Result

● Passed

## Supervising Station Monitoring

### Specification

Type/Make/Model  
-

### Supervising Station Monitoring

Alarm Signal Tested functionally	Alarm Restoration Tested functionally	Trouble Signal Tested functionally	Trouble Restoration Tested functionally
Supervisory Signal Tested functionally	Supervisory Restoration Tested functionally		

## Result

● Passed

## Alarm Initiated Device

Location	Specification	New Section	Result	Notes
Location West Exit	Type/Make/Model Manual Pull Station	Visual Tested functionally	Result ● Passed	Number -
Location NW Exit	Type/Make/Model Manual Pull Station	Visual Tested functionally	Result ● Passed	Number -
Location NE Exit	Type/Make/Model Manual Pull Station	Visual Tested functionally	Result ● Passed	Number -
Location East Exit	Type/Make/Model Manual Pull Station	Visual Tested functionally	Result ● Passed	Number -
Location SE Exit	Type/Make/Model Manual Pull Station	Visual Tested functionally	Result ● Passed	Number -
Location SW Exit	Type/Make/Model Manual Pull Station	Visual Tested functionally	Result ● Passed	Number -
Location FACP	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location By Mechanical Room	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location Laundry	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location Room 19	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location Room 22	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location Room 19/22	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location North Commons	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location By Room 28/25	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location Room 25	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location Room 28	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -



Location	Specification	New Section	Result	Notes
Location Dining Room	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location South Commons	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location Room 2	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location Room 5	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location By Room 2/5	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location By Room 11/8	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location Room 8	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location Room 11	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location Laundry Room	Type/Make/Model Heat Detector	Visual Tested visually	Result ● Passed	Number -
Location Mechanical Room	Type/Make/Model Duct Smoke Detector	Visual Tested functionally	Result ● Passed	Number -
Location Mechanical Room	Type/Make/Model Duct Smoke Detector	Visual Tested functionally	Result ● Passed	Number -
Location NW Bedroom	Type/Make/Model Carbon Monoxide Detector	Visual Tested functionally	Result ● Passed	Number -
Location SW Bedroom	Type/Make/Model Carbon Monoxide Detector	Visual Tested functionally	Result ● Passed	Number -
Location NE Bedroom	Type/Make/Model Carbon Monoxide Detector	Visual Tested functionally	Result ● Passed	Number -
Location SE Bedroom	Type/Make/Model Carbon Monoxide Detector	Visual Tested functionally	Result ● Passed	Number -

## Supervisory Signal Device

Location	Specification	New Section	Result	Notes
Location Laundry Room	Type/Make/Model Sprinkler Tamper Switch / Valve	Visual / Functional Tested visually	Result ● Passed	Number -
Location Laundry Room	Type/Make/Model Water Flow	Visual / Functional Tested visually	Result ● Passed	Number -

## Auxiliary Device

Location	Specification	New Section	Result	Notes
Location	Type/Make/Model	Visual / Functional	Result	Number
Mechanical Room	Fan Shut Down Relay	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
Mechanical Room	Fan Shut Down Relay	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
Mechanical Room	Relay	Tested functionally	● Passed	-

## Alarm Notification Appliance

Location	Specification	New Section	Result	Notes
Location	Type/Make/Model	Visual / Functional	Result	Number
	Horn	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
Dining Area	Horn/Strobe / System Sensor / P2WL	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
South Living Area	Horn/Strobe / System Sensor / P2WL	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
North Living Area	Horn/Strobe / System Sensor / P2WL	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
Room 8 Restroom	Strobe / System Sensor / SWL	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
Room 11 Restroom	Strobe / System Sensor / SWL	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
Room 2 Restroom	Strobe / System Sensor / SWL	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
Room 28 Restroom	Strobe / System Sensor / SWL		● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
Room 19 Restroom	Strobe / System Sensor / SWL	Tested functionally	● Passed	-

## Comments

Number	COMMENT	IMAGE
1	Fire Alarm Inspection. No issues.	



**Tech connected. Lives protected.**

## **Conclusion**

We appreciate the opportunity to provide this inspection report. We are confident in the accuracy of the contents of this report. Should you require any additional services, or have questions regarding the contents of this report, please do not hesitate to contact your Midwest Alarm Services representative at 308-389-3981.

### **Life Safety Solutions Experts Since 1950**

For more than 70 years, Midwest Alarm Services has been providing the best, innovative fire, security and technology solutions for homes and businesses. As a systems integrator, we can design, install, maintain, monitor and service a wide variety of equipment and software. We take the time to understand your needs and customize solutions to fit your needs and budget. To learn more about our company and the services we provide, please visit:

[www.midwestalarmservices.com](http://www.midwestalarmservices.com)

A handwritten signature in black ink, appearing to read 'GH', is positioned above a solid blue horizontal line.

Tested By:

**Gary Hesman**

Midwest Alarm Services

3630 W Old Hwy 30

Grand Island, NE 68803



# MIDWEST ALARM SERVICES

Tech connected. Lives protected.

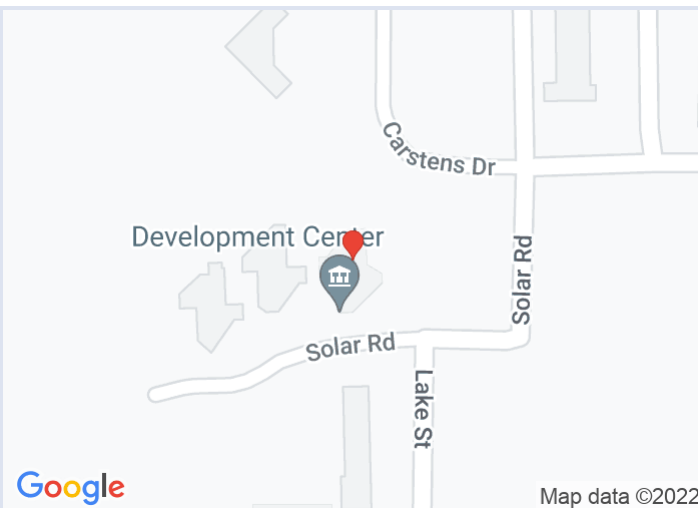
## Inspection Report

---

Presented To  
State of Nebraska

---

For  
Cottage 3056-414  
3000 Lincoln St  
Beatrice, NE 68310



**This site has been inspected  
and tested in compliance  
with applicable standards.**

---

Completed:  
**Tuesday, December 13, 2022**

---

Tested By:  
**Lucas Canfield**  
Midwest Alarm Services  
3630 W Old Hwy 30  
Grand Island, NE 68803

Scan Code to Access  
Nspec Cloud Portal



# Inspection Information

## CUSTOMER INFORMATION

Name:	State of Nebraska	Address:	3000 Lincoln St
City:	Beatrice	State:	NE
ZIP:	68310	Email:	mike.balderson@nebraska.gov
AR#:	1001603		

## BUILDING INFORMATION

Name:	Cottage 3056-414	Occupancy Type:	Institutional (Group I)
Address:	3000 Lincoln St	City:	Beatrice
State:	NE	ZIP:	68310
Monitoring Company Account Number:	FA14300	AR#:	1001603
Email for Reports:	mike.balderson@nebraska.gov		

## COMPANY INFORMATION

Name:	Midwest Alarm Services	Address:	3630 W Old Hwy 30
City:	Grand Island	State:	NE
Zip:	68803	License:	-
Email:	tracy.hesman@mw-as.com	Phone:	308-389-3981

## AUTHORITY HAVING JURISDICTION

Name:	State of Nebraska Fire Marshal	Address:	246 S 14th St
City:	Lincoln	State:	NE
Zip:	68508	Email:	-
Phone:	402-471-2027		

## MONITORING COMPANY

Name:	Per Mar	Address:	1910 E Kimberly Rd
City:	Davenport	State:	IA
Zip:	52807	Email:	-
phone:	800-227-9805		

## TESTING SUMMARY

EQUIPMENT TYPE	TOTAL	TESTED	PASSED	FAILED
Fire Extinguisher	2	2 (100%)	2 (100%)	0 (0%)

## Fire Extinguisher Report

This testing was performed in accordance with applicable NFPA 72 Standards.

Midwest Alarm Services provides many services to our community. If you would like quarterly, semi-annual or annual testing/inspection, the inspection coordinator can reach out and offer inspections on a time and material basis. Signing an Inspection Agreement with Midwest Alarm Services has many benefits. Not only do you save money, but our inspection coordinator will work with you to ensure your Fire System stays in code as well as has proper documentation sent to the local jurisdiction for compliance. If you need an estimate or have questions about our services, please reach out to our operations manager.

Gary Hesman  
Operations Manager  
308-389-3981  
gary.hesman@mw-as.com

Tested By:



**Lucas Canfield**  
Midwest Alarm Services  
3630 W Old Hwy 30  
Grand Island, NE 68803

## Fire Extinguisher

Location	Specification	Information	Dates	Inspected	Inspected	Result	Notes
Location	Type/Make/Model	Serial #	Last Hydro Date	Weight	Signage	Result	Number
5 / North Cottage 414 / Kitchen	Amerex / 441	GE376020	-	Yes	Yes	● Passed	-
		Size	Next Hydro Date	Bracket	Hose		
		10#	12/01/2023	Yes	Yes		
		Type	Next Six Year Date	Gauge	Collar		
		ABC	-	Yes	Yes		
		Mfg Date		Pull Pin	Due for Service		
		1986		Yes	No		
Location	Type/Make/Model	Serial #	Last Hydro Date	Weight	Signage	Result	Number
6 / North Cottage 414 / Laundry Room	Ansul / AA05S-1	E-93759344	-	Yes	No	● Passed	-
		Size	Next Hydro Date	Bracket	Hose		
		10#	12/01/2025	Yes	Yes		
		Type	Next Six Year Date	Gauge	Collar		
		ABC	-	Yes	Yes		
		Mfg Date		Pull Pin	Due for Service		
		2019		Yes	No		

## Comments

Number	COMMENT	IMAGE
1	Annual Fire Extinguisher Inspection. No issues.	



**Tech connected. Lives protected.**

## Conclusion

We appreciate the opportunity to provide this inspection report. We are confident in the accuracy of the contents of this report. Should you require any additional services, or have questions regarding the contents of this report, please do not hesitate to contact your Midwest Alarm Services representative at 308-389-3981.

### Life Safety Solutions Experts Since 1950

For more than 70 years, Midwest Alarm Services has been providing the best, innovative fire, security and technology solutions for homes and businesses. As a systems integrator, we can design, install, maintain, monitor and service a wide variety of equipment and software. We take the time to understand your needs and customized solutions to fit your needs and budget. To learn more about our company and the services we provide, please visit:

[www.midwestalarmservices.com](http://www.midwestalarmservices.com)

A handwritten signature in black ink, appearing to read 'Lucas Canfield', is written over a solid blue horizontal line.

Tested By:

**Lucas Canfield**

Midwest Alarm Services

3630 W Old Hwy 30

Grand Island, NE 68803





# MIDWEST ALARM SERVICES

Tech connected. Lives protected.

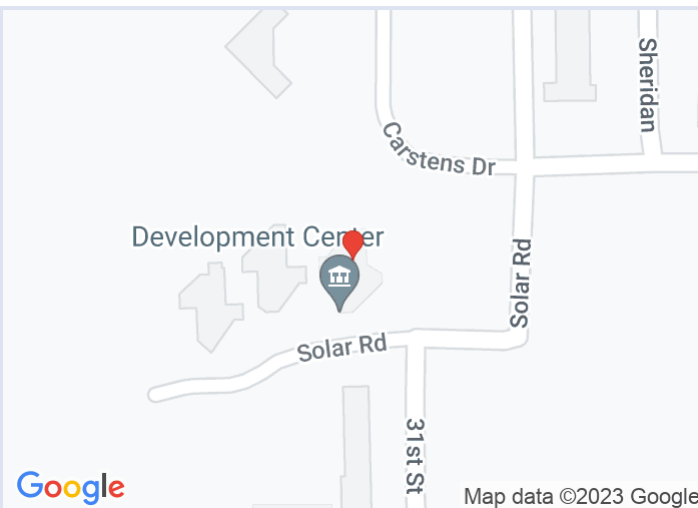
## Inspection Report

---

Presented To  
State of Nebraska

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For  
Cottage 3056-414  
3000 Lincoln St  
Beatrice, NE 68310



**This site has been inspected and tested in compliance with applicable standards.**

---

Completed:  
**Monday, May 22, 2023**

---

Tested By:  
**Gary Hesman**  
Midwest Alarm Services  
3630 W Old Hwy 30  
Grand Island, NE 68803

Scan Code to Access  
Nspec Cloud Portal



# Inspection Information

## CUSTOMER INFORMATION

Name:	State of Nebraska	Address:	3000 Lincoln St
City:	Beatrice	State:	NE
ZIP:	68310	Email:	mike.balderson@nebraska.gov
AR#:	1001603		

## BUILDING INFORMATION

Name:	Cottage 3056-414	Occupancy Type:	Institutional (Group I)
Address:	3000 Lincoln St	City:	Beatrice
State:	NE	ZIP:	68310
Monitoring Company Account Number:	FA14300	AR#:	1001603
Email for Reports:	mike.balderson@nebraska.gov		

## COMPANY INFORMATION

Name:	Midwest Alarm Services	Address:	3630 W Old Hwy 30
City:	Grand Island	State:	NE
Zip:	68803	License:	-
Email:	tracy.hesman@mw-as.com	Phone:	308-389-3981

## AUTHORITY HAVING JURISDICTION

Name:	State of Nebraska Fire Marshal	Address:	246 S 14th St
City:	Lincoln	State:	NE
Zip:	68508	Email:	-
Phone:	402-471-2027		

## MONITORING COMPANY

Name:	Per Mar	Address:	1910 E Kimberly Rd
City:	Davenport	State:	IA
Zip:	52807	Email:	-
phone:	800-227-9805		

## TESTING SUMMARY

EQUIPMENT TYPE	TOTAL	TESTED	PASSED	FAILED
Service & Inspection Report	1	1 (100%)	1 (100%)	0 (0%)

## Kitchen Report

This testing was performed in accordance with applicable NFPA 72 Standards.

Midwest Alarm Services provides many services to our community. If you would like quarterly, semi-annual or annual testing/inspection, the inspection coordinator can reach out and offer inspections on a time and material basis. Signing an Inspection Agreement with Midwest Alarm Services has many benefits. Not only do you save money, but our inspection coordinator will work with you to ensure your Fire System stays in code as well as has proper documentation sent to the local jurisdiction for compliance. If you need an estimate or have questions about our services, please reach out to our operations manager.

Gary Hesman  
Operations Manager  
308-389-3981  
gary.hesman@mw-as.com

---

Tested By:



**Gary Hesman**  
Midwest Alarm Services  
3630 W Old Hwy 30  
Grand Island, NE 68803

# Service & Inspection Report 1

## Specification

Type/Make/Model	Guardian / G300-A
-----------------	-------------------

## General Information

Manufacturer	GSSI
Control Head Type	Heat Detectors
Cylinder Size	-
HST Date	-
Best Time for Gas Shutdown	-
Repairs Required - No Longer Serviceable	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A <input type="checkbox"/>

## System Layout

Number of Plenum Nozzles:	-
Number of Duct Nozzles:	-
Number of Surface Nozzles:	2
Number of Detectors	2
Type and Temp of Detectors	Electronic Heat Detectors
Remote Pull Station	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Reset Relay	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Fire Alarm Connection	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
ETL	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Washdown Connection	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Gas	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Electrical	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
Fuel Shut-Off	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>

## System Inspection

1. Check general system design	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
2a. Check pressure gauge	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
2b. Gauge pressure (psi)	100
3. All lead and wire seals are intact	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
4. There are no visible signs that system(s) has fired or been tampered with. If so, check & report.	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
5a. Replace/check cartridge	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
5b. Cartridge weight	-
5c. Cartridge date	-
6. Check all piping and conduit; must be immobilized with proper hangers and brackets	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
7. Check positioning of all nozzles	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
8. Check action on self-closing caps	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
9. Replace all protective covers on nozzles	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
10. System operated manually	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
11. System operated automatically by cutting terminal link	N/A
12. Test proper operation of gas valve(s)	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
13. Test proper operation of micro switch (electric shutdown, washdown)	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
14. Check operation of multiple systems, all tripped	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
15. Replace and seal all safety pins in manual & remote releases	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
16. Fuel shut-off is in "ON" position	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
17. Check exhaust fan for operating order	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
18. Clean system cylinder & component parts	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
19. Fan warning sign on hood	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
20. Distributor emergency phone number on system	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
21. Inspection & servicing tag are on system	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>

22. Personnel has been instructed on manual operation of system(s)	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
23. Hand portable extinguishers serviced	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
24. Pin removed, tension set, system armed	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
25. Canopy/ Duct Const	-

### Deficiencies

System is free of deficiencies and functions as required?	Yes
Parts Required:	-

### Result

	● Passed
--	----------

### Notes

Number	-
--------	---

## Comments

Number	COMMENT	IMAGE
1	Range Hood Inspection. No issues.	



**Tech connected. Lives protected.**

## **Conclusion**

We appreciate the opportunity to provide this inspection report. We are confident in the accuracy of the contents of this report. Should you require any additional services, or have questions regarding the contents of this report, please do not hesitate to contact your Midwest Alarm Services representative at 308-389-3981.

### **Life Safety Solutions Experts Since 1950**

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Tested By:

**Gary Hesman**

Midwest Alarm Services

3630 W Old Hwy 30

Grand Island, NE 68803



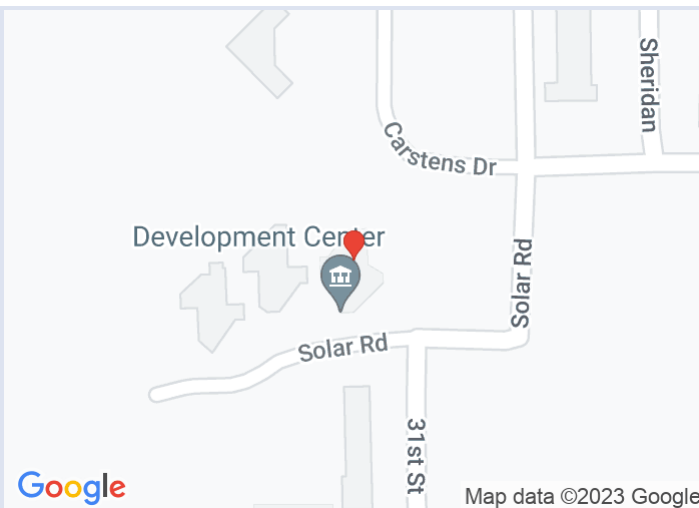
# MIDWEST ALARM SERVICES

Tech connected. Lives protected.

## Inspection Report

Presented To  
State of Nebraska

For  
Cottage 3060 413  
3000 Lincoln St  
Beatrice, NE 68310



**This site has been inspected and tested in compliance with applicable standards.**

Completed:  
**Monday, May 22, 2023**

Tested By:

**Gary Hesman**

Midwest Alarm Services  
3630 W Old Hwy 30  
Grand Island, NE 68803

Scan Code to Access  
Nspec Cloud Portal



# Inspection Information

## CUSTOMER INFORMATION

Name:	State of Nebraska	Address:	3000 Lincoln St
City:	Beatrice	State:	NE
ZIP:	68310	Email:	mike.balderson@nebraska.gov
AR#:	1001603		

## BUILDING INFORMATION

Name:	Cottage 3060 413	Occupancy Type:	Institutional (Group I)
Address:	3000 Lincoln St	City:	Beatrice
State:	NE	ZIP:	68310
Monitoring Company Account Number:	FA14300	AR#:	1001603
Email for Reports:	mike.balderson@nebraska.gov		

## COMPANY INFORMATION

Name:	Midwest Alarm Services	Address:	3630 W Old Hwy 30
City:	Grand Island	State:	NE
Zip:	68803	License:	-
Email:	tracy.hesman@mw-as.com	Phone:	308-389-3981

## AUTHORITY HAVING JURISDICTION

Name:	State of Nebraska Fire Marshal	Address:	246 S 14th St
City:	Lincoln	State:	NE
Zip:	68508	Email:	-
Phone:	402-471-2027		

## MONITORING COMPANY

Name:	Per Mar	Address:	1910 E Kimberly Rd
City:	Davenport	State:	IA
Zip:	52807	Email:	-
phone:	800-227-9805		



## TESTING SUMMARY

EQUIPMENT TYPE	TOTAL	TESTED	PASSED	FAILED
Communicator	1	1 (100%)	1 (100%)	0 (0%)
Alarm Initiated Device	32	32 (100%)	32 (100%)	0 (0%)
Alarm Notification Appliance	9	9 (100%)	9 (100%)	0 (0%)
Annunciator	0	0 (0%)	0 (0%)	0 (0%)
Auxiliary Device	3	3 (100%)	3 (100%)	0 (0%)
Auxiliary Power Supply	0	0 (0%)	0 (0%)	0 (0%)
Control Unit	1	1 (100%)	1 (100%)	0 (0%)
Supervising Station Monitoring	1	1 (100%)	1 (100%)	0 (0%)
Supervisory Signal Device	2	2 (100%)	2 (100%)	0 (0%)

## Fire Alarm Inspection- NFPA 72 (2013)

This testing was performed in accordance with applicable NFPA 72 Standards.

Midwest Alarm Services provides many services to our community. If you would like quarterly, semi-annual or annual testing/inspection, the inspection coordinator can reach out and offer inspections on a time and material basis. Signing an Inspection Agreement with Midwest Alarm Services has many benefits. Not only do you save money, but our inspection coordinator will work with you to ensure your Fire System stays in code as well as has proper documentation sent to the local jurisdiction for compliance. If you need an estimate or have questions about our services, please reach out to our operations manager.

Gary Hesman  
Operations Manager  
308-389-3981  
gary.hesman@mw-as.com

---

Tested By:



**Gary Hesman**  
Midwest Alarm Services  
3630 W Old Hwy 30  
Grand Island, NE 68803

## Control Unit

### Location

Location  
Cottage 413 / Dining Area

### Specification

Type/Make/Model  
Spectronics / 641

### Software Firmware

Revision Number	Onsite Location Of Documentation
-	-

### Primary Power

Nominal Voltage	Amps
120v	-

### Overcurrent Protection

Type	Amps	Location	Disconnecting Means Location
-	-	-	-

### Visual/ Functional

Control Unit	Lamps/LEDs/LCDs	Fuses	Trouble Signal
Tested functionally	Tested functionally	Tested functionally	Tested functionally
Disconnect Switch	Ground-Fault Monitoring		
Tested functionally	Tested functionally		

### Batteries

Battery Date	Battery Type	Nominal Voltage	Amps/Hour Rating
11/16/2022	Gel	27.2v	7ah
Standby Mode (hrs)	Alarm Mode (mins)		
-	-		

### Visual/ Functional

Load Voltage	Charge Test	Discharge Test	Battery Condition
Tested functionally	Tested functionally	Tested functionally	Tested functionally

### Result

● Passed

## Communicator

### Specification

Type/Make/Model  
-

### Type

Type  
Phone Lines : Thru Admin

### Result

● Passed

## Supervising Station Monitoring

### Specification

Type/Make/Model  
-

### Supervising Station Monitoring

Alarm Signal Tested functionally	Alarm Restoration Tested functionally	Trouble Signal Tested functionally	Trouble Restoration Tested functionally
Supervisory Signal Tested functionally	Supervisory Restoration Tested functionally		

## Result

● Passed

## Alarm Initiated Device

Location	Specification	New Section	Result	Notes
Location <b>North Exit</b>	Type/Make/Model <b>Manual Pull Station</b>	Visual <b>Tested functionally</b>	Result <b>● Passed</b>	Number -
Location <b>NE Exit</b>	Type/Make/Model <b>Manual Pull Station</b>	Visual <b>Tested functionally</b>	Result <b>● Passed</b>	Number -
Location <b>NW Exit</b>	Type/Make/Model <b>Manual Pull Station</b>	Visual <b>Tested functionally</b>	Result <b>● Passed</b>	Number -
Location <b>South Exit</b>	Type/Make/Model <b>Manual Pull Station</b>	Visual <b>Tested functionally</b>	Result <b>● Passed</b>	Number -
Location <b>SE Exit</b>	Type/Make/Model <b>Manual Pull Station</b>	Visual <b>Tested functionally</b>	Result <b>● Passed</b>	Number -
Location <b>SW Exit</b>	Type/Make/Model <b>Manual Pull Station</b>	Visual <b>Tested functionally</b>	Result <b>● Passed</b>	Number -
Location <b>Mechanical Room</b>	Type/Make/Model <b>Heat Detector / System Sensor</b>	Visual <b>Tested visually</b>	Result <b>● Passed</b>	Number -
Location <b>Laundry</b>	Type/Make/Model <b>Heat Detector / System Sensor</b>	Visual <b>Tested visually</b>	Result <b>● Passed</b>	Number -
Location <b>FACP</b>	Type/Make/Model <b>Smoke Detector / System Sensor / 2WB</b>	Visual <b>Tested functionally</b>	Result <b>● Passed</b>	Number -
Location <b>By Mechanical Room</b>	Type/Make/Model <b>Smoke Detector / System Sensor / 2WB</b>	Visual <b>Tested functionally</b>	Result <b>● Passed</b>	Number -
Location <b>Laundry</b>	Type/Make/Model <b>Smoke Detector / System Sensor / 2WB</b>	Visual <b>Tested functionally</b>	Result <b>● Passed</b>	Number -
Location <b>Room 19</b>	Type/Make/Model <b>Smoke Detector / System Sensor / 2WB</b>	Visual <b>Tested functionally</b>	Result <b>● Passed</b>	Number -
Location <b>Room 22</b>	Type/Make/Model <b>Smoke Detector / System Sensor / 2WB</b>	Visual <b>Tested functionally</b>	Result <b>● Passed</b>	Number -
Location <b>By Room 19</b>	Type/Make/Model <b>Smoke Detector / System Sensor / 2WB</b>	Visual <b>Tested functionally</b>	Result <b>● Passed</b>	Number -
Location <b>East Commons</b>	Type/Make/Model <b>Smoke Detector / System Sensor / 2WB</b>	Visual <b>Tested functionally</b>	Result <b>● Passed</b>	Number -
Location <b>By Room 11</b>	Type/Make/Model <b>Smoke Detector / System Sensor / 2WB</b>	Visual <b>Tested functionally</b>	Result <b>● Passed</b>	Number -

Location	Specification	New Section	Result	Notes
Location Room 8	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location Room 11	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location Dining Room	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location West Commons	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location Room 2	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location Room 5	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location By Room 2	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location By Room 28	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location Room 25	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location Room 28	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location Mechanical Room	Type/Make/Model Duct Smoke Detector	Visual Tested functionally	Result ● Passed	Number -
Location Mechanical Room	Type/Make/Model Duct Smoke Detector	Visual Tested functionally	Result ● Passed	Number -
Location NW Bedroom	Type/Make/Model Carbon Monoxide Detector	Visual Tested functionally	Result ● Passed	Number -
Location SW Bedroom	Type/Make/Model Carbon Monoxide Detector	Visual Tested functionally	Result ● Passed	Number -
Location NE Bedroom	Type/Make/Model Carbon Monoxide Detector	Visual Tested functionally	Result ● Passed	Number -
Location SE Bedroom	Type/Make/Model Carbon Monoxide Detector	Visual Tested functionally	Result ● Passed	Number -

## Supervisory Signal Device

Location	Specification	New Section	Result	Notes
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Location	Type/Make/Model	Visual / Functional	Result	Number
Laundry Room	Sprinkler Tamper Switch / Valve	Tested visually	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
Laundry	Water Flow	Tested visually	● Passed	-

## Auxiliary Device

Location	Specification	New Section	Result	Notes
Location	Type/Make/Model	Visual / Functional	Result	Number
Mechanical Room	Fan Shut Down Relay	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
Mechanical Room	Fan Shut Down Relay	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
Mechanical Room	Relay	Tested functionally	● Passed	-

## Alarm Notification Appliance

Location	Specification	New Section	Result	Notes
Location	Type/Make/Model	Visual / Functional	Result	Number
	Horn	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
Dining Area	Horn/Strobe / System Sensor / P2WL	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
North Living Area	Horn/Strobe / System Sensor / P2WL	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
South Living Area	Horn/Strobe / System Sensor / P2WL	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
Room 19 Restroom	Strobe / System Sensor / SWL	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
Room 28 Restroom	Strobe / System Sensor / SWL	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
Room 11 Restroom	Strobe / System Sensor / SWL	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
Room 8 Restroom	Strobe / System Sensor / SWL	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
Room 2 Restroom	Strobe / System Sensor / SWL	Tested functionally	● Passed	-

## Comments

Number	COMMENT	IMAGE
1	Fire Alarm Inspection. No issues.	



**Tech connected. Lives protected.**

## **Conclusion**

We appreciate the opportunity to provide this inspection report. We are confident in the accuracy of the contents of this report. Should you require any additional services, or have questions regarding the contents of this report, please do not hesitate to contact your Midwest Alarm Services representative at 308-389-3981.

### **Life Safety Solutions Experts Since 1950**

For more than 70 years, Midwest Alarm Services has been providing the best, innovative fire, security and technology solutions for homes and businesses. As a systems integrator, we can design, install, maintain, monitor and service a wide variety of equipment and software. We take the time to understand your needs and customize solutions to fit your needs and budget. To learn more about our company and the services we provide, please visit:

[www.midwestalarmservices.com](http://www.midwestalarmservices.com)

A handwritten signature in black ink, appearing to read 'GH', is positioned above a solid blue horizontal line.

Tested By:

**Gary Hesman**

Midwest Alarm Services

3630 W Old Hwy 30

Grand Island, NE 68803



# MIDWEST ALARM SERVICES

Tech connected. Lives protected.

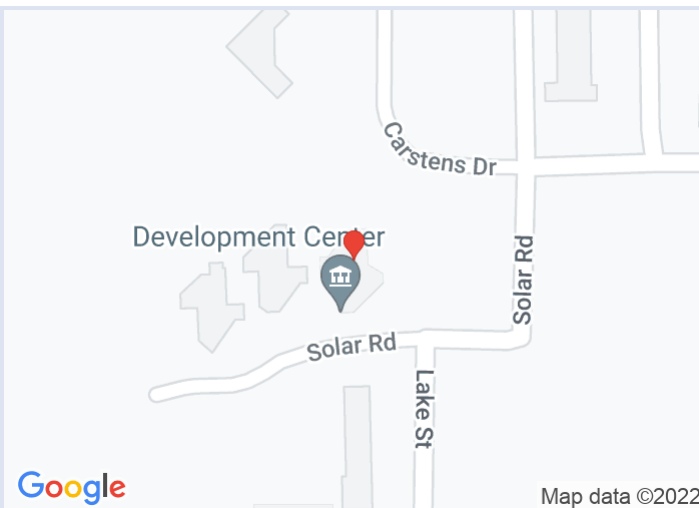
## Inspection Report

---

Presented To  
State of Nebraska

---

For  
Cottage 3060 413  
3000 Lincoln St  
Beatrice, NE 68310



**This site has been inspected  
and tested in compliance  
with applicable standards.**

---

Completed:  
**Tuesday, December 13, 2022**

---

Tested By:  
**Lucas Canfield**  
Midwest Alarm Services  
3630 W Old Hwy 30  
Grand Island, NE 68803

Scan Code to Access  
Nspec Cloud Portal



# Inspection Information

## CUSTOMER INFORMATION

Name:	State of Nebraska	Address:	3000 Lincoln St
City:	Beatrice	State:	NE
ZIP:	68310	Email:	mike.balderson@nebraska.gov
AR#:	1001603		

## BUILDING INFORMATION

Name:	Cottage 3060 413	Occupancy Type:	Institutional (Group I)
Address:	3000 Lincoln St	City:	Beatrice
State:	NE	ZIP:	68310
Monitoring Company Account Number:	FA14300	AR#:	1001603
Email for Reports:	mike.balderson@nebraska.gov		

## COMPANY INFORMATION

Name:	Midwest Alarm Services	Address:	3630 W Old Hwy 30
City:	Grand Island	State:	NE
Zip:	68803	License:	-
Email:	tracy.hesman@mw-as.com	Phone:	308-389-3981

## AUTHORITY HAVING JURISDICTION

Name:	State of Nebraska Fire Marshal	Address:	246 S 14th St
City:	Lincoln	State:	NE
Zip:	68508	Email:	-
Phone:	402-471-2027		

## MONITORING COMPANY

Name:	Per Mar	Address:	1910 E Kimberly Rd
City:	Davenport	State:	IA
Zip:	52807	Email:	-
phone:	800-227-9805		



## TESTING SUMMARY

EQUIPMENT TYPE	TOTAL	TESTED	PASSED	FAILED
Fire Extinguisher	2	2 (100%)	2 (100%)	0 (0%)

## Fire Extinguisher Report

This testing was performed in accordance with applicable NFPA 72 Standards.

Midwest Alarm Services provides many services to our community. If you would like quarterly, semi-annual or annual testing/inspection, the inspection coordinator can reach out and offer inspections on a time and material basis. Signing an Inspection Agreement with Midwest Alarm Services has many benefits. Not only do you save money, but our inspection coordinator will work with you to ensure your Fire System stays in code as well as has proper documentation sent to the local jurisdiction for compliance. If you need an estimate or have questions about our services, please reach out to our operations manager.

Gary Hesman  
Operations Manager  
308-389-3981  
gary.hesman@mw-as.com

Tested By:



**Lucas Canfield**  
Midwest Alarm Services  
3630 W Old Hwy 30  
Grand Island, NE 68803

## Fire Extinguisher

Location	Specification	Information	Dates	Inspected	Inspected	Result	Notes
Location	Type/Make/Model	Serial #	Last Hydro Date	Weight	Signage	Result	Number
7 / North Cottage 413 / Kitchen	Amerex / 441	AY-579736	12/13/2011	Yes	Yes	● Passed	-
		Size	Next Hydro Date	Bracket	Hose		
		10#	12/13/2023	Yes	Yes		
		Type	Next Six Year Date	Gauge	Collar		
		ABC	-	Yes	Yes		
		Mfg Date		Pull Pin	Due for Service		
		2012		Yes	No		
Location	Type/Make/Model	Serial #	Last Hydro Date	Weight	Signage	Result	Number
8 / North Cottage 413 / Laundry Room	Amerex / B456	HB-897890	-	Yes	No	● Passed	-
		Size	Next Hydro Date	Bracket	Hose		
		10#	12/01/2023	Yes	Yes		
		Type	Next Six Year Date	Gauge	Collar		
		ABC	-	Yes	Yes		
		Mfg Date		Pull Pin	Due for Service		
		1987		Yes	No		

## Comments

Number	COMMENT	IMAGE
1	Annual Fire Extinguisher Inspection. No issues.	



**Tech connected. Lives protected.**

## **Conclusion**

We appreciate the opportunity to provide this inspection report. We are confident in the accuracy of the contents of this report. Should you require any additional services, or have questions regarding the contents of this report, please do not hesitate to contact your Midwest Alarm Services representative at 308-389-3981.

### **Life Safety Solutions Experts Since 1950**

For more than 70 years, Midwest Alarm Services has been providing the best, innovative fire, security and technology solutions for homes and businesses. As a systems integrator, we can design, install, maintain, monitor and service a wide variety of equipment and software. We take the time to understand your needs and customized solutions to fit your needs and budget. To learn more about our company and the services we provide, please visit:

[www.midwestalarmservices.com](http://www.midwestalarmservices.com)

A handwritten signature in black ink, appearing to read 'Lucas Canfield', is written over a solid blue horizontal line.

Tested By:

**Lucas Canfield**

Midwest Alarm Services

3630 W Old Hwy 30

Grand Island, NE 68803



Tech connected. Lives protected.

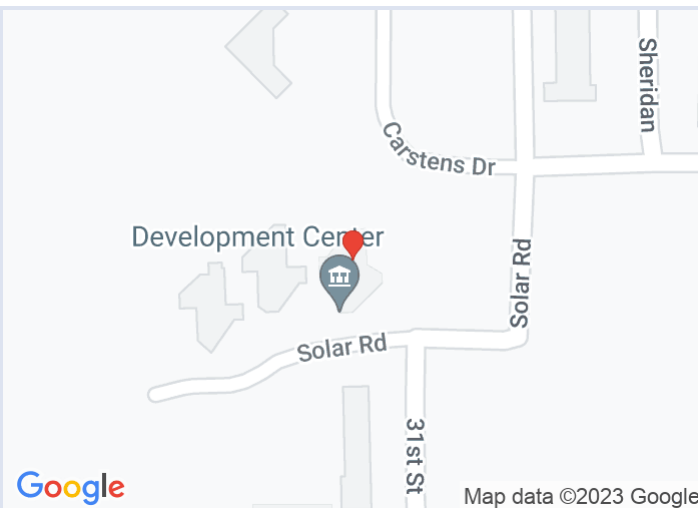
## Inspection Report

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Presented To  
State of Nebraska

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For  
Cottage 3060 413  
3000 Lincoln St  
Beatrice, NE 68310



**This site has been inspected  
and tested in compliance  
with applicable standards.**

---

Completed:  
**Monday, May 22, 2023**

---

Tested By:  
**Gary Hesman**  
Midwest Alarm Services  
3630 W Old Hwy 30  
Grand Island, NE 68803

Scan Code to Access  
Nspec Cloud Portal



# Inspection Information

## CUSTOMER INFORMATION

Name:	State of Nebraska	Address:	3000 Lincoln St
City:	Beatrice	State:	NE
ZIP:	68310	Email:	mike.balderson@nebraska.gov
AR#:	1001603		

## BUILDING INFORMATION

Name:	Cottage 3060 413	Occupancy Type:	Institutional (Group I)
Address:	3000 Lincoln St	City:	Beatrice
State:	NE	ZIP:	68310
Monitoring Company Account Number:	FA14300	AR#:	1001603
Email for Reports:	mike.balderson@nebraska.gov		

## COMPANY INFORMATION

Name:	Midwest Alarm Services	Address:	3630 W Old Hwy 30
City:	Grand Island	State:	NE
Zip:	68803	License:	-
Email:	tracy.hesman@mw-as.com	Phone:	308-389-3981

## AUTHORITY HAVING JURISDICTION

Name:	State of Nebraska Fire Marshal	Address:	246 S 14th St
City:	Lincoln	State:	NE
Zip:	68508	Email:	-
Phone:	402-471-2027		

## MONITORING COMPANY

Name:	Per Mar	Address:	1910 E Kimberly Rd
City:	Davenport	State:	IA
Zip:	52807	Email:	-
phone:	800-227-9805		

## TESTING SUMMARY

EQUIPMENT TYPE	TOTAL	TESTED	PASSED	FAILED
Service & Inspection Report	1	1 (100%)	1 (100%)	0 (0%)

## Kitchen Report

This testing was performed in accordance with applicable NFPA 72 Standards.

Midwest Alarm Services provides many services to our community. If you would like quarterly, semi-annual or annual testing/inspection, the inspection coordinator can reach out and offer inspections on a time and material basis. Signing an Inspection Agreement with Midwest Alarm Services has many benefits. Not only do you save money, but our inspection coordinator will work with you to ensure your Fire System stays in code as well as has proper documentation sent to the local jurisdiction for compliance. If you need an estimate or have questions about our services, please reach out to our operations manager.

Gary Hesman  
Operations Manager  
308-389-3981  
gary.hesman@mw-as.com

---

Tested By:



**Gary Hesman**  
Midwest Alarm Services  
3630 W Old Hwy 30  
Grand Island, NE 68803

# Service & Inspection Report 1

## Specification

Type/Make/Model	Guardian / G300-A
-----------------	-------------------

## General Information

Manufacturer	GSSI
Control Head Type	Heat Detectors
Cylinder Size	-
HST Date	-
Best Time for Gas Shutdown	-
Repairs Required - No Longer Serviceable	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A <input type="checkbox"/>

## System Layout

Number of Plenum Nozzles:	-
Number of Duct Nozzles:	-
Number of Surface Nozzles:	2
Number of Detectors	2
Type and Temp of Detectors	Electronic Heat Detectors
Remote Pull Station	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Reset Relay	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Fire Alarm Connection	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
ETL	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Washdown Connection	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Gas	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Electrical	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
Fuel Shut-Off	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>

## System Inspection

1. Check general system design	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
2a. Check pressure gauge	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
2b. Gauge pressure (psi)	100
3. All lead and wire seals are intact	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
4. There are no visible signs that system(s) has fired or been tampered with. If so, check & report.	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
5a. Replace/check cartridge	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
5b. Cartridge weight	-
5c. Cartridge date	-
6. Check all piping and conduit; must be immobilized with proper hangers and brackets	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
7. Check positioning of all nozzles	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
8. Check action on self-closing caps	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
9. Replace all protective covers on nozzles	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
10. System operated manually	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
11. System operated automatically by cutting terminal link	N/A
12. Test proper operation of gas valve(s)	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
13. Test proper operation of micro switch (electric shutdown, washdown)	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
14. Check operation of multiple systems, all tripped	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
15. Replace and seal all safety pins in manual & remote releases	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
16. Fuel shut-off is in "ON" position	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
17. Check exhaust fan for operating order	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
18. Clean system cylinder & component parts	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
19. Fan warning sign on hood	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
20. Distributor emergency phone number on system	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
21. Inspection & servicing tag are on system	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>

22. Personnel has been instructed on manual operation of system(s)	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
23. Hand portable extinguishers serviced	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
24. Pin removed, tension set, system armed	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
25. Canopy/ Duct Const	-

### Deficiencies

System is free of deficiencies and functions as required?	Yes
Parts Required:	-

### Result

	● Passed
--	----------

### Notes

Number	-
--------	---

## Comments

Number	COMMENT	IMAGE
1	Range Hood Inspection. No issues.	





**Tech connected. Lives protected.**

## **Conclusion**

We appreciate the opportunity to provide this inspection report. We are confident in the accuracy of the contents of this report. Should you require any additional services, or have questions regarding the contents of this report, please do not hesitate to contact your Midwest Alarm Services representative at 308-389-3981.

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**Tested By:**

**Gary Hesman**

Midwest Alarm Services

3630 W Old Hwy 30

Grand Island, NE 68803



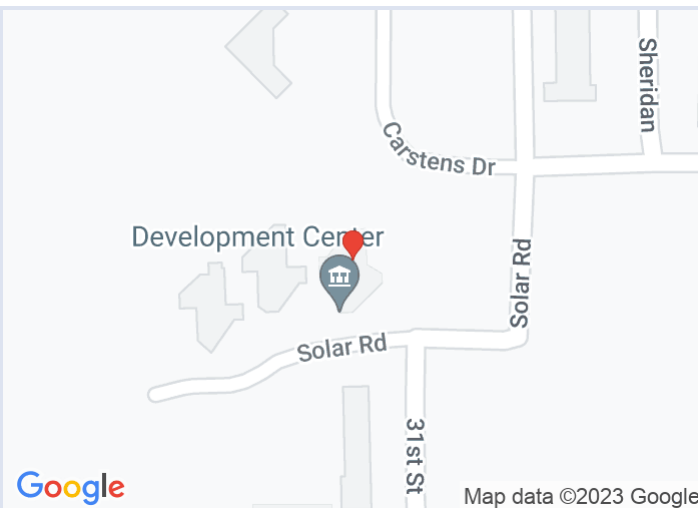
# MIDWEST ALARM SERVICES

Tech connected. Lives protected.

## Inspection Report

Presented To  
State of Nebraska

For  
Cottage 3070 412  
3000 Lincoln St  
Beatrice, NE 68310



**This site has been inspected and tested in compliance with applicable standards.**

Completed:  
**Monday, May 22, 2023**

Tested By:

**Gary Hesman**

Midwest Alarm Services  
3630 W Old Hwy 30  
Grand Island, NE 68803

Scan Code to Access  
Nspec Cloud Portal



# Inspection Information

## CUSTOMER INFORMATION

Name:	State of Nebraska	Address:	3000 Lincoln St
City:	Beatrice	State:	NE
ZIP:	68310	Email:	mike.balderson@nebraska.gov
AR#:	1001603		

## BUILDING INFORMATION

Name:	Cottage 3070 412	Occupancy Type:	Institutional (Group I)
Address:	3000 Lincoln St	City:	Beatrice
State:	NE	ZIP:	68310
Monitoring Company Account Number:	FA14300	AR#:	1001603
Email for Reports:	mike.balderson@nebraska.gov		

## COMPANY INFORMATION

Name:	Midwest Alarm Services	Address:	3630 W Old Hwy 30
City:	Grand Island	State:	NE
Zip:	68803	License:	-
Email:	tracy.hesman@mw-as.com	Phone:	308-389-3981

## AUTHORITY HAVING JURISDICTION

Name:	State of Nebraska Fire Marshal	Address:	246 S 14th St
City:	Lincoln	State:	NE
Zip:	68508	Email:	-
Phone:	402-471-2027		

## MONITORING COMPANY

Name:	Per Mar	Address:	1910 E Kimberly Rd
City:	Davenport	State:	IA
Zip:	52807	Email:	-
phone:	800-227-9805		

## TESTING SUMMARY

EQUIPMENT TYPE	TOTAL	TESTED	PASSED	FAILED
Communicator	1	1 (100%)	1 (100%)	0 (0%)
Alarm Initiated Device	31	31 (100%)	31 (100%)	0 (0%)
Alarm Notification Appliance	10	10 (100%)	10 (100%)	0 (0%)
Annunciator	0	0 (0%)	0 (0%)	0 (0%)
Auxiliary Device	3	3 (100%)	3 (100%)	0 (0%)
Auxiliary Power Supply	0	0 (0%)	0 (0%)	0 (0%)
Control Unit	2	1 (50%)	1 (50%)	0 (0%)
Supervising Station Monitoring	1	1 (100%)	1 (100%)	0 (0%)
Supervisory Signal Device	2	2 (100%)	2 (100%)	0 (0%)

## Fire Alarm Inspection- NFPA 72 (2013)

This testing was performed in accordance with applicable NFPA 72 Standards.

Midwest Alarm Services provides many services to our community. If you would like quarterly, semi-annual or annual testing/inspection, the inspection coordinator can reach out and offer inspections on a time and material basis. Signing an Inspection Agreement with Midwest Alarm Services has many benefits. Not only do you save money, but our inspection coordinator will work with you to ensure your Fire System stays in code as well as has proper documentation sent to the local jurisdiction for compliance. If you need an estimate or have questions about our services, please reach out to our operations manager.

Gary Hesman  
Operations Manager  
308-389-3981  
gary.hesman@mw-as.com

---

Tested By:



**Gary Hesman**  
Midwest Alarm Services  
3630 W Old Hwy 30  
Grand Island, NE 68803

## Control Unit

### Location

Location  
Cottage 412 / In Dining Area

### Specification

Type/Make/Model  
Spectronics / 641

### Software Firmware

Revision Number	Onsite Location Of Documentation
-	-

### Primary Power

Nominal Voltage	Amps
120v	-

### Overcurrent Protection

Type	Amps	Location	Disconnecting Means Location
-	-	-	-

### Visual/ Functional

Control Unit	Lamps/LEDs/LCDs	Fuses	Trouble Signal
Tested functionally	Tested functionally	Tested functionally	Tested functionally
Disconnect Switch	Ground-Fault Monitoring		
Tested functionally	Tested functionally		

### Batteries

Battery Date	Battery Type	Nominal Voltage	Amps/Hour Rating
05/14/2022	Lead Acid	27.2v	7ah
Standby Mode (hrs)	Alarm Mode (mins)		
-	-		

### Visual/ Functional

Load Voltage	Charge Test	Discharge Test	Battery Condition
Tested functionally	Tested functionally	Tested functionally	Tested functionally

### Result

● Passed

## Communicator

### Specification

Type/Make/Model  
-

### Type

Type  
Phone Lines - Thru Admin

### Result

● Passed

## Supervising Station Monitoring

### Specification

Type/Make/Model  
-

### Supervising Station Monitoring

Alarm Signal Tested functionally	Alarm Restoration Tested functionally	Trouble Signal Tested functionally	Trouble Restoration Tested functionally
Supervisory Signal Tested functionally	Supervisory Restoration Tested functionally		

## Result

● Passed

## Alarm Initiated Device

Location	Specification	New Section	Result	Notes
Location North Exit	Type/Make/Model Manual Pull Station	Visual Tested functionally	Result ● Passed	Number -
Location NE Exit	Type/Make/Model Manual Pull Station	Visual Tested functionally	Result ● Passed	Number -
Location NE Exit	Type/Make/Model Manual Pull Station	Visual Tested functionally	Result ● Passed	Number -
Location South Exit	Type/Make/Model Manual Pull Station	Visual Tested functionally	Result ● Passed	Number -
Location SE Exit	Type/Make/Model Manual Pull Station	Visual Tested functionally	Result ● Passed	Number -
Location SW Exit	Type/Make/Model Manual Pull Station	Visual Tested functionally	Result ● Passed	Number -
Location By Mechanical Room	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location Laundry Room	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location Room 2	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location Room 5	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location By Room 2	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location East Commons	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location By Room 11	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location Room 8	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location Room 11	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location Dining Room	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -

Location	Specification	New Section	Result	Notes
Location West Commons	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location Room 19	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location Room 22	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location By Room 19	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location By Room 28	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location Room 25	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location Room 28	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location Laundry	Type/Make/Model Heat Detector	Visual Tested visually	Result ● Passed	Number -
Location Mechanical Room	Type/Make/Model Heat Detector	Visual Tested visually	Result ● Passed	Number -
Location Mechanical Room	Type/Make/Model Duct Smoke Detector	Visual Tested functionally	Result ● Passed	Number -
Location Mechanical Room	Type/Make/Model Duct Smoke Detector	Visual Tested functionally	Result ● Passed	Number -
Location NW Bedroom	Type/Make/Model Carbon Monoxide Detector	Visual Tested functionally	Result ● Passed	Number -
Location SW Bedroom	Type/Make/Model Carbon Monoxide Detector	Visual Tested functionally	Result ● Passed	Number -
Location NE Bedroom	Type/Make/Model Carbon Monoxide Detector	Visual Tested functionally	Result ● Passed	Number -
Location SE Bedroom	Type/Make/Model Carbon Monoxide Detector	Visual Tested functionally	Result ● Passed	Number -

## Supervisory Signal Device

Location	Specification	New Section	Result	Notes
Location Laundry Room	Type/Make/Model Sprinkler Tamper Switch / Valve	Visual / Functional Tested visually	Result ● Passed	Number -
Location Laundry Room	Type/Make/Model Water Flow	Visual / Functional Tested visually	Result ● Passed	Number -

## Auxiliary Device

Location	Specification	New Section	Result	Notes
Location	Type/Make/Model	Visual / Functional	Result	Number
Mechanical Room	Relay	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
Mechanical Room	Fan Shut Down Relay	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
Mechanical Room	Fan Shut Down Relay	Tested functionally	● Passed	-

## Alarm Notification Appliance

Location	Specification	New Section	Result	Notes
Location	Type/Make/Model	Visual / Functional	Result	Number
	Horn	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
North Living Area	Horn/Strobe / System Sensor / P2WL	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
Dining Area	Horn/Strobe / System Sensor / P2WL	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
South Living Area	Horn/Strobe / System Sensor / P2WL	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
Room 5	Strobe / System Sensor / SWL	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
Room 2 Restroom	Strobe / System Sensor / SWL	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
Room 8 Restroom	Strobe / System Sensor / SWL	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
Room 11 Restroom	Strobe / System Sensor / SWL	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
Room 28 Restroom	Strobe / System Sensor / SWL	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
Room 19 Restroom	Strobe / System Sensor / SWL	Tested functionally	● Passed	-

## Comments

Number	COMMENT	IMAGE
1	Fire Alarm Inspection. No issues.	





**Tech connected. Lives protected.**

## **Conclusion**

We appreciate the opportunity to provide this inspection report. We are confident in the accuracy of the contents of this report. Should you require any additional services, or have questions regarding the contents of this report, please do not hesitate to contact your Midwest Alarm Services representative at 308-389-3981.

## **Life Safety Solutions Experts Since 1950**

For more than 70 years, Midwest Alarm Services has been providing the best, innovative fire, security and technology solutions for homes and businesses. As a systems integrator, we can design, install, maintain, monitor and service a wide variety of equipment and software. We take the time to understand your needs and customize solutions to fit your needs and budget. To learn more about our company and the services we provide, please visit:

[www.midwestalarmservices.com](http://www.midwestalarmservices.com)

A handwritten signature in black ink, appearing to read 'GH', is positioned above a solid blue horizontal line.

Tested By:

**Gary Hesman**

Midwest Alarm Services

3630 W Old Hwy 30

Grand Island, NE 68803



# MIDWEST ALARM SERVICES

Tech connected. Lives protected.

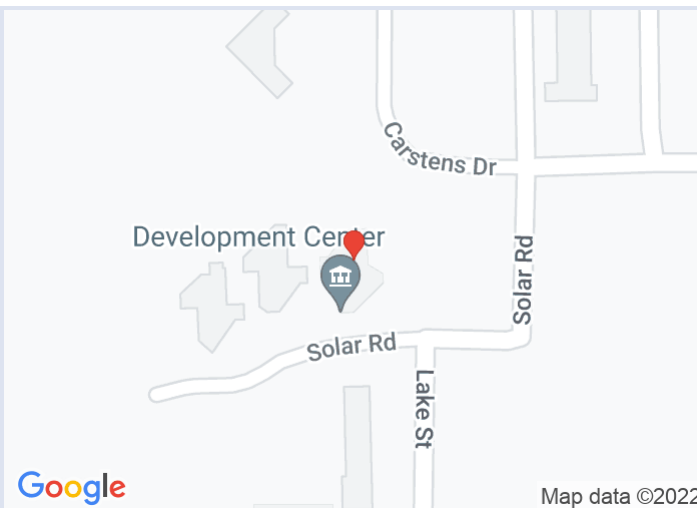
## Inspection Report

---

Presented To  
State of Nebraska

---

For  
Cottage 3070 412  
3000 Lincoln St  
Beatrice, NE 68310



**This site has been inspected  
and tested in compliance  
with applicable standards.**

---

Completed:  
**Tuesday, December 13, 2022**

---

Tested By:  
**Lucas Canfield**  
Midwest Alarm Services  
3630 W Old Hwy 30  
Grand Island, NE 68803

Scan Code to Access  
Nspec Cloud Portal



# Inspection Information

## CUSTOMER INFORMATION

Name:	State of Nebraska	Address:	3000 Lincoln St
City:	Beatrice	State:	NE
ZIP:	68310	Email:	mike.balderson@nebraska.gov
AR#:	1001603		

## BUILDING INFORMATION

Name:	Cottage 3070 412	Occupancy Type:	Institutional (Group I)
Address:	3000 Lincoln St	City:	Beatrice
State:	NE	ZIP:	68310
Monitoring Company Account Number:	FA14300	AR#:	1001603
Email for Reports:	mike.balderson@nebraska.gov		

## COMPANY INFORMATION

Name:	Midwest Alarm Services	Address:	3630 W Old Hwy 30
City:	Grand Island	State:	NE
Zip:	68803	License:	-
Email:	tracy.hesman@mw-as.com	Phone:	308-389-3981

## AUTHORITY HAVING JURISDICTION

Name:	State of Nebraska Fire Marshal	Address:	246 S 14th St
City:	Lincoln	State:	NE
Zip:	68508	Email:	-
Phone:	402-471-2027		

## MONITORING COMPANY

Name:	Per Mar	Address:	1910 E Kimberly Rd
City:	Davenport	State:	IA
Zip:	52807	Email:	-
phone:	800-227-9805		

## TESTING SUMMARY

EQUIPMENT TYPE	TOTAL	TESTED	PASSED	FAILED
Fire Extinguisher	2	2 (100%)	1 (50%)	1 (50%)

## Fire Extinguisher Report

This testing was performed in accordance with applicable NFPA 72 Standards.

Midwest Alarm Services provides many services to our community. If you would like quarterly, semi-annual or annual testing/inspection, the inspection coordinator can reach out and offer inspections on a time and material basis. Signing an Inspection Agreement with Midwest Alarm Services has many benefits. Not only do you save money, but our inspection coordinator will work with you to ensure your Fire System stays in code as well as has proper documentation sent to the local jurisdiction for compliance. If you need an estimate or have questions about our services, please reach out to our operations manager.

Gary Hesman  
Operations Manager  
308-389-3981  
gary.hesman@mw-as.com

---

Tested By:



**Lucas Canfield**  
Midwest Alarm Services  
3630 W Old Hwy 30  
Grand Island, NE 68803

## Fire Extinguisher

Location	Specification	Information	Dates	Inspected	Inspected	Result	Notes
Location	Type/Make/Model	Serial #	Last Hydro Date	Weight	Signage	Result	Number
12 / North Cottage 412 / Kitchen	Amerex / 441	HB897895	-	Yes	Yes	<b>X Failed</b>	-
		Size	Next Hydro Date	Bracket	Hose		
		10#	12/01/2023	Yes	Yes		
		Type	Next Six Year Date	Gauge	Collar		
		ABC	-	Yes	Yes		
		Mfg Date		Pull Pin	Due for Service		
		1987		Yes	No		
Location	Type/Make/Model	Serial #	Last Hydro Date	Weight	Signage	Result	Number
11 / North Cottage 412 / Laundry Room	The Fire Guy	A000441215	-	Yes	No	<b>● Passed</b>	-
		Size	Next Hydro Date	Bracket	Hose		
		10#	12/01/2026	Yes	Yes		
		Type	Next Six Year Date	Gauge	Collar		
		ABC	-	Yes	Yes		
		Mfg Date		Pull Pin	Due for Service		
		2014		Yes	No		

## Deficiencies

Location	Type/Make/Model	Serial #	Last Hydro Date	Weight	Signage	Result	Number
12 / North Cottage 412 / Kitchen	Amerex / 441	HB897895	-	Yes	Yes	<b>Failed</b>	-
		Size	Next Hydro Date	Bracket	Hose		
		10#	12/01/2023	Yes	Yes		
		Type	Next Six Year Date	Gauge	Collar		
		ABC	-	Yes	Yes		
		Mfg Date		Pull Pin	Due for Service		
		1987		Yes	No		

## Comments

Number	COMMENT	IMAGE
1	Annual Fire Extinguisher Inspection. 1 needs recharged.	



**Tech connected. Lives protected.**

## **Conclusion**

We appreciate the opportunity to provide this inspection report. We are confident in the accuracy of the contents of this report. Should you require any additional services, or have questions regarding the contents of this report, please do not hesitate to contact your Midwest Alarm Services representative at 308-389-3981.

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A handwritten signature in black ink, appearing to read 'Lucas Canfield', is written over a solid blue horizontal line.

Tested By:

**Lucas Canfield**

Midwest Alarm Services

3630 W Old Hwy 30

Grand Island, NE 68803



# MIDWEST ALARM SERVICES

Tech connected. Lives protected.

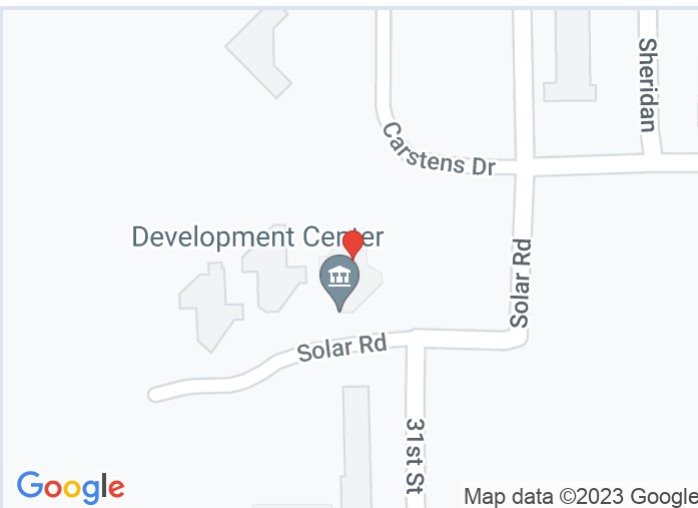
## Inspection Report

---

Presented To  
State of Nebraska

---

For  
Cottage 3070 412  
3000 Lincoln St  
Beatrice, NE 68310



**This site has been inspected  
and tested in compliance  
with applicable standards.**

---

Completed:  
**Monday, May 22, 2023**

---

Tested By:  
**Gary Hesman**  
Midwest Alarm Services  
3630 W Old Hwy 30  
Grand Island, NE 68803

Scan Code to Access  
Nspec Cloud Portal



# Inspection Information

## CUSTOMER INFORMATION

Name:	State of Nebraska	Address:	3000 Lincoln St
City:	Beatrice	State:	NE
ZIP:	68310	Email:	mike.balderson@nebraska.gov
AR#:	1001603		

## BUILDING INFORMATION

Name:	Cottage 3070 412	Occupancy Type:	Institutional (Group I)
Address:	3000 Lincoln St	City:	Beatrice
State:	NE	ZIP:	68310
Monitoring Company Account Number:	FA14300	AR#:	1001603
Email for Reports:	mike.balderson@nebraska.gov		

## COMPANY INFORMATION

Name:	Midwest Alarm Services	Address:	3630 W Old Hwy 30
City:	Grand Island	State:	NE
Zip:	68803	License:	-
Email:	tracy.hesman@mw-as.com	Phone:	308-389-3981

## AUTHORITY HAVING JURISDICTION

Name:	State of Nebraska Fire Marshal	Address:	246 S 14th St
City:	Lincoln	State:	NE
Zip:	68508	Email:	-
Phone:	402-471-2027		

## MONITORING COMPANY

Name:	Per Mar	Address:	1910 E Kimberly Rd
City:	Davenport	State:	IA
Zip:	52807	Email:	-
phone:	800-227-9805		



## TESTING SUMMARY

EQUIPMENT TYPE	TOTAL	TESTED	PASSED	FAILED
Service & Inspection Report	1	1 (100%)	1 (100%)	0 (0%)

## Kitchen Report

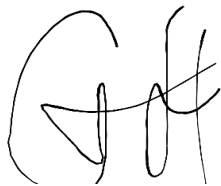
This testing was performed in accordance with applicable NFPA 72 Standards.

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Gary Hesman  
Operations Manager  
308-389-3981  
gary.hesman@mw-as.com

---

Tested By:



**Gary Hesman**  
Midwest Alarm Services  
3630 W Old Hwy 30  
Grand Island, NE 68803

# Service & Inspection Report 1

## Specification

Type/Make/Model	Guardian / G300-A
-----------------	-------------------

## General Information

Manufacturer	GSSI
Control Head Type	Heat Detectors
Cylinder Size	-
HST Date	05/22/2021
Best Time for Gas Shutdown	-
Repairs Required - No Longer Serviceable	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A <input type="checkbox"/>

## System Layout

Number of Plenum Nozzles:	-
Number of Duct Nozzles:	-
Number of Surface Nozzles:	2
Number of Detectors	2
Type and Temp of Detectors	Electronic Heat Detectors
Remote Pull Station	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Reset Relay	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Fire Alarm Connection	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
ETL	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Washdown Connection	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Gas	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Electrical	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
Fuel Shut-Off	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>

## System Inspection

1. Check general system design	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
2a. Check pressure gauge	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
2b. Gauge pressure (psi)	100
3. All lead and wire seals are intact	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
4. There are no visible signs that system(s) has fired or been tampered with. If so, check & report.	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
5a. Replace/check cartridge	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
5b. Cartridge weight	-
5c. Cartridge date	-
6. Check all piping and conduit; must be immobilized with proper hangers and brackets	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
7. Check positioning of all nozzles	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
8. Check action on self-closing caps	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
9. Replace all protective covers on nozzles	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
10. System operated manually	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
11. System operated automatically by cutting terminal link	N/A
12. Test proper operation of gas valve(s)	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
13. Test proper operation of micro switch (electric shutdown, washdown)	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
14. Check operation of multiple systems, all tripped	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
15. Replace and seal all safety pins in manual & remote releases	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
16. Fuel shut-off is in "ON" position	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
17. Check exhaust fan for operating order	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
18. Clean system cylinder & component parts	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
19. Fan warning sign on hood	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
20. Distributor emergency phone number on system	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
21. Inspection & servicing tag are on system	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>

22. Personnel has been instructed on manual operation of system(s)	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
23. Hand portable extinguishers serviced	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
24. Pin removed, tension set, system armed	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
25. Canopy/ Duct Const	-

### Deficiencies

System is free of deficiencies and functions as required?	Yes
Parts Required:	-

### Result

	● Passed
--	----------

### Notes

Number	-
--------	---

## Comments

Number	COMMENT	IMAGE
1	Range Hood Inspection. No issues.	



**Tech connected. Lives protected.**

## **Conclusion**

We appreciate the opportunity to provide this inspection report. We are confident in the accuracy of the contents of this report. Should you require any additional services, or have questions regarding the contents of this report, please do not hesitate to contact your Midwest Alarm Services representative at 308-389-3981.

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Tested By:

**Gary Hesman**

Midwest Alarm Services

3630 W Old Hwy 30

Grand Island, NE 68803



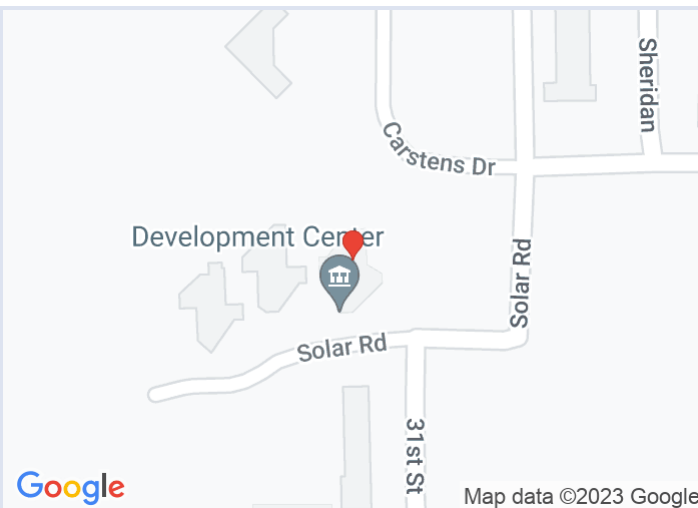
# MIDWEST ALARM SERVICES

Tech connected. Lives protected.

## Inspection Report

Presented To  
State of Nebraska

For  
Cottage 3071 411  
3000 Lincoln St  
Beatrice, NE 68310



**This site has been inspected and tested in compliance with applicable standards.**

Completed:  
**Monday, May 22, 2023**

Tested By:

**Gary Hesman**

Midwest Alarm Services  
3630 W Old Hwy 30  
Grand Island, NE 68803

Scan Code to Access  
Nspec Cloud Portal



# Inspection Information

## CUSTOMER INFORMATION

Name:	State of Nebraska	Address:	3000 Lincoln St
City:	Beatrice	State:	NE
ZIP:	68310	Email:	mike.balderson@nebraska.gov
AR#:	1001603		

## BUILDING INFORMATION

Name:	Cottage 3071 411	Occupancy Type:	Residential (Group R)
Address:	3000 Lincoln St	City:	Beatrice
State:	NE	ZIP:	68310

## COMPANY INFORMATION

Name:	Midwest Alarm Services	Address:	3630 W Old Hwy 30
City:	Grand Island	State:	NE
Zip:	68803	License:	-
Email:	tracy.hesman@mw-as.com	Phone:	308-389-3981

## AUTHORITY HAVING JURISDICTION

Name:	State of Nebraska Fire Marshal	Address:	246 S 14th St
City:	Lincoln	State:	NE
Zip:	68508	Email:	-
Phone:	402-471-2027		

## MONITORING COMPANY

Name:	Per Mar	Address:	1910 E Kimberly Rd
City:	Davenport	State:	IA
Zip:	52807	Email:	-
phone:	800-227-9805		

## TESTING SUMMARY

EQUIPMENT TYPE	TOTAL	TESTED	PASSED	FAILED
Communicator	1	1 (100%)	1 (100%)	0 (0%)
Alarm Initiated Device	31	31 (100%)	31 (100%)	0 (0%)
Alarm Notification Appliance	8	8 (100%)	8 (100%)	0 (0%)
Annunciator	0	0 (0%)	0 (0%)	0 (0%)
Auxiliary Device	3	3 (100%)	3 (100%)	0 (0%)
Auxiliary Power Supply	0	0 (0%)	0 (0%)	0 (0%)
Control Unit	1	1 (100%)	1 (100%)	0 (0%)
Supervising Station Monitoring	1	1 (100%)	1 (100%)	0 (0%)
Supervisory Signal Device	2	2 (100%)	2 (100%)	0 (0%)

## Fire Alarm Inspection- NFPA 72 (2013)

This testing was performed in accordance with applicable NFPA 72 Standards.

Midwest Alarm Services provides many services to our community. If you would like quarterly, semi-annual or annual testing/inspection, the inspection coordinator can reach out and offer inspections on a time and material basis. Signing an Inspection Agreement with Midwest Alarm Services has many benefits. Not only do you save money, but our inspection coordinator will work with you to ensure your Fire System stays in code as well as has proper documentation sent to the local jurisdiction for compliance. If you need an estimate or have questions about our services, please reach out to our operations manager.

Gary Hesman  
Operations Manager  
308-389-3981  
gary.hesman@mw-as.com

---

Tested By:



**Gary Hesman**  
Midwest Alarm Services  
3630 W Old Hwy 30  
Grand Island, NE 68803

## Control Unit

### Location

Location  
Cottage 411 / Dining Area

### Specification

Type/Make/Model  
Spectronics / 641

### Software Firmware

Revision Number	Onsite Location Of Documentation
-	-

### Primary Power

Nominal Voltage	Amps
120v	-

### Overcurrent Protection

Type	Amps	Location	Disconnecting Means Location
-	-	-	-

### Visual/ Functional

Control Unit	Lamps/LEDs/LCDs	Fuses	Trouble Signal
Tested functionally	Tested functionally	Tested functionally	Tested functionally
Disconnect Switch	Ground-Fault Monitoring		
Tested functionally	Tested functionally		

### Batteries

Battery Date	Battery Type	Nominal Voltage	Amps/Hour Rating
05/17/2022	Gel	27.0v	7ah
Standby Mode (hrs)	Alarm Mode (mins)		
-	-		

### Visual/ Functional

Load Voltage	Charge Test	Discharge Test	Battery Condition
Tested functionally	Tested functionally	Tested functionally	Tested functionally

### Result

● Passed

## Communicator

### Specification

Type/Make/Model  
-

### Type

Type  
Phone Lines : Thru Admin

### Result

● Passed

## Supervising Station Monitoring

### Specification

Type/Make/Model  
-

### Supervising Station Monitoring



Alarm Signal Tested functionally	Alarm Restoration Tested functionally	Trouble Signal Tested functionally	Trouble Restoration Tested functionally
Supervisory Signal Tested functionally	Supervisory Restoration Tested functionally		

## Result

● Passed

## Alarm Initiated Device

Location	Specification	New Section	Result	Notes
Location <b>North Exit</b>	Type/Make/Model <b>Manual Pull Station</b>	Visual <b>Tested functionally</b>	Result <b>● Passed</b>	Number -
Location <b>NE Exit</b>	Type/Make/Model <b>Manual Pull Station</b>	Visual <b>Tested functionally</b>	Result <b>● Passed</b>	Number -
Location <b>NW Exit</b>	Type/Make/Model <b>Manual Pull Station</b>	Visual <b>Tested functionally</b>	Result <b>● Passed</b>	Number -
Location <b>South Exit</b>	Type/Make/Model <b>Manual Pull Station</b>	Visual <b>Tested functionally</b>	Result <b>● Passed</b>	Number -
Location <b>SE Exit</b>	Type/Make/Model <b>Manual Pull Station</b>	Visual <b>Tested functionally</b>	Result <b>● Passed</b>	Number -
Location <b>SW Exit</b>	Type/Make/Model <b>Manual Pull Station</b>	Visual <b>Tested functionally</b>	Result <b>● Passed</b>	Number -
Location <b>FACP</b>	Type/Make/Model <b>Smoke Detector / System Sensor / 2WB</b>	Visual <b>Tested functionally</b>	Result <b>● Passed</b>	Number -
Location <b>By Mechanical Room</b>	Type/Make/Model <b>Smoke Detector / System Sensor / 2WB</b>	Visual <b>Tested functionally</b>	Result <b>● Passed</b>	Number -
Location <b>Laundry Room</b>	Type/Make/Model <b>Smoke Detector / System Sensor / 2WB</b>	Visual <b>Tested functionally</b>	Result <b>● Passed</b>	Number -
Location <b>Room 11</b>	Type/Make/Model <b>Smoke Detector / System Sensor / 2WB</b>	Visual <b>Tested functionally</b>	Result <b>● Passed</b>	Number -
Location <b>Room 8</b>	Type/Make/Model <b>Smoke Detector / System Sensor / 2WB</b>	Visual <b>Tested functionally</b>	Result <b>● Passed</b>	Number -
Location <b>By Room 8</b>	Type/Make/Model <b>Smoke Detector / System Sensor / 2WB</b>	Visual <b>Tested functionally</b>	Result <b>● Passed</b>	Number -
Location <b>East Commons</b>	Type/Make/Model <b>Smoke Detector / System Sensor / 2WB</b>	Visual <b>Tested functionally</b>	Result <b>● Passed</b>	Number -
Location <b>By Room 5</b>	Type/Make/Model <b>Smoke Detector / System Sensor / 2WB</b>	Visual <b>Tested functionally</b>	Result <b>● Passed</b>	Number -
Location <b>Room 5</b>	Type/Make/Model <b>Smoke Detector / System Sensor / 2WB</b>	Visual <b>Tested functionally</b>	Result <b>● Passed</b>	Number -
Location <b>Room 2</b>	Type/Make/Model <b>Smoke Detector / System Sensor / 2WB</b>	Visual <b>Tested functionally</b>	Result <b>● Passed</b>	Number -

Location	Specification	New Section	Result	Notes
Location Dining Room	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location West Commons	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location Room 28	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location Room 25	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location By Room28	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location By Room 19	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location Room 22	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location Room 19	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location Mechanical Room	Type/Make/Model Duct Smoke Detector	Visual Tested functionally	Result ● Passed	Number -
Location Mechanical Room	Type/Make/Model Duct Smoke Detector	Visual Tested functionally	Result ● Passed	Number -
Location NW Bedroom	Type/Make/Model Carbon Monoxide Detector	Visual Tested functionally	Result ● Passed	Number -
Location SW Bedroom	Type/Make/Model Carbon Monoxide Detector	Visual Tested functionally	Result ● Passed	Number -
Location NE Bedroom	Type/Make/Model Carbon Monoxide Detector	Visual Tested functionally	Result ● Passed	Number -
Location SE Bedroom	Type/Make/Model Carbon Monoxide Detector	Visual Tested functionally	Result ● Passed	Number -
Location Mechanical Room	Type/Make/Model Heat Detector	Visual Tested visually and functionally	Result ● Passed	Number -

## Supervisory Signal Device

Location	Specification	New Section	Result	Notes
Location Laundry	Type/Make/Model Sprinkler Tamper Switch / Valve	Visual / Functional Tested visually	Result ● Passed	Number -

Location	Specification	New Section	Result	Notes
Location	Type/Make/Model	Visual / Functional	Result	Number
Laundry Room	Water Flow	Tested visually	● Passed	-

## Auxiliary Device

Location	Specification	New Section	Result	Notes
Location	Type/Make/Model	Visual / Functional	Result	Number
Mechanical Room	Fan Shut Down Relay	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
Mechanical Room	Fan Shut Down Relay	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
Mechanical Room	Relay	Tested functionally	● Passed	-

## Alarm Notification Appliance

Location	Specification	New Section	Result	Notes
Location	Type/Make/Model	Visual / Functional	Result	Number
North Living Area	Horn/Strobe / System Sensor / P2WL	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
Dining Area	Horn/Strobe / System Sensor / P2WL	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
South Living Area	Horn/Strobe / System Sensor / P2WL	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
Room 25 Restroom	Strobe / System Sensor / SWL	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
Room 19 Restroom	Strobe / System Sensor / SWL	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
Room 11 Restroom	Strobe / System Sensor / SWL	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
Room 2 Restroom	Strobe / System Sensor / SWL	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
Room 8 Restroom	Strobe / System Sensor / SWL	Tested functionally	● Passed	-

## Comments

Number	COMMENT	IMAGE
1	Fire Alarm Inspection. No issues.	



**Tech connected. Lives protected.**

## **Conclusion**

We appreciate the opportunity to provide this inspection report. We are confident in the accuracy of the contents of this report. Should you require any additional services, or have questions regarding the contents of this report, please do not hesitate to contact your Midwest Alarm Services representative at 308-389-3981.

## **Life Safety Solutions Experts Since 1950**

For more than 70 years, Midwest Alarm Services has been providing the best, innovative fire, security and technology solutions for homes and businesses. As a systems integrator, we can design, install, maintain, monitor and service a wide variety of equipment and software. We take the time to understand your needs and customize solutions to fit your needs and budget. To learn more about our company and the services we provide, please visit:

[www.midwestalarmservices.com](http://www.midwestalarmservices.com)

A handwritten signature in black ink, appearing to read 'GH', is positioned above a solid blue horizontal line.

Tested By:

**Gary Hesman**

Midwest Alarm Services

3630 W Old Hwy 30

Grand Island, NE 68803



# MIDWEST ALARM SERVICES

Tech connected. Lives protected.

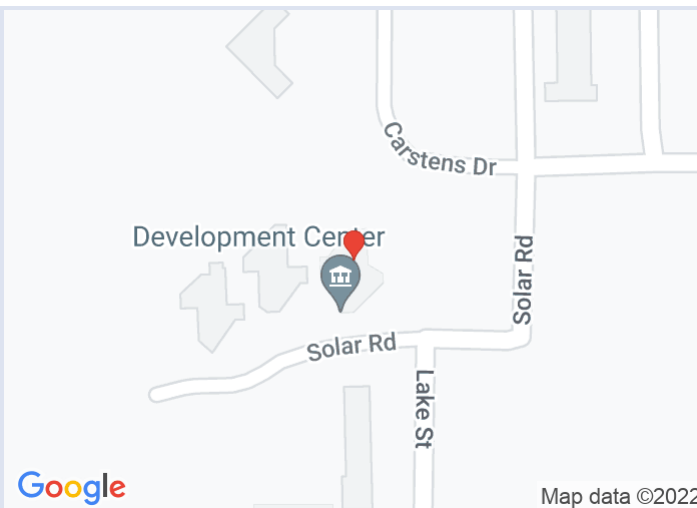
## Inspection Report

---

Presented To  
State of Nebraska

---

For  
Cottage 3071 411  
3000 Lincoln St  
Beatrice, NE 68310



**This site has been inspected  
and tested in compliance  
with applicable standards.**

---

Completed:  
**Tuesday, December 13, 2022**

---

Tested By:  
**Lucas Canfield**  
Midwest Alarm Services  
3630 W Old Hwy 30  
Grand Island, NE 68803

Scan Code to Access  
Nspec Cloud Portal



# Inspection Information

## CUSTOMER INFORMATION

Name:	State of Nebraska	Address:	3000 Lincoln St
City:	Beatrice	State:	NE
ZIP:	68310	Email:	mike.balderson@nebraska.gov
AR#:	1001603		

## BUILDING INFORMATION

Name:	Cottage 3071 411	Occupancy Type:	Residential (Group R)
Address:	3000 Lincoln St	City:	Beatrice
State:	NE	ZIP:	68310

## COMPANY INFORMATION

Name:	Midwest Alarm Services	Address:	3630 W Old Hwy 30
City:	Grand Island	State:	NE
Zip:	68803	License:	-
Email:	tracy.hesman@mw-as.com	Phone:	308-389-3981

## AUTHORITY HAVING JURISDICTION

Name:	State of Nebraska Fire Marshal	Address:	246 S 14th St
City:	Lincoln	State:	NE
Zip:	68508	Email:	-
Phone:	402-471-2027		

## MONITORING COMPANY

Name:	Per Mar	Address:	1910 E Kimberly Rd
City:	Davenport	State:	IA
Zip:	52807	Email:	-
phone:	800-227-9805		

## TESTING SUMMARY

EQUIPMENT TYPE	TOTAL	TESTED	PASSED	FAILED
Fire Extinguisher	2	2 (100%)	2 (100%)	0 (0%)

## Fire Extinguisher Report

This testing was performed in accordance with applicable NFPA 72 Standards.

Midwest Alarm Services provides many services to our community. If you would like quarterly, semi-annual or annual testing/inspection, the inspection coordinator can reach out and offer inspections on a time and material basis. Signing an Inspection Agreement with Midwest Alarm Services has many benefits. Not only do you save money, but our inspection coordinator will work with you to ensure your Fire System stays in code as well as has proper documentation sent to the local jurisdiction for compliance. If you need an estimate or have questions about our services, please reach out to our operations manager.

Gary Hesman  
Operations Manager  
308-389-3981  
gary.hesman@mw-as.com

Tested By:



**Lucas Canfield**  
Midwest Alarm Services  
3630 W Old Hwy 30  
Grand Island, NE 68803

## Fire Extinguisher

Location	Specification	Information	Dates	Inspected	Inspected	Result	Notes
Location	Type/Make/Model	Serial #	Last Hydro Date	Weight	Signage	Result	Number
9 / North	Amerex /	AY-563680	-	Yes	Yes	● Passed	-
Cottage 411 /	B456	Size	Next Hydro Date	Bracket	Hose		
Kitchen		10#	12/01/2024	Yes	Yes		
		Type	Next Six Year	Gauge	Collar		
		ABC	Date	Yes	Yes		
		Mfg Date	-	Pull Pin	Due for Service		
		2012		Yes	No		
Location	Type/Make/Model	Serial #	Last Hydro Date	Weight	Signage	Result	Number
10 / North	The Fire Guy	A00044223	-	Yes	No	● Passed	-
Cottage 411 /	/ 10LB	Size	Next Hydro Date	Bracket	Hose		
Laundry		10#	12/01/2026	Yes	Yes		
Room		Type	Next Six Year	Gauge	Collar		
		ABC	Date	Yes	Yes		
		Mfg Date	-	Pull Pin	Due for Service		
		2014		Yes	No		

## Comments

Number	COMMENT	IMAGE
1	Annual Fire Extinguisher Inspection. No issues.	





**Tech connected. Lives protected.**

## **Conclusion**

We appreciate the opportunity to provide this inspection report. We are confident in the accuracy of the contents of this report. Should you require any additional services, or have questions regarding the contents of this report, please do not hesitate to contact your Midwest Alarm Services representative at 308-389-3981.

### **Life Safety Solutions Experts Since 1950**

For more than 70 years, Midwest Alarm Services has been providing the best, innovative fire, security and technology solutions for homes and businesses. As a systems integrator, we can design, install, maintain, monitor and service a wide variety of equipment and software. We take the time to understand your needs and customized solutions to fit your needs and budget. To learn more about our company and the services we provide, please visit:

[www.midwestalarmservices.com](http://www.midwestalarmservices.com)

A handwritten signature in black ink, appearing to read 'Lucas Canfield', is written over a solid blue horizontal line.

Tested By:

**Lucas Canfield**

Midwest Alarm Services

3630 W Old Hwy 30

Grand Island, NE 68803



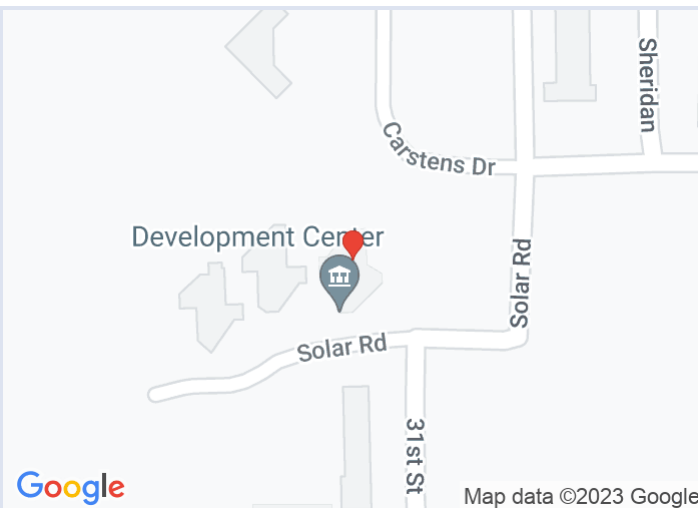
# MIDWEST ALARM SERVICES

Tech connected. Lives protected.

## Inspection Report

Presented To  
State of Nebraska

For  
Cottage 3071 411  
3000 Lincoln St  
Beatrice, NE 68310



**This site has been inspected and tested in compliance with applicable standards.**

Completed:  
**Monday, May 22, 2023**

Tested By:

**Gary Hesman**

Midwest Alarm Services  
3630 W Old Hwy 30  
Grand Island, NE 68803

Scan Code to Access  
Nspec Cloud Portal



# Inspection Information

## CUSTOMER INFORMATION

Name:	State of Nebraska	Address:	3000 Lincoln St
City:	Beatrice	State:	NE
ZIP:	68310	Email:	mike.balderson@nebraska.gov
AR#:	1001603		

## BUILDING INFORMATION

Name:	Cottage 3071 411	Occupancy Type:	Residential (Group R)
Address:	3000 Lincoln St	City:	Beatrice
State:	NE	ZIP:	68310

## COMPANY INFORMATION

Name:	Midwest Alarm Services	Address:	3630 W Old Hwy 30
City:	Grand Island	State:	NE
Zip:	68803	License:	-
Email:	tracy.hesman@mw-as.com	Phone:	308-389-3981

## AUTHORITY HAVING JURISDICTION

Name:	State of Nebraska Fire Marshal	Address:	246 S 14th St
City:	Lincoln	State:	NE
Zip:	68508	Email:	-
Phone:	402-471-2027		

## MONITORING COMPANY

Name:	Per Mar	Address:	1910 E Kimberly Rd
City:	Davenport	State:	IA
Zip:	52807	Email:	-
phone:	800-227-9805		

## TESTING SUMMARY

EQUIPMENT TYPE	TOTAL	TESTED	PASSED	FAILED
Service & Inspection Report	1	1 (100%)	1 (100%)	0 (0%)

## Kitchen Report

This testing was performed in accordance with applicable NFPA 72 Standards.

Midwest Alarm Services provides many services to our community. If you would like quarterly, semi-annual or annual testing/inspection, the inspection coordinator can reach out and offer inspections on a time and material basis. Signing an Inspection Agreement with Midwest Alarm Services has many benefits. Not only do you save money, but our inspection coordinator will work with you to ensure your Fire System stays in code as well as has proper documentation sent to the local jurisdiction for compliance. If you need an estimate or have questions about our services, please reach out to our operations manager.

Gary Hesman  
Operations Manager  
308-389-3981  
gary.hesman@mw-as.com

---

Tested By:



**Gary Hesman**  
Midwest Alarm Services  
3630 W Old Hwy 30  
Grand Island, NE 68803

# Service & Inspection Report 1

## Specification

Type/Make/Model	Guardian / G300-A
-----------------	-------------------

## General Information

Manufacturer	GSSI
Control Head Type	Heat Detectors
Cylinder Size	-
HST Date	05/22/2031
Best Time for Gas Shutdown	-
Repairs Required - No Longer Serviceable	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A <input type="checkbox"/>

## System Layout

Number of Plenum Nozzles:	-
Number of Duct Nozzles:	-
Number of Surface Nozzles:	2
Number of Detectors	2
Type and Temp of Detectors	Electronic Heat Detectors
Remote Pull Station	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Reset Relay	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Fire Alarm Connection	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
ETL	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Washdown Connection	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Gas	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Electrical	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
Fuel Shut-Off	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>

## System Inspection

1. Check general system design	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
2a. Check pressure gauge	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
2b. Gauge pressure (psi)	100
3. All lead and wire seals are intact	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
4. There are no visible signs that system(s) has fired or been tampered with. If so, check & report.	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
5a. Replace/check cartridge	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
5b. Cartridge weight	-
5c. Cartridge date	-
6. Check all piping and conduit; must be immobilized with proper hangers and brackets	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
7. Check positioning of all nozzles	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
8. Check action on self-closing caps	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
9. Replace all protective covers on nozzles	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
10. System operated manually	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
11. System operated automatically by cutting terminal link	N/A
12. Test proper operation of gas valve(s)	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
13. Test proper operation of micro switch (electric shutdown, washdown)	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
14. Check operation of multiple systems, all tripped	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
15. Replace and seal all safety pins in manual & remote releases	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
16. Fuel shut-off is in "ON" position	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
17. Check exhaust fan for operating order	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
18. Clean system cylinder & component parts	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
19. Fan warning sign on hood	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
20. Distributor emergency phone number on system	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
21. Inspection & servicing tag are on system	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>

22. Personnel has been instructed on manual operation of system(s)	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
23. Hand portable extinguishers serviced	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
24. Pin removed, tension set, system armed	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
25. Canopy/ Duct Const	-

### Deficiencies

System is free of deficiencies and functions as required?	Yes
Parts Required:	-

### Result

	● Passed
--	----------

### Notes

Number	-
--------	---

## Comments

Number	COMMENT	IMAGE
1	Range Hood Inspection. No issues.	



**Tech connected. Lives protected.**

## **Conclusion**

We appreciate the opportunity to provide this inspection report. We are confident in the accuracy of the contents of this report. Should you require any additional services, or have questions regarding the contents of this report, please do not hesitate to contact your Midwest Alarm Services representative at 308-389-3981.

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A handwritten signature in black ink, appearing to read 'GH', is positioned above a solid blue horizontal line.

Tested By:

**Gary Hesman**

Midwest Alarm Services

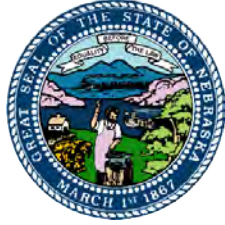
3630 W Old Hwy 30

Grand Island, NE 68803

# State of Nebraska

ANNUAL CONVEYANCE CERTIFICATE

Nebraska State  
Fire Marshal Agency



Elevator  
Division

Issuance of this certificate does not create liability nor guarantee personal safety. If you have any questions regarding the operation or safety of this unit, contact the Owner.  
NSFM Elevator Division: 402-595-3184

STATE # **8155**

UNIT ID **D BUILDING/WEST**

MANUFACTURER **DOVER**

TYPE **PASSENGER**

INSPECTION DATE **8/2/2022**

CERTIFICATE # **262258**

BUILDING NAME

Timothy Trujillo

BSDC

Elevator Division Chief

**3000 LINCOLN ST  
BEATRICE, NE 68310**

Scott Cordes

State Fire Marshal

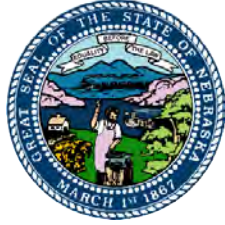
This Certificate must be posted in the elevator car



# State of Nebraska

ANNUAL CONVEYANCE CERTIFICATE

Nebraska State  
Fire Marshal Agency



Elevator  
Division

Issuance of this certificate does not create liability nor guarantee personal safety. If you have any questions regarding the operation or safety of this unit, contact the Owner.  
NSFM Elevator Division: 402-595-3184

STATE # **8156**

UNIT ID **D BLDG/EAST**

MANUFACTURER **DOVER**

TYPE **PASSENGER**

INSPECTION DATE **8/2/2022**

CERTIFICATE # **262257**

BUILDING NAME

Timothy Trujillo

BSDC

Elevator Division Chief

**3000 LINCOLN ST  
BEATRICE, NE 68310**

Scott Cordes

State Fire Marshal

This Certificate must be posted in the elevator car



# MIDWEST ALARM SERVICES

Tech connected. Lives protected.

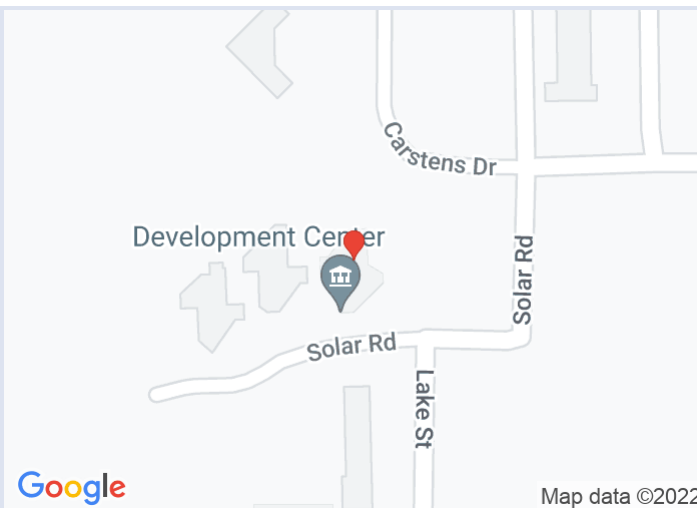
## Inspection Report

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Presented To  
State of Nebraska

---

For  
D Building  
3000 Lincoln St  
Beatrice, NE 68310



**This site has been inspected  
and tested in compliance  
with applicable standards.**

---

Completed:  
**Thursday, December 15, 2022**

---

Tested By:  
**Lucas Canfield**  
Midwest Alarm Services  
3630 W Old Hwy 30  
Grand Island, NE 68803

Scan Code to Access  
Nspec Cloud Portal



# Inspection Information

## CUSTOMER INFORMATION

Name:	State of Nebraska	Address:	3000 Lincoln St
City:	Beatrice	State:	NE
ZIP:	68310	Email:	mike.balderson@nebraska.gov
AR#:	1001603		

## BUILDING INFORMATION

Name:	D Building	Occupancy Type:	Institutional (Group I)
Address:	3000 Lincoln St	City:	Beatrice
State:	NE	ZIP:	68310
Monitoring Company Account Number:	FA14300	AR#:	1001603
Email for Reports:	mike.balderson@nebraska.gov		

## COMPANY INFORMATION

Name:	Midwest Alarm Services	Address:	3630 W Old Hwy 30
City:	Grand Island	State:	NE
Zip:	68803	License:	-
Email:	tracy.hesman@mw-as.com	Phone:	308-389-3981

## AUTHORITY HAVING JURISDICTION

Name:	State of Nebraska Fire Marshal	Address:	246 S 14th St
City:	Lincoln	State:	NE
Zip:	68508	Email:	-
Phone:	402-471-2027		

## MONITORING COMPANY

Name:	Per Mar	Address:	1910 E Kimberly Rd
City:	Davenport	State:	IA
Zip:	52807	Email:	-
phone:	800-227-9805		

## TESTING SUMMARY

EQUIPMENT TYPE	TOTAL	TESTED	PASSED	FAILED
Fire Extinguisher	18	18 (100%)	17 (94%)	1 (6%)

## Fire Extinguisher Report

This testing was performed in accordance with applicable NFPA 72 Standards.

Midwest Alarm Services provides many services to our community. If you would like quarterly, semi-annual or annual testing/inspection, the inspection coordinator can reach out and offer inspections on a time and material basis. Signing an Inspection Agreement with Midwest Alarm Services has many benefits. Not only do you save money, but our inspection coordinator will work with you to ensure your Fire System stays in code as well as has proper documentation sent to the local jurisdiction for compliance. If you need an estimate or have questions about our services, please reach out to our operations manager.

Gary Hesman  
Operations Manager  
308-389-3981  
gary.hesman@mw-as.com

---

Tested By:



**Lucas Canfield**  
Midwest Alarm Services  
3630 W Old Hwy 30  
Grand Island, NE 68803

## Fire Extinguisher

Location	Specification	Information	Dates	Inspected	Inspected	Result	Notes
Location 1 / Basement / D Building / By North Equipment Room	Type/Make/Model Amerex / 441	Serial # GA362655 Size 10# Type ABC Mfg Date 1986	Last Hydro Date 12/09/2021 Next Hydro Date 12/01/2033 Next Six Year Date 12/15/2027	Weight Yes Bracket Yes Gauge Yes Pull Pin Yes	Signage Yes Hose Yes Collar Yes Due for Service No	Result ● Passed	Number -
Location 2 / Basement / D Building / Near Elevator Equip Room on Pillar	Type/Make/Model Amerex / 441	Serial # GE-402059 Size 10# Type ABC Mfg Date 1986	Last Hydro Date 12/09/2021 Next Hydro Date 12/09/2033 Next Six Year Date 12/15/2027	Weight Yes Bracket Yes Gauge Yes Pull Pin Yes	Signage No Hose Yes Collar Yes Due for Service No	Result ● Passed	Number -
Location 3 / Basement / D Building / Center by Elevators	Type/Make/Model Amerex / 441	Serial # GA362637 Size 10# Type ABC Mfg Date 1986	Last Hydro Date 12/01/2021 Next Hydro Date - Next Six Year Date 12/01/2027	Weight Yes Bracket Yes Gauge Yes Pull Pin Yes	Signage Yes Hose Yes Collar Yes Due for Service No	Result ● Passed	Number -
Location 4 / Basement / D Building / By Center Staircase	Type/Make/Model Amerex / B456	Serial # F88774141 Size 10# Type ABC Mfg Date 2020	Last Hydro Date - Next Hydro Date 12/01/2032 Next Six Year Date 12/01/2026	Weight Yes Bracket Yes Gauge Yes Pull Pin Yes	Signage Yes Hose Yes Collar No Due for Service No	Result ● Passed	Number -
Location 5 / Basement / D Building / Near South Stairs on Pillar	Type/Make/Model Amerex / 441	Serial # GA363181 Size 10# Type ABC Mfg Date 1986	Last Hydro Date 12/09/2021 Next Hydro Date - Next Six Year Date 12/09/2027	Weight Yes Bracket Yes Gauge Yes Pull Pin Yes	Signage Yes Hose Yes Collar Yes Due for Service No	Result ● Passed	Number -
Location 6 / Basement / D Building / In Elevator Equip Room	Type/Make/Model Badger / 5MB- 6H	Serial # A97613901 Size 5# Type ABC Mfg Date 2015	Last Hydro Date - Next Hydro Date 12/01/2027 Next Six Year Date -	Weight Yes Bracket Yes Gauge Yes Pull Pin Yes	Signage No Hose Yes Collar Yes Due for Service No	Result ● Passed	Number -

Location	Specification	Information	Dates	Inspected	Inspected	Result	Notes
Location 7 / Basement / D Building / By South Equip Room	Type/Make/Model Buckeye / 10 HI SA80 ABC	Serial # N361242 Size 10# Type ABC Mfg Date 2010	Last Hydro Date - Next Hydro Date 12/15/2022 Next Six Year Date - Pull Pin Yes	Weight Yes Bracket Yes Gauge Yes Yes Yes	Signage Yes Hose Yes Collar Yes Due for Service Yes	Result X Failed	Number 1
Location 8 / 1st / D Building / By South Entrance	Type/Make/Model Amerex / B456	Serial # F-88767666 Size 10# Type ABC Mfg Date 2020	Last Hydro Date - Next Hydro Date 12/09/2032 Next Six Year Date 12/09/2026 Pull Pin Yes	Weight Yes Bracket Yes Gauge Yes Yes Yes	Signage Yes Hose Yes Collar Yes Due for Service No	Result ● Passed	Number -
Location 9 / 1st / D Building / By East Main Entrance	Type/Make/Model Amerex / 441	Serial # GA363176 Size 10# Type ABC Mfg Date 1986	Last Hydro Date 12/09/2021 Next Hydro Date - Next Six Year Date 12/09/2027 Pull Pin Yes	Weight Yes Bracket Yes Gauge Yes Yes Yes	Signage Yes Hose Yes Collar Yes Due for Service No	Result ● Passed	Number -
Location 10 / 1st / D Building / By North Entrance	Type/Make/Model Buckeye / 10 HI SA80 ABC	Serial # K033583 Size 10# Type ABC Mfg Date 2010	Last Hydro Date 12/15/2021 Next Hydro Date - Next Six Year Date 12/15/2027 Pull Pin Yes	Weight Yes Bracket Yes Gauge Yes Yes Yes	Signage No Hose Yes Collar Yes Due for Service No	Result ● Passed	Number -
Location 11 / 2nd / D Building / By North Stairs	Type/Make/Model Amerex / 441	Serial # GA362660 Size 10# Type ABC Mfg Date 1986	Last Hydro Date 12/09/2021 Next Hydro Date - Next Six Year Date 12/09/2027 Pull Pin Yes	Weight Yes Bracket Yes Gauge Yes Yes Yes	Signage Yes Hose Yes Collar Yes Due for Service No	Result ● Passed	Number -
Location 12 / 2nd / D Building / Center by Elevators	Type/Make/Model Amerex / B456	Serial # F-88774650 Size 10# Type ABC Mfg Date 2020	Last Hydro Date - Next Hydro Date - Next Six Year Date 12/09/2026 Pull Pin Yes	Weight Yes Bracket Yes Gauge Yes Yes Yes	Signage Yes Hose Yes Collar Yes Due for Service No	Result ● Passed	Number -

Location	Specification	Information	Dates	Inspected	Inspected	Result	Notes
Location 13 / 2nd / D Building / By South Stairs	Type/Make/Model Amerex / 441	Serial # GA362654 Size 10# Type ABC Mfg Date 1986	Last Hydro Date 12/09/2021 Next Hydro Date - Next Six Year Date 12/09/2027	Weight Yes Bracket Yes Gauge Yes Pull Pin Yes	Signage Yes Hose Yes Collar Yes Due for Service No	Result ● Passed	Number -
Location 14 / 3rd / D Building / By South Stairs	Type/Make/Model Amerex / 441	Serial # GA362659 Size 10# Type ABC Mfg Date 1986	Last Hydro Date 12/09/2021 Next Hydro Date - Next Six Year Date 12/09/2027	Weight Yes Bracket Yes Gauge Yes Pull Pin Yes	Signage Yes Hose Yes Collar Yes Due for Service No	Result ● Passed	Number -
Location 15 / 3rd / D Building / South Work Area West Wall	Type/Make/Model Buckeye / 10 HI SA80 ABC	Serial # K073972 Size 10# Type ABC Mfg Date 2010	Last Hydro Date 12/15/2021 Next Hydro Date - Next Six Year Date 12/15/2027	Weight Yes Bracket Yes Gauge Yes Pull Pin Yes	Signage Yes Hose Yes Collar Yes Due for Service No	Result ● Passed	Number -
Location 16 / 3rd / D Building / By Elevator	Type/Make/Model Amerex / 441	Serial # GA362658 Size 10# Type ABC Mfg Date 1986	Last Hydro Date 12/15/2021 Next Hydro Date - Next Six Year Date 12/09/2027	Weight Yes Bracket Yes Gauge Yes Pull Pin Yes	Signage Yes Hose Yes Collar Yes Due for Service No	Result ● Passed	Number -
Location 17 / 3rd / D Building / North Work Area West Wall	Type/Make/Model Amerex / B456	Serial # AU466439 Size 10# Type ABC Mfg Date 2011	Last Hydro Date - Next Hydro Date 12/09/2023 Next Six Year Date -	Weight Yes Bracket Yes Gauge Yes Pull Pin Yes	Signage No Hose Yes Collar Yes Due for Service No	Result ● Passed	Number -
Location 18 / 3rd / D Building / By North Stairs	Type/Make/Model Amerex / 441	Serial # GA363183 Size 10# Type ABC Mfg Date 1986	Last Hydro Date 12/15/2021 Next Hydro Date - Next Six Year Date 12/15/2027	Weight Yes Bracket Yes Gauge Yes Pull Pin Yes	Signage Yes Hose Yes Collar Yes Due for Service No	Result ● Passed	Number -

## Deficiencies

Location 7 / Basement / D Building / By South Equip Room	Type/Make/Model Buckeye / 10 HI SA80 ABC	Serial # N361242 Size 10# Type ABC Mfg Date 2010	Last Hydro Date - Next Hydro Date 12/15/2022 Next Six Year Date -	Weight Yes Bracket Yes Gauge Yes Pull Pin Yes	Signage Yes Hose Yes Collar Yes Due for Service Yes	Result Failed	Number 1
--	--	---	---	--	--	------------------	-------------

## Comments

Number	COMMENT	IMAGE
1	#7 due for hydro	
2	Annual Fire Extinguisher Inspection. 1 needs hydro tested.	





**Tech connected. Lives protected.**

## **Conclusion**

We appreciate the opportunity to provide this inspection report. We are confident in the accuracy of the contents of this report. Should you require any additional services, or have questions regarding the contents of this report, please do not hesitate to contact your Midwest Alarm Services representative at 308-389-3981.

### **Life Safety Solutions Experts Since 1950**

For more than 70 years, Midwest Alarm Services has been providing the best, innovative fire, security and technology solutions for homes and businesses. As a systems integrator, we can design, install, maintain, monitor and service a wide variety of equipment and software. We take the time to understand your needs and customized solutions to fit your needs and budget. To learn more about our company and the services we provide, please visit:

[www.midwestalarmservices.com](http://www.midwestalarmservices.com)

A handwritten signature in black ink, appearing to read 'Lucas Canfield', is written over a blue horizontal line.

Tested By:

**Lucas Canfield**

Midwest Alarm Services

3630 W Old Hwy 30

Grand Island, NE 68803

# Sprinkler Inspection Certificate

*For*

Beatrice State Development D  
Building  
941 Sheridan Dr.  
Beatrice, Nebraska 68310

Tested to NFPA 25 Standards

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

*Annual Inspection  
Inspection Date  
Sep 26, 2023*

Building: Beatrice State Development D Building  
Contact: Facility Manager  
Title: Maint. Supervisor

Company: NIFCO Mechanical Systems  
Contact: Travis Billesbach  
Title: Inspector

# Executive Summary

Generated by: *BuildingReports.com*

Building Information			
<b>Building:</b> Beatrice State Development D Building			<b>Contact:</b> Facility Manager
<b>Address:</b> 941 Sheridan Dr.			<b>Phone:</b> 402-223-7526
<b>Address:</b>			<b>Fax:</b>
<b>City/State/ZIP Code:</b> Beatrice, Nebraska 68310			<b>Mobile:</b>
<b>Country:</b> United States of America			<b>Email:</b>
Inspection Performed By			
<b>Company:</b> NIFCO Mechanical Systems			<b>Inspector:</b> Travis Billesbach
<b>Address:</b> 500 Blue Heron Dr			<b>Phone:</b> 402-477-0666
<b>Address:</b>			<b>Fax:</b>
<b>City/State/ZIP Code:</b> Lincoln, NE 68522-1701			<b>Mobile:</b> 531-220-1687
<b>Country:</b> United States of America			<b>Email:</b> tbillesbach@nifcomechanical.com
System Control Unit			
System Type	System Location	Protected Area	Devices
Wet Pipe	Building-	Building-	7
Wet Pipe	Building-	Building-Basement	2
Wet Pipe	Building-	Floors-	2
Wet Pipe	Building-	Floors-1st	3
Wet Pipe	Building-	Floors-2nd	2
Wet Pipe	Building-	Floors-3rd	2

Inspection Summary								
Category	Total Items		Serviced		Passed		Failed/Other	
	Qty	%	Qty	%	Qty	%	Qty	%
Alarm	5	27.78%	5	100.00%	5	100.00%	0	0.00%
Device	2	11.11%	1	50.00%	1	100.00%	0	0.00%
Hose	1	5.56%	1	100.00%	1	100.00%	0	0.00%
Sprinkler	1	5.56%	0	0.00%	0	0.00%	0	0.00%
Valve	9	50.00%	8	88.89%	8	100.00%	0	0.00%
<b>Totals</b>	<b>18</b>	<b>100%</b>	<b>15</b>	<b>83.33%</b>	<b>15</b>	<b>100.00%</b>	<b>0</b>	<b>0.00%</b>

Certification	
<b>Company:</b> NIFCO Mechanical Systems	<b>Building:</b> Beatrice State Development D Building
<b>Inspector:</b> Travis Billesbach	<b>Contact:</b> Facility Manager

Travis Billesbach Certifications	
Certification Type	Number
NICET Inspection and Testing of Water-Based Systems Level I	
Nebraska Grade VI Water Operator	8466

# Inspection & Testing

Generated by: BuildingReports.com

Building: Beatrice State Development D Building				
<i>The Inspection &amp; Testing section lists all of the items inspected in your building. Items are grouped by Passed or Failed/Other. Items are listed by Category. Each item includes the services performed, and the time &amp; date at which testing occurred.</i>				
Device Type	Location	Service	Time	Date
<b><i>Passed</i></b>				
<b>Building– Wet Pipe, Building–</b>				
Fire Dep't Connection	Ground West outside	Annual	9:38:34 AM	09/26/2023
Control Valve	Basement East Mechanical	Annual	9:37:28 AM	09/26/2023
Control Valve	Basement East Mechanical	Annual	9:37:38 AM	09/26/2023
Post Indicator Valve	Ground West outside	Annual	9:38:43 AM	09/26/2023
<b>Building– Wet Pipe, Building–Basement</b>				
Waterflow Switch	Basement West Mechanical	Annual	9:23:12 AM	09/26/2023
Control Valve	Basement West Mechanical	Annual	9:37:10 AM	09/26/2023
<b>Building– Wet Pipe, Floors–</b>				
Waterflow Switch	Basement West Mechanical	Annual	9:23:08 AM	09/26/2023
Drain	Basement West Mechanical	Annual	9:37:47 AM	09/26/2023
<b>Building– Wet Pipe, Floors–1st</b>				
Waterflow Switch	1st Inner Housekeeping	Annual	9:17:35 AM	09/26/2023
Control Valve	Basement West Mechanical	Annual	9:36:53 AM	09/26/2023
Control Valve	1st Inner Housekeeping	Annual	9:16:37 AM	09/26/2023
<b>Building– Wet Pipe, Floors–2nd</b>				
Waterflow Switch	2nd Inner Housekeeping	Annual	9:17:28 AM	09/26/2023
Control Valve	2nd Inner Housekeeping	Annual	9:23:19 AM	09/26/2023
<b>Building– Wet Pipe, Floors–3rd</b>				
Waterflow Switch	3rd Inner Housekeeping	Annual	9:17:31 AM	09/26/2023
Control Valve	3rd Inner Housekeeping	Annual	9:37:03 AM	09/26/2023
<b><i>Untested</i></b>				
<b>Building– Wet Pipe, Building–</b>				
Gauge	Basement East Mechanical			
Piping	Basement East Mechanical			
Check Valve	Basement East Mechanical			

# Wet Pipe Fire Sprinkler Systems

Generated by: *BuildingReports.com*

Building: Beatrice State Development D						Building-, Building-		
<p><i>This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.</i></p>								
<b>Components</b>								
<b>Check Valve</b>								
Type	Location		Internal Date			Size	OK	ScanID
Grooved	Basement East Mechanical		12/31/1969			4"	<input type="checkbox"/>	68041421
<b>Control Valve</b>								
Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			Basement East Mechanical	4"	Open	Supervised	<input checked="" type="checkbox"/>	59770092
<b>Description</b>								
Main Control								
<b>Control Valve</b>								
Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			Basement East Mechanical	4"	Open	Supervised	<input checked="" type="checkbox"/>	59770093
<b>Description</b>								
Main Control								
<b>Post Indicator Valve</b>								
Manufacturer		Model	Location			OK	ScanID	
			Ground West outside			<input checked="" type="checkbox"/>	59770087	
Type	Size	Position	Status		Number of Turns			
Ground	6"	Open	Locked & Supervised					
<b>Devices</b>								
<b>Fire Dep't Connection</b>								
Location		Type	BallDrip	Rotating Swivels	Size	OK	ScanID	
Ground West outside		Siamese	Yes	Yes	4"	<input checked="" type="checkbox"/>	59770086	
<b>Gauge</b>								
Location				Service Date				
Basement East Mechanical				12/31/1969				
Type	Manufacturer	Model #	Static psi	Fill Type	Size	OK	ScanID	
						<input type="checkbox"/>	68041423	
<b>Piping</b>								
Location		Type	Size	Internal Date				

Basement East Mechanical	Steel		10/14/2021		
<b>Hangers</b>	<b>Braces</b>	<b>Fittings</b>	<b>Identified</b>	<b>Antifreeze</b>	<b>ScanID</b>
Normal	Normal		Tagged	N/A	68041422

Building: Beatrice State Development D  
 Building

Building-, Building-Basement

*This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.*

**Alarms**

**Waterflow Switch**

Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID
Vane				3.0	1	<input checked="" type="checkbox"/>	59770089

**Components**

**Control Valve**

Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			Basement West Mechanical	3"	Open	Supervised	<input checked="" type="checkbox"/>	59770091

**Description**

Isolation



**Building: Beatrice State Development D  
Building**

**Building-, Floors-**

*This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.*

***Alarms***

**Waterflow Switch**

Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID
Vane				4.0	1	<input checked="" type="checkbox"/>	59770088

***Devices***

**Drain**

**Current Inspection**

Type	Location	Size	Supply psi	Restored psi	Residual psi	Sec	OK	ScanID
Main	Basement West Mechanical	2"	51	42	35		<input checked="" type="checkbox"/>	59770085

**Previous Inspections**

**June 14, 2023**

Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	Basement West Mechanical	2"	49	45	29		<input checked="" type="checkbox"/>	59770085

**March 28, 2023**

Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	Basement West Mechanical	2"	48	42	30		<input checked="" type="checkbox"/>	59770085

*This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.*

**Alarms**

**Waterflow Switch**

Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID
Vane				2.5	1	<input checked="" type="checkbox"/>	59770084

**Components**

**Control Valve**

Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			Basement West Mechanical	4"	Open	Supervised	<input checked="" type="checkbox"/>	59770090

**Description**

Isolation

**Control Valve**

Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			1st Inner Housekeeping	2.5"	Open	Supervised	<input checked="" type="checkbox"/>	59770083

**Description**

Isolation

Building: Beatrice State Development D  
 Building

Building-, Floors-2nd

*This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.*

***Alarms***

**Waterflow Switch**

Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID
Vane				2.5	1	<input checked="" type="checkbox"/>	59770063

***Components***

**Control Valve**

Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			2nd Inner Housekeeping	2"	Open	Supervised	<input checked="" type="checkbox"/>	59770064

**Description**

Isolation

Building: Beatrice State Development D  
Building

Building-, Floors-3rd

*This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.*

***Alarms***

**Waterflow Switch**

Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID
Vane				2.0	1	<input checked="" type="checkbox"/>	59770082

***Components***

**Control Valve**

Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			3rd Inner Housekeeping	2"	Open	Supervised	<input checked="" type="checkbox"/>	59770081

**Description**

Isolation

# Inventory & Warranty Report

Generated by: [BuildingReports.com](http://BuildingReports.com)

## Building: Beatrice State Development D Building

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

Device or Type	Category	% of Inventory	Quantity
Check Valve	Valve	5.56%	1
Control Valve	Valve	38.89%	7
Drain	Device	5.56%	1
Fire Dep't Connection	Hose	5.56%	1
Gauge	Device	5.56%	1
Piping	Sprinkler	5.56%	1
Post Indicator Valve	Valve	5.56%	1
Waterflow Switch	Alarm	27.78%	5

Device Type	Qty	Model #	Type	Description	Install Date
-------------	-----	---------	------	-------------	--------------

### In Service - 3 Years to 5 Years

#### Building- Wet Pipe, Building-

Check Valve	1		Grooved		03/20/2020
Control Valve	2		Butterfly	Main Control	03/20/2020
Fire Dep't Connection	1		Siamese		03/20/2020
Gauge	1				03/20/2020
Piping	1		Steel		03/20/2020
Post Indicator Valve	1		Ground		03/20/2020

#### Building- Wet Pipe, Building-Basement

Control Valve	1		Butterfly	Isolation	03/20/2020
Waterflow Switch	1		Vane	Alarm	03/20/2020

#### Building- Wet Pipe, Floors-

Drain	1		Main		03/20/2020
Waterflow Switch	1		Vane	Alarm	03/20/2020

#### Building- Wet Pipe, Floors-1st

Control Valve	2		Butterfly	Isolation	03/20/2020
Waterflow Switch	1		Vane	Alarm	03/20/2020

#### Building- Wet Pipe, Floors-2nd

Control Valve	1		Butterfly	Isolation	03/20/2020
Waterflow Switch	1		Vane	Alarm	03/20/2020

#### Building- Wet Pipe, Floors-3rd

Control Valve	1		Butterfly	Isolation	03/20/2020
Waterflow Switch	1		Vane	Alarm	03/20/2020

# Sprinkler Inspection Certificate

*For*

Beatrice State Development D  
Building  
941 Sheridan Dr.  
Beatrice, Nebraska 68310

Tested to NFPA 25 Standards

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

*Annual Inspection  
Inspection Date  
Sep 26, 2023*

Building: Beatrice State Development D Building  
Contact: Facility Manager  
Title: Maint. Supervisor

Company: NIFCO Mechanical Systems  
Contact: Travis Billesbach  
Title: Inspector

# Executive Summary

Generated by: *BuildingReports.com*

Building Information			
<b>Building:</b> Beatrice State Development D Building			<b>Contact:</b> Facility Manager
<b>Address:</b> 941 Sheridan Dr.			<b>Phone:</b> 402-223-7526
<b>Address:</b>			<b>Fax:</b>
<b>City/State/ZIP Code:</b> Beatrice, Nebraska 68310			<b>Mobile:</b>
<b>Country:</b> United States of America			<b>Email:</b>
Inspection Performed By			
<b>Company:</b> NIFCO Mechanical Systems			<b>Inspector:</b> Travis Billesbach
<b>Address:</b> 500 Blue Heron Dr			<b>Phone:</b> 402-477-0666
<b>Address:</b>			<b>Fax:</b>
<b>City/State/ZIP Code:</b> Lincoln, NE 68522-1701			<b>Mobile:</b> 531-220-1687
<b>Country:</b> United States of America			<b>Email:</b> tbillesbach@nifcomechanical.com
System Control Unit			
System Type	System Location	Protected Area	Devices
Wet Pipe	Building-	Building-	7
Wet Pipe	Building-	Building-Basement	2
Wet Pipe	Building-	Floors-	2
Wet Pipe	Building-	Floors-1st	3
Wet Pipe	Building-	Floors-2nd	2
Wet Pipe	Building-	Floors-3rd	2





# Inspection & Testing

Generated by: [BuildingReports.com](http://BuildingReports.com)

Building: Beatrice State Development D Building				
<i>The Inspection &amp; Testing section lists all of the items inspected in your building. Items are grouped by Passed or Failed/Other. Items are listed by Category. Each item includes the services performed, and the time &amp; date at which testing occurred.</i>				
Device Type	Location	Service	Time	Date
<b><i>Passed</i></b>				
<b>Building– Wet Pipe, Building–</b>				
Fire Dep't Connection	Ground West outside	Annual	9:38:34 AM	09/26/2023
Control Valve	Basement East Mechanical	Annual	9:37:28 AM	09/26/2023
Control Valve	Basement East Mechanical	Annual	9:37:38 AM	09/26/2023
Post Indicator Valve	Ground West outside	Annual	9:38:43 AM	09/26/2023
<b>Building– Wet Pipe, Building–Basement</b>				
Waterflow Switch	Basement West Mechanical	Annual	9:23:12 AM	09/26/2023
Control Valve	Basement West Mechanical	Annual	9:37:10 AM	09/26/2023
<b>Building– Wet Pipe, Floors–</b>				
Waterflow Switch	Basement West Mechanical	Annual	9:23:08 AM	09/26/2023
Drain	Basement West Mechanical	Annual	9:37:47 AM	09/26/2023
<b>Building– Wet Pipe, Floors–1st</b>				
Waterflow Switch	1st Inner Housekeeping	Annual	9:17:35 AM	09/26/2023
Control Valve	Basement West Mechanical	Annual	9:36:53 AM	09/26/2023
Control Valve	1st Inner Housekeeping	Annual	9:16:37 AM	09/26/2023
<b>Building– Wet Pipe, Floors–2nd</b>				
Waterflow Switch	2nd Inner Housekeeping	Annual	9:17:28 AM	09/26/2023
Control Valve	2nd Inner Housekeeping	Annual	9:23:19 AM	09/26/2023
<b>Building– Wet Pipe, Floors–3rd</b>				
Waterflow Switch	3rd Inner Housekeeping	Annual	9:17:31 AM	09/26/2023
Control Valve	3rd Inner Housekeeping	Annual	9:37:03 AM	09/26/2023
<b><i>Untested</i></b>				
<b>Building– Wet Pipe, Building–</b>				
Gauge	Basement East Mechanical			
Piping	Basement East Mechanical			
Check Valve	Basement East Mechanical			

# Wet Pipe Fire Sprinkler Systems

Generated by: *BuildingReports.com*

Building: Beatrice State Development D						Building-, Building-		
<p><i>This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.</i></p>								
<b>Components</b>								
<b>Check Valve</b>								
Type	Location		Internal Date			Size	OK	ScanID
Grooved	Basement East Mechanical		12/31/1969			4"	<input type="checkbox"/>	68041421
<b>Control Valve</b>								
Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			Basement East Mechanical	4"	Open	Supervised	<input checked="" type="checkbox"/>	59770092
<b>Description</b>								
Main Control								
<b>Control Valve</b>								
Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			Basement East Mechanical	4"	Open	Supervised	<input checked="" type="checkbox"/>	59770093
<b>Description</b>								
Main Control								
<b>Post Indicator Valve</b>								
Manufacturer		Model	Location			OK	ScanID	
			Ground West outside			<input checked="" type="checkbox"/>	59770087	
Type	Size	Position	Status		Number of Turns			
Ground	6"	Open	Locked & Supervised					
<b>Devices</b>								
<b>Fire Dep't Connection</b>								
Location		Type	BallDrip	Rotating Swivels	Size	OK	ScanID	
Ground West outside		Siamese	Yes	Yes	4"	<input checked="" type="checkbox"/>	59770086	
<b>Gauge</b>								
Location				Service Date				
Basement East Mechanical				12/31/1969				
Type	Manufacturer	Model #	Static psi	Fill Type	Size	OK	ScanID	
						<input type="checkbox"/>	68041423	
<b>Piping</b>								
Location		Type	Size	Internal Date				

Basement East Mechanical	Steel		10/14/2021		
<b>Hangers</b>	<b>Braces</b>	<b>Fittings</b>	<b>Identified</b>	<b>Antifreeze</b>	<b>ScanID</b>
Normal	Normal		Tagged	N/A	68041422

Building: Beatrice State Development D  
Building

Building-, Building-Basement

*This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.*

***Alarms***

**Waterflow Switch**

Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID
Vane				3.0	1	<input checked="" type="checkbox"/>	59770089

***Components***

**Control Valve**

Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			Basement West Mechanical	3"	Open	Supervised	<input checked="" type="checkbox"/>	59770091

**Description**

Isolation

*This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.*

**Alarms**

**Waterflow Switch**

Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID
Vane				4.0	1	<input checked="" type="checkbox"/>	59770088

**Devices**

**Drain**

**Current Inspection**

Type	Location	Size	Supply psi	Restored psi	Residual psi	Sec	OK	ScanID
Main	Basement West Mechanical	2"	51	42	35		<input checked="" type="checkbox"/>	59770085

**Previous Inspections**

**June 14, 2023**

Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	Basement West Mechanical	2"	49	45	29		<input checked="" type="checkbox"/>	59770085

**March 28, 2023**

Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	Basement West Mechanical	2"	48	42	30		<input checked="" type="checkbox"/>	59770085

*This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.*

**Alarms**

**Waterflow Switch**

Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID
Vane				2.5	1	<input checked="" type="checkbox"/>	59770084

**Components**

**Control Valve**

Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			Basement West Mechanical	4"	Open	Supervised	<input checked="" type="checkbox"/>	59770090

**Description**

Isolation

**Control Valve**

Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			1st Inner Housekeeping	2.5"	Open	Supervised	<input checked="" type="checkbox"/>	59770083

**Description**

Isolation

Building: Beatrice State Development D  
Building

Building-, Floors-2nd

*This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.*

### *Alarms*

#### **Waterflow Switch**

Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID
Vane				2.5	1	<input checked="" type="checkbox"/>	59770063

### *Components*

#### **Control Valve**

Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			2nd Inner Housekeeping	2"	Open	Supervised	<input checked="" type="checkbox"/>	59770064

#### **Description**

Isolation

Building: Beatrice State Development D  
 Building

Building-, Floors-3rd

*This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.*

***Alarms***

**Waterflow Switch**

Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID
Vane				2.0	1	<input checked="" type="checkbox"/>	59770082

***Components***

**Control Valve**

Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			3rd Inner Housekeeping	2"	Open	Supervised	<input checked="" type="checkbox"/>	59770081

**Description**

Isolation



# Inventory & Warranty Report

Generated by: [BuildingReports.com](http://BuildingReports.com)

## Building: Beatrice State Development D Building

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

Device or Type	Category	% of Inventory	Quantity
Check Valve	Valve	5.56%	1
Control Valve	Valve	38.89%	7
Drain	Device	5.56%	1
Fire Dep't Connection	Hose	5.56%	1
Gauge	Device	5.56%	1
Piping	Sprinkler	5.56%	1
Post Indicator Valve	Valve	5.56%	1
Waterflow Switch	Alarm	27.78%	5

Device Type	Qty	Model #	Type	Description	Install Date
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### In Service - 3 Years to 5 Years

#### Building- Wet Pipe, Building-

Check Valve	1		Grooved		03/20/2020
Control Valve	2		Butterfly	Main Control	03/20/2020
Fire Dep't Connection	1		Siamese		03/20/2020
Gauge	1				03/20/2020
Piping	1		Steel		03/20/2020
Post Indicator Valve	1		Ground		03/20/2020

#### Building- Wet Pipe, Building-Basement

Control Valve	1		Butterfly	Isolation	03/20/2020
Waterflow Switch	1		Vane	Alarm	03/20/2020

#### Building- Wet Pipe, Floors-

Drain	1		Main		03/20/2020
Waterflow Switch	1		Vane	Alarm	03/20/2020

#### Building- Wet Pipe, Floors-1st

Control Valve	2		Butterfly	Isolation	03/20/2020
Waterflow Switch	1		Vane	Alarm	03/20/2020

#### Building- Wet Pipe, Floors-2nd

Control Valve	1		Butterfly	Isolation	03/20/2020
Waterflow Switch	1		Vane	Alarm	03/20/2020

#### Building- Wet Pipe, Floors-3rd

Control Valve	1		Butterfly	Isolation	03/20/2020
Waterflow Switch	1		Vane	Alarm	03/20/2020

# Sprinkler Inspection Certificate

*For*

Beatrice State Development D  
Building  
941 Sheridan Dr.  
Beatrice, Nebraska 68310

Tested to NFPA 25 Standards

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

*Quarterly Inspection*  
*Inspection Date*  
*Jun 14, 2023*

Building: Beatrice State Development D Building  
Contact: Facility Manager  
Title: Maint. Supervisor

Company: NIFCO Mechanical Systems  
Contact: Travis Billesbach  
Title: Inspector

# Executive Summary

Generated by: *BuildingReports.com*

Building Information			
<b>Building:</b> Beatrice State Development D Building			<b>Contact:</b> Facility Manager
<b>Address:</b> 941 Sheridan Dr.			<b>Phone:</b> 402-223-7526
<b>Address:</b>			<b>Fax:</b>
<b>City/State/ZIP Code:</b> Beatrice, Nebraska 68310			<b>Mobile:</b>
<b>Country:</b> United States of America			<b>Email:</b>
Inspection Performed By			
<b>Company:</b> NIFCO Mechanical Systems			<b>Inspector:</b> Travis Billesbach
<b>Address:</b> 500 Blue Heron Dr			<b>Phone:</b> 402-477-0666
<b>Address:</b>			<b>Fax:</b>
<b>City/State/ZIP Code:</b> Lincoln, NE 68522-1701			<b>Mobile:</b> 531-220-1687
<b>Country:</b> United States of America			<b>Email:</b> tbillesbach@nifcomechanical.com
System Control Unit			
System Type	System Location	Protected Area	Devices
Wet Pipe	Building-	Building-	7
Wet Pipe	Building-	Building-Basement	2
Wet Pipe	Building-	Floors-	2
Wet Pipe	Building-	Floors-1st	3
Wet Pipe	Building-	Floors-2nd	2
Wet Pipe	Building-	Floors-3rd	2

Inspection Summary								
Category	Total Items		Serviced		Passed		Failed/Other	
	Qty	%	Qty	%	Qty	%	Qty	%
Alarm	5	27.78%	5	100.00%	5	100.00%	0	0.00%
Device	2	11.11%	1	50.00%	1	100.00%	0	0.00%
Hose	1	5.56%	1	100.00%	1	100.00%	0	0.00%
Sprinkler	1	5.56%	0	0.00%	0	0.00%	0	0.00%
Valve	9	50.00%	8	88.89%	8	100.00%	0	0.00%
<b>Totals</b>	<b>18</b>	<b>100%</b>	<b>15</b>	<b>83.33%</b>	<b>15</b>	<b>100.00%</b>	<b>0</b>	<b>0.00%</b>

### Certification

**Company:** NIFCO Mechanical Systems      **Building:** Beatrice State Development D Building  
**Inspector:** Travis Billesbach      **Contact:** Facility Manager

### Travis Billesbach Certifications

Certification Type	Number
NICET Inspection and Testing of Water-Based Systems Level I	
Nebraska Grade VI Water Operator	8466

# Inspection & Testing

Generated by: BuildingReports.com

Building: Beatrice State Development D Building				
<i>The Inspection &amp; Testing section lists all of the items inspected in your building. Items are grouped by Passed or Failed/Other. Items are listed by Category. Each item includes the services performed, and the time &amp; date at which testing occurred.</i>				
Device Type	Location	Service	Time	Date
<b><i>Passed</i></b>				
<b>Building– Wet Pipe, Building–</b>				
Fire Dep't Connection	Ground West outside	Quarterly	7:37:53 AM	06/14/2023
Control Valve	Basement East Mechanical	Quarterly	7:38:38 AM	06/14/2023
Control Valve	Basement East Mechanical	Quarterly	7:38:45 AM	06/14/2023
Post Indicator Valve	Ground West outside	Quarterly	7:37:44 AM	06/14/2023
<b>Building– Wet Pipe, Building–Basement</b>				
Waterflow Switch	Basement West Mechanical	Quarterly	7:37:40 AM	06/14/2023
Control Valve	Basement West Mechanical	Quarterly	7:38:30 AM	06/14/2023
<b>Building– Wet Pipe, Floors–</b>				
Waterflow Switch	Basement West Mechanical	Quarterly	7:37:37 AM	06/14/2023
Drain	Basement West Mechanical	Quarterly	7:38:54 AM	06/14/2023
<b>Building– Wet Pipe, Floors–1st</b>				
Waterflow Switch	1st Inner Housekeeping	Quarterly	7:37:34 AM	06/14/2023
Control Valve	Basement West Mechanical	Quarterly	7:38:24 AM	06/14/2023
Control Valve	1st Inner Housekeeping	Quarterly	7:38:13 AM	06/14/2023
<b>Building– Wet Pipe, Floors–2nd</b>				
Waterflow Switch	2nd Inner Housekeeping	Quarterly	7:37:26 AM	06/14/2023
Control Valve	2nd Inner Housekeeping	Quarterly	7:37:58 AM	06/14/2023
<b>Building– Wet Pipe, Floors–3rd</b>				
Waterflow Switch	3rd Inner Housekeeping	Quarterly	7:37:30 AM	06/14/2023
Control Valve	3rd Inner Housekeeping	Quarterly	7:38:06 AM	06/14/2023
<b><i>Untested</i></b>				
<b>Building– Wet Pipe, Building–</b>				
Gauge	Basement East Mechanical			
Piping	Basement East Mechanical			
Check Valve	Basement East Mechanical			

# Wet Pipe Fire Sprinkler Systems

Generated by: *BuildingReports.com*

<b>Building: Beatrice State Development D</b>						<b>Building-, Building-</b>		
<p><i>This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.</i></p>								
<b>Components</b>								
<b>Check Valve</b>								
<b>Type</b>	<b>Location</b>		<b>Internal Date</b>			<b>Size</b>	<b>OK</b>	<b>ScanID</b>
Grooved	Basement East Mechanical		12/31/1969			4"	<input type="checkbox"/>	68041421
<b>Control Valve</b>								
<b>Type</b>	<b>Manufacturer</b>	<b>Model</b>	<b>Location</b>	<b>Size</b>	<b>Position</b>	<b>Status</b>	<b>OK</b>	<b>ScanID</b>
Butterfly			Basement East Mechanical	4"	Open	Supervised	<input checked="" type="checkbox"/>	59770092
<b>Description</b>								
Main Control								
<b>Control Valve</b>								
<b>Type</b>	<b>Manufacturer</b>	<b>Model</b>	<b>Location</b>	<b>Size</b>	<b>Position</b>	<b>Status</b>	<b>OK</b>	<b>ScanID</b>
Butterfly			Basement East Mechanical	4"	Open	Supervised	<input checked="" type="checkbox"/>	59770093
<b>Description</b>								
Main Control								
<b>Post Indicator Valve</b>								
<b>Manufacturer</b>		<b>Model</b>	<b>Location</b>			<b>OK</b>	<b>ScanID</b>	
			Ground West outside			<input checked="" type="checkbox"/>	59770087	
<b>Type</b>	<b>Size</b>	<b>Position</b>	<b>Status</b>		<b>Number of Turns</b>			
Ground	6"	Open	Locked & Supervised					
<b>Devices</b>								
<b>Fire Dep't Connection</b>								
<b>Location</b>		<b>Type</b>	<b>BallDrip</b>	<b>Rotating Swivels</b>	<b>Size</b>	<b>OK</b>	<b>ScanID</b>	
Ground West outside		Siamese	Yes	Yes	4"	<input checked="" type="checkbox"/>	59770086	
<b>Gauge</b>								
<b>Location</b>				<b>Service Date</b>				
Basement East Mechanical				12/31/1969				
<b>Type</b>	<b>Manufacturer</b>	<b>Model #</b>	<b>Static psi</b>	<b>Fill Type</b>	<b>Size</b>	<b>OK</b>	<b>ScanID</b>	
						<input type="checkbox"/>	68041423	
<b>Piping</b>								
<b>Location</b>		<b>Type</b>	<b>Size</b>	<b>Internal Date</b>				

Basement East Mechanical	Steel		10/14/2021		
<b>Hangers</b>	<b>Braces</b>	<b>Fittings</b>	<b>Identified</b>	<b>Antifreeze</b>	<b>ScanID</b>
Normal	Normal		Tagged	N/A	68041422

Building: Beatrice State Development D  
Building

Building-, Building-Basement

*This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.*

**Alarms**

**Waterflow Switch**

Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID
Vane				3.0	1	<input checked="" type="checkbox"/>	59770089

**Components**

**Control Valve**

Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			Basement West Mechanical	3"	Open	Supervised	<input checked="" type="checkbox"/>	59770091

**Description**

Isolation



*This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.*

**Alarms**

**Waterflow Switch**

Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID
Vane				4.0	1	<input checked="" type="checkbox"/>	59770088

**Devices**

**Drain**

**Current Inspection**

Type	Location	Size	Supply psi	Restored psi	Residual psi	Sec	OK	ScanID
Main	Basement West Mechanical	2"	49	45	29		<input checked="" type="checkbox"/>	59770085

**Previous Inspections**

**March 28, 2023**

Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	Basement West Mechanical	2"	48	42	30		<input checked="" type="checkbox"/>	59770085

**December 13, 2022**

Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	Basement West Mechanical	2"	52	55	31		<input checked="" type="checkbox"/>	59770085

*This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.*

**Alarms**

**Waterflow Switch**

Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID
Vane				2.5	1	<input checked="" type="checkbox"/>	59770084

**Components**

**Control Valve**

Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			Basement West Mechanical	4"	Open	Supervised	<input checked="" type="checkbox"/>	59770090

**Description**

Isolation

**Control Valve**

Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			1st Inner Housekeeping	2.5"	Open	Supervised	<input checked="" type="checkbox"/>	59770083

**Description**

Isolation

Building: Beatrice State Development D  
 Building

Building-, Floors-2nd

*This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.*

***Alarms***

**Waterflow Switch**

Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID
Vane				2.5	1	<input checked="" type="checkbox"/>	59770063

***Components***

**Control Valve**

Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			2nd Inner Housekeeping	2"	Open	Supervised	<input checked="" type="checkbox"/>	59770064

**Description**

Isolation

Building: Beatrice State Development D  
Building

Building-, Floors-3rd

*This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.*

***Alarms***

**Waterflow Switch**

Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID
Vane				2.0	1	<input checked="" type="checkbox"/>	59770082

***Components***

**Control Valve**

Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			3rd Inner Housekeeping	2"	Open	Supervised	<input checked="" type="checkbox"/>	59770081

**Description**

Isolation

# Inventory & Warranty Report

Generated by: [BuildingReports.com](http://BuildingReports.com)

## Building: Beatrice State Development D Building

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

Device or Type	Category	% of Inventory	Quantity
Check Valve	Valve	5.56%	1
Control Valve	Valve	38.89%	7
Drain	Device	5.56%	1
Fire Dep't Connection	Hose	5.56%	1
Gauge	Device	5.56%	1
Piping	Sprinkler	5.56%	1
Post Indicator Valve	Valve	5.56%	1
Waterflow Switch	Alarm	27.78%	5

Device Type	Qty	Model #	Type	Description	Install Date
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### In Service - 3 Years to 5 Years

#### Building- Wet Pipe, Building-

Check Valve	1		Grooved		03/20/2020
Control Valve	2		Butterfly	Main Control	03/20/2020
Fire Dep't Connection	1		Siamese		03/20/2020
Gauge	1				03/20/2020
Piping	1		Steel		03/20/2020
Post Indicator Valve	1		Ground		03/20/2020

#### Building- Wet Pipe, Building-Basement

Control Valve	1		Butterfly	Isolation	03/20/2020
Waterflow Switch	1		Vane	Alarm	03/20/2020

#### Building- Wet Pipe, Floors-

Drain	1		Main		03/20/2020
Waterflow Switch	1		Vane	Alarm	03/20/2020

#### Building- Wet Pipe, Floors-1st

Control Valve	2		Butterfly	Isolation	03/20/2020
Waterflow Switch	1		Vane	Alarm	03/20/2020

#### Building- Wet Pipe, Floors-2nd

Control Valve	1		Butterfly	Isolation	03/20/2020
Waterflow Switch	1		Vane	Alarm	03/20/2020

#### Building- Wet Pipe, Floors-3rd

Control Valve	1		Butterfly	Isolation	03/20/2020
Waterflow Switch	1		Vane	Alarm	03/20/2020

# Notes & Recommendations

Generated by: BuildingReports.com

## Building: Beatrice State Development D Building

The Notes & Recommendations Report details additional inspection notes made by the Inspectors during the course of the building inspection. Notes are grouped by SystemID.

Note	Device Type	Location	Comment	ScanID
<b><i>Building- Wet Pipe, Building-</i></b>				
1	Check Valve	Basement East Mechanical		68041421
	Valve moves freely at this time			
2	Gauge	Basement East Mechanical		68041423
	5 gages replaced on this date			
3	Piping	Basement East Mechanical		68041422
	No sign of corrosion or blockage at this time			

# Sprinkler Inspection Certificate

*For*

Beatrice State Development D  
Building  
941 Sheridan Dr.  
Beatrice, Nebraska 68310

Tested to NFPA 25 Standards

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

*Quarterly Inspection*  
*Inspection Date*  
*Jun 14, 2023*

Building: Beatrice State Development D Building  
Contact: Facility Manager  
Title: Maint. Supervisor

Company: NIFCO Mechanical Systems  
Contact: Travis Billesbach  
Title: Inspector

# Executive Summary

Generated by: *BuildingReports.com*

Building Information			
<b>Building:</b> Beatrice State Development D Building			<b>Contact:</b> Facility Manager
<b>Address:</b> 941 Sheridan Dr.			<b>Phone:</b> 402-223-7526
<b>Address:</b>			<b>Fax:</b>
<b>City/State/ZIP Code:</b> Beatrice, Nebraska 68310			<b>Mobile:</b>
<b>Country:</b> United States of America			<b>Email:</b>
Inspection Performed By			
<b>Company:</b> NIFCO Mechanical Systems			<b>Inspector:</b> Travis Billesbach
<b>Address:</b> 500 Blue Heron Dr			<b>Phone:</b> 402-477-0666
<b>Address:</b>			<b>Fax:</b>
<b>City/State/ZIP Code:</b> Lincoln, NE 68522-1701			<b>Mobile:</b> 531-220-1687
<b>Country:</b> United States of America			<b>Email:</b> tbillesbach@nifcomechanical.com
System Control Unit			
System Type	System Location	Protected Area	Devices
Wet Pipe	Building-	Building-	7
Wet Pipe	Building-	Building-Basement	2
Wet Pipe	Building-	Floors-	2
Wet Pipe	Building-	Floors-1st	3
Wet Pipe	Building-	Floors-2nd	2
Wet Pipe	Building-	Floors-3rd	2



Inspection Summary								
Category	Total Items		Serviced		Passed		Failed/Other	
	Qty	%	Qty	%	Qty	%	Qty	%
Alarm	5	27.78%	5	100.00%	5	100.00%	0	0.00%
Device	2	11.11%	1	50.00%	1	100.00%	0	0.00%
Hose	1	5.56%	1	100.00%	1	100.00%	0	0.00%
Sprinkler	1	5.56%	0	0.00%	0	0.00%	0	0.00%
Valve	9	50.00%	8	88.89%	8	100.00%	0	0.00%
<b>Totals</b>	<b>18</b>	<b>100%</b>	<b>15</b>	<b>83.33%</b>	<b>15</b>	<b>100.00%</b>	<b>0</b>	<b>0.00%</b>

### Certification

**Company:** NIFCO Mechanical Systems      **Building:** Beatrice State Development D Building  
**Inspector:** Travis Billesbach      **Contact:** Facility Manager

### Travis Billesbach Certifications

Certification Type	Number
NICET Inspection and Testing of Water-Based Systems Level I	
Nebraska Grade VI Water Operator	8466

# Inspection & Testing

Generated by: BuildingReports.com

Building: Beatrice State Development D Building				
<p><i>The Inspection &amp; Testing section lists all of the items inspected in your building. Items are grouped by Passed or Failed/Other. Items are listed by Category. Each item includes the services performed, and the time &amp; date at which testing occurred.</i></p>				
Device Type	Location	Service	Time	Date
<b><i>Passed</i></b>				
<b>Building– Wet Pipe, Building–</b>				
Fire Dep't Connection	Ground West outside	Quarterly	7:37:53 AM	06/14/2023
Control Valve	Basement East Mechanical	Quarterly	7:38:38 AM	06/14/2023
Control Valve	Basement East Mechanical	Quarterly	7:38:45 AM	06/14/2023
Post Indicator Valve	Ground West outside	Quarterly	7:37:44 AM	06/14/2023
<b>Building– Wet Pipe, Building–Basement</b>				
Waterflow Switch	Basement West Mechanical	Quarterly	7:37:40 AM	06/14/2023
Control Valve	Basement West Mechanical	Quarterly	7:38:30 AM	06/14/2023
<b>Building– Wet Pipe, Floors–</b>				
Waterflow Switch	Basement West Mechanical	Quarterly	7:37:37 AM	06/14/2023
Drain	Basement West Mechanical	Quarterly	7:38:54 AM	06/14/2023
<b>Building– Wet Pipe, Floors–1st</b>				
Waterflow Switch	1st Inner Housekeeping	Quarterly	7:37:34 AM	06/14/2023
Control Valve	Basement West Mechanical	Quarterly	7:38:24 AM	06/14/2023
Control Valve	1st Inner Housekeeping	Quarterly	7:38:13 AM	06/14/2023
<b>Building– Wet Pipe, Floors–2nd</b>				
Waterflow Switch	2nd Inner Housekeeping	Quarterly	7:37:26 AM	06/14/2023
Control Valve	2nd Inner Housekeeping	Quarterly	7:37:58 AM	06/14/2023
<b>Building– Wet Pipe, Floors–3rd</b>				
Waterflow Switch	3rd Inner Housekeeping	Quarterly	7:37:30 AM	06/14/2023
Control Valve	3rd Inner Housekeeping	Quarterly	7:38:06 AM	06/14/2023
<b><i>Untested</i></b>				
<b>Building– Wet Pipe, Building–</b>				
Gauge	Basement East Mechanical			
Piping	Basement East Mechanical			
Check Valve	Basement East Mechanical			

# Wet Pipe Fire Sprinkler Systems

Generated by: *BuildingReports.com*

Building: Beatrice State Development D						Building-, Building-		
<p><i>This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.</i></p>								
<b>Components</b>								
<b>Check Valve</b>								
Type	Location		Internal Date			Size	OK	ScanID
Grooved	Basement East Mechanical		12/31/1969			4"	<input type="checkbox"/>	68041421
<b>Control Valve</b>								
Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			Basement East Mechanical	4"	Open	Supervised	<input checked="" type="checkbox"/>	59770092
<b>Description</b>								
Main Control								
<b>Control Valve</b>								
Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			Basement East Mechanical	4"	Open	Supervised	<input checked="" type="checkbox"/>	59770093
<b>Description</b>								
Main Control								
<b>Post Indicator Valve</b>								
Manufacturer		Model	Location			OK	ScanID	
			Ground West outside			<input checked="" type="checkbox"/>	59770087	
Type	Size	Position	Status		Number of Turns			
Ground	6"	Open	Locked & Supervised					
<b>Devices</b>								
<b>Fire Dep't Connection</b>								
Location		Type	BallDrip	Rotating Swivels	Size	OK	ScanID	
Ground West outside		Siamese	Yes	Yes	4"	<input checked="" type="checkbox"/>	59770086	
<b>Gauge</b>								
Location				Service Date				
Basement East Mechanical				12/31/1969				
Type	Manufacturer	Model #	Static psi	Fill Type	Size	OK	ScanID	
						<input type="checkbox"/>	68041423	
<b>Piping</b>								
Location		Type	Size	Internal Date				

Basement East Mechanical	Steel		10/14/2021		
<b>Hangers</b>	<b>Braces</b>	<b>Fittings</b>	<b>Identified</b>	<b>Antifreeze</b>	<b>ScanID</b>
Normal	Normal		Tagged	N/A	68041422

Building: Beatrice State Development D  
 Building

Building-, Building-Basement

*This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.*

**Alarms**

**Waterflow Switch**

Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID
Vane				3.0	1	<input checked="" type="checkbox"/>	59770089

**Components**

**Control Valve**

Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			Basement West Mechanical	3"	Open	Supervised	<input checked="" type="checkbox"/>	59770091

**Description**

Isolation

*This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.*

**Alarms**

**Waterflow Switch**

Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID
Vane				4.0	1	<input checked="" type="checkbox"/>	59770088

**Devices**

**Drain**

**Current Inspection**

Type	Location	Size	Supply psi	Restored psi	Residual psi	Sec	OK	ScanID
Main	Basement West Mechanical	2"	49	45	29		<input checked="" type="checkbox"/>	59770085

**Previous Inspections**

**March 28, 2023**

Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	Basement West Mechanical	2"	48	42	30		<input checked="" type="checkbox"/>	59770085

**December 13, 2022**

Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	Basement West Mechanical	2"	52	55	31		<input checked="" type="checkbox"/>	59770085

*This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.*

**Alarms**

**Waterflow Switch**

Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID
Vane				2.5	1	<input checked="" type="checkbox"/>	59770084

**Components**

**Control Valve**

Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			Basement West Mechanical	4"	Open	Supervised	<input checked="" type="checkbox"/>	59770090

**Description**

Isolation

**Control Valve**

Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			1st Inner Housekeeping	2.5"	Open	Supervised	<input checked="" type="checkbox"/>	59770083

**Description**

Isolation

Building: Beatrice State Development D  
 Building

Building-, Floors-2nd

*This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.*

***Alarms***

**Waterflow Switch**

Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID
Vane				2.5	1	<input checked="" type="checkbox"/>	59770063

***Components***

**Control Valve**

Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			2nd Inner Housekeeping	2"	Open	Supervised	<input checked="" type="checkbox"/>	59770064

**Description**

Isolation



Building: Beatrice State Development D  
 Building

Building-, Floors-3rd

*This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.*

***Alarms***

**Waterflow Switch**

Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID
Vane				2.0	1	<input checked="" type="checkbox"/>	59770082

***Components***

**Control Valve**

Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			3rd Inner Housekeeping	2"	Open	Supervised	<input checked="" type="checkbox"/>	59770081

**Description**

Isolation

# Inventory & Warranty Report

Generated by: [BuildingReports.com](http://BuildingReports.com)

## Building: Beatrice State Development D Building

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

Device or Type	Category	% of Inventory	Quantity
Check Valve	Valve	5.56%	1
Control Valve	Valve	38.89%	7
Drain	Device	5.56%	1
Fire Dep't Connection	Hose	5.56%	1
Gauge	Device	5.56%	1
Piping	Sprinkler	5.56%	1
Post Indicator Valve	Valve	5.56%	1
Waterflow Switch	Alarm	27.78%	5

Device Type	Qty	Model #	Type	Description	Install Date
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### In Service - 3 Years to 5 Years

#### Building- Wet Pipe, Building-

Check Valve	1		Grooved		03/20/2020
Control Valve	2		Butterfly	Main Control	03/20/2020
Fire Dep't Connection	1		Siamese		03/20/2020
Gauge	1				03/20/2020
Piping	1		Steel		03/20/2020
Post Indicator Valve	1		Ground		03/20/2020

#### Building- Wet Pipe, Building-Basement

Control Valve	1		Butterfly	Isolation	03/20/2020
Waterflow Switch	1		Vane	Alarm	03/20/2020

#### Building- Wet Pipe, Floors-

Drain	1		Main		03/20/2020
Waterflow Switch	1		Vane	Alarm	03/20/2020

#### Building- Wet Pipe, Floors-1st

Control Valve	2		Butterfly	Isolation	03/20/2020
Waterflow Switch	1		Vane	Alarm	03/20/2020

#### Building- Wet Pipe, Floors-2nd

Control Valve	1		Butterfly	Isolation	03/20/2020
Waterflow Switch	1		Vane	Alarm	03/20/2020

#### Building- Wet Pipe, Floors-3rd

Control Valve	1		Butterfly	Isolation	03/20/2020
Waterflow Switch	1		Vane	Alarm	03/20/2020

# Notes & Recommendations

Generated by: BuildingReports.com

## Building: Beatrice State Development D Building

The Notes & Recommendations Report details additional inspection notes made by the Inspectors during the course of the building inspection. Notes are grouped by SystemID.

Note	Device Type	Location	Comment	ScanID
<b><i>Building- Wet Pipe, Building-</i></b>				
1	Check Valve	Basement East Mechanical		68041421
	Valve moves freely at this time			
2	Gauge	Basement East Mechanical		68041423
	5 gages replaced on this date			
3	Piping	Basement East Mechanical		68041422
	No sign of corrosion or blockage at this time			

# Sprinkler Inspection Certificate

*For*

Beatrice State Development D  
Building  
941 Sheridan Dr.  
Beatrice, Nebraska 68310

Tested to NFPA 25 Standards

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

*Semi-Annual Inspection*

*Inspection Date*

*Mar 28, 2023*

Building: Beatrice State Development D Building  
Contact: Facility Manager  
Title: Maint. Supervisor

Company: NIFCO Mechanical Systems  
Contact: Travis Billesbach  
Title: Inspector

# Executive Summary

Generated by: *BuildingReports.com*

Building Information			
<b>Building:</b> Beatrice State Development D Building			<b>Contact:</b> Facility Manager
<b>Address:</b> 941 Sheridan Dr.			<b>Phone:</b> 402-223-7526
<b>Address:</b>			<b>Fax:</b>
<b>City/State/ZIP Code:</b> Beatrice, Nebraska 68310			<b>Mobile:</b>
<b>Country:</b> United States of America			<b>Email:</b>
Inspection Performed By			
<b>Company:</b> NIFCO Mechanical Systems			<b>Inspector:</b> Travis Billesbach
<b>Address:</b> 500 Blue Heron Dr			<b>Phone:</b> 402-477-0666
<b>Address:</b>			<b>Fax:</b>
<b>City/State/ZIP Code:</b> Lincoln, NE 68522-1701			<b>Mobile:</b> 531-220-1687
<b>Country:</b> United States of America			<b>Email:</b> tbillesbach@nifcomechanical.com
System Control Unit			
System Type	System Location	Protected Area	Devices
Wet Pipe	Building-	Building-	7
Wet Pipe	Building-	Building-Basement	2
Wet Pipe	Building-	Floors-	2
Wet Pipe	Building-	Floors-1st	3
Wet Pipe	Building-	Floors-2nd	2
Wet Pipe	Building-	Floors-3rd	2

Inspection Summary								
Category	Total Items		Serviced		Passed		Failed/Other	
	Qty	%	Qty	%	Qty	%	Qty	%
Alarm	5	27.78%	5	100.00%	5	100.00%	0	0.00%
Device	2	11.11%	1	50.00%	1	100.00%	0	0.00%
Hose	1	5.56%	1	100.00%	1	100.00%	0	0.00%
Sprinkler	1	5.56%	0	0.00%	0	0.00%	0	0.00%
Valve	9	50.00%	8	88.89%	8	100.00%	0	0.00%
<b>Totals</b>	<b>18</b>	<b>100%</b>	<b>15</b>	<b>83.33%</b>	<b>15</b>	<b>100.00%</b>	<b>0</b>	<b>0.00%</b>

### Certification

**Company:** NIFCO Mechanical Systems

**Building:** Beatrice State Development D Building

**Inspector:** Travis Billesbach

**Contact:** Facility Manager

### Travis Billesbach Certifications

Certification Type	Number
Nebraska Grade VI Water Operator	8466
NICET Inspection and Testing of Water-Based Systems Level I	

# Inspection & Testing

Generated by: [BuildingReports.com](http://BuildingReports.com)

Building: Beatrice State Development D Building				
<p><i>The Inspection &amp; Testing section lists all of the items inspected in your building. Items are grouped by Passed or Failed/Other. Items are listed by Category. Each item includes the services performed, and the time &amp; date at which testing occurred.</i></p>				
Device Type	Location	Service	Time	Date
<b><i>Passed</i></b>				
<b>Building– Wet Pipe, Building–</b>				
Fire Dep't Connection	Ground West outside	Semi-Annual	8:34:49 AM	03/28/2023
Control Valve	Basement East Mechanical	Semi-Annual	8:36:23 AM	03/28/2023
Control Valve	Basement East Mechanical	Semi-Annual	8:36:30 AM	03/28/2023
Post Indicator Valve	Ground West outside	Semi-Annual	8:33:16 AM	03/28/2023
<b>Building– Wet Pipe, Building–Basement</b>				
Waterflow Switch	Basement West Mechanical	Semi-Annual	8:33:12 AM	03/28/2023
Control Valve	Basement West Mechanical	Semi-Annual	8:36:15 AM	03/28/2023
<b>Building– Wet Pipe, Floors–</b>				
Waterflow Switch	Basement West Mechanical	Semi-Annual	8:33:07 AM	03/28/2023
Drain	Basement West Mechanical	Semi-Annual	8:34:54 AM	03/28/2023
<b>Building– Wet Pipe, Floors–1st</b>				
Waterflow Switch	1st Inner Housekeeping	Semi-Annual	8:33:03 AM	03/28/2023
Control Valve	Basement West Mechanical	Semi-Annual	8:36:08 AM	03/28/2023
Control Valve	1st Inner Housekeeping	Semi-Annual	8:35:59 AM	03/28/2023
<b>Building– Wet Pipe, Floors–2nd</b>				
Waterflow Switch	2nd Inner Housekeeping	Semi-Annual	8:32:50 AM	03/28/2023
Control Valve	2nd Inner Housekeeping	Semi-Annual	8:35:47 AM	03/28/2023
<b>Building– Wet Pipe, Floors–3rd</b>				
Waterflow Switch	3rd Inner Housekeeping	Semi-Annual	8:32:59 AM	03/28/2023
Control Valve	3rd Inner Housekeeping	Semi-Annual	8:35:51 AM	03/28/2023
<b><i>Untested</i></b>				
<b>Building– Wet Pipe, Building–</b>				
Gauge	Basement East Mechanical			
Piping	Basement East Mechanical			
Check Valve	Basement East Mechanical			

# Wet Pipe Fire Sprinkler Systems

Generated by: *BuildingReports.com*

Building: Beatrice State Development D						Building-, Building-		
<p><i>This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.</i></p>								
<b>Components</b>								
<b>Check Valve</b>								
Type	Location		Internal Date			Size	OK	ScanID
Grooved	Basement East Mechanical		12/31/1969			4"	<input type="checkbox"/>	68041421
<b>Control Valve</b>								
Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			Basement East Mechanical	4"	Open	Supervised	<input checked="" type="checkbox"/>	59770092
<b>Description</b>								
Main Control								
<b>Control Valve</b>								
Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			Basement East Mechanical	4"	Open	Supervised	<input checked="" type="checkbox"/>	59770093
<b>Description</b>								
Main Control								
<b>Post Indicator Valve</b>								
Manufacturer		Model	Location			OK	ScanID	
			Ground West outside			<input checked="" type="checkbox"/>	59770087	
Type	Size	Position	Status		Number of Turns			
Ground	6"	Open	Locked & Supervised					
<b>Devices</b>								
<b>Fire Dep't Connection</b>								
Location		Type	BallDrip	Rotating Swivels	Size	OK	ScanID	
Ground West outside		Siamese	Yes	Yes	4"	<input checked="" type="checkbox"/>	59770086	
<b>Gauge</b>								
Location				Service Date				
Basement East Mechanical				12/31/1969				
Type	Manufacturer	Model #	Static psi	Fill Type	Size	OK	ScanID	
						<input type="checkbox"/>	68041423	
<b>Piping</b>								
Location		Type	Size	Internal Date				



Basement East Mechanical	Steel		10/14/2021		
<b>Hangers</b>	<b>Braces</b>	<b>Fittings</b>	<b>Identified</b>	<b>Antifreeze</b>	<b>ScanID</b>
Normal	Normal		Tagged	N/A	68041422

Building: Beatrice State Development D  
Building

Building-, Building-Basement

*This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.*

***Alarms***

**Waterflow Switch**

Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID
Vane				3.0	1	<input checked="" type="checkbox"/>	59770089

***Components***

**Control Valve**

Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			Basement West Mechanical	3"	Open	Supervised	<input checked="" type="checkbox"/>	59770091

**Description**

Isolation

**Building: Beatrice State Development D  
Building**

**Building-, Floors-**

*This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.*

***Alarms***

**Waterflow Switch**

Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID
Vane				4.0	1	<input checked="" type="checkbox"/>	59770088

***Devices***

**Drain**

**Current Inspection**

Type	Location	Size	Supply psi	Restored psi	Residual psi	Sec	OK	ScanID
Main	Basement West Mechanical	2"	48	42	30		<input checked="" type="checkbox"/>	59770085

**Previous Inspections**

**December 13, 2022**

Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	Basement West Mechanical	2"	52	55	31		<input checked="" type="checkbox"/>	59770085

**September 26, 2022**

Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	Basement West Mechanical	2"	52	55	31		<input checked="" type="checkbox"/>	59770085

*This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.*

**Alarms**

**Waterflow Switch**

Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID
Vane				2.5	1	<input checked="" type="checkbox"/>	59770084

**Components**

**Control Valve**

Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			Basement West Mechanical	4"	Open	Supervised	<input checked="" type="checkbox"/>	59770090

**Description**

Isolation

**Control Valve**

Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			1st Inner Housekeeping	2.5"	Open	Supervised	<input checked="" type="checkbox"/>	59770083

**Description**

Isolation

Building: Beatrice State Development D  
 Building

Building-, Floors-2nd

*This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.*

***Alarms***

**Waterflow Switch**

Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID
Vane				2.5	1	<input checked="" type="checkbox"/>	59770063

***Components***

**Control Valve**

Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			2nd Inner Housekeeping	2"	Open	Supervised	<input checked="" type="checkbox"/>	59770064

**Description**

Isolation

Building: Beatrice State Development D  
Building

Building-, Floors-3rd

*This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.*

***Alarms***

**Waterflow Switch**

Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID
Vane				2.0	1	<input checked="" type="checkbox"/>	59770082

***Components***

**Control Valve**

Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			3rd Inner Housekeeping	2"	Open	Supervised	<input checked="" type="checkbox"/>	59770081

**Description**

Isolation

# Inventory & Warranty Report

Generated by: [BuildingReports.com](http://BuildingReports.com)

## Building: Beatrice State Development D Building

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

Device or Type	Category	% of Inventory	Quantity
Check Valve	Valve	5.56%	1
Control Valve	Valve	38.89%	7
Drain	Device	5.56%	1
Fire Dep't Connection	Hose	5.56%	1
Gauge	Device	5.56%	1
Piping	Sprinkler	5.56%	1
Post Indicator Valve	Valve	5.56%	1
Waterflow Switch	Alarm	27.78%	5

Device Type	Qty	Model #	Type	Description	Install Date
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### In Service - 3 Years to 5 Years

#### Building- Wet Pipe, Building-

Check Valve	1		Grooved		03/20/2020
Control Valve	2		Butterfly	Main Control	03/20/2020
Fire Dep't Connection	1		Siamese		03/20/2020
Gauge	1				03/20/2020
Piping	1		Steel		03/20/2020
Post Indicator Valve	1		Ground		03/20/2020

#### Building- Wet Pipe, Building-Basement

Control Valve	1		Butterfly	Isolation	03/20/2020
Waterflow Switch	1		Vane	Alarm	03/20/2020

#### Building- Wet Pipe, Floors-

Drain	1		Main		03/20/2020
Waterflow Switch	1		Vane	Alarm	03/20/2020

#### Building- Wet Pipe, Floors-1st

Control Valve	2		Butterfly	Isolation	03/20/2020
Waterflow Switch	1		Vane	Alarm	03/20/2020

#### Building- Wet Pipe, Floors-2nd

Control Valve	1		Butterfly	Isolation	03/20/2020
Waterflow Switch	1		Vane	Alarm	03/20/2020

#### Building- Wet Pipe, Floors-3rd

Control Valve	1		Butterfly	Isolation	03/20/2020
Waterflow Switch	1		Vane	Alarm	03/20/2020

# Notes & Recommendations

Generated by: BuildingReports.com

## Building: Beatrice State Development D Building

The Notes & Recommendations Report details additional inspection notes made by the Inspectors during the course of the building inspection. Notes are grouped by SystemID.

Note	Device Type	Location	Comment	ScanID
<b><i>Building- Wet Pipe, Building-</i></b>				
1	Check Valve	Basement East Mechanical		68041421
	Valve moves freely at this time			
2	Gauge	Basement East Mechanical		68041423
	5 gages replaced on this date			
3	Piping	Basement East Mechanical		68041422
	No sign of corrosion or blockage at this time			



# Sprinkler Inspection Certificate

*For*

Beatrice State Development D  
Building  
941 Sheridan Dr.  
Beatrice, Nebraska 68310

Tested to NFPA 25 Standards

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

*Semi-Annual Inspection*

*Inspection Date*

*Mar 28, 2023*

Building: Beatrice State Development D Building  
Contact: Facility Manager  
Title: Maint. Supervisor

Company: NIFCO Mechanical Systems  
Contact: Travis Billesbach  
Title: Inspector

# Executive Summary

Generated by: *BuildingReports.com*

Building Information			
<b>Building:</b> Beatrice State Development D Building			<b>Contact:</b> Facility Manager
<b>Address:</b> 941 Sheridan Dr.			<b>Phone:</b> 402-223-7526
<b>Address:</b>			<b>Fax:</b>
<b>City/State/ZIP Code:</b> Beatrice, Nebraska 68310			<b>Mobile:</b>
<b>Country:</b> United States of America			<b>Email:</b>
Inspection Performed By			
<b>Company:</b> NIFCO Mechanical Systems			<b>Inspector:</b> Travis Billesbach
<b>Address:</b> 500 Blue Heron Dr			<b>Phone:</b> 402-477-0666
<b>Address:</b>			<b>Fax:</b>
<b>City/State/ZIP Code:</b> Lincoln, NE 68522-1701			<b>Mobile:</b> 531-220-1687
<b>Country:</b> United States of America			<b>Email:</b> tbillesbach@nifcomechanical.com
System Control Unit			
System Type	System Location	Protected Area	Devices
Wet Pipe	Building-	Building-	7
Wet Pipe	Building-	Building-Basement	2
Wet Pipe	Building-	Floors-	2
Wet Pipe	Building-	Floors-1st	3
Wet Pipe	Building-	Floors-2nd	2
Wet Pipe	Building-	Floors-3rd	2

Inspection Summary								
Category	Total Items		Serviced		Passed		Failed/Other	
	Qty	%	Qty	%	Qty	%	Qty	%
Alarm	5	27.78%	5	100.00%	5	100.00%	0	0.00%
Device	2	11.11%	1	50.00%	1	100.00%	0	0.00%
Hose	1	5.56%	1	100.00%	1	100.00%	0	0.00%
Sprinkler	1	5.56%	0	0.00%	0	0.00%	0	0.00%
Valve	9	50.00%	8	88.89%	8	100.00%	0	0.00%
<b>Totals</b>	<b>18</b>	<b>100%</b>	<b>15</b>	<b>83.33%</b>	<b>15</b>	<b>100.00%</b>	<b>0</b>	<b>0.00%</b>

### Certification

**Company:** NIFCO Mechanical Systems

**Building:** Beatrice State Development D Building

**Inspector:** Travis Billesbach

**Contact:** Facility Manager

### Travis Billesbach Certifications

Certification Type	Number
Nebraska Grade VI Water Operator	8466
NICET Inspection and Testing of Water-Based Systems Level I	

# Inspection & Testing

Generated by: [BuildingReports.com](http://BuildingReports.com)

Building: Beatrice State Development D Building				
<i>The Inspection &amp; Testing section lists all of the items inspected in your building. Items are grouped by Passed or Failed/Other. Items are listed by Category. Each item includes the services performed, and the time &amp; date at which testing occurred.</i>				
Device Type	Location	Service	Time	Date
<b><i>Passed</i></b>				
<b>Building– Wet Pipe, Building–</b>				
Fire Dep't Connection	Ground West outside	Semi-Annual	8:34:49 AM	03/28/2023
Control Valve	Basement East Mechanical	Semi-Annual	8:36:23 AM	03/28/2023
Control Valve	Basement East Mechanical	Semi-Annual	8:36:30 AM	03/28/2023
Post Indicator Valve	Ground West outside	Semi-Annual	8:33:16 AM	03/28/2023
<b>Building– Wet Pipe, Building–Basement</b>				
Waterflow Switch	Basement West Mechanical	Semi-Annual	8:33:12 AM	03/28/2023
Control Valve	Basement West Mechanical	Semi-Annual	8:36:15 AM	03/28/2023
<b>Building– Wet Pipe, Floors–</b>				
Waterflow Switch	Basement West Mechanical	Semi-Annual	8:33:07 AM	03/28/2023
Drain	Basement West Mechanical	Semi-Annual	8:34:54 AM	03/28/2023
<b>Building– Wet Pipe, Floors–1st</b>				
Waterflow Switch	1st Inner Housekeeping	Semi-Annual	8:33:03 AM	03/28/2023
Control Valve	Basement West Mechanical	Semi-Annual	8:36:08 AM	03/28/2023
Control Valve	1st Inner Housekeeping	Semi-Annual	8:35:59 AM	03/28/2023
<b>Building– Wet Pipe, Floors–2nd</b>				
Waterflow Switch	2nd Inner Housekeeping	Semi-Annual	8:32:50 AM	03/28/2023
Control Valve	2nd Inner Housekeeping	Semi-Annual	8:35:47 AM	03/28/2023
<b>Building– Wet Pipe, Floors–3rd</b>				
Waterflow Switch	3rd Inner Housekeeping	Semi-Annual	8:32:59 AM	03/28/2023
Control Valve	3rd Inner Housekeeping	Semi-Annual	8:35:51 AM	03/28/2023
<b><i>Untested</i></b>				
<b>Building– Wet Pipe, Building–</b>				
Gauge	Basement East Mechanical			
Piping	Basement East Mechanical			
Check Valve	Basement East Mechanical			

# Wet Pipe Fire Sprinkler Systems

Generated by: *BuildingReports.com*

Building: Beatrice State Development D						Building-, Building-		
<p><i>This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.</i></p>								
<b>Components</b>								
<b>Check Valve</b>								
Type	Location		Internal Date			Size	OK	ScanID
Grooved	Basement East Mechanical		12/31/1969			4"	<input type="checkbox"/>	68041421
<b>Control Valve</b>								
Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			Basement East Mechanical	4"	Open	Supervised	<input checked="" type="checkbox"/>	59770092
<b>Description</b>								
Main Control								
<b>Control Valve</b>								
Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			Basement East Mechanical	4"	Open	Supervised	<input checked="" type="checkbox"/>	59770093
<b>Description</b>								
Main Control								
<b>Post Indicator Valve</b>								
Manufacturer		Model	Location			OK	ScanID	
			Ground West outside			<input checked="" type="checkbox"/>	59770087	
Type	Size	Position	Status		Number of Turns			
Ground	6"	Open	Locked & Supervised					
<b>Devices</b>								
<b>Fire Dep't Connection</b>								
Location		Type	BallDrip	Rotating Swivels	Size	OK	ScanID	
Ground West outside		Siamese	Yes	Yes	4"	<input checked="" type="checkbox"/>	59770086	
<b>Gauge</b>								
Location				Service Date				
Basement East Mechanical				12/31/1969				
Type	Manufacturer	Model #	Static psi	Fill Type	Size	OK	ScanID	
						<input type="checkbox"/>	68041423	
<b>Piping</b>								
Location		Type	Size	Internal Date				

Basement East Mechanical	Steel		10/14/2021		
<b>Hangers</b>	<b>Braces</b>	<b>Fittings</b>	<b>Identified</b>	<b>Antifreeze</b>	<b>ScanID</b>
Normal	Normal		Tagged	N/A	68041422

Building: Beatrice State Development D  
Building

Building-, Building-Basement

*This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.*

***Alarms***

**Waterflow Switch**

Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID
Vane				3.0	1	<input checked="" type="checkbox"/>	59770089

***Components***

**Control Valve**

Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			Basement West Mechanical	3"	Open	Supervised	<input checked="" type="checkbox"/>	59770091

**Description**

Isolation

**Building: Beatrice State Development D  
Building**

**Building-, Floors-**

*This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.*

***Alarms***

**Waterflow Switch**

Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID
Vane				4.0	1	<input checked="" type="checkbox"/>	59770088

***Devices***

**Drain**

**Current Inspection**

Type	Location	Size	Supply psi	Restored psi	Residual psi	Sec	OK	ScanID
Main	Basement West Mechanical	2"	48	42	30		<input checked="" type="checkbox"/>	59770085

**Previous Inspections**

**December 13, 2022**

Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	Basement West Mechanical	2"	52	55	31		<input checked="" type="checkbox"/>	59770085

**September 26, 2022**

Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	Basement West Mechanical	2"	52	55	31		<input checked="" type="checkbox"/>	59770085



*This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.*

**Alarms**

**Waterflow Switch**

Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID
Vane				2.5	1	<input checked="" type="checkbox"/>	59770084

**Components**

**Control Valve**

Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			Basement West Mechanical	4"	Open	Supervised	<input checked="" type="checkbox"/>	59770090

**Description**

Isolation

**Control Valve**

Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			1st Inner Housekeeping	2.5"	Open	Supervised	<input checked="" type="checkbox"/>	59770083

**Description**

Isolation

Building: Beatrice State Development D  
 Building

Building-, Floors-2nd

*This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.*

***Alarms***

**Waterflow Switch**

Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID
Vane				2.5	1	<input checked="" type="checkbox"/>	59770063

***Components***

**Control Valve**

Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			2nd Inner Housekeeping	2"	Open	Supervised	<input checked="" type="checkbox"/>	59770064

**Description**

Isolation

Building: Beatrice State Development D  
 Building

Building-, Floors-3rd

*This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.*

**Alarms**

**Waterflow Switch**

Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID
Vane				2.0	1	<input checked="" type="checkbox"/>	59770082

**Components**

**Control Valve**

Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			3rd Inner Housekeeping	2"	Open	Supervised	<input checked="" type="checkbox"/>	59770081

**Description**

Isolation

# Inventory & Warranty Report

Generated by: [BuildingReports.com](http://BuildingReports.com)

## Building: Beatrice State Development D Building

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

Device or Type	Category	% of Inventory	Quantity
Check Valve	Valve	5.56%	1
Control Valve	Valve	38.89%	7
Drain	Device	5.56%	1
Fire Dep't Connection	Hose	5.56%	1
Gauge	Device	5.56%	1
Piping	Sprinkler	5.56%	1
Post Indicator Valve	Valve	5.56%	1
Waterflow Switch	Alarm	27.78%	5

Device Type	Qty	Model #	Type	Description	Install Date
-------------	-----	---------	------	-------------	--------------

### In Service - 3 Years to 5 Years

#### Building- Wet Pipe, Building-

Check Valve	1		Grooved		03/20/2020
Control Valve	2		Butterfly	Main Control	03/20/2020
Fire Dep't Connection	1		Siamese		03/20/2020
Gauge	1				03/20/2020
Piping	1		Steel		03/20/2020
Post Indicator Valve	1		Ground		03/20/2020

#### Building- Wet Pipe, Building-Basement

Control Valve	1		Butterfly	Isolation	03/20/2020
Waterflow Switch	1		Vane	Alarm	03/20/2020

#### Building- Wet Pipe, Floors-

Drain	1		Main		03/20/2020
Waterflow Switch	1		Vane	Alarm	03/20/2020

#### Building- Wet Pipe, Floors-1st

Control Valve	2		Butterfly	Isolation	03/20/2020
Waterflow Switch	1		Vane	Alarm	03/20/2020

#### Building- Wet Pipe, Floors-2nd

Control Valve	1		Butterfly	Isolation	03/20/2020
Waterflow Switch	1		Vane	Alarm	03/20/2020

#### Building- Wet Pipe, Floors-3rd

Control Valve	1		Butterfly	Isolation	03/20/2020
Waterflow Switch	1		Vane	Alarm	03/20/2020

# Notes & Recommendations

Generated by: BuildingReports.com

## Building: Beatrice State Development D Building

The Notes & Recommendations Report details additional inspection notes made by the Inspectors during the course of the building inspection. Notes are grouped by SystemID.

Note	Device Type	Location	Comment	ScanID
<b><i>Building- Wet Pipe, Building-</i></b>				
1	Check Valve	Basement East Mechanical		68041421
	Valve moves freely at this time			
2	Gauge	Basement East Mechanical		68041423
	5 gages replaced on this date			
3	Piping	Basement East Mechanical		68041422
	No sign of corrosion or blockage at this time			



LEAVE NO FIELD BLANK  
NEEDS N/A IF NOT USED

7402 L Street  
Omaha, NE 68127  
805-251-9416

N/A - NOT APPLICABLE ON THIS SERVICE  
CHANGED - FILTER OR PART WAS REPLACED  
PASSED - ITEM CHECKED OUT GOOD

ANNUAL

SEMI-ANNUAL INSPECTION

QUARTERLY INSPECTION

3E's GENERATOR (EPS) MAINTENANCE REPORT

CUSTOMER: Building 4, D Building MAKE Generac TYPE Semi Annual 922097  
CONTACT: \_\_\_\_\_ SERIAL 9494778 DATE 2/1/2023  
PHONE: \_\_\_\_\_ MODEL SG0035CG035 HRS 156.5  
ADDRESS: \_\_\_\_\_ TECH Daniel  
CITY Beatrice, NE

AUTOMATIC TRANSFER SWITCHES

MAKE Generac SERIAL 9504611 MODEL 19003790400  
MAKE \_\_\_\_\_ SERIAL \_\_\_\_\_ MODEL \_\_\_\_\_  
MAKE \_\_\_\_\_ SERIAL \_\_\_\_\_ MODEL \_\_\_\_\_

(1) FUEL SYSTEM

CHECK (A) FUEL LEAKS None  
(B) LINES/CONNECTIONS Pass  
(C) DAYTANK LEVEL N/A  
(D) DAYTANK OPERATION N/A  
(E) TRANSFER PUMP N/A  
(F) MAIN TANK LEVEL N/A  
(G) VENT/OVERFLOW N/A  
(H) WATER IN FUEL N/A  
(I) INJECTION PUMP Pass  
(J) SOLENOID VALVE Pass  
(K) FUEL FILTER N/A  
(L) WATER SEPARATOR N/A  
(M) FUEL SAMPLE N/A  
\* CHANGE \_\_\_\_\_  
\* CHANGE \_\_\_\_\_  
\* TEST \_\_\_\_\_

(8) ELECTRICAL SYSTEM

CHECK (A) WIRING CONNECTIONS Pass  
(B) INSTRUMENTATION Pass  
(C) SAFETIES SHUTDOWNS Pass  
(1) OVERCRANK Pass  
(2) HIGH WATER TEMP Pass  
(3) LOW OIL PRESSURE Pass  
(4) OVERSPEED Pass  
(D) ALARMS Pass  
(E) PREALARMS Pass  
(F) CIRCUIT BREAKERS Pass  
(G) FUSES Pass  
(H) INSULATION DAMAGE None  
(I) CABINETS Pass  
\* CHECK \_\_\_\_\_  
\* CLEAN \_\_\_\_\_

(2) LUBRICATION

CHECK (A) LEAKS None  
(B) ENGINE OIL LEVEL Pass  
(C) OIL HEATER N/A  
(D) GOVERNOR OIL LEVEL N/A  
(E) CRANKCASE BREATHER Pass  
(F) OIL FILTER Pass  
(G) ENGINE OIL Pass  
(H) GOVERNOR OIL N/A  
(I) OIL SAMPLE N/A  
\* CHANGE \_\_\_\_\_  
\* CHANGE \_\_\_\_\_  
\* CHANGE \_\_\_\_\_  
\* TEST \_\_\_\_\_

(7) PRIME MOVER

CHECK (A) GOVERNOR OPERATION Pass  
(B) VIBRATION Pass  
(C) TIMING Pass  
(D) INJECTORS Pass  
(E) MOUNTING HARDWARE Pass  
(F) AIR INTAKE Pass  
(G) OIL PRESSURE 102  
(H) WATER TEMPERATURE 75  
(I) DC ALTERNATOR Pass  
(1) VOLTS 13.8  
(2) AMPS N/A  
(J) AIR CLEANER Pass  
(K) BOLTS Pass  
\* CHANGE \_\_\_\_\_  
\* TORQUE \_\_\_\_\_

(3) COOLING SYSTEM

CHECK (A) LEAKS None  
(B) COOLANT LEVEL Pass  
(C) FREEZE POINT -20  
(D) RADIATOR AIR FLOW Pass  
(E) FLOWER SYSTEMS Pass  
(F) BLOCK HEATER Pass  
(G) WATER PUMP Pass  
(H) HOSES Pass  
(I) BELTS Pass  
(J) FAN HUB Pass  
(K) PULLEYS Pass  
(L) RADIATOR PSI N/A  
(M) RADIATOR CAP PSI N/A  
(N) WATER FILTER N/A  
(O) ANTIFREEZE 20/80 Ethanol  
\* CHANGE \_\_\_\_\_  
\* CHANGE \_\_\_\_\_

(8) GENERATOR

CHECK (A) ROTOR Pass  
(B) STATOR Pass  
(C) EXCITOR Pass  
(1) STATOR Pass  
(2) ROTOR Pass  
(D) BEARINGS (RR) Pass  
(E) DIODES Pass  
(F) AIR FLOW Pass  
(G) VOLTAGE REGULATOR Pass  
\* TEST \_\_\_\_\_  
RECORD (H) FEED BREAKER Pass  
(I) VOLTAGE 208  
(J) HERTZ 60

(4) EXHAUST SYSTEM

CHECK (A) LEAKS None  
(B) CONDENSATION TRAP N/A  
(C) INSULATION Pass  
(D) RESTRICTION Pass  
(E) RAINCAP Pass  
CHECK (F) HANGERS/SUPPORT Pass  
(G) FLEX SECTIONS Pass

(9) AUTOMATIC TRANSFER SWITCHES

CHECK (A) LATS, CONTACTS Pass  
LINEAR MOTORS ACTUATION Pass  
MOVING PARTS Pass  
(B) SIMULATE POWER FAILURE N/A  
(C) TIME DELAYS Pass  
(D) LOCK EXERCISER \_\_\_\_\_

(5) BATTERY SYSTEMS

CHECK (A) CHARGER VOLTAGE 13.0  
(1) FLOAT Pass  
(2) EQUALIZE N/A  
(B) ELECTROLYTE LEVEL N/A  
(C) TERMINALS/CABLES Pass  
(D) BLANKET HEATER N/A  
(E) SPECIFIC GRAVITY N/A  
(1) HIGH N/A  
(2) LOW N/A  
(F) LOAD TEST Pass  
CLEAN (G) CORROSION None

(10) GENERAL CONDITION - EPSS

CHECK (A) UNUSUAL/UNSAFE None  
(B) HOUSEKEEPING Pass

(11) LOAD TEST

RECORD (A) AMPERAGE/LEG 1:1: 84 1:2: 85 1:3: 85  
(B) VOLTAGE/LEG 1:1: 211 1:2: 211 1:3: 204  
(C) HERTZ 60  
(D) CB CONNECTIONS Pass  
(E) UNIT LOADED 50%

(12) EPSS

CHECK (A) EPS IN AUTO? Pass  
(B) BREAKER CLOSED? Pass

\* As noted, specified at start of month & location by  
\*\* Additional cost if needed or specified

Comments:

Semi Annual PM complete with 2hr load bank  
(2.5 Hours Load Bank) 3 Hours 94 Miles

Customer Signature \_\_\_\_\_

3E Signature \_\_\_\_\_

Date 2/1/2023

## LOAD BANK REPORT

**3E ELECTRICAL ENGINEERING & EQUIPMENT COMPANY**

**7402 L STREET OMAHA NE 68127**

**TECHNICIAN NAME THAT COMPLETED LOAD BANK:**

<b>Customer</b>	Building 4,	<b>Date</b>	2/1/2023									
<b>Location</b>		<b>W/O #</b>	922100		<b>Desired load</b>	77.723						
<b>Generator M/N</b>	SG0035GG035	<b>Hour Meter</b>	156.5		<b>Phase (1 or 3)</b>	3						
<b>Generator S/N</b>	9494778	<b>Rated KW</b>	35	<b>Volts</b>	208							

**Generator Make** Generac

	<b>Setup</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>	<b>11</b>
<b>Time</b>	2:00	2:15	2:30	2:45	3:00	3:15	3:30	3:45	4:00			
<b>Setup</b>												
<b>KW</b>	8.75	8.75	8.75	17.5	17.5	26.25	26.25	31.5	31.5	0	0	0
<b>% Desired</b>	25	25	25	50	50	75	75	90	90			
<b>Desired Load</b>	24.288	24.288	24.249	48.655	48.655	72.516	72.865	87.298	87.298	#DIV/0!	#DIV/0!	#DIV/0!
<b>Actual %</b>	24.7	24.7	24.7	54.1	54.1	78.9	78.6	90.7	90.7	0.0	0.0	0.0

### Test Results

<b>Volts</b>												
<b>L1-L2</b>	208	208	208	210	210	212	210	211	211			
<b>L2-L3</b>	209	209	209	212	212	212	212	211	211			
<b>L1-L3</b>	207	207	208	201	201	203	202	203	203			
<b>Average</b>	208	208	208.33	207.67	207.67	209	208	208.33	208.33	0	0	0
<b>Amps</b>												
<b>A</b>	24	24	24	47	47	71	71	84	84			
<b>B</b>	24	24	24	50	50	74	74	85	85			
<b>C</b>	24	24	24	61	61	84	84	95	95			
<b>Average</b>	24	24	24	52.667	52.667	76.333	76.333	88	88	0	0	0
<b>Hz</b>												

### Engine Instruments

<b>Hour Meter</b>	156.5	156.7	157.0	157.2	157.5	157.7	158.0	158.2	158.5			
<b>Oil Pressure</b>	77	76	75	74	74	74	73	74	73			
<b>Temp</b>	190	190	190	191	193	193	193	194	194			

### Comments

Comments
----------



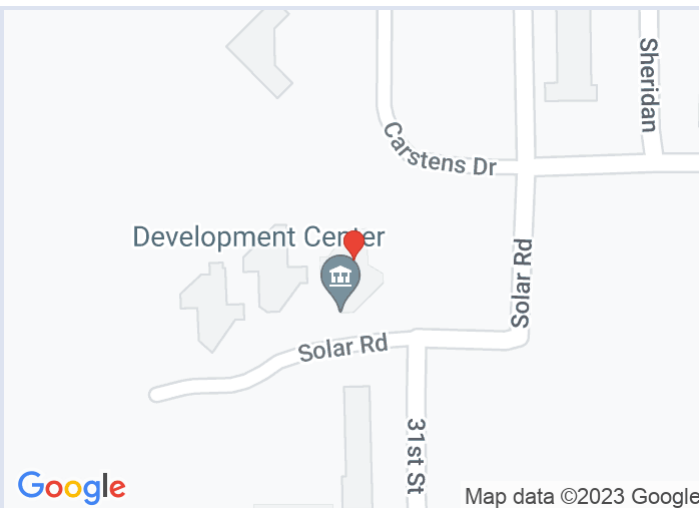
# MIDWEST ALARM SERVICES

Tech connected. Lives protected.

## Inspection Report

Presented To  
State of Nebraska

For  
East Apts #103 Suppression  
3000 Lincoln St  
Beatrice, NE 68310



**This site has been inspected and tested in compliance with applicable standards.**

Completed:  
**Monday, May 22, 2023**

Tested By:

**Gary Hesman**

Midwest Alarm Services  
3630 W Old Hwy 30  
Grand Island, NE 68803

Scan Code to Access  
Nspec Cloud Portal





# Inspection Information

## CUSTOMER INFORMATION

Name:	State of Nebraska	Address:	3000 Lincoln St
City:	Beatrice	State:	NE
ZIP:	68310	Email:	mike.balderson@nebraska.gov
AR#:	1001603		

## BUILDING INFORMATION

Name:	East Apts #103 Suppression	Occupancy Type:	Institutional (Group I)
Address:	3000 Lincoln St	City:	Beatrice
State:	NE	ZIP:	68310
AR#:	1001603		

## COMPANY INFORMATION

Name:	Midwest Alarm Services	Address:	3630 W Old Hwy 30
City:	Grand Island	State:	NE
Zip:	68803	License:	-
Email:	tracy.hesman@mw-as.com	Phone:	308-389-3981

## AUTHORITY HAVING JURISDICTION

Name:	State of Nebraska Fire Marshal	Address:	246 S 14th St
City:	Lincoln	State:	NE
Zip:	68508	Email:	-
Phone:	402-471-2027		

## MONITORING COMPANY

Name:	Per Mar	Address:	1910 E Kimberly Rd
City:	Davenport	State:	IA
Zip:	52807	Email:	-
phone:	800-227-9805		

## TESTING SUMMARY

EQUIPMENT TYPE	TOTAL	TESTED	PASSED	FAILED
Service & Inspection Report	1	1 (100%)	1 (100%)	0 (0%)

## Kitchen Report

This testing was performed in accordance with applicable NFPA 72 Standards.

Midwest Alarm Services provides many services to our community. If you would like quarterly, semi-annual or annual testing/inspection, the inspection coordinator can reach out and offer inspections on a time and material basis. Signing an Inspection Agreement with Midwest Alarm Services has many benefits. Not only do you save money, but our inspection coordinator will work with you to ensure your Fire System stays in code as well as has proper documentation sent to the local jurisdiction for compliance. If you need an estimate or have questions about our services, please reach out to our operations manager.

Gary Hesman  
Operations Manager  
308-389-3981  
gary.hesman@mw-as.com

---

Tested By:



**Gary Hesman**  
Midwest Alarm Services  
3630 W Old Hwy 30  
Grand Island, NE 68803

# Service & Inspection Report 1

## Specification

Type/Make/Model	Guardian / G300-A
-----------------	-------------------

## General Information

Manufacturer	GSSI
Control Head Type	-
Cylinder Size	-
HST Date	05/22/2023
Best Time for Gas Shutdown	-
Repairs Required - No Longer Serviceable	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A <input type="checkbox"/>

## System Layout

Number of Plenum Nozzles:	-
Number of Duct Nozzles:	-
Number of Surface Nozzles:	2
Number of Detectors	2
Type and Temp of Detectors	Electronic Heat Detectors
Remote Pull Station	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Reset Relay	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Fire Alarm Connection	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
ETL	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Washdown Connection	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Gas	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Electrical	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
Fuel Shut-Off	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>

## System Inspection

1. Check general system design	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
2a. Check pressure gauge	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
2b. Gauge pressure (psi)	100
3. All lead and wire seals are intact	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
4. There are no visible signs that system(s) has fired or been tampered with. If so, check & report.	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
5a. Replace/check cartridge	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
5b. Cartridge weight	-
5c. Cartridge date	-
6. Check all piping and conduit; must be immobilized with proper hangers and brackets	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
7. Check positioning of all nozzles	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
8. Check action on self-closing caps	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
9. Replace all protective covers on nozzles	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
10. System operated manually	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
11. System operated automatically by cutting terminal link	N/A
12. Test proper operation of gas valve(s)	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
13. Test proper operation of micro switch (electric shutdown, washdown)	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
14. Check operation of multiple systems, all tripped	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
15. Replace and seal all safety pins in manual & remote releases	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
16. Fuel shut-off is in "ON" position	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
17. Check exhaust fan for operating order	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
18. Clean system cylinder & component parts	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
19. Fan warning sign on hood	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
20. Distributor emergency phone number on system	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
21. Inspection & servicing tag are on system	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>

22. Personnel has been instructed on manual operation of system(s)	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
23. Hand portable extinguishers serviced	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
24. Pin removed, tension set, system armed	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
25. Canopy/ Duct Const	-

### Deficiencies

System is free of deficiencies and functions as required?	Yes
Parts Required:	-

### Result

	● Passed
--	----------

### Notes

Number	-
--------	---

## Comments

Number	COMMENT	IMAGE
1	Range Hood Inspection. No issues.	



**Tech connected. Lives protected.**

## **Conclusion**

We appreciate the opportunity to provide this inspection report. We are confident in the accuracy of the contents of this report. Should you require any additional services, or have questions regarding the contents of this report, please do not hesitate to contact your Midwest Alarm Services representative at 308-389-3981.

### **Life Safety Solutions Experts Since 1950**

For more than 70 years, Midwest Alarm Services has been providing the best, innovative fire, security and technology solutions for homes and businesses. As a systems integrator, we can design, install, maintain, monitor and service a wide variety of equipment and software. We take the time to understand your needs and customized solutions to fit your needs and budget. To learn more about our company and the services we provide, please visit:

[www.midwestalarmservices.com](http://www.midwestalarmservices.com)

A handwritten signature in black ink, appearing to read 'GH', is positioned above a solid blue horizontal line.

Tested By:

**Gary Hesman**

Midwest Alarm Services

3630 W Old Hwy 30

Grand Island, NE 68803



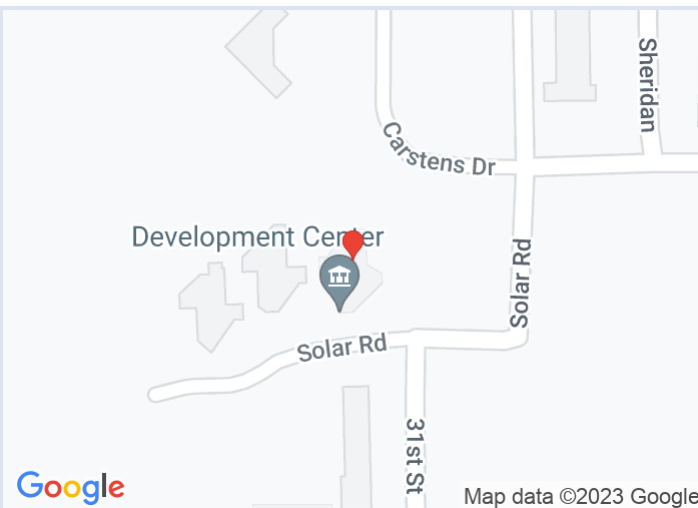
# MIDWEST ALARM SERVICES

Tech connected. Lives protected.

## Inspection Report

Presented To  
State of Nebraska

For  
East Apts #104 Suppression  
3000 Lincoln St  
Beatrice, NE 68310



**This site has been inspected  
and tested in compliance  
with applicable standards.**

Completed:  
**Monday, May 22, 2023**

Tested By:  
**Gary Hesman**  
Midwest Alarm Services  
3630 W Old Hwy 30  
Grand Island, NE 68803

Scan Code to Access  
Nspec Cloud Portal



# Inspection Information

## CUSTOMER INFORMATION

Name:	State of Nebraska	Address:	3000 Lincoln St
City:	Beatrice	State:	NE
ZIP:	68310	Email:	mike.balderson@nebraska.gov
AR#:	1001603		

## BUILDING INFORMATION

Name:	East Apts #104 Suppression	Occupancy Type:	Institutional (Group I)
Address:	3000 Lincoln St	City:	Beatrice
State:	NE	ZIP:	68310
AR#:	1001603		

## COMPANY INFORMATION

Name:	Midwest Alarm Services	Address:	3630 W Old Hwy 30
City:	Grand Island	State:	NE
Zip:	68803	License:	-
Email:	tracy.hesman@mw-as.com	Phone:	308-389-3981

## AUTHORITY HAVING JURISDICTION

Name:	State of Nebraska Fire Marshal	Address:	246 S 14th St
City:	Lincoln	State:	NE
Zip:	68508	Email:	-
Phone:	402-471-2027		

## MONITORING COMPANY

Name:	Per Mar	Address:	1910 E Kimberly Rd
City:	Davenport	State:	IA
Zip:	52807	Email:	-
phone:	800-227-9805		

## TESTING SUMMARY

EQUIPMENT TYPE	TOTAL	TESTED	PASSED	FAILED
Service & Inspection Report	1	1 (100%)	1 (100%)	0 (0%)

## Kitchen Report

This testing was performed in accordance with applicable NFPA 72 Standards.

Midwest Alarm Services provides many services to our community. If you would like quarterly, semi-annual or annual testing/inspection, the inspection coordinator can reach out and offer inspections on a time and material basis. Signing an Inspection Agreement with Midwest Alarm Services has many benefits. Not only do you save money, but our inspection coordinator will work with you to ensure your Fire System stays in code as well as has proper documentation sent to the local jurisdiction for compliance. If you need an estimate or have questions about our services, please reach out to our operations manager.

Gary Hesman  
Operations Manager  
308-389-3981  
gary.hesman@mw-as.com

---

Tested By:



**Gary Hesman**  
Midwest Alarm Services  
3630 W Old Hwy 30  
Grand Island, NE 68803



# Service & Inspection Report 1

## Specification

Type/Make/Model	Guardian / G300-A
-----------------	-------------------

## General Information

Manufacturer	GSSI
Control Head Type	-
Cylinder Size	-
HST Date	05/22/2023
Best Time for Gas Shutdown	-
Repairs Required - No Longer Serviceable	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A <input type="checkbox"/>

## System Layout

Number of Plenum Nozzles:	-
Number of Duct Nozzles:	-
Number of Surface Nozzles:	2
Number of Detectors	2
Type and Temp of Detectors	Electronic Heat Detectors
Remote Pull Station	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Reset Relay	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Fire Alarm Connection	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
ETL	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Washdown Connection	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Gas	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Electrical	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
Fuel Shut-Off	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>

## System Inspection

1. Check general system design	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
2a. Check pressure gauge	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
2b. Gauge pressure (psi)	100
3. All lead and wire seals are intact	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
4. There are no visible signs that system(s) has fired or been tampered with. If so, check & report.	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
5a. Replace/check cartridge	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
5b. Cartridge weight	-
5c. Cartridge date	-
6. Check all piping and conduit; must be immobilized with proper hangers and brackets	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
7. Check positioning of all nozzles	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
8. Check action on self-closing caps	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
9. Replace all protective covers on nozzles	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
10. System operated manually	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
11. System operated automatically by cutting terminal link	N/A
12. Test proper operation of gas valve(s)	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
13. Test proper operation of micro switch (electric shutdown, washdown)	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
14. Check operation of multiple systems, all tripped	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
15. Replace and seal all safety pins in manual & remote releases	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
16. Fuel shut-off is in "ON" position	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
17. Check exhaust fan for operating order	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
18. Clean system cylinder & component parts	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
19. Fan warning sign on hood	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
20. Distributor emergency phone number on system	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
21. Inspection & servicing tag are on system	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>

22. Personnel has been instructed on manual operation of system(s)	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
23. Hand portable extinguishers serviced	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
24. Pin removed, tension set, system armed	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
25. Canopy/ Duct Const	-

### Deficiencies

System is free of deficiencies and functions as required?	Yes
Parts Required:	-

### Result

	● Passed
--	----------

### Notes

Number	-
--------	---

## Comments

Number	COMMENT	IMAGE
1	Range Hood Inspection. No issues.	



**Tech connected. Lives protected.**

## **Conclusion**

We appreciate the opportunity to provide this inspection report. We are confident in the accuracy of the contents of this report. Should you require any additional services, or have questions regarding the contents of this report, please do not hesitate to contact your Midwest Alarm Services representative at 308-389-3981.

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[www.midwestalarmservices.com](http://www.midwestalarmservices.com)

A handwritten signature in black ink, appearing to read 'GH', is positioned above a solid blue horizontal line.

**Tested By:**

**Gary Hesman**

Midwest Alarm Services

3630 W Old Hwy 30

Grand Island, NE 68803



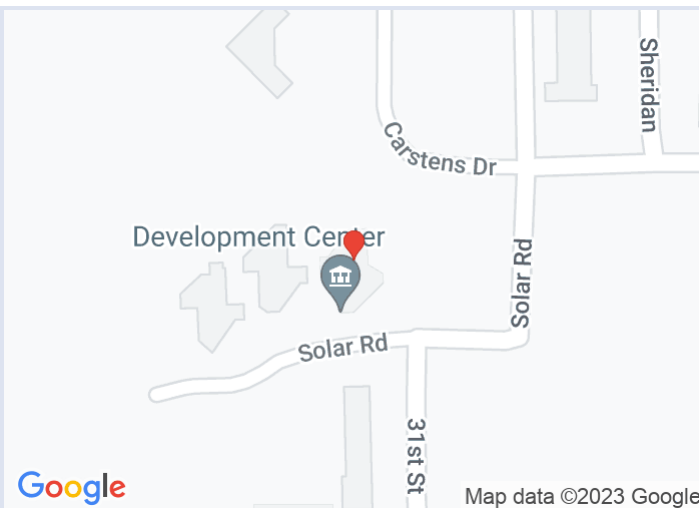
# MIDWEST ALARM SERVICES

Tech connected. Lives protected.

## Inspection Report

Presented To  
State of Nebraska

For  
East Apts #206 Suppression  
3000 Lincoln St  
Beatrice, NE 68310



**This site has been inspected  
and tested in compliance  
with applicable standards.**

Completed:  
**Monday, May 22, 2023**

Tested By:

**Gary Hesman**

Midwest Alarm Services  
3630 W Old Hwy 30  
Grand Island, NE 68803

Scan Code to Access  
Nspec Cloud Portal



# Inspection Information

## CUSTOMER INFORMATION

Name:	State of Nebraska	Address:	3000 Lincoln St
City:	Beatrice	State:	NE
ZIP:	68310	Email:	mike.balderson@nebraska.gov
AR#:	1001603		

## BUILDING INFORMATION

Name:	East Apts #206 Suppression	Occupancy Type:	Institutional (Group I)
Address:	3000 Lincoln St	City:	Beatrice
State:	NE	ZIP:	68310
AR#:	1001603		

## COMPANY INFORMATION

Name:	Midwest Alarm Services	Address:	3630 W Old Hwy 30
City:	Grand Island	State:	NE
Zip:	68803	License:	-
Email:	tracy.hesman@mw-as.com	Phone:	308-389-3981

## AUTHORITY HAVING JURISDICTION

Name:	State of Nebraska Fire Marshal	Address:	246 S 14th St
City:	Lincoln	State:	NE
Zip:	68508	Email:	-
Phone:	402-471-2027		

## MONITORING COMPANY

Name:	Per Mar	Address:	1910 E Kimberly Rd
City:	Davenport	State:	IA
Zip:	52807	Email:	-
phone:	800-227-9805		

## TESTING SUMMARY

EQUIPMENT TYPE	TOTAL	TESTED	PASSED	FAILED
Service & Inspection Report	1	1 (100%)	1 (100%)	0 (0%)

## Kitchen Report

This testing was performed in accordance with applicable NFPA 72 Standards.

Midwest Alarm Services provides many services to our community. If you would like quarterly, semi-annual or annual testing/inspection, the inspection coordinator can reach out and offer inspections on a time and material basis. Signing an Inspection Agreement with Midwest Alarm Services has many benefits. Not only do you save money, but our inspection coordinator will work with you to ensure your Fire System stays in code as well as has proper documentation sent to the local jurisdiction for compliance. If you need an estimate or have questions about our services, please reach out to our operations manager.

Gary Hesman  
Operations Manager  
308-389-3981  
gary.hesman@mw-as.com

---

Tested By:



**Gary Hesman**  
Midwest Alarm Services  
3630 W Old Hwy 30  
Grand Island, NE 68803

# Service & Inspection Report 1

## Specification

Type/Make/Model	Guardian / G300-A
-----------------	-------------------

## General Information

Manufacturer	GSSI
Control Head Type	-
Cylinder Size	-
HST Date	05/22/2023
Best Time for Gas Shutdown	-
Repairs Required - No Longer Serviceable	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A <input type="checkbox"/>

## System Layout

Number of Plenum Nozzles:	-
Number of Duct Nozzles:	-
Number of Surface Nozzles:	2
Number of Detectors	2
Type and Temp of Detectors	Electronic Heat Detectors
Remote Pull Station	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Reset Relay	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Fire Alarm Connection	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
ETL	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Washdown Connection	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Gas	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Electrical	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
Fuel Shut-Off	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>

## System Inspection

1. Check general system design	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
2a. Check pressure gauge	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
2b. Gauge pressure (psi)	100
3. All lead and wire seals are intact	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
4. There are no visible signs that system(s) has fired or been tampered with. If so, check & report.	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
5a. Replace/check cartridge	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
5b. Cartridge weight	-
5c. Cartridge date	-
6. Check all piping and conduit; must be immobilized with proper hangers and brackets	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
7. Check positioning of all nozzles	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
8. Check action on self-closing caps	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
9. Replace all protective covers on nozzles	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
10. System operated manually	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
11. System operated automatically by cutting terminal link	N/A
12. Test proper operation of gas valve(s)	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
13. Test proper operation of micro switch (electric shutdown, washdown)	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
14. Check operation of multiple systems, all tripped	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
15. Replace and seal all safety pins in manual & remote releases	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
16. Fuel shut-off is in "ON" position	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
17. Check exhaust fan for operating order	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
18. Clean system cylinder & component parts	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
19. Fan warning sign on hood	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
20. Distributor emergency phone number on system	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
21. Inspection & servicing tag are on system	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>

22. Personnel has been instructed on manual operation of system(s)	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
23. Hand portable extinguishers serviced	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
24. Pin removed, tension set, system armed	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
25. Canopy/ Duct Const	-

### Deficiencies

System is free of deficiencies and functions as required?	Yes
Parts Required:	-

### Result

	● Passed
--	----------

### Notes

Number	-
--------	---

## Comments

Number	COMMENT	IMAGE
1	Range Hood Inspection. No issues.	





**Tech connected. Lives protected.**

## **Conclusion**

We appreciate the opportunity to provide this inspection report. We are confident in the accuracy of the contents of this report. Should you require any additional services, or have questions regarding the contents of this report, please do not hesitate to contact your Midwest Alarm Services representative at 308-389-3981.

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[www.midwestalarmservices.com](http://www.midwestalarmservices.com)

A handwritten signature in black ink, appearing to read 'GH', is written over a solid blue horizontal line.

**Tested By:**

**Gary Hesman**

Midwest Alarm Services

3630 W Old Hwy 30

Grand Island, NE 68803



# MIDWEST ALARM SERVICES

Tech connected. Lives protected.

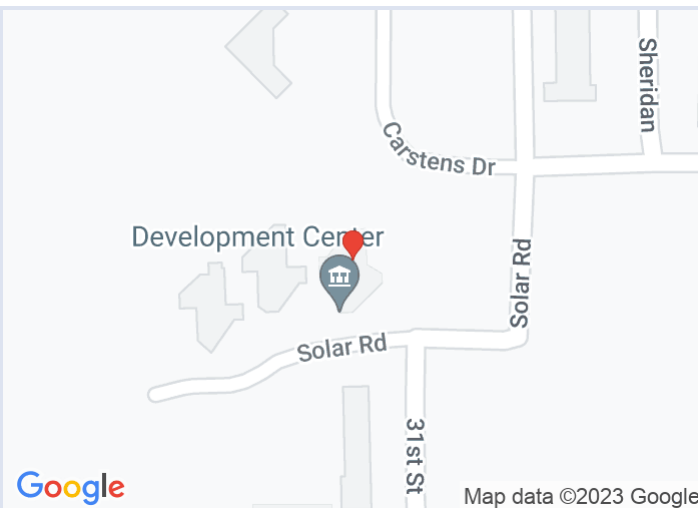
## Inspection Report

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Presented To  
State of Nebraska

---

For  
East Apartment Building  
3000 Lincoln St  
Beatrice, NE 68310



**This site has been inspected and tested in compliance with applicable standards.**

---

Completed:  
**Monday, May 22, 2023**

---

Tested By:  
**Gary Hesman**  
Midwest Alarm Services  
3630 W Old Hwy 30  
Grand Island, NE 68803

Scan Code to Access  
Nspec Cloud Portal



# Inspection Information

## CUSTOMER INFORMATION

Name:	State of Nebraska	Address:	3000 Lincoln St
City:	Beatrice	State:	NE
ZIP:	68310	Email:	mike.balderson@nebraska.gov
AR#:	1001603		

## BUILDING INFORMATION

Name:	East Apartment Building	Occupancy Type:	Institutional (Group I)
Address:	3000 Lincoln St	City:	Beatrice
State:	NE	ZIP:	68310
Monitoring Company Account Number:	FA14300	AR#:	1001603
Email for Reports:	mike.balderson@nebraska.gov		

## COMPANY INFORMATION

Name:	Midwest Alarm Services	Address:	3630 W Old Hwy 30
City:	Grand Island	State:	NE
Zip:	68803	License:	-
Email:	tracy.hesman@mw-as.com	Phone:	308-389-3981

## AUTHORITY HAVING JURISDICTION

Name:	State of Nebraska Fire Marshal	Address:	246 S 14th St
City:	Lincoln	State:	NE
Zip:	68508	Email:	-
Phone:	402-471-2027		

## MONITORING COMPANY

Name:	Per Mar	Address:	1910 E Kimberly Rd
City:	Davenport	State:	IA
Zip:	52807	Email:	-
phone:	800-227-9805		

## TESTING SUMMARY

EQUIPMENT TYPE	TOTAL	TESTED	PASSED	FAILED
Communicator	1	1 (100%)	1 (100%)	0 (0%)
Alarm Initiated Device	38	38 (100%)	38 (100%)	0 (0%)
Alarm Notification Appliance	38	38 (100%)	38 (100%)	0 (0%)
Annunciator	0	0 (0%)	0 (0%)	0 (0%)
Auxiliary Device	0	0 (0%)	0 (0%)	0 (0%)
Auxiliary Power Supply	1	1 (100%)	1 (100%)	0 (0%)
Control Unit	1	1 (100%)	1 (100%)	0 (0%)
Supervising Station Monitoring	1	1 (100%)	1 (100%)	0 (0%)
Supervisory Signal Device	0	0 (0%)	0 (0%)	0 (0%)

## Fire Alarm Inspection- NFPA 72 (2013)

This testing was performed in accordance with applicable NFPA 72 Standards.

Midwest Alarm Services provides many services to our community. If you would like quarterly, semi-annual or annual testing/inspection, the inspection coordinator can reach out and offer inspections on a time and material basis. Signing an Inspection Agreement with Midwest Alarm Services has many benefits. Not only do you save money, but our inspection coordinator will work with you to ensure your Fire System stays in code as well as has proper documentation sent to the local jurisdiction for compliance. If you need an estimate or have questions about our services, please reach out to our operations manager.

Gary Hesman  
Operations Manager  
308-389-3981  
gary.hesman@mw-as.com

Tested By:



**Gary Hesman**  
Midwest Alarm Services  
3630 W Old Hwy 30  
Grand Island, NE 68803

## Control Unit

### Location

Location  
East Apartments - Lake 311 / Center Stairwell

### Specification

Type/Make/Model  
ESL

### Software Firmware

Revision Number	Onsite Location Of Documentation
-	-

### Primary Power

Nominal Voltage	Amps
120v	-

### Overcurrent Protection

Type	Amps	Location	Disconnecting Means Location
-	-	-	-

### Visual/ Functional

Control Unit	Lamps/LEDs/LCDs	Fuses	Trouble Signal
Tested functionally	Tested functionally	Tested functionally	Tested functionally
Disconnect Switch	Ground-Fault Monitoring		
Tested functionally	Tested functionally		

### Batteries

Battery Date	Battery Type	Nominal Voltage	Amps/Hour Rating
01/18/2019	Gel	26.7v	7ah
Standby Mode (hrs)	Alarm Mode (mins)		
-	-		

### Visual/ Functional

Load Voltage	Charge Test	Discharge Test	Battery Condition
Tested functionally	Tested functionally	Tested functionally	Tested functionally

### Result

● Passed

## Communicator

### Specification

Type/Make/Model  
-

### Type

Type  
Phone Lines : Thru Admin

### Result

● Passed

## Supervising Station Monitoring

### Specification

Type/Make/Model  
-

### Supervising Station Monitoring

Alarm Signal	Alarm Restoration	Trouble Signal	Trouble Restoration
Tested functionally	Tested functionally	Tested functionally	Tested functionally

Supervisory Signal  
Tested functionally

Supervisory Restoration  
Tested functionally

## Result

● Passed

## Auxiliary Power Supply 1

### Location

Location Basement / Electrical Room

### Specification

Type/Make/Model Honeywell Experion

### Primary Power

Nominal Voltage 120v

Amps -

### Overcurrent Protection

Type -

Amps -

Location -

Disconnecting means location -

### Visual/ Functional

Auxiliary Power Supply Tested functionally

Lamps/LEDs/LCDs Tested functionally

Fuses Tested functionally

Trouble Signal Tested functionally

Disconnect Switch Tested functionally

Ground-Fault Monitoring Tested functionally

### Batteries

Battery Date 11/15/2021

Battery Type Lead Acid

Nominal Voltage 26.7v

Amps/Hour Rating 7ah

Standby Mode (hrs) -

Alarm Mode (mins) -

### Visual/ Functional

Load Voltage Tested functionally

Charge Test Tested functionally

Discharge Test Tested functionally

Battery Condition Tested functionally

## Result

● Passed

## Notes

Number -

## Alarm Initiated Device

Location	Specification	New Section	Result	Notes
----------	---------------	-------------	--------	-------

Location	Type/Make/Model	Visual	Result	Number
South Wall	Manual Pull Station	Tested functionally	● Passed	-
East Wall	Manual Pull Station	Tested functionally	● Passed	-
Main East Entry	Manual Pull Station	Tested functionally	● Passed	-
Apt 104 Hallway	Manual Pull Station	Tested functionally	● Passed	-
Apt 104 NE Exit	Manual Pull Station	Tested functionally	● Passed	-
205 Stairs South	Manual Pull Station	Tested functionally	● Passed	-
205 Stairs Center	Manual Pull Station	Tested functionally	● Passed	-
205 Stairs Exit	Manual Pull Station	Tested functionally	● Passed	-
Apt 206 North Stairs	Manual Pull Station	Tested functionally	● Passed	-
Apt 206 North Exit	Manual Pull Station	Tested functionally	● Passed	-
South Bedroom SW	Smoke Detector	Tested functionally	● Passed	-
South Bedroom NW	Smoke Detector	Tested functionally	● Passed	-
South Bedroom SE	Smoke Detector	Tested functionally	● Passed	-
South Bedroom NE	Smoke Detector	Tested functionally	● Passed	-
South Commons	Smoke Detector	Tested functionally	● Passed	-
North Bedroom SW	Smoke Detector	Tested functionally	● Passed	-
North Bedroom NW	Smoke Detector	Tested functionally	● Passed	-
North Bedroom NE	Smoke Detector	Tested functionally	● Passed	-
North Bedroom SE	Smoke Detector	Tested functionally	● Passed	-
South Bedroom SW	Smoke Detector	Tested functionally	● Passed	-
South Bedroom NW	Smoke Detector	Tested functionally	● Passed	-
South Bedroom SE	Smoke Detector	Tested functionally	● Passed	-
South Bedroom NE	Smoke Detector	Tested functionally	● Passed	-
South Commons	Smoke Detector	Tested functionally	● Passed	-
South Commons North	Smoke Detector	Tested functionally	● Passed	-
North Day Room	Smoke Detector	Tested functionally	● Passed	-

Location	Type/Make/Model	Visual	Result	Number
Commons Room	Smoke Detector	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
North Bedroom NE	Smoke Detector	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
North Bedroom SE	Smoke Detector	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
North Hallway	Smoke Detector	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
North South Room	Smoke Detector	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
Center Above FACP	Smoke Detector	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
Center Front Entry	Smoke Detector	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
South	Smoke Detector	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
North	Smoke Detector	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
South Day Room	Smoke Detector	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
North Dining Room	Smoke Detector	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
Center Hall	Smoke Detector	Tested functionally	● Passed	-

## Alarm Notification Appliance

Location	Specification	New Section	Result	Notes
Location	Type/Make/Model	Visual / Functional	Result	Number
1st / East Main Entrance	Horn/Strobe / ESL	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
1st / 103 Lobby	Horn/Strobe / ESL	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
103 Living Room	Horn/Strobe / ESL	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
1st / 103 Hallway	Horn/Strobe / ESL	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
1st / 103 Hallway	Horn/Strobe / ESL	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
1st / 103 In Room 106	Horn/Strobe / ESL	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
1st / 103 In Room 103	Horn/Strobe / ESL	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
1st / 103 In Room 104	Horn/Strobe / ESL	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
1st / 103 In Room 105	Horn/Strobe / ESL	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
1st / 104 Lobby	Horn/Strobe / ESL	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
1st / 104 Living Room	Horn/Strobe / ESL	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
1st / 104 Hallway	Horn/Strobe / ESL	Tested functionally	● Passed	-



Location	Specification	New Section	Result	Notes
Location	Type/Make/Model	Visual / Functional	Result	Number
1st / 104 Hallway	Horn/Strobe / ESL	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
1st / 104 In Room 111	Horn/Strobe / ESL	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
1st / 104 In Room 113	Horn/Strobe / ESL	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
1st / 104 In Room 112	Horn/Strobe / ESL	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
1st / 104 In Room 114	Horn/Strobe / ESL	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
2nd / 205 Lobby	Horn/Strobe / ESL	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
2nd / 205 Living Room	Horn/Strobe / ESL	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
2nd / 205 Hallway	Horn/Strobe / ESL	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
2nd / 205 In Room 206	Horn/Strobe / ESL	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
2nd / 205 In Room 205	Horn/Strobe / ESL	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
2nd / 205 In Room 203	Horn/Strobe / ESL	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
2nd / 205 In Room 204	Horn/Strobe / ESL	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
2nd / 206 Lobby	Horn/Strobe / ESL	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
2nd / 206 Living Room	Horn/Strobe / ESL	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
2nd / 206 Hallway	Horn/Strobe / ESL	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
2nd / 206 Hallway	Horn/Strobe / ESL	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
2nd / 206 In Room 214	Horn/Strobe / ESL	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
2nd / 206 In Room 211	Horn/Strobe / ESL	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
2nd / 206 In Room 212	Horn/Strobe / ESL	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
2nd / 206 In Room 213	Horn/Strobe / ESL	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
2nd / 206 Hallway	Horn/Strobe / ESL	Tested functionally	● Passed	-
Stairwell				
Location	Type/Make/Model	Visual / Functional	Result	Number
Basement / Center Stairwell	Horn/Strobe / ESL	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
Basement / Sprinkler Riser Room	Horn/Strobe / ESL	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
Basement / By Exit	Horn/Strobe / ESL	Tested functionally	● Passed	-

Location	Specification	New Section	Result	Notes
Location	Type/Make/Model	Visual / Functional	Result	Number
Basement / Electrical Room	Horn/Strobe / ESL	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
Outside	Bell	Tested functionally	● Passed	-

## Comments

Number	COMMENT	IMAGE
1	Fire Alarm Inspection. No issues.	



**Tech connected. Lives protected.**

## **Conclusion**

We appreciate the opportunity to provide this inspection report. We are confident in the accuracy of the contents of this report. Should you require any additional services, or have questions regarding the contents of this report, please do not hesitate to contact your Midwest Alarm Services representative at 308-389-3981.

## **Life Safety Solutions Experts Since 1950**

For more than 70 years, Midwest Alarm Services has been providing the best, innovative fire, security and technology solutions for homes and businesses. As a systems integrator, we can design, install, maintain, monitor and service a wide variety of equipment and software. We take the time to understand your needs and customize solutions to fit your needs and budget. To learn more about our company and the services we provide, please visit:

[www.midwestalarmservices.com](http://www.midwestalarmservices.com)

A handwritten signature in black ink, appearing to read 'G. Hesman', is written over a blue horizontal line.

Tested By:

**Gary Hesman**

Midwest Alarm Services

3630 W Old Hwy 30

Grand Island, NE 68803

# Sprinkler Inspection Certificate

*For*

Beatrice State Development East  
Apartment  
667 31st Street  
Beatrice, Nebraska 68310

Tested to NFPA 25 Standards

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

*Annual Inspection  
Inspection Date  
Sep 25, 2023*

Building: Beatrice State Development East Apartment  
Contact: Facility Manager  
Title: Maint. Supervisor

Company: NIFCO Mechanical Systems  
Contact: Travis Billesbach  
Title: Inspector

# Executive Summary

Generated by: *BuildingReports.com*

Building Information			
<b>Building:</b> Beatrice State Development East Apartment			<b>Contact:</b> Facility Manager
<b>Address:</b> 667 31st Street			<b>Phone:</b> 402-223-7526
<b>Address:</b>			<b>Fax:</b>
<b>City/State/ZIP Code:</b> Beatrice, Nebraska 68310			<b>Mobile:</b>
<b>Country:</b> United States of America			<b>Email:</b>
Inspection Performed By			
<b>Company:</b> NIFCO Mechanical Systems			<b>Inspector:</b> Travis Billesbach
<b>Address:</b> 500 Blue Heron Dr			<b>Phone:</b> 402-477-0666
<b>Address:</b>			<b>Fax:</b>
<b>City/State/ZIP Code:</b> Lincoln, NE 68522-1701			<b>Mobile:</b> 531-220-1687
<b>Country:</b> United States of America			<b>Email:</b> tbillesbach@nifcomechanical.com
System Control Unit			
System Type	System Location	Protected Area	Devices
Dry Pipe	Building-	Floors-Attic	6
Wet Pipe	Building-	Floors-	9

Inspection Summary								
Category	Total Items		Serviced		Passed		Failed/Other	
	Qty	%	Qty	%	Qty	%	Qty	%
Alarm	3	20.00%	3	100.00%	3	100.00%	0	0.00%
Device	3	20.00%	2	66.67%	2	100.00%	0	0.00%
Hose	1	6.67%	1	100.00%	1	100.00%	0	0.00%
Sprinkler	1	6.67%	0	0.00%	0	0.00%	0	0.00%
Valve	7	46.67%	6	85.71%	6	100.00%	0	0.00%
<b>Totals</b>	<b>15</b>	<b>100%</b>	<b>12</b>	<b>80.00%</b>	<b>12</b>	<b>100.00%</b>	<b>0</b>	<b>0.00%</b>

### Certification

**Company:** NIFCO Mechanical Systems

**Building:** Beatrice State Development East Apartment

**Inspector:** Travis Billesbach

**Contact:** Facility Manager

### Travis Billesbach Certifications

Certification Type	Number
NICET Inspection and Testing of Water-Based Systems Level I	
Nebraska Grade VI Water Operator	8466

# Inspection & Testing

Generated by: *BuildingReports.com*

Building: Beatrice State Development East Apartment					
<p><i>The Inspection &amp; Testing section lists all of the items inspected in your building. Items are grouped by Passed or Failed/Other. Items are listed by Category. Each item includes the services performed, and the time &amp; date at which testing occurred.</i></p>					
Device Type	Location	Service	Time	Date	
<b><i>Passed</i></b>					
<b>Building– Dry Pipe, Floors–Attic</b>					
Pressure Switch	Basement Inner Mechanical	Annual	1:40:58 PM	09/25/2023	
Pressure Switch	Basement Inner Mechanical	Annual	1:41:03 PM	09/25/2023	
Drain	Basement Inner Mechanical	Annual	1:39:13 PM	09/25/2023	
Drain	1st Southwest Bathroom	Annual	1:39:25 PM	09/25/2023	
Control Valve	Basement Inner Mechanical	Annual	1:38:43 PM	09/25/2023	
Dry Pipe Valve	Basement Inner Mechanical	Annual	1:40:01 PM	09/25/2023	
<b>Building– Wet Pipe, Floors–</b>					
Waterflow Switch	Basement Inner Mechanical	Annual	1:41:07 PM	09/25/2023	
Fire Dep't Connection	Ground East Outside	Annual	1:40:45 PM	09/25/2023	
Control Valve	Basement Inner Mechanical	Annual	1:38:51 PM	09/25/2023	
Control Valve	Basement Inner Mechanical	Annual	1:38:58 PM	09/25/2023	
Control Valve	Basement Inner Mechanical	Annual	1:39:05 PM	09/25/2023	
Post Indicator Valve	Ground East Outside	Annual	1:40:50 PM	09/25/2023	
<b><i>Untested</i></b>					
<b>Building– Wet Pipe, Floors–</b>					
Gauge	Basement Inner Mechanical				
Piping	Basement Inner Mechanical				
Check Valve	Basement Inner Mechanical				

# Wet Pipe Fire Sprinkler Systems

Generated by: *BuildingReports.com*

<b>Building: Beatrice State Development East</b> <b>Apartment</b>	<b>Building-, Floors-</b>
--	---------------------------

*This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.*

## Alarms

### Waterflow Switch

Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID
Vane				2.0	1	<input checked="" type="checkbox"/>	59770065

## Components

### Check Valve

Type	Location	Internal Date	Size	OK	ScanID
Grooved	Basement Inner Mechanical	12/31/1969	4"	<input type="checkbox"/>	68041427

### Control Valve

Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			Basement Inner Mechanical	2"	Open	Supervised	<input checked="" type="checkbox"/>	59770073

#### Description

Isolation

### Control Valve

Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			Basement Inner Mechanical	6"	Open	Supervised	<input checked="" type="checkbox"/>	59770074

#### Description

Main Control

### Control Valve

Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			Basement Inner Mechanical	6"	Open	Supervised	<input checked="" type="checkbox"/>	59770075

#### Description

Main Control

### Post Indicator Valve

Manufacturer	Model	Location	OK	ScanID
		Ground East Outside	<input checked="" type="checkbox"/>	59770071

Type	Size	Position	Status	Number of Turns
------	------	----------	--------	-----------------



Ground	8"	Open	Locked & Supervised				
<b><i>Devices</i></b>							
<b>Fire Dep't Connection</b>							
<b>Location</b>	<b>Type</b>	<b>BallDrip</b>	<b>Rotating Swivels</b>	<b>Size</b>	<b>OK</b>	<b>ScanID</b>	
Ground East Outside	Siamese	Yes	Yes	4"	<input checked="" type="checkbox"/>	59770072	
<b>Gauge</b>							
<b>Location</b>				<b>Service Date</b>			
Basement Inner Mechanical				12/31/1969			
<b>Type</b>	<b>Manufacturer</b>	<b>Model #</b>	<b>Static psi</b>	<b>Fill Type</b>	<b>Size</b>	<b>OK</b>	<b>ScanID</b>
				Air/Water		<input type="checkbox"/>	68041428
<b>Piping</b>							
<b>Location</b>	<b>Type</b>	<b>Size</b>	<b>Internal Date</b>				
Basement Inner Mechanical	Steel		01/01/1900				
<b>Hangers</b>	<b>Braces</b>	<b>Fittings</b>	<b>Identified</b>	<b>Antifreeze</b>	<b>ScanID</b>		
Normal	Normal		Tagged	N/A	68041429		

# Dry Pipe Fire Sprinkler Systems

Generated by: BuildingReports.com

Building: Beatrice State Development East Apartment	Building-, Floors-Attic
--	-------------------------

This section lists out all the devices and components that have been associated with a Dry Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.

## Alarms

### Pressure Switch

Type	Description	Manufacturer	Low	High	Zone/Address	OK	ScanID
Low	Supervisory				1	<input checked="" type="checkbox"/>	59770066
High	Supervisory				1	<input checked="" type="checkbox"/>	59770067

## Components

### Control Valve

Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			Basement Inner Mechanical	6"	Open	Supervised	<input checked="" type="checkbox"/>	59770069

### Description

Isolation

### Dry Pipe Valve

Manufacturer	Model #	Location	Internal Date	OK	ScanID	
		Basement Inner Mechanical	03/20/2020	<input checked="" type="checkbox"/>	59770068	
Type	Status	Position	Size	Serial #		
Flanged by Grooved	Supervised	Trim Closed	6"			
Water psi	Air Pressure	Trip Air	Trip Time	Total Timing (sec)	Partial Trip Date	Full Trip Date
58	42				09/25/2023	09/14/2024

## Devices

### Drain

#### Current Inspection

Type	Location	Size	Supply psi	Restored psi	Residual psi	Sec	OK	ScanID
Main	Basement Inner Mechanical	2"	58	56	30		<input checked="" type="checkbox"/>	59770070

#### Previous Inspections

##### June 12, 2023

Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	Basement Inner Mechanical	2"	58	51	31		<input checked="" type="checkbox"/>	59770070

##### March 28, 2023

Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
------	----------	------	------------	------------	--------------	-----	----	--------

Main	Basement Inner Mechanical	2"	55	50	30		<input checked="" type="checkbox"/>	59770070
<b>Type</b>	<b>Location</b>	<b>Size</b>	<b>Supply psi</b>	<b>Restored psi</b>	<b>Residual psi</b>	<b>Sec</b>	<b>OK</b>	<b>ScanID</b>
Combination	1st Southwest Bathroom	2"					<input checked="" type="checkbox"/>	68606389

# Inventory & Warranty Report

Generated by: [BuildingReports.com](http://BuildingReports.com)

## Building: Beatrice State Development East Apartment

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

Device or Type	Category	% of Inventory	Quantity
Check Valve	Valve	6.67%	1
Control Valve	Valve	26.67%	4
Drain	Device	13.33%	2
Dry Pipe Valve	Valve	6.67%	1
Fire Dep't Connection	Hose	6.67%	1
Gauge	Device	6.67%	1
Piping	Sprinkler	6.67%	1
Post Indicator Valve	Valve	6.67%	1
Pressure Switch	Alarm	13.33%	2
Waterflow Switch	Alarm	6.67%	1

Device Type	Qty	Model #	Type	Description	Install Date
-------------	-----	---------	------	-------------	--------------

### *In Service - 3 Years to 5 Years*

#### Building– Dry Pipe, Floors–Attic

Control Valve	1		Butterfly	Isolation	03/20/2020
Drain	1		Combination		03/20/2020
Drain	1		Main		03/20/2020
Dry Pipe Valve	1		Flanged by Grooved		03/20/2020
Pressure Switch	1		High	Supervisory	03/20/2020
Pressure Switch	1		Low	Supervisory	03/20/2020

#### Building– Wet Pipe, Floors–

Check Valve	1		Grooved		03/20/2020
Control Valve	1		Butterfly	Isolation	03/20/2020
Control Valve	2		Butterfly	Main Control	03/20/2020
Fire Dep't Connection	1		Siamese		03/20/2020
Gauge	1				03/20/2020
Piping	1		Steel		03/20/2020
Post Indicator Valve	1		Ground		03/20/2020
Waterflow Switch	1		Vane	Alarm	03/20/2020

# Notes & Recommendations

Generated by: BuildingReports.com

## Building: Beatrice State Development East Apartment

The Notes & Recommendations Report details additional inspection notes made by the Inspectors during the course of the building inspection. Notes are grouped by SystemID.

Note	Device Type	Location	Comment	ScanID
<b><i>Building- Dry Pipe, Floors-Attic</i></b>				
1	Dry Pipe Valve	Basement Inner Mechanical	Passed	59770068
	Partial trip on this date			
2	Drain	1st Southwest Bathroom	Passed	68606389
	Was drained on this date and should be during freezing temps			



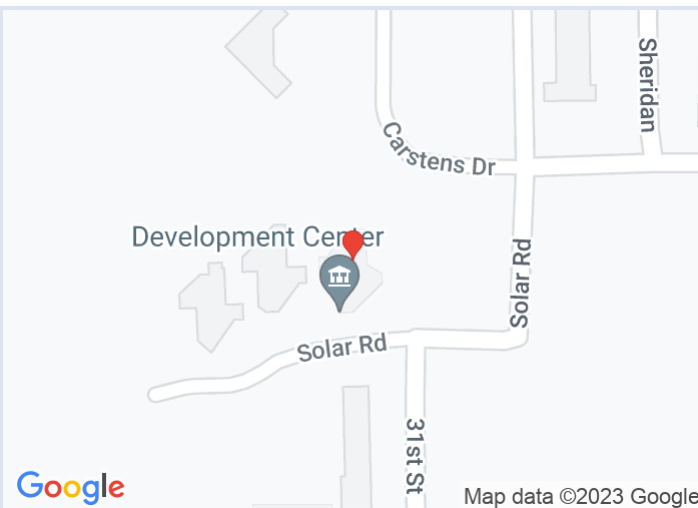
# MIDWEST ALARM SERVICES

Tech connected. Lives protected.

## Inspection Report

Presented To  
State of Nebraska

For  
East Aots #205 Suppression  
3000 Lincoln St  
Beatrice, NE 68310



**This site has been inspected  
and tested in compliance  
with applicable standards.**

Completed:  
**Monday, May 22, 2023**

Tested By:  
**Gary Hesman**  
Midwest Alarm Services  
3630 W Old Hwy 30  
Grand Island, NE 68803

Scan Code to Access  
Nspec Cloud Portal



# Inspection Information

## CUSTOMER INFORMATION

Name:	State of Nebraska	Address:	3000 Lincoln St
City:	Beatrice	State:	NE
ZIP:	68310	Email:	mike.balderson@nebraska.gov
AR#:	1001603		

## BUILDING INFORMATION

Name:	East Aots #205 Suppression	Occupancy Type:	Not determined
Address:	3000 Lincoln St	City:	Beatrice
State:	NE	ZIP:	68310
AR#:	1001603		

## COMPANY INFORMATION

Name:	Midwest Alarm Services	Address:	3630 W Old Hwy 30
City:	Grand Island	State:	NE
Zip:	68803	License:	-
Email:	tracy.hesman@mw-as.com	Phone:	308-389-3981

## TESTING SUMMARY

EQUIPMENT TYPE	TOTAL	TESTED	PASSED	FAILED
Service & Inspection Report	1	1 (100%)	1 (100%)	0 (0%)

## Kitchen Report

This testing was performed in accordance with applicable NFPA 72 Standards.

Midwest Alarm Services provides many services to our community. If you would like quarterly, semi-annual or annual testing/inspection, the inspection coordinator can reach out and offer inspections on a time and material basis. Signing an Inspection Agreement with Midwest Alarm Services has many benefits. Not only do you save money, but our inspection coordinator will work with you to ensure your Fire System stays in code as well as has proper documentation sent to the local jurisdiction for compliance. If you need an estimate or have questions about our services, please reach out to our operations manager.

Gary Hesman  
Operations Manager  
308-389-3981  
gary.hesman@mw-as.com

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Tested By:



**Gary Hesman**  
Midwest Alarm Services  
3630 W Old Hwy 30  
Grand Island, NE 68803



# Service & Inspection Report 1

## Specification

Type/Make/Model	Guardian / G300-A
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## General Information

Manufacturer	GSSI
Control Head Type	-
Cylinder Size	-
HST Date	05/22/2023
Best Time for Gas Shutdown	-
Repairs Required - No Longer Serviceable	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A <input type="checkbox"/>

## System Layout

Number of Plenum Nozzles:	-
Number of Duct Nozzles:	-
Number of Surface Nozzles:	2
Number of Detectors	2
Type and Temp of Detectors	Electronic Heat Detectors
Remote Pull Station	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Reset Relay	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Fire Alarm Connection	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
ETL	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Washdown Connection	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Gas	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Electrical	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
Fuel Shut-Off	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>

## System Inspection

1. Check general system design	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
2a. Check pressure gauge	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
2b. Gauge pressure (psi)	100
3. All lead and wire seals are intact	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
4. There are no visible signs that system(s) has fired or been tampered with. If so, check & report.	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
5a. Replace/check cartridge	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
5b. Cartridge weight	-
5c. Cartridge date	-
6. Check all piping and conduit; must be immobilized with proper hangers and brackets	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
7. Check positioning of all nozzles	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
8. Check action on self-closing caps	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
9. Replace all protective covers on nozzles	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
10. System operated manually	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
11. System operated automatically by cutting terminal link	N/A
12. Test proper operation of gas valve(s)	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
13. Test proper operation of micro switch (electric shutdown, washdown)	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
14. Check operation of multiple systems, all tripped	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
15. Replace and seal all safety pins in manual & remote releases	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
16. Fuel shut-off is in "ON" position	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
17. Check exhaust fan for operating order	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
18. Clean system cylinder & component parts	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
19. Fan warning sign on hood	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
20. Distributor emergency phone number on system	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
21. Inspection & servicing tag are on system	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>

22. Personnel has been instructed on manual operation of system(s)	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
23. Hand portable extinguishers serviced	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
24. Pin removed, tension set, system armed	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
25. Canopy/ Duct Const	-

### Deficiencies

System is free of deficiencies and functions as required?	Yes
Parts Required:	-

### Result

	● Passed
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### Notes

Number	-
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## Comments

Number	COMMENT	IMAGE
1	Range Hood Inspection. No issues.	



**Tech connected. Lives protected.**

## **Conclusion**

We appreciate the opportunity to provide this inspection report. We are confident in the accuracy of the contents of this report. Should you require any additional services, or have questions regarding the contents of this report, please do not hesitate to contact your Midwest Alarm Services representative at 308-389-3981.

### **Life Safety Solutions Experts Since 1950**

For more than 70 years, Midwest Alarm Services has been providing the best, innovative fire, security and technology solutions for homes and businesses. As a systems integrator, we can design, install, maintain, monitor and service a wide variety of equipment and software. We take the time to understand your needs and customized solutions to fit your needs and budget. To learn more about our company and the services we provide, please visit:

[www.midwestalarmservices.com](http://www.midwestalarmservices.com)

A handwritten signature in black ink, appearing to read 'GH', is positioned above a solid blue horizontal line.

Tested By:

**Gary Hesman**

Midwest Alarm Services

3630 W Old Hwy 30

Grand Island, NE 68803

# Sprinkler Inspection Certificate

*For*

Beatrice State Development East  
Apartment  
667 31st Street  
Beatrice, Nebraska 68310

Tested to NFPA 25 Standards

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

*Semi-Annual Inspection*

*Inspection Date*

*Mar 28, 2023*

Building: Beatrice State Development East Apartment  
Contact: Facility Manager  
Title: Maint. Supervisor

Company: NIFCO Mechanical Systems  
Contact: Travis Billesbach  
Title: Inspector

# Executive Summary

Generated by: *BuildingReports.com*

Building Information			
<b>Building:</b> Beatrice State Development East Apartment	<b>Contact:</b> Facility Manager		
<b>Address:</b> 667 31st Street	<b>Phone:</b> 402-223-7526		
<b>Address:</b>	<b>Fax:</b>		
<b>City/State/ZIP Code:</b> Beatrice, Nebraska 68310	<b>Mobile:</b>		
<b>Country:</b> United States of America	<b>Email:</b>		
Inspection Performed By			
<b>Company:</b> NIFCO Mechanical Systems	<b>Inspector:</b> Travis Billesbach		
<b>Address:</b> 500 Blue Heron Dr	<b>Phone:</b> 402-477-0666		
<b>Address:</b>	<b>Fax:</b>		
<b>City/State/ZIP Code:</b> Lincoln, NE 68522-1701	<b>Mobile:</b> 531-220-1687		
<b>Country:</b> United States of America	<b>Email:</b> tbillesbach@nifcomechanical.com		
System Control Unit			
System Type	System Location	Protected Area	Devices
Dry Pipe	Building-	Floors-Attic	6
Wet Pipe	Building-	Floors-	9

Inspection Summary								
Category	Total Items		Serviced		Passed		Failed/Other	
	Qty	%	Qty	%	Qty	%	Qty	%
Alarm	3	20.00%	3	100.00%	3	100.00%	0	0.00%
Device	3	20.00%	1	33.33%	1	100.00%	0	0.00%
Hose	1	6.67%	1	100.00%	1	100.00%	0	0.00%
Sprinkler	1	6.67%	0	0.00%	0	0.00%	0	0.00%
Valve	7	46.67%	6	85.71%	6	100.00%	0	0.00%
<b>Totals</b>	<b>15</b>	<b>100%</b>	<b>11</b>	<b>73.33%</b>	<b>11</b>	<b>100.00%</b>	<b>0</b>	<b>0.00%</b>

### Certification

**Company:** NIFCO Mechanical Systems

**Building:** Beatrice State Development East Apartment

**Inspector:** Travis Billesbach

**Contact:** Facility Manager

### Travis Billesbach Certifications

Certification Type	Number
Nebraska Grade VI Water Operator	8466
NICET Inspection and Testing of Water-Based Systems Level I	

# Inspection & Testing

Generated by: *BuildingReports.com*

Building: Beatrice State Development East Apartment				
<i>The Inspection &amp; Testing section lists all of the items inspected in your building. Items are grouped by Passed or Failed/Other. Items are listed by Category. Each item includes the services performed, and the time &amp; date at which testing occurred.</i>				
Device Type	Location	Service	Time	Date
<b><i>Passed</i></b>				
<b>Building– Dry Pipe, Floors–Attic</b>				
Pressure Switch	Basement Inner Mechanical	Semi-Annual	1:20:20 PM	03/28/2023
Pressure Switch	Basement Inner Mechanical	Semi-Annual	1:20:23 PM	03/28/2023
Drain	Basement Inner Mechanical	Semi-Annual	1:21:44 PM	03/28/2023
Control Valve	Basement Inner Mechanical	Semi-Annual	1:21:12 PM	03/28/2023
Dry Pipe Valve	Basement Inner Mechanical	Semi-Annual	1:20:41 PM	03/28/2023
<b>Building– Wet Pipe, Floors–</b>				
Waterflow Switch	Basement Inner Mechanical	Semi-Annual	1:20:16 PM	03/28/2023
Fire Dep't Connection	Ground East Outside	Semi-Annual	1:20:36 PM	03/28/2023
Control Valve	Basement Inner Mechanical	Semi-Annual	1:21:19 PM	03/28/2023
Control Valve	Basement Inner Mechanical	Semi-Annual	1:21:27 PM	03/28/2023
Control Valve	Basement Inner Mechanical	Semi-Annual	1:21:35 PM	03/28/2023
Post Indicator Valve	Ground East Outside	Semi-Annual	1:20:28 PM	03/28/2023
<b><i>Untested</i></b>				
<b>Building– Dry Pipe, Floors–Attic</b>				
Drain	1st Southwest Bathroom			
<b>Building– Wet Pipe, Floors–</b>				
Gauge	Basement Inner Mechanical			
Piping	Basement Inner Mechanical			
Check Valve	Basement Inner Mechanical			

# Wet Pipe Fire Sprinkler Systems

Generated by: *BuildingReports.com*

Building: Beatrice State Development East						Building-, Floors-		
Apartment								
<p><i>This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.</i></p>								
<b>Alarms</b>								
<b>Waterflow Switch</b>								
Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID	
Vane				2.0	1	<input checked="" type="checkbox"/>	59770065	
<b>Components</b>								
<b>Check Valve</b>								
Type	Location		Internal Date		Size	OK	ScanID	
Grooved	Basement Inner Mechanical		12/31/1969		4"	<input type="checkbox"/>	68041427	
<b>Control Valve</b>								
Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			Basement Inner Mechanical	2"	Open	Supervised	<input checked="" type="checkbox"/>	59770073
<b>Description</b>								
Isolation								
<b>Control Valve</b>								
Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			Basement Inner Mechanical	6"	Open	Supervised	<input checked="" type="checkbox"/>	59770074
<b>Description</b>								
Main Control								
<b>Control Valve</b>								
Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			Basement Inner Mechanical	6"	Open	Supervised	<input checked="" type="checkbox"/>	59770075
<b>Description</b>								
Main Control								
<b>Post Indicator Valve</b>								
Manufacturer		Model	Location			OK	ScanID	
			Ground East Outside			<input checked="" type="checkbox"/>	59770071	
Type	Size	Position	Status	Number of Turns				



Ground	8"	Open	Locked & Supervised				
<b><i>Devices</i></b>							
<b>Fire Dep't Connection</b>							
<b>Location</b>	<b>Type</b>	<b>BallDrip</b>	<b>Rotating Swivels</b>	<b>Size</b>	<b>OK</b>	<b>ScanID</b>	
Ground East Outside	Siamese	Yes	Yes	4"	<input checked="" type="checkbox"/>	59770072	
<b>Gauge</b>							
<b>Location</b>				<b>Service Date</b>			
Basement Inner Mechanical				12/31/1969			
<b>Type</b>	<b>Manufacturer</b>	<b>Model #</b>	<b>Static psi</b>	<b>Fill Type</b>	<b>Size</b>	<b>OK</b>	<b>ScanID</b>
				Air/Water		<input type="checkbox"/>	68041428
<b>Piping</b>							
<b>Location</b>	<b>Type</b>	<b>Size</b>	<b>Internal Date</b>				
Basement Inner Mechanical	Steel		01/01/1900				
<b>Hangers</b>	<b>Braces</b>	<b>Fittings</b>	<b>Identified</b>	<b>Antifreeze</b>	<b>ScanID</b>		
Normal	Normal		Tagged	N/A	68041429		

# Dry Pipe Fire Sprinkler Systems

Generated by: BuildingReports.com

Building: Beatrice State Development East Apartment	Building-, Floors-Attic
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This section lists out all the devices and components that have been associated with a Dry Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.

## Alarms

### Pressure Switch

Type	Description	Manufacturer	Low	High	Zone/Address	OK	ScanID
Low	Supervisory				1	<input checked="" type="checkbox"/>	59770066
High	Supervisory				1	<input checked="" type="checkbox"/>	59770067

## Components

### Control Valve

Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			Basement Inner Mechanical	6"	Open	Supervised	<input checked="" type="checkbox"/>	59770069

### Description

Isolation

### Dry Pipe Valve

Manufacturer	Model #	Location	Internal Date	OK	ScanID	
		Basement Inner Mechanical	03/20/2020	<input checked="" type="checkbox"/>	59770068	
Type	Status	Position	Size	Serial #		
Flanged by Grooved	Supervised	Trim Closed	6"			
Water psi	Air Pressure	Trip Air	Trip Time	Total Timing (sec)	Partial Trip Date	Full Trip Date
52	33				09/23/2022	09/14/2024

## Devices

### Drain

#### Current Inspection

Type	Location	Size	Supply psi	Restored psi	Residual psi	Sec	OK	ScanID
Main	Basement Inner Mechanical	2"	55	50	30		<input checked="" type="checkbox"/>	59770070

#### Previous Inspections

##### December 13, 2022

Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	Basement Inner Mechanical	2"	53	52	32		<input checked="" type="checkbox"/>	59770070

##### September 23, 2022

Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
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Main	Basement Inner Mechanical	2"	53	52	36		<input checked="" type="checkbox"/>	59770070
<b>Type</b>	<b>Location</b>	<b>Size</b>	<b>Supply psi</b>	<b>Restored psi</b>	<b>Residual psi</b>	<b>Sec</b>	<b>OK</b>	<b>ScanID</b>
Combination	1st Southwest Bathroom	2"					<input type="checkbox"/>	68606389

# Inventory & Warranty Report

Generated by: [BuildingReports.com](http://BuildingReports.com)

## Building: Beatrice State Development East Apartment

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

Device or Type	Category	% of Inventory	Quantity
Check Valve	Valve	6.67%	1
Control Valve	Valve	26.67%	4
Drain	Device	13.33%	2
Dry Pipe Valve	Valve	6.67%	1
Fire Dep't Connection	Hose	6.67%	1
Gauge	Device	6.67%	1
Piping	Sprinkler	6.67%	1
Post Indicator Valve	Valve	6.67%	1
Pressure Switch	Alarm	13.33%	2
Waterflow Switch	Alarm	6.67%	1

Device Type	Qty	Model #	Type	Description	Install Date
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### *In Service - 3 Years to 5 Years*

#### Building– Dry Pipe, Floors–Attic

Control Valve	1		Butterfly	Isolation	03/20/2020
Drain	1		Combination		03/20/2020
Drain	1		Main		03/20/2020
Dry Pipe Valve	1		Flanged by Grooved		03/20/2020
Pressure Switch	1		High	Supervisory	03/20/2020
Pressure Switch	1		Low	Supervisory	03/20/2020

#### Building– Wet Pipe, Floors–

Check Valve	1		Grooved		03/20/2020
Control Valve	1		Butterfly	Isolation	03/20/2020
Control Valve	2		Butterfly	Main Control	03/20/2020
Fire Dep't Connection	1		Siamese		03/20/2020
Gauge	1				03/20/2020
Piping	1		Steel		03/20/2020
Post Indicator Valve	1		Ground		03/20/2020
Waterflow Switch	1		Vane	Alarm	03/20/2020

# Notes & Recommendations

Generated by: BuildingReports.com

## Building: Beatrice State Development East Apartment

The Notes & Recommendations Report details additional inspection notes made by the Inspectors during the course of the building inspection. Notes are grouped by SystemID.

Note	Device Type	Location	Comment	ScanID
<b><i>Building- Dry Pipe, Floors-Attic</i></b>				
1	Drain	1st Southwest Bathroom		68606389
			Low point was drained on this date and should be during freezing temps	
<b><i>Building- Wet Pipe, Floors-</i></b>				
2	Check Valve	Basement Inner Mechanical		68041427
			Check valve moves freely at this time	
3	Gauge	Basement Inner Mechanical		68041428
			3 gages replaced on this date	
4	Piping	Basement Inner Mechanical		68041429
			No sign of corrosion or blockage at this time	



LEAVE NO FIELD BLANK NEEDS N/A IF NOT USED

7402 L Street Omaha, NE 68127 605-251-9415

N/A - NOT APPLICABLE ON THIS SERVICE CHANGED - FILTER OR PART WAS REPLACED PASSED - ITEM CHECKED OUT GOOD

ANNUAL

SEMI-ANNUAL INSPECTION

QUARTERLY INSPECTION

3E's GENERATOR (EPS) MAINTENANCE REPORT

CUSTOMER: Building 27, East Apartments MAKE: Generac TYPE: Semi 922095
CONTACT: SERIAL: 9497570 DATE: 2/1/2023
PHONE: MODEL: SGO100GG189 HRS: 307.3
ADDRESS: TECH: Daniel
CITY: Beatrice, NE

AUTOMATIC TRANSFER SWITCHES
MAKE: Eaton SERIAL: SMK366443 MODEL: ATV3NBC40800BRU
MAKE: SERIAL: MODEL:
MAKE: SERIAL: MODEL:

(1) FUEL SYSTEM CHECK (A) FUEL LEAKS None (B) LINES/CONNECTIONS Pass (C) DAY TANK LEVEL N/A (D) DAY TANK OPERATION N/A (E) TRANSFER PUMP N/A (F) MAIN TANK LEVEL N/A (G) VENT/OVERFLOW N/A (H) WATER IN FUEL N/A (I) INJECTION PUMP Pass (J) SOLENOID VALVE N/A (K) FUEL FILTER N/A (L) WATER SEPARATOR N/A (M) FUEL SAMPLE N/A

(4) ELECTRICAL SYSTEM CHECK (A) WIRING CONNECTIONS Pass (B) INSTRUMENTATION Pass (C) SAFETIES SHUTDOWNS Pass (1) OVERCRANK Pass (2) HIGH WATER TEMP Pass (3) LOW OIL PRESSURE Pass (4) OVERSPEED Pass (D) ALARMS Pass (E) PREALARMS Pass (F) CIRCUIT BREAKERS Pass (G) FUSES Pass (H) INSULATION DAMAGE None (I) CABINTRY Pass

(2) LUBRICATION CHECK (A) LEAKS None (B) ENGINE OIL LEVEL Pass (C) OIL HEATER N/A (D) GOVERNOR OIL LEVEL N/A (E) CRANKCASE BREATHER Pass (F) OIL FILTER Pass (G) ENGINE OIL N/A (H) GOVERNOR OIL N/A (I) OIL SAMPLE N/A

(7) PRIME MOVER CHECK (A) GOVERNOR OPERATION Pass (B) VIBRATION Pass (C) TIMING Pass (D) INJECTORS Pass (E) MOUNTING HARDWARE Pass (F) AIR INTAKE Pass (G) OIL PRESSURE 30 (H) WATER TEMPERATURE 200 (I) OC ALTERNATOR Pass (1) VOLTS 13.6 (2) AMPS 4.6 (3) AIR CLEANER Pass (K) BOLTS Pass

(3) COOLING SYSTEM CHECK (A) LEAKS None (B) COOLANT LEVEL Pass (C) FREEZE POINT -20 (D) RADIATOR AIR FLOW Pass (E) FAN/BLAS Pass (F) BLOCK HEATER Pass (G) WATER PUMP Pass (H) HOSES Pass (I) BELT6 Pass (J) FAN HUR Pass (K) PULLEYS Pass (L) RADIATOR PSI N/A (M) RADIATOR CAP PSI N/A (N) WATER FILTER N/A (O) ANTIFREEZE 50/50 Recirc

(8) GENERATOR CHECK (A) ROTOR Pass (B) STATOR Pass (C) EXCITOR Pass (1) STATOR Pass (2) ROTOR Pass (D) BEARINGS (R) Pass (E) DIODES Pass (F) AIR FLOW Pass (G) VOLTAGE REGULATOR Pass (H) FEED BREAKER Pass (I) VOLTAGE 200 (J) HERTZ 60

(4) EXHAUST SYSTEM CHECK (A) LEAKS None (B) CONDENSATION TRAP N/A (C) INSULATION N/A (D) RESTRICTION Pass (E) RAINCAP Pass (F) HANGERS/SUPPORT Pass (G) FLEX SECTIONS Pass

(9) AUTOMATIC TRANSFER SWITCHES CHECK (A) ATS CONTACTS Pass LINEAR MOTORS ACTUATION Pass MOVING PARTS Pass (B) SIMULATE POWER FAILURE N/A (C) TIME DELAY Pass (D) CLOCK EXERCISER Pass

(6) BATTERY SYSTEMS CHECK (A) CHARGER VOLTAGE 13.6 (1) FLOAT Pass (2) EQUALIZE N/A (3) ELECTROLYTE LEVEL N/A (C) TERMINAL CABLES Pass (D) BLANKET HEATER N/A (E) SPECIFIC GRAVITY N/A (1) HIGH N/A (2) LOW N/A (F) LOAD TEST Pass (G) CORROSION None

(10) GENERAL CONDITION - EPSS CHECK (A) UNUSUAL RUNSAFE None (B) HOUSEKEEPING Pass (11) LOAD TEST RECORD (A) AMPERAGE/LED L1: 245 L2: 255 L3: 250 (D) VOLTAGE/LED L1: 208 L2: 208 L3: 208 (C) HERTZ 60 (3) CB CONNECTIONS Pass (E) UNIT LOADED 0%

(12) EPSS CHECK (A) EPSS IN AUTO? Pass (B) BREAKER CLOSED? Pass

\* As needed, specify or mark amount of condition only. \*\* Additional if needed or specified.

Comments: Semi Annual PM complete with 2hr load bank. 3 Hours (2.5 Hours Load Bank) 94 Miles Customer Signature: 3E Signature: Date: 2/1/2023

LOAD BANK REPORT

3E ELECTRICAL ENGINEERING & EQUIPMENT COMPANY  
 7402 L STREET OMAHA NE 68127  
 TECHNICIAN NAME THAT COMPLETED LOAD BANK:

Customer	Building 27	Date	2/1/2023									
Location		W/O #	922098		Desired load	222.06						
Generator M/N	9497570	Hour Meter	307.3		Phase (1 or 3)	3						
Generator S/N	SG0100GG189	Rated KW	100	Volts	208							
Generator Make	Generac											

	Setup	1	2	3	4	5	6	7	8	9	10	11
Time	11:00	11:15	11:30	11:45	12:00	12:15	12:30	12:45	1:00			
KW	25	25	25	50	50	75	75	90	90	0	0	0
% Desired	25	25	25	50	50	75	75	90	90			
Desired Load	69.506	69.618	69.618	138.79	138.79	207.85	207.85	249.82	249.82	#DIV/0!	#DIV/0!	#DIV/0!
Actual %	24.9	24.9	24.9	50.2	50.2	73.2	73.1	89.9	90.1	0.0	0.0	0.0

Test Results

Volts												
L1-L2	207	207	207	208	208	209	209	208	208			
L2-L3	208	208	208	208	208	208	208	208	208			
L1-L3	208	207	207	208	208	208	208	208	208			
Average	207.67	207.33	207.33	208	208	208.33	208.33	208	208	0	0	0
Amps												
A	65	65	65	139	139	198	198	244	245			
B	66	66	66	139	139	200	200	255	255			
C	77	77	77	140	140	211	210	250	250			
Average	69.333	69.333	69.333	139.33	139.33	203	202.67	249.67	250	0	0	0
Hz												

Engine Instruments

Hour Meter	307.3	307.5	307.7	308.0	308.3	308.5	308.8	309.1	309.3			
Oil Pressure	54	53	53	44	44	40	40	38	38			
Temp	180	183	184	187	186	190	190	200	200			

Comments

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# MIDWEST ALARM SERVICES

Tech connected. Lives protected.

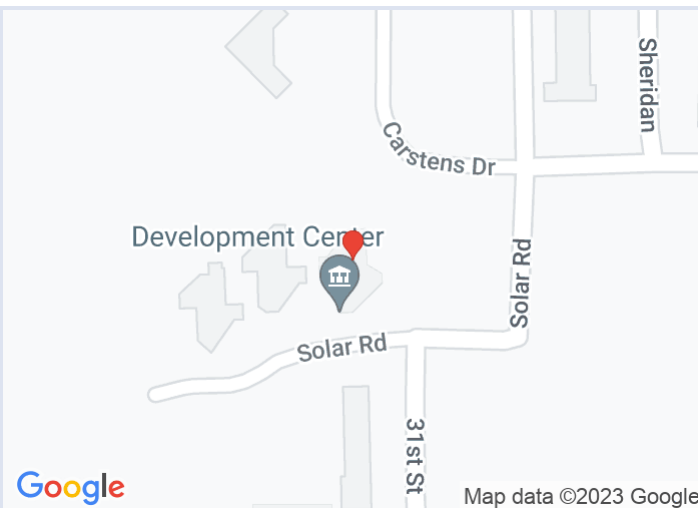
## Inspection Report

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Presented To  
State of Nebraska

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For  
F Building  
3000 Lincoln St  
Beatrice, NE 68310



**This site has been inspected and tested in compliance with applicable standards.**

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Completed:  
**Wednesday, May 24, 2023**

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Tested By:  
**Gary Hesman**  
Midwest Alarm Services  
3630 W Old Hwy 30  
Grand Island, NE 68803

Scan Code to Access  
Nspec Cloud Portal





# Inspection Information

## CUSTOMER INFORMATION

Name:	State of Nebraska	Address:	3000 Lincoln St
City:	Beatrice	State:	NE
ZIP:	68310	Email:	mike.balderson@nebraska.gov
AR#:	1001603		

## BUILDING INFORMATION

Name:	F Building	Occupancy Type:	Institutional (Group I)
Address:	3000 Lincoln St	City:	Beatrice
State:	NE	ZIP:	68310
Monitoring Company Account Number:	FA14300	AR#:	10016003
Email for Reports:	mike.balderson@nebraska.gov		

## COMPANY INFORMATION

Name:	Midwest Alarm Services	Address:	3630 W Old Hwy 30
City:	Grand Island	State:	NE
Zip:	68803	License:	-
Email:	tracy.hesman@mw-as.com	Phone:	308-389-3981

## AUTHORITY HAVING JURISDICTION

Name:	State of Nebraska Fire Marshal	Address:	246 S 14th St
City:	Lincoln	State:	NE
Zip:	68508	Email:	-
Phone:	402-471-2027		

## MONITORING COMPANY

Name:	Per Mar	Address:	1910 E Kimberly Rd
City:	Davenport	State:	IA
Zip:	52807	Email:	-
phone:	800-227-9805		

## TESTING SUMMARY

EQUIPMENT TYPE	TOTAL	TESTED	PASSED	FAILED
Communicator	1	1 (100%)	1 (100%)	0 (0%)
Alarm Initiated Device	126	126 (100%)	126 (100%)	0 (0%)
Alarm Notification Appliance	21	21 (100%)	21 (100%)	0 (0%)
Annunciator	1	1 (100%)	1 (100%)	0 (0%)
Auxiliary Device	5	5 (100%)	5 (100%)	0 (0%)
Auxiliary Power Supply	0	0 (0%)	0 (0%)	0 (0%)
Control Unit	1	1 (100%)	1 (100%)	0 (0%)
Supervising Station Monitoring	1	1 (100%)	1 (100%)	0 (0%)
Supervisory Signal Device	4	4 (100%)	4 (100%)	0 (0%)

## Fire Alarm Inspection- NFPA 72 (2013)

This testing was performed in accordance with applicable NFPA 72 Standards.

Midwest Alarm Services provides many services to our community. If you would like quarterly, semi-annual or annual testing/inspection, the inspection coordinator can reach out and offer inspections on a time and material basis. Signing an Inspection Agreement with Midwest Alarm Services has many benefits. Not only do you save money, but our inspection coordinator will work with you to ensure your Fire System stays in code as well as has proper documentation sent to the local jurisdiction for compliance. If you need an estimate or have questions about our services, please reach out to our operations manager.

Gary Hesman  
Operations Manager  
308-389-3981  
gary.hesman@mw-as.com

---

Tested By:



**Gary Hesman**  
Midwest Alarm Services  
3630 W Old Hwy 30  
Grand Island, NE 68803

## Control Unit

### Location

Location  
F Building / Front Entrance

### Specification

Type/Make/Model  
Spectronics / 641

### Software Firmware

Revision Number	Onsite Location Of Documentation
-	-

### Primary Power

Nominal Voltage	Amps
120v	-

### Overcurrent Protection

Type	Amps	Location	Disconnecting Means Location
-	-	-	-

### Visual/ Functional

Control Unit	Lamps/LEDs/LCDs	Fuses	Trouble Signal
Tested functionally	Tested functionally	Tested functionally	Tested functionally
Disconnect Switch	Ground-Fault Monitoring		
Tested functionally	Tested functionally		

### Batteries

Battery Date	Battery Type	Nominal Voltage	Amps/Hour Rating
05/18/2023	Gel	27.1v	7ah
Standby Mode (hrs)	Alarm Mode (mins)		
-	-		

### Visual/ Functional

Load Voltage	Charge Test	Discharge Test	Battery Condition
Tested functionally	Tested functionally	Tested functionally	Tested functionally

### Result

● Passed

## Communicator

### Specification

Type/Make/Model  
-

### Type

Type  
Phone Lines : Thru Admin

### Result

● Passed

## Supervising Station Monitoring

### Specification

Type/Make/Model  
-

### Supervising Station Monitoring

Alarm Signal Tested functionally	Alarm Restoration Tested functionally	Trouble Signal Tested functionally	Trouble Restoration Tested functionally
Supervisory Signal Tested functionally	Supervisory Restoration Tested functionally		

## Result

● Passed

## Annunciator 1

### Location

Location	2nd Floor / In Center Hall
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### Specification

Type/Make/Model	-
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### Result

	● Passed
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### Notes

Number	-
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## Alarm Initiated Device

Location	Specification	New Section	Result	Notes
Location Elevator Lobby / 01	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location Lobby / 02	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location Housekeeping Closet / 03	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location West Hall / 04	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location 402 Living Room / 05	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location 402 Living Room / 06	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location 402 Nurses Room / 07	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location 402 Hall / 10	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location 402 TV Area / 11	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -

Location	Specification	New Section	Result	Notes
Location 402 TV Area / 18	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location 402 West Bedroom / 19	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location 402 Commons Area / 12	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location 402 Storage / 13	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location 402 Laundry/Storage / 14	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location 402 West Hall / 15	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location 402 SE Bedroom / 16	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location 402SW Bedroom / 17	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location 402 NE Bedroom / 08	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location 404 NW Bedroom / 09	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location 404 TV Room / 20	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location 404 North Hall / 21	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location 404 North Bedroom / 22	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location 404 Hall / 23	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location 404 Bedroom / 25	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location 404 Bedroom / 24	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location Apts / 404 Hall / 26	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -

Location	Specification	New Section	Result	Notes
Location 404 South Hall Exit / 27	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location 404 Hall / 30	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location 404 Bedroom / 29	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location 404 Bedroom / 28	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location 404 Bedroom / 31	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location 404 Bedroom / 32	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location Center Area by Conference Room / 33	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location Center Area Vending / 34	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location Center Area Vending / 35	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location Center Area Hall / 36	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location Center Area Office / 37	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location Center Area Office / 38	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location Center Area Office / 39	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location Center Area Nurse / 40	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location Elevator / 41	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location 2nd Floor / Lobby / 42	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location 406 / 43	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -

Location	Specification	New Section	Result	Notes
Location 406 / 44	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location 406 / 45	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location 406 / 47	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location 406 / 55	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location 406 / 48	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location 406 / 46	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location 406 / 49	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location 406 / 50	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location 406 / 51	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location 406 / 52	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location 406 / 53	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location 406 / 54	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location 408 / 56	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location 408 / 57	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location 408 / 58	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location 408 / 59	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location 408 / 60	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -

Location	Specification	New Section	Result	Notes
Location 408 / 61	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location 408 / 62	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location 408 / 63	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location 408 / 64	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location 408 Bedroom / 65	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location 408 Bedroom / 66	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location 408 Hall / 67	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location 408 Bedroom / 68	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location 408 Bedroom / 69	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location Top of Stairwell	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location Elevator Equip Room	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location Bottom of Shaft	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location Top of Hoistway	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location 402 Office	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location 406 Office Door	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location 406 Office/Kitchen	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location 406 Stairway #2	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -



Location	Specification	New Section	Result	Notes
Location 406 Stairwell	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location 408 East Stair	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location 408 NE Exit	Type/Make/Model Manual Pull Station	Visual Tested functionally	Result ● Passed	Number -
Location By Elevator	Type/Make/Model Manual Pull Station	Visual Tested functionally	Result ● Passed	Number -
Location By Elevator Maint South	Type/Make/Model Manual Pull Station	Visual Tested functionally	Result ● Passed	Number -
Location 402 NW Exit	Type/Make/Model Manual Pull Station	Visual Tested functionally	Result ● Passed	Number -
Location NW Exit	Type/Make/Model Manual Pull Station	Visual Tested functionally	Result ● Passed	Number -
Location NE Exit	Type/Make/Model Manual Pull Station	Visual Tested functionally	Result ● Passed	Number -
Location North Exit	Type/Make/Model Manual Pull Station	Visual Tested functionally	Result ● Passed	Number -
Location Center Stairwell	Type/Make/Model Manual Pull Station	Visual Tested functionally	Result ● Passed	Number -
Location 406 Staff Office	Type/Make/Model Heat Detector	Visual Tested visually	Result ● Passed	Number -
Location 406 Kitchen	Type/Make/Model Heat Detector	Visual Tested visually	Result ● Passed	Number -
Location 406 S. Wall Closet	Type/Make/Model Heat Detector	Visual Tested visually	Result ● Passed	Number -
Location 406 Bedroom 1 Restroom	Type/Make/Model Heat Detector	Visual Tested visually	Result ● Passed	Number -
Location 406 Laundry Room	Type/Make/Model Heat Detector	Visual Tested visually	Result ● Passed	Number -
Location 406 N. Wall Closet	Type/Make/Model Heat Detector	Visual Tested visually	Result ● Passed	Number -
Location 406 Housekeeper Closet	Type/Make/Model Heat Detector	Visual Tested visually	Result ● Passed	Number -
Location 406 Dayroom Closet	Type/Make/Model Heat Detector	Visual Tested visually	Result ● Passed	Number -
Location Offices Hallway	Type/Make/Model Heat Detector	Visual Tested visually	Result ● Passed	Number -
Location Office Middle Office	Type/Make/Model Heat Detector	Visual Tested visually	Result ● Passed	Number -
Location 408 Kitchen	Type/Make/Model Heat Detector	Visual Tested visually	Result ● Passed	Number -
Location 408 Pantry	Type/Make/Model Heat Detector	Visual Tested visually	Result ● Passed	Number -
Location 408 N. Wall Closet	Type/Make/Model Heat Detector	Visual Tested visually	Result ● Passed	Number -

Location	Specification	New Section	Result	Notes
Location	Type/Make/Model	Visual	Result	Number
408 Laundry	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
408 Bedroom 7 Restroom	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
408 Utility Closet	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
Entry Closet	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
402 Kitchen	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
402 South Wall Closet	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
402 Laundry Room	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
402 N. Linen Closet	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
402 Housekeeper Closet	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
404 Staff Office Closet	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
404 Kitchen	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
404 Electric Closet	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
404 Bedroom 7 Restroom	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
404 Laundry Room	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
404 Linen Closet	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
404 Housekeeper Closet	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
Entry Conference Room	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
Air Compressor Room	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
Elevator Equipment Room	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
SE End	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
Vault Room	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
SW End	Heat Detector	Tested visually	● Passed	-

Location	Specification	New Section	Result	Notes
Location	Type/Make/Model	Visual	Result	Number
NW End	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
Center	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
North Center	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
North End	Heat Detector	Tested visually	● Passed	-

## Supervisory Signal Device

Location	Specification	New Section	Result	Notes
Location	Type/Make/Model	Visual / Functional	Result	Number
	Water Flow	Tested visually	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
	Sprinkler Tamper Switch / Valve	Tested visually	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
	Sprinkler Tamper Switch / Valve	Tested visually	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
	Sprinkler Tamper Switch / Valve	Tested visually	● Passed	-

## Auxiliary Device

Location	Specification	New Section	Result	Notes
Location	Type/Make/Model	Visual / Functional	Result	Number
1st Floor / 404 Doorway	Door Holder	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
1st Floor / North Hallway Doorway's	Door Holder	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
1st Floor / North Hallway Doorway's	Door Holder	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
1st Floor / 402 Kitchen Office Doorway	Door Holder	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
1st Floor / 406 Hallway Doorway	Door Holder	Tested functionally	● Passed	-

## Alarm Notification Appliance

Location	Specification	New Section	Result	Notes
Location	Type/Make/Model	Visual / Functional	Result	Number
1st / Entrance Lobby	Strobe / System Sensor / SWL	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
1st / Entrance Hallway	Bell	Tested functionally	● Passed	-

Location	Specification	New Section	Result	Notes
Location 1st / North Hallway	Type/Make/Model Strobe / System Sensor / SWL	Visual / Functional Tested functionally	Result ● Passed	Number -
Location 1st / North Hallway	Type/Make/Model Bell	Visual / Functional Tested functionally	Result ● Passed	Number -
Location 1st / North Hallway	Type/Make/Model Strobe / System Sensor / SWL	Visual / Functional Tested functionally	Result ● Passed	Number -
Location 1st / 404 Hallway	Type/Make/Model Strobe / System Sensor / SWL	Visual / Functional Tested functionally	Result ● Passed	Number -
Location 1st / North Hallway	Type/Make/Model Bell	Visual / Functional Tested functionally	Result ● Passed	Number -
Location 1st / 404 Hallway	Type/Make/Model Bell	Visual / Functional Tested functionally	Result ● Passed	Number -
Location 1st / 404 Hallway	Type/Make/Model Strobe	Visual / Functional Tested functionally	Result ● Passed	Number -
Location 1st / 402 Hallway	Type/Make/Model Bell	Visual / Functional Tested functionally	Result ● Passed	Number -
Location 1st / 402 Hallway	Type/Make/Model Strobe	Visual / Functional Tested functionally	Result ● Passed	Number -
Location 2nd / Elevator Lobby	Type/Make/Model Bell	Visual / Functional Tested functionally	Result ● Passed	Number -
Location 2nd / Elevator Lobby	Type/Make/Model Strobe / System Sensor / SWL	Visual / Functional Tested functionally	Result ● Passed	Number -
Location 2nd / North Office Hallway	Type/Make/Model Strobe / System Sensor / SWL	Visual / Functional Tested functionally	Result ● Passed	Number -
Location 2nd / 406 Hallway	Type/Make/Model Strobe / System Sensor / SWL	Visual / Functional Tested functionally	Result ● Passed	Number -
Location 2nd / 406 Hallway	Type/Make/Model Strobe / System Sensor / SWL	Visual / Functional Tested functionally	Result ● Passed	Number -
Location 2nd / 408 Hallway	Type/Make/Model Strobe / System Sensor / SWL	Visual / Functional Tested functionally	Result ● Passed	Number -
Location 1st / Conference Room	Type/Make/Model Horn/Strobe / System Sensor / P2WL	Visual / Functional Tested functionally	Result ● Passed	Number -
Location 2nd / 408 Hallway	Type/Make/Model Bell	Visual / Functional Tested functionally	Result ● Passed	Number -
Location Basement / Open Area	Type/Make/Model Bell	Visual / Functional Tested functionally	Result ● Passed	Number -
Location Basement / Open Area	Type/Make/Model Strobe / System Sensor / SWL	Visual / Functional Tested functionally	Result ● Passed	Number -

## Comments

Number	COMMENT	IMAGE
--------	---------	-------





**Tech connected. Lives protected.**

## **Conclusion**

We appreciate the opportunity to provide this inspection report. We are confident in the accuracy of the contents of this report. Should you require any additional services, or have questions regarding the contents of this report, please do not hesitate to contact your Midwest Alarm Services representative at 308-389-3981.

## **Life Safety Solutions Experts Since 1950**

For more than 70 years, Midwest Alarm Services has been providing the best, innovative fire, security and technology solutions for homes and businesses. As a systems integrator, we can design, install, maintain, monitor and service a wide variety of equipment and software. We take the time to understand your needs and customize solutions to fit your needs and budget. To learn more about our company and the services we provide, please visit:

[www.midwestalarmservices.com](http://www.midwestalarmservices.com)

A handwritten signature in black ink, appearing to read 'GH', is positioned above a solid blue horizontal line.

Tested By:

**Gary Hesman**

Midwest Alarm Services

3630 W Old Hwy 30

Grand Island, NE 68803



# Backflow Preventer Test Form

402.441.5912 • e-mail: [Backflow@lincoln.ne.gov](mailto:Backflow@lincoln.ne.gov) • FAX: 402.441.8003

Return to: Lincoln Water System Backflow 2021 North 27th Street, Lincoln, NE 68503

Business/Building \_\_\_\_\_ Contact Person \_\_\_\_\_

Service Address \_\_\_\_\_ Suite# \_\_\_\_\_

Phone# \_\_\_\_\_ e-mail: \_\_\_\_\_

Device Location \_\_\_\_\_

<input type="checkbox"/> Annual Test	<input type="checkbox"/> Repair	<input type="checkbox"/> New Installation
<input type="checkbox"/> DC	<input type="checkbox"/> RPP	Serial #: _____ Size: _____ Manufacturer: _____ Model#: _____
<input type="checkbox"/> Replacement		
<input type="checkbox"/> DC	<input type="checkbox"/> RPP	Serial #: _____ Size: _____ Manufacturer: _____ Model#: _____

<input type="checkbox"/> Domestic Containment	<input type="checkbox"/> Irrigation	<input type="checkbox"/> Fire Service	<input type="checkbox"/> Boiler	<input type="checkbox"/> Carbonator
<input type="checkbox"/> Swimming Pool	<input type="checkbox"/> Cooling Tower	<input type="checkbox"/> Water Cooled Ice Maker	<input type="checkbox"/> Other (Desc): _____	

Reduced Pressure-Double Check Valve		Pressure Vacuum Breaker	
Shut off #2	Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #1	Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #1 _____ PSID	Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #2	Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #2 _____ PSID	Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Check Valve Held at _____ PSID	
Relief Valve (RP only) Opened at _____ PSID		Air vent opened at _____ PSID	

Final Test: Check Valve #1	Check Valve #2	Pressure Relief	PVB/SVB
	Closed Tight <input type="checkbox"/> Yes <input type="checkbox"/> No		Check Valve PSID
PSID	PSID	Replaced PSID	Air Inlet PSID

I hereby certify the above backflow preventer has been tested in accordance with all rules and regulations of the State of Nebraska Health and Human Services, Department of Regulation and Licensure, Title 179, and the Lincoln Water System Title 17, and that all readings are true and accurate to the best of my ability. **Must be returned to LWS within 30 days of performing test.**

State Certified Technician (Please Print) \_\_\_\_\_ Company \_\_\_\_\_ Grade 6 Certificate# \_\_\_\_\_ Cell/Phone# \_\_\_\_\_

State Certified Technician (Signature) \_\_\_\_\_ Customer (Signature) \_\_\_\_\_ Date of Test \_\_\_\_\_

Test Gauge Manufacturer \_\_\_\_\_ Test Gauge Serial # \_\_\_\_\_ Date of Calibration \_\_\_\_\_

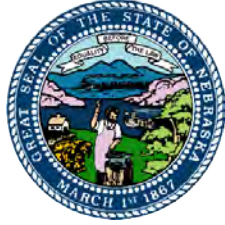
Comments: \_\_\_\_\_

PLEASE TYPE OR PRINT LEGIBLY

# State of Nebraska

ANNUAL CONVEYANCE CERTIFICATE

Nebraska State  
Fire Marshal Agency



Elevator  
Division

Issuance of this certificate does not create liability nor guarantee personal safety. If you have any questions regarding the operation or safety of this unit, contact the Owner.  
NSFM Elevator Division: 402-595-3184

STATE # **8078**

UNIT ID **F BUILDING**

MANUFACTURER **ESCO**

TYPE **PASSENGER**

INSPECTION DATE **8/2/2022**

CERTIFICATE # **262256**

BUILDING NAME

Timothy Trujillo

BSDC

Elevator Division Chief

**3000 LINCOLN ST  
BEATRICE, NE 68310**

Scott Cordes

State Fire Marshal

This Certificate must be posted in the elevator car





# MIDWEST ALARM SERVICES

Tech connected. Lives protected.

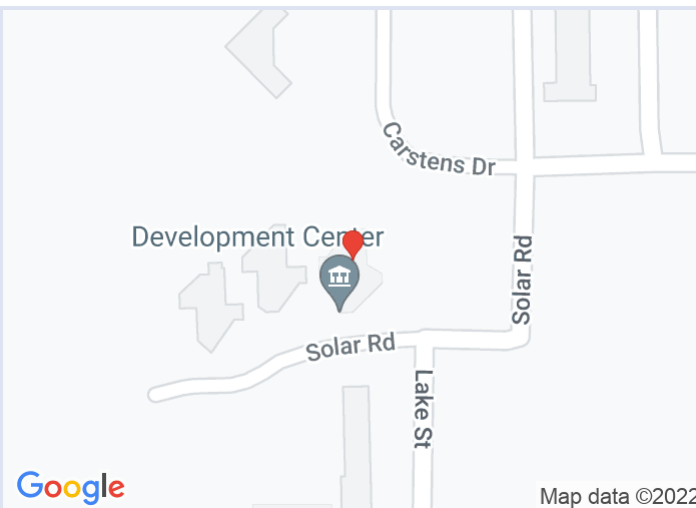
## Inspection Report

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Presented To  
State of Nebraska

---

For  
F Building  
3000 Lincoln St  
Beatrice, NE 68310



**This site has been inspected and tested in compliance with applicable standards.**

---

Completed:  
**Thursday, December 15, 2022**

---

Tested By:  
**Lucas Canfield**  
Midwest Alarm Services  
3630 W Old Hwy 30  
Grand Island, NE 68803

Scan Code to Access  
Nspec Cloud Portal



# Inspection Information

## CUSTOMER INFORMATION

Name:	State of Nebraska	Address:	3000 Lincoln St
City:	Beatrice	State:	NE
ZIP:	68310	Email:	mike.balderson@nebraska.gov
AR#:	1001603		

## BUILDING INFORMATION

Name:	F Building	Occupancy Type:	Institutional (Group I)
Address:	3000 Lincoln St	City:	Beatrice
State:	NE	ZIP:	68310
Monitoring Company Account Number:	FA14300	AR#:	10016003
Email for Reports:	mike.balderson@nebraska.gov		

## COMPANY INFORMATION

Name:	Midwest Alarm Services	Address:	3630 W Old Hwy 30
City:	Grand Island	State:	NE
Zip:	68803	License:	-
Email:	tracy.hesman@mw-as.com	Phone:	308-389-3981

## AUTHORITY HAVING JURISDICTION

Name:	State of Nebraska Fire Marshal	Address:	246 S 14th St
City:	Lincoln	State:	NE
Zip:	68508	Email:	-
Phone:	402-471-2027		

## MONITORING COMPANY

Name:	Per Mar	Address:	1910 E Kimberly Rd
City:	Davenport	State:	IA
Zip:	52807	Email:	-
phone:	800-227-9805		

## TESTING SUMMARY

EQUIPMENT TYPE	TOTAL	TESTED	PASSED	FAILED
Fire Extinguisher	13	13 (100%)	8 (62%)	5 (38%)

## Fire Extinguisher Report

This testing was performed in accordance with applicable NFPA 72 Standards.

Midwest Alarm Services provides many services to our community. If you would like quarterly, semi-annual or annual testing/inspection, the inspection coordinator can reach out and offer inspections on a time and material basis. Signing an Inspection Agreement with Midwest Alarm Services has many benefits. Not only do you save money, but our inspection coordinator will work with you to ensure your Fire System stays in code as well as has proper documentation sent to the local jurisdiction for compliance. If you need an estimate or have questions about our services, please reach out to our operations manager.

Gary Hesman  
Operations Manager  
308-389-3981  
gary.hesman@mw-as.com

---

Tested By:



**Lucas Canfield**  
Midwest Alarm Services  
3630 W Old Hwy 30  
Grand Island, NE 68803

## Fire Extinguisher

Location	Specification	Information	Dates	Inspected	Inspected	Result	Notes
Location 1 / Basement / F Building / By Staircase	Type/Make/Model Buckeye / 10 HI SA80 ABC	Serial # K-073998 Size 10# Type ABC Mfg Date 2010	Last Hydro Date - Next Hydro Date 12/15/2022 Next Six Year Date -	Weight Yes Bracket Yes Gauge Yes Pull Pin Yes	Signage No Hose Yes Collar Yes Due for Service Yes	Result X Failed	Number 1
Location 2 / Basement / F Building / Elevator Equipment Room	Type/Make/Model Amerex / 500 HI SA80 ABC	Serial # FR-170846 Size 5# Type ABC Mfg Date 1991	Last Hydro Date 12/15/2009 Next Hydro Date 12/15/2022 Next Six Year Date -	Weight Yes Bracket Yes Gauge Yes Pull Pin Yes	Signage No Hose Yes Collar Yes Due for Service Yes	Result X Failed	Number 2
Location 3 / 1st / F Building / South Hallway Main Entrance	Type/Make/Model Buckeye / 10 HI SA80 ABC	Serial # G-729406 Size 10# Type ABC Mfg Date 2010	Last Hydro Date - Next Hydro Date 12/15/2022 Next Six Year Date -	Weight Yes Bracket Yes Gauge Yes Pull Pin Yes	Signage Yes Hose Yes Collar Yes Due for Service Yes	Result X Failed	Number 3
Location 4 / 1st / F Building / North Hallway by Vending Machines	Type/Make/Model Amerex / B456	Serial # RX-886888 Size 10# Type ABC Mfg Date 2000	Last Hydro Date 12/15/2016 Next Hydro Date 12/15/2025 Next Six Year Date -	Weight Yes Bracket Yes Gauge Yes Pull Pin Yes	Signage No Hose Yes Collar Yes Due for Service No	Result ● Passed	Number -
Location 5 / 1st / F Building / Conference Room by North Hall	Type/Make/Model Buckeye / 10 HI SA80 ABC	Serial # N-409506 Size 10# Type ABC Mfg Date 2010	Last Hydro Date - Next Hydro Date 12/15/2022 Next Six Year Date -	Weight Yes Bracket Yes Gauge Yes Pull Pin Yes	Signage No Hose Yes Collar Yes Due for Service Yes	Result X Failed	Number 4
Location 6 / 1st / F Building / Apartment 404 in Hallway Closet	Type/Make/Model Amerex / B456	Serial # TB-747174 Size 10# Type ABC Mfg Date 2002	Last Hydro Date 12/15/2014 Next Hydro Date 12/15/2025 Next Six Year Date -	Weight Yes Bracket Yes Gauge Yes Pull Pin Yes	Signage No Hose Yes Collar Yes Due for Service No	Result ● Passed	Number -

Location	Specification	Information	Dates	Inspected	Inspected	Result	Notes
Location 7 / 1st / F Building / Apartment 402 in Hallway Closet	Type/Make/Model Amerex / B456	Serial # RP-569793 Size 10# Type ABC Mfg Date 2000	Last Hydro Date 12/15/2019 Next Hydro Date - Next Six Year Date 12/15/2025	Weight Yes Bracket Yes Gauge Yes Pull Pin Yes	Signage No Hose Yes Collar Yes Due for Service No	Result ● Passed	Number -
Location 8 / 2nd / F Building / Apartment 406 in Hallway Closet	Type/Make/Model The Fire Guy / 10LB	Serial # A00044226 Size 10# Type ABC Mfg Date 2014	Last Hydro Date - Next Hydro Date 12/15/2026 Next Six Year Date -	Weight Yes Bracket Yes Gauge Yes Pull Pin Yes	Signage No Hose Yes Collar Yes Due for Service No	Result ● Passed	Number -
Location 9 / 2nd / F Building / Apartment 406 in Hallway Closet	Type/Make/Model Buckeye / 10 HI SA80 ABC	Serial # K-073963 Size 10# Type ABC Mfg Date 2010	Last Hydro Date - Next Hydro Date 12/15/2023 Next Six Year Date -	Weight Yes Bracket Yes Gauge Yes Pull Pin Yes	Signage No Hose Yes Collar Yes Due for Service No	Result ● Passed	Number -
Location 10 / 2nd / F Building / South Hall by Staircase	Type/Make/Model Amerex / B456	Serial # SC-216599 Size 10# Type ABC Mfg Date 2001	Last Hydro Date 12/15/2014 Next Hydro Date 12/15/2025 Next Six Year Date -	Weight Yes Bracket Yes Gauge Yes Pull Pin Yes	Signage No Hose Yes Collar Yes Due for Service No	Result ● Passed	Number -
Location 11 / 2nd / F Building / North Offices in Hallway	Type/Make/Model Ansul / AA05S-1	Serial # E-93759345 Size 10# Type ABC Mfg Date 2019	Last Hydro Date - Next Hydro Date - Next Six Year Date 12/15/2025	Weight Yes Bracket Yes Gauge Yes Pull Pin Yes	Signage No Hose Yes Collar No Due for Service No	Result ● Passed	Number -
Location 12 / 2nd / F Building / Apartment 408 Hallway Closet	Type/Make/Model Ansul / AA10S	Serial # AW-827644 Size 10# Type ABC Mfg Date 2012	Last Hydro Date 12/15/2019 Next Hydro Date - Next Six Year Date 12/15/2025	Weight Yes Bracket Yes Gauge Yes Pull Pin Yes	Signage No Hose Yes Collar Yes Due for Service No	Result ● Passed	Number -

Location	Specification	Information	Dates	Inspected	Inspected	Result	Notes
Location 13 / 2nd / F Building / Apartment 408 Hallway Closet	Type/Make/Model Amerex / 441	Serial # GA-362642	Last Hydro Date 12/15/2010	Weight Yes	Signage No	Result X Failed	Number 5
		Size 10#	Next Hydro Date 12/15/2022	Bracket Yes	Hose Yes		
		Type ABC	Next Six Year Date	Gauge Yes	Collar Yes		
		Mfg Date 1986	-	Pull Pin Yes	Due for Service Yes		

## Deficiencies

Location 1 / Basement / F Building / By Staircase	Type/Make/Model Buckeye / 10 HI SA80 ABC	Serial # K-073998	Last Hydro Date -	Weight Yes	Signage No	Result Failed	Number 1
		Size 10#	Next Hydro Date 12/15/2022	Bracket Yes	Hose Yes		
		Type ABC	Next Six Year Date	Gauge Yes	Collar Yes		
		Mfg Date 2010	-	Pull Pin Yes	Due for Service Yes		
Location 2 / Basement / F Building / Elevator Equipment Room	Type/Make/Model Amerex / 500	Serial # FR-170846	Last Hydro Date 12/15/2009	Weight Yes	Signage No	Result Failed	Number 2
		Size 5#	Next Hydro Date 12/15/2022	Bracket Yes	Hose Yes		
		Type ABC	Next Six Year Date	Gauge Yes	Collar Yes		
		Mfg Date 1991	-	Pull Pin Yes	Due for Service Yes		
Location 3 / 1st / F Building / South Hallway Main Entrance	Type/Make/Model Buckeye / 10 HI SA80 ABC	Serial # G-729406	Last Hydro Date -	Weight Yes	Signage Yes	Result Failed	Number 3
		Size 10#	Next Hydro Date 12/15/2022	Bracket Yes	Hose Yes		
		Type ABC	Next Six Year Date	Gauge Yes	Collar Yes		
		Mfg Date 2010	-	Pull Pin Yes	Due for Service Yes		
Location 5 / 1st / F Building / Conference Room by North Hall	Type/Make/Model Buckeye / 10 HI SA80 ABC	Serial # N-409506	Last Hydro Date -	Weight Yes	Signage No	Result Failed	Number 4
		Size 10#	Next Hydro Date 12/15/2022	Bracket Yes	Hose Yes		
		Type ABC	Next Six Year Date	Gauge Yes	Collar Yes		
		Mfg Date 2010	-	Pull Pin Yes	Due for Service Yes		
Location 13 / 2nd / F Building / Apartment 408 Hallway Closet	Type/Make/Model Amerex / 441	Serial # GA-362642	Last Hydro Date 12/15/2010	Weight Yes	Signage No	Result Failed	Number 5
		Size 10#	Next Hydro Date 12/15/2022	Bracket Yes	Hose Yes		
		Type ABC	Next Six Year Date	Gauge Yes	Collar Yes		
		Mfg Date 1986	-	Pull Pin Yes	Due for Service Yes		

## Comments

Number	COMMENT	IMAGE
1	#1 due for hydro	
2	#2 due for hydro test	
3	#3 due for hydro test	
4	#5 needs hydro test	
5	#13 due for hydro test	
6	Annual Fire Extinguisher Inspection. Issues listed.	



**Tech connected. Lives protected.**

## **Conclusion**

We appreciate the opportunity to provide this inspection report. We are confident in the accuracy of the contents of this report. Should you require any additional services, or have questions regarding the contents of this report, please do not hesitate to contact your Midwest Alarm Services representative at 308-389-3981.

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[www.midwestalarmservices.com](http://www.midwestalarmservices.com)

A handwritten signature in black ink, appearing to read 'Lucas Canfield', is written over a solid blue horizontal line.

Tested By:

**Lucas Canfield**

Midwest Alarm Services

3630 W Old Hwy 30

Grand Island, NE 68803



# Sprinkler Inspection Certificate

*For*

Beatrice State Development F  
building  
3104 State Street  
Beatrice, Nebraska 68310

Tested to NFPA 25 Standards

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

*Quarterly Inspection*  
*Inspection Date*  
*Jun 14, 2023*

Building: Beatrice State Development F building  
Contact: Facility Manager  
Title: Maint. Supervisor

Company: NIFCO Mechanical Systems  
Contact: Travis Billesbach  
Title: Inspector

# Executive Summary

Generated by: *BuildingReports.com*

Building Information			
<b>Building:</b> Beatrice State Development F building			<b>Contact:</b> Facility Manager
<b>Address:</b> 3104 State Street			<b>Phone:</b> 402-223-7526
<b>Address:</b>			<b>Fax:</b>
<b>City/State/ZIP Code:</b> Beatrice, Nebraska 68310			<b>Mobile:</b>
<b>Country:</b> United States of America			<b>Email:</b>
Inspection Performed By			
<b>Company:</b> NIFCO Mechanical Systems			<b>Inspector:</b> Travis Billesbach
<b>Address:</b> 500 Blue Heron Dr			<b>Phone:</b> 402-477-0666
<b>Address:</b>			<b>Fax:</b>
<b>City/State/ZIP Code:</b> Lincoln, NE 68522-1701			<b>Mobile:</b> 531-220-1687
<b>Country:</b> United States of America			<b>Email:</b> tbillesbach@nifcomechanical.com
System Control Unit			
System Type	System Location	Protected Area	Devices
Wet Pipe	Building-	Building-	10
Wet Pipe	Building-	Building-1st	2
Wet Pipe	Building-	Building-2nd	2
Wet Pipe	Building-	Building-Elevator	2

Inspection Summary								
Category	Total Items		Serviced		Passed		Failed/Other	
	Qty	%	Qty	%	Qty	%	Qty	%
Alarm	3	18.75%	3	100.00%	3	100.00%	0	0.00%
Device	2	12.50%	1	50.00%	1	100.00%	0	0.00%
Hose	1	6.25%	1	100.00%	1	100.00%	0	0.00%
Sprinkler	1	6.25%	0	0.00%	0	0.00%	0	0.00%
Valve	9	56.25%	8	88.89%	8	100.00%	0	0.00%
<b>Totals</b>	<b>16</b>	<b>100%</b>	<b>13</b>	<b>81.25%</b>	<b>13</b>	<b>100.00%</b>	<b>0</b>	<b>0.00%</b>

### Certification

**Company:** NIFCO Mechanical Systems

**Building:** Beatrice State Development F building

**Inspector:** Travis Billesbach

**Contact:** Facility Manager

### Travis Billesbach Certifications

Certification Type	Number
NICET Inspection and Testing of Water-Based Systems Level I	
Nebraska Grade VI Water Operator	8466

# Inspection & Testing

Generated by: *BuildingReports.com*

Building: Beatrice State Development F building				
<i>The Inspection &amp; Testing section lists all of the items inspected in your building. Items are grouped by Passed or Failed/Other. Items are listed by Category. Each item includes the services performed, and the time &amp; date at which testing occurred.</i>				
Device Type	Location	Service	Time	Date
<b><i>Passed</i></b>				
<b>Building– Wet Pipe, Building–</b>				
Waterflow Switch	Basement South Mechanical	Quarterly	7:39:33 AM	06/14/2023
Drain	Basement South Mechanical	Quarterly	7:41:06 AM	06/14/2023
Fire Dep't Connection	Ground East Outside	Quarterly	7:40:14 AM	06/14/2023
Control Valve	Basement South Mechanical	Quarterly	7:40:19 AM	06/14/2023
Control Valve	Basement South Mechanical	Quarterly	7:40:35 AM	06/14/2023
Control Valve	Basement Inner Mechanical	Quarterly	7:40:57 AM	06/14/2023
Post Indicator Valve	Ground East Outside	Quarterly	7:39:48 AM	06/14/2023
<b>Building– Wet Pipe, Building–1st</b>				
Waterflow Switch	1st Inner Housekeeping	Quarterly	7:39:38 AM	06/14/2023
Isolation Valve	1st Inner Housekeeping	Quarterly	7:39:57 AM	06/14/2023
<b>Building– Wet Pipe, Building–2nd</b>				
Waterflow Switch	2nd Inner Housekeeping	Quarterly	7:39:43 AM	06/14/2023
Isolation Valve	2nd Inner Housekeeping	Quarterly	7:40:05 AM	06/14/2023
<b>Building– Wet Pipe, Building–Elevator</b>				
Control Valve	Basement South Mechanical	Quarterly	7:40:42 AM	06/14/2023
Control Valve	Basement South Mechanical	Quarterly	7:40:50 AM	06/14/2023
<b><i>Untested</i></b>				
<b>Building– Wet Pipe, Building–</b>				
Gauge	Basement Inner Mechanical			
Piping	Basement Inner Mechanical			
Check Valve	Basement Inner Mechanical			

# Wet Pipe Fire Sprinkler Systems

Generated by: *BuildingReports.com*

Building: Beatrice State Development F building						Building-, Building-		
<p><i>This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.</i></p>								
<b>Alarms</b>								
<b>Waterflow Switch</b>								
Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID	
Vane				4.0	1	<input checked="" type="checkbox"/>	59770076	
<b>Components</b>								
<b>Check Valve</b>								
Type	Location		Internal Date			Size	OK	ScanID
Grooved	Basement Inner Mechanical		12/31/1969			4"	<input type="checkbox"/>	68041430
<b>Control Valve</b>								
Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
OS&Y			Basement South Mechanical	4"	Open	Supervised	<input checked="" type="checkbox"/>	59770077
<b>Description</b>								
Main Control								
<b>Control Valve</b>								
Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
OS&Y			Basement South Mechanical	4"	Open	Supervised	<input checked="" type="checkbox"/>	59770078
<b>Description</b>								
Main Control								
<b>Control Valve</b>								
Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			Basement Inner Mechanical	4"	Open	Supervised	<input checked="" type="checkbox"/>	68041131
<b>Description</b>								
Bypass								
<b>Post Indicator Valve</b>								
Manufacturer		Model	Location			OK	ScanID	
			Ground East Outside			<input checked="" type="checkbox"/>	59770229	
Type	Size	Position	Status		Number of Turns			

Ground		Open	Supervised					
<b><i>Devices</i></b>								
<b>Drain</b>								
<b>Current Inspection</b>								
Type	Location	Size	Supply psi	Restored psi	Residual psi	Sec	OK	ScanID
Main	Basement South Mechanical	2"	52	43	30		<input checked="" type="checkbox"/>	59770227
<b>Previous Inspections</b>								
<b>March 28, 2023</b>								
Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	Basement South Mechanical	2"	50	45	31		<input checked="" type="checkbox"/>	59770227
<b>December 13, 2022</b>								
Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	Basement South Mechanical	2"	50	54	29		<input checked="" type="checkbox"/>	59770227
<b>Fire Dep't Connection</b>								
Location	Type	BallDrip	Rotating Swivels	Size	OK	ScanID		
Ground East Outside	Siamese	Yes	Yes	4"	<input checked="" type="checkbox"/>	59770228		
<b>Gauge</b>								
Location				Service Date				
Basement Inner Mechanical				12/31/1969				
Type	Manufacturer	Model #	Static psi	Fill Type	Size	OK	ScanID	
				Air/Water		<input type="checkbox"/>	68041432	
<b>Piping</b>								
Location	Type	Size	Internal Date					
Basement Inner Mechanical	Steel		10/14/2021					
Hangers	Braces	Fittings	Identified	Antifreeze	ScanID			
Normal	Normal		Tagged	N/A	68041431			

Building: Beatrice State Development F  
building

Building-, Building-1st

*This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.*

### *Alarms*

#### **Waterflow Switch**

Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID
Vane				3.0	1	<input checked="" type="checkbox"/>	59770079

### *Components*

#### **Isolation Valve**

Manufacturer	Model	Location	Position	Status	Size	OK	ScanID
		1st Inner Housekeeping	Open	Supervised	3"	<input checked="" type="checkbox"/>	59770080

Building: Beatrice State Development F  
building

Building-, Building-2nd

*This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.*

### *Alarms*

#### **Waterflow Switch**

Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID
Vane				2.0	1	<input checked="" type="checkbox"/>	59770223

### *Components*

#### **Isolation Valve**

Manufacturer	Model	Location	Position	Status	Size	OK	ScanID
		2nd Inner Housekeeping	Open	Supervised	3"	<input checked="" type="checkbox"/>	59770224



**Building: Beatrice State Development F  
building**

**Building-, Building-Elevator**

*This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.*

**Control Valve**

Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			Basement South Mechanical	1"	Open	Supervised	<input checked="" type="checkbox"/>	59770225

**Description**

Isolation

**Control Valve**

Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			Basement South Mechanical	1"	Open	Supervised	<input checked="" type="checkbox"/>	59770226

**Description**

Isolation

# Inventory & Warranty Report

Generated by: BuildingReports.com

## Building: Beatrice State Development F building

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

Device or Type	Category	% of Inventory	Quantity
Check Valve	Valve	6.25%	1
Control Valve	Valve	31.25%	5
Drain	Device	6.25%	1
Fire Dep't Connection	Hose	6.25%	1
Gauge	Device	6.25%	1
Isolation Valve	Valve	12.50%	2
Piping	Sprinkler	6.25%	1
Post Indicator Valve	Valve	6.25%	1
Waterflow Switch	Alarm	18.75%	3

Device Type	Qty	Model #	Type	Description	Install Date
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### *In Service - 3 Years to 5 Years*

#### Building- Wet Pipe, Building-

Check Valve	1		Grooved		03/20/2020
Control Valve	1		Butterfly	Bypass	03/20/2020
Control Valve	2		OS&Y	Main Control	03/20/2020
Drain	1		Main		03/20/2020
Fire Dep't Connection	1		Siamese		03/20/2020
Gauge	1				03/20/2020
Piping	1		Steel		03/20/2020
Post Indicator Valve	1		Ground		03/20/2020
Waterflow Switch	1		Vane	Alarm	03/20/2020

#### Building- Wet Pipe, Building-1st

Isolation Valve	1				03/20/2020
Waterflow Switch	1		Vane	Alarm	03/20/2020

#### Building- Wet Pipe, Building-2nd

Isolation Valve	1				03/20/2020
Waterflow Switch	1		Vane	Alarm	03/20/2020

#### Building- Wet Pipe, Building-Elevator

Control Valve	2		Butterfly	Isolation	03/20/2020
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# Notes & Recommendations

Generated by: BuildingReports.com

## Building: Beatrice State Development F building

The Notes & Recommendations Report details additional inspection notes made by the Inspectors during the course of the building inspection. Notes are grouped by SystemID.

Note	Device Type	Location	Comment	ScanID
<b><i>Building- Wet Pipe, Building-</i></b>				
1	Check Valve	Basement Inner Mechanical		68041430
	Check valve moves freely			
2	Gauge	Basement Inner Mechanical		68041432
	3 gages replaced on this date			
3	Piping	Basement Inner Mechanical		68041431
	No sign of corrosion or blockage at this time			

# Sprinkler Inspection Certificate

*For*

Beatrice State Development East  
Apartment  
667 31st Street  
Beatrice, Nebraska 68310

Tested to NFPA 25 Standards

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

*Quarterly Inspection  
Inspection Date  
Jun 12, 2023*

Building: Beatrice State Development East Apartment  
Contact: Facility Manager  
Title: Maint. Supervisor

Company: NIFCO Mechanical Systems  
Contact: Travis Billesbach  
Title: Inspector

# Executive Summary

Generated by: *BuildingReports.com*

Building Information			
<b>Building:</b> Beatrice State Development East Apartment	<b>Contact:</b> Facility Manager		
<b>Address:</b> 667 31st Street	<b>Phone:</b> 402-223-7526		
<b>Address:</b>	<b>Fax:</b>		
<b>City/State/ZIP Code:</b> Beatrice, Nebraska 68310	<b>Mobile:</b>		
<b>Country:</b> United States of America	<b>Email:</b>		
Inspection Performed By			
<b>Company:</b> NIFCO Mechanical Systems	<b>Inspector:</b> Travis Billesbach		
<b>Address:</b> 500 Blue Heron Dr	<b>Phone:</b> 402-477-0666		
<b>Address:</b>	<b>Fax:</b>		
<b>City/State/ZIP Code:</b> Lincoln, NE 68522-1701	<b>Mobile:</b> 531-220-1687		
<b>Country:</b> United States of America	<b>Email:</b> tbillesbach@nifcomechanical.com		
System Control Unit			
System Type	System Location	Protected Area	Devices
Dry Pipe	Building-	Floors-Attic	6
Wet Pipe	Building-	Floors-	9

Inspection Summary								
Category	Total Items		Serviced		Passed		Failed/Other	
	Qty	%	Qty	%	Qty	%	Qty	%
Alarm	3	20.00%	3	100.00%	3	100.00%	0	0.00%
Device	3	20.00%	1	33.33%	1	100.00%	0	0.00%
Hose	1	6.67%	1	100.00%	1	100.00%	0	0.00%
Sprinkler	1	6.67%	0	0.00%	0	0.00%	0	0.00%
Valve	7	46.67%	6	85.71%	6	100.00%	0	0.00%
<b>Totals</b>	<b>15</b>	<b>100%</b>	<b>11</b>	<b>73.33%</b>	<b>11</b>	<b>100.00%</b>	<b>0</b>	<b>0.00%</b>

### Certification

**Company:** NIFCO Mechanical Systems

**Building:** Beatrice State Development East Apartment

**Inspector:** Travis Billesbach

**Contact:** Facility Manager

### Travis Billesbach Certifications

Certification Type	Number
NICET Inspection and Testing of Water-Based Systems Level I	
Nebraska Grade VI Water Operator	8466

# Inspection & Testing

Generated by: *BuildingReports.com*

Building: Beatrice State Development East Apartment					
<p><i>The Inspection &amp; Testing section lists all of the items inspected in your building. Items are grouped by Passed or Failed/Other. Items are listed by Category. Each item includes the services performed, and the time &amp; date at which testing occurred.</i></p>					
Device Type	Location	Service	Time	Date	
<b><i>Passed</i></b>					
<b>Building– Dry Pipe, Floors–Attic</b>					
Pressure Switch	Basement Inner Mechanical	Quarterly	12:49:10 PM	06/12/2023	
Pressure Switch	Basement Inner Mechanical	Quarterly	12:49:15 PM	06/12/2023	
Drain	Basement Inner Mechanical	Quarterly	12:50:04 PM	06/12/2023	
Control Valve	Basement Inner Mechanical	Quarterly	12:50:29 PM	06/12/2023	
Dry Pipe Valve	Basement Inner Mechanical	Quarterly	12:49:47 PM	06/12/2023	
<b>Building– Wet Pipe, Floors–</b>					
Waterflow Switch	Basement Inner Mechanical	Quarterly	12:49:01 PM	06/12/2023	
Fire Dep't Connection	Ground East Outside	Quarterly	12:49:40 PM	06/12/2023	
Control Valve	Basement Inner Mechanical	Quarterly	12:50:42 PM	06/12/2023	
Control Valve	Basement Inner Mechanical	Quarterly	12:50:50 PM	06/12/2023	
Control Valve	Basement Inner Mechanical	Quarterly	12:50:58 PM	06/12/2023	
Post Indicator Valve	Ground East Outside	Quarterly	12:49:35 PM	06/12/2023	
<b><i>Untested</i></b>					
<b>Building– Dry Pipe, Floors–Attic</b>					
Drain	1st Southwest Bathroom				
<b>Building– Wet Pipe, Floors–</b>					
Gauge	Basement Inner Mechanical				
Piping	Basement Inner Mechanical				
Check Valve	Basement Inner Mechanical				

# Wet Pipe Fire Sprinkler Systems

Generated by: *BuildingReports.com*

Building: Beatrice State Development East						Building-, Floors-		
Apartment								
<p><i>This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.</i></p>								
<b>Alarms</b>								
<b>Waterflow Switch</b>								
Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID	
Vane				2.0	1	<input checked="" type="checkbox"/>	59770065	
<b>Components</b>								
<b>Check Valve</b>								
Type	Location		Internal Date			Size	OK	ScanID
Grooved	Basement Inner Mechanical		12/31/1969			4"	<input type="checkbox"/>	68041427
<b>Control Valve</b>								
Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			Basement Inner Mechanical	2"	Open	Supervised	<input checked="" type="checkbox"/>	59770073
<b>Description</b>								
Isolation								
<b>Control Valve</b>								
Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			Basement Inner Mechanical	6"	Open	Supervised	<input checked="" type="checkbox"/>	59770074
<b>Description</b>								
Main Control								
<b>Control Valve</b>								
Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			Basement Inner Mechanical	6"	Open	Supervised	<input checked="" type="checkbox"/>	59770075
<b>Description</b>								
Main Control								
<b>Post Indicator Valve</b>								
Manufacturer		Model	Location			OK	ScanID	
			Ground East Outside			<input checked="" type="checkbox"/>	59770071	
Type	Size	Position	Status	Number of Turns				



Ground	8"	Open	Locked & Supervised				
<b><i>Devices</i></b>							
<b>Fire Dep't Connection</b>							
<b>Location</b>	<b>Type</b>	<b>BallDrip</b>	<b>Rotating Swivels</b>	<b>Size</b>	<b>OK</b>	<b>ScanID</b>	
Ground East Outside	Siamese	Yes	Yes	4"	<input checked="" type="checkbox"/>	59770072	
<b>Gauge</b>							
<b>Location</b>				<b>Service Date</b>			
Basement Inner Mechanical				12/31/1969			
<b>Type</b>	<b>Manufacturer</b>	<b>Model #</b>	<b>Static psi</b>	<b>Fill Type</b>	<b>Size</b>	<b>OK</b>	<b>ScanID</b>
				Air/Water		<input type="checkbox"/>	68041428
<b>Piping</b>							
<b>Location</b>	<b>Type</b>	<b>Size</b>	<b>Internal Date</b>				
Basement Inner Mechanical	Steel		01/01/1900				
<b>Hangers</b>	<b>Braces</b>	<b>Fittings</b>	<b>Identified</b>	<b>Antifreeze</b>	<b>ScanID</b>		
Normal	Normal		Tagged	N/A	68041429		

# Dry Pipe Fire Sprinkler Systems

Generated by: BuildingReports.com

Building: Beatrice State Development East Apartment	Building-, Floors-Attic
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This section lists out all the devices and components that have been associated with a Dry Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.

## Alarms

### Pressure Switch

Type	Description	Manufacturer	Low	High	Zone/Address	OK	ScanID
Low	Supervisory				1	<input checked="" type="checkbox"/>	59770066
High	Supervisory				1	<input checked="" type="checkbox"/>	59770067

## Components

### Control Valve

Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			Basement Inner Mechanical	6"	Open	Supervised	<input checked="" type="checkbox"/>	59770069

### Description

Isolation

### Dry Pipe Valve

Manufacturer	Model #	Location	Internal Date	OK	ScanID	
		Basement Inner Mechanical	03/20/2020	<input checked="" type="checkbox"/>	59770068	
Type	Status	Position	Size	Serial #		
Flanged by Grooved	Supervised	Trim Closed	6"			
Water psi	Air Pressure	Trip Air	Trip Time	Total Timing (sec)	Partial Trip Date	Full Trip Date
58	33				09/23/2022	09/14/2024

## Devices

### Drain

#### Current Inspection

Type	Location	Size	Supply psi	Restored psi	Residual psi	Sec	OK	ScanID
Main	Basement Inner Mechanical	2"	58	51	31		<input checked="" type="checkbox"/>	59770070

#### Previous Inspections

##### March 28, 2023

Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	Basement Inner Mechanical	2"	55	50	30		<input checked="" type="checkbox"/>	59770070

##### December 13, 2022

Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
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Main	Basement Inner Mechanical	2"	53	52	32		<input checked="" type="checkbox"/>	59770070
<b>Type</b>	<b>Location</b>	<b>Size</b>	<b>Supply psi</b>	<b>Restored psi</b>	<b>Residual psi</b>	<b>Sec</b>	<b>OK</b>	<b>ScanID</b>
Combination	1st Southwest Bathroom	2"					<input type="checkbox"/>	68606389

# Inventory & Warranty Report

Generated by: [BuildingReports.com](http://BuildingReports.com)

## Building: Beatrice State Development East Apartment

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

Device or Type	Category	% of Inventory	Quantity
Check Valve	Valve	6.67%	1
Control Valve	Valve	26.67%	4
Drain	Device	13.33%	2
Dry Pipe Valve	Valve	6.67%	1
Fire Dep't Connection	Hose	6.67%	1
Gauge	Device	6.67%	1
Piping	Sprinkler	6.67%	1
Post Indicator Valve	Valve	6.67%	1
Pressure Switch	Alarm	13.33%	2
Waterflow Switch	Alarm	6.67%	1

Device Type	Qty	Model #	Type	Description	Install Date
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### *In Service - 3 Years to 5 Years*

#### Building– Dry Pipe, Floors–Attic

Control Valve	1		Butterfly	Isolation	03/20/2020
Drain	1		Combination		03/20/2020
Drain	1		Main		03/20/2020
Dry Pipe Valve	1		Flanged by Grooved		03/20/2020
Pressure Switch	1		High	Supervisory	03/20/2020
Pressure Switch	1		Low	Supervisory	03/20/2020

#### Building– Wet Pipe, Floors–

Check Valve	1		Grooved		03/20/2020
Control Valve	1		Butterfly	Isolation	03/20/2020
Control Valve	2		Butterfly	Main Control	03/20/2020
Fire Dep't Connection	1		Siamese		03/20/2020
Gauge	1				03/20/2020
Piping	1		Steel		03/20/2020
Post Indicator Valve	1		Ground		03/20/2020
Waterflow Switch	1		Vane	Alarm	03/20/2020

# Notes & Recommendations

Generated by: BuildingReports.com

## Building: Beatrice State Development East Apartment

The Notes & Recommendations Report details additional inspection notes made by the Inspectors during the course of the building inspection. Notes are grouped by SystemID.

Note	Device Type	Location	Comment	ScanID
<b><i>Building- Dry Pipe, Floors-Attic</i></b>				
1	Drain	1st Southwest Bathroom		68606389
			Low point was drained on this date and should be during freezing temps	
<b><i>Building- Wet Pipe, Floors-</i></b>				
2	Check Valve	Basement Inner Mechanical		68041427
			Check valve moves freely at this time	
3	Gauge	Basement Inner Mechanical		68041428
			3 gages replaced on this date	
4	Piping	Basement Inner Mechanical		68041429
			No sign of corrosion or blockage at this time	

# Sprinkler Inspection Certificate

*For*

Beatrice State Development F  
building  
3104 State Street  
Beatrice, Nebraska 68310

Tested to NFPA 25 Standards

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

*Semi-Annual Inspection*

*Inspection Date*

*Mar 28, 2023*

Building: Beatrice State Development F building  
Contact: Facility Manager  
Title: Maint. Supervisor

Company: NIFCO Mechanical Systems  
Contact: Travis Billesbach  
Title: Inspector

# Executive Summary

Generated by: *BuildingReports.com*

Building Information			
<b>Building:</b> Beatrice State Development F building			<b>Contact:</b> Facility Manager
<b>Address:</b> 3104 State Street			<b>Phone:</b> 402-223-7526
<b>Address:</b>			<b>Fax:</b>
<b>City/State/ZIP Code:</b> Beatrice, Nebraska 68310			<b>Mobile:</b>
<b>Country:</b> United States of America			<b>Email:</b>
Inspection Performed By			
<b>Company:</b> NIFCO Mechanical Systems			<b>Inspector:</b> Travis Billesbach
<b>Address:</b> 500 Blue Heron Dr			<b>Phone:</b> 402-477-0666
<b>Address:</b>			<b>Fax:</b>
<b>City/State/ZIP Code:</b> Lincoln, NE 68522-1701			<b>Mobile:</b> 531-220-1687
<b>Country:</b> United States of America			<b>Email:</b> tbillesbach@nifcomechanical.com
System Control Unit			
System Type	System Location	Protected Area	Devices
Wet Pipe	Building-	Building-	10
Wet Pipe	Building-	Building-1st	2
Wet Pipe	Building-	Building-2nd	2
Wet Pipe	Building-	Building-Elevator	2

Inspection Summary								
Category	Total Items		Serviced		Passed		Failed/Other	
	Qty	%	Qty	%	Qty	%	Qty	%
Alarm	3	18.75%	3	100.00%	3	100.00%	0	0.00%
Device	2	12.50%	1	50.00%	1	100.00%	0	0.00%
Hose	1	6.25%	1	100.00%	1	100.00%	0	0.00%
Sprinkler	1	6.25%	0	0.00%	0	0.00%	0	0.00%
Valve	9	56.25%	8	88.89%	8	100.00%	0	0.00%
<b>Totals</b>	<b>16</b>	<b>100%</b>	<b>13</b>	<b>81.25%</b>	<b>13</b>	<b>100.00%</b>	<b>0</b>	<b>0.00%</b>

### Certification

**Company:** NIFCO Mechanical Systems

**Building:** Beatrice State Development F building

**Inspector:** Travis Billesbach

**Contact:** Facility Manager

### Travis Billesbach Certifications

Certification Type	Number
Nebraska Grade VI Water Operator	8466
NICET Inspection and Testing of Water-Based Systems Level I	



# Inspection & Testing

Generated by: BuildingReports.com

Building: Beatrice State Development F building				
<i>The Inspection &amp; Testing section lists all of the items inspected in your building. Items are grouped by Passed or Failed/Other. Items are listed by Category. Each item includes the services performed, and the time &amp; date at which testing occurred.</i>				
Device Type	Location	Service	Time	Date
<b><i>Passed</i></b>				
<b>Building– Wet Pipe, Building–</b>				
Waterflow Switch	Basement South Mechanical	Semi-Annual	9:17:15 AM	03/28/2023
Drain	Basement South Mechanical	Semi-Annual	9:18:48 AM	03/28/2023
Fire Dep't Connection	Ground East Outside	Semi-Annual	9:19:55 AM	03/28/2023
Control Valve	Basement South Mechanical	Semi-Annual	9:19:18 AM	03/28/2023
Control Valve	Basement South Mechanical	Semi-Annual	9:19:25 AM	03/28/2023
Control Valve	Basement Inner Mechanical	Semi-Annual	9:19:46 AM	03/28/2023
Post Indicator Valve	Ground East Outside	Semi-Annual	9:17:39 AM	03/28/2023
<b>Building– Wet Pipe, Building–1st</b>				
Waterflow Switch	1st Inner Housekeeping	Semi-Annual	9:17:19 AM	03/28/2023
Isolation Valve	1st Inner Housekeeping	Semi-Annual	9:17:48 AM	03/28/2023
<b>Building– Wet Pipe, Building–2nd</b>				
Waterflow Switch	2nd Inner Housekeeping	Semi-Annual	9:17:23 AM	03/28/2023
Isolation Valve	2nd Inner Housekeeping	Semi-Annual	9:17:55 AM	03/28/2023
<b>Building– Wet Pipe, Building–Elevator</b>				
Control Valve	Basement South Mechanical	Semi-Annual	9:19:32 AM	03/28/2023
Control Valve	Basement South Mechanical	Semi-Annual	9:19:39 AM	03/28/2023
<b><i>Untested</i></b>				
<b>Building– Wet Pipe, Building–</b>				
Gauge	Basement Inner Mechanical			
Piping	Basement Inner Mechanical			
Check Valve	Basement Inner Mechanical			

# Wet Pipe Fire Sprinkler Systems

Generated by: *BuildingReports.com*

Building: Beatrice State Development F building						Building-, Building-		
<p><i>This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.</i></p>								
<b>Alarms</b>								
<b>Waterflow Switch</b>								
<b>Type</b>	<b>Manufacturer</b>	<b>Model #</b>	<b>Sec</b>	<b>Size</b>	<b>Zone/Address</b>	<b>OK</b>	<b>ScanID</b>	
Vane				4.0	1	<input checked="" type="checkbox"/>	59770076	
<b>Components</b>								
<b>Check Valve</b>								
<b>Type</b>	<b>Location</b>		<b>Internal Date</b>			<b>Size</b>	<b>OK</b>	<b>ScanID</b>
Grooved	Basement Inner Mechanical		12/31/1969			4"	<input type="checkbox"/>	68041430
<b>Control Valve</b>								
<b>Type</b>	<b>Manufacturer</b>	<b>Model</b>	<b>Location</b>	<b>Size</b>	<b>Position</b>	<b>Status</b>	<b>OK</b>	<b>ScanID</b>
OS&Y			Basement South Mechanical	4"	Open	Supervised	<input checked="" type="checkbox"/>	59770077
<b>Description</b>								
Main Control								
<b>Control Valve</b>								
<b>Type</b>	<b>Manufacturer</b>	<b>Model</b>	<b>Location</b>	<b>Size</b>	<b>Position</b>	<b>Status</b>	<b>OK</b>	<b>ScanID</b>
OS&Y			Basement South Mechanical	4"	Open	Supervised	<input checked="" type="checkbox"/>	59770078
<b>Description</b>								
Main Control								
<b>Control Valve</b>								
<b>Type</b>	<b>Manufacturer</b>	<b>Model</b>	<b>Location</b>	<b>Size</b>	<b>Position</b>	<b>Status</b>	<b>OK</b>	<b>ScanID</b>
Butterfly			Basement Inner Mechanical	4"	Open	Supervised	<input checked="" type="checkbox"/>	68041131
<b>Description</b>								
Bypass								
<b>Post Indicator Valve</b>								
<b>Manufacturer</b>		<b>Model</b>	<b>Location</b>			<b>OK</b>	<b>ScanID</b>	
			Ground East Outside			<input checked="" type="checkbox"/>	59770229	
<b>Type</b>	<b>Size</b>	<b>Position</b>	<b>Status</b>	<b>Number of Turns</b>				

Ground		Open	Locked & Supervised					
<b><i>Devices</i></b>								
<b>Drain</b>								
<b>Current Inspection</b>								
Type	Location	Size	Supply psi	Restored psi	Residual psi	Sec	OK	ScanID
Main	Basement South Mechanical	2"	50	45	31		<input checked="" type="checkbox"/>	59770227
<b>Previous Inspections</b>								
<b>December 13, 2022</b>								
Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	Basement South Mechanical	2"	50	54	29		<input checked="" type="checkbox"/>	59770227
<b>September 26, 2022</b>								
Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	Basement South Mechanical	2"	50	54	29		<input checked="" type="checkbox"/>	59770227
<b>Fire Dep't Connection</b>								
Location	Type	BallDrip	Rotating Swivels	Size	OK	ScanID		
Ground East Outside	Siamese	Yes	Yes	4"	<input checked="" type="checkbox"/>	59770228		
<b>Gauge</b>								
Location				Service Date				
Basement Inner Mechanical				12/31/1969				
Type	Manufacturer	Model #	Static psi	Fill Type	Size	OK	ScanID	
				Air/Water		<input type="checkbox"/>	68041432	
<b>Piping</b>								
Location	Type	Size	Internal Date					
Basement Inner Mechanical	Steel		10/14/2021					
Hangers	Braces	Fittings	Identified	Antifreeze	ScanID			
Normal	Normal		Tagged	N/A	68041431			

Building: Beatrice State Development F  
building

Building-, Building-1st

*This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.*

***Alarms***

**Waterflow Switch**

Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID
Vane				3.0	1	<input checked="" type="checkbox"/>	59770079

***Components***

**Isolation Valve**

Manufacturer	Model	Location	Position	Status	Size	OK	ScanID
		1st Inner Housekeeping		Supervised	3"	<input checked="" type="checkbox"/>	59770080

Building: Beatrice State Development F  
building

Building-, Building-2nd

*This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.*

### *Alarms*

#### **Waterflow Switch**

Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID
Vane				2.0	1	<input checked="" type="checkbox"/>	59770223

### *Components*

#### **Isolation Valve**

Manufacturer	Model	Location	Position	Status	Size	OK	ScanID
		2nd Inner Housekeeping	Open	Supervised	3"	<input checked="" type="checkbox"/>	59770224

**Building: Beatrice State Development F  
building**

**Building-, Building-Elevator**

*This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.*

**Control Valve**

Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			Basement South Mechanical	1"	Open	Supervised	<input checked="" type="checkbox"/>	59770225

**Description**

Isolation

**Control Valve**

Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			Basement South Mechanical	1"	Open	Supervised	<input checked="" type="checkbox"/>	59770226

**Description**

Isolation

# Inventory & Warranty Report

Generated by: [BuildingReports.com](http://BuildingReports.com)

## Building: Beatrice State Development F building

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

Device or Type	Category	% of Inventory	Quantity
Check Valve	Valve	6.25%	1
Control Valve	Valve	31.25%	5
Drain	Device	6.25%	1
Fire Dep't Connection	Hose	6.25%	1
Gauge	Device	6.25%	1
Isolation Valve	Valve	12.50%	2
Piping	Sprinkler	6.25%	1
Post Indicator Valve	Valve	6.25%	1
Waterflow Switch	Alarm	18.75%	3

Device Type	Qty	Model #	Type	Description	Install Date
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### *In Service - 3 Years to 5 Years*

#### Building– Wet Pipe, Building–

Check Valve	1		Grooved		03/20/2020
Control Valve	1		Butterfly	Bypass	03/20/2020
Control Valve	2		OS&Y	Main Control	03/20/2020
Drain	1		Main		03/20/2020
Fire Dep't Connection	1		Siamese		03/20/2020
Gauge	1				03/20/2020
Piping	1		Steel		03/20/2020
Post Indicator Valve	1		Ground		03/20/2020
Waterflow Switch	1		Vane	Alarm	03/20/2020

#### Building– Wet Pipe, Building–1st

Isolation Valve	1				03/20/2020
Waterflow Switch	1		Vane	Alarm	03/20/2020

#### Building– Wet Pipe, Building–2nd

Isolation Valve	1				03/20/2020
Waterflow Switch	1		Vane	Alarm	03/20/2020

#### Building– Wet Pipe, Building–Elevator

Control Valve	2		Butterfly	Isolation	03/20/2020
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# Notes & Recommendations

Generated by: BuildingReports.com

## Building: Beatrice State Development F building

*The Notes & Recommendations Report details additional inspection notes made by the Inspectors during the course of the building inspection. Notes are grouped by SystemID.*

Note	Device Type	Location	Comment	ScanID
<b><i>Building- Wet Pipe, Building-</i></b>				
1	Check Valve	Basement Inner Mechanical		68041430
	Check valve moves freely			
2	Gauge	Basement Inner Mechanical		68041432
	3 gages replaced on this date			
3	Piping	Basement Inner Mechanical		68041431
	No sign of corrosion or blockage at this time			



# Sprinkler Inspection Certificate

*For*

Beatrice State Development F  
building  
3104 State Street  
Beatrice, Nebraska 68310

Tested to NFPA 25 Standards

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

*Annual Inspection  
Inspection Date  
Sep 26, 2023*

Building: Beatrice State Development F building  
Contact: Facility Manager  
Title: Maint. Supervisor

Company: NIFCO Mechanical Systems  
Contact: Travis Billesbach  
Title: Inspector

# Executive Summary

Generated by: *BuildingReports.com*

Building Information			
<b>Building:</b> Beatrice State Development F building			<b>Contact:</b> Facility Manager
<b>Address:</b> 3104 State Street			<b>Phone:</b> 402-223-7526
<b>Address:</b>			<b>Fax:</b>
<b>City/State/ZIP Code:</b> Beatrice, Nebraska 68310			<b>Mobile:</b>
<b>Country:</b> United States of America			<b>Email:</b>
Inspection Performed By			
<b>Company:</b> NIFCO Mechanical Systems			<b>Inspector:</b> Travis Billesbach
<b>Address:</b> 500 Blue Heron Dr			<b>Phone:</b> 402-477-0666
<b>Address:</b>			<b>Fax:</b>
<b>City/State/ZIP Code:</b> Lincoln, NE 68522-1701			<b>Mobile:</b> 531-220-1687
<b>Country:</b> United States of America			<b>Email:</b> tbillesbach@nifcomechanical.com
System Control Unit			
System Type	System Location	Protected Area	Devices
Wet Pipe	Building-	Building-	10
Wet Pipe	Building-	Building-1st	2
Wet Pipe	Building-	Building-2nd	2
Wet Pipe	Building-	Building-Elevator	2

Inspection Summary								
Category	Total Items		Serviced		Passed		Failed/Other	
	Qty	%	Qty	%	Qty	%	Qty	%
Alarm	3	18.75%	3	100.00%	3	100.00%	0	0.00%
Device	2	12.50%	1	50.00%	1	100.00%	0	0.00%
Hose	1	6.25%	1	100.00%	1	100.00%	0	0.00%
Sprinkler	1	6.25%	0	0.00%	0	0.00%	0	0.00%
Valve	9	56.25%	8	88.89%	8	100.00%	0	0.00%
<b>Totals</b>	<b>16</b>	<b>100%</b>	<b>13</b>	<b>81.25%</b>	<b>13</b>	<b>100.00%</b>	<b>0</b>	<b>0.00%</b>

### Certification

**Company:** NIFCO Mechanical Systems      **Building:** Beatrice State Development F building  
**Inspector:** Travis Billesbach      **Contact:** Facility Manager

### Travis Billesbach Certifications

Certification Type	Number
NICET Inspection and Testing of Water-Based Systems Level I	
Nebraska Grade VI Water Operator	8466

# Inspection & Testing

Generated by: BuildingReports.com

Building: Beatrice State Development F building				
<i>The Inspection &amp; Testing section lists all of the items inspected in your building. Items are grouped by Passed or Failed/Other. Items are listed by Category. Each item includes the services performed, and the time &amp; date at which testing occurred.</i>				
Device Type	Location	Service	Time	Date
<b><i>Passed</i></b>				
<b>Building– Wet Pipe, Building–</b>				
Waterflow Switch	Basement South Mechanical	Annual	10:48:22 AM	09/26/2023
Drain	Basement South Mechanical	Annual	10:47:25 AM	09/26/2023
Fire Dep't Connection	Ground East Outside	Annual	10:47:41 AM	09/26/2023
Control Valve	Basement South Mechanical	Annual	10:46:53 AM	09/26/2023
Control Valve	Basement South Mechanical	Annual	10:47:00 AM	09/26/2023
Control Valve	Basement Inner Mechanical	Annual	10:47:18 AM	09/26/2023
Post Indicator Valve	Ground East Outside	Annual	10:48:15 AM	09/26/2023
<b>Building– Wet Pipe, Building–1st</b>				
Waterflow Switch	1st Inner Housekeeping	Annual	10:48:25 AM	09/26/2023
Isolation Valve	1st Inner Housekeeping	Annual	10:47:45 AM	09/26/2023
<b>Building– Wet Pipe, Building–2nd</b>				
Waterflow Switch	2nd Inner Housekeeping	Annual	10:48:28 AM	09/26/2023
Isolation Valve	2nd Inner Housekeeping	Annual	10:47:52 AM	09/26/2023
<b>Building– Wet Pipe, Building–Elevator</b>				
Control Valve	Basement South Mechanical	Annual	10:47:06 AM	09/26/2023
Control Valve	Basement South Mechanical	Annual	10:47:12 AM	09/26/2023
<b><i>Untested</i></b>				
<b>Building– Wet Pipe, Building–</b>				
Gauge	Basement Inner Mechanical			
Piping	Basement Inner Mechanical			
Check Valve	Basement Inner Mechanical			

# Wet Pipe Fire Sprinkler Systems

Generated by: *BuildingReports.com*

Building: Beatrice State Development F building						Building-, Building-		
<p><i>This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.</i></p>								
<b>Alarms</b>								
<b>Waterflow Switch</b>								
Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID	
Vane				4.0	1	<input checked="" type="checkbox"/>	59770076	
<b>Components</b>								
<b>Check Valve</b>								
Type	Location		Internal Date			Size	OK	ScanID
Grooved	Basement Inner Mechanical		12/31/1969			4"	<input type="checkbox"/>	68041430
<b>Control Valve</b>								
Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
OS&Y			Basement South Mechanical	4"	Open	Supervised	<input checked="" type="checkbox"/>	59770077
<b>Description</b>								
Main Control								
<b>Control Valve</b>								
Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
OS&Y			Basement South Mechanical	4"	Open	Supervised	<input checked="" type="checkbox"/>	59770078
<b>Description</b>								
Main Control								
<b>Control Valve</b>								
Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			Basement Inner Mechanical	4"	Open	Supervised	<input checked="" type="checkbox"/>	68041131
<b>Description</b>								
Bypass								
<b>Post Indicator Valve</b>								
Manufacturer		Model	Location			OK	ScanID	
			Ground East Outside			<input checked="" type="checkbox"/>	59770229	
Type	Size	Position	Status	Number of Turns				

Ground		Open	Locked & Supervised					
<b><i>Devices</i></b>								
<b>Drain</b>								
<b>Current Inspection</b>								
Type	Location	Size	Supply psi	Restored psi	Residual psi	Sec	OK	ScanID
Main	Basement South Mechanical	2"	55	41	29		<input checked="" type="checkbox"/>	59770227
<b>Previous Inspections</b>								
<b>June 14, 2023</b>								
Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	Basement South Mechanical	2"	52	43	30		<input checked="" type="checkbox"/>	59770227
<b>March 28, 2023</b>								
Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	Basement South Mechanical	2"	50	45	31		<input checked="" type="checkbox"/>	59770227
<b>Fire Dep't Connection</b>								
Location	Type	BallDrip	Rotating Swivels	Size	OK	ScanID		
Ground East Outside	Siamese	Yes	Yes	4"	<input checked="" type="checkbox"/>	59770228		
<b>Gauge</b>								
Location				Service Date				
Basement Inner Mechanical				12/31/1969				
Type	Manufacturer	Model #	Static psi	Fill Type	Size	OK	ScanID	
				Air/Water		<input type="checkbox"/>	68041432	
<b>Piping</b>								
Location	Type	Size	Internal Date					
Basement Inner Mechanical	Steel		10/14/2021					
Hangers	Braces	Fittings	Identified	Antifreeze	ScanID			
Normal	Normal		Tagged	N/A	68041431			

Building: Beatrice State Development F  
building

Building-, Building-1st

*This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.*

***Alarms***

**Waterflow Switch**

Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID
Vane				3.0	1	<input checked="" type="checkbox"/>	59770079

***Components***

**Isolation Valve**

Manufacturer	Model	Location	Position	Status	Size	OK	ScanID
		1st Inner Housekeeping	Open	Supervised	3"	<input checked="" type="checkbox"/>	59770080

Building: Beatrice State Development F  
building

Building-, Building-2nd

*This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.*

***Alarms***

**Waterflow Switch**

Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID
Vane				2.0	1	<input checked="" type="checkbox"/>	59770223

***Components***

**Isolation Valve**

Manufacturer	Model	Location	Position	Status	Size	OK	ScanID
		2nd Inner Housekeeping	Open	Supervised	3"	<input checked="" type="checkbox"/>	59770224



**Building: Beatrice State Development F  
building**

**Building-, Building-Elevator**

*This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.*

**Control Valve**

Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			Basement South Mechanical	1"	Open	Supervised	<input checked="" type="checkbox"/>	59770225

**Description**

Isolation

**Control Valve**

Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			Basement South Mechanical	1"	Open	Supervised	<input checked="" type="checkbox"/>	59770226

**Description**

Isolation

# Inventory & Warranty Report

Generated by: [BuildingReports.com](http://BuildingReports.com)

## Building: Beatrice State Development F building

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

Device or Type	Category	% of Inventory	Quantity
Check Valve	Valve	6.25%	1
Control Valve	Valve	31.25%	5
Drain	Device	6.25%	1
Fire Dep't Connection	Hose	6.25%	1
Gauge	Device	6.25%	1
Isolation Valve	Valve	12.50%	2
Piping	Sprinkler	6.25%	1
Post Indicator Valve	Valve	6.25%	1
Waterflow Switch	Alarm	18.75%	3

Device Type	Qty	Model #	Type	Description	Install Date
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### *In Service - 3 Years to 5 Years*

#### Building– Wet Pipe, Building–

Check Valve	1		Grooved		03/20/2020
Control Valve	1		Butterfly	Bypass	03/20/2020
Control Valve	2		OS&Y	Main Control	03/20/2020
Drain	1		Main		03/20/2020
Fire Dep't Connection	1		Siamese		03/20/2020
Gauge	1				03/20/2020
Piping	1		Steel		03/20/2020
Post Indicator Valve	1		Ground		03/20/2020
Waterflow Switch	1		Vane	Alarm	03/20/2020

#### Building– Wet Pipe, Building–1st

Isolation Valve	1				03/20/2020
Waterflow Switch	1		Vane	Alarm	03/20/2020

#### Building– Wet Pipe, Building–2nd

Isolation Valve	1				03/20/2020
Waterflow Switch	1		Vane	Alarm	03/20/2020

#### Building– Wet Pipe, Building–Elevator

Control Valve	2		Butterfly	Isolation	03/20/2020
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# Sprinkler Inspection Certificate

*For*

Beatrice State Development Food  
Service  
884 Sheridan Dr.  
Beatrice, Nebraska 68310

Tested to NFPA 25 Standards

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

*Annual Inspection  
Inspection Date  
Sep 28, 2023*

Building: Beatrice State Development Food Service  
Contact: Facility Manager  
Title: Maint. Supervisor

Company: NIFCO Mechanical Systems  
Contact: Travis Billesbach  
Title: Inspector

# Executive Summary

Generated by: *BuildingReports.com*

Building Information			
<b>Building:</b> Beatrice State Development Food Service	<b>Contact:</b> Facility Manager		
<b>Address:</b> 884 Sheridan Dr.	<b>Phone:</b> 402-223-7526		
<b>Address:</b>	<b>Fax:</b>		
<b>City/State/ZIP Code:</b> Beatrice, Nebraska 68310	<b>Mobile:</b>		
<b>Country:</b> United States of America	<b>Email:</b>		
Inspection Performed By			
<b>Company:</b> NIFCO Mechanical Systems	<b>Inspector:</b> Travis Billesbach		
<b>Address:</b> 500 Blue Heron Dr	<b>Phone:</b> 402-477-0666		
<b>Address:</b>	<b>Fax:</b>		
<b>City/State/ZIP Code:</b> Lincoln, NE 68522-1701	<b>Mobile:</b> 531-220-1687		
<b>Country:</b> United States of America	<b>Email:</b> tbillesbach@nifcomechanical.com		
System Control Unit			
System Type	System Location	Protected Area	Devices
Wet Pipe	Building-	Building-	8

Inspection Summary								
Category	Total Items		Serviced		Passed		Failed/Other	
	Qty	%	Qty	%	Qty	%	Qty	%
Alarm	1	12.50%	1	100.00%	1	100.00%	0	0.00%
Device	2	25.00%	1	50.00%	1	100.00%	0	0.00%
Hose	1	12.50%	1	100.00%	1	100.00%	0	0.00%
Sprinkler	1	12.50%	0	0.00%	0	0.00%	0	0.00%
Valve	3	37.50%	2	66.67%	2	100.00%	0	0.00%
<b>Totals</b>	<b>8</b>	<b>100%</b>	<b>5</b>	<b>62.50%</b>	<b>5</b>	<b>100.00%</b>	<b>0</b>	<b>0.00%</b>

### Certification

**Company:** NIFCO Mechanical Systems

**Building:** Beatrice State Development Food Service

**Inspector:** Travis Billesbach

**Contact:** Facility Manager

### Travis Billesbach Certifications

Certification Type	Number
NICET Inspection and Testing of Water-Based Systems Level I	
Nebraska Grade VI Water Operator	8466

# Inspection & Testing

Generated by: BuildingReports.com

Building: Beatrice State Development Food Service				
<p><i>The Inspection &amp; Testing section lists all of the items inspected in your building. Items are grouped by Passed or Failed/Other. Items are listed by Category. Each item includes the services performed, and the time &amp; date at which testing occurred.</i></p>				
Device Type	Location	Service	Time	Date
<i>Passed</i>				
<b>Building- Wet Pipe, Building-</b>				
Waterflow Switch	Basement Northwest Basement	Annual	9:16:21 AM	09/28/2023
Drain	Basement Northwest Basement	Annual	9:15:56 AM	09/28/2023
Fire Dep't Connection	Ground Northwest Outside	Annual	9:16:08 AM	09/28/2023
Control Valve	Basement Northwest Basement	Annual	9:15:47 AM	09/28/2023
Post Indicator Valve	Ground North Outside	Annual	9:16:12 AM	09/28/2023
<i>Untested</i>				
<b>Building- Wet Pipe, Building-</b>				
Gauge	Basement Northwest Basement			
Piping	Basement Northwest Basement			
Check Valve	Basement Northwest Basement			

# Wet Pipe Fire Sprinkler Systems

Generated by: *BuildingReports.com*

Building: Beatrice State Development Food Service						Building-, Building-		
<p><i>This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.</i></p>								
<b>Alarms</b>								
<b>Waterflow Switch</b>								
Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID	
Vane				4.0	1	<input checked="" type="checkbox"/>	59770043	
<b>Components</b>								
<b>Check Valve</b>								
Type	Location		Internal Date			Size	OK	ScanID
Flanged by Grooved	Basement Northwest Basement		12/31/1969			4"	<input type="checkbox"/>	68041433
<b>Control Valve</b>								
Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			Basement Northwest Basement	4"	Open	Supervised	<input checked="" type="checkbox"/>	59770044
<b>Description</b>								
Main Control								
<b>Post Indicator Valve</b>								
Manufacturer		Model	Location			OK	ScanID	
			Ground North Outside			<input checked="" type="checkbox"/>	59770046	
Type	Size	Position	Status		Number of Turns			
Ground		Open	Locked & Supervised					
<b>Devices</b>								
<b>Drain</b>								
<b>Current Inspection</b>								
Type	Location	Size	Supply psi	Restored psi	Residual psi	Sec	OK	ScanID
Main	Basement Northwest Basement	2"	47	52	29		<input checked="" type="checkbox"/>	59770045
<b>Previous Inspections</b>								
<b>June 12, 2023</b>								
Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	Basement Northwest Basement	2"	50	49	28		<input checked="" type="checkbox"/>	59770045
<b>March 28, 2023</b>								
Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID

Main	Basement Northwest Basement	2"	51	49	33		<input checked="" type="checkbox"/>	59770045
<b>Fire Dep't Connection</b>								
<b>Location</b>		<b>Type</b>	<b>BallDrip</b>	<b>Rotating Swivels</b>	<b>Size</b>	<b>OK</b>	<b>ScanID</b>	
Ground Northwest Outside		Siamese	Yes	Yes	4"	<input checked="" type="checkbox"/>	59770047	
<b>Gauge</b>								
<b>Location</b>				<b>Service Date</b>				
Basement Northwest Basement				12/31/1969				
<b>Type</b>	<b>Manufacturer</b>	<b>Model #</b>	<b>Static psi</b>	<b>Fill Type</b>	<b>Size</b>	<b>OK</b>	<b>ScanID</b>	
						<input type="checkbox"/>	68041434	
<b>Piping</b>								
<b>Location</b>	<b>Type</b>	<b>Size</b>	<b>Internal Date</b>					
Basement Northwest Basement	Steel		10/13/2021					
<b>Hangers</b>	<b>Braces</b>	<b>Fittings</b>	<b>Identified</b>	<b>Antifreeze</b>	<b>ScanID</b>			
Normal	Normal		Marked	N/A	68041435			



# Inventory & Warranty Report

Generated by: [BuildingReports.com](http://BuildingReports.com)

<b>Building: Beatrice State Development Food Service</b>
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*The Inventory & Warranty Report lists each of the devices and items that are included in your Inspection Report. A complete inventory count by device type and category is provided. Items installed within the last 90 days, within the last year, and devices installed for two years or more are grouped together for easy reference.*

Device or Type	Category	% of Inventory	Quantity
Check Valve	Valve	12.50%	1
Control Valve	Valve	12.50%	1
Drain	Device	12.50%	1
Fire Dep't Connection	Hose	12.50%	1
Gauge	Device	12.50%	1
Piping	Sprinkler	12.50%	1
Post Indicator Valve	Valve	12.50%	1
Waterflow Switch	Alarm	12.50%	1

Device Type	Qty	Model #	Type	Description	Install Date
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***In Service - 3 Years to 5 Years***

**Building– Wet Pipe, Building–**

Check Valve	1		Flanged by Grooved		03/19/2020
Control Valve	1		Butterfly	Main Control	03/19/2020
Drain	1		Main		03/19/2020
Fire Dep't Connection	1		Siamese		03/19/2020
Gauge	1				03/19/2020
Piping	1		Steel		03/19/2020
Post Indicator Valve	1		Ground		03/19/2020
Waterflow Switch	1		Vane	Alarm	03/19/2020

# Sprinkler Inspection Certificate

*For*

Beatrice State Development Food  
Service  
884 Sheridan Dr.  
Beatrice, Nebraska 68310

Tested to NFPA 25 Standards

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

*Quarterly Inspection  
Inspection Date  
Jun 12, 2023*

Building: Beatrice State Development Food Service  
Contact: Facility Manager  
Title: Maint. Supervisor

Company: NIFCO Mechanical Systems  
Contact: Travis Billesbach  
Title: Inspector

# Executive Summary

Generated by: *BuildingReports.com*

Building Information			
<b>Building:</b> Beatrice State Development Food Service	<b>Contact:</b> Facility Manager		
<b>Address:</b> 884 Sheridan Dr.	<b>Phone:</b> 402-223-7526		
<b>Address:</b>	<b>Fax:</b>		
<b>City/State/ZIP Code:</b> Beatrice, Nebraska 68310	<b>Mobile:</b>		
<b>Country:</b> United States of America	<b>Email:</b>		
Inspection Performed By			
<b>Company:</b> NIFCO Mechanical Systems	<b>Inspector:</b> Travis Billesbach		
<b>Address:</b> 500 Blue Heron Dr	<b>Phone:</b> 402-477-0666		
<b>Address:</b>	<b>Fax:</b>		
<b>City/State/ZIP Code:</b> Lincoln, NE 68522-1701	<b>Mobile:</b> 531-220-1687		
<b>Country:</b> United States of America	<b>Email:</b> tbillesbach@nifcomechanical.com		
System Control Unit			
System Type	System Location	Protected Area	Devices
Wet Pipe	Building-	Building-	8

Inspection Summary								
Category	Total Items		Serviced		Passed		Failed/Other	
	Qty	%	Qty	%	Qty	%	Qty	%
Alarm	1	12.50%	1	100.00%	1	100.00%	0	0.00%
Device	2	25.00%	1	50.00%	1	100.00%	0	0.00%
Hose	1	12.50%	1	100.00%	1	100.00%	0	0.00%
Sprinkler	1	12.50%	0	0.00%	0	0.00%	0	0.00%
Valve	3	37.50%	2	66.67%	2	100.00%	0	0.00%
<b>Totals</b>	<b>8</b>	<b>100%</b>	<b>5</b>	<b>62.50%</b>	<b>5</b>	<b>100.00%</b>	<b>0</b>	<b>0.00%</b>

### Certification

**Company:** NIFCO Mechanical Systems

**Building:** Beatrice State Development Food Service

**Inspector:** Travis Billesbach

**Contact:** Facility Manager

### Travis Billesbach Certifications

Certification Type	Number
NICET Inspection and Testing of Water-Based Systems Level I	
Nebraska Grade VI Water Operator	8466

# Inspection & Testing

Generated by: *BuildingReports.com*

Building: Beatrice State Development Food Service				
<i>The Inspection &amp; Testing section lists all of the items inspected in your building. Items are grouped by Passed or Failed/Other. Items are listed by Category. Each item includes the services performed, and the time &amp; date at which testing occurred.</i>				
Device Type	Location	Service	Time	Date
<b><i>Passed</i></b>				
<b>Building– Wet Pipe, Building–</b>				
Waterflow Switch	Basement Northwest Basement	Quarterly	9:57:18 AM	06/12/2023
Drain	Basement Northwest Basement	Quarterly	9:57:36 AM	06/12/2023
Fire Dep't Connection	Ground Northwest Outside	Quarterly	9:57:32 AM	06/12/2023
Control Valve	Basement Northwest Basement	Quarterly	9:57:51 AM	06/12/2023
Post Indicator Valve	Ground North Outside	Quarterly	9:57:22 AM	06/12/2023
<b><i>Untested</i></b>				
<b>Building– Wet Pipe, Building–</b>				
Gauge	Basement Northwest Basement			
Piping	Basement Northwest Basement			
Check Valve	Basement Northwest Basement			

# Wet Pipe Fire Sprinkler Systems

Generated by: [BuildingReports.com](http://BuildingReports.com)

Building: Beatrice State Development Food Service						Building-, Building-		
<p><i>This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.</i></p>								
<b>Alarms</b>								
<b>Waterflow Switch</b>								
Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID	
Vane				4.0	1	<input checked="" type="checkbox"/>	59770043	
<b>Components</b>								
<b>Check Valve</b>								
Type	Location		Internal Date			Size	OK	ScanID
Flanged by Grooved	Basement Northwest Basement		12/31/1969			4"	<input type="checkbox"/>	68041433
<b>Control Valve</b>								
Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			Basement Northwest Basement	4"	Open	Supervised	<input checked="" type="checkbox"/>	59770044
<b>Description</b>								
Main Control								
<b>Post Indicator Valve</b>								
Manufacturer		Model	Location			OK	ScanID	
			Ground North Outside			<input checked="" type="checkbox"/>	59770046	
Type	Size	Position	Status		Number of Turns			
Ground		Open	Locked & Supervised					
<b>Devices</b>								
<b>Drain</b>								
<b>Current Inspection</b>								
Type	Location	Size	Supply psi	Restored psi	Residual psi	Sec	OK	ScanID
Main	Basement Northwest Basement	2"	50	49	28		<input checked="" type="checkbox"/>	59770045
<b>Previous Inspections</b>								
<b>March 28, 2023</b>								
Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	Basement Northwest Basement	2"	51	49	33		<input checked="" type="checkbox"/>	59770045
<b>December 14, 2022</b>								
Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID

Main	Basement Northwest Basement	2"	57	54	32		<input checked="" type="checkbox"/>	59770045
<b>Fire Dep't Connection</b>								
<b>Location</b>		<b>Type</b>	<b>BallDrip</b>	<b>Rotating Swivels</b>	<b>Size</b>	<b>OK</b>	<b>ScanID</b>	
Ground Northwest Outside		Siamese	Yes	Yes	4"	<input checked="" type="checkbox"/>	59770047	
<b>Gauge</b>								
<b>Location</b>				<b>Service Date</b>				
Basement Northwest Basement				12/31/1969				
<b>Type</b>	<b>Manufacturer</b>	<b>Model #</b>	<b>Static psi</b>	<b>Fill Type</b>	<b>Size</b>	<b>OK</b>	<b>ScanID</b>	
						<input type="checkbox"/>	68041434	
<b>Piping</b>								
<b>Location</b>	<b>Type</b>	<b>Size</b>	<b>Internal Date</b>					
Basement Northwest Basement	Steel		10/13/2021					
<b>Hangers</b>	<b>Braces</b>	<b>Fittings</b>	<b>Identified</b>	<b>Antifreeze</b>	<b>ScanID</b>			
Normal	Normal		Marked	N/A	68041435			

# Inventory & Warranty Report

Generated by: [BuildingReports.com](http://BuildingReports.com)

**Building: Beatrice State Development Food Service**

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

Device or Type	Category	% of Inventory	Quantity
Check Valve	Valve	12.50%	1
Control Valve	Valve	12.50%	1
Drain	Device	12.50%	1
Fire Dep't Connection	Hose	12.50%	1
Gauge	Device	12.50%	1
Piping	Sprinkler	12.50%	1
Post Indicator Valve	Valve	12.50%	1
Waterflow Switch	Alarm	12.50%	1

Device Type	Qty	Model #	Type	Description	Install Date
-------------	-----	---------	------	-------------	--------------

***In Service - 3 Years to 5 Years***

**Building– Wet Pipe, Building–**

Check Valve	1		Flanged by Grooved		03/19/2020
Control Valve	1		Butterfly	Main Control	03/19/2020
Drain	1		Main		03/19/2020
Fire Dep't Connection	1		Siamese		03/19/2020
Gauge	1				03/19/2020
Piping	1		Steel		03/19/2020
Post Indicator Valve	1		Ground		03/19/2020
Waterflow Switch	1		Vane	Alarm	03/19/2020



# Notes & Recommendations

Generated by: BuildingReports.com

## Building: Beatrice State Development Food Service

The Notes & Recommendations Report details additional inspection notes made by the Inspectors during the course of the building inspection. Notes are grouped by SystemID.

Note	Device Type	Location	Comment	ScanID
<b><i>Building- Wet Pipe, Building-</i></b>				
1	Check Valve	Basement Northwest Basement		68041433
	Check valve moves freely			
2	Gauge	Basement Northwest Basement		68041434
	1 gage replaced on this Date			
3	Piping	Basement Northwest Basement		68041435
	No corrosion or blockage at this time			

# Sprinkler Inspection Certificate

*For*

Beatrice State Development Food  
Service  
884 Sheridan Dr.  
Beatrice, Nebraska 68310

Tested to NFPA 25 Standards

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

*Semi-Annual Inspection*

*Inspection Date*

*Mar 28, 2023*

Building: Beatrice State Development Food Service  
Contact: Facility Manager  
Title: Maint. Supervisor

Company: NIFCO Mechanical Systems  
Contact: Travis Billesbach  
Title: Inspector

# Executive Summary

Generated by: *BuildingReports.com*

Building Information			
<b>Building:</b> Beatrice State Development Food Service	<b>Contact:</b> Facility Manager		
<b>Address:</b> 884 Sheridan Dr.	<b>Phone:</b> 402-223-7526		
<b>Address:</b>	<b>Fax:</b>		
<b>City/State/ZIP Code:</b> Beatrice, Nebraska 68310	<b>Mobile:</b>		
<b>Country:</b> United States of America	<b>Email:</b>		
Inspection Performed By			
<b>Company:</b> NIFCO Mechanical Systems	<b>Inspector:</b> Travis Billesbach		
<b>Address:</b> 500 Blue Heron Dr	<b>Phone:</b> 402-477-0666		
<b>Address:</b>	<b>Fax:</b>		
<b>City/State/ZIP Code:</b> Lincoln, NE 68522-1701	<b>Mobile:</b> 531-220-1687		
<b>Country:</b> United States of America	<b>Email:</b> tbillesbach@nifcomechanical.com		
System Control Unit			
System Type	System Location	Protected Area	Devices
Wet Pipe	Building-	Building-	8

Inspection Summary								
Category	Total Items		Serviced		Passed		Failed/Other	
	Qty	%	Qty	%	Qty	%	Qty	%
Alarm	1	12.50%	1	100.00%	1	100.00%	0	0.00%
Device	2	25.00%	1	50.00%	1	100.00%	0	0.00%
Hose	1	12.50%	1	100.00%	1	100.00%	0	0.00%
Sprinkler	1	12.50%	0	0.00%	0	0.00%	0	0.00%
Valve	3	37.50%	2	66.67%	2	100.00%	0	0.00%
<b>Totals</b>	<b>8</b>	<b>100%</b>	<b>5</b>	<b>62.50%</b>	<b>5</b>	<b>100.00%</b>	<b>0</b>	<b>0.00%</b>

### Certification

**Company:** NIFCO Mechanical Systems

**Building:** Beatrice State Development Food Service

**Inspector:** Travis Billesbach

**Contact:** Facility Manager

### Travis Billesbach Certifications

Certification Type	Number
Nebraska Grade VI Water Operator	8466
NICET Inspection and Testing of Water-Based Systems Level I	

# Inspection & Testing

Generated by: *BuildingReports.com*

Building: Beatrice State Development Food Service				
<i>The Inspection &amp; Testing section lists all of the items inspected in your building. Items are grouped by Passed or Failed/Other. Items are listed by Category. Each item includes the services performed, and the time &amp; date at which testing occurred.</i>				
Device Type	Location	Service	Time	Date
<b><i>Passed</i></b>				
<b>Building– Wet Pipe, Building–</b>				
Waterflow Switch	Basement Northwest Basement	Semi-Annual	1:22:14 PM	03/28/2023
Drain	Basement Northwest Basement	Semi-Annual	1:22:36 PM	03/28/2023
Fire Dep't Connection	Ground Northwest Outside	Semi-Annual	1:22:28 PM	03/28/2023
Control Valve	Basement Northwest Basement	Semi-Annual	1:22:50 PM	03/28/2023
Post Indicator Valve	Ground North Outside	Semi-Annual	1:22:18 PM	03/28/2023
<b><i>Untested</i></b>				
<b>Building– Wet Pipe, Building–</b>				
Gauge	Basement Northwest Basement			
Piping	Basement Northwest Basement			
Check Valve	Basement Northwest Basement			

# Wet Pipe Fire Sprinkler Systems

Generated by: *BuildingReports.com*

Building: Beatrice State Development Food Service						Building-, Building-		
<p><i>This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.</i></p>								
<b>Alarms</b>								
<b>Waterflow Switch</b>								
Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID	
Vane				4.0	1	<input checked="" type="checkbox"/>	59770043	
<b>Components</b>								
<b>Check Valve</b>								
Type	Location		Internal Date			Size	OK	ScanID
Flanged by Grooved	Basement Northwest Basement		12/31/1969			4"	<input type="checkbox"/>	68041433
<b>Control Valve</b>								
Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			Basement Northwest Basement	4"	Open	Supervised	<input checked="" type="checkbox"/>	59770044
<b>Description</b>								
Main Control								
<b>Post Indicator Valve</b>								
Manufacturer		Model	Location			OK	ScanID	
			Ground North Outside			<input checked="" type="checkbox"/>	59770046	
Type	Size	Position	Status		Number of Turns			
Ground		Open	Locked & Supervised					
<b>Devices</b>								
<b>Drain</b>								
<b>Current Inspection</b>								
Type	Location	Size	Supply psi	Restored psi	Residual psi	Sec	OK	ScanID
Main	Basement Northwest Basement	2"	51	49	33		<input checked="" type="checkbox"/>	59770045
<b>Previous Inspections</b>								
<b>December 14, 2022</b>								
Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	Basement Northwest Basement	2"	57	54	32		<input checked="" type="checkbox"/>	59770045
<b>September 22, 2022</b>								
Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID

Main	Basement Northwest Basement	2"	55	52	38		<input checked="" type="checkbox"/>	59770045
<b>Fire Dep't Connection</b>								
<b>Location</b>		<b>Type</b>	<b>BallDrip</b>	<b>Rotating Swivels</b>	<b>Size</b>	<b>OK</b>	<b>ScanID</b>	
Ground Northwest Outside		Siamese	Yes	Yes	4"	<input checked="" type="checkbox"/>	59770047	
<b>Gauge</b>								
<b>Location</b>				<b>Service Date</b>				
Basement Northwest Basement				12/31/1969				
<b>Type</b>	<b>Manufacturer</b>	<b>Model #</b>	<b>Static psi</b>	<b>Fill Type</b>	<b>Size</b>	<b>OK</b>	<b>ScanID</b>	
						<input type="checkbox"/>	68041434	
<b>Piping</b>								
<b>Location</b>	<b>Type</b>	<b>Size</b>	<b>Internal Date</b>					
Basement Northwest Basement	Steel		10/13/2021					
<b>Hangers</b>	<b>Braces</b>	<b>Fittings</b>	<b>Identified</b>	<b>Antifreeze</b>	<b>ScanID</b>			
Normal	Normal		Marked	N/A	68041435			

# Inventory & Warranty Report

Generated by: [BuildingReports.com](http://BuildingReports.com)

## Building: Beatrice State Development Food Service

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

Device or Type	Category	% of Inventory	Quantity
Check Valve	Valve	12.50%	1
Control Valve	Valve	12.50%	1
Drain	Device	12.50%	1
Fire Dep't Connection	Hose	12.50%	1
Gauge	Device	12.50%	1
Piping	Sprinkler	12.50%	1
Post Indicator Valve	Valve	12.50%	1
Waterflow Switch	Alarm	12.50%	1

Device Type	Qty	Model #	Type	Description	Install Date
-------------	-----	---------	------	-------------	--------------

### *In Service - 3 Years to 5 Years*

#### Building– Wet Pipe, Building–

Check Valve	1		Flanged by Grooved		03/19/2020
Control Valve	1		Butterfly	Main Control	03/19/2020
Drain	1		Main		03/19/2020
Fire Dep't Connection	1		Siamese		03/19/2020
Gauge	1				03/19/2020
Piping	1		Steel		03/19/2020
Post Indicator Valve	1		Ground		03/19/2020
Waterflow Switch	1		Vane	Alarm	03/19/2020



# Notes & Recommendations

Generated by: BuildingReports.com

## Building: Beatrice State Development Food Service

The Notes & Recommendations Report details additional inspection notes made by the Inspectors during the course of the building inspection. Notes are grouped by SystemID.

Note	Device Type	Location	Comment	ScanID
<b><i>Building- Wet Pipe, Building-</i></b>				
1	Check Valve	Basement Northwest Basement		68041433
	Check valve moves freely			
2	Gauge	Basement Northwest Basement		68041434
	1 gage replaced on this Date			
3	Piping	Basement Northwest Basement		68041435
	No corrosion or blockage at this time			



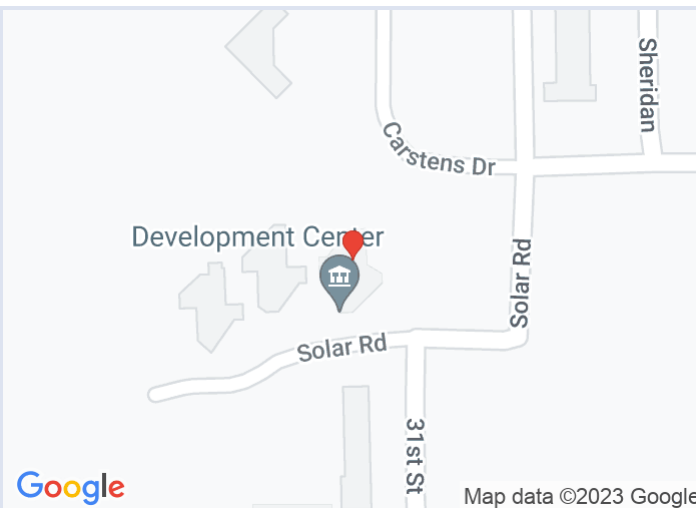
# MIDWEST ALARM SERVICES

Tech connected. Lives protected.

## Inspection Report

Presented To  
State of Nebraska

For  
Food Services Area  
3000 Lincoln St  
Beatrice, NE 68310



**This site has been inspected  
and tested in compliance  
with applicable standards.**

Completed:  
**Wednesday, May 24, 2023**

Tested By:

**Gary Hesman**

Midwest Alarm Services  
3630 W Old Hwy 30  
Grand Island, NE 68803

Scan Code to Access  
Nspec Cloud Portal



# Inspection Information

## CUSTOMER INFORMATION

Name:	State of Nebraska	Address:	3000 Lincoln St
City:	Beatrice	State:	NE
ZIP:	68310	Email:	mike.balderson@nebraska.gov
AR#:	1001603		

## BUILDING INFORMATION

Name:	Food Services Area	Occupancy Type:	Institutional (Group I)
Address:	3000 Lincoln St	City:	Beatrice
State:	NE	ZIP:	68310
Monitoring Company Account Number:	FA14300	AR#:	1001603
Email for Reports:	mike.balderson@nebraska.gov		

## COMPANY INFORMATION

Name:	Midwest Alarm Services	Address:	3630 W Old Hwy 30
City:	Grand Island	State:	NE
Zip:	68803	License:	-
Email:	tracy.hesman@mw-as.com	Phone:	308-389-3981

## AUTHORITY HAVING JURISDICTION

Name:	State of Nebraska Fire Marshal	Address:	246 S 14th St
City:	Lincoln	State:	NE
Zip:	68508	Email:	-
Phone:	402-471-2027		

## MONITORING COMPANY

Name:	Per Mar	Address:	1910 E Kimberly Rd
City:	Davenport	State:	IA
Zip:	52807	Email:	-
phone:	800-227-9805		

## TESTING SUMMARY

EQUIPMENT TYPE	TOTAL	TESTED	PASSED	FAILED
Communicator	1	1 (100%)	1 (100%)	0 (0%)
Alarm Initiated Device	51	51 (100%)	51 (100%)	0 (0%)
Alarm Notification Appliance	23	23 (100%)	23 (100%)	0 (0%)
Annunciator	1	1 (100%)	1 (100%)	0 (0%)
Auxiliary Device	4	4 (100%)	4 (100%)	0 (0%)
Auxiliary Power Supply	0	0 (0%)	0 (0%)	0 (0%)
Control Unit	1	1 (100%)	1 (100%)	0 (0%)
Supervising Station Monitoring	1	1 (100%)	1 (100%)	0 (0%)
Supervisory Signal Device	1	1 (100%)	1 (100%)	0 (0%)

## Fire Alarm Inspection- NFPA 72 (2013)

This testing was performed in accordance with applicable NFPA 72 Standards.

Midwest Alarm Services provides many services to our community. If you would like quarterly, semi-annual or annual testing/inspection, the inspection coordinator can reach out and offer inspections on a time and material basis. Signing an Inspection Agreement with Midwest Alarm Services has many benefits. Not only do you save money, but our inspection coordinator will work with you to ensure your Fire System stays in code as well as has proper documentation sent to the local jurisdiction for compliance. If you need an estimate or have questions about our services, please reach out to our operations manager.

Gary Hesman  
Operations Manager  
308-389-3981  
gary.hesman@mw-as.com

---

Tested By:



**Gary Hesman**  
Midwest Alarm Services  
3630 W Old Hwy 30  
Grand Island, NE 68803

## Control Unit

### Location

Location  
Food Service Building / North Entrance Hall

### Specification

Type/Make/Model  
Spectronics / 641

### Software Firmware

Revision Number	Onsite Location Of Documentation
-	-

### Primary Power

Nominal Voltage	Amps
120v	-

### Overcurrent Protection

Type	Amps	Location	Disconnecting Means Location
-	-	-	-

### Visual/ Functional

Control Unit	Lamps/LEDs/LCDs	Fuses	Trouble Signal
Tested functionally	Tested functionally	Tested functionally	Tested functionally
Disconnect Switch	Ground-Fault Monitoring		
Tested functionally	Tested functionally		

### Batteries

Battery Date	Battery Type	Nominal Voltage	Amps/Hour Rating
01/18/2021	Gel	27.5	7ah
Standby Mode (hrs)	Alarm Mode (mins)		
-	-		

### Visual/ Functional

Load Voltage	Charge Test	Discharge Test	Battery Condition
Tested functionally	Tested functionally	Tested functionally	Tested functionally

### Result

● Passed

## Communicator

### Specification

Type/Make/Model  
-

### Type

Type  
Phone Lines : Thru Admin

### Result

● Passed

## Supervising Station Monitoring

### Specification

Type/Make/Model  
-

### Supervising Station Monitoring

Alarm Signal Tested functionally	Alarm Restoration Tested functionally	Trouble Signal Tested functionally	Trouble Restoration Tested functionally
Supervisory Signal Tested functionally	Supervisory Restoration Tested functionally		

## Result

● Passed

## Annunciator 1

### Location

Location	South Entrance
----------	----------------

### Specification

Type/Make/Model	-
-----------------	---

### Result

	● Passed
--	----------

### Notes

Number	-
--------	---

## Alarm Initiated Device

Location	Specification	New Section	Result	Notes
Location	Type/Make/Model	Visual	Result	Number
North Entrance	Manual Pull Station	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
North Entrance	Manual Pull Station	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
North Corridor / 01	Smoke Detector	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
NE Dining Area / 02	Smoke Detector	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
NE Dining Area / 03	Smoke Detector	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
NE Dining Area Exit	Manual Pull Station	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
Food Prep Room / 05	Smoke Detector	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
Food Prep Room / 04	Smoke Detector	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
Food Prep Room	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
NE Wash Area	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
NE Wash Area	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
NE Wash Area / 06	Smoke Detector	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
NE Wash Area / 07	Smoke Detector	Tested functionally	● Passed	-

Location	Specification	New Section	Result	Notes
Location	Type/Make/Model	Visual	Result	Number
SE Dining Area / 11	Smoke Detector	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
SE Dining	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
SE Dining Area	Manual Pull Station	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
South Entrance / 10	Smoke Detector	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
South Entrance	Manual Pull Station	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
South Small Kitchen / 09	Smoke Detector	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
South Small Kitchen	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
South Small Kitchen / 08	Smoke Detector	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
West Exit	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
West Exit	Manual Pull Station	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
NW Main Kitchen	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
NW Main Kitchen	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
SW Main Kitchen	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
NE Main Kitchen Housekeeping Closet	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
NE Main Kitchen Storage	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
SE Main Kitchen	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
SE Main Kitchen Women's Restroom	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
SE Main Kitchen Cleaning Closet	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
NE Main Kitchen / 12	Smoke Detector	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
SE Main Kitchen	Smoke Detector	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
SW Main Kitchen	Manual Pull Station	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
Loading Bay	Heat Detector	Tested visually	● Passed	-

Location	Specification	New Section	Result	Notes
Location	Type/Make/Model	Visual	Result	Number
Loading Bay	Manual Pull Station	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
Loading Bay Bread Storage	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
Loading Bay Men's Restroom	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
Bottom of Stairwell	Manual Pull Station	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
Outside of Cold Storage	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
Outside of Cold Storage	Smoke Detector	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
Boiler Room	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
Room 3 Janitorial	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
Room 4 Storage	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
Corridor to Tunnel	Smoke Detector	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
Room #5 Elevator Room	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
Electric Room	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
Office Corridor	Smoke Detector	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
Office Corridor Exit	Manual Pull Station	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
Basement	Duct Smoke Detector	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
Basement	Duct Smoke Detector	Tested functionally	● Passed	-

## Supervisory Signal Device

Location	Specification	New Section	Result	Notes
Location	Type/Make/Model	Visual / Functional	Result	Number
Storage Area	Water Flow	Tested functionally	● Passed	-

## Auxiliary Device

Location	Specification	New Section	Result	Notes
Location	Type/Make/Model	Visual / Functional	Result	Number
1st Floor / West Hallway	Door Holder	Tested functionally	● Passed	-



Location	Specification	New Section	Result	Notes
Location Basement / Office Entry Door	Type/Make/Model Door Holder	Visual / Functional Tested functionally	Result ● Passed	Number -
Location Basement / Freezer Room Door Entry	Type/Make/Model Door Holder	Visual / Functional Tested functionally	Result ● Passed	Number -
Location 1st Floor / East Hallway	Type/Make/Model Door Holder	Visual / Functional Tested functionally	Result ● Passed	Number -

## Alarm Notification Appliance

Location	Specification	New Section	Result	Notes
Location 1st / By West Entrance	Type/Make/Model Bell	Visual / Functional Tested functionally	Result ● Passed	Number -
Location 1st / West Hallway by Entrance	Type/Make/Model Strobe	Visual / Functional Tested functionally	Result ● Passed	Number -
Location 1st / West Hallway	Type/Make/Model Strobe	Visual / Functional Tested functionally	Result ● Passed	Number -
Location 1st / West Hallway	Type/Make/Model Bell	Visual / Functional Tested functionally	Result ● Passed	Number -
Location 1st / North West Dining Area	Type/Make/Model Bell	Visual / Functional Tested functionally	Result ● Passed	Number -
Location 1st / North Kitchen Serving Area	Type/Make/Model Bell	Visual / Functional Tested functionally	Result ● Passed	Number -
Location 1st / North Kitchen Serving Area	Type/Make/Model Bell	Visual / Functional Tested functionally	Result ● Passed	Number -
Location 1st / North East Dining Area	Type/Make/Model Strobe	Visual / Functional Tested functionally	Result ● Passed	Number -
Location 1st / North East Dining Area	Type/Make/Model Bell	Visual / Functional Tested functionally	Result ● Passed	Number -
Location 1st / East Entrance Area	Type/Make/Model Strobe	Visual / Functional Tested functionally	Result ● Passed	Number -
Location 1st / East Entrance Area	Type/Make/Model Bell	Visual / Functional Tested functionally	Result ● Passed	Number -
Location 1st / East Hallway	Type/Make/Model Bell	Visual / Functional Tested functionally	Result ● Passed	Number -
Location 1st / East Hallway	Type/Make/Model Strobe	Visual / Functional Tested functionally	Result ● Passed	Number -
Location 1st / Kitchen	Type/Make/Model Strobe	Visual / Functional Tested functionally	Result ● Passed	Number -
Location 1st / Kitchen	Type/Make/Model Strobe	Visual / Functional Tested functionally	Result ● Passed	Number -

Location	Specification	New Section	Result	Notes
Location 1st / Kitchen Exit Vestibule	Type/Make/Model Bell	Visual / Functional Tested functionally	Result ● Passed	Number -
Location 1st / Kitchen Delivery Area	Type/Make/Model Bell	Visual / Functional Tested functionally	Result ● Passed	Number -
Location Basement / By Freezers	Type/Make/Model Bell	Visual / Functional Tested functionally	Result ● Passed	Number -
Location Basement / Mechanical Room	Type/Make/Model Bell	Visual / Functional Tested functionally	Result ● Passed	Number -
Location Basement / Elevator Hallway	Type/Make/Model Bell	Visual / Functional Tested functionally	Result ● Passed	Number -
Location Basement / Elevator Hallway	Type/Make/Model Strobe	Visual / Functional Tested functionally	Result ● Passed	Number -
Location Basement / Office Area	Type/Make/Model Bell	Visual / Functional Tested functionally	Result ● Passed	Number -
Location Basement / Office Area	Type/Make/Model Strobe	Visual / Functional Tested functionally	Result ● Passed	Number -

## Comments

Number	COMMENT	IMAGE
1	Fire Alarm Inspection. No issues.	



**Tech connected. Lives protected.**

## **Conclusion**

We appreciate the opportunity to provide this inspection report. We are confident in the accuracy of the contents of this report. Should you require any additional services, or have questions regarding the contents of this report, please do not hesitate to contact your Midwest Alarm Services representative at 308-389-3981.

## **Life Safety Solutions Experts Since 1950**

For more than 70 years, Midwest Alarm Services has been providing the best, innovative fire, security and technology solutions for homes and businesses. As a systems integrator, we can design, install, maintain, monitor and service a wide variety of equipment and software. We take the time to understand your needs and customize solutions to fit your needs and budget. To learn more about our company and the services we provide, please visit:

[www.midwestalarmservices.com](http://www.midwestalarmservices.com)

A handwritten signature in black ink, appearing to read 'Gary Hesman', is positioned above a solid blue horizontal line.

Tested By:

**Gary Hesman**

Midwest Alarm Services

3630 W Old Hwy 30

Grand Island, NE 68803



# MIDWEST ALARM SERVICES

Tech connected. Lives protected.

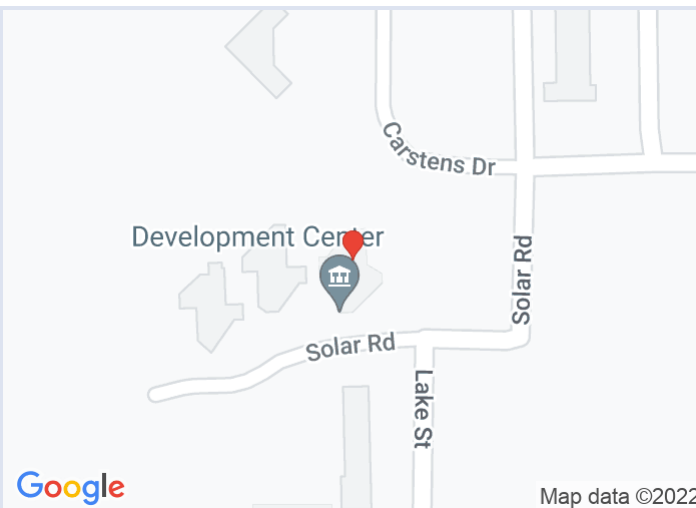
## Inspection Report

---

Presented To  
State of Nebraska

---

For  
Food Services Area  
3000 Lincoln St  
Beatrice, NE 68310



**This site has been inspected  
and tested in compliance  
with applicable standards.**

---

Completed:  
**Wednesday, December 14,  
2022**

---

Tested By:  
**Lucas Canfield**  
Midwest Alarm Services  
3630 W Old Hwy 30  
Grand Island, NE 68803

Scan Code to Access  
Nspec Cloud Portal



# Inspection Information

## CUSTOMER INFORMATION

Name:	State of Nebraska	Address:	3000 Lincoln St
City:	Beatrice	State:	NE
ZIP:	68310	Email:	mike.balderson@nebraska.gov
AR#:	1001603		

## BUILDING INFORMATION

Name:	Food Services Area	Occupancy Type:	Institutional (Group I)
Address:	3000 Lincoln St	City:	Beatrice
State:	NE	ZIP:	68310
Monitoring Company Account Number:	FA14300	AR#:	1001603
Email for Reports:	mike.balderson@nebraska.gov		

## COMPANY INFORMATION

Name:	Midwest Alarm Services	Address:	3630 W Old Hwy 30
City:	Grand Island	State:	NE
Zip:	68803	License:	-
Email:	tracy.hesman@mw-as.com	Phone:	308-389-3981

## AUTHORITY HAVING JURISDICTION

Name:	State of Nebraska Fire Marshal	Address:	246 S 14th St
City:	Lincoln	State:	NE
Zip:	68508	Email:	-
Phone:	402-471-2027		

## MONITORING COMPANY

Name:	Per Mar	Address:	1910 E Kimberly Rd
City:	Davenport	State:	IA
Zip:	52807	Email:	-
phone:	800-227-9805		

## TESTING SUMMARY

EQUIPMENT TYPE	TOTAL	TESTED	PASSED	FAILED
Fire Extinguisher	22	22 (100%)	20 (91%)	2 (9%)

## Fire Extinguisher Report

This testing was performed in accordance with applicable NFPA 72 Standards.

Midwest Alarm Services provides many services to our community. If you would like quarterly, semi-annual or annual testing/inspection, the inspection coordinator can reach out and offer inspections on a time and material basis. Signing an Inspection Agreement with Midwest Alarm Services has many benefits. Not only do you save money, but our inspection coordinator will work with you to ensure your Fire System stays in code as well as has proper documentation sent to the local jurisdiction for compliance. If you need an estimate or have questions about our services, please reach out to our operations manager.

Gary Hesman  
Operations Manager  
308-389-3981  
gary.hesman@mw-as.com

---

Tested By:



**Lucas Canfield**  
Midwest Alarm Services  
3630 W Old Hwy 30  
Grand Island, NE 68803

## Fire Extinguisher

Location	Specification	Information	Dates	Inspected	Inspected	Result	Notes
Location 8 / Basement / Food Services / Elevator Equipment Room	Type/Make/Model Buckeye / 10 HI SA80 ABC	Serial # ZZ175367 Size 10# Type ABC Mfg Date 2009	Last Hydro Date 01/12/2021 Next Hydro Date - Next Six Year Date - Pull Pin Yes	Weight Yes Bracket Yes Gauge Yes Pull Pin Yes	Signage No Hose Yes Collar Yes Due for Service No	Result ● Passed	Number -
Location 7 / Basement / Food Services / By Walk In Coolers	Type/Make/Model Buckeye / 10 HI SA80 ABC	Serial # ZZ175378 Size 10# Type ABC Mfg Date 2009	Last Hydro Date 01/12/2021 Next Hydro Date - Next Six Year Date - Pull Pin Yes	Weight Yes Bracket Yes Gauge Yes Pull Pin Yes	Signage Yes Hose Yes Collar Yes Due for Service No	Result ● Passed	Number -
Location 9 / Basement / Food Services / Hallway to Offices	Type/Make/Model Amerex / B456	Serial # AW347370 Size 10# Type ABC Mfg Date 2012	Last Hydro Date - Next Hydro Date 12/01/2024 Next Six Year Date - Pull Pin Yes	Weight Yes Bracket Yes Gauge Yes Pull Pin Yes	Signage Yes Hose Yes Collar Yes Due for Service No	Result ● Passed	Number -
Location 10 / Basement / Food Services / Office Area by South Exit	Type/Make/Model Badger / 10MB-8H	Serial # A33531678 Size 10# Type ABC Mfg Date 2015	Last Hydro Date - Next Hydro Date 12/01/2027 Next Six Year Date - Pull Pin Yes	Weight Yes Bracket Yes Gauge Yes Pull Pin Yes	Signage Yes Hose Yes Collar Yes Due for Service No	Result ● Passed	Number -
Location 6 / 1st / Food Services / West Entrance Hall	Type/Make/Model Amerex / B456	Serial # TB750785 Size 10# Type ABC Mfg Date 2012	Last Hydro Date - Next Hydro Date 12/01/2025 Next Six Year Date - Pull Pin Yes	Weight Yes Bracket Yes Gauge Yes Pull Pin Yes	Signage Yes Hose Yes Collar Yes Due for Service No	Result ● Passed	Number -
Location 4 / 1st / ABC / Kitchen	Type/Make/Model Buckeye / 10 HI SA80 ABC	Serial # AV-389334 Size 10# Type ABC Mfg Date 2006	Last Hydro Date - Next Hydro Date 12/01/2024 Next Six Year Date - Pull Pin Yes	Weight Yes Bracket Yes Gauge Yes Pull Pin Yes	Signage No Hose Yes Collar Yes Due for Service No	Result ● Passed	Number -

Location	Specification	Information	Dates	Inspected	Inspected	Result	Notes
Location 5 / 1st / Food Services / Loading Dock by Kitchen	Type/Make/Model Amerex / B456	Serial # AU466437 Size 10# Type ABC Mfg Date 2011	Last Hydro Date - Next Hydro Date 12/01/2023 Next Six Year Date - Pull Pin Yes	Weight Yes Bracket Yes Gauge Yes Yes Yes	Signage Yes Hose Yes Collar Yes Due for Service No	Result ● Passed	Number -
Location 2 / 1st / Food Services / South Kitchen Entrance Door	Type/Make/Model Amerex / B456	Serial # AU-462394 Size 10# Type ABC Mfg Date 2011	Last Hydro Date - Next Hydro Date 12/01/2023 Next Six Year Date - Pull Pin Yes	Weight Yes Bracket Yes Gauge Yes Yes Yes	Signage Yes Hose Yes Collar Yes Due for Service No	Result ● Passed	Number -
Location 1 / 1st / Food Services / By FACP by East Entrance	Type/Make/Model Amerex / B456	Serial # AU-463401 Size 10# Type ABC Mfg Date 2011	Last Hydro Date - Next Hydro Date 12/01/2023 Next Six Year Date - Pull Pin Yes	Weight Yes Bracket Yes Gauge Yes Yes Yes	Signage No Hose Yes Collar Yes Due for Service No	Result ● Passed	Number -
Location 3 / 1st / Food Services / North East Hall by North Side of Kitchen	Type/Make/Model Amerex / B456	Serial # AU-463404 Size 10# Type ABC Mfg Date 2011	Last Hydro Date - Next Hydro Date 12/01/2023 Next Six Year Date - Pull Pin Yes	Weight Yes Bracket Yes Gauge Yes Yes Yes	Signage Yes Hose Yes Collar Yes Due for Service No	Result ● Passed	Number -
Location 11 / Food Services / Spare - In Breakroom Closet	Type/Make/Model Buckeye / WC-6 Liter	Serial # AB-521598 Size 6 Liter Type Class K Mfg Date 2007	Last Hydro Date 12/14/2017 Next Hydro Date 12/14/2022 Next Six Year Date - Pull Pin Yes	Weight Yes Bracket No Gauge Yes Yes Yes	Signage No Hose Yes Collar Yes Due for Service Yes	Result X Failed	Number 1
Location 12 / Food Services / Spare - In Breakroom Closet	Type/Make/Model Badger / WC- 100	Serial # AB-136896 Size 6 Liter Type Class K Mfg Date 2006	Last Hydro Date 12/14/2017 Next Hydro Date 12/14/2022 Next Six Year Date - Pull Pin Yes	Weight Yes Bracket No Gauge Yes Yes Yes	Signage No Hose Yes Collar Yes Due for Service Yes	Result X Failed	Number 2



Location	Specification	Information	Dates	Inspected	Inspected	Result	Notes
Location 13 / Food Services / Spare - In Breakroom Closet	Type/Make/Model Amerex / 423	Serial # AW-45012 Size 20# Type ABC Mfg Date 2012	Last Hydro Date - Next Hydro Date 12/14/2027 Next Six Year Date - Pull Pin Yes	Weight Yes Bracket No Gauge Yes Pull Pin Yes	Signage No Hose Yes Collar Yes Due for Service No	Result ● Passed	Number -
Location 14 / Food Services / Spare - In Breakroom Closet	Type/Make/Model Amerex / B456	Serial # TB-751962 Size 10# Type ABC Mfg Date 2002	Last Hydro Date 12/14/2014 Next Hydro Date 12/14/2027 Next Six Year Date - Pull Pin Yes	Weight Yes Bracket No Gauge Yes Pull Pin Yes	Signage No Hose Yes Collar Yes Due for Service No	Result ● Passed	Number -
Location 15 / Food Services / Spare - In Breakroom Closet	Type/Make/Model Badger / 10MB-8H	Serial # ZC-750174 Size 10# Type ABC Mfg Date 2007	Last Hydro Date 12/14/2020 Next Hydro Date - Next Six Year Date 12/14/2026 Pull Pin Yes	Weight Yes Bracket No Gauge Yes Pull Pin Yes	Signage No Hose Yes Collar Yes Due for Service No	Result ● Passed	Number -
Location 16 / Food Services / Spare - In Breakroom Closet	Type/Make/Model Ansul / AA10S	Serial # E-93510497 Size 10# Type ABC Mfg Date 2018	Last Hydro Date - Next Hydro Date - Next Six Year Date 12/14/2024 Pull Pin Yes	Weight Yes Bracket No Gauge Yes Pull Pin Yes	Signage No Hose Yes Collar Yes Due for Service No	Result ● Passed	Number -
Location 17 / Food Services / Spare - In Breakroom Closet	Type/Make/Model Ansul / SY- 1014	Serial # HC-00976532 Size 10# Type ABC Mfg Date -	Last Hydro Date 12/14/2011 Next Hydro Date 12/14/2023 Next Six Year Date - Pull Pin Yes	Weight Yes Bracket No Gauge Yes Pull Pin Yes	Signage No Hose Yes Collar Yes Due for Service No	Result ● Passed	Number -
Location 18 / Food Services / Spare - In Breakroom Closet	Type/Make/Model Ansul / AA10S	Serial # BZ-612433 Size 10# Type ABC Mfg Date 2014	Last Hydro Date - Next Hydro Date 12/14/2025 Next Six Year Date - Pull Pin Yes	Weight Yes Bracket No Gauge Yes Pull Pin Yes	Signage No Hose Yes Collar Yes Due for Service No	Result ● Passed	Number -

Location	Specification	Information	Dates	Inspected	Inspected	Result	Notes
Location 19 / Food Services / Spare - In Breakroom Closet	Type/Make/Model Ansul / AA10S	Serial # AH-374628	Last Hydro Date 12/14/2019	Weight Yes	Signage No	Result ● Passed	Number -
		Size 10#	Next Hydro Date -	Bracket No	Hose Yes		
		Type ABC	Next Six Year Date	Gauge Yes	Collar Yes		
		Mfg Date 2011	12/14/2025	Pull Pin Yes	Due for Service No		
Location 20 / Food Services / Spare - In Breakroom Closet	Type/Make/Model Ansul / A10H	Serial # YK-347985	Last Hydro Date 12/14/2019	Weight Yes	Signage No	Result ● Passed	Number -
		Size 10#	Next Hydro Date -	Bracket No	Hose Yes		
		Type ABC	Next Six Year Date	Gauge Yes	Collar Yes		
		Mfg Date 2007	12/14/2025	Pull Pin Yes	Due for Service No		
Location 21 / Food Services / Spare - In Breakroom Closet	Type/Make/Model Buckeye / 5 HI SA40 ABC	Serial # Z-461444	Last Hydro Date -	Weight Yes	Signage No	Result ● Passed	Number -
		Size 5#	Next Hydro Date 12/14/2023	Bracket No	Hose Yes		
		Type ABC	Next Six Year Date	Gauge Yes	Collar Yes		
		Mfg Date 2010	-	Pull Pin Yes	Due for Service No		
Location 22 / Food Services / Spare - In Breakroom Closet	Type/Make/Model Amerex / B402	Serial # C-94606004	Last Hydro Date -	Weight Yes	Signage No	Result ● Passed	Number -
		Size 5#	Next Hydro Date -	Bracket No	Hose Yes		
		Type ABC	Next Six Year Date	Gauge Yes	Collar Yes		
		Mfg Date 2017	12/14/2023	Pull Pin Yes	Due for Service No		

## Deficiencies

Location 11 / Food Services / Spare - In Breakroom Closet	Type/Make/Model Buckeye / WC-6 Liter	Serial # AB-521598	Last Hydro Date 12/14/2017	Weight Yes	Signage No	Result Failed	Number 1
		Size 6 Liter	Next Hydro Date 12/14/2022	Bracket No	Hose Yes		
		Type Class K	Next Six Year Date -	Gauge Yes	Collar Yes		
		Mfg Date 2007	-	Pull Pin Yes	Due for Service Yes		
Location 12 / Food Services / Spare - In Breakroom Closet	Type/Make/Model Badger / WC-100	Serial # AB-136896	Last Hydro Date 12/14/2017	Weight Yes	Signage No	Result Failed	Number 2
		Size 6 Liter	Next Hydro Date 12/14/2022	Bracket No	Hose Yes		
		Type Class K	Next Six Year Date -	Gauge Yes	Collar Yes		
		Mfg Date 2006	-	Pull Pin Yes	Due for Service Yes		

## Comments

Number	COMMENT	IMAGE
1	#11 due for hydro test	
2	#12 due for hydro test	
3	Annual Fire Extinguisher Inspection. Issues listed.	



**Tech connected. Lives protected.**

## **Conclusion**

We appreciate the opportunity to provide this inspection report. We are confident in the accuracy of the contents of this report. Should you require any additional services, or have questions regarding the contents of this report, please do not hesitate to contact your Midwest Alarm Services representative at 308-389-3981.

### **Life Safety Solutions Experts Since 1950**

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[www.midwestalarmservices.com](http://www.midwestalarmservices.com)

A handwritten signature in black ink, appearing to read 'Lucas Canfield', is written over a solid blue horizontal line.

**Tested By:**

**Lucas Canfield**

Midwest Alarm Services

3630 W Old Hwy 30

Grand Island, NE 68803



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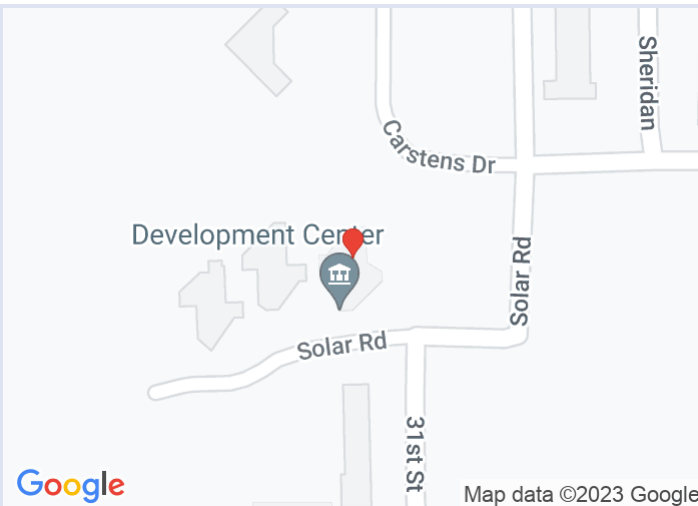
# Inspection Report

---

Presented To  
State of Nebraska

---

For  
L Building  
3000 Lincoln St  
Beatrice, NE 68310



**This site has been inspected  
and tested in compliance  
with applicable standards.**

---

Completed:  
**Tuesday, May 23, 2023**

---

Tested By:  
**Gary Hesman**  
Midwest Alarm Services  
3630 W Old Hwy 30  
Grand Island, NE 68803

Scan Code to Access  
Nspec Cloud Portal



# Inspection Information

## CUSTOMER INFORMATION

Name:	State of Nebraska	Address:	3000 Lincoln St
City:	Beatrice	State:	NE
ZIP:	68310	Email:	mike.balderson@nebraska.gov
AR#:	1001603		

## BUILDING INFORMATION

Name:	L Building	Occupancy Type:	Institutional (Group I)
Address:	3000 Lincoln St	City:	Beatrice
State:	NE	ZIP:	68310
Monitoring Company Account Number:	FA14300	AR#:	1001603
Email for Reports:	mike.balderson@nebraska.gov		

## COMPANY INFORMATION

Name:	Midwest Alarm Services	Address:	3630 W Old Hwy 30
City:	Grand Island	State:	NE
Zip:	68803	License:	-
Email:	tracy.hesman@mw-as.com	Phone:	308-389-3981

## AUTHORITY HAVING JURISDICTION

Name:	State of Nebraska Fire Marshal	Address:	246 S 14th St
City:	Lincoln	State:	NE
Zip:	68508	Email:	-
Phone:	402-471-2027		

## MONITORING COMPANY

Name:	Per Mar	Address:	1910 E Kimberly Rd
City:	Davenport	State:	IA
Zip:	52807	Email:	-
phone:	800-227-9805		

## TESTING SUMMARY

EQUIPMENT TYPE	TOTAL	TESTED	PASSED	FAILED
Communicator	1	1 (100%)	1 (100%)	0 (0%)
Alarm Initiated Device	105	105 (100%)	105 (100%)	0 (0%)
Alarm Notification Appliance	27	27 (100%)	27 (100%)	0 (0%)
Annunciator	1	1 (100%)	1 (100%)	0 (0%)
Auxiliary Device	0	0 (0%)	0 (0%)	0 (0%)
Auxiliary Power Supply	0	0 (0%)	0 (0%)	0 (0%)
Control Unit	1	1 (100%)	1 (100%)	0 (0%)
Supervising Station Monitoring	1	1 (100%)	1 (100%)	0 (0%)
Supervisory Signal Device	3	3 (100%)	3 (100%)	0 (0%)

## Fire Alarm Inspection- NFPA 72 (2013)

This testing was performed in accordance with applicable NFPA 72 Standards.

Midwest Alarm Services provides many services to our community. If you would like quarterly, semi-annual or annual testing/inspection, the inspection coordinator can reach out and offer inspections on a time and material basis. Signing an Inspection Agreement with Midwest Alarm Services has many benefits. Not only do you save money, but our inspection coordinator will work with you to ensure your Fire System stays in code as well as has proper documentation sent to the local jurisdiction for compliance. If you need an estimate or have questions about our services, please reach out to our operations manager.

Gary Hesman  
Operations Manager  
308-389-3981  
gary.hesman@mw-as.com

---

Tested By:



**Gary Hesman**  
Midwest Alarm Services  
3630 W Old Hwy 30  
Grand Island, NE 68803

## Control Unit

### Location

Location  
L Building / Front Entry

### Specification

Type/Make/Model  
Spectronics / 641

### Software Firmware

Revision Number	Onsite Location Of Documentation
-	-

### Primary Power

Nominal Voltage	Amps
120v	-

### Overcurrent Protection

Type	Amps	Location	Disconnecting Means Location
-	-	-	-

### Visual/ Functional

Control Unit	Lamps/LEDs/LCDs	Fuses	Trouble Signal
Tested functionally	Tested functionally	Tested functionally	Tested functionally
Disconnect Switch	Ground-Fault Monitoring		
Tested functionally	Tested functionally		

### Batteries

Battery Date	Battery Type	Nominal Voltage	Amps/Hour Rating
11/15/2022	Gel	27.1	7ah
Standby Mode (hrs)	Alarm Mode (mins)		
-	-		

### Visual/ Functional

Load Voltage	Charge Test	Discharge Test	Battery Condition
Tested functionally	Tested functionally	Tested functionally	Tested functionally

### Result

● Passed

## Communicator

### Specification

Type/Make/Model  
-

### Type

Type  
Phone Lines : Thru Admin

### Result

● Passed

## Supervising Station Monitoring

### Specification

Type/Make/Model  
-

### Supervising Station Monitoring



Alarm Signal Tested functionally	Alarm Restoration Tested functionally	Trouble Signal Tested functionally	Trouble Restoration Tested functionally
Supervisory Signal Tested functionally	Supervisory Restoration Tested functionally		

## Result

● Passed

## Annunciator 1

### Location

Location	2nd / Middle Area
----------	-------------------

### Specification

Type/Make/Model	-
-----------------	---

### Result

	● Passed
--	----------

### Notes

Number	-
--------	---

## Alarm Initiated Device

Location	Specification	New Section	Result	Notes
Location	Type/Make/Model	Visual	Result	Number
Main Entrance	Manual Pull Station	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
Main Entrance / 01	Smoke Detector / System Sensor / 2WB	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
Entrance Cooridor / 02	Smoke Detector / System Sensor / 2WB	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
NE Back Exit Corridor / 03	Smoke Detector / System Sensor / 2WB	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
NE Back Exit Corridor	Manual Pull Station	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
Breakroom	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
Breakroom AHU	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
Breakroom AHU Room	Duct Smoke Detector	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
SE Back Exit Corridor / 15	Smoke Detector / System Sensor / 2WB	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
SE Back Exit Corridor	Manual Pull Station	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
Conference Room	Heat Detector	Tested visually	● Passed	-

Location	Specification	New Section	Result	Notes
Location	Type/Make/Model	Visual	Result	Number
Conference Room	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
Conference Room Back Office	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
South Corridor / 16	Smoke Detector / System Sensor / 2WB	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
South Corridor Living Area	Smoke Detector / System Sensor / 2WB	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
South Corridor Living Area / 58	Smoke Detector / System Sensor / 2WB	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
South Kitchen	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
South Kitchen Office	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
South Corridor / 18	Smoke Detector / System Sensor / 2WB	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
South Corridor / 22	Smoke Detector / System Sensor / 2WB	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
Room 4 South Corridor / 25	Smoke Detector / System Sensor / 2WB	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
Room 5 South Corridor / 26	Smoke Detector / System Sensor / 2WB	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
Room 6 South Corridor / 23	Smoke Detector / System Sensor / 2WB	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
Room 3 South Corridor / 24	Smoke Detector / System Sensor / 2WB	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
South Corridor Exit Hall / 21	Smoke Detector / System Sensor / 2WB	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
South Corridor Exit	Manual Pull Station	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
South Corridor Closet	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
South Corridor Room 7 / 20	Smoke Detector / System Sensor / 2WB	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
South Corridor Room 2	Smoke Detector / System Sensor / 2WB	Tested functionally	● Passed	-

Location	Specification	New Section	Result	Notes
Location South Corridor Janitorial	Type/Make/Model Heat Detector	Visual Tested visually	Result ● Passed	Number -
Location South Corridor Housekeeper Room	Type/Make/Model Heat Detector	Visual Tested visually	Result ● Passed	Number -
Location South Corridor Room 1 / 17	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location North Corridor / 04	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location North Corridor / 06	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location North Corridor Living Area	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location North Corridor Office #1 / 05	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location North Corridor Office #2 / 07	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location North Corridor near Restrooms / 08	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location North Corridor near Exit / 09	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location North Corridor West Exit / 10	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location North Corridor West Exit	Type/Make/Model Manual Pull Station	Visual Tested functionally	Result ● Passed	Number -
Location North Back Offices / 11	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location North Back Offices / 14	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location North Back Offices / 13	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location North Back Offices / 12	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location North Back Offices West Exit	Type/Make/Model Manual Pull Station	Visual Tested functionally	Result ● Passed	Number -

Location	Specification	New Section	Result	Notes
Location	Type/Make/Model	Visual	Result	Number
North Back Offices East Exit	Manual Pull Station	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
Main Entry Stairs	Manual Pull Station	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
Main Entry Stairs Top / 55	Smoke Detector / System Sensor / 2WB	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
By Elevator / 27	Smoke Detector / System Sensor / 2WB	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
Middle Area / 28	Smoke Detector / System Sensor / 2WB	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
Middle Area Janitorial	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
Middle Area Office by Elevator	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
Middle Area Offices Janitorial	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
Middle Area Office #1	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
Middle Area Office Corridor / 42	Smoke Detector / System Sensor / 2WB	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
Middle Area Office Corridor / 41	Smoke Detector / System Sensor / 2WB	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
North Corridor / 29	Smoke Detector / System Sensor / 2WB	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
North Corridor Living Area	Smoke Detector / System Sensor / 2WB	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
North Corridor Living Area	Smoke Detector / System Sensor / 2WB	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
North Corridor Kitchen	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
North Corridor / 31	Smoke Detector / System Sensor / 2WB	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
North Corridor Exit Hall / 34	Smoke Detector / System Sensor / 2WB	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
North Corridor Exit Hall	Manual Pull Station	Tested functionally	● Passed	-

Location	Specification	New Section	Result	Notes
Location North Corridor Stairs / 54	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location North Corridor / 37	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location North Corridor Room 3 / 39	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location North Corridor Room 4 / 38	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location North Corridor Room 5 / 36	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location North Corridor Room 2 / 35	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location North Corridor Closet	Type/Make/Model Heat Detector	Visual Tested visually	Result ● Passed	Number -
Location North Corridor Room 1 / 33	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location North Corridor Room #1 Restroom	Type/Make/Model Heat Detector	Visual Tested visually	Result ● Passed	Number -
Location North Corridor #6 / 32	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location North Corridor #7 / 30	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location North Corridor Janitorial	Type/Make/Model Heat Detector	Visual Tested visually	Result ● Passed	Number -
Location North Corridor Laundry Room	Type/Make/Model Heat Detector	Visual Tested visually	Result ● Passed	Number -
Location South Corridor / 43	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location South Corridor Living Area	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location South Corridor Living Area	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location South Corridor Office	Type/Make/Model Heat Detector	Visual Tested visually	Result ● Passed	Number -
Location South Corridor Kitchen	Type/Make/Model Heat Detector	Visual Tested visually	Result ● Passed	Number -

Location	Specification	New Section	Result	Notes
Location South Corridor Kitchen Closet	Type/Make/Model Heat Detector	Visual Tested visually	Result ● Passed	Number -
Location South Corridor	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location South Corridor / 48	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location South Corridor Exit Hall / 47	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location South Corridor Exit	Type/Make/Model Manual Pull Station	Visual Tested functionally	Result ● Passed	Number -
Location South Corridor Stairs / 53	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location South Corridor Room #4 / 49	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location South Corridor Room #5 / 50	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location South Corridor Room #6 Restroom / 51	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location South Corridor #6A / 52	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location South Corridor Closet	Type/Make/Model Heat Detector	Visual Tested visually	Result ● Passed	Number -
Location South Corridor Room #2 / 46	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location South Corridor Laundry Room	Type/Make/Model Heat Detector	Visual Tested visually	Result ● Passed	Number -
Location South Corridor Janitorial	Type/Make/Model Heat Detector	Visual Tested visually	Result ● Passed	Number -
Location South Corridor Room #1	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location Middle Area Stairs	Type/Make/Model Manual Pull Station	Visual Tested functionally	Result ● Passed	Number -
Location Sprinkler Room	Type/Make/Model Heat Detector	Visual Tested visually	Result ● Passed	Number -
Location AHU Room	Type/Make/Model Heat Detector	Visual Tested visually	Result ● Passed	Number -
Location AHU Room	Type/Make/Model Heat Detector	Visual Tested visually	Result ● Passed	Number -

Location	Specification	New Section	Result	Notes
Location	Type/Make/Model	Visual	Result	Number
AHU Room	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
AHU Room	Duct Smoke Detector	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
AHU Room	Duct Smoke Detector	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
AHU Room	Duct Smoke Detector	Tested functionally	● Passed	-

## Supervisory Signal Device

Location	Specification	New Section	Result	Notes
Location	Type/Make/Model	Visual / Functional	Result	Number
Sprinkler Room	Sprinkler Tamper Switch / Valve	Tested visually	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
Sprinkler Room	Sprinkler Tamper Switch / Valve	Tested visually	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
Sprinkler Room	Water Flow	Tested visually	● Passed	-

## Alarm Notification Appliance

Location	Specification	New Section	Result	Notes
Location	Type/Make/Model	Visual / Functional	Result	Number
1st / Entrance Lobby	Strobe / System Sensor / SWL	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
1st / Entrance Lobby	Bell	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
1st / East Office Area	Bell	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
1st / East Office Area	Strobe / System Sensor / SWL	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
1st / South Hallway	Bell	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
1st / North Hallway Restroom	Strobe / System Sensor / SWL	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
1st / North Hallway	Horn/Strobe / System Sensor / P2WL	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
1st / North Hallway Office	Strobe / System Sensor / SWL	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
1st / North Hallway	Strobe / System Sensor / SWL	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
1st / North Hallway Near West Exit	Horn/Strobe / System Sensor / P2WL	Tested functionally	● Passed	-

Location	Specification	New Section	Result	Notes
Location	Type/Make/Model	Visual / Functional	Result	Number
1st / North Hallway Restroom	Strobe / System Sensor / SWL	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
1st / Near North West Exit	Strobe / System Sensor / SWL	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
1st / North Hallway Restroom	Strobe / System Sensor / SWL	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
1st / North Office Area	Horn/Strobe / System Sensor / P2WL	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
1st / North Office Area	Strobe / System Sensor	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
1st / South Hallway	Strobe / System Sensor	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
2nd / Lobby	Horn/Strobe / System Sensor / P2WL	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
2nd / East Office Area	Horn/Strobe / System Sensor / P2WL	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
2nd / North Hallway	Horn/Strobe / System Sensor	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
2nd / North Hallway	Horn/Strobe / System Sensor / P2WL	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
2nd / North Hallway	Strobe / System Sensor	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
2nd / South Hallway	Horn/Strobe / System Sensor / P2WL	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
2nd / North Kitchen	Strobe / System Sensor	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
2nd / North Hallway	Horn/Strobe / System Sensor / P2WL	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
2nd / North Hallway	Strobe / System Sensor	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
Basement / By Sprinkler Riser Room	Bell	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
Basement / By Sprinkler Riser Room	Strobe / System Sensor / SWL	Tested functionally	● Passed	-



## Comments

Number	COMMENT	IMAGE
1	Fire Alarm Inspection. No issues.	



**Tech connected. Lives protected.**

## **Conclusion**

We appreciate the opportunity to provide this inspection report. We are confident in the accuracy of the contents of this report. Should you require any additional services, or have questions regarding the contents of this report, please do not hesitate to contact your Midwest Alarm Services representative at 308-389-3981.

### **Life Safety Solutions Experts Since 1950**

For more than 70 years, Midwest Alarm Services has been providing the best, innovative fire, security and technology solutions for homes and businesses. As a systems integrator, we can design, install, maintain, monitor and service a wide variety of equipment and software. We take the time to understand your needs and customize solutions to fit your needs and budget. To learn more about our company and the services we provide, please visit:

[www.midwestalarmservices.com](http://www.midwestalarmservices.com)

A handwritten signature in black ink, appearing to read 'GH', is positioned above a solid blue horizontal line.

Tested By:

**Gary Hesman**

Midwest Alarm Services

3630 W Old Hwy 30

Grand Island, NE 68803



# MIDWEST ALARM SERVICES

Tech connected. Lives protected.

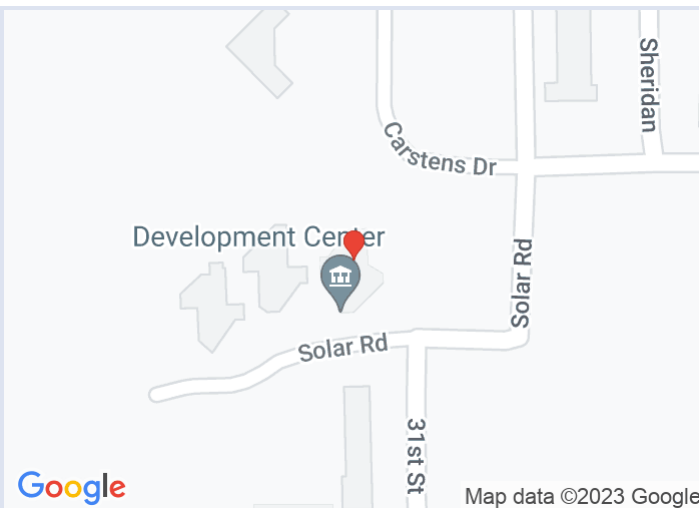
## Inspection Report

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Presented To  
State of Nebraska

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For  
L Building  
3000 Lincoln St  
Beatrice, NE 68310



**This site has been inspected  
and tested in compliance  
with applicable standards.**

---

Completed:  
**Tuesday, May 23, 2023**

---

Tested By:  
**Gary Hesman**  
Midwest Alarm Services  
3630 W Old Hwy 30  
Grand Island, NE 68803

Scan Code to Access  
Nspec Cloud Portal



# Inspection Information

## CUSTOMER INFORMATION

Name:	State of Nebraska	Address:	3000 Lincoln St
City:	Beatrice	State:	NE
ZIP:	68310	Email:	mike.balderson@nebraska.gov
AR#:	1001603		

## BUILDING INFORMATION

Name:	L Building	Occupancy Type:	Institutional (Group I)
Address:	3000 Lincoln St	City:	Beatrice
State:	NE	ZIP:	68310
Monitoring Company Account Number:	FA14300	AR#:	1001603
Email for Reports:	mike.balderson@nebraska.gov		

## COMPANY INFORMATION

Name:	Midwest Alarm Services	Address:	3630 W Old Hwy 30
City:	Grand Island	State:	NE
Zip:	68803	License:	-
Email:	tracy.hesman@mw-as.com	Phone:	308-389-3981

## AUTHORITY HAVING JURISDICTION

Name:	State of Nebraska Fire Marshal	Address:	246 S 14th St
City:	Lincoln	State:	NE
Zip:	68508	Email:	-
Phone:	402-471-2027		

## MONITORING COMPANY

Name:	Per Mar	Address:	1910 E Kimberly Rd
City:	Davenport	State:	IA
Zip:	52807	Email:	-
phone:	800-227-9805		

## TESTING SUMMARY

EQUIPMENT TYPE	TOTAL	TESTED	PASSED	FAILED
Service & Inspection Report	1	1 (100%)	1 (100%)	0 (0%)

## Kitchen Report

This testing was performed in accordance with applicable NFPA 72 Standards.

Midwest Alarm Services provides many services to our community. If you would like quarterly, semi-annual or annual testing/inspection, the inspection coordinator can reach out and offer inspections on a time and material basis. Signing an Inspection Agreement with Midwest Alarm Services has many benefits. Not only do you save money, but our inspection coordinator will work with you to ensure your Fire System stays in code as well as has proper documentation sent to the local jurisdiction for compliance. If you need an estimate or have questions about our services, please reach out to our operations manager.

Gary Hesman  
Operations Manager  
308-389-3981  
gary.hesman@mw-as.com

---

Tested By:



**Gary Hesman**  
Midwest Alarm Services  
3630 W Old Hwy 30  
Grand Island, NE 68803

# Service & Inspection Report 1

## Specification

Type/Make/Model	Guardian / G300-A
-----------------	-------------------

## General Information

Manufacturer	GSSI
Control Head Type	-
Cylinder Size	-
HST Date	05/23/2031
Best Time for Gas Shutdown	-
Repairs Required - No Longer Serviceable	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A <input type="checkbox"/>

## System Layout

Number of Plenum Nozzles:	-
Number of Duct Nozzles:	-
Number of Surface Nozzles:	2
Number of Detectors	2
Type and Temp of Detectors	Electronic Heat Detectors
Remote Pull Station	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Reset Relay	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Fire Alarm Connection	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
ETL	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Washdown Connection	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Gas	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Electrical	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
Fuel Shut-Off	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>

## System Inspection

1. Check general system design	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
2a. Check pressure gauge	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
2b. Gauge pressure (psi)	100
3. All lead and wire seals are intact	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
4. There are no visible signs that system(s) has fired or been tampered with. If so, check & report.	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
5a. Replace/check cartridge	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
5b. Cartridge weight	-
5c. Cartridge date	-
6. Check all piping and conduit; must be immobilized with proper hangers and brackets	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
7. Check positioning of all nozzles	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
8. Check action on self-closing caps	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
9. Replace all protective covers on nozzles	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
10. System operated manually	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
11. System operated automatically by cutting terminal link	N/A
12. Test proper operation of gas valve(s)	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
13. Test proper operation of micro switch (electric shutdown, washdown)	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
14. Check operation of multiple systems, all tripped	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
15. Replace and seal all safety pins in manual & remote releases	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
16. Fuel shut-off is in "ON" position	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
17. Check exhaust fan for operating order	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
18. Clean system cylinder & component parts	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
19. Fan warning sign on hood	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
20. Distributor emergency phone number on system	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
21. Inspection & servicing tag are on system	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>

22. Personnel has been instructed on manual operation of system(s)	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
23. Hand portable extinguishers serviced	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
24. Pin removed, tension set, system armed	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
25. Canopy/ Duct Const	-

### Deficiencies

System is free of deficiencies and functions as required?	Yes
Parts Required:	-

### Result

	● Passed
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### Notes

Number	-
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## Comments

Number	COMMENT	IMAGE
1	Range Hood Inspection. No issues.	



**Tech connected. Lives protected.**

## **Conclusion**

We appreciate the opportunity to provide this inspection report. We are confident in the accuracy of the contents of this report. Should you require any additional services, or have questions regarding the contents of this report, please do not hesitate to contact your Midwest Alarm Services representative at 308-389-3981.

### **Life Safety Solutions Experts Since 1950**

For more than 70 years, Midwest Alarm Services has been providing the best, innovative fire, security and technology solutions for homes and businesses. As a systems integrator, we can design, install, maintain, monitor and service a wide variety of equipment and software. We take the time to understand your needs and customized solutions to fit your needs and budget. To learn more about our company and the services we provide, please visit:

[www.midwestalarmservices.com](http://www.midwestalarmservices.com)

A handwritten signature in black ink, appearing to read 'GH', is positioned above a solid blue horizontal line.

Tested By:

**Gary Hesman**

Midwest Alarm Services

3630 W Old Hwy 30

Grand Island, NE 68803





# Backflow Preventer Test Form

402.441.5912 • e-mail: [Backflow@lincoln.ne.gov](mailto:Backflow@lincoln.ne.gov) • FAX: 402.441.8003

Return to: Lincoln Water System Backflow 2021 North 27th Street, Lincoln, NE 68503

Business/Building \_\_\_\_\_ Contact Person \_\_\_\_\_

Service Address \_\_\_\_\_ Suite# \_\_\_\_\_

Phone# \_\_\_\_\_ e-mail: \_\_\_\_\_

Device Location \_\_\_\_\_

<input type="checkbox"/> Annual Test	<input type="checkbox"/> Repair	<input type="checkbox"/> New Installation
<input type="checkbox"/> DC	<input type="checkbox"/> RPP	Serial #: _____ Size: _____ Manufacturer: _____ Model#: _____
<input type="checkbox"/> Replacement		
<input type="checkbox"/> DC	<input type="checkbox"/> RPP	Serial #: _____ Size: _____ Manufacturer: _____ Model#: _____

<input type="checkbox"/> Domestic Containment	<input type="checkbox"/> Irrigation	<input type="checkbox"/> Fire Service	<input type="checkbox"/> Boiler	<input type="checkbox"/> Carbonator
<input type="checkbox"/> Swimming Pool	<input type="checkbox"/> Cooling Tower	<input type="checkbox"/> Water Cooled Ice Maker	<input type="checkbox"/> Other (Desc): _____	

Reduced Pressure-Double Check Valve		Pressure Vacuum Breaker	
Shut off #2	Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #1	Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #1 _____ PSID	Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #2	Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #2 _____ PSID	Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Check Valve Held at _____ PSID	
Relief Valve (RP only) Opened at _____ PSID		Air vent opened at _____ PSID	

Final Test: Check Valve #1	Check Valve #2	Pressure Relief	PVB/SVB
	Closed Tight <input type="checkbox"/> Yes <input type="checkbox"/> No		Check Valve PSID
PSID	PSID	Replaced PSID	Air Inlet PSID

I hereby certify the above backflow preventer has been tested in accordance with all rules and regulations of the State of Nebraska Health and Human Services, Department of Regulation and Licensure, Title 179, and the Lincoln Water System Title 17, and that all readings are true and accurate to the best of my ability. **Must be returned to LWS within 30 days of performing test.**

State Certified Technician (Please Print) \_\_\_\_\_ Company \_\_\_\_\_ Grade 6 Certificate# \_\_\_\_\_ Cell/Phone# \_\_\_\_\_

State Certified Technician (Signature) \_\_\_\_\_ Customer (Signature) \_\_\_\_\_ Date of Test \_\_\_\_\_

Test Gauge Manufacturer \_\_\_\_\_ Test Gauge Serial # \_\_\_\_\_ Date of Calibration \_\_\_\_\_

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

PLEASE TYPE OR PRINT LEGIBLY



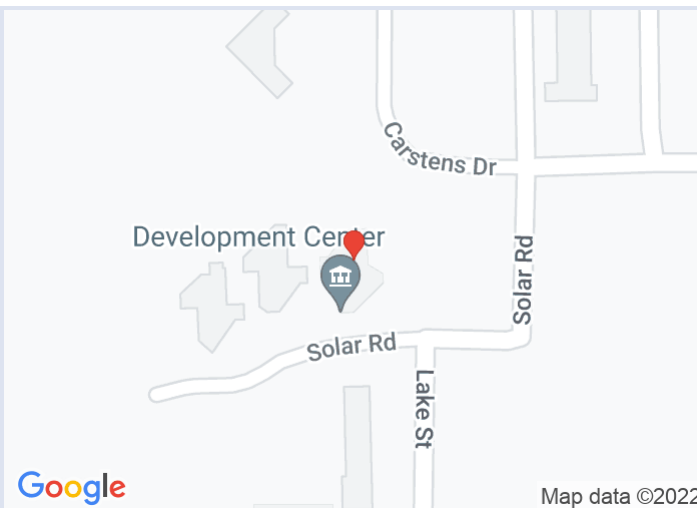
# MIDWEST ALARM SERVICES

Tech connected. Lives protected.

## Inspection Report

Presented To  
State of Nebraska

For  
L Building  
3000 Lincoln St  
Beatrice, NE 68310



**This site has been inspected  
and tested in compliance  
with applicable standards.**

Completed:  
**Tuesday, December 13, 2022**

Tested By:  
**Lucas Canfield**  
Midwest Alarm Services  
3630 W Old Hwy 30  
Grand Island, NE 68803

Scan Code to Access  
Nspec Cloud Portal



# Inspection Information

## CUSTOMER INFORMATION

Name:	State of Nebraska	Address:	3000 Lincoln St
City:	Beatrice	State:	NE
ZIP:	68310	Email:	mike.balderson@nebraska.gov
AR#:	1001603		

## BUILDING INFORMATION

Name:	L Building	Occupancy Type:	Institutional (Group I)
Address:	3000 Lincoln St	City:	Beatrice
State:	NE	ZIP:	68310
Monitoring Company Account Number:	FA14300	AR#:	1001603
Email for Reports:	mike.balderson@nebraska.gov		

## COMPANY INFORMATION

Name:	Midwest Alarm Services	Address:	3630 W Old Hwy 30
City:	Grand Island	State:	NE
Zip:	68803	License:	-
Email:	tracy.hesman@mw-as.com	Phone:	308-389-3981

## AUTHORITY HAVING JURISDICTION

Name:	State of Nebraska Fire Marshal	Address:	246 S 14th St
City:	Lincoln	State:	NE
Zip:	68508	Email:	-
Phone:	402-471-2027		

## MONITORING COMPANY

Name:	Per Mar	Address:	1910 E Kimberly Rd
City:	Davenport	State:	IA
Zip:	52807	Email:	-
phone:	800-227-9805		

## TESTING SUMMARY

EQUIPMENT TYPE	TOTAL	TESTED	PASSED	FAILED
Fire Extinguisher	16	16 (100%)	9 (56%)	7 (44%)

## Fire Extinguisher Report

This testing was performed in accordance with applicable NFPA 72 Standards.

Midwest Alarm Services provides many services to our community. If you would like quarterly, semi-annual or annual testing/inspection, the inspection coordinator can reach out and offer inspections on a time and material basis. Signing an Inspection Agreement with Midwest Alarm Services has many benefits. Not only do you save money, but our inspection coordinator will work with you to ensure your Fire System stays in code as well as has proper documentation sent to the local jurisdiction for compliance. If you need an estimate or have questions about our services, please reach out to our operations manager.

Gary Hesman  
Operations Manager  
308-389-3981  
gary.hesman@mw-as.com

---

Tested By:



**Lucas Canfield**  
Midwest Alarm Services  
3630 W Old Hwy 30  
Grand Island, NE 68803

## Fire Extinguisher

Location	Specification	Information	Dates	Inspected	Inspected	Result	Notes
Location 1 / 1st / L Building / Breakroom	Type/Make/Model Ansul / AA05S-1	Serial # E-93759359 Size 5# Type ABC Mfg Date 2019	Last Hydro Date - Next Hydro Date 12/01/2031 Next Six Year Date 12/13/2025	Weight Yes Bracket Yes Gauge Yes Pull Pin Yes	Signage Yes Hose Yes Collar Yes Due for Service No	Result ● Passed	Number -
Location 2 / 1st / L Building / Mechanical Room	Type/Make/Model Buckeye / 5 HI SA40 ABC	Serial # AB810076 Size 5# Type ABC Mfg Date 2011	Last Hydro Date - Next Hydro Date 12/01/2023 Next Six Year Date -	Weight Yes Bracket Yes Gauge Yes Pull Pin Yes	Signage Yes Hose Yes Collar Yes Due for Service No	Result ● Passed	Number -
Location 3 / 1st / L Building / East Conference Room	Type/Make/Model Buckeye / 10 HI SA80 ABC	Serial # N409427 Size 10# Type ABC Mfg Date 2010	Last Hydro Date - Next Hydro Date 12/13/2022 Next Six Year Date -	Weight Yes Bracket Yes Gauge Yes Pull Pin Yes	Signage Yes Hose Yes Collar Yes Due for Service Yes	Result ✗ Failed	Number 5
Location 4 / 1st / L Building / South Apartment Restroom	Type/Make/Model Ansul / AA05S-1	Serial # E-93759320 Size 5# Type ABC Mfg Date 2019	Last Hydro Date - Next Hydro Date 12/01/2031 Next Six Year Date 12/13/2025	Weight Yes Bracket Yes Gauge Yes Pull Pin Yes	Signage Yes Hose Yes Collar Yes Due for Service No	Result ● Passed	Number -
Location 5 / 1st / L Building / South Apartment End of Hall	Type/Make/Model Amerex / B456	Serial # AU462393 Size 10# Type ABC Mfg Date 2011	Last Hydro Date - Next Hydro Date 12/01/2023 Next Six Year Date -	Weight Yes Bracket Yes Gauge Yes Pull Pin Yes	Signage No Hose Yes Collar Yes Due for Service No	Result ● Passed	Number -
Location 6 / 1st / L Building / Main Entrance Hall	Type/Make/Model Badger / 10MB-8H	Serial # WS-807105 Size 10# Type ABC Mfg Date 2004	Last Hydro Date 12/01/2018 Next Hydro Date - Next Six Year Date 12/13/2024	Weight Yes Bracket Yes Gauge Yes Pull Pin Yes	Signage Yes Hose Yes Collar Yes Due for Service No	Result ● Passed	Number -

Location	Specification	Information	Dates	Inspected	Inspected	Result	Notes
Location 7 / 1st / L Building / North Apartment Doorway by Main Hall	Type/Make/Model Buckeye / 10 HI SA80 ABC	Serial # ZZ175374 Size 10# Type ABC Mfg Date 2009	Last Hydro Date - Next Hydro Date 12/13/2022 Next Six Year Date Mfg Date -	Weight Yes Bracket Yes Gauge Yes Pull Pin Yes	Signage Yes Hose Yes Collar Yes Due for Service Yes	Result X Failed	Number 3
Location 8 / 1st / L Building / North Apartment Hall by Showers	Type/Make/Model Badger / 5MB- 6H	Serial # VP996841 Size 5# Type ABC Mfg Date 2003	Last Hydro Date 12/01/2017 Next Hydro Date - Next Six Year Date 12/13/2023 Mfg Date 2003	Weight Yes Bracket Yes Gauge Yes Pull Pin Yes	Signage Yes Hose Yes Collar Yes Due for Service No	Result ● Passed	Number -
Location 9 / 1st / L Building / North Apartment Large Community Room	Type/Make/Model Ansul / SY- 0517	Serial # NY-544379 Size 5# Type ABC Mfg Date 1997	Last Hydro Date 12/02/2018 Next Hydro Date - Next Six Year Date - Mfg Date 1997	Weight Yes Bracket Yes Gauge Yes Pull Pin Yes	Signage No Hose Yes Collar Yes Due for Service No	Result X Failed	Number 4
Location 10 / 2nd / L Building / Hall by Main Stairs	Type/Make/Model Buckeye / 5 HI SA40 ABC	Serial # C641678 Size 5# Type ABC Mfg Date 2009	Last Hydro Date - Next Hydro Date 12/13/2022 Next Six Year Date - Mfg Date 2009	Weight Yes Bracket Yes Gauge Yes Pull Pin Yes	Signage Yes Hose Yes Collar Yes Due for Service Yes	Result X Failed	Number 2
Location 11 / 2nd / L Building / South Apartment Restroom	Type/Make/Model Buckeye / 5 HI SA40 ABC	Serial # ZY976464 Size 5# Type ABC Mfg Date 2008	Last Hydro Date - Next Hydro Date 12/13/2022 Next Six Year Date - Mfg Date 2008	Weight Yes Bracket No Gauge Yes Pull Pin Yes	Signage No Hose Yes Collar Yes Due for Service Yes	Result X Failed	Number 1
Location 12 / 2nd / L Building / South Apartment Closet	Type/Make/Model Buckeye / 5 HI SA40 ABC	Serial # AH-255348 Size 5# Type ABC Mfg Date 2011	Last Hydro Date 12/01/2018 Next Hydro Date - Next Six Year Date - Mfg Date 2011	Weight Yes Bracket No Gauge Yes Pull Pin Yes	Signage No Hose Yes Collar Yes Due for Service No	Result ● Passed	Number -

Location	Specification	Information	Dates	Inspected	Inspected	Result	Notes
Location 13 / 2nd / L Building / North Apartment Hallway	Type/Make/Model The Fire Guy / 10LB	Serial # A00044228 Size 10# Type ABC Mfg Date 2014	Last Hydro Date - Next Hydro Date 12/01/2026 Next Six Year Date Mfg Date -	Weight Yes Bracket Yes Gauge Yes Pull Pin Yes	Signage Yes Hose Yes Collar Yes Due for Service No	Result ● Passed	Number -
Location 14 / Basement / L Building / By Main Stairs	Type/Make/Model Buckeye / 10 HI SA80 ABC	Serial # ZZ175358 Size 10# Type ABC Mfg Date 2009	Last Hydro Date - Next Hydro Date 12/13/2022 Next Six Year Date Mfg Date -	Weight Yes Bracket Yes Gauge Yes Pull Pin Yes	Signage No Hose Yes Collar Yes Due for Service Yes	Result X Failed	Number 6
Location 15 / Basement / L Building / Elevator Equip Room	Type/Make/Model Buckeye / 10 HI SA80 ABC	Serial # ZZ175396 Size 10# Type ABC Mfg Date 2009	Last Hydro Date - Next Hydro Date 12/13/2022 Next Six Year Date Mfg Date -	Weight Yes Bracket Yes Gauge Yes Pull Pin Yes	Signage No Hose Yes Collar Yes Due for Service Yes	Result X Failed	Number 7
Location 16 / 1st / L Building / Spare in Breakroom	Type/Make/Model Amerex / B456	Serial # XB-588730 Size 10# Type ABC Mfg Date 2005	Last Hydro Date 12/13/2018 Next Hydro Date - Next Six Year Date Mfg Date 12/13/2024	Weight Yes Bracket No Gauge Yes Pull Pin Yes	Signage No Hose Yes Collar Yes Due for Service No	Result ● Passed	Number -

## Deficiencies

Location 3 / 1st / L Building / East Conference Room	Type/Make/Model Buckeye / 10 HI SA80 ABC	Serial # N409427 Size 10# Type ABC Mfg Date 2010	Last Hydro Date - Next Hydro Date 12/13/2022 Next Six Year Date -	Weight Yes Bracket Yes Gauge Yes Pull Pin Yes	Signage Yes Hose Yes Collar Yes Due for Service Yes	Result Failed	Number 5
Location 7 / 1st / L Building / North Apartment Doorway by Main Hall	Type/Make/Model Buckeye / 10 HI SA80 ABC	Serial # ZZ175374 Size 10# Type ABC Mfg Date 2009	Last Hydro Date - Next Hydro Date 12/13/2022 Next Six Year Date -	Weight Yes Bracket Yes Gauge Yes Pull Pin Yes	Signage Yes Hose Yes Collar Yes Due for Service Yes	Result Failed	Number 3

Location 9 / 1st / L Building / North Apartment Large Community Room	Type/Make/Model Ansul / SY-0517	Serial # NY-544379 Size 5# Type ABC Mfg Date 1997	Last Hydro Date 12/02/2018 Next Hydro Date - Next Six Year Date -	Weight Yes Bracket Yes Gauge Yes Pull Pin Yes	Signage No Hose Yes Collar Yes Due for Service No	Result Failed	Number 4
Location 10 / 2nd / L Building / Hall by Main Stairs	Type/Make/Model Buckeye / 5 HI SA40 ABC	Serial # C641678 Size 5# Type ABC Mfg Date 2009	Last Hydro Date - Next Hydro Date 12/13/2022 Next Six Year Date -	Weight Yes Bracket Yes Gauge Yes Pull Pin Yes	Signage Yes Hose Yes Collar Yes Due for Service Yes	Result Failed	Number 2
Location 11 / 2nd / L Building / South Apartment Restroom	Type/Make/Model Buckeye / 5 HI SA40 ABC	Serial # ZY976464 Size 5# Type ABC Mfg Date 2008	Last Hydro Date - Next Hydro Date 12/13/2022 Next Six Year Date -	Weight Yes Bracket No Gauge Yes Pull Pin Yes	Signage No Hose Yes Collar Yes Due for Service Yes	Result Failed	Number 1
Location 14 / Basement / L Building / By Main Stairs	Type/Make/Model Buckeye / 10 HI SA80 ABC	Serial # ZZ175358 Size 10# Type ABC Mfg Date 2009	Last Hydro Date - Next Hydro Date 12/13/2022 Next Six Year Date -	Weight Yes Bracket Yes Gauge Yes Pull Pin Yes	Signage No Hose Yes Collar Yes Due for Service Yes	Result Failed	Number 6
Location 15 / Basement / L Building / Elevator Equip Room	Type/Make/Model Buckeye / 10 HI SA80 ABC	Serial # ZZ175396 Size 10# Type ABC Mfg Date 2009	Last Hydro Date - Next Hydro Date 12/13/2022 Next Six Year Date -	Weight Yes Bracket Yes Gauge Yes Pull Pin Yes	Signage No Hose Yes Collar Yes Due for Service Yes	Result Failed	Number 7

## Comments

Number	COMMENT	IMAGE
1	#11 due for hydro	
2	#10 due for hydro	
3	#7 due for hydro	
4	#9 needs recharged	
5	#3 due for hydro	
6	#14 due for hydro	
7	#15 due for hydro	







**Tech connected. Lives protected.**

## **Conclusion**

We appreciate the opportunity to provide this inspection report. We are confident in the accuracy of the contents of this report. Should you require any additional services, or have questions regarding the contents of this report, please do not hesitate to contact your Midwest Alarm Services representative at 308-389-3981.

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[www.midwestalarmservices.com](http://www.midwestalarmservices.com)

A handwritten signature in black ink, appearing to read 'Lucas Canfield', is written over a solid blue horizontal line.

Tested By:

**Lucas Canfield**

Midwest Alarm Services

3630 W Old Hwy 30

Grand Island, NE 68803

# Sprinkler Inspection Certificate

*For*

Beatrice State Development L  
Building  
748 Wallman  
Beatrice, Nebraska 68310

Tested to NFPA 25 Standards

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

*Semi-Annual Inspection*

*Inspection Date*

*Mar 28, 2023*

Building: Beatrice State Development L Building  
Contact: Facility Manager  
Title: Maint. Supervisor

Company: NIFCO Mechanical Systems  
Contact: Travis Billesbach  
Title: Inspector

# Executive Summary

Generated by: *BuildingReports.com*

Building Information			
<b>Building:</b> Beatrice State Development L Building			<b>Contact:</b> Facility Manager
<b>Address:</b> 748 Wallman			<b>Phone:</b> 402-223-7526
<b>Address:</b>			<b>Fax:</b>
<b>City/State/ZIP Code:</b> Beatrice, Nebraska 68310			<b>Mobile:</b>
<b>Country:</b> United States of America			<b>Email:</b>
Inspection Performed By			
<b>Company:</b> NIFCO Mechanical Systems			<b>Inspector:</b> Travis Billesbach
<b>Address:</b> 500 Blue Heron Dr			<b>Phone:</b> 402-477-0666
<b>Address:</b>			<b>Fax:</b>
<b>City/State/ZIP Code:</b> Lincoln, NE 68522-1701			<b>Mobile:</b> 531-220-1687
<b>Country:</b> United States of America			<b>Email:</b> tbillesbach@nifcomechanical.com
System Control Unit			
System Type	System Location	Protected Area	Devices
Service Main	Building-	Building-	1
Wet Pipe	Building-	Building-	5
Wet Pipe	Building-	Building- Elevator	2
Wet Pipe	Building-	Floors- 1st	7

Inspection Summary								
Category	Total Items		Serviced		Passed		Failed/Other	
	Qty	%	Qty	%	Qty	%	Qty	%
Alarm	3	20.00%	3	100.00%	3	100.00%	0	0.00%
Device	2	13.33%	1	50.00%	1	100.00%	0	0.00%
Hose	1	6.67%	1	100.00%	1	100.00%	0	0.00%
Sprinkler	1	6.67%	0	0.00%	0	0.00%	0	0.00%
Valve	8	53.33%	7	87.50%	7	100.00%	0	0.00%
<b>Totals</b>	<b>15</b>	<b>100%</b>	<b>12</b>	<b>80.00%</b>	<b>12</b>	<b>100.00%</b>	<b>0</b>	<b>0.00%</b>

### Certification

**Company:** NIFCO Mechanical Systems

**Building:** Beatrice State Development L Building

**Inspector:** Travis Billesbach

**Contact:** Facility Manager

### Travis Billesbach Certifications

Certification Type	Number
Nebraska Grade VI Water Operator	8466
NICET Inspection and Testing of Water-Based Systems Level I	

# Inspection & Testing

Generated by: [BuildingReports.com](http://BuildingReports.com)

Building: Beatrice State Development L Building				
<i>The Inspection &amp; Testing section lists all of the items inspected in your building. Items are grouped by Passed or Failed/Other. Items are listed by Category. Each item includes the services performed, and the time &amp; date at which testing occurred.</i>				
Device Type	Location	Service	Time	Date
<b><i>Passed</i></b>				
<b>Building– Service Main, Building–</b>				
Post Indicator Valve	Ground West Outside	Semi-Annual	1:23:34 PM	03/28/2023
<b>Building– Wet Pipe, Building–</b>				
Waterflow Switch	Basement West Mechanical	Semi-Annual	1:23:22 PM	03/28/2023
Drain	Basement West Mechanical	Semi-Annual	1:23:49 PM	03/28/2023
Fire Dep't Connection	Ground West Outside	Semi-Annual	1:23:45 PM	03/28/2023
Control Valve	Basement West Mechanical	Semi-Annual	1:24:05 PM	03/28/2023
Control Valve	Basement West Mechanical	Semi-Annual	1:24:13 PM	03/28/2023
<b>Building– Wet Pipe, Building– Elevator</b>				
Control Valve	Basement West Mechanical	Semi-Annual	1:24:24 PM	03/28/2023
Control Valve	Basement West Mechanical	Semi-Annual	1:24:46 PM	03/28/2023
<b>Building– Wet Pipe, Floors–1st</b>				
Waterflow Switch	1st Inner Mechanical	Semi-Annual	1:23:26 PM	03/28/2023
Waterflow Switch	2nd Inner Mechanical	Semi-Annual	1:23:29 PM	03/28/2023
Control Valve	1st Inner Mechanical	Semi-Annual	1:25:19 PM	03/28/2023
Control Valve	2nd Inner Mechanical	Semi-Annual	1:25:24 PM	03/28/2023
<b><i>Untested</i></b>				
<b>Building– Wet Pipe, Floors–1st</b>				
Gauge	2nd Inner Mechanical			
Piping	2nd Inner Mechanical			
Check Valve	2nd Inner Mechanical			

# Wet Pipe Fire Sprinkler Systems

Generated by: [BuildingReports.com](http://BuildingReports.com)

<b>Building:</b> Beatrice State Development L <b>Building</b>	<b>Building-</b> , <b>Building-</b>
--	-------------------------------------

*This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.*

## Alarms

### Waterflow Switch

Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID
Vane				3.0	1	<input checked="" type="checkbox"/>	59770027

## Components

### Control Valve

Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
OS&Y			Basement West Mechanical	6"	Open	Supervised	<input checked="" type="checkbox"/>	59770023

#### Description

Main Control

### Control Valve

Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
OS&Y			Basement West Mechanical	6"	Open	Supervised	<input checked="" type="checkbox"/>	59770024

#### Description

Main Control

## Devices

### Drain

#### Current Inspection

Type	Location	Size	Supply psi	Restored psi	Residual psi	Sec	OK	ScanID
Main	Basement West Mechanical	1.25"	49	45	37		<input checked="" type="checkbox"/>	59770028

#### Previous Inspections

##### December 13, 2022

Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	Basement West Mechanical	1.25"	50	48	40		<input checked="" type="checkbox"/>	59770028

##### September 26, 2022

Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	Basement West Mechanical	1.25"	52	51	29		<input checked="" type="checkbox"/>	59770028

### Fire Dep't Connection

Location	Type	BallDrip	Rotating Swivels	Size	OK	ScanID
Ground West Outside	Siamese	Yes	Yes	4"	<input checked="" type="checkbox"/>	59770032



Building: Beatrice State Development L  
Building

Building-, Building- Elevator

*This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.*

**Components**

**Control Valve**

Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			Basement West Mechanical	1"	Open	Supervised	<input checked="" type="checkbox"/>	59770029

**Description**

Main Control

**Control Valve**

Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			Basement West Mechanical	1"	Open	Supervised	<input checked="" type="checkbox"/>	59770030

**Description**

Main Control

*This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.*

**Alarms**

**Waterflow Switch**

Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID
Vane				3.0	1	<input checked="" type="checkbox"/>	59770034
Vane				3.0	1	<input checked="" type="checkbox"/>	59770036

**Components**

**Check Valve**

Type	Location	Internal Date	Size	OK	ScanID
Grooved	2nd Inner Mechanical	12/31/1969	3"	<input type="checkbox"/>	68041442

**Control Valve**

Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			1st Inner Mechanical	3"	Open	Supervised	<input checked="" type="checkbox"/>	59770033

**Description**

Isolation

**Control Valve**

Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			2nd Inner Mechanical	3"	Open	Supervised	<input checked="" type="checkbox"/>	59770035

**Description**

Isolation

**Devices**

**Gauge**

Location			Service Date					
2nd Inner Mechanical			12/31/1969					
Type	Manufacturer	Model #	Static psi	Fill Type	Size	OK	ScanID	
						<input type="checkbox"/>	68041441	

**Piping**

Location	Type	Size	Internal Date				
2nd Inner Mechanical	Steel		10/13/2021				
Hangers	Braces	Fittings	Identified	Antifreeze		ScanID	
Normal	Normal		Marked	N/A		68041440	

# Private Fire Service Mains

Generated by: *BuildingReports.com*

<b>Building: Beatrice State Development L</b>				<b>Building-, Building-</b>	
<b>Building</b>					
<i>This section lists out all the devices and components that have been associated with a Private Fire Service Main and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.</i>					
<b>Components</b>					
<b>Post Indicator Valve</b>					
<b>Manufacturer</b>	<b>Model</b>	<b>Location</b>	<b>OK</b>	<b>ScanID</b>	
		Ground West Outside	<input checked="" type="checkbox"/>	59770031	
<b>Type</b>	<b>Size</b>	<b>Position</b>	<b>Status</b>	<b>Number of Turns</b>	
Ground		Open	Locked & Supervised		

# Inventory & Warranty Report

Generated by: [BuildingReports.com](http://BuildingReports.com)

Building: Beatrice State Development L Building					
<p><i>The Inventory &amp; Warranty Report lists each of the devices and items that are included in your Inspection Report. A complete inventory count by device type and category is provided. Items installed within the last 90 days, within the last year, and devices installed for two years or more are grouped together for easy reference.</i></p>					
Device or Type	Category	% of Inventory	Quantity		
Check Valve	Valve	6.67%	1		
Control Valve	Valve	40.00%	6		
Drain	Device	6.67%	1		
Fire Dep't Connection	Hose	6.67%	1		
Gauge	Device	6.67%	1		
Piping	Sprinkler	6.67%	1		
Post Indicator Valve	Valve	6.67%	1		
Waterflow Switch	Alarm	20.00%	3		
Device Type	Qty	Model #	Type	Description	Install Date
<i>In Service - 3 Years to 5 Years</i>					
Building- Service Main, Building-					
Post Indicator Valve	1		Ground		03/19/2020
Building- Wet Pipe, Building-					
Control Valve	2		OS&Y	Main Control	03/19/2020
Drain	1		Main		03/19/2020
Fire Dep't Connection	1		Siamese		03/19/2020
Waterflow Switch	1		Vane	Alarm	03/19/2020
Building- Wet Pipe, Building- Elevator					
Control Valve	2		Butterfly	Main Control	03/19/2020
Building- Wet Pipe, Floors-1st					
Check Valve	1		Grooved		03/19/2020
Control Valve	2		Butterfly	Isolation	03/19/2020
Gauge	1				03/19/2020
Piping	1		Steel		03/19/2020
Waterflow Switch	2		Vane	Alarm	03/19/2020

# Notes & Recommendations

Generated by: BuildingReports.com

## Building: Beatrice State Development L Building

The Notes & Recommendations Report details additional inspection notes made by the Inspectors during the course of the building inspection. Notes are grouped by SystemID.

Note	Device Type	Location	Comment	ScanID
<b><i>Building- Wet Pipe, Floors-1st</i></b>				
1	Check Valve	2nd Inner Mechanical		68041442
	Check valve moves freely			
2	Gauge	2nd Inner Mechanical		68041441
	3 gages replaced on this date			
3	Piping	2nd Inner Mechanical		68041440
	No sign of blockage or corrosion at this time			



# Backflow Preventer Test Form

402.441.5912 • e-mail: [Backflow@lincoln.ne.gov](mailto:Backflow@lincoln.ne.gov) • FAX: 402.441.8003

Return to: Lincoln Water System Backflow 2021 North 27th Street, Lincoln, NE 68503

Business/Building \_\_\_\_\_ Contact Person \_\_\_\_\_

Service Address \_\_\_\_\_ Suite# \_\_\_\_\_

Phone# \_\_\_\_\_ e-mail: \_\_\_\_\_

Device Location \_\_\_\_\_

<input type="checkbox"/> Annual Test	<input type="checkbox"/> Repair	<input type="checkbox"/> New Installation
<input type="checkbox"/> DC	<input type="checkbox"/> RPP	Serial #: _____ Size: _____ Manufacturer: _____ Model#: _____
<input type="checkbox"/> Replacement		
<input type="checkbox"/> DC	<input type="checkbox"/> RPP	Serial #: _____ Size: _____ Manufacturer: _____ Model#: _____

<input type="checkbox"/> Domestic Containment	<input type="checkbox"/> Irrigation	<input type="checkbox"/> Fire Service	<input type="checkbox"/> Boiler	<input type="checkbox"/> Carbonator
<input type="checkbox"/> Swimming Pool	<input type="checkbox"/> Cooling Tower	<input type="checkbox"/> Water Cooled Ice Maker	<input type="checkbox"/> Other (Desc): _____	

Reduced Pressure-Double Check Valve		Pressure Vacuum Breaker	
Shut off #2	Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #1	Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #1 _____ PSID	Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #2	Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #2 _____ PSID	Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Check Valve Held at _____ PSID	
Relief Valve (RP only) Opened at _____ PSID		Air vent opened at _____ PSID	

Final Test: Check Valve #1	Check Valve #2	Pressure Relief	PVB/SVB
	Closed Tight <input type="checkbox"/> Yes <input type="checkbox"/> No		Check Valve PSID
PSID	PSID	Replaced PSID	Air Inlet PSID

I hereby certify the above backflow preventer has been tested in accordance with all rules and regulations of the State of Nebraska Health and Human Services, Department of Regulation and Licensure, Title 179, and the Lincoln Water System Title 17, and that all readings are true and accurate to the best of my ability. **Must be returned to LWS within 30 days of performing test.**

State Certified Technician (Please Print) \_\_\_\_\_ Company \_\_\_\_\_ Grade 6 Certificate# \_\_\_\_\_ Cell/Phone# \_\_\_\_\_

State Certified Technician (Signature) \_\_\_\_\_ Customer (Signature) \_\_\_\_\_ Date of Test \_\_\_\_\_

Test Gauge Manufacturer \_\_\_\_\_ Test Gauge Serial # \_\_\_\_\_ Date of Calibration \_\_\_\_\_

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

PLEASE TYPE OR PRINT LEGIBLY

# Sprinkler Inspection Certificate

*For*

Beatrice State Development L  
Building  
748 Wallman  
Beatrice, Nebraska 68310

Tested to NFPA 25 Standards

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

*Quarterly Inspection*  
*Inspection Date*  
*Jun 12, 2023*

Building: Beatrice State Development L Building  
Contact: Facility Manager  
Title: Maint. Supervisor

Company: NIFCO Mechanical Systems  
Contact: Travis Billesbach  
Title: Inspector

# Executive Summary

Generated by: *BuildingReports.com*

Building Information			
<b>Building:</b> Beatrice State Development L Building	<b>Contact:</b> Facility Manager		
<b>Address:</b> 748 Wallman	<b>Phone:</b> 402-223-7526		
<b>Address:</b>	<b>Fax:</b>		
<b>City/State/ZIP Code:</b> Beatrice, Nebraska 68310	<b>Mobile:</b>		
<b>Country:</b> United States of America	<b>Email:</b>		
Inspection Performed By			
<b>Company:</b> NIFCO Mechanical Systems	<b>Inspector:</b> Travis Billesbach		
<b>Address:</b> 500 Blue Heron Dr	<b>Phone:</b> 402-477-0666		
<b>Address:</b>	<b>Fax:</b>		
<b>City/State/ZIP Code:</b> Lincoln, NE 68522-1701	<b>Mobile:</b> 531-220-1687		
<b>Country:</b> United States of America	<b>Email:</b> tbillesbach@nifcomechanical.com		
System Control Unit			
System Type	System Location	Protected Area	Devices
Service Main	Building-	Building-	1
Wet Pipe	Building-	Building-	5
Wet Pipe	Building-	Building- Elevator	2
Wet Pipe	Building-	Floors- 1st	7



Inspection Summary								
Category	Total Items		Serviced		Passed		Failed/Other	
	Qty	%	Qty	%	Qty	%	Qty	%
Alarm	3	20.00%	3	100.00%	3	100.00%	0	0.00%
Device	2	13.33%	1	50.00%	1	100.00%	0	0.00%
Hose	1	6.67%	1	100.00%	1	100.00%	0	0.00%
Sprinkler	1	6.67%	0	0.00%	0	0.00%	0	0.00%
Valve	8	53.33%	7	87.50%	7	100.00%	0	0.00%
<b>Totals</b>	<b>15</b>	<b>100%</b>	<b>12</b>	<b>80.00%</b>	<b>12</b>	<b>100.00%</b>	<b>0</b>	<b>0.00%</b>

### Certification

**Company:** NIFCO Mechanical Systems

**Building:** Beatrice State Development L Building

**Inspector:** Travis Billesbach

**Contact:** Facility Manager

### Travis Billesbach Certifications

Certification Type	Number
NICET Inspection and Testing of Water-Based Systems Level I	
Nebraska Grade VI Water Operator	8466

# Inspection & Testing

Generated by: *BuildingReports.com*

Building: Beatrice State Development L Building				
<i>The Inspection &amp; Testing section lists all of the items inspected in your building. Items are grouped by Passed or Failed/Other. Items are listed by Category. Each item includes the services performed, and the time &amp; date at which testing occurred.</i>				
Device Type	Location	Service	Time	Date
<b><i>Passed</i></b>				
<b>Building– Service Main, Building–</b>				
Post Indicator Valve	Ground West Outside	Quarterly	10:57:37 AM	06/12/2023
<b>Building– Wet Pipe, Building–</b>				
Waterflow Switch	Basement West Mechanical	Quarterly	10:57:26 AM	06/12/2023
Drain	Basement West Mechanical	Quarterly	10:58:08 AM	06/12/2023
Fire Dep't Connection	Ground West Outside	Quarterly	10:57:49 AM	06/12/2023
Control Valve	Basement West Mechanical	Quarterly	10:58:22 AM	06/12/2023
Control Valve	Basement West Mechanical	Quarterly	10:58:30 AM	06/12/2023
<b>Building– Wet Pipe, Building– Elevator</b>				
Control Valve	Basement West Mechanical	Quarterly	10:58:37 AM	06/12/2023
Control Valve	Basement West Mechanical	Quarterly	10:58:45 AM	06/12/2023
<b>Building– Wet Pipe, Floors–1st</b>				
Waterflow Switch	1st Inner Mechanical	Quarterly	10:57:30 AM	06/12/2023
Waterflow Switch	2nd Inner Mechanical	Quarterly	10:57:33 AM	06/12/2023
Control Valve	1st Inner Mechanical	Quarterly	10:58:51 AM	06/12/2023
Control Valve	2nd Inner Mechanical	Quarterly	10:58:58 AM	06/12/2023
<b><i>Untested</i></b>				
<b>Building– Wet Pipe, Floors–1st</b>				
Gauge	2nd Inner Mechanical			
Piping	2nd Inner Mechanical			
Check Valve	2nd Inner Mechanical			

# Wet Pipe Fire Sprinkler Systems

Generated by: [BuildingReports.com](http://BuildingReports.com)

<b>Building:</b> Beatrice State Development L	<b>Building-, Building-</b>
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*This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.*

## Alarms

### Waterflow Switch

Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID
Vane				3.0	1	<input checked="" type="checkbox"/>	59770027

## Components

### Control Valve

Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
OS&Y			Basement West Mechanical	6"	Open	Supervised	<input checked="" type="checkbox"/>	59770023

#### Description

Main Control

### Control Valve

Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
OS&Y			Basement West Mechanical	6"	Open	Supervised	<input checked="" type="checkbox"/>	59770024

#### Description

Main Control

## Devices

### Drain

#### Current Inspection

Type	Location	Size	Supply psi	Restored psi	Residual psi	Sec	OK	ScanID
Main	Basement West Mechanical	1.25"	51	41	38		<input checked="" type="checkbox"/>	59770028

#### Previous Inspections

##### March 28, 2023

Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	Basement West Mechanical	1.25"	49	45	37		<input checked="" type="checkbox"/>	59770028

##### December 13, 2022

Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	Basement West Mechanical	1.25"	50	48	40		<input checked="" type="checkbox"/>	59770028

### Fire Dep't Connection

Location	Type	BallDrip	Rotating Swivels	Size	OK	ScanID
Ground West Outside	Siamese	Yes	Yes	4"	<input checked="" type="checkbox"/>	59770032

Building: Beatrice State Development L  
 Building

Building-, Building- Elevator

*This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.*

**Components**

**Control Valve**

Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			Basement West Mechanical	1"	Open	Supervised	<input checked="" type="checkbox"/>	59770029

**Description**

Main Control

**Control Valve**

Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			Basement West Mechanical	1"	Open	Supervised	<input checked="" type="checkbox"/>	59770030

**Description**

Main Control

*This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.*

**Alarms**

**Waterflow Switch**

Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID
Vane				3.0	1	<input checked="" type="checkbox"/>	59770034
Vane				3.0	1	<input checked="" type="checkbox"/>	59770036

**Components**

**Check Valve**

Type	Location	Internal Date	Size	OK	ScanID
Grooved	2nd Inner Mechanical	12/31/1969	3"	<input type="checkbox"/>	68041442

**Control Valve**

Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			1st Inner Mechanical	3"	Open	Supervised	<input checked="" type="checkbox"/>	59770033

**Description**

Isolation

**Control Valve**

Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			2nd Inner Mechanical	3"	Open	Supervised	<input checked="" type="checkbox"/>	59770035

**Description**

Isolation

**Devices**

**Gauge**

Location			Service Date					
2nd Inner Mechanical			12/31/1969					
Type	Manufacturer	Model #	Static psi	Fill Type	Size	OK	ScanID	
						<input type="checkbox"/>	68041441	

**Piping**

Location	Type	Size	Internal Date				
2nd Inner Mechanical	Steel		10/13/2021				
Hangers	Braces	Fittings	Identified	Antifreeze		ScanID	
Normal	Normal		Marked	N/A		68041440	

# Private Fire Service Mains

Generated by: *BuildingReports.com*

<b>Building: Beatrice State Development L</b>				<b>Building-, Building-</b>	
<b>Building</b>					
<i>This section lists out all the devices and components that have been associated with a Private Fire Service Main and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.</i>					
<b><i>Components</i></b>					
<b>Post Indicator Valve</b>					
<b>Manufacturer</b>	<b>Model</b>	<b>Location</b>		<b>OK</b>	<b>ScanID</b>
		Ground West Outside		<input checked="" type="checkbox"/>	59770031
<b>Type</b>	<b>Size</b>	<b>Position</b>	<b>Status</b>	<b>Number of Turns</b>	
Ground		Open	Locked & Supervised		

# Inventory & Warranty Report

Generated by: [BuildingReports.com](http://BuildingReports.com)

Building: Beatrice State Development L Building					
<p><i>The Inventory &amp; Warranty Report lists each of the devices and items that are included in your Inspection Report. A complete inventory count by device type and category is provided. Items installed within the last 90 days, within the last year, and devices installed for two years or more are grouped together for easy reference.</i></p>					
Device or Type	Category	% of Inventory	Quantity		
Check Valve	Valve	6.67%	1		
Control Valve	Valve	40.00%	6		
Drain	Device	6.67%	1		
Fire Dep't Connection	Hose	6.67%	1		
Gauge	Device	6.67%	1		
Piping	Sprinkler	6.67%	1		
Post Indicator Valve	Valve	6.67%	1		
Waterflow Switch	Alarm	20.00%	3		
Device Type	Qty	Model #	Type	Description	Install Date
<i>In Service - 3 Years to 5 Years</i>					
Building- Service Main, Building-					
Post Indicator Valve	1		Ground		03/19/2020
Building- Wet Pipe, Building-					
Control Valve	2		OS&Y	Main Control	03/19/2020
Drain	1		Main		03/19/2020
Fire Dep't Connection	1		Siamese		03/19/2020
Waterflow Switch	1		Vane	Alarm	03/19/2020
Building- Wet Pipe, Building- Elevator					
Control Valve	2		Butterfly	Main Control	03/19/2020
Building- Wet Pipe, Floors-1st					
Check Valve	1		Grooved		03/19/2020
Control Valve	2		Butterfly	Isolation	03/19/2020
Gauge	1				03/19/2020
Piping	1		Steel		03/19/2020
Waterflow Switch	2		Vane	Alarm	03/19/2020



# Notes & Recommendations

Generated by: BuildingReports.com

## Building: Beatrice State Development L Building

The Notes & Recommendations Report details additional inspection notes made by the Inspectors during the course of the building inspection. Notes are grouped by SystemID.

Note	Device Type	Location	Comment	ScanID
<b><i>Building- Wet Pipe, Floors-1st</i></b>				
1	Check Valve	2nd Inner Mechanical		68041442
	Check valve moves freely			
2	Gauge	2nd Inner Mechanical		68041441
	3 gages replaced on this date			
3	Piping	2nd Inner Mechanical		68041440
	No sign of blockage or corrosion at this time			

# Sprinkler Inspection Certificate

*For*

Beatrice State Development  
Laundry/Warehouse  
3363 Goldenrod Dr.  
Beatrice, Nebraska 68310

Tested to NFPA 25 Standards

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

*Annual Inspection  
Inspection Date  
Sep 27, 2023*

Building: Beatrice State Development Laundry/Warehouse  
Contact: Facility Manager  
Title: Maint. Supervisor

Company: NIFCO Mechanical Systems  
Contact: Travis Billesbach  
Title: Inspector

# Executive Summary

Generated by: *BuildingReports.com*

Building Information			
<b>Building:</b> Beatrice State Development Laundry/Warehouse		<b>Contact:</b> Facility Manager	
<b>Address:</b> 3363 Goldenrod Dr.		<b>Phone:</b> 402-223-7526	
<b>Address:</b>		<b>Fax:</b>	
<b>City/State/ZIP Code:</b> Beatrice, Nebraska 68310		<b>Mobile:</b>	
<b>Country:</b> United States of America		<b>Email:</b>	
Inspection Performed By			
<b>Company:</b> NIFCO Mechanical Systems		<b>Inspector:</b> Travis Billesbach	
<b>Address:</b> 500 Blue Heron Dr		<b>Phone:</b> 402-477-0666	
<b>Address:</b>		<b>Fax:</b>	
<b>City/State/ZIP Code:</b> Lincoln, NE 68522-1701		<b>Mobile:</b> 531-220-1687	
<b>Country:</b> United States of America		<b>Email:</b> tbillesbach@nifcomechanical.com	
System Control Unit			
System Type	System Location	Protected Area	Devices
Wet Pipe	Building-	Building-	9

Inspection Summary								
Category	Total Items		Serviced		Passed		Failed/Other	
	Qty	%	Qty	%	Qty	%	Qty	%
Alarm	1	11.11%	1	100.00%	1	100.00%	0	0.00%
Device	2	22.22%	1	50.00%	1	100.00%	0	0.00%
Hose	1	11.11%	1	100.00%	1	100.00%	0	0.00%
Sprinkler	1	11.11%	0	0.00%	0	0.00%	0	0.00%
Valve	4	44.44%	3	75.00%	3	100.00%	0	0.00%
<b>Totals</b>	<b>9</b>	<b>100%</b>	<b>6</b>	<b>66.67%</b>	<b>6</b>	<b>100.00%</b>	<b>0</b>	<b>0.00%</b>

### Certification

**Company:** NIFCO Mechanical Systems

**Building:** Beatrice State Development Laundry/Warehouse

**Inspector:** Travis Billesbach

**Contact:** Facility Manager

### Travis Billesbach Certifications

Certification Type	Number
NICET Inspection and Testing of Water-Based Systems Level I	
Nebraska Grade VI Water Operator	8466

# Inspection & Testing

Generated by: *BuildingReports.com*

Building: Beatrice State Development Laundry/Warehouse				
<p><i>The Inspection &amp; Testing section lists all of the items inspected in your building. Items are grouped by Passed or Failed/Other. Items are listed by Category. Each item includes the services performed, and the time &amp; date at which testing occurred.</i></p>				
Device Type	Location	Service	Time	Date
<b><i>Passed</i></b>				
<b>Building- Wet Pipe, Building-</b>				
Waterflow Switch	Basement North Mechanical	Annual	9:41:52 AM	09/27/2023
Drain	Basement North Mechanical	Annual	9:41:56 AM	09/27/2023
Fire Dep't Connection	Ground North Outside	Annual	9:41:36 AM	09/27/2023
Control Valve	Basement North Mechanical	Annual	9:41:14 AM	09/27/2023
Control Valve	Basement North Mechanical	Annual	9:41:20 AM	09/27/2023
Post Indicator Valve	Ground North Outside	Annual	9:41:40 AM	09/27/2023
<b><i>Untested</i></b>				
<b>Building- Wet Pipe, Building-</b>				
Gauge	Basement North Mechanical			
Piping	Basement North Mechanical			
Check Valve	Basement North Mechanical			

# Wet Pipe Fire Sprinkler Systems

Generated by: *BuildingReports.com*

Building: Beatrice State Development Laundry/Warehouse						Building-, Building-			
<p><i>This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.</i></p>									
<b>Alarms</b>									
<b>Waterflow Switch</b>									
Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID		
Vane				4.0	1	<input checked="" type="checkbox"/>	59770040		
<b>Components</b>									
<b>Check Valve</b>									
Type	Location		Internal Date			Size	OK	ScanID	
Grooved	Basement North Mechanical		12/31/1969			4"	<input type="checkbox"/>	68041424	
<b>Control Valve</b>									
Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID	
Butterfly			Basement North Mechanical	4"	Open	Supervised	<input checked="" type="checkbox"/>	59770037	
<b>Description</b>									
Main Control									
<b>Control Valve</b>									
Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID	
Butterfly			Basement North Mechanical	4"	Open	Supervised	<input checked="" type="checkbox"/>	59770038	
<b>Description</b>									
Main Control									
<b>Post Indicator Valve</b>									
Manufacturer		Model	Location			OK	ScanID		
			Ground North Outside			<input checked="" type="checkbox"/>	59770041		
Type	Size	Position	Status		Number of Turns				
Wall	4"	Open	Locked & Supervised						
<b>Devices</b>									
<b>Drain</b>									
<b>Current Inspection</b>									
Type	Location		Size	Supply psi	Restored psi	Residual psi	Sec	OK	ScanID
Main	Basement North Mechanical		2"	53	50	29		<input checked="" type="checkbox"/>	59770039

Previous Inspections								
<b>June 14, 2023</b>								
Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	Basement North Mechanical	2"	52	47	30		<input checked="" type="checkbox"/>	59770039
<b>March 28, 2023</b>								
Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	Basement North Mechanical	2"	55	48	29		<input checked="" type="checkbox"/>	59770039
<b>Fire Dep't Connection</b>								
Location	Type	BallDrip	Rotating Swivels	Size	OK	ScanID		
Ground North Outside	Siamese	Yes	Yes	4"	<input checked="" type="checkbox"/>	59770042		
<b>Gauge</b>								
Location				Service Date				
Basement North Mechanical				12/31/1969				
Type	Manufacturer	Model #	Static psi	Fill Type	Size	OK	ScanID	
				Air/Water		<input type="checkbox"/>	68041426	
<b>Piping</b>								
Location	Type	Size	Internal Date					
Basement North Mechanical	Steel		10/14/2021					
Hangers	Braces	Fittings	Identified	Antifreeze	ScanID			
Normal	Normal		Tagged	N/A	68041425			

# Inventory & Warranty Report

Generated by: [BuildingReports.com](http://BuildingReports.com)

## Building: Beatrice State Development Laundry/Warehouse

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

Device or Type	Category	% of Inventory	Quantity
Check Valve	Valve	11.11%	1
Control Valve	Valve	22.22%	2
Drain	Device	11.11%	1
Fire Dep't Connection	Hose	11.11%	1
Gauge	Device	11.11%	1
Piping	Sprinkler	11.11%	1
Post Indicator Valve	Valve	11.11%	1
Waterflow Switch	Alarm	11.11%	1

Device Type	Qty	Model #	Type	Description	Install Date
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### *In Service - 3 Years to 5 Years*

#### Building- Wet Pipe, Building-

Check Valve	1		Grooved		03/19/2020
Control Valve	2		Butterfly	Main Control	03/19/2020
Drain	1		Main		03/19/2020
Fire Dep't Connection	1		Siamese		03/19/2020
Gauge	1				03/19/2020
Piping	1		Steel		03/19/2020
Post Indicator Valve	1		Wall		03/19/2020
Waterflow Switch	1		Vane	Alarm	03/19/2020





# MIDWEST ALARM SERVICES

Tech connected. Lives protected.

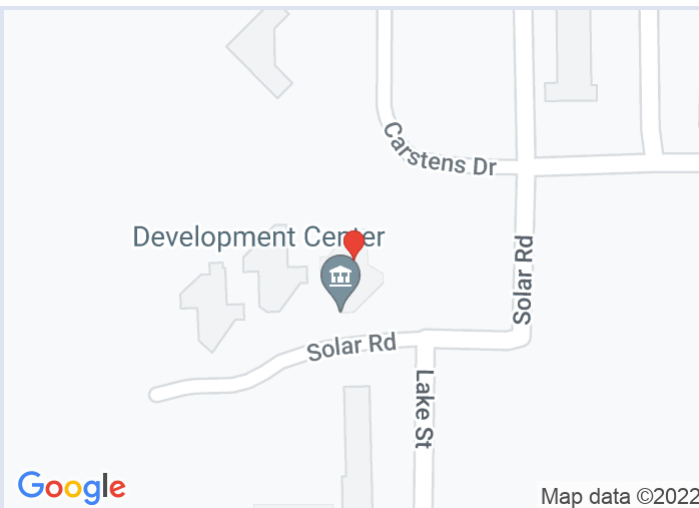
## Inspection Report

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Presented To  
State of Nebraska

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For  
Laundry/Warehouse  
3000 Lincoln St  
Beatrice, NE 68310



**This site has been inspected  
and tested in compliance  
with applicable standards.**

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Completed:  
**Thursday, December 15, 2022**

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Tested By:  
**Lucas Canfield**  
Midwest Alarm Services  
3630 W Old Hwy 30  
Grand Island, NE 68803

Scan Code to Access  
Nspec Cloud Portal



# Inspection Information

## CUSTOMER INFORMATION

Name:	State of Nebraska	Address:	3000 Lincoln St
City:	Beatrice	State:	NE
ZIP:	68310	Email:	mike.balderson@nebraska.gov
AR#:	1001603		

## BUILDING INFORMATION

Name:	Laundry/Warehouse	Occupancy Type:	Institutional (Group I)
Address:	3000 Lincoln St	City:	Beatrice
State:	NE	ZIP:	68310
Monitoring Company Account Number:	FA14300	AR#:	1001603
Email for Reports:	mike.balderson@nebraska.gov		

## COMPANY INFORMATION

Name:	Midwest Alarm Services	Address:	3630 W Old Hwy 30
City:	Grand Island	State:	NE
Zip:	68803	License:	-
Email:	tracy.hesman@mw-as.com	Phone:	308-389-3981

## AUTHORITY HAVING JURISDICTION

Name:	State of Nebraska Fire Marshal	Address:	246 S 14th St
City:	Lincoln	State:	NE
Zip:	68508	Email:	-
Phone:	402-471-2027		

## MONITORING COMPANY

Name:	Per Mar	Address:	1910 E Kimberly Rd
City:	Davenport	State:	IA
Zip:	52807	Email:	-
phone:	800-227-9805		

## TESTING SUMMARY

EQUIPMENT TYPE	TOTAL	TESTED	PASSED	FAILED
Fire Extinguisher	31	31 (100%)	25 (81%)	6 (19%)

## Fire Extinguisher Report

This testing was performed in accordance with applicable NFPA 72 Standards.

Midwest Alarm Services provides many services to our community. If you would like quarterly, semi-annual or annual testing/inspection, the inspection coordinator can reach out and offer inspections on a time and material basis. Signing an Inspection Agreement with Midwest Alarm Services has many benefits. Not only do you save money, but our inspection coordinator will work with you to ensure your Fire System stays in code as well as has proper documentation sent to the local jurisdiction for compliance. If you need an estimate or have questions about our services, please reach out to our operations manager.

Gary Hesman  
Operations Manager  
308-389-3981  
gary.hesman@mw-as.com

Tested By:



**Lucas Canfield**  
Midwest Alarm Services  
3630 W Old Hwy 30  
Grand Island, NE 68803

## Fire Extinguisher

Location	Specification	Information	Dates	Inspected	Inspected	Result	Notes
Location 1 / Basement / Laundry Building / North Room on Wall by Cages	Type/Make/Model Amerex / 423	Serial # BF-539124 Size 20# Type ABC Mfg Date 2012	Last Hydro Date 12/15/2019 Next Hydro Date - Next Six Year Date 12/15/2025	Weight Yes Bracket Yes Gauge Yes Pull Pin Yes	Signage Yes Hose Yes Collar Yes Due for Service No	Result ● Passed	Number -
Location 2 / Basement / Laundry Building / North Room on North Pillar	Type/Make/Model Amerex / 423	Serial # AV-572881 Size 20# Type ABC Mfg Date 2011	Last Hydro Date 12/15/2019 Next Hydro Date - Next Six Year Date 12/15/2025	Weight Yes Bracket Yes Gauge Yes Pull Pin Yes	Signage Yes Hose Yes Collar Yes Due for Service No	Result ● Passed	Number -
Location 3 / Basement / Laundry Building / South Room by East Door	Type/Make/Model Buckeye / 5 HI SA40 ABC	Serial # J867222 Size 5# Type ABC Mfg Date 2009	Last Hydro Date - Next Hydro Date 12/15/2022 Next Six Year Date -	Weight Yes Bracket Yes Gauge Yes Pull Pin Yes	Signage Yes Hose Yes Collar No Due for Service Yes	Result ✗ Failed	Number 3
Location 4 / Basement / Laundry Building / South Room on East Pillar	Type/Make/Model Buckeye / 5 HI SA40 ABC	Serial # AL-183479 Size 5# Type ABC Mfg Date 2011	Last Hydro Date 12/15/2018 Next Hydro Date - Next Six Year Date 12/15/2024	Weight Yes Bracket Yes Gauge Yes Pull Pin Yes	Signage Yes Hose Yes Collar Yes Due for Service No	Result ● Passed	Number -
Location 5 / 1st / Laundry Building / South Storage Room by East Exit	Type/Make/Model Amerex / A456	Serial # PF939106 Size 10# Type ABC Mfg Date 1997	Last Hydro Date 12/15/2010 Next Hydro Date 12/15/2022 Next Six Year Date -	Weight Yes Bracket Yes Gauge Yes Pull Pin Yes	Signage No Hose Yes Collar Yes Due for Service Yes	Result ✗ Failed	Number 2
Location 6 / 1st / Laundry Building / South Storage Room by West Exit	Type/Make/Model Badger / ADV- 10	Serial # AD-559104 Size 10# Type ABC Mfg Date 2010	Last Hydro Date 12/15/2018 Next Hydro Date - Next Six Year Date 12/15/2024	Weight Yes Bracket Yes Gauge Yes Pull Pin Yes	Signage Yes Hose Yes Collar Yes Due for Service No	Result ● Passed	Number -

Location	Specification	Information	Dates	Inspected	Inspected	Result	Notes
Location 7 / 1st / Laundry Building / Center Room on West Wall by Desks	Type/Make/Model Ansul / AA05S-1	Serial # E-93759338 Size 5# Type ABC Mfg Date 2019	Last Hydro Date - Next Hydro Date - Next Six Year Date 12/13/2025	Weight Yes Bracket Yes Gauge Yes Pull Pin Yes	Signage No Hose Yes Collar Yes Due for Service No	Result ● Passed	Number -
Location 8 / 1st / Laundry Building / Center Room East Wall Behind Dryer	Type/Make/Model Amerex / 423	Serial # LU544595 Size 20# Type ABC Mfg Date 1993	Last Hydro Date 12/15/2011 Next Hydro Date 12/13/2023 Next Six Year Date - Mfg Date 1993	Weight Yes Bracket Yes Gauge Yes Pull Pin Yes	Signage Yes Hose Yes Collar Yes Due for Service No	Result ● Passed	Number -
Location 9 / 1st / Laundry Building / Center Room Near South East Exit	Type/Make/Model Buckeye / 10 HI SA80 ABC	Serial # K073964 Size 10# Type ABC Mfg Date 2010	Last Hydro Date - Next Hydro Date 12/15/2022 Next Six Year Date - Mfg Date 2010	Weight Yes Bracket Yes Gauge Yes Pull Pin Yes	Signage Yes Hose Yes Collar Yes Due for Service Yes	Result ✗ Failed	Number 1
Location 10 / 1st / Laundry Building / North Wash Room East Wall	Type/Make/Model Ansul / AA05S-1	Serial # E-93759340 Size 5# Type ABC Mfg Date 2019	Last Hydro Date - Next Hydro Date - Next Six Year Date 12/13/2025	Weight Yes Bracket Yes Gauge Yes Pull Pin Yes	Signage Yes Hose Yes Collar Yes Due for Service No	Result ● Passed	Number -
Location 11 / 1st / Laundry Building / North Wash Room West Wall by Exit	Type/Make/Model Buckeye / 20S HI SA ABC	Serial # ZR553698 Size 20# Type ABC Mfg Date 2008	Last Hydro Date 12/15/2020 Next Hydro Date - Next Six Year Date 12/13/2026	Weight Yes Bracket Yes Gauge Yes Pull Pin Yes	Signage No Hose Yes Collar Yes Due for Service No	Result ● Passed	Number -
Location 12 / 1st / North Maintenance Shop / West Garage by Exit	Type/Make/Model Ansul / AA10S	Serial # E93828279 Size 10# Type ABC Mfg Date 2018	Last Hydro Date - Next Hydro Date - Next Six Year Date 12/13/2024	Weight Yes Bracket Yes Gauge Yes Pull Pin Yes	Signage No Hose Yes Collar Yes Due for Service No	Result ● Passed	Number -

Location	Specification	Information	Dates	Inspected	Inspected	Result	Notes
Location	Type/Make/Model	Serial #	Last Hydro Date	Weight	Signage	Result	Number
13 / North	Badger / ADV-	BK695149	-	Yes	Yes	● Passed	-
Maintenance	10	Size	Next Hydro Date	Bracket	Hose		
Shop / West		10#	12/13/2026	Yes	Yes		
Garage on		Type	Next Six Year	Gauge	Collar		
Pillar		ABC	Date	Yes	Yes		
		Mfg Date	-	Pull Pin	Due for Service		
		2013		Yes	No		
Location	Type/Make/Model	Serial #	Last Hydro Date	Weight	Signage	Result	Number
14 / North	Ansul / AA10S	BS-881494	-	Yes	No	● Passed	-
Maintenance		Size	Next Hydro Date	Bracket	Hose		
Shop / West		10#	12/15/2025	Yes	Yes		
Garage by		Type	Next Six Year	Gauge	Collar		
Parts Shelf		ABC	Date	Yes	Yes		
		Mfg Date	-	Pull Pin	Due for Service		
		2013		Yes	No		
Location	Type/Make/Model	Serial #	Last Hydro Date	Weight	Signage	Result	Number
15 / North	Badger / ADV-	AD-559076	12/15/2018	Yes	No	● Passed	-
Maintenance	10	Size	Next Hydro Date	Bracket	Hose		
Shop / East		10#	-	Yes	Yes		
Garage by		Type	Next Six Year	Gauge	Collar		
West		ABC	Date	Yes	Yes		
Overhead		Mfg Date	12/15/2024	Pull Pin	Due for Service		
Door		2010		Yes	No		
Location	Type/Make/Model	Serial #	Last Hydro Date	Weight	Signage	Result	Number
16 / North	Kidde / PRO	XU-277737	12/13/2019	Yes	Yes	● Passed	-
Shed "Cave"	10 TCM-6	Size	Next Hydro Date	Bracket	Hose		
/ By Entrance		10#	-	Yes	Yes		
		Type	Next Six Year	Gauge	Collar		
		ABC	Date	Yes	Yes		
		Mfg Date	12/15/2025	Pull Pin	Due for Service		
		2006		Yes	No		
Location	Type/Make/Model	Serial #	Last Hydro Date	Weight	Signage	Result	Number
17 / North	Ansul / AA10S	BS-887996	-	Yes	Yes	● Passed	-
Shed "Cave"		Size	Next Hydro Date	Bracket	Hose		
/ Back on		10#	12/15/2025	Yes	Yes		
North Wall		Type	Next Six Year	Gauge	Collar		
		ABC	Date	Yes	Yes		
		Mfg Date	-	Pull Pin	Due for Service		
		2019		Yes	No		
Location	Type/Make/Model	Serial #	Last Hydro Date	Weight	Signage	Result	Number
18 / North	Badger / ADV-	BK-695147	-	Yes	No	● Passed	-
Gravel	10	Size	Next Hydro Date	Bracket	Hose		
Building /		10#	12/15/2026	Yes	Yes		
Next to Entry		Type	Next Six Year	Gauge	Collar		
		ABC	Date	Yes	Yes		
		Mfg Date	-	Pull Pin	Due for Service		
		2013		Yes	No		

Location	Specification	Information	Dates	Inspected	Inspected	Result	Notes
Location	Type/Make/Model	Serial #	Last Hydro Date	Weight	Signage	Result	Number
19 / North	Buckeye / 5	J867241	-	Yes	No	X Failed	4
Grounds	HI SA40 ABC	Size	Next Hydro Date	Bracket	Hose		
Office / By		5#	12/15/2022	Yes	Yes		
Entrance		Type	Next Six Year	Gauge	Collar		
		ABC	Date	Yes	Yes		
		Mfg Date	-	Pull Pin	Due for Service		
		2009		Yes	Yes		
Location	Type/Make/Model	Serial #	Last Hydro Date	Weight	Signage	Result	Number
20 / North	Buckeye / 10	K073979	-	Yes	No	X Failed	5
Grounds	HI SA80 ABC	Size	Next Hydro Date	Bracket	Hose		
Office /		10#	12/15/2022	No	Yes		
Garage by		Type	Next Six Year	Gauge	Collar		
Office Entry		ABC	Date	Yes	Yes		
Door		Mfg Date	-	Pull Pin	Due for Service		
		2010		Yes	Yes		
Location	Type/Make/Model	Serial #	Last Hydro Date	Weight	Signage	Result	Number
21 /	Amerex /	C-96077175	-	Yes	Yes	● Passed	-
Transportatio	B456	Size	Next Hydro Date	Bracket	Hose		
n Garage /		10#	-	Yes	Yes		
By East Door		Type	Next Six Year	Gauge	Collar		
		ABC	Date	Yes	Yes		
		Mfg Date	12/14/2023	Pull Pin	Due for Service		
		2017		Yes	No		
Location	Type/Make/Model	Serial #	Last Hydro Date	Weight	Signage	Result	Number
22 /	Badger /	A33531668	-	Yes	Yes	● Passed	-
Transportatio	10MB-8H	Size	Next Hydro Date	Bracket	Hose		
n Garage /		10#	12/15/2027	Yes	Yes		
By West		Type	Next Six Year	Gauge	Collar		
Overhead		ABC	Date	Yes	Yes		
Door		Mfg Date	-	Pull Pin	Due for Service		
		2015		Yes	No		
Location	Type/Make/Model	Serial #	Last Hydro Date	Weight	Signage	Result	Number
23 / Old	Amerex /	SM-958969	12/14/2018	Yes	No	● Passed	-
Maintenance	B456	Size	Next Hydro Date	Bracket	Hose		
Building / By		10#	-	Yes	Yes		
East Entrance		Type	Next Six Year	Gauge	Collar		
		ABC	Date	Yes	Yes		
		Mfg Date	12/15/2024	Pull Pin	Due for Service		
		2006		Yes	No		
Location	Type/Make/Model	Serial #	Last Hydro Date	Weight	Signage	Result	Number
24 / Old	Buckeye / 10	K073970	-	Yes	No	X Failed	6
Maintenance	HI SA80 ABC	Size	Next Hydro Date	Bracket	Hose		
Building / By		10#	12/15/2022	Yes	Yes		
West		Type	Next Six Year	Gauge	Collar		
Overhead		ABC	Date	Yes	Yes		
		Mfg Date	-	Pull Pin	Due for Service		
		2010		Yes	Yes		

Location	Specification	Information	Dates	Inspected	Inspected	Result	Notes
Location	Type/Make/Model	Serial #	Last Hydro Date	Weight	Signage	Result	Number
25 / Old	Badger / B5M	VP269783	12/14/2018	Yes	Yes	● Passed	-
Maintenance		Size	Next Hydro Date	Bracket	Hose		
Building / By		5#	-	Yes	Yes		
Conference		Type	Next Six Year	Gauge	Collar		
Room Door		ABC	Date	Yes	Yes		
		Mfg Date	12/14/2024	Pull Pin	Due for Service		
		2003		Yes	No		
Location	Type/Make/Model	Serial #	Last Hydro Date	Weight	Signage	Result	Number
26 / Old	Amerex /	B-02620307	-	Yes	Yes	● Passed	-
Maintenance	B402	Size	Next Hydro Date	Bracket	Hose		
Building / In		5#	12/15/2027	Yes	Yes		
Kitchen		Type	Next Six Year	Gauge	Collar		
		ABC	Date	Yes	Yes		
		Mfg Date	-	Pull Pin	Due for Service		
		2015		Yes	No		
Location	Type/Make/Model	Serial #	Last Hydro Date	Weight	Signage	Result	Number
27 / Old	Amerex /	AY-57667	-	Yes	No	● Passed	-
Warehouse	B456	Size	Next Hydro Date	Bracket	Hose		
Barn / By		10#	12/15/2024	Yes	Yes		
South West		Type	Next Six Year	Gauge	Collar		
Walk-in Door		ABC	Date	Yes	Yes		
		Mfg Date	-	Pull Pin	Due for Service		
		2012		Yes	No		
Location	Type/Make/Model	Serial #	Last Hydro Date	Weight	Signage	Result	Number
28 / Old	Kidde / PRO	YD-963955	12/15/2019	Yes	Yes	● Passed	-
Warehouse	10TCM-7	Size	Next Hydro Date	Bracket	Hose		
Barn / By		10#	-	Yes	Yes		
South East		Type	Next Six Year	Gauge	Collar		
Sliding Door		ABC	Date	Yes	Yes		
		Mfg Date	12/15/2025	Pull Pin	Due for Service		
		2006		Yes	No		
Location	Type/Make/Model	Serial #	Last Hydro Date	Weight	Signage	Result	Number
29 / Far East	Amerex /	WK-737294	12/15/2019	Yes	No	● Passed	-
Barn / By	B500	Size	Next Hydro Date	Bracket	Hose		
South West		5#	-	Yes	Yes		
Walk-in Door		Type	Next Six Year	Gauge	Collar		
		ABC	Date	Yes	Yes		
		Mfg Date	12/15/2025	Pull Pin	Due for Service		
		2004		Yes	No		
Location	Type/Make/Model	Serial #	Last Hydro Date	Weight	Signage	Result	Number
30 / Outside	Amerex /	F-88773633	-	Yes	No	● Passed	-
by Laundry /	B456	Size	Next Hydro Date	Bracket	Hose		
Fence by		10#	-	Yes	Yes		
Propane		Type	Next Six Year	Gauge	Collar		
Tanks		ABC	Date	Yes	No		
		Mfg Date	12/14/2026	Pull Pin	Due for Service		
		2020		Yes	No		



Location	Specification	Information	Dates	Inspected	Inspected	Result	Notes
Location	Type/Make/Model	Serial #	Last Hydro Date	Weight	Signage	Result	Number
31 / North	Badger / ADV-	BK-712466	-	Yes	No	● Passed	-
East Brick	10	Size	Next Hydro Date	Bracket	Hose		
Shed / On		10#	12/15/2026	Yes	Yes		
West Wall		Type	Next Six Year	Gauge	Collar		
Near South		ABC	Date	Yes	Yes		
Overhead		Mfg Date	-	Pull Pin	Due for Service		
		2013		Yes	No		

## Deficiencies

Location	Type/Make/Model	Serial #	Last Hydro Date	Weight	Signage	Result	Number
3 / Basement / Laundry Building / South Room by East Door	Buckeye / 5 HI SA40 ABC	J867222	-	Yes	Yes	Failed	3
		Size	Next Hydro Date	Bracket	Hose		
		5#	12/15/2022	Yes	Yes		
		Type	Next Six Year Date	Gauge	Collar		
		ABC	-	Yes	No		
		Mfg Date	-	Pull Pin	Due for Service		
		2009		Yes	Yes		
Location	Type/Make/Model	Serial #	Last Hydro Date	Weight	Signage	Result	Number
5 / 1st / Laundry Building / South Storage Room by East Exit	Amerex / A456	PF939106	12/15/2010	Yes	No	Failed	2
		Size	Next Hydro Date	Bracket	Hose		
		10#	12/15/2022	Yes	Yes		
		Type	Next Six Year Date	Gauge	Collar		
		ABC	-	Yes	Yes		
		Mfg Date	-	Pull Pin	Due for Service		
		1997		Yes	Yes		
Location	Type/Make/Model	Serial #	Last Hydro Date	Weight	Signage	Result	Number
9 / 1st / Laundry Building / Center Room Near South East Exit	Buckeye / 10 HI SA80 ABC	K073964	-	Yes	Yes	Failed	1
		Size	Next Hydro Date	Bracket	Hose		
		10#	12/15/2022	Yes	Yes		
		Type	Next Six Year Date	Gauge	Collar		
		ABC	-	Yes	Yes		
		Mfg Date	-	Pull Pin	Due for Service		
		2010		Yes	Yes		
Location	Type/Make/Model	Serial #	Last Hydro Date	Weight	Signage	Result	Number
19 / North Grounds Office / By Entrance	Buckeye / 5 HI SA40 ABC	J867241	-	Yes	No	Failed	4
		Size	Next Hydro Date	Bracket	Hose		
		5#	12/15/2022	Yes	Yes		
		Type	Next Six Year Date	Gauge	Collar		
		ABC	-	Yes	Yes		
		Mfg Date	-	Pull Pin	Due for Service		
		2009		Yes	Yes		
Location	Type/Make/Model	Serial #	Last Hydro Date	Weight	Signage	Result	Number
20 / North Grounds Office / Garage by Office Entry Door	Buckeye / 10 HI SA80 ABC	K073979	-	Yes	No	Failed	5
		Size	Next Hydro Date	Bracket	Hose		
		10#	12/15/2022	No	Yes		
		Type	Next Six Year Date	Gauge	Collar		
		ABC	-	Yes	Yes		
		Mfg Date	-	Pull Pin	Due for Service		
		2010		Yes	Yes		

Location 24 / Old Maintenance Building / By West Overhead	Type/Make/Model Buckeye / 10 HI SA80 ABC	Serial # K073970 Size 10# Type ABC Mfg Date 2010	Last Hydro Date - Next Hydro Date 12/15/2022 Next Six Year Date -	Weight Yes Bracket Yes Gauge Yes Pull Pin Yes	Signage No Hose Yes Collar Yes Due for Service Yes	Result Failed	Number 6
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## Comments

Number	COMMENT	IMAGE
1	#9 due for hydro	
2	#5 needs hydro test	
3	#3 due for hydro	
4	#19 due for hydro test	
5	#20 due for hydro test	
6	#24 due for hydro test	
7	Annual Fire Extinguisher Inspection. Issues Listed.	



**Tech connected. Lives protected.**

## **Conclusion**

We appreciate the opportunity to provide this inspection report. We are confident in the accuracy of the contents of this report. Should you require any additional services, or have questions regarding the contents of this report, please do not hesitate to contact your Midwest Alarm Services representative at 308-389-3981.

### **Life Safety Solutions Experts Since 1950**

For more than 70 years, Midwest Alarm Services has been providing the best, innovative fire, security and technology solutions for homes and businesses. As a systems integrator, we can design, install, maintain, monitor and service a wide variety of equipment and software. We take the time to understand your needs and customized solutions to fit your needs and budget. To learn more about our company and the services we provide, please visit:

[www.midwestalarmservices.com](http://www.midwestalarmservices.com)

A handwritten signature in black ink, appearing to read 'Lucas Canfield', is written over a solid blue horizontal line.

Tested By:

**Lucas Canfield**

Midwest Alarm Services

3630 W Old Hwy 30

Grand Island, NE 68803

# Sprinkler Inspection Certificate

*For*

Beatrice State Development  
Laundry/Warehouse  
3363 Goldenrod Dr.  
Beatrice, Nebraska 68310

Tested to NFPA 25 Standards

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

*Quarterly Inspection  
Inspection Date  
Jun 14, 2023*

Building: Beatrice State Development Laundry/Warehouse  
Contact: Facility Manager  
Title: Maint. Supervisor

Company: NIFCO Mechanical Systems  
Contact: Travis Billesbach  
Title: Inspector

# Executive Summary

Generated by: *BuildingReports.com*

Building Information			
<b>Building:</b> Beatrice State Development Laundry/Warehouse		<b>Contact:</b> Facility Manager	
<b>Address:</b> 3363 Goldenrod Dr.		<b>Phone:</b> 402-223-7526	
<b>Address:</b>		<b>Fax:</b>	
<b>City/State/ZIP Code:</b> Beatrice, Nebraska 68310		<b>Mobile:</b>	
<b>Country:</b> United States of America		<b>Email:</b>	
Inspection Performed By			
<b>Company:</b> NIFCO Mechanical Systems		<b>Inspector:</b> Travis Billesbach	
<b>Address:</b> 500 Blue Heron Dr		<b>Phone:</b> 402-477-0666	
<b>Address:</b>		<b>Fax:</b>	
<b>City/State/ZIP Code:</b> Lincoln, NE 68522-1701		<b>Mobile:</b> 531-220-1687	
<b>Country:</b> United States of America		<b>Email:</b> tbillesbach@nifcomechanical.com	
System Control Unit			
System Type	System Location	Protected Area	Devices
Wet Pipe	Building-	Building-	9

Inspection Summary								
Category	Total Items		Serviced		Passed		Failed/Other	
	Qty	%	Qty	%	Qty	%	Qty	%
Alarm	1	11.11%	1	100.00%	1	100.00%	0	0.00%
Device	2	22.22%	1	50.00%	1	100.00%	0	0.00%
Hose	1	11.11%	1	100.00%	1	100.00%	0	0.00%
Sprinkler	1	11.11%	0	0.00%	0	0.00%	0	0.00%
Valve	4	44.44%	3	75.00%	3	100.00%	0	0.00%
<b>Totals</b>	<b>9</b>	<b>100%</b>	<b>6</b>	<b>66.67%</b>	<b>6</b>	<b>100.00%</b>	<b>0</b>	<b>0.00%</b>

### Certification

**Company:** NIFCO Mechanical Systems

**Building:** Beatrice State Development Laundry/Warehouse

**Inspector:** Travis Billesbach

**Contact:** Facility Manager

### Travis Billesbach Certifications

Certification Type	Number
NICET Inspection and Testing of Water-Based Systems Level I	
Nebraska Grade VI Water Operator	8466

# Inspection & Testing

Generated by: *BuildingReports.com*

Building: Beatrice State Development Laundry/Warehouse				
<i>The Inspection &amp; Testing section lists all of the items inspected in your building. Items are grouped by Passed or Failed/Other. Items are listed by Category. Each item includes the services performed, and the time &amp; date at which testing occurred.</i>				
Device Type	Location	Service	Time	Date
<b><i>Passed</i></b>				
<b>Building– Wet Pipe, Building–</b>				
Waterflow Switch	Basement North Mechanical	Quarterly	7:42:39 AM	06/14/2023
Drain	Basement North Mechanical	Quarterly	7:43:04 AM	06/14/2023
Fire Dep't Connection	Ground North Outside	Quarterly	7:43:00 AM	06/14/2023
Control Valve	Basement North Mechanical	Quarterly	7:43:26 AM	06/14/2023
Control Valve	Basement North Mechanical	Quarterly	7:43:33 AM	06/14/2023
Post Indicator Valve	Ground North Outside	Quarterly	7:42:44 AM	06/14/2023
<b><i>Untested</i></b>				
<b>Building– Wet Pipe, Building–</b>				
Gauge	Basement North Mechanical			
Piping	Basement North Mechanical			
Check Valve	Basement North Mechanical			

# Wet Pipe Fire Sprinkler Systems

Generated by: *BuildingReports.com*

Building: Beatrice State Development						Building-, Building-		
Laundry/Warehouse								
<p><i>This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.</i></p>								
<b>Alarms</b>								
<b>Waterflow Switch</b>								
Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID	
Vane				4.0	1	<input checked="" type="checkbox"/>	59770040	
<b>Components</b>								
<b>Check Valve</b>								
Type	Location		Internal Date			Size	OK	ScanID
Grooved	Basement North Mechanical		12/31/1969			4"	<input type="checkbox"/>	68041424
<b>Control Valve</b>								
Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			Basement North Mechanical	4"	Open	Supervised	<input checked="" type="checkbox"/>	59770037
<b>Description</b>								
Main Control								
<b>Control Valve</b>								
Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			Basement North Mechanical	4"	Open	Supervised	<input checked="" type="checkbox"/>	59770038
<b>Description</b>								
Main Control								
<b>Post Indicator Valve</b>								
Manufacturer		Model	Location			OK	ScanID	
			Ground North Outside			<input checked="" type="checkbox"/>	59770041	
Type	Size	Position	Status		Number of Turns			
Wall	4"	Open	Locked & Supervised					
<b>Devices</b>								
<b>Drain</b>								
<b>Current Inspection</b>								
Type	Location	Size	Supply psi	Restored psi	Residual psi	Sec	OK	ScanID
Main	Basement North Mechanical	2"	52	47	30		<input checked="" type="checkbox"/>	59770039



Previous Inspections								
<b>March 28, 2023</b>								
Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	Basement North Mechanical	2"	55	48	29		<input checked="" type="checkbox"/>	59770039
<b>December 14, 2022</b>								
Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	Basement North Mechanical	2"	54	54	30		<input checked="" type="checkbox"/>	59770039
<b>Fire Dep't Connection</b>								
Location	Type	BallDrip	Rotating Swivels	Size	OK	ScanID		
Ground North Outside	Siamese	Yes	Yes	4"	<input checked="" type="checkbox"/>	59770042		
<b>Gauge</b>								
Location				Service Date				
Basement North Mechanical				12/31/1969				
Type	Manufacturer	Model #	Static psi	Fill Type	Size	OK	ScanID	
				Air/Water		<input type="checkbox"/>	68041426	
<b>Piping</b>								
Location	Type	Size	Internal Date					
Basement North Mechanical	Steel		10/14/2021					
Hangers	Braces	Fittings	Identified	Antifreeze	ScanID			
Normal	Normal		Tagged	N/A	68041425			

# Inventory & Warranty Report

Generated by: [BuildingReports.com](http://BuildingReports.com)

<b>Building: Beatrice State Development Laundry/Warehouse</b>
---

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

Device or Type	Category	% of Inventory	Quantity
Check Valve	Valve	11.11%	1
Control Valve	Valve	22.22%	2
Drain	Device	11.11%	1
Fire Dep't Connection	Hose	11.11%	1
Gauge	Device	11.11%	1
Piping	Sprinkler	11.11%	1
Post Indicator Valve	Valve	11.11%	1
Waterflow Switch	Alarm	11.11%	1

Device Type	Qty	Model #	Type	Description	Install Date
-------------	-----	---------	------	-------------	--------------

***In Service - 3 Years to 5 Years***

**Building– Wet Pipe, Building–**

Check Valve	1		Grooved		03/19/2020
Control Valve	2		Butterfly	Main Control	03/19/2020
Drain	1		Main		03/19/2020
Fire Dep't Connection	1		Siamese		03/19/2020
Gauge	1				03/19/2020
Piping	1		Steel		03/19/2020
Post Indicator Valve	1		Wall		03/19/2020
Waterflow Switch	1		Vane	Alarm	03/19/2020

# Notes & Recommendations

Generated by: BuildingReports.com

## Building: Beatrice State Development Laundry/Warehouse

The Notes & Recommendations Report details additional inspection notes made by the Inspectors during the course of the building inspection. Notes are grouped by SystemID.

Note	Device Type	Location	Comment	ScanID
<b><i>Building- Wet Pipe, Building-</i></b>				
1	Check Valve	Basement North Mechanical		68041424
	Check valve moves freely at this time			
2	Gauge	Basement North Mechanical		68041426
	1 gage replaced on this date other gage was in 3%			
3	Piping	Basement North Mechanical		68041425
	No sign of corrosion or blockage at this time			



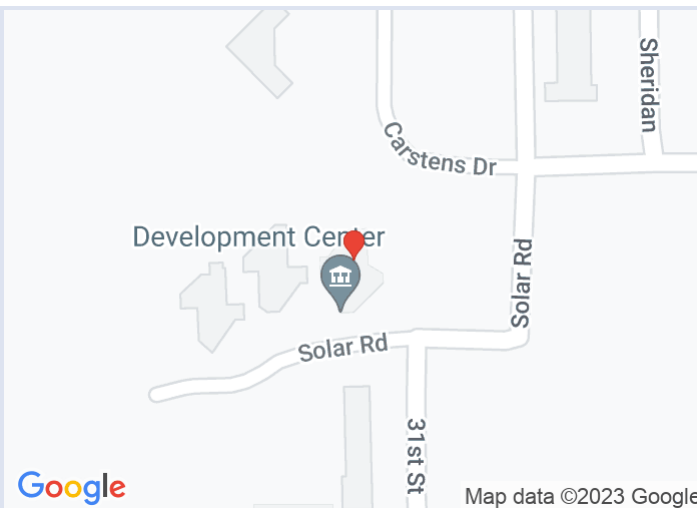
# MIDWEST ALARM SERVICES

Tech connected. Lives protected.

## Inspection Report

Presented To  
State of Nebraska

For  
Laundry/Warehouse  
3000 Lincoln St  
Beatrice, NE 68310



**This site has been inspected  
and tested in compliance  
with applicable standards.**

Completed:  
**Tuesday, May 23, 2023**

Tested By:  
**Gary Hesman**  
Midwest Alarm Services  
3630 W Old Hwy 30  
Grand Island, NE 68803

Scan Code to Access  
Nspec Cloud Portal



# Inspection Information

## CUSTOMER INFORMATION

Name:	State of Nebraska	Address:	3000 Lincoln St
City:	Beatrice	State:	NE
ZIP:	68310	Email:	mike.balderson@nebraska.gov
AR#:	1001603		

## BUILDING INFORMATION

Name:	Laundry/Warehouse	Occupancy Type:	Institutional (Group I)
Address:	3000 Lincoln St	City:	Beatrice
State:	NE	ZIP:	68310
Monitoring Company Account Number:	FA14300	AR#:	1001603
Email for Reports:	mike.balderson@nebraska.gov		

## COMPANY INFORMATION

Name:	Midwest Alarm Services	Address:	3630 W Old Hwy 30
City:	Grand Island	State:	NE
Zip:	68803	License:	-
Email:	tracy.hesman@mw-as.com	Phone:	308-389-3981

## AUTHORITY HAVING JURISDICTION

Name:	State of Nebraska Fire Marshal	Address:	246 S 14th St
City:	Lincoln	State:	NE
Zip:	68508	Email:	-
Phone:	402-471-2027		

## MONITORING COMPANY

Name:	Per Mar	Address:	1910 E Kimberly Rd
City:	Davenport	State:	IA
Zip:	52807	Email:	-
phone:	800-227-9805		

## TESTING SUMMARY

EQUIPMENT TYPE	TOTAL	TESTED	PASSED	FAILED
Communicator	1	1 (100%)	1 (100%)	0 (0%)
Alarm Initiated Device	68	68 (100%)	68 (100%)	0 (0%)
Alarm Notification Appliance	18	18 (100%)	18 (100%)	0 (0%)
Annunciator	0	0 (0%)	0 (0%)	0 (0%)
Auxiliary Device	0	0 (0%)	0 (0%)	0 (0%)
Auxiliary Power Supply	1	1 (100%)	1 (100%)	0 (0%)
Control Unit	1	1 (100%)	1 (100%)	0 (0%)
Supervising Station Monitoring	1	1 (100%)	1 (100%)	0 (0%)
Supervisory Signal Device	0	0 (0%)	0 (0%)	0 (0%)

## Fire Alarm Inspection- NFPA 72 (2013)

This testing was performed in accordance with applicable NFPA 72 Standards.

Midwest Alarm Services provides many services to our community. If you would like quarterly, semi-annual or annual testing/inspection, the inspection coordinator can reach out and offer inspections on a time and material basis. Signing an Inspection Agreement with Midwest Alarm Services has many benefits. Not only do you save money, but our inspection coordinator will work with you to ensure your Fire System stays in code as well as has proper documentation sent to the local jurisdiction for compliance. If you need an estimate or have questions about our services, please reach out to our operations manager.

Gary Hesman  
Operations Manager  
308-389-3981  
gary.hesman@mw-as.com

Tested By:



**Gary Hesman**  
Midwest Alarm Services  
3630 W Old Hwy 30  
Grand Island, NE 68803

## Control Unit

### Location

Location  
Laundry Building / By North Entrance

### Specification

Type/Make/Model  
Spectronics / 641

### Software Firmware

Revision Number	Onsite Location Of Documentation
-	-

### Primary Power

Nominal Voltage	Amps
120v	-

### Overcurrent Protection

Type	Amps	Location	Disconnecting Means Location
-	-	-	-

### Visual/ Functional

Control Unit	Lamps/LEDs/LCDs	Fuses	Trouble Signal
Tested functionally	Tested functionally	Tested functionally	Tested functionally
Disconnect Switch	Ground-Fault Monitoring		
Tested functionally	Tested functionally		

### Batteries

Battery Date	Battery Type	Nominal Voltage	Amps/Hour Rating
05/18/2021	Gel	27.4v	7ah
Standby Mode (hrs)	Alarm Mode (mins)		
-	-		

### Visual/ Functional

Load Voltage	Charge Test	Discharge Test	Battery Condition
Tested functionally	Tested functionally	Tested functionally	Tested functionally

### Result

● Passed

## Communicator

### Specification

Type/Make/Model  
-

### Type

Type  
Phone Lines : Thru Admin

### Result

● Passed

## Supervising Station Monitoring

### Specification

Type/Make/Model  
-

### Supervising Station Monitoring

Alarm Signal	Alarm Restoration	Trouble Signal	Trouble Restoration
Tested functionally	Tested functionally	Tested functionally	Tested functionally

Supervisory Signal  
Tested functionally

Supervisory Restoration  
Tested functionally

## Result

● Passed

## Auxiliary Power Supply 1

### Location

Location	Laundry Building / By North Entrance
----------	--------------------------------------

### Specification

Type/Make/Model	Kidde/Edwards / BPS6A
-----------------	-----------------------

### Primary Power

Nominal Voltage	120v
Amps	-

### Overcurrent Protection

Type	-
Amps	-
Location	-
Disconnecting means location	-

### Visual/ Functional

Auxiliary Power Supply	Tested functionally
Lamps/LEDs/LCDs	Tested functionally
Fuses	Tested functionally
Trouble Signal	Tested functionally
Disconnect Switch	Tested functionally
Ground-Fault Monitoring	Tested functionally

### Batteries

Battery Date	12/18/2022
Battery Type	Gel
Nominal Voltage	27.1v
Amps/Hour Rating	7ah
Standby Mode (hrs)	-
Alarm Mode (mins)	-

### Visual/ Functional

Load Voltage	Tested functionally
Charge Test	Tested functionally
Discharge Test	Tested functionally
Battery Condition	Tested functionally

## Result

● Passed

### Notes

Number	-
--------	---



## Alarm Initiated Device

Location	Specification	New Section	Result	Notes
Location	Type/Make/Model	Visual	Result	Number
North Room Area	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
North Room Area	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
North Room Area	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
North Room Area	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
North Restroom	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
North Restroom	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
Center Room Area	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
Center Room Area	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
Center Room Area	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
Center Room Area	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
Center Room Area	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
Center Room Area	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
Center Room Area	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
Center Room Area	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
South Supply Area	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
South Supply Area	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
South Supply Area	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
South Supply Area	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
South Supply Area	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
South Supply Area	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
South Supply Area	Heat Detector	Tested visually	● Passed	-

Location	Specification	New Section	Result	Notes
Location Rear Exit South Side / 12	Type/Make/Model Smoke Detector	Visual Tested functionally	Result ● Passed	Number -
Location South Supply Area Closet	Type/Make/Model Heat Detector	Visual Tested visually	Result ● Passed	Number -
Location South Supply Area Men's Restroom	Type/Make/Model Heat Detector	Visual Tested visually	Result ● Passed	Number -
Location South Supply Area Women's Restroom	Type/Make/Model Heat Detector	Visual Tested visually	Result ● Passed	Number -
Location Basement Stairs Exit	Type/Make/Model Smoke Detector	Visual Tested functionally	Result ● Passed	Number -
Location Basement / South Open Area / 03	Type/Make/Model Smoke Detector	Visual Tested functionally	Result ● Passed	Number -
Location Basement / South Open Area / 04	Type/Make/Model Smoke Detector	Visual Tested functionally	Result ● Passed	Number -
Location Basement / South Open Area / 05	Type/Make/Model Smoke Detector	Visual Tested functionally	Result ● Passed	Number -
Location Basement / South Open Area / 10	Type/Make/Model Smoke Detector	Visual Tested functionally	Result ● Passed	Number -
Location Basement / South Server Room / 11	Type/Make/Model Smoke Detector	Visual Tested functionally	Result ● Passed	Number -
Location Basement / South Open Area / 09	Type/Make/Model Smoke Detector	Visual Tested functionally	Result ● Passed	Number -
Location Basement / South Open Area / 08	Type/Make/Model Smoke Detector	Visual Tested functionally	Result ● Passed	Number -
Location Basement / South Open Area / 07	Type/Make/Model Smoke Detector	Visual Tested functionally	Result ● Passed	Number -
Location Basement / South Open Area / 06	Type/Make/Model Smoke Detector	Visual Tested functionally	Result ● Passed	Number -
Location Basement / Pallet Room	Type/Make/Model Heat Detector	Visual Tested visually	Result ● Passed	Number -
Location Basement / Restroom	Type/Make/Model Heat Detector	Visual Tested visually	Result ● Passed	Number -
Location Basement / Restroom	Type/Make/Model Heat Detector	Visual Tested visually	Result ● Passed	Number -
Location Basement / South Open Area Kitchen	Type/Make/Model Heat Detector	Visual Tested visually	Result ● Passed	Number -

Location	Specification	New Section	Result	Notes
Location	Type/Make/Model	Visual	Result	Number
Basement / SW Room	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
Basement / North Gen Plumbing Room	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
Basement / North Gen Plumbing Room	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
Basement / North Gen Plumbing Room	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
Basement / North Gen Plumbing Room	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
Basement / North Gen Plumbing Room	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
Basement / North Gen Plumbing Room	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
Basement / North Gen Plumbing Room	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
Basement / North Gen Plumbing Room	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
Basement / North Gen Plumbing Room	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
Basement / North Gen Plumbing Room	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
Basement / North Gen Vault	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
Basement / North Storage Area	Heat Detector	Tested visually	● Passed	-

Location	Specification	New Section	Result	Notes
Location Basement / North Storage Area	Type/Make/Model Heat Detector	Visual Tested visually	Result ● Passed	Number -
Location Basement / North Storage Area	Type/Make/Model Heat Detector	Visual Tested visually	Result ● Passed	Number -
Location Basement / North Storage Area	Type/Make/Model Heat Detector	Visual Tested visually	Result ● Passed	Number -
Location Basement / North Storage Area	Type/Make/Model Heat Detector	Visual Tested visually	Result ● Passed	Number -
Location Basement / NE Exit	Type/Make/Model Manual Pull Station	Visual Tested functionally	Result ● Passed	Number -
Location S Exit	Type/Make/Model Manual Pull Station	Visual Tested functionally	Result ● Passed	Number -
Location Stairwell Exit	Type/Make/Model Manual Pull Station	Visual Tested functionally	Result ● Passed	Number -
Location Basement / SW Ramp Exit	Type/Make/Model Manual Pull Station	Visual Tested functionally	Result ● Passed	Number -
Location NW Exit	Type/Make/Model Manual Pull Station	Visual Tested functionally	Result ● Passed	Number -

## Alarm Notification Appliance

Location	Specification	New Section	Result	Notes
Location 1st / Northern Bay	Type/Make/Model Horn/Strobe / System Sensor / P2WL	Visual / Functional Tested functionally	Result ● Passed	Number -
Location 1st / Northern Bay	Type/Make/Model Strobe / System Sensor	Visual / Functional Tested functionally	Result ● Passed	Number -
Location 1st / Northern Bay	Type/Make/Model Strobe / System Sensor	Visual / Functional Tested functionally	Result ● Passed	Number -
Location 1st / Center Bay	Type/Make/Model Strobe / System Sensor	Visual / Functional Tested functionally	Result ● Passed	Number -
Location 1st / Center Bay	Type/Make/Model Strobe / System Sensor	Visual / Functional Tested functionally	Result ● Passed	Number -
Location 1st / Center Bay	Type/Make/Model Horn/Strobe / System Sensor / P2WL	Visual / Functional Tested functionally	Result ● Passed	Number -
Location 1st / Southern Bay	Type/Make/Model Horn/Strobe / System Sensor / P2WL	Visual / Functional Tested functionally	Result ● Passed	Number -
Location 1st / Southern Bay	Type/Make/Model Strobe / System Sensor	Visual / Functional Tested functionally	Result ● Passed	Number -

Location	Specification	New Section	Result	Notes
Location	Type/Make/Model	Visual / Functional	Result	Number
Basement / Stairwell	Strobe / System Sensor	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
Basement / Southern Area	Horn/Strobe / System Sensor / P2WL	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
Basement / Southern Restroom	Strobe / System Sensor	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
Basement / Southern Area	Horn/Strobe / System Sensor / P2WL	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
Basement / Southern Area	Strobe / System Sensor	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
Basement / Southern Area	Strobe / System Sensor	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
Basement / South West Room	Horn/Strobe / System Sensor / P2WL	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
Basement / Northern Area	Horn/Strobe / System Sensor / P2WL	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
Basement / Northern Area	Strobe / System Sensor	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
Basement / Northern Area	Strobe / System Sensor	Tested functionally	● Passed	-

## Comments

Number	COMMENT	IMAGE
1	Fire Alarm Inspection. No issues.	



**Tech connected. Lives protected.**

## **Conclusion**

We appreciate the opportunity to provide this inspection report. We are confident in the accuracy of the contents of this report. Should you require any additional services, or have questions regarding the contents of this report, please do not hesitate to contact your Midwest Alarm Services representative at 308-389-3981.

## **Life Safety Solutions Experts Since 1950**

For more than 70 years, Midwest Alarm Services has been providing the best, innovative fire, security and technology solutions for homes and businesses. As a systems integrator, we can design, install, maintain, monitor and service a wide variety of equipment and software. We take the time to understand your needs and customize solutions to fit your needs and budget. To learn more about our company and the services we provide, please visit:

[www.midwestalarmservices.com](http://www.midwestalarmservices.com)

A handwritten signature in black ink, appearing to read 'GH', is positioned above a solid blue horizontal line.

Tested By:

**Gary Hesman**

Midwest Alarm Services

3630 W Old Hwy 30

Grand Island, NE 68803

# Sprinkler Inspection Certificate

*For*

Beatrice State Development  
Laundry/Warehouse  
3363 Goldenrod Dr.  
Beatrice, Nebraska 68310

Tested to NFPA 25 Standards

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

*Semi-Annual Inspection*

*Inspection Date*

*Mar 28, 2023*

Building: Beatrice State Development Laundry/Warehouse  
Contact: Facility Manager  
Title: Maint. Supervisor

Company: NIFCO Mechanical Systems  
Contact: Travis Billesbach  
Title: Inspector

# Executive Summary

Generated by: *BuildingReports.com*

Building Information			
<b>Building:</b> Beatrice State Development Laundry/Warehouse		<b>Contact:</b> Facility Manager	
<b>Address:</b> 3363 Goldenrod Dr.		<b>Phone:</b> 402-223-7526	
<b>Address:</b>		<b>Fax:</b>	
<b>City/State/ZIP Code:</b> Beatrice, Nebraska 68310		<b>Mobile:</b>	
<b>Country:</b> United States of America		<b>Email:</b>	
Inspection Performed By			
<b>Company:</b> NIFCO Mechanical Systems		<b>Inspector:</b> Travis Billesbach	
<b>Address:</b> 500 Blue Heron Dr		<b>Phone:</b> 402-477-0666	
<b>Address:</b>		<b>Fax:</b>	
<b>City/State/ZIP Code:</b> Lincoln, NE 68522-1701		<b>Mobile:</b> 531-220-1687	
<b>Country:</b> United States of America		<b>Email:</b> tbillesbach@nifcomechanical.com	
System Control Unit			
System Type	System Location	Protected Area	Devices
Wet Pipe	Building-	Building-	9



Inspection Summary								
Category	Total Items		Serviced		Passed		Failed/Other	
	Qty	%	Qty	%	Qty	%	Qty	%
Alarm	1	11.11%	1	100.00%	1	100.00%	0	0.00%
Device	2	22.22%	1	50.00%	1	100.00%	0	0.00%
Hose	1	11.11%	1	100.00%	1	100.00%	0	0.00%
Sprinkler	1	11.11%	0	0.00%	0	0.00%	0	0.00%
Valve	4	44.44%	3	75.00%	3	100.00%	0	0.00%
<b>Totals</b>	<b>9</b>	<b>100%</b>	<b>6</b>	<b>66.67%</b>	<b>6</b>	<b>100.00%</b>	<b>0</b>	<b>0.00%</b>

### Certification

**Company:** NIFCO Mechanical Systems

**Building:** Beatrice State Development Laundry/Warehouse

**Inspector:** Travis Billesbach

**Contact:** Facility Manager

### Travis Billesbach Certifications

Certification Type	Number
Nebraska Grade VI Water Operator	8466
NICET Inspection and Testing of Water-Based Systems Level I	

# Inspection & Testing

Generated by: BuildingReports.com

Building: Beatrice State Development Laundry/Warehouse				
<i>The Inspection &amp; Testing section lists all of the items inspected in your building. Items are grouped by Passed or Failed/Other. Items are listed by Category. Each item includes the services performed, and the time &amp; date at which testing occurred.</i>				
Device Type	Location	Service	Time	Date
<b><i>Passed</i></b>				
<b>Building- Wet Pipe, Building-</b>				
Waterflow Switch	Basement North Mechanical	Semi-Annual	1:27:20 PM	03/28/2023
Drain	Basement North Mechanical	Semi-Annual	1:27:38 PM	03/28/2023
Fire Dep't Connection	Ground North Outside	Semi-Annual	1:27:33 PM	03/28/2023
Control Valve	Basement North Mechanical	Semi-Annual	1:27:49 PM	03/28/2023
Control Valve	Basement North Mechanical	Semi-Annual	1:27:56 PM	03/28/2023
Post Indicator Valve	Ground North Outside	Semi-Annual	1:27:24 PM	03/28/2023
<b><i>Untested</i></b>				
<b>Building- Wet Pipe, Building-</b>				
Gauge	Basement North Mechanical			
Piping	Basement North Mechanical			
Check Valve	Basement North Mechanical			

# Wet Pipe Fire Sprinkler Systems

Generated by: *BuildingReports.com*

Building: Beatrice State Development Laundry/Warehouse						Building-, Building-			
<p><i>This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.</i></p>									
<b>Alarms</b>									
<b>Waterflow Switch</b>									
Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID		
Vane				4.0	1	<input checked="" type="checkbox"/>	59770040		
<b>Components</b>									
<b>Check Valve</b>									
Type	Location		Internal Date			Size	OK	ScanID	
Grooved	Basement North Mechanical		12/31/1969			4"	<input type="checkbox"/>	68041424	
<b>Control Valve</b>									
Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID	
Butterfly			Basement North Mechanical	4"	Open	Supervised	<input checked="" type="checkbox"/>	59770037	
<b>Description</b>									
Main Control									
<b>Control Valve</b>									
Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID	
Butterfly			Basement North Mechanical	4"	Open	Supervised	<input checked="" type="checkbox"/>	59770038	
<b>Description</b>									
Main Control									
<b>Post Indicator Valve</b>									
Manufacturer		Model	Location			OK	ScanID		
			Ground North Outside			<input checked="" type="checkbox"/>	59770041		
Type	Size	Position	Status		Number of Turns				
Wall	4"	Open	Locked & Supervised						
<b>Devices</b>									
<b>Drain</b>									
<b>Current Inspection</b>									
Type	Location		Size	Supply psi	Restored psi	Residual psi	Sec	OK	ScanID
Main	Basement North Mechanical		2"	55	48	29		<input checked="" type="checkbox"/>	59770039

Previous Inspections								
<b>December 14, 2022</b>								
Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	Basement North Mechanical	2"	54	54	30		<input checked="" type="checkbox"/>	59770039
<b>September 26, 2022</b>								
Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	Basement North Mechanical	2"	53	54	29		<input checked="" type="checkbox"/>	59770039
<b>Fire Dep't Connection</b>								
Location	Type	BallDrip	Rotating Swivels	Size	OK	ScanID		
Ground North Outside	Siamese	Yes	Yes	4"	<input checked="" type="checkbox"/>	59770042		
<b>Gauge</b>								
Location				Service Date				
Basement North Mechanical				12/31/1969				
Type	Manufacturer	Model #	Static psi	Fill Type	Size	OK	ScanID	
				Air/Water		<input type="checkbox"/>	68041426	
<b>Piping</b>								
Location	Type	Size	Internal Date					
Basement North Mechanical	Steel		10/14/2021					
Hangers	Braces	Fittings	Identified	Antifreeze	ScanID			
Normal	Normal		Tagged	N/A	68041425			

# Inventory & Warranty Report

Generated by: [BuildingReports.com](http://BuildingReports.com)

## Building: Beatrice State Development Laundry/Warehouse

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

Device or Type	Category	% of Inventory	Quantity
Check Valve	Valve	11.11%	1
Control Valve	Valve	22.22%	2
Drain	Device	11.11%	1
Fire Dep't Connection	Hose	11.11%	1
Gauge	Device	11.11%	1
Piping	Sprinkler	11.11%	1
Post Indicator Valve	Valve	11.11%	1
Waterflow Switch	Alarm	11.11%	1

Device Type	Qty	Model #	Type	Description	Install Date
-------------	-----	---------	------	-------------	--------------

### *In Service - 3 Years to 5 Years*

#### Building– Wet Pipe, Building–

Check Valve	1		Grooved		03/19/2020
Control Valve	2		Butterfly	Main Control	03/19/2020
Drain	1		Main		03/19/2020
Fire Dep't Connection	1		Siamese		03/19/2020
Gauge	1				03/19/2020
Piping	1		Steel		03/19/2020
Post Indicator Valve	1		Wall		03/19/2020
Waterflow Switch	1		Vane	Alarm	03/19/2020

# Notes & Recommendations

Generated by: BuildingReports.com

## Building: Beatrice State Development Laundry/Warehouse

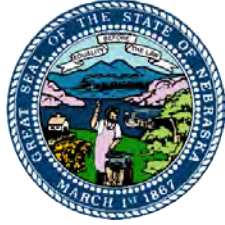
The Notes & Recommendations Report details additional inspection notes made by the Inspectors during the course of the building inspection. Notes are grouped by SystemID.

Note	Device Type	Location	Comment	ScanID
<b><i>Building- Wet Pipe, Building-</i></b>				
1	Check Valve	Basement North Mechanical		68041424
	Check valve moves freely at this time			
2	Gauge	Basement North Mechanical		68041426
	1 gage replaced on this date other gage was in 3%			
3	Piping	Basement North Mechanical		68041425
	No sign of corrosion or blockage at this time			

# State of Nebraska

ANNUAL CONVEYANCE CERTIFICATE

Nebraska State  
Fire Marshal Agency



Elevator  
Division

Issuance of this certificate does not create liability nor guarantee personal safety. If you have any questions regarding the operation or safety of this unit, contact the Owner.  
NSFM Elevator Division: 402-595-3184

STATE # **7379**

UNIT ID **MAIN FOOD SRVC**

MANUFACTURER **ESCO**

TYPE **FREIGHT**

INSPECTION DATE **8/2/2022**

CERTIFICATE # **258926**

BUILDING NAME

Timothy Trujillo

BSDC

Elevator Division Chief

**3000 LINCOLN ST  
BEATRICE, NE 68310**

Christopher B. Cantrell

State Fire Marshal

This Certificate must be posted in the elevator car



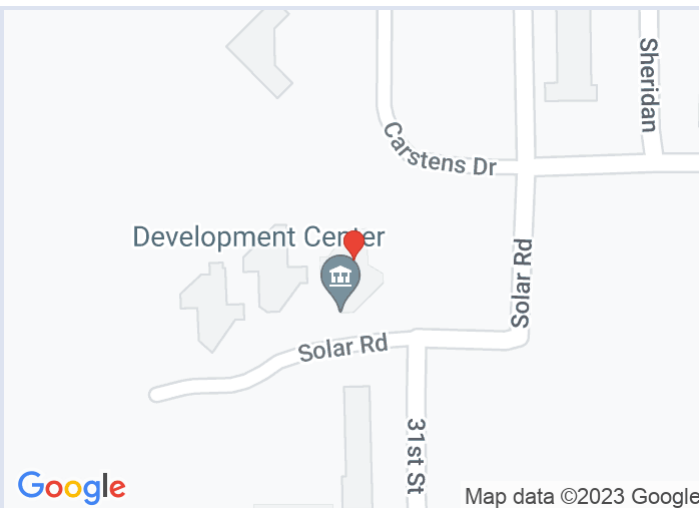
# MIDWEST ALARM SERVICES

Tech connected. Lives protected.

## Inspection Report

Presented To  
State of Nebraska

For  
Power Plant  
3000 Lincoln St  
Beatrice, NE 68310



**This site has been inspected  
and tested in compliance  
with applicable standards.**

Completed:  
**Tuesday, May 23, 2023**

Tested By:  
**Gary Hesman**  
Midwest Alarm Services  
3630 W Old Hwy 30  
Grand Island, NE 68803

Scan Code to Access  
Nspec Cloud Portal





# Inspection Information

## CUSTOMER INFORMATION

Name:	State of Nebraska	Address:	3000 Lincoln St
City:	Beatrice	State:	NE
ZIP:	68310	Email:	mike.balderson@nebraska.gov
AR#:	1001603		

## BUILDING INFORMATION

Name:	Power Plant	Occupancy Type:	Institutional (Group I)
Address:	3000 Lincoln St	City:	Beatrice
State:	NE	ZIP:	68310
Monitoring Company Account Number:	FA14300	AR#:	1001603
Email for Reports:	mike.balderson@nebraska.gov		

## COMPANY INFORMATION

Name:	Midwest Alarm Services	Address:	3630 W Old Hwy 30
City:	Grand Island	State:	NE
Zip:	68803	License:	-
Email:	tracy.hesman@mw-as.com	Phone:	308-389-3981

## AUTHORITY HAVING JURISDICTION

Name:	State of Nebraska Fire Marshal	Address:	246 S 14th St
City:	Lincoln	State:	NE
Zip:	68508	Email:	-
Phone:	402-471-2027		

## MONITORING COMPANY

Name:	Per Mar	Address:	1910 E Kimberly Rd
City:	Davenport	State:	IA
Zip:	52807	Email:	-
phone:	800-227-9805		

## TESTING SUMMARY

EQUIPMENT TYPE	TOTAL	TESTED	PASSED	FAILED
Communicator	1	1 (100%)	1 (100%)	0 (0%)
Alarm Initiated Device	14	14 (100%)	14 (100%)	0 (0%)
Alarm Notification Appliance	8	8 (100%)	8 (100%)	0 (0%)
Annunciator	1	1 (100%)	1 (100%)	0 (0%)
Auxiliary Device	0	0 (0%)	0 (0%)	0 (0%)
Auxiliary Power Supply	1	1 (100%)	1 (100%)	0 (0%)
Control Unit	1	1 (100%)	1 (100%)	0 (0%)
Supervising Station Monitoring	1	1 (100%)	1 (100%)	0 (0%)
Supervisory Signal Device	0	0 (0%)	0 (0%)	0 (0%)

## Fire Alarm Inspection- NFPA 72 (2013)

This testing was performed in accordance with applicable NFPA 72 Standards.

Midwest Alarm Services provides many services to our community. If you would like quarterly, semi-annual or annual testing/inspection, the inspection coordinator can reach out and offer inspections on a time and material basis. Signing an Inspection Agreement with Midwest Alarm Services has many benefits. Not only do you save money, but our inspection coordinator will work with you to ensure your Fire System stays in code as well as has proper documentation sent to the local jurisdiction for compliance. If you need an estimate or have questions about our services, please reach out to our operations manager.

Gary Hesman  
Operations Manager  
308-389-3981  
gary.hesman@mw-as.com

Tested By:



**Gary Hesman**  
Midwest Alarm Services  
3630 W Old Hwy 30  
Grand Island, NE 68803

## Control Unit

### Location

Location  
Power Plant / By Tool Rack

### Specification

Type/Make/Model  
Spectronics / 641

### Software Firmware

Revision Number	Onsite Location Of Documentation
-	-

### Primary Power

Nominal Voltage	Amps
120v	-

### Overcurrent Protection

Type	Amps	Location	Disconnecting Means Location
-	-	-	-

### Visual/ Functional

Control Unit	Lamps/LEDs/LCDs	Fuses	Trouble Signal
Tested functionally	Tested functionally	Tested functionally	Tested functionally
Disconnect Switch	Ground-Fault Monitoring		
Tested functionally	Tested functionally		

### Batteries

Battery Date	Battery Type	Nominal Voltage	Amps/Hour Rating
12/18/2022	Gel	27.2v	7ah
Standby Mode (hrs)	Alarm Mode (mins)		
-	-		

### Visual/ Functional

Load Voltage	Charge Test	Discharge Test	Battery Condition
Tested functionally	Tested functionally	Tested functionally	Tested functionally

### Result

● Passed

## Communicator

### Specification

Type/Make/Model  
-

### Type

Type  
Phone Lines : Thru Admin

### Result

● Passed

## Supervising Station Monitoring

### Specification

Type/Make/Model  
-

### Supervising Station Monitoring

Alarm Signal	Alarm Restoration	Trouble Signal	Trouble Restoration
Tested functionally	Tested functionally	Tested functionally	Tested functionally

Supervisory Signal  
Tested functionally

Supervisory Restoration  
Tested functionally

## Result

● Passed

## Annunciator 1

### Location

Location Office

### Specification

Type/Make/Model Potter

### Result

● Passed

### Notes

Number -

## Auxiliary Power Supply 1

### Location

Location East Side - Panel Inputs

### Specification

Type/Make/Model Potter

### Primary Power

Nominal Voltage 120v

Amps -

### Overcurrent Protection

Type -

Amps -

Location -

Disconnecting means location -

### Visual/ Functional

Auxiliary Power Supply Tested functionally

Lamps/LEDs/LCDs Tested functionally

Fuses Tested functionally

Trouble Signal Tested functionally

Disconnect Switch Tested functionally

Ground-Fault Monitoring Tested functionally

### Batteries

Battery Date 07/23/2021

Battery Type Lead Acid

Nominal Voltage 27.0v

Amps/Hour Rating 7ah

Standby Mode (hrs) -

Alarm Mode (mins) -

## Visual/ Functional

Load Voltage	Tested functionally
Charge Test	Tested functionally
Discharge Test	Tested functionally
Battery Condition	Tested functionally

## Result

	● Passed
--	----------

## Notes

Number	-
--------	---

## Alarm Initiated Device

Location	Specification	New Section	Result	Notes
Location By FACP	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location Office/Breakroom	Type/Make/Model Heat Detector	Visual Tested visually	Result ● Passed	Number -
Location North Exit	Type/Make/Model Manual Pull Station	Visual Tested functionally	Result ● Passed	Number -
Location North Overhead Door	Type/Make/Model Manual Pull Station	Visual Tested functionally	Result ● Passed	Number -
Location South Exit	Type/Make/Model Manual Pull Station	Visual Tested functionally	Result ● Passed	Number -
Location SW Exit	Type/Make/Model Manual Pull Station	Visual Tested functionally	Result ● Passed	Number -
Location Generator Room	Type/Make/Model Heat Detector	Visual Tested visually	Result ● Passed	Number -
Location Generator Room	Type/Make/Model Heat Detector	Visual Tested visually	Result ● Passed	Number -
Location Generator Room	Type/Make/Model Heat Detector	Visual Tested visually	Result ● Passed	Number -
Location Generator Room	Type/Make/Model Heat Detector	Visual Tested visually	Result ● Passed	Number -
Location Generator Room	Type/Make/Model Heat Detector	Visual Tested visually	Result ● Passed	Number -
Location Generator Room	Type/Make/Model Heat Detector	Visual Tested visually	Result ● Passed	Number -
Location Generator Restroom	Type/Make/Model Heat Detector	Visual Tested visually	Result ● Passed	Number -
Location Generator Parts Storage	Type/Make/Model Heat Detector	Visual Tested visually	Result ● Passed	Number -

## Alarm Notification Appliance

Location	Specification	New Section	Result	Notes
Location East Side	Type/Make/Model Bell	Visual / Functional Tested functionally	Result ● Passed	Number -

Location	Specification	New Section	Result	Notes
Location East Side	Type/Make/Model Strobe / System Sensor / SWL	Visual / Functional Tested functionally	Result ● Passed	Number -
Location East Side	Type/Make/Model Strobe / System Sensor / SWL	Visual / Functional Tested functionally	Result ● Passed	Number -
Location East Side	Type/Make/Model Horn / System Sensor / HWL	Visual / Functional Tested functionally	Result ● Passed	Number -
Location West Side	Type/Make/Model Bell	Visual / Functional Tested functionally	Result ● Passed	Number -
Location West Side	Type/Make/Model Strobe / System Sensor / SWL	Visual / Functional Tested functionally	Result ● Passed	Number -
Location West Side	Type/Make/Model Strobe / System Sensor / SWL	Visual / Functional Tested functionally	Result ● Passed	Number -
Location West Side	Type/Make/Model Horn	Visual / Functional Tested functionally	Result ● Passed	Number -

## Comments

Number	COMMENT	IMAGE
1	Fire Alarm Inspection. No issues.	



**Tech connected. Lives protected.**

## **Conclusion**

We appreciate the opportunity to provide this inspection report. We are confident in the accuracy of the contents of this report. Should you require any additional services, or have questions regarding the contents of this report, please do not hesitate to contact your Midwest Alarm Services representative at 308-389-3981.

### **Life Safety Solutions Experts Since 1950**

For more than 70 years, Midwest Alarm Services has been providing the best, innovative fire, security and technology solutions for homes and businesses. As a systems integrator, we can design, install, maintain, monitor and service a wide variety of equipment and software. We take the time to understand your needs and customize solutions to fit your needs and budget. To learn more about our company and the services we provide, please visit:

[www.midwestalarmservices.com](http://www.midwestalarmservices.com)

A handwritten signature in black ink, appearing to read 'GH', is written over a solid blue horizontal line.

Tested By:

**Gary Hesman**

Midwest Alarm Services

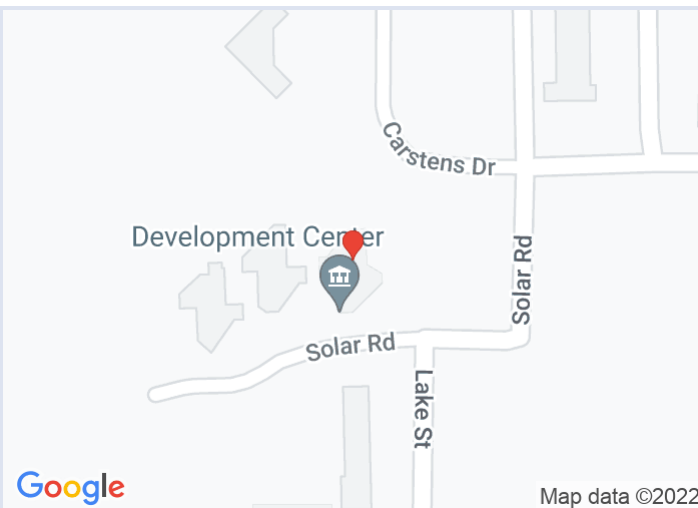
3630 W Old Hwy 30

Grand Island, NE 68803

# Inspection Report

Presented To  
State of Nebraska

For  
Power Plant  
3000 Lincoln St  
Beatrice, NE 68310



**This site has been inspected  
and tested in compliance  
with applicable standards.**

Completed:  
**Wednesday, December 14,  
2022**

Tested By:  
**Lucas Canfield**  
Midwest Alarm Services  
3630 W Old Hwy 30  
Grand Island, NE 68803





# Inspection Information

## CUSTOMER INFORMATION

Name:	State of Nebraska	Address:	3000 Lincoln St
City:	Beatrice	State:	NE
ZIP:	68310	Email:	mike.balderson@nebraska.gov
AR#:	1001603		

## BUILDING INFORMATION

Name:	Power Plant	Occupancy Type:	Institutional (Group I)
Address:	3000 Lincoln St	City:	Beatrice
State:	NE	ZIP:	68310
Monitoring Company Account Number:	FA14300	AR#:	1001603
Email for Reports:	mike.balderson@nebraska.gov		

## COMPANY INFORMATION

Name:	Midwest Alarm Services	Address:	3630 W Old Hwy 30
City:	Grand Island	State:	NE
Zip:	68803	License:	-
Email:	tracy.hesman@mw-as.com	Phone:	308-389-3981

## AUTHORITY HAVING JURISDICTION

Name:	State of Nebraska Fire Marshal	Address:	246 S 14th St
City:	Lincoln	State:	NE
Zip:	68508	Email:	-
Phone:	402-471-2027		

## MONITORING COMPANY

Name:	Per Mar	Address:	1910 E Kimberly Rd
City:	Davenport	State:	IA
Zip:	52807	Email:	-
phone:	800-227-9805		

## TESTING SUMMARY

EQUIPMENT TYPE	TOTAL	TESTED	PASSED	FAILED
Fire Extinguisher	4	4 (100%)	3 (75%)	1 (25%)

## Fire Extinguisher Report

This testing was performed in accordance with applicable NFPA 72 Standards.

Midwest Alarm Services provides many services to our community. If you would like quarterly, semi-annual or annual testing/inspection, the inspection coordinator can reach out and offer inspections on a time and material basis. Signing an Inspection Agreement with Midwest Alarm Services has many benefits. Not only do you save money, but our inspection coordinator will work with you to ensure your Fire System stays in code as well as has proper documentation sent to the local jurisdiction for compliance. If you need an estimate or have questions about our services, please reach out to our operations manager.

Gary Hesman  
Operations Manager  
308-389-3981  
gary.hesman@mw-as.com

---

Tested By:



**Lucas Canfield**  
Midwest Alarm Services  
3630 W Old Hwy 30  
Grand Island, NE 68803

## Fire Extinguisher

Location	Specification	Information	Dates	Inspected	Inspected	Result	Notes
Location 1 / Power Plant / West Side by Doorway to Water Heaters	Type/Make/Model Ansul / A10H	Serial # YK-605303 Size 10# Type ABC Mfg Date 2007	Last Hydro Date 12/14/2019 Next Hydro Date 01/12/2031 Next Six Year Date 12/01/2025	Weight Yes Bracket Yes Gauge Yes Pull Pin Yes	Signage Yes Hose Yes Collar Yes Due for Service No	Result ● Passed	Number -
Location 2 / Power Plant / Inside Boiler Room	Type/Make/Model Ansul / AA10S	Serial # AH-374616 Size 10# Type ABC Mfg Date 2011	Last Hydro Date 12/14/2019 Next Hydro Date - Next Six Year Date 12/01/2025	Weight Yes Bracket Yes Gauge Yes Pull Pin Yes	Signage Yes Hose Yes Collar Yes Due for Service No	Result ● Passed	Number -
Location 3 / Power Plant / Outside - By West Diesel Tank	Type/Make/Model Kidde / Pro 20 TCM-9	Serial # CB-134871 Size 20# Type ABC Mfg Date 2013	Last Hydro Date - Next Hydro Date 12/01/2025 Next Six Year Date -	Weight Yes Bracket Yes Gauge Yes Pull Pin Yes	Signage Yes Hose Yes Collar Yes Due for Service No	Result ● Passed	Number -
Location 4 / Power Plant / Outside - By East Fuel Tank	Type/Make/Model Buckeye / 10 HI SA80 ABC	Serial # ZZ-175394 Size 10# Type ABC Mfg Date 2009	Last Hydro Date - Next Hydro Date 12/14/2022 Next Six Year Date -	Weight Yes Bracket Yes Gauge Yes Pull Pin Yes	Signage No Hose Yes Collar Yes Due for Service Yes	Result ✗ Failed	Number -

## Deficiencies

Location 4 / Power Plant / Outside - By East Fuel Tank	Type/Make/Model Buckeye / 10 HI SA80 ABC	Serial # ZZ-175394 Size 10# Type ABC Mfg Date 2009	Last Hydro Date - Next Hydro Date 12/14/2022 Next Six Year Date -	Weight Yes Bracket Yes Gauge Yes Pull Pin Yes	Signage No Hose Yes Collar Yes Due for Service Yes	Result Failed	Number -
---	--	---	---	--	---	------------------	-------------

## Comments

Number	COMMENT	IMAGE
1	Annual Fire Extinguisher Inspection. 1 due for hydro test.	



**Tech connected. Lives protected.**

## **Conclusion**

We appreciate the opportunity to provide this inspection report. We are confident in the accuracy of the contents of this report. Should you require any additional services, or have questions regarding the contents of this report, please do not hesitate to contact your Midwest Alarm Services representative at 308-389-3981.

### **Life Safety Solutions Experts Since 1950**

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[www.midwestalarmservices.com](http://www.midwestalarmservices.com)

A handwritten signature in black ink, appearing to read 'Lucas Canfield', is written over a solid blue horizontal line.

Tested By:

**Lucas Canfield**

Midwest Alarm Services

3630 W Old Hwy 30

Grand Island, NE 68803



LEAVE NO FIELD BLANK  
NEEDS N/A IF NOT USED

7402 L Street  
Omaha, NE 68127  
605-251-9415

N/A - NOT APPLICABLE ON THIS SERVICE  
CHANGED - FILTER OR PART WAS REPLACED  
PASSED - ITEM CHECKED OUT GOOD

ANNUAL

SEMI-ANNUAL INSPECTION

QUARTERLY INSPECTION

3E's GENERATOR (EPS) MAINTENANCE REPORT

CUSTOMER: Beatrice Dev Center MAKE CAT TYPE Semi Annual 922607  
CONTACT: Sheridan Cottages SERIAL CATDG175TKJ600130 DATE 3/30/2023  
PHONE: \_\_\_\_\_ MODEL DG175GC HRS 87.6  
ADDRESS \_\_\_\_\_ TECH Daniel  
CITY Beatrice NE

AUTOMATIC TRANSFER SWITCHES

MAKE \_\_\_\_\_ SERIAL \_\_\_\_\_ MODEL \_\_\_\_\_  
MAKE \_\_\_\_\_ SERIAL \_\_\_\_\_ MODEL \_\_\_\_\_  
MAKE \_\_\_\_\_ SERIAL \_\_\_\_\_ MODEL \_\_\_\_\_

(1) FUEL SYSTEM

CHECK (A) FUEL LEAKS None  
\* (B) LINES/CONNECTIONS Pass  
\* (C) DAYTANK LEVEL N/A  
\* (D) DAYTANK OPERATION N/A  
\* (E) TRANSFER PUMP N/A  
\* (F) MAIN TANK LEVEL N/A  
\* (G) VENT/OVERFLOW N/A  
\* (H) WATER IN FUEL N/A  
\* (I) INJECTION PUMP Pass  
\* (J) SOLENOID VALVE Pass  
\* CHANGE (K) FUEL FILTER N/A  
\* CHANGE (L) WATER SEPARATOR N/A  
\* TEST (M) FUEL SAMPLE N/A

(6) ELECTRICAL SYSTEM

CHECK (A) WIRING CONNECTIONS Pass  
\* (B) INSTRUMENTATION Pass  
\* (C) SAFETIES SHUTDOWNS Pass  
\* (1) OVERCRANK Pass  
\* (2) HIGH WATER TEMP Pass  
\* (3) LOW OIL PRESSURE Pass  
\* (4) OVERSPEED Pass  
\* (D) ALARMS Pass  
\* (E) PREALARMS Pass  
\* (F) CIRCUIT BREAKERS Pass  
\* (G) FUSES Pass  
\* CHECK (H) INSULATION DAMAGE None  
CLEAN (I) CABINETS Pass

(2) LUBRICATION

CHECK (A) LEAKS None  
\* (B) ENGINE OIL LEVEL Pass  
\* (C) OIL HEATER N/A  
\* (D) GOVERNOR OIL LEVEL N/A  
\* (E) CRANKCASE BREATHER Pass  
\* CHANGE (F) OIL FILTER Pass  
\* CHANGE (G) ENGINE OIL Pass  
\* CHANGE (H) GOVERNOR OIL N/A  
\* TEST (I) OIL SAMPLE N/A

(7) PRIME MOVER

CHECK (A) GOVERNOR OPERATION Pass  
\* (B) VIBRATION Pass  
\* (C) TIMING Pass  
\* (D) INJECTORS Pass  
\* (E) MOUNTING HARDWARE Pass  
\* (F) AIR INTAKE Pass  
\* (G) OIL PRESSURE 93  
\* (H) WATER TEMPERATURE 165  
\* (I) DC ALTERNATOR Pass  
\* (1) VOLTS 27.9  
\* (2) AMPS N/A  
\* CHANGE (J) AIR CLEANER Pass  
\* TORQUE (K) BOLTS Pass

(3) COOLING SYSTEM

CHECK (A) LEAKS None  
\* (B) COOLANT LEVEL Pass  
\* (C) FREEZE POINT -35  
\* (D) RADIATOR AIR FLOW Pass  
\* (E) LOUVER SYSTEMS Pass  
\* (F) BLOCK HEATER Pass  
\* (G) WATER PUMP Pass  
\* (H) HOSES Pass  
\* (I) BELTS Pass  
\* (J) FAN HUB Pass  
\* (K) PULLEYS Pass  
\* (L) RADIATOR PSI N/A  
\* (M) RADIATOR CAP PSI N/A  
\* CHANGE (N) WATER FILTER N/A  
\* CHANGE (O) ANTIFREEZE 50/50 (Green)

(8) GENERATOR

CHECK (A) ROTOR Pass  
\* (B) STATOR Pass  
\* (C) EXCITOR Pass  
\* (1) STATOR Pass  
\* (2) ROTOR Pass  
\* (D) BEARINGS (IR) Pass  
\* (E) DIODES Pass  
\* (F) AIR FLOW Pass  
\* (G) VOLTAGE REGULATOR Pass  
\* TEST (H) FEED BREAKER Pass  
RECORD (I) VOLTAGE 215  
\* (J) HERTZ 60

(4) EXHAUST SYSTEM

CHECK (A) LEAKS None  
\* (B) CONDENSATION TRAP N/A  
\* (C) INSULATION N/A  
\* (D) RESTRICTION Pass  
\* (E) RAINCAP Pass  
CHECK (F) HANGERS/SUPPORT Pass  
\* (G) FLEX SECTIONS Pass

(9) AUTOMATIC TRANSFER SWITCHES

CHECK (A) ATS, CONTACTS Pass  
\* LINEAR MOTORS ACTUATION Pass  
\* MOVING PARTS Pass  
\* (B) SIMULATE POWER FAILURE N/A  
\* (C) TIME DELAYS Pass  
\* (D) CLOCK EXERCISER Pass

(5) BATTERY SYSTEMS

CHECK (A) CHARGER VOLTAGE 27.9  
\* (1) FLOAT Pass  
\* (2) EQUALIZE N/A  
\* (B) ELECTROLYTE LEVEL N/A  
\* (C) TERMINALS/CABLES Pass  
\* (D) BLANKET HEATER N/A  
\* (E) SPECIFIC GRAVITY N/A  
\* (1) HIGH N/A  
\* (2) LOW N/A  
\* (F) LOAD TEST Pass  
CLEAN (G) CORROSION None

(10) GENERAL CONDITION - EPSS

CHECK (A) UNUSUAL/UNSAFE None  
\* (B) HOUSEKEEPING Pass

(11) LOAD TEST

RECORD (A) AMPERAGE/LEG L1: 444, L2: 440, L3: 438  
\* (B) VOLTAGE/LEG L1: 216, L2: 215, L3: 215  
\* (C) HERTZ 60  
\* (D) CB CONNECTIONS Pass  
\* (E) UNIT LOADED 90%

(12) EPSS

CHECK (A) EPS IN AUTO? Pass  
\* (B) BREAKER CLOSED? Pass

\* As needed, specified on during annual inspection only  
\*\* Add/don't cost if needed or specified.

Comments:

Semi Annual PM complete with 2hr load bank.

2.5 Hours 95 Miles

Customer Signature \_\_\_\_\_ 3E Signature \_\_\_\_\_ Date 8/30/2022

LOAD BANK REPORT

**3E ELECTRICAL ENGINEERING & EQUIPMENT COMPANY**

**7402 L STREET OMAHA NE 68127**

**TECHNICIAN NAME THAT COMPLETED LOAD BANK:**

<b>Customer</b>	Sheridan Cottages	<b>Date</b>	3/30/2023									
<b>Location</b>		<b>W/O #</b>	922608		<b>Desired load</b>	388.61						
<b>Generator M/N</b>	DG175GC	<b>Hour Meter</b>	109.7		<b>Phase (1 or 3)</b>	3						
<b>Generator S/N</b>	CATDG175TKJ600130	<b>Rated KW</b>	175	<b>Volts</b>	208							
<b>Generator Make</b>	CAT											

	Setup	1	2	3	4	5	6	7	8	9	10	11
<b>Time</b>	11:15	11:30	11:45	12:00	12:15	12:30	12:45	1:00	1:15			
<b>KW</b>	43.75	43.75	43.75	87.5	87.5	131.25	131.25	157.5	157.5	0	0	0
<b>% Desired</b>	25	25	25	50	50	75	75	90	90			
<b>Desired Load</b>	117.49	117.49	117.49	234.98	234.98	352.46	352.46	422.3	422.3	#DIV/0!	#DIV/0!	#DIV/0!
<b>Actual %</b>	25.5	25.6	25.5	50.7	50.7	75.8	75.8	93.9	93.9	0.0	0.0	0.0

**Test Results**

<b>Volts</b>												
<b>L1-L2</b>	215	215	215	215	215	215	215	216	216			
<b>L2-L3</b>	215	215	215	215	215	215	215	215	215			
<b>L1-L3</b>	215	215	215	215	215	215	215	215	215			
<b>Average</b>	215	215	215	215	215	215	215	215.33	215.33	0	0	0
<b>Amps</b>												
<b>A</b>	120	120	120	240	240	358	358	444	444			
<b>B</b>	120	121	120	238	238	356	356	440	440			
<b>C</b>	120	120	119	237	237	355	355	438	438			
<b>Average</b>	120	120.33	119.67	238.33	238.33	356.33	356.33	440.67	440.67	0	0	0
<b>Hz</b>												

**Engine Instruments**

<b>Hour Meter</b>	109.7	109.9	110.1	111.4	110.7	110.9	111.2	111.4	111.6			
<b>Oil Pressure</b>	88	86	86	86	86	86	84	84	84			
<b>Temp</b>	165	169	169	171	171	171	176	178	178			

**Comments**





LEAVE NO FIELD BLANK  
NEEDS N/A IF NOT USED

7402 L Street  
Omaha, NE 68127  
605-251-9415

N/A - NOT APPLICABLE ON THIS SERVICE  
CHANGED - FILTER OR PART WAS REPLACED  
PASSED - ITEM CHECKED OUT GOOD

ANNUAL

SEMI-ANNUAL INSPECTION

QUARTERLY INSPECTION

3E's GENERATOR (EPS) MAINTENANCE REPORT

CUSTOMER: Beatrice Dev Center MAKE CAT TYPE Semi Annual 922609  
 CONTACT: \_\_\_\_\_ SERIAL DG175GC DATE 3/29/2023  
 PHONE: \_\_\_\_\_ MODEL CATDG175PKJ600131 HRS 105  
 ADDRESS Solar Cottages TECH Daniel  
 CITY Beatrice, NE

AUTOMATIC TRANSFER SWITCHES

MAKE \_\_\_\_\_ SERIAL \_\_\_\_\_ MODEL \_\_\_\_\_  
 MAKE \_\_\_\_\_ SERIAL \_\_\_\_\_ MODEL \_\_\_\_\_  
 MAKE \_\_\_\_\_ SERIAL \_\_\_\_\_ MODEL \_\_\_\_\_

(1) FUEL SYSTEM

CHECK (A) FUEL LEAKS None  
 \* (B) LINES/CONNECTIONS Pass  
 \* (C) DAY TANK LEVEL N/A  
 \* (D) DAY TANK OPERATION N/A  
 \* (E) TRANSFER PUMP N/A  
 \* (F) MAIN TANK LEVEL N/A  
 \* (G) VENT/OVERFLOW N/A  
 \* (H) WATER IN FUEL N/A  
 \* (I) INJECTION PUMP N/A  
 \* (J) SOLENOID VALVE Pass  
 \* CHANGE (K) FUEL FILTER N/A  
 \* CHANGE (L) WATER SEPARATOR N/A  
 \* TEST (M) FUEL SAMPLE N/A

(8) ELECTRICAL SYSTEM

CHECK (A) WIRING CONNECTIONS Pass  
 \* (B) INSTRUMENTATION Pass  
 \* (C) SAFETIES SHUT/DOWNS Pass  
 \* (1) OVERCRANK Pass  
 \* (2) HIGH WATER TEMP. Pass  
 \* (3) LOW OIL PRESSURE Pass  
 \* (4) OVERSPEED Pass  
 \* (D) ALARMS Pass  
 \* (E) PREALARMS Pass  
 \* (F) CIRCUIT BREAKERS Pass  
 \* (G) FUSES Pass  
 \* CHECK (H) INSULATION DAMAGE None  
 CLEAN (I) CABINETS Pass

(2) LUBRICATION

CHECK (A) LEAKS None  
 \* (B) ENGINE OIL LEVEL Pass  
 \* (C) OIL HEATER N/A  
 \* (D) GOVERNOR OIL LEVEL N/A  
 \* (E) CRANKCASE BREATHER Pass  
 \* CHANGE (F) OIL FILTER Changed  
 \* CHANGE (G) ENGINE OIL Changed  
 \* CHANGE (H) GOVERNOR OIL N/A  
 \* TEST (I) OIL SAMPLE N/A

(7) PRIME MOVER

CHECK (A) GOVERNOR OPERATION Pass  
 \* (B) VIBRATION Pass  
 \* (C) TIMING Pass  
 \* (D) INJECTORS Pass  
 \* (E) MOUNTING HARDWARE Pass  
 \* (F) AIR INTAKE Pass  
 \* (G) OIL PRESSURE 82  
 \* (H) WATER TEMPERATURE 172  
 \* (I) DC ALTERNATOR Pass  
 \* (1) VOLTS 14  
 \* (2) AMPS N/A  
 \* CHANGE (J) AIR CLEANER Pass  
 \* TORQUE (K) BOLTS Pass

(3) COOLING SYSTEM

CHECK (A) LEAKS None  
 \* (B) COOLANT LEVEL N/A  
 \* (C) FREEZE POINT N/A  
 \* (D) RADIATOR AIR FLOW N/A  
 \* (E) LOUVER SYSTEMS N/A  
 \* (F) BLOCK HEATER N/A  
 \* (G) WATER PUMP N/A  
 \* (H) HOSES Pass  
 \* (I) BELTS Pass  
 \* (J) FAN HUB Pass  
 \* (K) PULLEYS Pass  
 \* (L) RADIATOR PSI N/A  
 \* (M) RADIATOR CAP PSI N/A  
 \* CHANGE (N) WATER FILTER N/A  
 \* CHANGE (O) ANTIFREEZE N/A

(8) GENERATOR

CHECK (A) ROTOR Pass  
 \* (B) STATOR Pass  
 \* (C) EXCITOR Pass  
 \* (1) STATOR Pass  
 \* (2) ROTOR Pass  
 \* (D) BEARINGS (IR) Pass  
 \* (E) DIODES Pass  
 \* (F) AIR FLOW Pass  
 \* (G) VOLTAGE REGULATOR Pass  
 \* TEST (H) FEED BREAKER Pass  
 RECORD (I) VOLTAGE 239  
 \* (J) HERTZ 60

(4) EXHAUST SYSTEM

CHECK (A) LEAKS None  
 \* (B) CONDENSATION TRAP N/A  
 \* (C) INSULATION N/A  
 \* (D) RESTRICTION Pass  
 \* (E) RAINCAP Pass  
 CHECK (F) HANGERS/SUPPORT Pass  
 \* (G) FLEX SECTIONS Pass

(9) AUTOMATIC TRANSFER SWITCHES

CHECK (A) ATS CONTACTS Pass  
 LINEAR MOTORS ACTUATION Pass  
 MOVING PARTS Pass  
 \* (B) SIMULATE POWER FAILURE N/A  
 \* (C) TIME DELAYS Pass  
 \* (D) CLOCK EXERCISER Pass

(5) BATTERY SYSTEMS

CHECK (A) CHARGER VOLTAGE 13  
 (1) FLOAT Pass  
 \* (2) EQUALIZE N/A  
 \* (B) ELECTROLYTE LEVEL N/A  
 \* (C) TERMINALS/CABLES Pass  
 \* (D) BLANKET HEATER N/A  
 \* (E) SPECIFIC GRAVITY N/A  
 (1) HIGH N/A  
 (2) LOW N/A  
 \* (F) LOAD TEST Pass  
 CLEAN (G) CORROSION None

(10) GENERAL CONDITION - EPSS

CHECK (A) UNUSUAL/UNSAFE None  
 \* (B) HOUSEKEEPING Pass

(11) LOAD TEST

RECORD (A) AMPERAGE/LEG L1: 433, L2: 429 L3: 424  
 \* (B) VOLTAGE/LEG L1: 215, L2: 215, L3: 215  
 \* (C) HERTZ 60  
 \* (D) CB CONNECTIONS Pass  
 \* (E) UNIT LOADED 60

(12) EPSS

CHECK (A) EPS IN AUTO? Pass  
 \* (B) BREAKER CLOSED? Pass

\* As needed, specified on during annual inspection only  
 \*\* Additional cost if needed or specified

Comments:

Semi Annual PM complete with 2hr load bank.

2.5 Hours 95 Miles

Customer Signature \_\_\_\_\_

3E Signature \_\_\_\_\_

Date 3/29/2023

LOAD BANK REPORT

3E ELECTRICAL ENGINEERING & EQUIPMENT COMPANY  
7402 L STREET OMAHA NE 68127

TECHNICIAN NAME THAT COMPLETED LOAD BANK:

Customer	Buildings Solar Cottages	Date	3/29/2023									
Location		W/O #	922610			Desired load	388.61					
Generator M/N	DG175GC	Hour Meter	105			Phase (1 or 3)	3					
Generator S/N	CATDG175PKJ600131	Rated KW	175	Volts	208							
Generator Make	CAT											

	Setup	1	2	3	4	5	6	7	8	9	10	11
Time	11:30	11:45	12:00	12:15	12:30	12:45	1:00	1:15	1:30			
KW	43.75	43.75	43.75	87.5	87.5	131.25	131.25	157.5	157.5	0	0	0
% Desired	25	25	25	50	50	75	75	90	90			
Desired Load	117.67	117.49	117.49	234.61	234.61	351.92	351.92	422.96	422.96	#DIV/0!	#DIV/0!	#DIV/0!
Actual %	25.2	25.3	25.3	49.6	49.6	77.5	77.5	91.5	91.2	0.0	0.0	0.0

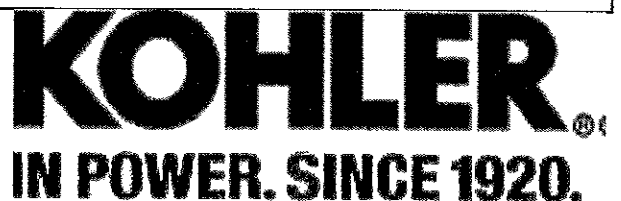
**Test Results**

Volts												
L1-L2	215	215	215	216	216	216	216	215	215			
L2-L3	215	215	215	215	215	215	215	215	215			
L1-L3	214	215	215	215	215	215	215	215	215			
Average	214.67	215	215	215.33	215.33	215.33	215.33	215	215	0	0	0
Amps												
A	119	119	119	234	234	365	365	434	433			
B	119	119	119	233	233	363	363	430	429			
C	118	119	119	231	231	363	363	426	424			
Average	118.67	119	119	232.67	232.67	363.67	363.67	430	428.67	0	0	0
Hz												

**Engine Instruments**

Hour Meter	105.0	105.3	105.6	105.9	106.1	106.2	106.6	106.8	107.1			
Oil Pressure	87	84	84	84	84	83	83	82	82			
Temp	165	165	165	167	167	171	171	172	172			

**Comments**







# MIDWEST ALARM SERVICES

Tech connected. Lives protected.

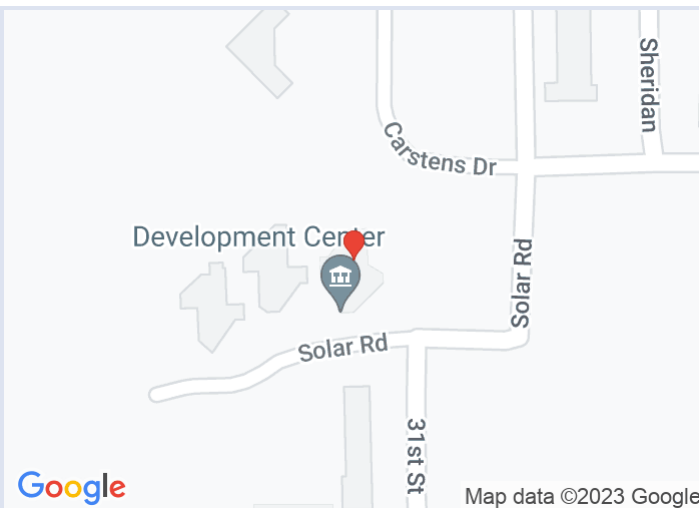
## Inspection Report

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Presented To  
State of Nebraska

---

For  
South Apartments  
3000 Lincoln St  
Beatrice, NE 68310



**This site has been inspected  
and tested in compliance  
with applicable standards.**

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Completed:  
**Tuesday, May 23, 2023**

---

Tested By:  
**Gary Hesman**  
Midwest Alarm Services  
3630 W Old Hwy 30  
Grand Island, NE 68803

Scan Code to Access  
Nspec Cloud Portal



# Inspection Information

## CUSTOMER INFORMATION

Name:	State of Nebraska	Address:	3000 Lincoln St
City:	Beatrice	State:	NE
ZIP:	68310	Email:	mike.balderson@nebraska.gov
AR#:	1001603		

## BUILDING INFORMATION

Name:	South Apartments	Occupancy Type:	Institutional (Group I)
Address:	3000 Lincoln St	City:	Beatrice
State:	NE	ZIP:	68310
Monitoring Company Account Number:	FA14300	AR#:	1001603
Email for Reports:	mike.balderson@nebraska.gov		

## COMPANY INFORMATION

Name:	Midwest Alarm Services	Address:	3630 W Old Hwy 30
City:	Grand Island	State:	NE
Zip:	68803	License:	-
Email:	tracy.hesman@mw-as.com	Phone:	308-389-3981

## AUTHORITY HAVING JURISDICTION

Name:	State of Nebraska Fire Marshal	Address:	246 S 14th St
City:	Lincoln	State:	NE
Zip:	68508	Email:	-
Phone:	402-471-2027		

## MONITORING COMPANY

Name:	Per Mar	Address:	1910 E Kimberly Rd
City:	Davenport	State:	IA
Zip:	52807	Email:	-
phone:	800-227-9805		

## TESTING SUMMARY

EQUIPMENT TYPE	TOTAL	TESTED	PASSED	FAILED
Communicator	1	1 (100%)	1 (100%)	0 (0%)
Alarm Initiated Device	25	25 (100%)	25 (100%)	0 (0%)
Alarm Notification Appliance	13	13 (100%)	13 (100%)	0 (0%)
Annunciator	0	0 (0%)	0 (0%)	0 (0%)
Auxiliary Device	0	0 (0%)	0 (0%)	0 (0%)
Auxiliary Power Supply	0	0 (0%)	0 (0%)	0 (0%)
Control Unit	1	1 (100%)	1 (100%)	0 (0%)
Supervising Station Monitoring	1	1 (100%)	1 (100%)	0 (0%)
Supervisory Signal Device	0	0 (0%)	0 (0%)	0 (0%)

## Fire Alarm Inspection- NFPA 72 (2013)

This testing was performed in accordance with applicable NFPA 72 Standards.

Midwest Alarm Services provides many services to our community. If you would like quarterly, semi-annual or annual testing/inspection, the inspection coordinator can reach out and offer inspections on a time and material basis. Signing an Inspection Agreement with Midwest Alarm Services has many benefits. Not only do you save money, but our inspection coordinator will work with you to ensure your Fire System stays in code as well as has proper documentation sent to the local jurisdiction for compliance. If you need an estimate or have questions about our services, please reach out to our operations manager.

Gary Hesman  
Operations Manager  
308-389-3981  
gary.hesman@mw-as.com

---

Tested By:



**Gary Hesman**  
Midwest Alarm Services  
3630 W Old Hwy 30  
Grand Island, NE 68803

## Control Unit

### Location

Location  
South Apartment's / Center Staircase

### Specification

Type/Make/Model  
Spectronics / 641

### Software Firmware

Revision Number	Onsite Location Of Documentation
-	-

### Primary Power

Nominal Voltage	Amps
120v	-

### Overcurrent Protection

Type	Amps	Location	Disconnecting Means Location
-	-	-	-

### Visual/ Functional

Control Unit	Lamps/LEDs/LCDs	Fuses	Trouble Signal
Tested functionally	Tested functionally	Tested functionally	Tested functionally
Disconnect Switch	Ground-Fault Monitoring		
Tested functionally	Tested functionally		

### Batteries

Battery Date	Battery Type	Nominal Voltage	Amps/Hour Rating
05/18/2023	Gel	27.2v	7ah
Standby Mode (hrs)	Alarm Mode (mins)		
-	-		

### Visual/ Functional

Load Voltage	Charge Test	Discharge Test	Battery Condition
Tested functionally	Tested functionally	Tested functionally	Tested functionally

### Result

● Passed

## Communicator

### Specification

Type/Make/Model  
-

### Type

Type  
Phone Lines : Thru Admin

### Result

● Passed

## Supervising Station Monitoring

### Specification

Type/Make/Model  
-

### Supervising Station Monitoring

Alarm Signal	Alarm Restoration	Trouble Signal	Trouble Restoration
Tested functionally	Tested functionally	Tested functionally	Tested functionally

Supervisory Signal  
Tested functionally

Supervisory Restoration  
Tested functionally

## Result

● Passed

## Alarm Initiated Device

Location	Specification	New Section	Result	Notes
Location	Type/Make/Model	Visual	Result	Number
Front Entry	Manual Pull Station	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
Basement Exit	Manual Pull Station	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
West Cage	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
West Room	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
East Server Room	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
By Exit	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
Front Exit / 03	Smoke Detector / System Sensor / 2WB	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
Stairs / 04	Smoke Detector / System Sensor / 2WB	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
Front Entry/Exit	Manual Pull Station	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
East by Cage	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
East by Exit	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
West by Exit	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
West by Stairs	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
By Exit	Manual Pull Station	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
Staircase / 06	Smoke Detector / System Sensor / 2WB	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
Front Exit / 05	Smoke Detector / System Sensor / 2WB	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
Front Exit / 01	Smoke Detector / System Sensor / 2WB	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
Staircase / 02	Smoke Detector / System Sensor / 2WB	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
By Front Exit	Manual Pull Station	Tested functionally	● Passed	-

Location	Specification	New Section	Result	Notes
Location	Type/Make/Model	Visual	Result	Number
West Storage	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
East Storage	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
North East Storage	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
Basement North West Storage	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
By Exit	Manual Pull Station	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
West Room	Smoke Detector / System Sensor / 2WB	Tested functionally	● Passed	-

## Alarm Notification Appliance

Location	Specification	New Section	Result	Notes
Location	Type/Make/Model	Visual / Functional	Result	Number
	Bell	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
2nd	Strobe / System Sensor / SWL	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
1st	Strobe / System Sensor / SWL	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
	Strobe / System Sensor / SWL	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
	Bell	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
	Bell	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
	Strobe / System Sensor / SWL	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
2nd	Strobe / System Sensor / SWL	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
	Strobe / System Sensor / SWL	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
	Bell	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
	Strobe / System Sensor / SWL	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
	Bell	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
2nd	Strobe / System Sensor / SWL	Tested functionally	● Passed	-

## Comments

Number	COMMENT	IMAGE
1	Fire Alarm Inspection. No issues. Replaced 2 - 12v 7ah batteries FAS1075.	



**Tech connected. Lives protected.**

## **Conclusion**

We appreciate the opportunity to provide this inspection report. We are confident in the accuracy of the contents of this report. Should you require any additional services, or have questions regarding the contents of this report, please do not hesitate to contact your Midwest Alarm Services representative at 308-389-3981.

### **Life Safety Solutions Experts Since 1950**

For more than 70 years, Midwest Alarm Services has been providing the best, innovative fire, security and technology solutions for homes and businesses. As a systems integrator, we can design, install, maintain, monitor and service a wide variety of equipment and software. We take the time to understand your needs and customize solutions to fit your needs and budget. To learn more about our company and the services we provide, please visit:

[www.midwestalarmservices.com](http://www.midwestalarmservices.com)

A handwritten signature in black ink, appearing to read 'GH', is positioned above a solid blue horizontal line.

Tested By:

**Gary Hesman**

Midwest Alarm Services

3630 W Old Hwy 30

Grand Island, NE 68803





# MIDWEST ALARM SERVICES

Tech connected. Lives protected.

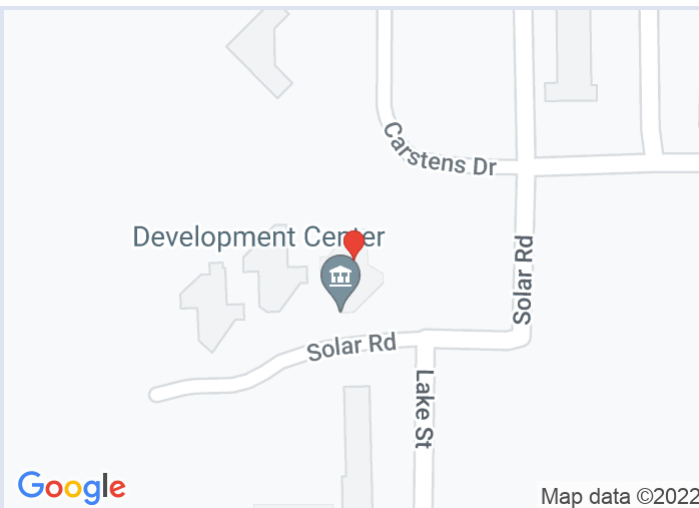
## Inspection Report

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Presented To  
State of Nebraska

---

For  
South Apartments  
3000 Lincoln St  
Beatrice, NE 68310



**This site has been inspected  
and tested in compliance  
with applicable standards.**

---

Completed:  
**Tuesday, December 13, 2022**

---

Tested By:  
**Lucas Canfield**  
Midwest Alarm Services  
3630 W Old Hwy 30  
Grand Island, NE 68803

Scan Code to Access  
Nspec Cloud Portal



# Inspection Information

## CUSTOMER INFORMATION

Name:	State of Nebraska	Address:	3000 Lincoln St
City:	Beatrice	State:	NE
ZIP:	68310	Email:	mike.balderson@nebraska.gov
AR#:	1001603		

## BUILDING INFORMATION

Name:	South Apartments	Occupancy Type:	Institutional (Group I)
Address:	3000 Lincoln St	City:	Beatrice
State:	NE	ZIP:	68310
Monitoring Company Account Number:	FA14300	AR#:	1001603
Email for Reports:	mike.balderson@nebraska.gov		

## COMPANY INFORMATION

Name:	Midwest Alarm Services	Address:	3630 W Old Hwy 30
City:	Grand Island	State:	NE
Zip:	68803	License:	-
Email:	tracy.hesman@mw-as.com	Phone:	308-389-3981

## AUTHORITY HAVING JURISDICTION

Name:	State of Nebraska Fire Marshal	Address:	246 S 14th St
City:	Lincoln	State:	NE
Zip:	68508	Email:	-
Phone:	402-471-2027		

## MONITORING COMPANY

Name:	Per Mar	Address:	1910 E Kimberly Rd
City:	Davenport	State:	IA
Zip:	52807	Email:	-
phone:	800-227-9805		

## TESTING SUMMARY

EQUIPMENT TYPE	TOTAL	TESTED	PASSED	FAILED
Fire Extinguisher	8	8 (100%)	7 (88%)	1 (13%)

## Fire Extinguisher Report

This testing was performed in accordance with applicable NFPA 72 Standards.

Midwest Alarm Services provides many services to our community. If you would like quarterly, semi-annual or annual testing/inspection, the inspection coordinator can reach out and offer inspections on a time and material basis. Signing an Inspection Agreement with Midwest Alarm Services has many benefits. Not only do you save money, but our inspection coordinator will work with you to ensure your Fire System stays in code as well as has proper documentation sent to the local jurisdiction for compliance. If you need an estimate or have questions about our services, please reach out to our operations manager.

Gary Hesman  
Operations Manager  
308-389-3981  
gary.hesman@mw-as.com

---

Tested By:



**Lucas Canfield**  
Midwest Alarm Services  
3630 W Old Hwy 30  
Grand Island, NE 68803

## Fire Extinguisher

Location	Specification	Information	Dates	Inspected	Inspected	Result	Notes
Location 1 / 1st / East Apartments / Main Entry	Type/Make/Model Amerex / B402	Serial # BE-776257 Size 5# Type ABC Mfg Date 2012	Last Hydro Date 12/13/2019 Next Hydro Date - Next Six Year Date 12/13/2025	Weight Yes Bracket Yes Gauge Yes Pull Pin Yes	Signage Yes Hose Yes Collar Yes Due for Service No	Result ● Passed	Number -
Location 2 / 1st / East Apartments / Apartment 103 Dining Room	Type/Make/Model Amerex / B402	Serial # C-94603041 Size 5# Type ABC Mfg Date 2017	Last Hydro Date - Next Hydro Date - Next Six Year Date 12/13/2023	Weight Yes Bracket Yes Gauge Yes Pull Pin Yes	Signage No Hose Yes Collar Yes Due for Service No	Result ● Passed	Number -
Location 3 / 1st / East Apartments / Apartment 103 South Hall by Exit	Type/Make/Model Amerex / B456	Serial # C-96074539 Size 10# Type ABC Mfg Date 2017	Last Hydro Date - Next Hydro Date - Next Six Year Date 12/13/2023	Weight Yes Bracket Yes Gauge Yes Pull Pin Yes	Signage No Hose Yes Collar Yes Due for Service No	Result ● Passed	Number -
Location 4 / 1st / East Apartments / Apartment 104 North Hall by Exit	Type/Make/Model Buckeye / 10 HI SA80 ABC	Serial # ZZ128914 Size 10# Type ABC Mfg Date 2008	Last Hydro Date 12/13/2021 Next Hydro Date - Next Six Year Date 12/13/2027	Weight Yes Bracket Yes Gauge Yes Pull Pin Yes	Signage No Hose Yes Collar Yes Due for Service No	Result ● Passed	Number -
Location 5 / 2nd / East Apartments / Top of Staircase	Type/Make/Model Buckeye / 5 HI SA40 ABC	Serial # C641677 Size 5# Type ABC Mfg Date 2009	Last Hydro Date - Next Hydro Date 12/13/2023 Next Six Year Date -	Weight Yes Bracket Yes Gauge Yes Pull Pin Yes	Signage No Hose Yes Collar Yes Due for Service No	Result ● Passed	Number -
Location 6 / 1st / East Apartments / From 2nd Floor by North Stairs	Type/Make/Model Buckeye / 10 HI SA80 ABC	Serial # ZZ163814 Size 10# Type ABC Mfg Date 2009	Last Hydro Date - Next Hydro Date 12/13/2023 Next Six Year Date -	Weight Yes Bracket Yes Gauge Yes Pull Pin Yes	Signage Yes Hose Yes Collar Yes Due for Service No	Result ● Passed	Number -

Location	Specification	Information	Dates	Inspected	Inspected	Result	Notes
Location	Type/Make/Model	Serial #	Last Hydro Date	Weight	Signage	Result	Number
7 / 1st / East Apartments / From 2nd Floor Bottom of South Stairs	Buckeye / 10 HI SA80 ABC	ZZ163813 Size 10# Type ABC Mfg Date 2009	- Next Hydro Date 12/13/2022 Next Six Year Date -	Yes Bracket Yes Gauge Yes Pull Pin Yes	No Hose Yes Collar Yes Due for Service Yes	X Failed	1
Location	Type/Make/Model	Serial #	Last Hydro Date	Weight	Signage	Result	Number
8 / Basement / East Apartments / By Staircase	Amerex / B456	TB-752663 Size 10# Type ABC Mfg Date 2002	12/13/2014 Next Hydro Date 12/13/2025 Next Six Year Date -	Yes Bracket Yes Gauge Yes Pull Pin Yes	Yes Hose Yes Collar Yes Due for Service No	● Passed	-

## Deficiencies

Location	Type/Make/Model	Serial #	Last Hydro Date	Weight	Signage	Result	Number
7 / 1st / East Apartments / From 2nd Floor Bottom of South Stairs	Buckeye / 10 HI SA80 ABC	ZZ163813 Size 10# Type ABC Mfg Date 2009	- Next Hydro Date 12/13/2022 Next Six Year Date -	Yes Bracket Yes Gauge Yes Pull Pin Yes	No Hose Yes Collar Yes Due for Service Yes	Failed	1

## Comments

Number	COMMENT	IMAGE
1	#7 due for hydro	
2	Annual Fire Extinguisher Inspection. Issues listed.	



**Tech connected. Lives protected.**

## **Conclusion**

We appreciate the opportunity to provide this inspection report. We are confident in the accuracy of the contents of this report. Should you require any additional services, or have questions regarding the contents of this report, please do not hesitate to contact your Midwest Alarm Services representative at 308-389-3981.

### **Life Safety Solutions Experts Since 1950**

For more than 70 years, Midwest Alarm Services has been providing the best, innovative fire, security and technology solutions for homes and businesses. As a systems integrator, we can design, install, maintain, monitor and service a wide variety of equipment and software. We take the time to understand your needs and customized solutions to fit your needs and budget. To learn more about our company and the services we provide, please visit:

[www.midwestalarmservices.com](http://www.midwestalarmservices.com)

A handwritten signature in black ink, appearing to read 'Lucas Canfield', is written over a light blue horizontal line.

Tested By:

**Lucas Canfield**

Midwest Alarm Services

3630 W Old Hwy 30

Grand Island, NE 68803

# State Building ICF

Reporting Period: December 1,  
2022 – October 31, 2023

## Public Health Surveys

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# NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

December 7, 2022

Dawn Urbaschek, Administrator  
400 State Building  
3104, 3070, 3071 State Ave  
Beatrice, NE 68310

Dear Ms. Urbaschek:

After reviewing the findings of the onsite revisit survey conducted for your Center for the Developmentally Disabled on December 7, 2022 by a representative of this Department, we are pleased to inform you that your facility is in substantial compliance.

The enclosed form indicates the survey results. Please retain for your files.

The surveyor wishes to thank you and your staff for the courtesy and sending the information to our office. If you have any questions, please contact this office.

Sincerely,



Mark Luger - Program Manager II  
DHHS Public Health - Licensure Unit  
Office of DD and Behavioral Health  
PO Box 94669, Lincoln, NE 68509-4669  
Email: mark.luger@nebraska.gov

EID:5LYM13



Pete Ricketts, Governor



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/07/2022  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>28G107</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  R <b>12/07/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>400 STATE BUILDING</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3104, 3070, 3071 STATE AVE BEATRICE, NE 68310</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W 000	<p><b>INITIAL COMMENTS</b></p> <p>A representative of the DHHS, Division of Public Health, conducted a revisit on 12/05-06/22 to the Recertification (3/25/2022) and Revisit (6/02/2022). This revisit was to assess compliance with Appendix J regulations for Intermediate Care Facilities for Individuals with Intellectual Disabilities. All previously cited deficiencies were corrected and the facility was found to be in compliance with regulations. The facility census was 9 at the time of the the Recertification revisit.</p>	W 000			
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE		(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.



\*\*\*\*\*  
FAX TX REPORT  
\*\*\*\*\*

TRANSMISSION OK

JOB NO.	0927
DESTINATION ADDRESS	914027422326
SUBADDRESS	
DESTINATION ID	
ST. TIME	03/23 15:54
TX/RX TIME	04' 15
PGS.	12
RESULT	OK

# NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM



## BEATRICE STATE DEVELOPMENTAL CENTER FACSIMILE TRANSMITTAL SHEET

TO: DHHS DDBH Facilities FROM: Russell Fralin, Admin Specialist

COMPANY: DATE: March 23, 2023

FAX NUMBER: 402.742.2326 TOTAL PAGES INCLUDING COVER: 12

PHONE NUMBER: PHONE NUMBER: 402.223.6827

URGENT  FOR REVIEW  PLEASE REPLY  AS REQUESTED

Attached are the signed front page(s) for the 2567s for 400 State Building ICF at the Beatrice State Developmental Center (BSDC) received from Public Health and the Fire Marshal Office for Dawn Urbaschek.

The plans of correction are being emailed per the instructions on the email received.

Please advise if further information is needed.

Thank you

# NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM



## BEATRICE STATE DEVELOPMENTAL CENTER FACSIMILE TRANSMITTAL SHEET

TO: DHHS DDBH Facilities

FROM: Russell Fralin, Admin Specialist

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Attached are the signed front page(s) for the 2567s for 400 State Building ICF at the Beatrice State Developmental Center (BSDC) received from Public Health and the Fire Marshal Office for Dawn Urbaschek.

The plans of correction are being emailed per the instructions on the email received.

Please advise if further information is needed.

Thank you

Attached pages within this transmission may include protected health information, under the standards established per the Health Insurance Portability and Accountability Act of 1996, and Neb. Rev. Stat., section 68-313, if this information has been received in error, the recipient is directed to destroy the information and notify this office of the error immediately. Failure to do so may lead to civil or criminal penalties.

3000 Lincoln Boulevard  
Beatrice, NE 68310-3319

# NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES



Jim Pillen Governor

March 16, 2023

Dawn Urbaschek  
400 State Building  
3104, 3070, 3071 State Ave  
Beatrice, NE 68310

Dear Ms. Urbaschek:

### IMPORTANT NOTICE – PLEASE READ CAREFULLY

On March 6-9, 2023, DHHS representatives conducted surveys to determine whether your facility was in compliance with Federal Condition of Participation requirements, State Licensure regulations, and Life Safety Code Requirements for Intermediate Care Facilities for Individuals with Intellectual Disabilities. Enclosed you will find the CMS-2567's documenting the results of that survey. All references to regulatory requirements contained in this letter are found in Title 42, Code of Federal Regulations and 175 NAC Chapter 17 Regulations Governing Licensure of Intermediate Care Facilities for Individuals with Intellectual Disabilities.

### PLAN OF CORRECTION (POC)

A POC for each deficiency cited must be submitted to [DHHS.DDBHFacilities@nebraska.gov](mailto:DHHS.DDBHFacilities@nebraska.gov) **NO LATER THAN 10 calendar days after receipt of the CMS-2567's**. Failure to submit an acceptable POC timely may result in the imposition of Disciplinary Action.

### **An acceptable POC must include:**

- The plan of correcting the specific deficiency. The plan should address the processes that lead to the deficiencies cited;
- The procedure for implementing the acceptable plan of correction for the specific deficiency cited;
- The monitoring procedure to ensure that the plan of correction is effective and that specific deficiency cited remains corrected and/or in compliance with the regulatory requirements;
- The title of the person responsible for implementing the acceptable plan of correction;

- **PROVIDE THE DATE WHEN CORRECTION ACTION WILL BE COMPLETED.** Correction dates should be no later than forty-five calendar days from the exit date of the survey or **April 23, 2023.**

**NOTE:** Remember to attach copies of any auditing tools; education; revised or new policies/processes.

**SIGNATURE ON FIRST PAGE OF THE 2567's:** The first page must be signed by the provider/supplier representative and faxed to 402-742-2326.

Page 2  
March 16, 2023

We will notify you whether your plan of correction is or is not acceptable via email. Subsequently, if your plan of correction is **not accepted, you must submit an addendum to your plan of correction within ten (10) calendar days of the notification.**

We thank you and your staff for your cooperation and assistance during the survey. If you have any questions regarding this correspondence, please contact this office.

Sincerely,

A handwritten signature in black ink that reads "Mark Luger". The signature is written in a cursive style with a large, prominent "M" and "L".

Mark Luger - Program Manager II  
DHHS Public Health - Licensure Unit  
Office of DD and Behavioral Health  
PO Box 94669, Lincoln, NE 68509-4669  
Email: [mark.luger@nebraska.gov](mailto:mark.luger@nebraska.gov)

EID: TVGZ11, TVGZ21

## PLAN OF CORRECTION

Provider/Supplier Name: →

STREET ADDRESS, CITY, ZIP: →

400 STATE BUILDING	Survey Date ↓
3104, 3070, 3071 STATE AVE BEATRICE, NE 68310	3/9/2023
SURVEY EVENT ID#	TVGZ11
(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 28-	ICFDD07

### PROVIDER'S PLAN OF CORRECTION

(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)

COMPLETION DATE

CITED TAG #		COMPLETION DATE
W-0382		4/14/2023
	<b>A. ACTION(S) THAT WILL BE TAKEN TO CORRECT THIS DEFICIENCY - ALONG WITH A DESCRIPTION OF HOW THE ACTION WILL CORRECT OR IMPROVE THE PROCESSES THAT LEAD TO THE CITED DEFICIENCY:</b>	4/14/2023
	For Client 4 and all other individuals residing in 3071 State Avenue and 400 State Building ICF; Staff A and all other medication aides who provide support will ensure that the medication cart is equipped with the necessary equipment when preparing to and before administering medications.	4/14/2023
	Staff A and all other medication aides who provide support will ensure that once Client 4 has measured out the recommended amount of MiraLax powder per the doctor's order, that the MiraLax will be returned to the medication cart to be secured and locked, should the medication aide not have the medication cart in direct site and control of the person receiving medication.	4/14/2023
	<b>B. THE PROCEDURE FOR IMPLEMENTING THE CORRECTIVE ACTION(S):</b>	
	For Client 4 and all other individuals residing in 400 State Building ICF, all medication aides at 3071 State Avenue and all medication aides for 400 State Building ICF have been re-in-serviced on the importance of locking the medication cart when it is out of immediate site and control of the person providing medications/treatments and re-in-serviced on the Operational Guideline - Basic Guidelines: Providing Medications and Treatments.	4/14/2023
	<b>C. THE MONITORING OR TRACKING PROCEDURE(S) TO ENSURE THE FACILITY IS EFFECTIVE IN CORRECTING THE DEFICIENCY AND TO ENSURE THE FACILITY REMAINS IN COMPLIANCE WITH THIS DEFICIENCY:</b>	
	Medication carts will be check during environmental audits and during medication administration audits.	4/14/2023
	<b>D. THE TITLE OF THE PERSON RESPONSIBLE FOR ENSURING THE FACILITY REMAINS IN COMPLIANCE WITH THE CITED DEFICIENCY: (Do not put the staff names).</b>	
	The ICF Administrator will be responsible for monitoring and to ensure compliance.	4/14/2023

	<b>A. ACTION(S) THAT WILL BE TAKEN TO CORRECT THIS DEFICIENCY - ALONG WITH A DESCRIPTION OF HOW THE ACTION WILL CORRECT OR IMPROVE THE PROCESSES THAT LEAD TO THE CITED DEFICIENCY:</b>	
	<b>B. THE PROCEDURE FOR IMPLEMENTING THE CORRECTIVE ACTION(S):</b>	
	<b>C. THE MONITORING OR TRACKING PROCEDURE(S) TO ENSURE THE FACILITY IS EFFECTIVE IN CORRECTING THE DEFICIENCY AND TO ENSURE THE FACILITY REMAINS IN COMPLIANCE WITH THIS DEFICIENCY:</b>	
	<b>D. THE TITLE OF THE PERSON RESPONSIBLE FOR ENSURING THE FACILITY REMAINS IN COMPLIANCE WITH THE CITED DEFICIENCY: (Do not put the staff names).</b>	
	<b>A. ACTION(S) THAT WILL BE TAKEN TO CORRECT THIS DEFICIENCY - ALONG WITH A DESCRIPTION OF HOW THE ACTION WILL CORRECT OR IMPROVE THE PROCESSES THAT LEAD TO THE CITED DEFICIENCY:</b>	
	<b>B. THE PROCEDURE FOR IMPLEMENTING THE CORRECTIVE ACTION(S):</b>	
	<b>C. THE MONITORING OR TRACKING PROCEDURE(S) TO ENSURE THE FACILITY IS EFFECTIVE IN CORRECTING THE DEFICIENCY AND TO ENSURE THE FACILITY REMAINS IN COMPLIANCE WITH THIS DEFICIENCY:</b>	
	<b>D. THE TITLE OF THE PERSON RESPONSIBLE FOR ENSURING THE FACILITY REMAINS IN COMPLIANCE WITH THE CITED DEFICIENCY: (Do not put the staff names).</b>	




DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/16/2023  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>28G107</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>03/09/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>400 STATE BUILDING</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3104, 3070, 3071 STATE AVE BEATRICE, NE 68310</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W 382	<p><b>DRUG STORAGE AND RECORDKEEPING</b> CFR(s): 483.460(l)(2)</p> <p>The facility must keep all drugs and biologicals locked except when being prepared for administration. This STANDARD is not met as evidenced by:</p> <p>Based on record reviews, observation and interview, the facility failed to ensure all medications were secured and locked by a medication aide during 1 of 4 observed medication passes. This failure had the potential to affect all clients residing at the facility. The facility census was 8 at the time of the survey.</p> <p>Record review of the facility's Operational Guideline: Providing Medications and Treatments states that staff are to complete routine safety checks during medication or treatment provision. #6 stated staff are to secure/lock medication area when not in sight or control of person receiving medication.</p> <p>Record review of Client 4's Medication Administration Record, revealed Client 4 has doctor's order for a 4:00 pm medication of 17 grams of MiraLAX powder to be mixed with 8 oz. of water daily.</p> <p>Observation on 3/8/2023 at 4:15 pm, Client 4 requested to take their medications in their room. Staff A assisted Client 4 in measuring their MiraLAX powder into a measuring cup. Staff A discovered that there were no spoons located in the medication cart to stir in the powder with 8 oz of water. Staff A leaned into the hallway to ask additional staff to bring spoons to Client 4's bedroom. While Staff A's back was turned, Client 4 grabbed the large container of MiraLAX powder</p>	W 382			

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

TITLE

(X5) DATE

*Dawn Urbaoshek*

ICFA

03/23/2023

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/16/2023  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>28G107</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>03/09/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>400 STATE BUILDING</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3104, 3070, 3071 STATE AVE BEATRICE, NE 68310</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W 382	<p>Continued From page 1</p> <p>that was sitting on top of the medication cart and began to pour an unknown amount into the water cup. When Staff A received a spoon from the additional staff, Staff A instructed Client 4 to add the pre-measured out MiraLAX into the cup water. Survey team stopped Client 4 from drinking the cup, as it had more MiraLAX powder than prescribed in it. Staff A threw the cup away, and re-measured the MiraLAX into a fresh measuring cup, and provided Client 4 with a new water cup.</p> <p>Interview with Home Manager on 3/9/2023 at 11:00 am confirmed that Staff A should have secured additional medication after measuring out the prescribed amount back into the medication cart, out of reach of Client 4.</p>	W 382			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/16/2023  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>28G107</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>03/06/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>400 STATE BUILDING</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3104, 3070, 3071 STATE AVE BEATRICE, NE 68310</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
E 000	Initial Comments  This facility is in compliance with Emergency Preparedness regulations at E41 [483.73(e)].	E 000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  
*Dawn Ulbrsckek*

TITLE  
*ICFA*

(X6) DATE  
*03/23/2023*

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/16/2023  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>28G107</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>03/09/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>400 STATE BUILDING</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3104, 3070, 3071 STATE AVE BEATRICE, NE 68310</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
E 000	Initial Comments  Representatives of the DHHS, Division of Public Health conducted a Survey, from 3/06/22 through 3/09/22 to determine compliance with the Appendix Z, Emergency Preparedness regulations. The facility census was 8 at the time of the Survey. The facility was found to be in compliance with the Federal Emergency Preparedness requirements pertaining to Intermediate Care Facilities for individuals with Intellectual Disabilities (ICFID).	E 000			

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

TITLE

(X6) DATE

*Dawn Urbaschek*

ICFA 03/23/2023

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.



# NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES



Jim Pillen, Governor

June 2, 2023

Dawn Urbaschek, Administrator  
400 State Building  
3104, 3070, 3071 State Ave  
Beatrice, NE 68310

Dear Ms. Urbaschek:

After reviewing the findings of the onsite revisit survey conducted for your Intermediate Care Facility For Intellectually Disabled on May 31, 2023 by representatives of this Department, we are pleased to inform you that your facility is in substantial compliance.

The enclosed form indicates the survey results. Please retain for your files.

The surveyor wishes to thank you and your staff for the courtesy during the revisit survey. If you have any questions, please contact this office.

Sincerely,

A handwritten signature in cursive script that reads "Mark Luger".

Mark Luger - Program Manager II  
DHHS Public Health - Licensure Unit  
Office of DD and Behavioral Health  
PO Box 94669, Lincoln, NE 68509-4669  
Email: mark.luger@nebraska.gov

ML/fe

Enclosure: CMS-2567  
Survey Evaluation

EID: TVGZ12

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/02/2023  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>28G107</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>R</b> <b>05/31/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>400 STATE BUILDING</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3104, 3070, 3071 STATE AVE</b> <b>BEATRICE, NE 68310</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W 000	INITIAL COMMENTS  Representatives of the DHHS, Division of Public Health, conducted a revisit on 05/31/2023 to the Recertification (3/09/2023). This revisit was to assess compliance with Appendix J regulations for Intermediate Care Facilities for Individuals with Intellectual Disabilities. All previously cited deficiencies were corrected, and the facility was found to be in compliance with regulations. The facility census was 8 at the time of the Recertification revisit.	W 000			
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE		(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.





# NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES



Jim Pillen, Governor

June 2, 2023

Ms. Dawn Urbaschek, Administrator  
400 State Building  
3104, 3070, 3071 State Ave  
Beatrice, NE 68310

Dear Ms. Urbaschek:

An unannounced visit was made to 400 State Building on May 31, 2023, by representatives of this Department. The purpose of the visit was to investigate a complaint on non-compliance with regulatory requirements received by our office.

The following are the general allegation of non-compliance and conclusions:

**ALLEGATION:**

The facility fails to ensure clients are supervised as identified in the individual person plan.

**FINDINGS:**

At the time of the onsite investigation the facility failed to ensure clients were supervised as written in their individual person plan. The facility took appropriate action with retraining staff and completing an internal investigation.

These findings are related to regulations under the Licensure Unit's regulatory authority. Since each division has unique statutory and regulatory obligations and guidelines, it may be possible that your facility will receive additional findings from other divisions who have also participated in the investigation/assessment of these same or similar allegations.

Sincerely,

Mark Luger - Program Manager II  
DHHS Public Health - Licensure Unit  
Office of DD and Behavioral Health  
PO Box 94669, Lincoln, NE 68509-4669  
Email: mark.luger@nebraska.gov

ED: ZRC211  
ML/fe

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/02/2023  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>28G107</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>05/31/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>400 STATE BUILDING</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3104, 3070, 3071 STATE AVE</b> <b>BEATRICE, NE 68310</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W 000	INITIAL COMMENTS  Representatives of the DHHS, Division of Public Health conducted a Complaint investigation on 05/31/23 to determine compliance with the Appendix J regulations for intermediate Care Facilities for Individuals with Intellectual Disabilities. The facility was found to be in compliance with these regulations. The facility census was 8 at the time of the Survey.	W 000			
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE		(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.



LEAVE NO FIELD BLANK  
NEEDS N/A IF NOT USED

7402 L Street  
Omaha, NE 68127  
605-251-9415

N/A - NOT APPLICABLE ON THIS SERVICE  
CHANGED - FILTER OR PART WAS REPLACED  
PASSED - ITEM CHECKED OUT GOOD

ANNUAL

SEMI-ANNUAL INSPECTION

QUARTERLY INSPECTION

3E's GENERATOR (EPS) MAINTENANCE REPORT

CUSTOMER: Beatrice Dev Center (State Cottages) MAKE CAT TYPE Semi Annual 922605  
 CONTACT: \_\_\_\_\_ SERIAL CATDG175KKJ600129 DATE 3/30/2023  
 PHONE: \_\_\_\_\_ MODEL DG175GC HRS 111  
 ADDRESS \_\_\_\_\_ TECH Daniel  
 CITY Beatrice, NE

AUTOMATIC TRANSFER SWITCHES

MAKE \_\_\_\_\_ SERIAL \_\_\_\_\_ MODEL \_\_\_\_\_  
 MAKE \_\_\_\_\_ SERIAL \_\_\_\_\_ MODEL \_\_\_\_\_  
 MAKE \_\_\_\_\_ SERIAL \_\_\_\_\_ MODEL \_\_\_\_\_

(1) FUEL SYSTEM

CHECK (A) FUEL LEAKS None  
 \* (B) LINES/CONNECTIONS Pass  
 \* (C) DAYTANK LEVEL N/A  
 \* (D) DAYTANK OPERATION N/A  
 \* (E) TRANSFER PUMP N/A  
 \* (F) MAIN TANK LEVEL N/A  
 \* (G) VENT/OVERFLOW N/A  
 \* (H) WATER IN FUEL N/A  
 \* (I) INJECTION PUMP N/A  
 \* (J) SOLENOID VALVE Pass  
 \* CHANGE (K) FUEL FILTER N/A  
 \* CHANGE (L) WATER SEPARATOR N/A  
 \* TEST (M) FUEL SAMPLE N/A

(6) ELECTRICAL SYSTEM

CHECK (A) WIRING CONNECTIONS Pass  
 \* (B) INSTRUMENTATION Pass  
 \* (C) SAFETIES SHUTDOWNS Pass  
 (1) OVERCRANK Pass  
 (2) HIGH WATER TEMP Pass  
 (3) LOW OIL PRESSURE Pass  
 (4) OVERSPEED Pass  
 \* (D) ALARMS Pass  
 \* (E) PREALARMS Pass  
 \* (F) CIRCUIT BREAKERS Pass  
 \* (G) FUSES Pass  
 \* CHECK (H) INSULATION DAMAGE Pass  
 CLEAN (I) CABINETY Pass

(2) LUBRICATION

CHECK (A) LEAKS None  
 \* (B) ENGINE OIL LEVEL Pass  
 \* (C) OIL HEATER N/A  
 \* (D) GOVERNOR OIL LEVEL N/A  
 \* (E) CRANKCASE BREATHER Pass  
 \* CHANGE (F) OIL FILTER Pass  
 \* CHANGE (G) ENGINE OIL Pass  
 \* CHANGE (H) GOVERNOR OIL N/A  
 \* TEST (I) OIL SAMPLE N/A

(7) PRIME MOVER

CHECK (A) GOVERNOR OPERATION Pass  
 \* (B) VIBRATION Pass  
 \* (C) TIMING Pass  
 \* (D) INJECTORS Pass  
 \* (E) MOUNTING HARDWARE Pass  
 \* (F) AIR INTAKE Pass  
 \* (G) OIL PRESSURE 83  
 \* (H) WATER TEMPERATURE 174  
 \* (I) DC ALTERNATOR Pass  
 (1) VOLTS 14  
 (2) AMPS N/A  
 \*\* CHANGE (J) AIR CLEANER Pass  
 \*\* TORQUE (K) BOLTS Pass

(3) COOLING SYSTEM

CHECK (A) LEAKS None  
 \* (B) COOLANT LEVEL Pass  
 \* (C) FREEZE POINT -35  
 \* (D) RADIATOR AIR FLOW Pass  
 \* (E) LOUVER SYSTEMS N/A  
 \* (F) BLOCK HEATER Pass  
 \* (G) WATER PUMP Pass  
 \* (H) HOSES Pass  
 \* (I) BELTS Pass  
 \* (J) FAN HUB Pass  
 \* (K) PULLEYS Pass  
 \* (L) RADIATOR PSI N/A  
 \* (M) RADIATOR CAP PSI N/A  
 \* CHANGE (N) WATER FILTER Pass  
 \*\* CHANGE (O) ANTIFREEZE 50/50

(8) GENERATOR

CHECK (A) ROTOR Pass  
 \* (B) STATOR Pass  
 \* (C) EXCITOR Pass  
 (1) STATOR Pass  
 (2) ROTOR Pass  
 \* (D) BEARINGS (IR) Pass  
 \* (E) DIODES Pass  
 \* (F) AIR FLOW Pass  
 \* (G) VOLTAGE REGULATOR Pass  
 \* TEST (H) FEED BREAKER Pass  
 RECORD (I) VOLTAGE 20R  
 \* (J) HERTZ 60

(4) EXHAUST SYSTEM

CHECK (A) LEAKS None  
 \* (B) CONDENSATION TRAP Pass  
 \* (C) INSULATION Pass  
 \* (D) RESTRICTION Pass  
 \* (E) RAINCAP Pass  
 CHECK (F) HANGERS/SUPPORT Pass  
 \* (G) FLEX SECTIONS Pass

(9) AUTOMATIC TRANSFER SWITCHES

CHECK (A) ATS, CONTACTS Pass  
 LINEAR MOTORS ACTUATION Pass  
 MOVING PARTS Pass  
 \* (R) SIMULATE POWER FAILURE Pass  
 \* (C) TIME DELAYS Pass  
 \* (D) CLOCK EXERCISER N/A

(5) BATTERY SYSTEMS

CHECK (A) CHARGER VOLTAGE 13.8  
 (1) FLOAT Pass  
 (2) EQUALIZE N/A  
 \* (B) ELECTROLYTE LEVEL N/A  
 \* (C) TERMINALS/CABLES Pass  
 \* (D) BLANKET HEATER N/A  
 \* (E) SPECIFIC GRAVITY N/A  
 (1) HIGH N/A  
 (2) LOW N/A  
 \* (F) LOAD TEST Pass  
 CLEAN (G) CORROSION None

(10) GENERAL CONDITION - EPSS

CHECK (A) UNUSUAL/UNSAFE None  
 \* (B) HOUSEKEEPING Pass

(11) LOAD TEST

RECORD (A) AMPERAGE/LEG L1: 433 L2: 430, L3: 425  
 \* (B) VOLTAGE/LEG L1: 216, L2: 215, L3: 215  
 \* (C) HERTZ 60  
 \* (D) CB CONNECTIONS Pass  
 \* (E) UNIT LOADED 90

(12) EPSS

CHECK (A) EPS IN AUTO? Pass  
 \* (B) BREAKER CLOSED? Pass

\* As needed, specified or during annual inspection only  
 \*\* Additional cost if needed or specified.

Comments:

Quarterly inspection complete nothing unusual noted.

2.5 Hours 95

Customer Signature \_\_\_\_\_

3E Signature \_\_\_\_\_

Date 3/30/2023

## LOAD BANK REPORT

**3E ELECTRICAL ENGINEERING & EQUIPMENT COMPANY**  
**7402 L STREET OMAHA NE 68127**

**TECHNICIAN NAME THAT COMPLETED LOAD BANK:**

<b>Customer</b>	State Cottages	<b>Date</b>	3/30/2023									
<b>Location</b>		<b>W/O #</b>	922606		<b>Desired load</b>	388.61						
<b>Generator M/N</b>	DG175GC	<b>Hour Meter</b>	111		<b>Phase: (1 or 3)</b>	3						
<b>Generator S/N</b>	CATDG175KKJ600129	<b>Rated KW</b>	175	<b>Volts</b>	208							
<b>Generator Make</b>	CAT											

	Setup	1	2	3	4	5	6	7	8	9	10	11
<b>Time</b>	5:15	5:30	5:45	6:00	6:15	6:30	6:45	7:00	7:15			
<b>KW</b>	43.75	43.75	43.75	87.5	87.5	131.25	131.25	157.5	157.5	0	0	0
<b>% Desired</b>	25	25	25	50	50	75	75	90	90			
<b>Desired Load</b>	117.49	117.49	117.31	234.98	234.98	352.46	352.46	422.3	422.3	#DIV/0!	#DIV/0!	#DIV/0!
<b>Actual %</b>	26.5	26.5	26.5	49.4	49.4	77.2	77.2	91.5	91.5	0.0	0.0	0.0

### Test Results

<b>Volts</b>												
<b>L1-L2</b>	215	215	216	215	215	216	216	216	216			
<b>L2-L3</b>	215	215	215	215	215	215	215	215	215			
<b>L1-L3</b>	215	215	215	215	215	214	214	215	215			
<b>Average</b>	215	215	215.33	215	215	215	215	215.33	215.33	0	0	0
<b>Amps</b>												
<b>A</b>	124	124	124	232	232	363	363	433	433			
<b>B</b>	124	124	124	232	232	363	363	430	430			
<b>C</b>	125	125	125	232	232	363	363	425	425			
<b>Average</b>	124.33	124.33	124.33	232	232	363	363	429.33	429.33	0	0	0
<b>Hz</b>												

### Engine Instruments

<b>Hour Meter</b>	111.0	111.2	111.5	111.7	112.0	112.2	112.5	112.7	113.0			
<b>Oil Pressure</b>	84	84	84	83	83	82	82	83	83			
<b>Temp</b>	165	165	169	171	171	174	174	174	174			

### Comments





# MIDWEST ALARM SERVICES

Tech connected. Lives protected.

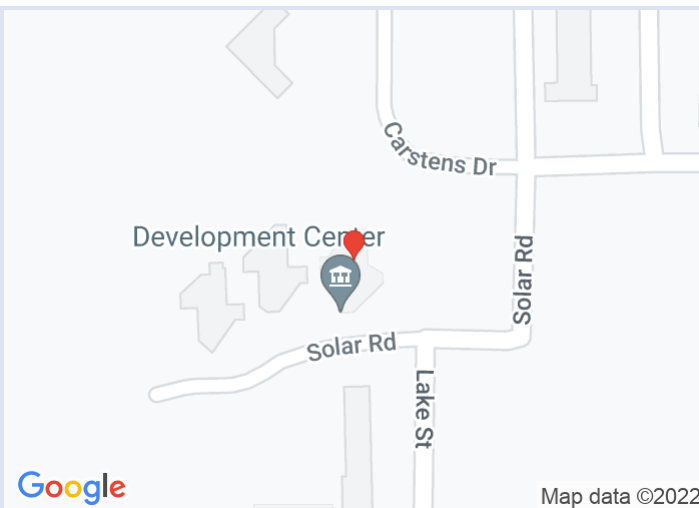
## Inspection Report

---

Presented To  
State of Nebraska

---

For  
T Building  
3000 Lincoln St  
Beatrice, NE 68310



**This site has been inspected  
and tested in compliance  
with applicable standards.**

---

Completed:  
**Wednesday, December 14,  
2022**

---

Tested By:  
**Lucas Canfield**  
Midwest Alarm Services  
3630 W Old Hwy 30  
Grand Island, NE 68803

Scan Code to Access  
Nspec Cloud Portal



# Inspection Information

## CUSTOMER INFORMATION

Name:	State of Nebraska	Address:	3000 Lincoln St
City:	Beatrice	State:	NE
ZIP:	68310	Email:	mike.balderson@nebraska.gov
AR#:	1001603		

## BUILDING INFORMATION

Name:	T Building	Occupancy Type:	Institutional (Group I)
Address:	3000 Lincoln St	City:	Beatrice
State:	NE	ZIP:	68310
Monitoring Company Account Number:	FA14300	AR#:	1001603
Email for Reports:	mike.balderson@nebraska.gov		

## COMPANY INFORMATION

Name:	Midwest Alarm Services	Address:	3630 W Old Hwy 30
City:	Grand Island	State:	NE
Zip:	68803	License:	-
Email:	tracy.hesman@mw-as.com	Phone:	308-389-3981

## AUTHORITY HAVING JURISDICTION

Name:	State of Nebraska Fire Marshal	Address:	246 S 14th St
City:	Lincoln	State:	NE
Zip:	68508	Email:	-
Phone:	402-471-2027		

## MONITORING COMPANY

Name:	Per Mar	Address:	1910 E Kimberly Rd
City:	Davenport	State:	IA
Zip:	52807	Email:	-
phone:	800-227-9805		

## TESTING SUMMARY

EQUIPMENT TYPE	TOTAL	TESTED	PASSED	FAILED
Fire Extinguisher	3	3 (100%)	3 (100%)	0 (0%)

## Fire Extinguisher Report

This testing was performed in accordance with applicable NFPA 72 Standards.

Midwest Alarm Services provides many services to our community. If you would like quarterly, semi-annual or annual testing/inspection, the inspection coordinator can reach out and offer inspections on a time and material basis. Signing an Inspection Agreement with Midwest Alarm Services has many benefits. Not only do you save money, but our inspection coordinator will work with you to ensure your Fire System stays in code as well as has proper documentation sent to the local jurisdiction for compliance. If you need an estimate or have questions about our services, please reach out to our operations manager.

Gary Hesman  
Operations Manager  
308-389-3981  
gary.hesman@mw-as.com

Tested By:



**Lucas Canfield**  
Midwest Alarm Services  
3630 W Old Hwy 30  
Grand Island, NE 68803



## Fire Extinguisher

Location	Specification	Information	Dates	Inspected	Inspected	Result	Notes
Location 1 / 1st / T Building / Main Entry Hall	Type/Make/Model Ansul / SY- 0517	Serial # NP-879263 Size 5# Type ABC Mfg Date 2011	Last Hydro Date 12/01/2018 Next Hydro Date - Next Six Year Date 12/01/2024	Weight Yes Bracket No Gauge Yes Pull Pin Yes	Signage No Hose Yes Collar Yes Due for Service No	Result ● Passed	Number -
Location 2 / 2nd / T Building / By Main Stairs	Type/Make/Model Buckeye / 5 HI SA40 ABC	Serial # AH-255298 Size 5# Type ABC Mfg Date 2011	Last Hydro Date 12/01/2018 Next Hydro Date - Next Six Year Date 12/01/2024	Weight Yes Bracket No Gauge Yes Pull Pin Yes	Signage No Hose Yes Collar Yes Due for Service No	Result ● Passed	Number -
Location 3 / 1st / T Building / By South Exit	Type/Make/Model Amerex / B402	Serial # BL-183877 Size 5# Type ABC Mfg Date 2012	Last Hydro Date - Next Hydro Date 12/01/2024 Next Six Year Date -	Weight Yes Bracket Yes Gauge Yes Pull Pin Yes	Signage Yes Hose Yes Collar Yes Due for Service No	Result ● Passed	Number -

## Comments

Number	COMMENT	IMAGE
1	Annual Fire Extinguisher Inspection. No issues.	



**Tech connected. Lives protected.**

## **Conclusion**

We appreciate the opportunity to provide this inspection report. We are confident in the accuracy of the contents of this report. Should you require any additional services, or have questions regarding the contents of this report, please do not hesitate to contact your Midwest Alarm Services representative at 308-389-3981.

### **Life Safety Solutions Experts Since 1950**

For more than 70 years, Midwest Alarm Services has been providing the best, innovative fire, security and technology solutions for homes and businesses. As a systems integrator, we can design, install, maintain, monitor and service a wide variety of equipment and software. We take the time to understand your needs and customized solutions to fit your needs and budget. To learn more about our company and the services we provide, please visit:

[www.midwestalarmservices.com](http://www.midwestalarmservices.com)

A handwritten signature in black ink, appearing to read 'Lucas Canfield', is written over a solid blue horizontal line.

Tested By:

**Lucas Canfield**

Midwest Alarm Services

3630 W Old Hwy 30

Grand Island, NE 68803



# Backflow Preventer Test Form

402.441.5912 • e-mail: [Backflow@lincoln.ne.gov](mailto:Backflow@lincoln.ne.gov) • FAX: 402.441.8003

**Return to: Lincoln Water System Backflow 2021 North 27th Street, Lincoln, NE 68503**

Business/Building \_\_\_\_\_ Contact Person \_\_\_\_\_

Service Address \_\_\_\_\_ Suite# \_\_\_\_\_

Phone# \_\_\_\_\_ e-mail: \_\_\_\_\_

Device Location \_\_\_\_\_

<input type="checkbox"/> Annual Test	<input type="checkbox"/> Repair	<input type="checkbox"/> New Installation
<input type="checkbox"/> DC	<input type="checkbox"/> RPP	Serial #: _____ Size: _____ Manufacturer: _____ Model#: _____
<input type="checkbox"/> Replacement		
<input type="checkbox"/> DC	<input type="checkbox"/> RPP	Serial #: _____ Size: _____ Manufacturer: _____ Model#: _____

<input type="checkbox"/> Domestic Containment	<input type="checkbox"/> Irrigation	<input type="checkbox"/> Fire Service	<input type="checkbox"/> Boiler	<input type="checkbox"/> Carbonator
<input type="checkbox"/> Swimming Pool	<input type="checkbox"/> Cooling Tower	<input type="checkbox"/> Water Cooled Ice Maker	<input type="checkbox"/> Other (Desc): _____	

Reduced Pressure-Double Check Valve	Pressure Vacuum Breaker
Shut off #2 Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #1 Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #1 _____ PSID Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #2 Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #2 _____ PSID Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Check Valve Held at _____ PSID
Relief Valve (RP only) Opened at _____ PSID	Air vent opened at _____ PSID

Final Test: Check Valve #1	Check Valve #2	Pressure Relief	PVB/SVB
	Closed Tight <input type="checkbox"/> Yes <input type="checkbox"/> No		Check Valve PSID
PSID	PSID	Replaced PSID	Air Inlet PSID

I hereby certify the above backflow preventer has been tested in accordance with all rules and regulations of the State of Nebraska Health and Human Services, Department of Regulation and Licensure, Title 179, and the Lincoln Water System Title 17, and that all readings are true and accurate to the best of my ability. **Must be returned to LWS within 30 days of performing test.**

State Certified Technician (Please Print) \_\_\_\_\_ Company \_\_\_\_\_ Grade 6 Certificate# \_\_\_\_\_ Cell/Phone# \_\_\_\_\_

State Certified Technician (Signature) \_\_\_\_\_ Customer (Signature) \_\_\_\_\_ Date of Test \_\_\_\_\_

Test Gauge Manufacturer \_\_\_\_\_ Test Gauge Serial # \_\_\_\_\_ Date of Calibration \_\_\_\_\_

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

PLEASE TYPE OR PRINT LEGIBLY



# Backflow Preventer Test Form

402.441.5912 • e-mail: [Backflow@lincoln.ne.gov](mailto:Backflow@lincoln.ne.gov) • FAX: 402.441.8003

**Return to: Lincoln Water System Backflow 2021 North 27th Street, Lincoln, NE 68503**

Business/Building \_\_\_\_\_ Contact Person \_\_\_\_\_

Service Address \_\_\_\_\_ Suite# \_\_\_\_\_

Phone# \_\_\_\_\_ e-mail: \_\_\_\_\_

Device Location \_\_\_\_\_

<input type="checkbox"/> Annual Test	<input type="checkbox"/> Repair	<input type="checkbox"/> New Installation
<input type="checkbox"/> DC	<input type="checkbox"/> RPP	Serial #: _____ Size: _____ Manufacturer: _____ Model#: _____
<input type="checkbox"/> Replacement		
<input type="checkbox"/> DC	<input type="checkbox"/> RPP	Serial #: _____ Size: _____ Manufacturer: _____ Model#: _____

<input type="checkbox"/> Domestic Containment	<input type="checkbox"/> Irrigation	<input type="checkbox"/> Fire Service	<input type="checkbox"/> Boiler	<input type="checkbox"/> Carbonator
<input type="checkbox"/> Swimming Pool	<input type="checkbox"/> Cooling Tower	<input type="checkbox"/> Water Cooled Ice Maker	<input type="checkbox"/> Other (Desc): _____	

Reduced Pressure-Double Check Valve	Pressure Vacuum Breaker
Shut off #2 Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #1 Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #1 _____ PSID Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #2 Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #2 _____ PSID Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Check Valve Held at _____ PSID
Relief Valve (RP only) Opened at _____ PSID	Air vent opened at _____ PSID

Final Test: Check Valve #1	Check Valve #2	Pressure Relief	PVB/SVB
	Closed Tight <input type="checkbox"/> Yes <input type="checkbox"/> No		Check Valve PSID
PSID	PSID	Replaced PSID	Air Inlet PSID

I hereby certify the above backflow preventer has been tested in accordance with all rules and regulations of the State of Nebraska Health and Human Services, Department of Regulation and Licensure, Title 179, and the Lincoln Water System Title 17, and that all readings are true and accurate to the best of my ability. **Must be returned to LWS within 30 days of performing test.**

State Certified Technician (Please Print) \_\_\_\_\_ Company \_\_\_\_\_ Grade 6 Certificate# \_\_\_\_\_ Cell/Phone# \_\_\_\_\_

State Certified Technician (Signature) \_\_\_\_\_ Customer (Signature) \_\_\_\_\_ Date of Test \_\_\_\_\_

Test Gauge Manufacturer \_\_\_\_\_ Test Gauge Serial # \_\_\_\_\_ Date of Calibration \_\_\_\_\_

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

PLEASE TYPE OR PRINT LEGIBLY

# Sprinkler Inspection Certificate

*For*

Beatrice State Development West  
Wing  
834 Sheridan  
Beatrice, Nebraska 68310

Tested to NFPA 25 Standards

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

*Annual Inspection  
Inspection Date  
Sep 25, 2023*

Building: Beatrice State Development West Wing  
Contact: Facility Manager  
Title: Maint. Supervisor

Company: NIFCO Mechanical Systems  
Contact: Travis Billesbach  
Title: Inspector

# Executive Summary

Generated by: *BuildingReports.com*

Building Information			
<b>Building:</b> Beatrice State Development West Wing			<b>Contact:</b> Facility Manager
<b>Address:</b> 834 Sheridan			<b>Phone:</b> 402-223-7526
<b>Address:</b>			<b>Fax:</b>
<b>City/State/ZIP Code:</b> Beatrice, Nebraska 68310			<b>Mobile:</b>
<b>Country:</b> United States of America			<b>Email:</b>
Inspection Performed By			
<b>Company:</b> NIFCO Mechanical Systems			<b>Inspector:</b> Travis Billesbach
<b>Address:</b> 500 Blue Heron Dr			<b>Phone:</b> 402-477-0666
<b>Address:</b>			<b>Fax:</b>
<b>City/State/ZIP Code:</b> Lincoln, NE 68522-1701			<b>Mobile:</b> 531-220-1687
<b>Country:</b> United States of America			<b>Email:</b> tbillesbach@nifcomechanical.com
System Control Unit			
System Type	System Location	Protected Area	Devices
Dry Pipe	Building-	Zone-Attic	9
Wet Pipe	Building-	Building-	13
Wet Pipe	Building-	Floors-2	1
Wet Pipe	Building-	Floors-2nd	1
Wet Pipe	Building-	Zone-1st and 2nd	2
Wet Pipe	Building-	Zone-Basement	2

Inspection Summary								
Category	Total Items		Serviced		Passed		Failed/Other	
	Qty	%	Qty	%	Qty	%	Qty	%
Alarm	6	21.43%	6	100.00%	6	100.00%	0	0.00%
Device	5	17.86%	3	60.00%	3	100.00%	0	0.00%
Hose	2	7.14%	2	100.00%	2	100.00%	0	0.00%
Sprinkler	2	7.14%	0	0.00%	0	0.00%	0	0.00%
Valve	13	46.43%	11	84.62%	11	100.00%	0	0.00%
<b>Totals</b>	<b>28</b>	<b>100%</b>	<b>22</b>	<b>78.57%</b>	<b>22</b>	<b>100.00%</b>	<b>0</b>	<b>0.00%</b>

Certification	
<b>Company:</b> NIFCO Mechanical Systems	<b>Building:</b> Beatrice State Development West Wing
<b>Inspector:</b> Travis Billesbach	<b>Contact:</b> Facility Manager

Travis Billesbach Certifications	
Certification Type	Number
NICET Inspection and Testing of Water-Based Systems Level I	
Nebraska Grade VI Water Operator	8466

# Inspection & Testing

Generated by: BuildingReports.com

Building: Beatrice State Development West Wing				
<i>The Inspection &amp; Testing section lists all of the items inspected in your building. Items are grouped by Passed or Failed/Other. Items are listed by Category. Each item includes the services performed, and the time &amp; date at which testing occurred.</i>				
Device Type	Location	Service	Time	Date
<b><i>Passed</i></b>				
<b>Building– Dry Pipe, Zone–Attic</b>				
Pressure Switch	Basement Inner Mechanical North	Annual	9:45:30 AM	09/25/2023
Pressure Switch	Basement Inner Mechanical North	Annual	9:45:34 AM	09/25/2023
Drain	Basement Inner Mechanical North	Annual	9:43:07 AM	09/25/2023
Drain	2nd North Office	Annual	9:43:44 AM	09/25/2023
Control Valve	Basement Inner Mechanical North	Annual	9:42:55 AM	09/25/2023
Dry Pipe Valve	Basement Inner Mechanical North	Annual	9:43:56 AM	09/25/2023
<b>Building– Wet Pipe, Building–</b>				
Waterflow Switch	Basement Inner Mechanical South	Annual	9:45:55 AM	09/25/2023
Drain	Basement Inner Mechanical South	Annual	9:43:41 AM	09/25/2023
Fire Dep't Connection	Ground West outside North	Annual	9:44:52 AM	09/25/2023
Fire Dep't Connection	Ground West Outside South	Annual	9:45:00 AM	09/25/2023
Control Valve	Basement Inner Mechanical North	Annual	9:42:03 AM	09/25/2023
Control Valve	Basement Inner Mechanical North	Annual	9:42:14 AM	09/25/2023
Control Valve	Basement Inner Mechanical South	Annual	9:47:04 AM	09/25/2023
Control Valve	Basement Inner Mechanical South	Annual	9:47:12 AM	09/25/2023
Post Indicator Valve	Ground West outside	Annual	9:45:14 AM	09/25/2023
Post Indicator Valve	Ground West Mechanical Outside	Annual	9:45:21 AM	09/25/2023
<b>Building– Wet Pipe, Floors–2</b>				
Isolation Valve	2nd Inner Mechanical south of break rooms	Annual	9:45:06 AM	09/25/2023
<b>Building– Wet Pipe, Floors–2nd</b>				
Waterflow Switch	Basement Inner Mechanical south	Annual	9:46:51 AM	09/25/2023
<b>Building– Wet Pipe, Zone–1st and 2nd</b>				
Waterflow Switch	Basement Inner Mechanical North	Annual	9:46:48 AM	09/25/2023
Isolation Valve	Basement Inner Mechanical North	Annual	9:42:25 AM	09/25/2023
<b>Building– Wet Pipe, Zone–Basement</b>				
Waterflow Switch	Basement Inner Mechanical North	Annual	9:46:00 AM	09/25/2023
Isolation Valve	Basement Inner Mechanical North	Annual	9:42:41 AM	09/25/2023
<b><i>Untested</i></b>				
<b>Building– Dry Pipe, Zone–Attic</b>				
Gauge	Basement Inner Mechanical North			
Piping	Basement Inner Mechanical North			
Check Valve	Basement Inner Mechanical North			
<b>Building– Wet Pipe, Building–</b>				
Gauge	Basement Inner Mechanical South			



Device Type	Location	Service	Time	Date
Piping	Basement Inner Mechanical South			
Check Valve	Basement Inner Mechanical South			

# Wet Pipe Fire Sprinkler Systems

Generated by: *BuildingReports.com*

Building: Beatrice State Development West Wing						Building-, Building-		
<p><i>This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.</i></p>								
<b>Alarms</b>								
<b>Waterflow Switch</b>								
<b>Type</b>	<b>Manufacturer</b>	<b>Model #</b>	<b>Sec</b>	<b>Size</b>	<b>Zone/Address</b>	<b>OK</b>	<b>ScanID</b>	
Vane				4.0	1	<input checked="" type="checkbox"/>	59770003	
<b>Components</b>								
<b>Check Valve</b>								
<b>Type</b>	<b>Location</b>		<b>Internal Date</b>			<b>Size</b>	<b>OK</b>	<b>ScanID</b>
Flanged	Basement Inner Mechanical South		03/19/2020			4"	<input type="checkbox"/>	68041479
<b>Control Valve</b>								
<b>Type</b>	<b>Manufacturer</b>	<b>Model</b>	<b>Location</b>	<b>Size</b>	<b>Position</b>	<b>Status</b>	<b>OK</b>	<b>ScanID</b>
Butterfly			Basement Inner Mechanical North	6"	Open	Supervised	<input checked="" type="checkbox"/>	59770114
<b>Description</b>								
Main Control								
<b>Control Valve</b>								
<b>Type</b>	<b>Manufacturer</b>	<b>Model</b>	<b>Location</b>	<b>Size</b>	<b>Position</b>	<b>Status</b>	<b>OK</b>	<b>ScanID</b>
Butterfly			Basement Inner Mechanical North	6"	Open	Supervised	<input checked="" type="checkbox"/>	59770113
<b>Description</b>								
Main Control								
<b>Control Valve</b>								
<b>Type</b>	<b>Manufacturer</b>	<b>Model</b>	<b>Location</b>	<b>Size</b>	<b>Position</b>	<b>Status</b>	<b>OK</b>	<b>ScanID</b>
OS&Y			Basement Inner Mechanical South	4"	Open	Supervised	<input checked="" type="checkbox"/>	59770119
<b>Description</b>								
Main Control								
<b>Control Valve</b>								
<b>Type</b>	<b>Manufacturer</b>	<b>Model</b>	<b>Location</b>	<b>Size</b>	<b>Position</b>	<b>Status</b>	<b>OK</b>	<b>ScanID</b>

OS&Y			Basement Inner Mechanical South	4"	Open	Supervised	<input checked="" type="checkbox"/>	59770120		
<b>Description</b>										
Main Control										
<b>Post Indicator Valve</b>										
<b>Manufacturer</b>		<b>Model</b>		<b>Location</b>			<b>OK</b>	<b>ScanID</b>		
				Ground West outside			<input checked="" type="checkbox"/>	59770020		
<b>Type</b>		<b>Size</b>	<b>Position</b>		<b>Status</b>		<b>Number of Turns</b>			
Ground			Open		Locked & Supervised					
<b>Post Indicator Valve</b>										
<b>Manufacturer</b>		<b>Model</b>		<b>Location</b>			<b>OK</b>	<b>ScanID</b>		
				Ground West Mechanical Outside			<input checked="" type="checkbox"/>	59770105		
<b>Type</b>		<b>Size</b>	<b>Position</b>		<b>Status</b>		<b>Number of Turns</b>			
Ground			Open		Locked & Supervised					
<i><b>Devices</b></i>										
<b>Drain</b>										
<b>Current Inspection</b>										
<b>Type</b>	<b>Location</b>		<b>Size</b>	<b>Supply psi</b>	<b>Restored psi</b>	<b>Residual psi</b>	<b>Sec</b>	<b>OK</b>	<b>ScanID</b>	
Main	Basement Inner Mechanical South		2"	53	44	33		<input checked="" type="checkbox"/>	59770022	
<b>Previous Inspections</b>										
<b>June 12, 2023</b>										
<b>Type</b>	<b>Location</b>		<b>Size</b>	<b>Supply psi</b>	<b>Static psi</b>	<b>Residual psi</b>	<b>Sec</b>	<b>OK</b>	<b>ScanID</b>	
Main	Basement Inner Mechanical South		2"	53	44	33		<input checked="" type="checkbox"/>	59770022	
<b>March 27, 2023</b>										
<b>Type</b>	<b>Location</b>		<b>Size</b>	<b>Supply psi</b>	<b>Static psi</b>	<b>Residual psi</b>	<b>Sec</b>	<b>OK</b>	<b>ScanID</b>	
Main	Basement Inner Mechanical South		2"	50	42	31		<input checked="" type="checkbox"/>	59770022	
<b>Fire Dep't Connection</b>										
<b>Location</b>		<b>Type</b>		<b>BallDrip</b>	<b>Rotating Swivels</b>	<b>Size</b>	<b>OK</b>	<b>ScanID</b>		
Ground West outside North		Freestanding		Yes	Yes	4"	<input checked="" type="checkbox"/>	59770021		
Ground West Outside South		Freestanding		Yes	Yes	4"	<input checked="" type="checkbox"/>	59770104		
<b>Gauge</b>										
<b>Location</b>					<b>Service Date</b>					
Basement Inner Mechanical South					03/19/2020					
<b>Type</b>		<b>Manufacturer</b>		<b>Model #</b>		<b>Static psi</b>	<b>Fill Type</b>	<b>Size</b>	<b>OK</b>	<b>ScanID</b>
							Air/Water		<input type="checkbox"/>	68041481
<b>Piping</b>										
<b>Location</b>		<b>Type</b>		<b>Size</b>		<b>Internal Date</b>				

Basement Inner Mechanical South	Steel		03/19/2020		
<b>Hangers</b>	<b>Braces</b>	<b>Fittings</b>	<b>Identified</b>	<b>Antifreeze</b>	<b>ScanID</b>
Normal	Normal		Marked	N/A	68041480

Building: Beatrice State Development West  
Wing

Building-, Floors-2

*This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.*

### ***Components***

#### **Isolation Valve**

<b>Manufacturer</b>	<b>Model</b>	<b>Location</b>	<b>Position</b>	<b>Status</b>	<b>Size</b>	<b>OK</b>	<b>ScanID</b>
		2nd Inner Mechanical south of break rooms	Open	Supervised	3"	<input checked="" type="checkbox"/>	68041741

Building: Beatrice State Development West  
Wing

Building-, Floors-2nd

*This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.*

### *Alarms*

#### **Waterflow Switch**

Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID
Vane				3.0	1	<input checked="" type="checkbox"/>	68606387

Building: Beatrice State Development West  
Wing

Building-, Zone-1st and 2nd

*This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.*

**Waterflow Switch**

Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID
Vane				3.0	1	<input checked="" type="checkbox"/>	59770112

***Components***

**Isolation Valve**

Manufacturer	Model	Location	Position	Status	Size	OK	ScanID
		Basement Inner Mechanical North	Open	Supervised	3"	<input checked="" type="checkbox"/>	59770115

*This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.*

***Alarms***

**Waterflow Switch**

Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID
Vane				3.0	1	<input checked="" type="checkbox"/>	59770110

***Components***

**Isolation Valve**

Manufacturer	Model	Location	Position	Status	Size	OK	ScanID
		Basement Inner Mechanical North	Open	Supervised	3"	<input checked="" type="checkbox"/>	59770116



# Dry Pipe Fire Sprinkler Systems

Generated by: BuildingReports.com

Building: Beatrice State Development West Wing						Building-, Zone-Attic			
<p><i>This section lists out all the devices and components that have been associated with a Dry Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.</i></p>									
<b>Alarms</b>									
<b>Pressure Switch</b>									
Type	Description	Manufacturer	Low	High	Zone/Address	OK	ScanID		
High	Alarm				1	<input checked="" type="checkbox"/>	59770106		
Low	Supervisory				1	<input checked="" type="checkbox"/>	59770118		
<b>Components</b>									
<b>Check Valve</b>									
Type	Location		Internal Date			Size	OK	ScanID	
Grooved	Basement Inner Mechanical North		09/13/2021			4"	<input type="checkbox"/>	68041482	
<b>Control Valve</b>									
Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID	
Butterfly			Basement Inner Mechanical North	4"	Open	Supervised	<input checked="" type="checkbox"/>	59770117	
<b>Description</b>									
Isolation									
<b>Dry Pipe Valve</b>									
Manufacturer	Model #	Location			Internal Date		OK	ScanID	
		Basement Inner Mechanical North			03/19/2020		<input checked="" type="checkbox"/>	59770111	
Type		Status	Position		Size	Serial #			
Flanged by Grooved		Supervised	Open		6"				
Water psi	Air Pressure	Trip Air	Trip Time	Total Timing (sec)	Partial Trip Date	Full Trip Date			
62	40				09/25/2023	03/19/2025			
<b>Devices</b>									
<b>Drain</b>									
<b>Current Inspection</b>									
Type	Location		Size	Supply psi	Restored psi	Residual psi	Sec	OK	ScanID
Main	Basement Inner Mechanical North		2"	53	44	35		<input checked="" type="checkbox"/>	59770107
<b>Previous Inspections</b>									

June 12, 2023								
Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	Basement Inner Mechanical North	2"	53	44	35		<input checked="" type="checkbox"/>	59770107
March 27, 2023								
Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	Basement Inner Mechanical North	2"	50	48	33		<input checked="" type="checkbox"/>	59770107
Type	Location	Size	Supply psi	Restored psi	Residual psi	Sec	OK	ScanID
Combination	2nd North Office	2"					<input checked="" type="checkbox"/>	68606388
Gauge								
Location				Service Date				
Basement Inner Mechanical North				09/13/2021				
Type	Manufacturer	Model #	Static psi	Fill Type	Size	OK	ScanID	
System Pressure				Air/Water		<input type="checkbox"/>	68041484	
Piping								
Location	Type	Size	Internal Date					
Basement Inner Mechanical North	Steel		03/19/2020					
Hangers	Braces	Fittings	Identified	Antifreeze	ScanID			
Normal	Normal		Tagged	N/A	68041483			

# Inventory & Warranty Report

Generated by: [BuildingReports.com](http://BuildingReports.com)

## Building: Beatrice State Development West Wing

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

Device or Type	Category	% of Inventory	Quantity
Check Valve	Valve	7.14%	2
Control Valve	Valve	17.86%	5
Drain	Device	10.71%	3
Dry Pipe Valve	Valve	3.57%	1
Fire Dep't Connection	Hose	7.14%	2
Gauge	Device	7.14%	2
Isolation Valve	Valve	10.71%	3
Piping	Sprinkler	7.14%	2
Post Indicator Valve	Valve	7.14%	2
Pressure Switch	Alarm	7.14%	2
Waterflow Switch	Alarm	14.29%	4

Device Type	Qty	Model #	Type	Description	Install Date
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### In Service - 3 Years to 5 Years

#### Building– Dry Pipe, Zone–Attic

Check Valve	1		Grooved		03/19/2020
Control Valve	1		Butterfly	Isolation	03/19/2020
Drain	1		Combination		03/19/2020
Drain	1		Main		03/19/2020
Dry Pipe Valve	1		Flanged by Grooved		03/19/2020
Gauge	1		System Pressure		03/19/2020
Piping	1		Steel		03/19/2020
Pressure Switch	1		High	Alarm	03/19/2020
Pressure Switch	1		Low	Supervisory	03/19/2020

#### Building– Wet Pipe, Building–

Check Valve	1		Flanged		03/19/2020
Control Valve	2		Butterfly	Main Control	03/19/2020
Control Valve	2		OS&Y	Main Control	03/19/2020
Drain	1		Main		03/19/2020
Fire Dep't Connection	2		Freestanding		03/19/2020
Gauge	1				03/19/2020
Piping	1		Steel		03/19/2020
Post Indicator Valve	2		Ground		03/19/2020
Waterflow Switch	1		Vane	Alarm	03/19/2020

#### Building– Wet Pipe, Floors–2

Isolation Valve	1				03/19/2020
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#### Building– Wet Pipe, Floors–2nd

Waterflow Switch	1		Vane	Alarm	03/19/2020
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<b>Building- Wet Pipe, Zone-1st and 2nd</b>				
Isolation Valve	1			03/19/2020
Waterflow Switch	1	Vane	Alarm	03/19/2020
<b>Building- Wet Pipe, Zone-Basement</b>				
Isolation Valve	1			03/19/2020
Waterflow Switch	1	Vane	Alarm	03/19/2020

# Notes & Recommendations

Generated by: BuildingReports.com

Building: Beatrice State Development West Wing				
<i>The Notes &amp; Recommendations Report details additional inspection notes made by the Inspectors during the course of the building inspection. Notes are grouped by SystemID.</i>				
Note	Device Type	Location	Comment	ScanID
<b><i>Building- Dry Pipe, Zone-Attic</i></b>				
1	Dry Pipe Valve	Basement Inner Mechanical North	Passed	59770111
Partial trip on this date				

# Sprinkler Inspection Certificate

*For*

Beatrice State Development West  
Wing  
834 Sheridan  
Beatrice, Nebraska 68310

Tested to NFPA 25 Standards

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

*Annual Inspection  
Inspection Date  
Sep 25, 2023*

Building: Beatrice State Development West Wing  
Contact: Facility Manager  
Title: Maint. Supervisor

Company: NIFCO Mechanical Systems  
Contact: Travis Billesbach  
Title: Inspector

# Executive Summary

Generated by: *BuildingReports.com*

Building Information			
<b>Building:</b> Beatrice State Development West Wing			<b>Contact:</b> Facility Manager
<b>Address:</b> 834 Sheridan			<b>Phone:</b> 402-223-7526
<b>Address:</b>			<b>Fax:</b>
<b>City/State/ZIP Code:</b> Beatrice, Nebraska 68310			<b>Mobile:</b>
<b>Country:</b> United States of America			<b>Email:</b>
Inspection Performed By			
<b>Company:</b> NIFCO Mechanical Systems			<b>Inspector:</b> Travis Billesbach
<b>Address:</b> 500 Blue Heron Dr			<b>Phone:</b> 402-477-0666
<b>Address:</b>			<b>Fax:</b>
<b>City/State/ZIP Code:</b> Lincoln, NE 68522-1701			<b>Mobile:</b> 531-220-1687
<b>Country:</b> United States of America			<b>Email:</b> tbillesbach@nifcomechanical.com
System Control Unit			
System Type	System Location	Protected Area	Devices
Dry Pipe	Building-	Zone-Attic	9
Wet Pipe	Building-	Building-	13
Wet Pipe	Building-	Floors-2	1
Wet Pipe	Building-	Floors-2nd	1
Wet Pipe	Building-	Zone-1st and 2nd	2
Wet Pipe	Building-	Zone-Basement	2





# Inspection & Testing

Generated by: BuildingReports.com

Building: Beatrice State Development West Wing				
<i>The Inspection &amp; Testing section lists all of the items inspected in your building. Items are grouped by Passed or Failed/Other. Items are listed by Category. Each item includes the services performed, and the time &amp; date at which testing occurred.</i>				
Device Type	Location	Service	Time	Date
<b><i>Passed</i></b>				
<b>Building– Dry Pipe, Zone–Attic</b>				
Pressure Switch	Basement Inner Mechanical North	Annual	9:45:30 AM	09/25/2023
Pressure Switch	Basement Inner Mechanical North	Annual	9:45:34 AM	09/25/2023
Drain	Basement Inner Mechanical North	Annual	9:43:07 AM	09/25/2023
Drain	2nd North Office	Annual	9:43:44 AM	09/25/2023
Control Valve	Basement Inner Mechanical North	Annual	9:42:55 AM	09/25/2023
Dry Pipe Valve	Basement Inner Mechanical North	Annual	9:43:56 AM	09/25/2023
<b>Building– Wet Pipe, Building–</b>				
Waterflow Switch	Basement Inner Mechanical South	Annual	9:45:55 AM	09/25/2023
Drain	Basement Inner Mechanical South	Annual	9:43:41 AM	09/25/2023
Fire Dep't Connection	Ground West outside North	Annual	9:44:52 AM	09/25/2023
Fire Dep't Connection	Ground West Outside South	Annual	9:45:00 AM	09/25/2023
Control Valve	Basement Inner Mechanical North	Annual	9:42:03 AM	09/25/2023
Control Valve	Basement Inner Mechanical North	Annual	9:42:14 AM	09/25/2023
Control Valve	Basement Inner Mechanical South	Annual	9:47:04 AM	09/25/2023
Control Valve	Basement Inner Mechanical South	Annual	9:47:12 AM	09/25/2023
Post Indicator Valve	Ground West outside	Annual	9:45:14 AM	09/25/2023
Post Indicator Valve	Ground West Mechanical Outside	Annual	9:45:21 AM	09/25/2023
<b>Building– Wet Pipe, Floors–2</b>				
Isolation Valve	2nd Inner Mechanical south of break rooms	Annual	9:45:06 AM	09/25/2023
<b>Building– Wet Pipe, Floors–2nd</b>				
Waterflow Switch	Basement Inner Mechanical south	Annual	9:46:51 AM	09/25/2023
<b>Building– Wet Pipe, Zone–1st and 2nd</b>				
Waterflow Switch	Basement Inner Mechanical North	Annual	9:46:48 AM	09/25/2023
Isolation Valve	Basement Inner Mechanical North	Annual	9:42:25 AM	09/25/2023
<b>Building– Wet Pipe, Zone–Basement</b>				
Waterflow Switch	Basement Inner Mechanical North	Annual	9:46:00 AM	09/25/2023
Isolation Valve	Basement Inner Mechanical North	Annual	9:42:41 AM	09/25/2023
<b><i>Untested</i></b>				
<b>Building– Dry Pipe, Zone–Attic</b>				
Gauge	Basement Inner Mechanical North			
Piping	Basement Inner Mechanical North			
Check Valve	Basement Inner Mechanical North			
<b>Building– Wet Pipe, Building–</b>				
Gauge	Basement Inner Mechanical South			

Device Type	Location	Service	Time	Date
Piping	Basement Inner Mechanical South			
Check Valve	Basement Inner Mechanical South			

# Wet Pipe Fire Sprinkler Systems

Generated by: *BuildingReports.com*

Building: Beatrice State Development West Wing	Building-, Building-
--	----------------------

*This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.*

## Alarms

### Waterflow Switch

Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID
Vane				4.0	1	<input checked="" type="checkbox"/>	59770003

## Components

### Check Valve

Type	Location	Internal Date	Size	OK	ScanID
Flanged	Basement Inner Mechanical South	03/19/2020	4"	<input type="checkbox"/>	68041479

### Control Valve

Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			Basement Inner Mechanical North	6"	Open	Supervised	<input checked="" type="checkbox"/>	59770114

#### Description

Main Control

### Control Valve

Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			Basement Inner Mechanical North	6"	Open	Supervised	<input checked="" type="checkbox"/>	59770113

#### Description

Main Control

### Control Valve

Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
OS&Y			Basement Inner Mechanical South	4"	Open	Supervised	<input checked="" type="checkbox"/>	59770119

#### Description

Main Control

### Control Valve

Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
------	--------------	-------	----------	------	----------	--------	----	--------

OS&Y			Basement Inner Mechanical South	4"	Open	Supervised	<input checked="" type="checkbox"/>	59770120		
<b>Description</b>										
Main Control										
<b>Post Indicator Valve</b>										
<b>Manufacturer</b>		<b>Model</b>		<b>Location</b>		<b>OK</b>	<b>ScanID</b>			
				Ground West outside		<input checked="" type="checkbox"/>	59770020			
<b>Type</b>		<b>Size</b>	<b>Position</b>		<b>Status</b>		<b>Number of Turns</b>			
Ground			Open		Locked & Supervised					
<b>Post Indicator Valve</b>										
<b>Manufacturer</b>		<b>Model</b>		<b>Location</b>		<b>OK</b>	<b>ScanID</b>			
				Ground West Mechanical Outside		<input checked="" type="checkbox"/>	59770105			
<b>Type</b>		<b>Size</b>	<b>Position</b>		<b>Status</b>		<b>Number of Turns</b>			
Ground			Open		Locked & Supervised					
<i><b>Devices</b></i>										
<b>Drain</b>										
<b>Current Inspection</b>										
<b>Type</b>	<b>Location</b>		<b>Size</b>	<b>Supply psi</b>	<b>Restored psi</b>	<b>Residual psi</b>	<b>Sec</b>	<b>OK</b>	<b>ScanID</b>	
Main	Basement Inner Mechanical South		2"	53	44	33		<input checked="" type="checkbox"/>	59770022	
<b>Previous Inspections</b>										
<b>June 12, 2023</b>										
<b>Type</b>	<b>Location</b>		<b>Size</b>	<b>Supply psi</b>	<b>Static psi</b>	<b>Residual psi</b>	<b>Sec</b>	<b>OK</b>	<b>ScanID</b>	
Main	Basement Inner Mechanical South		2"	53	44	33		<input checked="" type="checkbox"/>	59770022	
<b>March 27, 2023</b>										
<b>Type</b>	<b>Location</b>		<b>Size</b>	<b>Supply psi</b>	<b>Static psi</b>	<b>Residual psi</b>	<b>Sec</b>	<b>OK</b>	<b>ScanID</b>	
Main	Basement Inner Mechanical South		2"	50	42	31		<input checked="" type="checkbox"/>	59770022	
<b>Fire Dep't Connection</b>										
<b>Location</b>		<b>Type</b>		<b>BallDrip</b>	<b>Rotating Swivels</b>	<b>Size</b>	<b>OK</b>	<b>ScanID</b>		
Ground West outside North		Freestanding		Yes	Yes	4"	<input checked="" type="checkbox"/>	59770021		
Ground West Outside South		Freestanding		Yes	Yes	4"	<input checked="" type="checkbox"/>	59770104		
<b>Gauge</b>										
<b>Location</b>					<b>Service Date</b>					
Basement Inner Mechanical South					03/19/2020					
<b>Type</b>		<b>Manufacturer</b>		<b>Model #</b>		<b>Static psi</b>	<b>Fill Type</b>	<b>Size</b>	<b>OK</b>	<b>ScanID</b>
							Air/Water		<input type="checkbox"/>	68041481
<b>Piping</b>										
<b>Location</b>		<b>Type</b>		<b>Size</b>		<b>Internal Date</b>				

Basement Inner Mechanical South	Steel		03/19/2020		
<b>Hangers</b>	<b>Braces</b>	<b>Fittings</b>	<b>Identified</b>	<b>Antifreeze</b>	<b>ScanID</b>
Normal	Normal		Marked	N/A	68041480

Building: Beatrice State Development West  
Wing

Building-, Floors-2

*This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.*

### ***Components***

#### **Isolation Valve**

<b>Manufacturer</b>	<b>Model</b>	<b>Location</b>	<b>Position</b>	<b>Status</b>	<b>Size</b>	<b>OK</b>	<b>ScanID</b>
		2nd Inner Mechanical south of break rooms	Open	Supervised	3"	<input checked="" type="checkbox"/>	68041741

Building: Beatrice State Development West  
Wing

Building-, Floors-2nd

*This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.*

### *Alarms*

#### **Waterflow Switch**

Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID
Vane				3.0	1	<input checked="" type="checkbox"/>	68606387

Building: Beatrice State Development West Wing

Building-, Zone-1st and 2nd

*This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.*

**Waterflow Switch**

Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID
Vane				3.0	1	<input checked="" type="checkbox"/>	59770112

*Components*

**Isolation Valve**

Manufacturer	Model	Location	Position	Status	Size	OK	ScanID
		Basement Inner Mechanical North	Open	Supervised	3"	<input checked="" type="checkbox"/>	59770115



*This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.*

***Alarms***

**Waterflow Switch**

Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID
Vane				3.0	1	<input checked="" type="checkbox"/>	59770110

***Components***

**Isolation Valve**

Manufacturer	Model	Location	Position	Status	Size	OK	ScanID
		Basement Inner Mechanical North	Open	Supervised	3"	<input checked="" type="checkbox"/>	59770116

# Dry Pipe Fire Sprinkler Systems

Generated by: BuildingReports.com

Building: Beatrice State Development West Wing						Building-, Zone-Attic		
<p><i>This section lists out all the devices and components that have been associated with a Dry Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.</i></p>								
<b>Alarms</b>								
<b>Pressure Switch</b>								
Type	Description	Manufacturer	Low	High	Zone/Address	OK	ScanID	
High	Alarm				1	<input checked="" type="checkbox"/>	59770106	
Low	Supervisory				1	<input checked="" type="checkbox"/>	59770118	
<b>Components</b>								
<b>Check Valve</b>								
Type	Location	Internal Date	Size	OK	ScanID			
Grooved	Basement Inner Mechanical North	09/13/2021	4"	<input type="checkbox"/>	68041482			
<b>Control Valve</b>								
Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			Basement Inner Mechanical North	4"	Open	Supervised	<input checked="" type="checkbox"/>	59770117
<b>Description</b>								
Isolation								
<b>Dry Pipe Valve</b>								
Manufacturer	Model #	Location	Internal Date	OK	ScanID			
		Basement Inner Mechanical North	03/19/2020	<input checked="" type="checkbox"/>	59770111			
Type	Status	Position	Size	Serial #				
Flanged by Grooved	Supervised	Open	6"					
Water psi	Air Pressure	Trip Air	Trip Time	Total Timing (sec)	Partial Trip Date	Full Trip Date		
62	40				09/25/2023	03/19/2025		
<b>Devices</b>								
<b>Drain</b>								
<b>Current Inspection</b>								
Type	Location	Size	Supply psi	Restored psi	Residual psi	Sec	OK	ScanID
Main	Basement Inner Mechanical North	2"	53	44	35		<input checked="" type="checkbox"/>	59770107
<b>Previous Inspections</b>								

June 12, 2023								
Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	Basement Inner Mechanical North	2"	53	44	35		<input checked="" type="checkbox"/>	59770107
March 27, 2023								
Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	Basement Inner Mechanical North	2"	50	48	33		<input checked="" type="checkbox"/>	59770107
Type	Location	Size	Supply psi	Restored psi	Residual psi	Sec	OK	ScanID
Combination	2nd North Office	2"					<input checked="" type="checkbox"/>	68606388
Gauge								
Location				Service Date				
Basement Inner Mechanical North				09/13/2021				
Type	Manufacturer	Model #	Static psi	Fill Type	Size	OK	ScanID	
System Pressure				Air/Water		<input type="checkbox"/>	68041484	
Piping								
Location	Type	Size	Internal Date					
Basement Inner Mechanical North	Steel		03/19/2020					
Hangers	Braces	Fittings	Identified	Antifreeze	ScanID			
Normal	Normal		Tagged	N/A	68041483			

# Inventory & Warranty Report

Generated by: [BuildingReports.com](http://BuildingReports.com)

## Building: Beatrice State Development West Wing

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

Device or Type	Category	% of Inventory	Quantity
Check Valve	Valve	7.14%	2
Control Valve	Valve	17.86%	5
Drain	Device	10.71%	3
Dry Pipe Valve	Valve	3.57%	1
Fire Dep't Connection	Hose	7.14%	2
Gauge	Device	7.14%	2
Isolation Valve	Valve	10.71%	3
Piping	Sprinkler	7.14%	2
Post Indicator Valve	Valve	7.14%	2
Pressure Switch	Alarm	7.14%	2
Waterflow Switch	Alarm	14.29%	4

Device Type	Qty	Model #	Type	Description	Install Date
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### In Service - 3 Years to 5 Years

#### Building– Dry Pipe, Zone–Attic

Check Valve	1		Grooved		03/19/2020
Control Valve	1		Butterfly	Isolation	03/19/2020
Drain	1		Combination		03/19/2020
Drain	1		Main		03/19/2020
Dry Pipe Valve	1		Flanged by Grooved		03/19/2020
Gauge	1		System Pressure		03/19/2020
Piping	1		Steel		03/19/2020
Pressure Switch	1		High	Alarm	03/19/2020
Pressure Switch	1		Low	Supervisory	03/19/2020

#### Building– Wet Pipe, Building–

Check Valve	1		Flanged		03/19/2020
Control Valve	2		Butterfly	Main Control	03/19/2020
Control Valve	2		OS&Y	Main Control	03/19/2020
Drain	1		Main		03/19/2020
Fire Dep't Connection	2		Freestanding		03/19/2020
Gauge	1				03/19/2020
Piping	1		Steel		03/19/2020
Post Indicator Valve	2		Ground		03/19/2020
Waterflow Switch	1		Vane	Alarm	03/19/2020

#### Building– Wet Pipe, Floors–2

Isolation Valve	1				03/19/2020
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#### Building– Wet Pipe, Floors–2nd

Waterflow Switch	1		Vane	Alarm	03/19/2020
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<b>Building- Wet Pipe, Zone-1st and 2nd</b>				
Isolation Valve	1			03/19/2020
Waterflow Switch	1	Vane	Alarm	03/19/2020
<b>Building- Wet Pipe, Zone-Basement</b>				
Isolation Valve	1			03/19/2020
Waterflow Switch	1	Vane	Alarm	03/19/2020

# Notes & Recommendations

Generated by: BuildingReports.com

Building: Beatrice State Development West Wing				
<i>The Notes &amp; Recommendations Report details additional inspection notes made by the Inspectors during the course of the building inspection. Notes are grouped by SystemID.</i>				
Note	Device Type	Location	Comment	ScanID
<b><i>Building- Dry Pipe, Zone-Attic</i></b>				
1	Dry Pipe Valve	Basement Inner Mechanical North	Passed	59770111
Partial trip on this date				



# Backflow Preventer Test Form

402.441.5912 • e-mail: [Backflow@lincoln.ne.gov](mailto:Backflow@lincoln.ne.gov) • FAX: 402.441.8003

Return to: Lincoln Water System Backflow 2021 North 27th Street, Lincoln, NE 68503

Business/Building \_\_\_\_\_ Contact Person \_\_\_\_\_

Service Address \_\_\_\_\_ Suite# \_\_\_\_\_

Phone# \_\_\_\_\_ e-mail: \_\_\_\_\_

Device Location \_\_\_\_\_

<input type="checkbox"/> Annual Test	<input type="checkbox"/> Repair	<input type="checkbox"/> New Installation
<input type="checkbox"/> DC	<input type="checkbox"/> RPP	Serial #: _____ Size: _____ Manufacturer: _____ Model#: _____
<input type="checkbox"/> Replacement		
<input type="checkbox"/> DC	<input type="checkbox"/> RPP	Serial #: _____ Size: _____ Manufacturer: _____ Model#: _____

<input type="checkbox"/> Domestic Containment	<input type="checkbox"/> Irrigation	<input type="checkbox"/> Fire Service	<input type="checkbox"/> Boiler	<input type="checkbox"/> Carbonator
<input type="checkbox"/> Swimming Pool	<input type="checkbox"/> Cooling Tower	<input type="checkbox"/> Water Cooled Ice Maker	<input type="checkbox"/> Other (Desc): _____	

Reduced Pressure-Double Check Valve		Pressure Vacuum Breaker	
Shut off #2	Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #1	Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #1 _____ PSID	Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #2	Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #2 _____ PSID	Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Check Valve Held at _____ PSID	
Relief Valve (RP only) Opened at _____ PSID		Air vent opened at _____ PSID	

Final Test: Check Valve #1	Check Valve #2	Pressure Relief	PVB/SVB
	Closed Tight <input type="checkbox"/> Yes <input type="checkbox"/> No		Check Valve PSID
PSID	PSID	Replaced PSID	Air Inlet PSID

I hereby certify the above backflow preventer has been tested in accordance with all rules and regulations of the State of Nebraska Health and Human Services, Department of Regulation and Licensure, Title 179, and the Lincoln Water System Title 17, and that all readings are true and accurate to the best of my ability. **Must be returned to LWS within 30 days of performing test.**

State Certified Technician (Please Print) \_\_\_\_\_ Company \_\_\_\_\_ Grade 6 Certificate# \_\_\_\_\_ Cell/Phone# \_\_\_\_\_

State Certified Technician (Signature) \_\_\_\_\_ Customer (Signature) \_\_\_\_\_ Date of Test \_\_\_\_\_

Test Gauge Manufacturer \_\_\_\_\_ Test Gauge Serial # \_\_\_\_\_ Date of Calibration \_\_\_\_\_

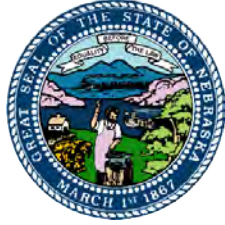
Comments: \_\_\_\_\_

PLEASE TYPE OR PRINT LEGIBLY

# State of Nebraska

ANNUAL CONVEYANCE CERTIFICATE

Nebraska State  
Fire Marshal Agency



Elevator  
Division

Issuance of this certificate does not create liability nor guarantee personal safety. If you have any questions regarding the operation or safety of this unit, contact the Owner.  
NSFM Elevator Division: 402-595-3184

STATE # **4085**

UNIT ID **WEST WING/17/INFIRMA**

MANUFACTURER **ROTARY**

TYPE **PASSENGER**

INSPECTION DATE **8/2/2022**

CERTIFICATE # **262253**

BUILDING NAME

Timothy Trujillo

BSDC

Elevator Division Chief

**3000 LINCOLN ST  
BEATRICE, NE 68310**

Scott Cordes

State Fire Marshal

This Certificate must be posted in the elevator car



# Sprinkler Inspection Certificate

*For*

Beatrice State Development West  
Wing  
834 Sheridan  
Beatrice, Nebraska 68310

Tested to NFPA 25 Standards

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

*Quarterly Inspection*  
*Inspection Date*  
*Jun 12, 2023*

Building: Beatrice State Development West Wing  
Contact: Facility Manager  
Title: Maint. Supervisor

Company: NIFCO Mechanical Systems  
Contact: Travis Billesbach  
Title: Inspector

# Executive Summary

Generated by: *BuildingReports.com*

Building Information			
<b>Building:</b> Beatrice State Development West Wing	<b>Contact:</b> Facility Manager		
<b>Address:</b> 834 Sheridan	<b>Phone:</b> 402-223-7526		
<b>Address:</b>	<b>Fax:</b>		
<b>City/State/ZIP Code:</b> Beatrice, Nebraska 68310	<b>Mobile:</b>		
<b>Country:</b> United States of America	<b>Email:</b>		
Inspection Performed By			
<b>Company:</b> NIFCO Mechanical Systems	<b>Inspector:</b> Travis Billesbach		
<b>Address:</b> 500 Blue Heron Dr	<b>Phone:</b> 402-477-0666		
<b>Address:</b>	<b>Fax:</b>		
<b>City/State/ZIP Code:</b> Lincoln, NE 68522-1701	<b>Mobile:</b> 531-220-1687		
<b>Country:</b> United States of America	<b>Email:</b> tbillesbach@nifcomechanical.com		
System Control Unit			
System Type	System Location	Protected Area	Devices
Dry Pipe	Building-	Zone-Attic	9
Wet Pipe	Building-	Building-	13
Wet Pipe	Building-	Floors-2	1
Wet Pipe	Building-	Floors-2nd	1
Wet Pipe	Building-	Zone-1st and 2nd	2
Wet Pipe	Building-	Zone-Basement	2

Inspection Summary								
Category	Total Items		Serviced		Passed		Failed/Other	
	Qty	%	Qty	%	Qty	%	Qty	%
Alarm	6	21.43%	6	100.00%	6	100.00%	0	0.00%
Device	5	17.86%	3	60.00%	3	100.00%	0	0.00%
Hose	2	7.14%	2	100.00%	2	100.00%	0	0.00%
Sprinkler	2	7.14%	0	0.00%	0	0.00%	0	0.00%
Valve	13	46.43%	10	76.92%	10	100.00%	0	0.00%
<b>Totals</b>	<b>28</b>	<b>100%</b>	<b>21</b>	<b>75.00%</b>	<b>21</b>	<b>100.00%</b>	<b>0</b>	<b>0.00%</b>

### Certification

**Company:** NIFCO Mechanical Systems

**Building:** Beatrice State Development West Wing

**Inspector:** Travis Billesbach

**Contact:** Facility Manager

### Travis Billesbach Certifications

Certification Type	Number
NICET Inspection and Testing of Water-Based Systems Level I	
Nebraska Grade VI Water Operator	8466

# Inspection & Testing

Generated by: [BuildingReports.com](http://BuildingReports.com)

Building: Beatrice State Development West Wing				
<p><i>The Inspection &amp; Testing section lists all of the items inspected in your building. Items are grouped by Passed or Failed/Other. Items are listed by Category. Each item includes the services performed, and the time &amp; date at which testing occurred.</i></p>				
Device Type	Location	Service	Time	Date
<b><i>Passed</i></b>				
<b>Building– Dry Pipe, Zone–Attic</b>				
Pressure Switch	Basement Inner Mechanical North	Quarterly	11:35:21 AM	06/12/2023
Pressure Switch	Basement Inner Mechanical North	Quarterly	11:35:25 AM	06/12/2023
Drain	Basement Inner Mechanical North	Quarterly	11:37:31 AM	06/12/2023
Drain	2nd North Office	Quarterly	11:38:27 AM	06/12/2023
Control Valve	Basement Inner Mechanical North	Quarterly	11:39:21 AM	06/12/2023
Dry Pipe Valve	Basement Inner Mechanical North	Quarterly	11:36:20 AM	06/12/2023
<b>Building– Wet Pipe, Building–</b>				
Waterflow Switch	Basement Inner Mechanical South	Quarterly	11:34:59 AM	06/12/2023
Drain	Basement Inner Mechanical South	Quarterly	11:36:39 AM	06/12/2023
Fire Dep't Connection	Ground West outside North	Quarterly	11:36:10 AM	06/12/2023
Fire Dep't Connection	Ground West Outside South	Quarterly	11:36:15 AM	06/12/2023
Control Valve	Basement Inner Mechanical North	Quarterly	11:38:33 AM	06/12/2023
Control Valve	Basement Inner Mechanical North	Quarterly	11:38:52 AM	06/12/2023
Control Valve	Basement Inner Mechanical South	Quarterly	11:40:05 AM	06/12/2023
Control Valve	Basement Inner Mechanical South	Quarterly	11:41:24 AM	06/12/2023
Post Indicator Valve	Ground West outside	Quarterly	11:35:35 AM	06/12/2023
Post Indicator Valve	Ground West Mechanical Outside	Quarterly	11:35:43 AM	06/12/2023
<b>Building– Wet Pipe, Floors–2nd</b>				
Waterflow Switch	Basement Inner Mechanical south	Quarterly	11:35:17 AM	06/12/2023
<b>Building– Wet Pipe, Zone–1st and 2nd</b>				
Waterflow Switch	Basement Inner Mechanical North	Quarterly	11:35:14 AM	06/12/2023
Isolation Valve	Basement Inner Mechanical North	Quarterly	11:35:53 AM	06/12/2023
<b>Building– Wet Pipe, Zone–Basement</b>				
Waterflow Switch	Basement Inner Mechanical North	Quarterly	11:35:10 AM	06/12/2023
Isolation Valve	Basement Inner Mechanical North	Quarterly	11:36:01 AM	06/12/2023
<b><i>Untested</i></b>				
<b>Building– Dry Pipe, Zone–Attic</b>				
Gauge	Basement Inner Mechanical North			
Piping	Basement Inner Mechanical North			
Check Valve	Basement Inner Mechanical North			
<b>Building– Wet Pipe, Building–</b>				
Gauge	Basement Inner Mechanical South			
Piping	Basement Inner Mechanical South			
Check Valve	Basement Inner Mechanical South			

Device Type	Location	Service	Time	Date
<b>Building– Wet Pipe, Floors–2</b>				
Isolation Valve	2nd Inner Mechanical south of break rooms			

# Wet Pipe Fire Sprinkler Systems

Generated by: *BuildingReports.com*

Building: Beatrice State Development West Wing	Building-, Building-
--	----------------------

*This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.*

## Alarms

### Waterflow Switch

Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID
Vane				4.0	1	<input checked="" type="checkbox"/>	59770003

## Components

### Check Valve

Type	Location	Internal Date	Size	OK	ScanID
Flanged	Basement Inner Mechanical South	03/19/2020	4"	<input type="checkbox"/>	68041479

### Control Valve

Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			Basement Inner Mechanical North	6"	Open	Supervised	<input checked="" type="checkbox"/>	59770113

#### Description

Main Control

### Control Valve

Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			Basement Inner Mechanical North	6"	Open	Supervised	<input checked="" type="checkbox"/>	59770114

#### Description

Main Control

### Control Valve

Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
OS&Y			Basement Inner Mechanical South	4"	Open	Supervised	<input checked="" type="checkbox"/>	59770119

#### Description

Main Control

### Control Valve

Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
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OS&Y			Basement Inner Mechanical South	4"	Open	Supervised	<input checked="" type="checkbox"/>	59770120		
<b>Description</b>										
Main Control										
<b>Post Indicator Valve</b>										
<b>Manufacturer</b>		<b>Model</b>		<b>Location</b>		<b>OK</b>	<b>ScanID</b>			
				Ground West outside		<input checked="" type="checkbox"/>	59770020			
<b>Type</b>		<b>Size</b>	<b>Position</b>	<b>Status</b>		<b>Number of Turns</b>				
Ground			Open	Locked & Supervised						
<b>Post Indicator Valve</b>										
<b>Manufacturer</b>		<b>Model</b>		<b>Location</b>		<b>OK</b>	<b>ScanID</b>			
				Ground West Mechanical Outside		<input checked="" type="checkbox"/>	59770105			
<b>Type</b>		<b>Size</b>	<b>Position</b>	<b>Status</b>		<b>Number of Turns</b>				
Ground			Open	Locked & Supervised						
<i>Devices</i>										
<b>Drain</b>										
<b>Current Inspection</b>										
<b>Type</b>	<b>Location</b>		<b>Size</b>	<b>Supply psi</b>	<b>Restored psi</b>	<b>Residual psi</b>	<b>Sec</b>	<b>OK</b>	<b>ScanID</b>	
Main	Basement Inner Mechanical South		2"	53	44	33		<input checked="" type="checkbox"/>	59770022	
<b>Previous Inspections</b>										
<b>March 27, 2023</b>										
<b>Type</b>	<b>Location</b>		<b>Size</b>	<b>Supply psi</b>	<b>Static psi</b>	<b>Residual psi</b>	<b>Sec</b>	<b>OK</b>	<b>ScanID</b>	
Main	Basement Inner Mechanical South		2"	50	42	31		<input checked="" type="checkbox"/>	59770022	
<b>December 13, 2022</b>										
<b>Type</b>	<b>Location</b>		<b>Size</b>	<b>Supply psi</b>	<b>Static psi</b>	<b>Residual psi</b>	<b>Sec</b>	<b>OK</b>	<b>ScanID</b>	
Main	Basement Inner Mechanical South		2"	53	50	37		<input checked="" type="checkbox"/>	59770022	
<b>Fire Dep't Connection</b>										
<b>Location</b>		<b>Type</b>		<b>BallDrip</b>	<b>Rotating Swivels</b>	<b>Size</b>	<b>OK</b>	<b>ScanID</b>		
Ground West outside North		Freestanding		Yes	Yes	4"	<input checked="" type="checkbox"/>	59770021		
Ground West Outside South		Freestanding		Yes	Yes	4"	<input checked="" type="checkbox"/>	59770104		
<b>Gauge</b>										
<b>Location</b>					<b>Service Date</b>					
Basement Inner Mechanical South					03/19/2020					
<b>Type</b>		<b>Manufacturer</b>		<b>Model #</b>		<b>Static psi</b>	<b>Fill Type</b>	<b>Size</b>	<b>OK</b>	<b>ScanID</b>
							Air/Water		<input type="checkbox"/>	68041481
<b>Piping</b>										
<b>Location</b>		<b>Type</b>		<b>Size</b>		<b>Internal Date</b>				

Basement Inner Mechanical South	Steel		03/19/2020		
<b>Hangers</b>	<b>Braces</b>	<b>Fittings</b>	<b>Identified</b>	<b>Antifreeze</b>	<b>ScanID</b>
Normal	Normal		Marked	N/A	68041480



Building: Beatrice State Development West  
Wing

Building-, Floors-2

*This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.*

### ***Components***

#### **Isolation Valve**

<b>Manufacturer</b>	<b>Model</b>	<b>Location</b>	<b>Position</b>	<b>Status</b>	<b>Size</b>	<b>OK</b>	<b>ScanID</b>
		2nd Inner Mechanical south of break rooms			3"	<input type="checkbox"/>	68041741

Building: Beatrice State Development West  
Wing

Building-, Floors-2nd

*This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.*

***Alarms***

**Waterflow Switch**

Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID
Vane				3.0	1	<input checked="" type="checkbox"/>	68606387

Building: Beatrice State Development West  
Wing

Building-, Zone-1st and 2nd

*This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.*

**Waterflow Switch**

Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID
Vane				3.0	1	<input checked="" type="checkbox"/>	59770112

*Components*

**Isolation Valve**

Manufacturer	Model	Location	Position	Status	Size	OK	ScanID
		Basement Inner Mechanical North	Open	Supervised	3"	<input checked="" type="checkbox"/>	59770115

*This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.*

***Alarms***

**Waterflow Switch**

Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID
Vane				3.0	1	<input checked="" type="checkbox"/>	59770110

***Components***

**Isolation Valve**

Manufacturer	Model	Location	Position	Status	Size	OK	ScanID
		Basement Inner Mechanical North	Open	Supervised	3"	<input checked="" type="checkbox"/>	59770116

# Dry Pipe Fire Sprinkler Systems

Generated by: BuildingReports.com

Building: Beatrice State Development West Wing						Building-, Zone-Attic			
<p><i>This section lists out all the devices and components that have been associated with a Dry Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.</i></p>									
<b>Alarms</b>									
<b>Pressure Switch</b>									
Type	Description	Manufacturer	Low	High	Zone/Address	OK	ScanID		
High	Alarm				1	<input checked="" type="checkbox"/>	59770106		
Low	Supervisory				1	<input checked="" type="checkbox"/>	59770118		
<b>Components</b>									
<b>Check Valve</b>									
Type	Location		Internal Date			Size	OK	ScanID	
Grooved	Basement Inner Mechanical North		09/13/2021			4"	<input type="checkbox"/>	68041482	
<b>Control Valve</b>									
Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID	
Butterfly			Basement Inner Mechanical North	4"	Open	Supervised	<input checked="" type="checkbox"/>	59770117	
<b>Description</b>									
Isolation									
<b>Dry Pipe Valve</b>									
Manufacturer	Model #	Location			Internal Date		OK	ScanID	
		Basement Inner Mechanical North			03/19/2020		<input checked="" type="checkbox"/>	59770111	
Type		Status	Position		Size	Serial #			
Flanged by Grooved		Supervised	Trim Closed		6"				
Water psi	Air Pressure	Trip Air	Trip Time	Total Timing (sec)	Partial Trip Date	Full Trip Date			
58	36				09/13/2022	03/19/2025			
<b>Devices</b>									
<b>Drain</b>									
<b>Current Inspection</b>									
Type	Location		Size	Supply psi	Restored psi	Residual psi	Sec	OK	ScanID
Main	Basement Inner Mechanical North		2"	53	44	35		<input checked="" type="checkbox"/>	59770107
<b>Previous Inspections</b>									

March 27, 2023								
Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	Basement Inner Mechanical North	2"	50	48	33		<input checked="" type="checkbox"/>	59770107
December 13, 2022								
Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	Basement Inner Mechanical North	2"	50	51	35		<input checked="" type="checkbox"/>	59770107
Type	Location	Size	Supply psi	Restored psi	Residual psi	Sec	OK	ScanID
Combination	2nd North Office	2"					<input checked="" type="checkbox"/>	68606388
Gauge								
Location				Service Date				
Basement Inner Mechanical North				09/13/2021				
Type	Manufacturer	Model #	Static psi	Fill Type	Size	OK	ScanID	
System Pressure				Air/Water		<input type="checkbox"/>	68041484	
Piping								
Location	Type	Size	Internal Date					
Basement Inner Mechanical North	Steel		03/19/2020					
Hangers	Braces	Fittings	Identified	Antifreeze	ScanID			
Normal	Normal		Tagged	N/A	68041483			

# Inventory & Warranty Report

Generated by: [BuildingReports.com](http://BuildingReports.com)

## Building: Beatrice State Development West Wing

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

Device or Type	Category	% of Inventory	Quantity
Check Valve	Valve	7.14%	2
Control Valve	Valve	17.86%	5
Drain	Device	10.71%	3
Dry Pipe Valve	Valve	3.57%	1
Fire Dep't Connection	Hose	7.14%	2
Gauge	Device	7.14%	2
Isolation Valve	Valve	10.71%	3
Piping	Sprinkler	7.14%	2
Post Indicator Valve	Valve	7.14%	2
Pressure Switch	Alarm	7.14%	2
Waterflow Switch	Alarm	14.29%	4

Device Type	Qty	Model #	Type	Description	Install Date
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### In Service - 3 Years to 5 Years

#### Building– Dry Pipe, Zone–Attic

Check Valve	1		Grooved		03/19/2020
Control Valve	1		Butterfly	Isolation	03/19/2020
Drain	1		Combination		03/19/2020
Drain	1		Main		03/19/2020
Dry Pipe Valve	1		Flanged by Grooved		03/19/2020
Gauge	1		System Pressure		03/19/2020
Piping	1		Steel		03/19/2020
Pressure Switch	1		High	Alarm	03/19/2020
Pressure Switch	1		Low	Supervisory	03/19/2020

#### Building– Wet Pipe, Building–

Check Valve	1		Flanged		03/19/2020
Control Valve	2		Butterfly	Main Control	03/19/2020
Control Valve	2		OS&Y	Main Control	03/19/2020
Drain	1		Main		03/19/2020
Fire Dep't Connection	2		Freestanding		03/19/2020
Gauge	1				03/19/2020
Piping	1		Steel		03/19/2020
Post Indicator Valve	2		Ground		03/19/2020
Waterflow Switch	1		Vane	Alarm	03/19/2020

#### Building– Wet Pipe, Floors–2

Isolation Valve	1				03/19/2020
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#### Building– Wet Pipe, Floors–2nd

Waterflow Switch	1		Vane	Alarm	03/19/2020
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<b>Building– Wet Pipe, Zone–1 st and 2nd</b>				
Isolation Valve	1			03/19/2020
Waterflow Switch	1	Vane	Alarm	03/19/2020
<b>Building– Wet Pipe, Zone–Basement</b>				
Isolation Valve	1			03/19/2020
Waterflow Switch	1	Vane	Alarm	03/19/2020



# Notes & Recommendations

Generated by: *BuildingReports.com*

Building: Beatrice State Development West Wing				
<p><i>The Notes &amp; Recommendations Report details additional inspection notes made by the Inspectors during the course of the building inspection. Notes are grouped by SystemID.</i></p>				
Note	Device Type	Location	Comment	ScanID
<b><i>Building- Dry Pipe, Zone-Attic</i></b>				
1	Check Valve	Basement Inner Mechanical North		68041482
	Check valve moves freely			
2	Gauge	Basement Inner Mechanical North		68041484
	5 gages replaced on this date			
3	Piping	Basement Inner Mechanical North		68041483
	Free of corrosion at this time			
4	Drain	2nd North Office	Passed	68606388
	Was drained on this date			
<b><i>Building- Wet Pipe, Building-</i></b>				
5	Check Valve	Basement Inner Mechanical South		68041479
	Did not inspect due to possibility of not seating getting quote to replace			
6	Gauge	Basement Inner Mechanical South		68041481
	1 gage replaced			
7	Piping	Basement Inner Mechanical South		68041480
	No sign of corrosion at this time			

# Sprinkler Inspection Certificate

*For*

Beatrice State Development West  
Wing  
834 Sheridan  
Beatrice, Nebraska 68310

Tested to NFPA 25 Standards

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

*Quarterly Inspection*  
*Inspection Date*  
*Jun 12, 2023*

Building: Beatrice State Development West Wing  
Contact: Facility Manager  
Title: Maint. Supervisor

Company: NIFCO Mechanical Systems  
Contact: Travis Billesbach  
Title: Inspector

# Executive Summary

Generated by: *BuildingReports.com*

Building Information			
<b>Building:</b> Beatrice State Development West Wing			<b>Contact:</b> Facility Manager
<b>Address:</b> 834 Sheridan			<b>Phone:</b> 402-223-7526
<b>Address:</b>			<b>Fax:</b>
<b>City/State/ZIP Code:</b> Beatrice, Nebraska 68310			<b>Mobile:</b>
<b>Country:</b> United States of America			<b>Email:</b>
Inspection Performed By			
<b>Company:</b> NIFCO Mechanical Systems			<b>Inspector:</b> Travis Billesbach
<b>Address:</b> 500 Blue Heron Dr			<b>Phone:</b> 402-477-0666
<b>Address:</b>			<b>Fax:</b>
<b>City/State/ZIP Code:</b> Lincoln, NE 68522-1701			<b>Mobile:</b> 531-220-1687
<b>Country:</b> United States of America			<b>Email:</b> tbillesbach@nifcomechanical.com
System Control Unit			
System Type	System Location	Protected Area	Devices
Dry Pipe	Building-	Zone-Attic	9
Wet Pipe	Building-	Building-	13
Wet Pipe	Building-	Floors-2	1
Wet Pipe	Building-	Floors-2nd	1
Wet Pipe	Building-	Zone-1st and 2nd	2
Wet Pipe	Building-	Zone-Basement	2

Inspection Summary								
Category	Total Items		Serviced		Passed		Failed/Other	
	Qty	%	Qty	%	Qty	%	Qty	%
Alarm	6	21.43%	6	100.00%	6	100.00%	0	0.00%
Device	5	17.86%	3	60.00%	3	100.00%	0	0.00%
Hose	2	7.14%	2	100.00%	2	100.00%	0	0.00%
Sprinkler	2	7.14%	0	0.00%	0	0.00%	0	0.00%
Valve	13	46.43%	10	76.92%	10	100.00%	0	0.00%
<b>Totals</b>	<b>28</b>	<b>100%</b>	<b>21</b>	<b>75.00%</b>	<b>21</b>	<b>100.00%</b>	<b>0</b>	<b>0.00%</b>

Certification	
<b>Company:</b> NIFCO Mechanical Systems	<b>Building:</b> Beatrice State Development West Wing
<b>Inspector:</b> Travis Billesbach	<b>Contact:</b> Facility Manager

Travis Billesbach Certifications	
Certification Type	Number
NICET Inspection and Testing of Water-Based Systems Level I	
Nebraska Grade VI Water Operator	8466

# Inspection & Testing

Generated by: BuildingReports.com

Building: Beatrice State Development West Wing				
<i>The Inspection &amp; Testing section lists all of the items inspected in your building. Items are grouped by Passed or Failed/Other. Items are listed by Category. Each item includes the services performed, and the time &amp; date at which testing occurred.</i>				
Device Type	Location	Service	Time	Date
<b><i>Passed</i></b>				
<b>Building– Dry Pipe, Zone–Attic</b>				
Pressure Switch	Basement Inner Mechanical North	Quarterly	11:35:21 AM	06/12/2023
Pressure Switch	Basement Inner Mechanical North	Quarterly	11:35:25 AM	06/12/2023
Drain	Basement Inner Mechanical North	Quarterly	11:37:31 AM	06/12/2023
Drain	2nd North Office	Quarterly	11:38:27 AM	06/12/2023
Control Valve	Basement Inner Mechanical North	Quarterly	11:39:21 AM	06/12/2023
Dry Pipe Valve	Basement Inner Mechanical North	Quarterly	11:36:20 AM	06/12/2023
<b>Building– Wet Pipe, Building–</b>				
Waterflow Switch	Basement Inner Mechanical South	Quarterly	11:34:59 AM	06/12/2023
Drain	Basement Inner Mechanical South	Quarterly	11:36:39 AM	06/12/2023
Fire Dep't Connection	Ground West outside North	Quarterly	11:36:10 AM	06/12/2023
Fire Dep't Connection	Ground West Outside South	Quarterly	11:36:15 AM	06/12/2023
Control Valve	Basement Inner Mechanical North	Quarterly	11:38:33 AM	06/12/2023
Control Valve	Basement Inner Mechanical North	Quarterly	11:38:52 AM	06/12/2023
Control Valve	Basement Inner Mechanical South	Quarterly	11:40:05 AM	06/12/2023
Control Valve	Basement Inner Mechanical South	Quarterly	11:41:24 AM	06/12/2023
Post Indicator Valve	Ground West outside	Quarterly	11:35:35 AM	06/12/2023
Post Indicator Valve	Ground West Mechanical Outside	Quarterly	11:35:43 AM	06/12/2023
<b>Building– Wet Pipe, Floors–2nd</b>				
Waterflow Switch	Basement Inner Mechanical south	Quarterly	11:35:17 AM	06/12/2023
<b>Building– Wet Pipe, Zone–1st and 2nd</b>				
Waterflow Switch	Basement Inner Mechanical North	Quarterly	11:35:14 AM	06/12/2023
Isolation Valve	Basement Inner Mechanical North	Quarterly	11:35:53 AM	06/12/2023
<b>Building– Wet Pipe, Zone–Basement</b>				
Waterflow Switch	Basement Inner Mechanical North	Quarterly	11:35:10 AM	06/12/2023
Isolation Valve	Basement Inner Mechanical North	Quarterly	11:36:01 AM	06/12/2023
<b><i>Untested</i></b>				
<b>Building– Dry Pipe, Zone–Attic</b>				
Gauge	Basement Inner Mechanical North			
Piping	Basement Inner Mechanical North			
Check Valve	Basement Inner Mechanical North			
<b>Building– Wet Pipe, Building–</b>				
Gauge	Basement Inner Mechanical South			
Piping	Basement Inner Mechanical South			
Check Valve	Basement Inner Mechanical South			

Device Type	Location	Service	Time	Date
<b>Building– Wet Pipe, Floors–2</b>				
Isolation Valve	2nd Inner Mechanical south of break rooms			

# Wet Pipe Fire Sprinkler Systems

Generated by: *BuildingReports.com*

Building: Beatrice State Development West Wing	Building-, Building-
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*This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.*

## Alarms

### Waterflow Switch

Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID
Vane				4.0	1	<input checked="" type="checkbox"/>	59770003

## Components

### Check Valve

Type	Location	Internal Date	Size	OK	ScanID
Flanged	Basement Inner Mechanical South	03/19/2020	4"	<input type="checkbox"/>	68041479

### Control Valve

Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			Basement Inner Mechanical North	6"	Open	Supervised	<input checked="" type="checkbox"/>	59770113

#### Description

Main Control

### Control Valve

Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			Basement Inner Mechanical North	6"	Open	Supervised	<input checked="" type="checkbox"/>	59770114

#### Description

Main Control

### Control Valve

Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
OS&Y			Basement Inner Mechanical South	4"	Open	Supervised	<input checked="" type="checkbox"/>	59770119

#### Description

Main Control

### Control Valve

Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
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OS&Y			Basement Inner Mechanical South	4"	Open	Supervised	<input checked="" type="checkbox"/>	59770120		
<b>Description</b>										
Main Control										
<b>Post Indicator Valve</b>										
<b>Manufacturer</b>		<b>Model</b>		<b>Location</b>		<b>OK</b>	<b>ScanID</b>			
				Ground West outside		<input checked="" type="checkbox"/>	59770020			
<b>Type</b>		<b>Size</b>	<b>Position</b>	<b>Status</b>		<b>Number of Turns</b>				
Ground			Open	Locked & Supervised						
<b>Post Indicator Valve</b>										
<b>Manufacturer</b>		<b>Model</b>		<b>Location</b>		<b>OK</b>	<b>ScanID</b>			
				Ground West Mechanical Outside		<input checked="" type="checkbox"/>	59770105			
<b>Type</b>		<b>Size</b>	<b>Position</b>	<b>Status</b>		<b>Number of Turns</b>				
Ground			Open	Locked & Supervised						
<i>Devices</i>										
<b>Drain</b>										
<b>Current Inspection</b>										
<b>Type</b>	<b>Location</b>		<b>Size</b>	<b>Supply psi</b>	<b>Restored psi</b>	<b>Residual psi</b>	<b>Sec</b>	<b>OK</b>	<b>ScanID</b>	
Main	Basement Inner Mechanical South		2"	53	44	33		<input checked="" type="checkbox"/>	59770022	
<b>Previous Inspections</b>										
<b>March 27, 2023</b>										
<b>Type</b>	<b>Location</b>		<b>Size</b>	<b>Supply psi</b>	<b>Static psi</b>	<b>Residual psi</b>	<b>Sec</b>	<b>OK</b>	<b>ScanID</b>	
Main	Basement Inner Mechanical South		2"	50	42	31		<input checked="" type="checkbox"/>	59770022	
<b>December 13, 2022</b>										
<b>Type</b>	<b>Location</b>		<b>Size</b>	<b>Supply psi</b>	<b>Static psi</b>	<b>Residual psi</b>	<b>Sec</b>	<b>OK</b>	<b>ScanID</b>	
Main	Basement Inner Mechanical South		2"	53	50	37		<input checked="" type="checkbox"/>	59770022	
<b>Fire Dep't Connection</b>										
<b>Location</b>		<b>Type</b>		<b>BallDrip</b>	<b>Rotating Swivels</b>	<b>Size</b>	<b>OK</b>	<b>ScanID</b>		
Ground West outside North		Freestanding		Yes	Yes	4"	<input checked="" type="checkbox"/>	59770021		
Ground West Outside South		Freestanding		Yes	Yes	4"	<input checked="" type="checkbox"/>	59770104		
<b>Gauge</b>										
<b>Location</b>					<b>Service Date</b>					
Basement Inner Mechanical South					03/19/2020					
<b>Type</b>		<b>Manufacturer</b>		<b>Model #</b>		<b>Static psi</b>	<b>Fill Type</b>	<b>Size</b>	<b>OK</b>	<b>ScanID</b>
							Air/Water		<input type="checkbox"/>	68041481
<b>Piping</b>										
<b>Location</b>		<b>Type</b>		<b>Size</b>		<b>Internal Date</b>				



Basement Inner Mechanical South	Steel		03/19/2020		
<b>Hangers</b>	<b>Braces</b>	<b>Fittings</b>	<b>Identified</b>	<b>Antifreeze</b>	<b>ScanID</b>
Normal	Normal		Marked	N/A	68041480

Building: Beatrice State Development West  
Wing

Building-, Floors-2

*This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.*

***Components***

**Isolation Valve**

Manufacturer	Model	Location	Position	Status	Size	OK	ScanID
		2nd Inner Mechanical south of break rooms			3"	<input type="checkbox"/>	68041741

Building: Beatrice State Development West  
Wing

Building-, Floors-2nd

*This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.*

### *Alarms*

#### **Waterflow Switch**

Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID
Vane				3.0	1	<input checked="" type="checkbox"/>	68606387

Building: Beatrice State Development West  
Wing

Building-, Zone-1st and 2nd

*This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.*

**Waterflow Switch**

Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID
Vane				3.0	1	<input checked="" type="checkbox"/>	59770112

***Components***

**Isolation Valve**

Manufacturer	Model	Location	Position	Status	Size	OK	ScanID
		Basement Inner Mechanical North	Open	Supervised	3"	<input checked="" type="checkbox"/>	59770115

*This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.*

***Alarms***

**Waterflow Switch**

Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID
Vane				3.0	1	<input checked="" type="checkbox"/>	59770110

***Components***

**Isolation Valve**

Manufacturer	Model	Location	Position	Status	Size	OK	ScanID
		Basement Inner Mechanical North	Open	Supervised	3"	<input checked="" type="checkbox"/>	59770116

# Dry Pipe Fire Sprinkler Systems

Generated by: BuildingReports.com

Building: Beatrice State Development West Wing						Building-, Zone-Attic		
<p><i>This section lists out all the devices and components that have been associated with a Dry Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.</i></p>								
<b>Alarms</b>								
<b>Pressure Switch</b>								
Type	Description	Manufacturer	Low	High	Zone/Address	OK	ScanID	
High	Alarm				1	<input checked="" type="checkbox"/>	59770106	
Low	Supervisory				1	<input checked="" type="checkbox"/>	59770118	
<b>Components</b>								
<b>Check Valve</b>								
Type	Location	Internal Date	Size	OK	ScanID			
Grooved	Basement Inner Mechanical North	09/13/2021	4"	<input type="checkbox"/>	68041482			
<b>Control Valve</b>								
Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			Basement Inner Mechanical North	4"	Open	Supervised	<input checked="" type="checkbox"/>	59770117
<b>Description</b>								
Isolation								
<b>Dry Pipe Valve</b>								
Manufacturer	Model #	Location	Internal Date	OK	ScanID			
		Basement Inner Mechanical North	03/19/2020	<input checked="" type="checkbox"/>	59770111			
Type	Status	Position	Size	Serial #				
Flanged by Grooved	Supervised	Trim Closed	6"					
Water psi	Air Pressure	Trip Air	Trip Time	Total Timing (sec)	Partial Trip Date	Full Trip Date		
58	36				09/13/2022	03/19/2025		
<b>Devices</b>								
<b>Drain</b>								
<b>Current Inspection</b>								
Type	Location	Size	Supply psi	Restored psi	Residual psi	Sec	OK	ScanID
Main	Basement Inner Mechanical North	2"	53	44	35		<input checked="" type="checkbox"/>	59770107
<b>Previous Inspections</b>								

March 27, 2023								
Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	Basement Inner Mechanical North	2"	50	48	33		<input checked="" type="checkbox"/>	59770107
December 13, 2022								
Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	Basement Inner Mechanical North	2"	50	51	35		<input checked="" type="checkbox"/>	59770107
Type	Location	Size	Supply psi	Restored psi	Residual psi	Sec	OK	ScanID
Combination	2nd North Office	2"					<input checked="" type="checkbox"/>	68606388
Gauge								
Location				Service Date				
Basement Inner Mechanical North				09/13/2021				
Type	Manufacturer	Model #	Static psi	Fill Type	Size	OK	ScanID	
System Pressure				Air/Water		<input type="checkbox"/>	68041484	
Piping								
Location	Type	Size	Internal Date					
Basement Inner Mechanical North	Steel		03/19/2020					
Hangers	Braces	Fittings	Identified	Antifreeze	ScanID			
Normal	Normal		Tagged	N/A	68041483			

# Inventory & Warranty Report

Generated by: [BuildingReports.com](http://BuildingReports.com)

## Building: Beatrice State Development West Wing

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

Device or Type	Category	% of Inventory	Quantity
Check Valve	Valve	7.14%	2
Control Valve	Valve	17.86%	5
Drain	Device	10.71%	3
Dry Pipe Valve	Valve	3.57%	1
Fire Dep't Connection	Hose	7.14%	2
Gauge	Device	7.14%	2
Isolation Valve	Valve	10.71%	3
Piping	Sprinkler	7.14%	2
Post Indicator Valve	Valve	7.14%	2
Pressure Switch	Alarm	7.14%	2
Waterflow Switch	Alarm	14.29%	4

Device Type	Qty	Model #	Type	Description	Install Date
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### In Service - 3 Years to 5 Years

#### Building– Dry Pipe, Zone–Attic

Check Valve	1		Grooved		03/19/2020
Control Valve	1		Butterfly	Isolation	03/19/2020
Drain	1		Combination		03/19/2020
Drain	1		Main		03/19/2020
Dry Pipe Valve	1		Flanged by Grooved		03/19/2020
Gauge	1		System Pressure		03/19/2020
Piping	1		Steel		03/19/2020
Pressure Switch	1		High	Alarm	03/19/2020
Pressure Switch	1		Low	Supervisory	03/19/2020

#### Building– Wet Pipe, Building–

Check Valve	1		Flanged		03/19/2020
Control Valve	2		Butterfly	Main Control	03/19/2020
Control Valve	2		OS&Y	Main Control	03/19/2020
Drain	1		Main		03/19/2020
Fire Dep't Connection	2		Freestanding		03/19/2020
Gauge	1				03/19/2020
Piping	1		Steel		03/19/2020
Post Indicator Valve	2		Ground		03/19/2020
Waterflow Switch	1		Vane	Alarm	03/19/2020

#### Building– Wet Pipe, Floors–2

Isolation Valve	1				03/19/2020
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#### Building– Wet Pipe, Floors–2nd

Waterflow Switch	1		Vane	Alarm	03/19/2020
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<b>Building- Wet Pipe, Zone-1st and 2nd</b>				
Isolation Valve	1			03/19/2020
Waterflow Switch	1	Vane	Alarm	03/19/2020
<b>Building- Wet Pipe, Zone-Basement</b>				
Isolation Valve	1			03/19/2020
Waterflow Switch	1	Vane	Alarm	03/19/2020

# Notes & Recommendations

Generated by: *BuildingReports.com*

Building: Beatrice State Development West Wing				
<p><i>The Notes &amp; Recommendations Report details additional inspection notes made by the Inspectors during the course of the building inspection. Notes are grouped by SystemID.</i></p>				
Note	Device Type	Location	Comment	ScanID
<b><i>Building- Dry Pipe, Zone-Attic</i></b>				
1	Check Valve	Basement Inner Mechanical North		68041482
	Check valve moves freely			
2	Gauge	Basement Inner Mechanical North		68041484
	5 gages replaced on this date			
3	Piping	Basement Inner Mechanical North		68041483
	Free of corrosion at this time			
4	Drain	2nd North Office	Passed	68606388
	Was drained on this date			
<b><i>Building- Wet Pipe, Building-</i></b>				
5	Check Valve	Basement Inner Mechanical South		68041479
	Did not inspect due to possibility of not seating getting quote to replace			
6	Gauge	Basement Inner Mechanical South		68041481
	1 gage replaced			
7	Piping	Basement Inner Mechanical South		68041480
	No sign of corrosion at this time			

# Sprinkler Inspection Certificate

*For*

Beatrice State Development West  
Wing  
834 Sheridan  
Beatrice, Nebraska 68310

Tested to NFPA 25 Standards

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

*Semi-Annual Inspection*

*Inspection Date*

*Mar 27, 2023*

Building: Beatrice State Development West Wing  
Contact: Facility Manager  
Title: Maint. Supervisor

Company: NIFCO Mechanical Systems  
Contact: Travis Billesbach  
Title: Inspector

# Executive Summary

Generated by: *BuildingReports.com*

Building Information			
<b>Building:</b> Beatrice State Development West Wing			<b>Contact:</b> Facility Manager
<b>Address:</b> 834 Sheridan			<b>Phone:</b> 402-223-7526
<b>Address:</b>			<b>Fax:</b>
<b>City/State/ZIP Code:</b> Beatrice, Nebraska 68310			<b>Mobile:</b>
<b>Country:</b> United States of America			<b>Email:</b>
Inspection Performed By			
<b>Company:</b> NIFCO Mechanical Systems			<b>Inspector:</b> Travis Billesbach
<b>Address:</b> 500 Blue Heron Dr			<b>Phone:</b> 402-477-0666
<b>Address:</b>			<b>Fax:</b>
<b>City/State/ZIP Code:</b> Lincoln, NE 68522-1701			<b>Mobile:</b> 531-220-1687
<b>Country:</b> United States of America			<b>Email:</b> tbillesbach@nifcomechanical.com
System Control Unit			
System Type	System Location	Protected Area	Devices
Dry Pipe	Building-	Zone-Attic	9
Wet Pipe	Building-	Building-	13
Wet Pipe	Building-	Floors-2	1
Wet Pipe	Building-	Floors-2nd	1
Wet Pipe	Building-	Zone-1st and 2nd	2
Wet Pipe	Building-	Zone-Basement	2

Inspection Summary								
Category	Total Items		Serviced		Passed		Failed/Other	
	Qty	%	Qty	%	Qty	%	Qty	%
Alarm	6	21.43%	6	100.00%	6	100.00%	0	0.00%
Device	5	17.86%	3	60.00%	3	100.00%	0	0.00%
Hose	2	7.14%	2	100.00%	2	100.00%	0	0.00%
Sprinkler	2	7.14%	0	0.00%	0	0.00%	0	0.00%
Valve	13	46.43%	11	84.62%	11	100.00%	0	0.00%
<b>Totals</b>	<b>28</b>	<b>100%</b>	<b>22</b>	<b>78.57%</b>	<b>22</b>	<b>100.00%</b>	<b>0</b>	<b>0.00%</b>

### Certification

**Company:** NIFCO Mechanical Systems

**Building:** Beatrice State Development West Wing

**Inspector:** Travis Billesbach

**Contact:** Facility Manager

### Travis Billesbach Certifications

Certification Type	Number
Nebraska Grade VI Water Operator	8466
NICET Inspection and Testing of Water-Based Systems Level I	

# Inspection & Testing

Generated by: BuildingReports.com

Building: Beatrice State Development West Wing				
<i>The Inspection &amp; Testing section lists all of the items inspected in your building. Items are grouped by Passed or Failed/Other. Items are listed by Category. Each item includes the services performed, and the time &amp; date at which testing occurred.</i>				
Device Type	Location	Service	Time	Date
<b><i>Passed</i></b>				
<b>Building– Dry Pipe, Zone–Attic</b>				
Pressure Switch	Basement Inner Mechanical North	Semi-Annual	11:07:11 AM	03/27/2023
Pressure Switch	Basement Inner Mechanical North	Semi-Annual	11:07:34 AM	03/27/2023
Drain	Basement Inner Mechanical North	Semi-Annual	11:14:23 AM	03/27/2023
Drain	2nd North Office	Semi-Annual	11:14:40 AM	03/27/2023
Control Valve	Basement Inner Mechanical North	Semi-Annual	11:06:56 AM	03/27/2023
Dry Pipe Valve	Basement Inner Mechanical North	Semi-Annual	11:09:02 AM	03/27/2023
<b>Building– Wet Pipe, Building–</b>				
Waterflow Switch	Basement Inner Mechanical South	Semi-Annual	11:15:11 AM	03/27/2023
Drain	Basement Inner Mechanical South	Semi-Annual	11:10:09 AM	03/27/2023
Fire Dep't Connection	Ground West outside North	Semi-Annual	11:08:53 AM	03/27/2023
Fire Dep't Connection	Ground West Outside South	Semi-Annual	11:08:57 AM	03/27/2023
Control Valve	Basement Inner Mechanical North	Semi-Annual	11:05:57 AM	03/27/2023
Control Valve	Basement Inner Mechanical North	Semi-Annual	11:06:10 AM	03/27/2023
Control Valve	Basement Inner Mechanical South	Semi-Annual	11:14:44 AM	03/27/2023
Control Valve	Basement Inner Mechanical South	Semi-Annual	11:14:55 AM	03/27/2023
Post Indicator Valve	Ground West outside	Semi-Annual	11:08:07 AM	03/27/2023
Post Indicator Valve	Ground West Mechanical Outside	Semi-Annual	11:08:14 AM	03/27/2023
<b>Building– Wet Pipe, Floors–2</b>				
Isolation Valve	2nd Inner Mechanical south of break rooms	Semi-Annual	11:08:34 AM	03/27/2023
<b>Building– Wet Pipe, Floors–2nd</b>				
Waterflow Switch	Basement Inner Mechanical south	Semi-Annual	11:08:01 AM	03/27/2023
<b>Building– Wet Pipe, Zone–1st and 2nd</b>				
Waterflow Switch	Basement Inner Mechanical North	Semi-Annual	11:06:26 AM	03/27/2023
Isolation Valve	Basement Inner Mechanical North	Semi-Annual	11:05:35 AM	03/27/2023
<b>Building– Wet Pipe, Zone–Basement</b>				
Waterflow Switch	Basement Inner Mechanical North	Semi-Annual	11:06:39 AM	03/27/2023
Isolation Valve	Basement Inner Mechanical North	Semi-Annual	11:08:25 AM	03/27/2023
<b><i>Untested</i></b>				
<b>Building– Dry Pipe, Zone–Attic</b>				
Gauge	Basement Inner Mechanical North			
Piping	Basement Inner Mechanical North			
Check Valve	Basement Inner Mechanical North			
<b>Building– Wet Pipe, Building–</b>				
Gauge	Basement Inner Mechanical South			

Device Type	Location	Service	Time	Date
Piping	Basement Inner Mechanical South			
Check Valve	Basement Inner Mechanical South			

# Wet Pipe Fire Sprinkler Systems

Generated by: *BuildingReports.com*

Building: Beatrice State Development West Wing	Building-, Building-
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*This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.*

## Alarms

### Waterflow Switch

Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID
Vane				4.0	1	<input checked="" type="checkbox"/>	59770003

## Components

### Check Valve

Type	Location	Internal Date	Size	OK	ScanID
Flanged	Basement Inner Mechanical South	03/19/2020	4"	<input type="checkbox"/>	68041479

### Control Valve

Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			Basement Inner Mechanical North	6"	Open	Supervised	<input checked="" type="checkbox"/>	59770113

#### Description

Main Control

### Control Valve

Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			Basement Inner Mechanical North	6"	Open	Supervised	<input checked="" type="checkbox"/>	59770114

#### Description

Main Control

### Control Valve

Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
OS&Y			Basement Inner Mechanical South	4"	Open	Supervised	<input checked="" type="checkbox"/>	59770119

#### Description

Main Control

### Control Valve

Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
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OS&Y			Basement Inner Mechanical South	4"	Open	Supervised	<input checked="" type="checkbox"/>	59770120	
<b>Description</b>									
Main Control									
<b>Post Indicator Valve</b>									
<b>Manufacturer</b>		<b>Model</b>		<b>Location</b>		<b>OK</b>	<b>ScanID</b>		
				Ground West outside		<input checked="" type="checkbox"/>	59770020		
<b>Type</b>		<b>Size</b>	<b>Position</b>	<b>Status</b>		<b>Number of Turns</b>			
Ground			Open	Locked & Supervised					
<b>Post Indicator Valve</b>									
<b>Manufacturer</b>		<b>Model</b>		<b>Location</b>		<b>OK</b>	<b>ScanID</b>		
				Ground West Mechanical Outside		<input checked="" type="checkbox"/>	59770105		
<b>Type</b>		<b>Size</b>	<b>Position</b>	<b>Status</b>		<b>Number of Turns</b>			
Ground			Open	Locked & Supervised					
<i><b>Devices</b></i>									
<b>Drain</b>									
<b>Current Inspection</b>									
<b>Type</b>	<b>Location</b>		<b>Size</b>	<b>Supply psi</b>	<b>Restored psi</b>	<b>Residual psi</b>	<b>Sec</b>	<b>OK</b>	<b>ScanID</b>
Main	Basement Inner Mechanical South		2"	50	42	31		<input checked="" type="checkbox"/>	59770022
<b>Previous Inspections</b>									
<b>December 13, 2022</b>									
<b>Type</b>	<b>Location</b>		<b>Size</b>	<b>Supply psi</b>	<b>Static psi</b>	<b>Residual psi</b>	<b>Sec</b>	<b>OK</b>	<b>ScanID</b>
Main	Basement Inner Mechanical South		2"	53	50	37		<input checked="" type="checkbox"/>	59770022
<b>September 22, 2022</b>									
<b>Type</b>	<b>Location</b>		<b>Size</b>	<b>Supply psi</b>	<b>Static psi</b>	<b>Residual psi</b>	<b>Sec</b>	<b>OK</b>	<b>ScanID</b>
Main	Basement Inner Mechanical South		2"	55	51	36		<input checked="" type="checkbox"/>	59770022
<b>Fire Dep't Connection</b>									
<b>Location</b>		<b>Type</b>		<b>BallDrip</b>	<b>Rotating Swivels</b>	<b>Size</b>	<b>OK</b>	<b>ScanID</b>	
Ground West outside North		Freestanding		Yes	Yes	4"	<input checked="" type="checkbox"/>	59770021	
Ground West Outside South		Freestanding		Yes	Yes	4"	<input checked="" type="checkbox"/>	59770104	
<b>Gauge</b>									
<b>Location</b>					<b>Service Date</b>				
Basement Inner Mechanical South					03/19/2020				
<b>Type</b>		<b>Manufacturer</b>		<b>Model #</b>	<b>Static psi</b>	<b>Fill Type</b>	<b>Size</b>	<b>OK</b>	<b>ScanID</b>
						Air/Water		<input type="checkbox"/>	68041481
<b>Piping</b>									
<b>Location</b>		<b>Type</b>		<b>Size</b>	<b>Internal Date</b>				

Basement Inner Mechanical South	Steel		03/19/2020		
<b>Hangers</b>	<b>Braces</b>	<b>Fittings</b>	<b>Identified</b>	<b>Antifreeze</b>	<b>ScanID</b>
Normal	Normal		Marked	N/A	68041480

Building: Beatrice State Development West  
Wing

Building-, Floors-2

*This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.*

### ***Components***

#### **Isolation Valve**

<b>Manufacturer</b>	<b>Model</b>	<b>Location</b>	<b>Position</b>	<b>Status</b>	<b>Size</b>	<b>OK</b>	<b>ScanID</b>
		2nd Inner Mechanical south of break rooms	Open	Supervised	3"	<input checked="" type="checkbox"/>	68041741

Building: Beatrice State Development West  
Wing

Building-, Floors-2nd

*This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.*

### *Alarms*

#### **Waterflow Switch**

Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID
Vane				3.0	1	<input checked="" type="checkbox"/>	68606387

Building: Beatrice State Development West  
Wing

Building-, Zone-1st and 2nd

*This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.*

**Waterflow Switch**

Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID
Vane				3.0	1	<input checked="" type="checkbox"/>	59770112

*Components*

**Isolation Valve**

Manufacturer	Model	Location	Position	Status	Size	OK	ScanID
		Basement Inner Mechanical North			3"	<input checked="" type="checkbox"/>	59770115

*This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.*

***Alarms***

**Waterflow Switch**

Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID
Vane				3.0	1	<input checked="" type="checkbox"/>	59770110

***Components***

**Isolation Valve**

Manufacturer	Model	Location	Position	Status	Size	OK	ScanID
		Basement Inner Mechanical North	Open	Supervised	3"	<input checked="" type="checkbox"/>	59770116

# Dry Pipe Fire Sprinkler Systems

Generated by: BuildingReports.com

Building: Beatrice State Development West Wing						Building-, Zone-Attic		
<p><i>This section lists out all the devices and components that have been associated with a Dry Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.</i></p>								
<b>Alarms</b>								
<b>Pressure Switch</b>								
Type	Description	Manufacturer	Low	High	Zone/Address	OK	ScanID	
Low	Supervisory				1	<input checked="" type="checkbox"/>	59770118	
High	Alarm				1	<input checked="" type="checkbox"/>	59770106	
<b>Components</b>								
<b>Check Valve</b>								
Type	Location	Internal Date	Size	OK	ScanID			
Grooved	Basement Inner Mechanical North	09/13/2021	4"	<input type="checkbox"/>	68041482			
<b>Control Valve</b>								
Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			Basement Inner Mechanical North	4"	Open	Supervised	<input checked="" type="checkbox"/>	59770117
<b>Description</b>								
Isolation								
<b>Dry Pipe Valve</b>								
Manufacturer	Model #	Location	Internal Date	OK	ScanID			
		Basement Inner Mechanical North	03/19/2020	<input checked="" type="checkbox"/>	59770111			
Type	Status	Position	Size	Serial #				
Flanged by Grooved	Supervised	Trim Closed	6"					
Water psi	Air Pressure	Trip Air	Trip Time	Total Timing (sec)	Partial Trip Date	Full Trip Date		
43	40				09/13/2022	03/19/2025		
<b>Devices</b>								
<b>Drain</b>								
<b>Current Inspection</b>								
Type	Location	Size	Supply psi	Restored psi	Residual psi	Sec	OK	ScanID
Main	Basement Inner Mechanical North	2"	50	48	33		<input checked="" type="checkbox"/>	59770107
<b>Previous Inspections</b>								

December 13, 2022								
Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	Basement Inner Mechanical North	2"	50	51	35		<input checked="" type="checkbox"/>	59770107
September 22, 2022								
Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	Basement Inner Mechanical North	2"	56	54	32		<input checked="" type="checkbox"/>	59770107
Type	Location	Size	Supply psi	Restored psi	Residual psi	Sec	OK	ScanID
Combination	2nd North Office	2"					<input checked="" type="checkbox"/>	68606388
Gauge								
Location				Service Date				
Basement Inner Mechanical North				09/13/2021				
Type	Manufacturer	Model #	Static psi	Fill Type	Size	OK	ScanID	
System Pressure				Air/Water		<input type="checkbox"/>	68041484	
Piping								
Location	Type	Size	Internal Date					
Basement Inner Mechanical North	Steel		03/19/2020					
Hangers	Braces	Fittings	Identified	Antifreeze	ScanID			
Normal	Normal		Tagged	N/A	68041483			



# Inventory & Warranty Report

Generated by: [BuildingReports.com](http://BuildingReports.com)

## Building: Beatrice State Development West Wing

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

Device or Type	Category	% of Inventory	Quantity
Check Valve	Valve	7.14%	2
Control Valve	Valve	17.86%	5
Drain	Device	10.71%	3
Dry Pipe Valve	Valve	3.57%	1
Fire Dep't Connection	Hose	7.14%	2
Gauge	Device	7.14%	2
Isolation Valve	Valve	10.71%	3
Piping	Sprinkler	7.14%	2
Post Indicator Valve	Valve	7.14%	2
Pressure Switch	Alarm	7.14%	2
Waterflow Switch	Alarm	14.29%	4

Device Type	Qty	Model #	Type	Description	Install Date
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### In Service - 3 Years to 5 Years

#### Building– Dry Pipe, Zone–Attic

Check Valve	1		Grooved		03/19/2020
Control Valve	1		Butterfly	Isolation	03/19/2020
Drain	1		Combination		03/19/2020
Drain	1		Main		03/19/2020
Dry Pipe Valve	1		Flanged by Grooved		03/19/2020
Gauge	1		System Pressure		03/19/2020
Piping	1		Steel		03/19/2020
Pressure Switch	1		High	Alarm	03/19/2020
Pressure Switch	1		Low	Supervisory	03/19/2020

#### Building– Wet Pipe, Building–

Check Valve	1		Flanged		03/19/2020
Control Valve	2		Butterfly	Main Control	03/19/2020
Control Valve	2		OS&Y	Main Control	03/19/2020
Drain	1		Main		03/19/2020
Fire Dep't Connection	2		Freestanding		03/19/2020
Gauge	1				03/19/2020
Piping	1		Steel		03/19/2020
Post Indicator Valve	2		Ground		03/19/2020
Waterflow Switch	1		Vane	Alarm	03/19/2020

#### Building– Wet Pipe, Floors–2

Isolation Valve	1				03/19/2020
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#### Building– Wet Pipe, Floors–2nd

Waterflow Switch	1		Vane	Alarm	03/19/2020
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<b>Building– Wet Pipe, Zone–1 st and 2nd</b>				
Isolation Valve	1			03/19/2020
Waterflow Switch	1	Vane	Alarm	03/19/2020
<b>Building– Wet Pipe, Zone–Basement</b>				
Isolation Valve	1			03/19/2020
Waterflow Switch	1	Vane	Alarm	03/19/2020

# Notes & Recommendations

Generated by: *BuildingReports.com*

Building: Beatrice State Development West Wing				
<p><i>The Notes &amp; Recommendations Report details additional inspection notes made by the Inspectors during the course of the building inspection. Notes are grouped by SystemID.</i></p>				
Note	Device Type	Location	Comment	ScanID
<b><i>Building- Dry Pipe, Zone-Attic</i></b>				
1	Check Valve	Basement Inner Mechanical North		68041482
	Check valve moves freely			
2	Gauge	Basement Inner Mechanical North		68041484
	5 gages replaced on this date			
3	Piping	Basement Inner Mechanical North		68041483
	Free of corrosion at this time			
4	Drain	2nd North Office	Passed	68606388
	Was drained on this date			
<b><i>Building- Wet Pipe, Building-</i></b>				
5	Check Valve	Basement Inner Mechanical South		68041479
	Did not inspect due to possibility of not seating getting quote to replace			
6	Gauge	Basement Inner Mechanical South		68041481
	1 gage replaced			
7	Piping	Basement Inner Mechanical South		68041480
	No sign of corrosion at this time			

# Sprinkler Inspection Certificate

*For*

Beatrice State Development West  
Wing  
834 Sheridan  
Beatrice, Nebraska 68310

Tested to NFPA 25 Standards

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

*Semi-Annual Inspection*

*Inspection Date*

*Mar 27, 2023*

Building: Beatrice State Development West Wing  
Contact: Facility Manager  
Title: Maint. Supervisor

Company: NIFCO Mechanical Systems  
Contact: Travis Billesbach  
Title: Inspector

# Executive Summary

Generated by: *BuildingReports.com*

Building Information			
<b>Building:</b> Beatrice State Development West Wing			<b>Contact:</b> Facility Manager
<b>Address:</b> 834 Sheridan			<b>Phone:</b> 402-223-7526
<b>Address:</b>			<b>Fax:</b>
<b>City/State/ZIP Code:</b> Beatrice, Nebraska 68310			<b>Mobile:</b>
<b>Country:</b> United States of America			<b>Email:</b>
Inspection Performed By			
<b>Company:</b> NIFCO Mechanical Systems			<b>Inspector:</b> Travis Billesbach
<b>Address:</b> 500 Blue Heron Dr			<b>Phone:</b> 402-477-0666
<b>Address:</b>			<b>Fax:</b>
<b>City/State/ZIP Code:</b> Lincoln, NE 68522-1701			<b>Mobile:</b> 531-220-1687
<b>Country:</b> United States of America			<b>Email:</b> tbillesbach@nifcomechanical.com
System Control Unit			
System Type	System Location	Protected Area	Devices
Dry Pipe	Building-	Zone-Attic	9
Wet Pipe	Building-	Building-	13
Wet Pipe	Building-	Floors-2	1
Wet Pipe	Building-	Floors-2nd	1
Wet Pipe	Building-	Zone-1st and 2nd	2
Wet Pipe	Building-	Zone-Basement	2

Inspection Summary								
Category	Total Items		Serviced		Passed		Failed/Other	
	Qty	%	Qty	%	Qty	%	Qty	%
Alarm	6	21.43%	6	100.00%	6	100.00%	0	0.00%
Device	5	17.86%	3	60.00%	3	100.00%	0	0.00%
Hose	2	7.14%	2	100.00%	2	100.00%	0	0.00%
Sprinkler	2	7.14%	0	0.00%	0	0.00%	0	0.00%
Valve	13	46.43%	11	84.62%	11	100.00%	0	0.00%
<b>Totals</b>	<b>28</b>	<b>100%</b>	<b>22</b>	<b>78.57%</b>	<b>22</b>	<b>100.00%</b>	<b>0</b>	<b>0.00%</b>

### Certification

**Company:** NIFCO Mechanical Systems

**Building:** Beatrice State Development West Wing

**Inspector:** Travis Billesbach

**Contact:** Facility Manager

### Travis Billesbach Certifications

Certification Type	Number
Nebraska Grade VI Water Operator	8466
NICET Inspection and Testing of Water-Based Systems Level I	

# Inspection & Testing

Generated by: BuildingReports.com

Building: Beatrice State Development West Wing				
<p><i>The Inspection &amp; Testing section lists all of the items inspected in your building. Items are grouped by Passed or Failed/Other. Items are listed by Category. Each item includes the services performed, and the time &amp; date at which testing occurred.</i></p>				
Device Type	Location	Service	Time	Date
<b><i>Passed</i></b>				
<b>Building– Dry Pipe, Zone–Attic</b>				
Pressure Switch	Basement Inner Mechanical North	Semi-Annual	11:07:11 AM	03/27/2023
Pressure Switch	Basement Inner Mechanical North	Semi-Annual	11:07:34 AM	03/27/2023
Drain	Basement Inner Mechanical North	Semi-Annual	11:14:23 AM	03/27/2023
Drain	2nd North Office	Semi-Annual	11:14:40 AM	03/27/2023
Control Valve	Basement Inner Mechanical North	Semi-Annual	11:06:56 AM	03/27/2023
Dry Pipe Valve	Basement Inner Mechanical North	Semi-Annual	11:09:02 AM	03/27/2023
<b>Building– Wet Pipe, Building–</b>				
Waterflow Switch	Basement Inner Mechanical South	Semi-Annual	11:15:11 AM	03/27/2023
Drain	Basement Inner Mechanical South	Semi-Annual	11:10:09 AM	03/27/2023
Fire Dep't Connection	Ground West outside North	Semi-Annual	11:08:53 AM	03/27/2023
Fire Dep't Connection	Ground West Outside South	Semi-Annual	11:08:57 AM	03/27/2023
Control Valve	Basement Inner Mechanical North	Semi-Annual	11:05:57 AM	03/27/2023
Control Valve	Basement Inner Mechanical North	Semi-Annual	11:06:10 AM	03/27/2023
Control Valve	Basement Inner Mechanical South	Semi-Annual	11:14:44 AM	03/27/2023
Control Valve	Basement Inner Mechanical South	Semi-Annual	11:14:55 AM	03/27/2023
Post Indicator Valve	Ground West outside	Semi-Annual	11:08:07 AM	03/27/2023
Post Indicator Valve	Ground West Mechanical Outside	Semi-Annual	11:08:14 AM	03/27/2023
<b>Building– Wet Pipe, Floors–2</b>				
Isolation Valve	2nd Inner Mechanical south of break rooms	Semi-Annual	11:08:34 AM	03/27/2023
<b>Building– Wet Pipe, Floors–2nd</b>				
Waterflow Switch	Basement Inner Mechanical south	Semi-Annual	11:08:01 AM	03/27/2023
<b>Building– Wet Pipe, Zone–1st and 2nd</b>				
Waterflow Switch	Basement Inner Mechanical North	Semi-Annual	11:06:26 AM	03/27/2023
Isolation Valve	Basement Inner Mechanical North	Semi-Annual	11:05:35 AM	03/27/2023
<b>Building– Wet Pipe, Zone–Basement</b>				
Waterflow Switch	Basement Inner Mechanical North	Semi-Annual	11:06:39 AM	03/27/2023
Isolation Valve	Basement Inner Mechanical North	Semi-Annual	11:08:25 AM	03/27/2023
<b><i>Untested</i></b>				
<b>Building– Dry Pipe, Zone–Attic</b>				
Gauge	Basement Inner Mechanical North			
Piping	Basement Inner Mechanical North			
Check Valve	Basement Inner Mechanical North			
<b>Building– Wet Pipe, Building–</b>				
Gauge	Basement Inner Mechanical South			

Device Type	Location	Service	Time	Date
Piping	Basement Inner Mechanical South			
Check Valve	Basement Inner Mechanical South			



# Wet Pipe Fire Sprinkler Systems

Generated by: *BuildingReports.com*

<b>Building: Beatrice State Development West Wing</b>						<b>Building-, Building-</b>		
<i>This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.</i>								
<b>Alarms</b>								
<b>Waterflow Switch</b>								
Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID	
Vane				4.0	1	<input checked="" type="checkbox"/>	59770003	
<b>Components</b>								
<b>Check Valve</b>								
Type	Location		Internal Date			Size	OK	ScanID
Flanged	Basement Inner Mechanical South		03/19/2020			4"	<input type="checkbox"/>	68041479
<b>Control Valve</b>								
Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			Basement Inner Mechanical North	6"	Open	Supervised	<input checked="" type="checkbox"/>	59770113
<b>Description</b>								
Main Control								
<b>Control Valve</b>								
Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			Basement Inner Mechanical North	6"	Open	Supervised	<input checked="" type="checkbox"/>	59770114
<b>Description</b>								
Main Control								
<b>Control Valve</b>								
Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
OS&Y			Basement Inner Mechanical South	4"	Open	Supervised	<input checked="" type="checkbox"/>	59770119
<b>Description</b>								
Main Control								
<b>Control Valve</b>								
Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID

OS&Y			Basement Inner Mechanical South	4"	Open	Supervised	<input checked="" type="checkbox"/>	59770120		
<b>Description</b>										
Main Control										
<b>Post Indicator Valve</b>										
<b>Manufacturer</b>		<b>Model</b>		<b>Location</b>			<b>OK</b>	<b>ScanID</b>		
				Ground West outside			<input checked="" type="checkbox"/>	59770020		
<b>Type</b>		<b>Size</b>	<b>Position</b>		<b>Status</b>		<b>Number of Turns</b>			
Ground			Open		Locked & Supervised					
<b>Post Indicator Valve</b>										
<b>Manufacturer</b>		<b>Model</b>		<b>Location</b>			<b>OK</b>	<b>ScanID</b>		
				Ground West Mechanical Outside			<input checked="" type="checkbox"/>	59770105		
<b>Type</b>		<b>Size</b>	<b>Position</b>		<b>Status</b>		<b>Number of Turns</b>			
Ground			Open		Locked & Supervised					
<i><b>Devices</b></i>										
<b>Drain</b>										
<b>Current Inspection</b>										
<b>Type</b>	<b>Location</b>		<b>Size</b>	<b>Supply psi</b>	<b>Restored psi</b>	<b>Residual psi</b>	<b>Sec</b>	<b>OK</b>	<b>ScanID</b>	
Main	Basement Inner Mechanical South		2"	50	42	31		<input checked="" type="checkbox"/>	59770022	
<b>Previous Inspections</b>										
<b>December 13, 2022</b>										
<b>Type</b>	<b>Location</b>		<b>Size</b>	<b>Supply psi</b>	<b>Static psi</b>	<b>Residual psi</b>	<b>Sec</b>	<b>OK</b>	<b>ScanID</b>	
Main	Basement Inner Mechanical South		2"	53	50	37		<input checked="" type="checkbox"/>	59770022	
<b>September 22, 2022</b>										
<b>Type</b>	<b>Location</b>		<b>Size</b>	<b>Supply psi</b>	<b>Static psi</b>	<b>Residual psi</b>	<b>Sec</b>	<b>OK</b>	<b>ScanID</b>	
Main	Basement Inner Mechanical South		2"	55	51	36		<input checked="" type="checkbox"/>	59770022	
<b>Fire Dep't Connection</b>										
<b>Location</b>		<b>Type</b>		<b>BallDrip</b>	<b>Rotating Swivels</b>	<b>Size</b>	<b>OK</b>	<b>ScanID</b>		
Ground West outside North		Freestanding		Yes	Yes	4"	<input checked="" type="checkbox"/>	59770021		
Ground West Outside South		Freestanding		Yes	Yes	4"	<input checked="" type="checkbox"/>	59770104		
<b>Gauge</b>										
<b>Location</b>					<b>Service Date</b>					
Basement Inner Mechanical South					03/19/2020					
<b>Type</b>		<b>Manufacturer</b>		<b>Model #</b>		<b>Static psi</b>	<b>Fill Type</b>	<b>Size</b>	<b>OK</b>	<b>ScanID</b>
							Air/Water		<input type="checkbox"/>	68041481
<b>Piping</b>										
<b>Location</b>		<b>Type</b>		<b>Size</b>		<b>Internal Date</b>				

Basement Inner Mechanical South	Steel		03/19/2020		
<b>Hangers</b>	<b>Braces</b>	<b>Fittings</b>	<b>Identified</b>	<b>Antifreeze</b>	<b>ScanID</b>
Normal	Normal		Marked	N/A	68041480

Building: Beatrice State Development West  
Wing

Building-, Floors-2

*This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.*

### ***Components***

#### **Isolation Valve**

<b>Manufacturer</b>	<b>Model</b>	<b>Location</b>	<b>Position</b>	<b>Status</b>	<b>Size</b>	<b>OK</b>	<b>ScanID</b>
		2nd Inner Mechanical south of break rooms	Open	Supervised	3"	<input checked="" type="checkbox"/>	68041741

Building: Beatrice State Development West  
Wing

Building-, Floors-2nd

*This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.*

***Alarms***

**Waterflow Switch**

Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID
Vane				3.0	1	<input checked="" type="checkbox"/>	68606387

Building: Beatrice State Development West  
Wing

Building-, Zone-1st and 2nd

*This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.*

**Waterflow Switch**

Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID
Vane				3.0	1	<input checked="" type="checkbox"/>	59770112

*Components*

**Isolation Valve**

Manufacturer	Model	Location	Position	Status	Size	OK	ScanID
		Basement Inner Mechanical North			3"	<input checked="" type="checkbox"/>	59770115

*This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.*

***Alarms***

**Waterflow Switch**

Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID
Vane				3.0	1	<input checked="" type="checkbox"/>	59770110

***Components***

**Isolation Valve**

Manufacturer	Model	Location	Position	Status	Size	OK	ScanID
		Basement Inner Mechanical North	Open	Supervised	3"	<input checked="" type="checkbox"/>	59770116

# Dry Pipe Fire Sprinkler Systems

Generated by: BuildingReports.com

Building: Beatrice State Development West Wing						Building-, Zone-Attic			
<p><i>This section lists out all the devices and components that have been associated with a Dry Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.</i></p>									
<b>Alarms</b>									
<b>Pressure Switch</b>									
Type	Description	Manufacturer	Low	High	Zone/Address	OK	ScanID		
Low	Supervisory				1	<input checked="" type="checkbox"/>	59770118		
High	Alarm				1	<input checked="" type="checkbox"/>	59770106		
<b>Components</b>									
<b>Check Valve</b>									
Type	Location		Internal Date			Size	OK	ScanID	
Grooved	Basement Inner Mechanical North		09/13/2021			4"	<input type="checkbox"/>	68041482	
<b>Control Valve</b>									
Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID	
Butterfly			Basement Inner Mechanical North	4"	Open	Supervised	<input checked="" type="checkbox"/>	59770117	
<b>Description</b>									
Isolation									
<b>Dry Pipe Valve</b>									
Manufacturer	Model #	Location			Internal Date		OK	ScanID	
		Basement Inner Mechanical North			03/19/2020		<input checked="" type="checkbox"/>	59770111	
Type		Status	Position		Size	Serial #			
Flanged by Grooved		Supervised	Trim Closed		6"				
Water psi	Air Pressure	Trip Air	Trip Time	Total Timing (sec)	Partial Trip Date	Full Trip Date			
43	40				09/13/2022	03/19/2025			
<b>Devices</b>									
<b>Drain</b>									
<b>Current Inspection</b>									
Type	Location		Size	Supply psi	Restored psi	Residual psi	Sec	OK	ScanID
Main	Basement Inner Mechanical North		2"	50	48	33		<input checked="" type="checkbox"/>	59770107
<b>Previous Inspections</b>									



December 13, 2022								
Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	Basement Inner Mechanical North	2"	50	51	35		<input checked="" type="checkbox"/>	59770107
September 22, 2022								
Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	Basement Inner Mechanical North	2"	56	54	32		<input checked="" type="checkbox"/>	59770107
Type	Location	Size	Supply psi	Restored psi	Residual psi	Sec	OK	ScanID
Combination	2nd North Office	2"					<input checked="" type="checkbox"/>	68606388
Gauge								
Location				Service Date				
Basement Inner Mechanical North				09/13/2021				
Type	Manufacturer	Model #	Static psi	Fill Type	Size	OK	ScanID	
System Pressure				Air/Water		<input type="checkbox"/>	68041484	
Piping								
Location	Type	Size	Internal Date					
Basement Inner Mechanical North	Steel		03/19/2020					
Hangers	Braces	Fittings	Identified	Antifreeze	ScanID			
Normal	Normal		Tagged	N/A	68041483			

# Inventory & Warranty Report

Generated by: [BuildingReports.com](http://BuildingReports.com)

## Building: Beatrice State Development West Wing

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

Device or Type	Category	% of Inventory	Quantity
Check Valve	Valve	7.14%	2
Control Valve	Valve	17.86%	5
Drain	Device	10.71%	3
Dry Pipe Valve	Valve	3.57%	1
Fire Dep't Connection	Hose	7.14%	2
Gauge	Device	7.14%	2
Isolation Valve	Valve	10.71%	3
Piping	Sprinkler	7.14%	2
Post Indicator Valve	Valve	7.14%	2
Pressure Switch	Alarm	7.14%	2
Waterflow Switch	Alarm	14.29%	4

Device Type	Qty	Model #	Type	Description	Install Date
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### In Service - 3 Years to 5 Years

#### Building– Dry Pipe, Zone–Attic

Check Valve	1		Grooved		03/19/2020
Control Valve	1		Butterfly	Isolation	03/19/2020
Drain	1		Combination		03/19/2020
Drain	1		Main		03/19/2020
Dry Pipe Valve	1		Flanged by Grooved		03/19/2020
Gauge	1		System Pressure		03/19/2020
Piping	1		Steel		03/19/2020
Pressure Switch	1		High	Alarm	03/19/2020
Pressure Switch	1		Low	Supervisory	03/19/2020

#### Building– Wet Pipe, Building–

Check Valve	1		Flanged		03/19/2020
Control Valve	2		Butterfly	Main Control	03/19/2020
Control Valve	2		OS&Y	Main Control	03/19/2020
Drain	1		Main		03/19/2020
Fire Dep't Connection	2		Freestanding		03/19/2020
Gauge	1				03/19/2020
Piping	1		Steel		03/19/2020
Post Indicator Valve	2		Ground		03/19/2020
Waterflow Switch	1		Vane	Alarm	03/19/2020

#### Building– Wet Pipe, Floors–2

Isolation Valve	1				03/19/2020
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#### Building– Wet Pipe, Floors–2nd

Waterflow Switch	1		Vane	Alarm	03/19/2020
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<b>Building– Wet Pipe, Zone–1st and 2nd</b>				
Isolation Valve	1			03/19/2020
Waterflow Switch	1	Vane	Alarm	03/19/2020
<b>Building– Wet Pipe, Zone–Basement</b>				
Isolation Valve	1			03/19/2020
Waterflow Switch	1	Vane	Alarm	03/19/2020

# Notes & Recommendations

Generated by: BuildingReports.com

Building: Beatrice State Development West Wing				
<p>The Notes &amp; Recommendations Report details additional inspection notes made by the Inspectors during the course of the building inspection. Notes are grouped by SystemID.</p>				
Note	Device Type	Location	Comment	ScanID
<b><i>Building- Dry Pipe, Zone-Attic</i></b>				
1	Check Valve	Basement Inner Mechanical North		68041482
	Check valve moves freely			
2	Gauge	Basement Inner Mechanical North		68041484
	5 gages replaced on this date			
3	Piping	Basement Inner Mechanical North		68041483
	Free of corrosion at this time			
4	Drain	2nd North Office	Passed	68606388
	Was drained on this date			
<b><i>Building- Wet Pipe, Building-</i></b>				
5	Check Valve	Basement Inner Mechanical South		68041479
	Did not inspect due to possibility of not seating getting quote to replace			
6	Gauge	Basement Inner Mechanical South		68041481
	1 gage replaced			
7	Piping	Basement Inner Mechanical South		68041480
	No sign of corrosion at this time			



Tech connected. Lives protected.

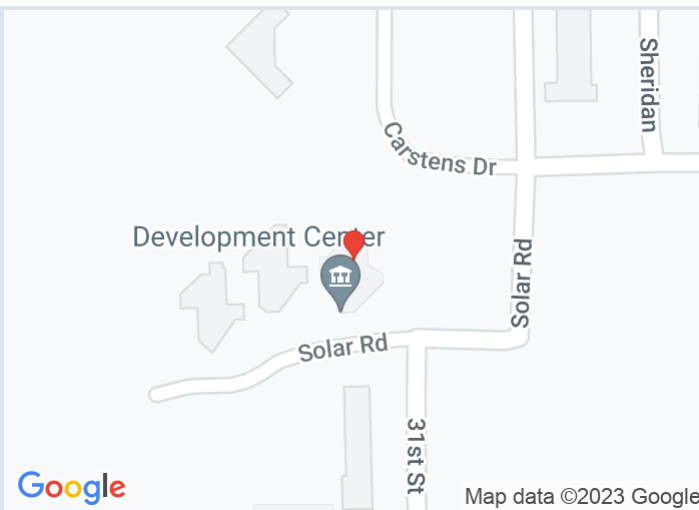
# Inspection Report

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Presented To  
State of Nebraska

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For  
West Wing & Infirmary  
3000 Lincoln St  
Beatrice, NE 68310



**This site has been inspected  
and tested in compliance  
with applicable standards.**

---

Completed:  
**Wednesday, May 24, 2023**

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Tested By:  
**Gary Hesman**  
Midwest Alarm Services  
3630 W Old Hwy 30  
Grand Island, NE 68803

Scan Code to Access  
Nspec Cloud Portal



# Inspection Information

## CUSTOMER INFORMATION

Name:	State of Nebraska	Address:	3000 Lincoln St
City:	Beatrice	State:	NE
ZIP:	68310	Email:	mike.balderson@nebraska.gov
AR#:	1001603		

## BUILDING INFORMATION

Name:	West Wing & Infirmary	Occupancy Type:	Institutional (Group I)
Address:	3000 Lincoln St	City:	Beatrice
State:	NE	ZIP:	68310
Monitoring Company Account Number:	FA14300	AR#:	1001603
Email for Reports:	mike.balderson@nebraska.gov		

## COMPANY INFORMATION

Name:	Midwest Alarm Services	Address:	3630 W Old Hwy 30
City:	Grand Island	State:	NE
Zip:	68803	License:	-
Email:	tracy.hesman@mw-as.com	Phone:	308-389-3981

## AUTHORITY HAVING JURISDICTION

Name:	State of Nebraska Fire Marshal	Address:	246 S 14th St
City:	Lincoln	State:	NE
Zip:	68508	Email:	-
Phone:	402-471-2027		

## MONITORING COMPANY

Name:	Per Mar	Address:	1910 E Kimberly Rd
City:	Davenport	State:	IA
Zip:	52807	Email:	-
phone:	800-227-9805		

## TESTING SUMMARY

EQUIPMENT TYPE	TOTAL	TESTED	PASSED	FAILED
Communicator	1	1 (100%)	1 (100%)	0 (0%)
Alarm Initiated Device	113	113 (100%)	113 (100%)	0 (0%)
Alarm Notification Appliance	61	61 (100%)	59 (97%)	2 (3%)
Annunciator	0	0 (0%)	0 (0%)	0 (0%)
Auxiliary Device	0	0 (0%)	0 (0%)	0 (0%)
Auxiliary Power Supply	1	1 (100%)	1 (100%)	0 (0%)
Control Unit	1	1 (100%)	1 (100%)	0 (0%)
Supervising Station Monitoring	1	1 (100%)	1 (100%)	0 (0%)
Supervisory Signal Device	2	2 (100%)	2 (100%)	0 (0%)

## Fire Alarm Inspection- NFPA 72 (2013)

This testing was performed in accordance with applicable NFPA 72 Standards.

Midwest Alarm Services provides many services to our community. If you would like quarterly, semi-annual or annual testing/inspection, the inspection coordinator can reach out and offer inspections on a time and material basis. Signing an Inspection Agreement with Midwest Alarm Services has many benefits. Not only do you save money, but our inspection coordinator will work with you to ensure your Fire System stays in code as well as has proper documentation sent to the local jurisdiction for compliance. If you need an estimate or have questions about our services, please reach out to our operations manager.

Gary Hesman  
Operations Manager  
308-389-3981  
gary.hesman@mw-as.com

---

Tested By:



**Gary Hesman**  
Midwest Alarm Services  
3630 W Old Hwy 30  
Grand Island, NE 68803

## Control Unit

### Location

Location  
West Wing Building / Center of Building by East Stairs

### Specification

Type/Make/Model  
Spectronics / 641

### Software Firmware

Revision Number	Onsite Location Of Documentation
-	-

### Primary Power

Nominal Voltage	Amps
120v	-

### Overcurrent Protection

Type	Amps	Location	Disconnecting Means Location
-	-	-	-

### Visual/ Functional

Control Unit	Lamps/LEDs/LCDs	Fuses	Trouble Signal
Tested functionally	Tested functionally	Tested functionally	Tested functionally
Disconnect Switch	Ground-Fault Monitoring		
Tested functionally	Tested functionally		

### Batteries

Battery Date	Battery Type	Nominal Voltage	Amps/Hour Rating
12/18/2022	Gel	27.0v	7ah
Standby Mode (hrs)	Alarm Mode (mins)		
-	-		

### Visual/ Functional

Load Voltage	Charge Test	Discharge Test	Battery Condition
Tested functionally	Tested functionally	Tested functionally	Tested functionally

### Result

● Passed

## Communicator

### Specification

Type/Make/Model  
-

### Type

Type  
Phone Lines : Thru Admin

### Result

● Passed

## Supervising Station Monitoring

### Specification

Type/Make/Model  
-

### Supervising Station Monitoring



Alarm Signal Tested functionally	Alarm Restoration Tested functionally	Trouble Signal Tested functionally	Trouble Restoration Tested functionally
Supervisory Signal Tested functionally	Supervisory Restoration Tested functionally		

## Result

● Passed

## Auxiliary Power Supply 1

### Location

Location	West Wing Building / By FACP
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### Specification

Type/Make/Model	Kidde/Edwards / BPS6A
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### Primary Power

Nominal Voltage	120v
Amps	-

### Overcurrent Protection

Type	-
Amps	-
Location	-
Disconnecting means location	-

### Visual/ Functional

Auxiliary Power Supply	Tested functionally
Lamps/LEDs/LCDs	Tested functionally
Fuses	Tested functionally
Trouble Signal	Tested functionally
Disconnect Switch	Tested functionally
Ground-Fault Monitoring	Tested functionally

### Batteries

Battery Date	10/18/2021
Battery Type	Gel
Nominal Voltage	26.5v
Amps/Hour Rating	7ah
Standby Mode (hrs)	-
Alarm Mode (mins)	-

### Visual/ Functional

Load Voltage	Tested functionally
Charge Test	Tested functionally
Discharge Test	Tested functionally
Battery Condition	Tested functionally

## Result

	● Passed
--	----------

## Notes

Number	-
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## Alarm Initiated Device

Location	Specification	New Section	Result	Notes
Location Walkway to Admin	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location Walkway to Admin	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location South Hall	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location South Hall	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location 1st Floor Elevator	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location South Hall	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location South Hall	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location SW Door	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location North Door BCG	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location Desk BCG	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location North Hall BCG	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location East Door BCG	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location Workshop BCG	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location South Hall	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location South Hall	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location East Hall	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -

Location	Specification	New Section	Result	Notes
Location North Hall	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location North Hall	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location NW Wing	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location NW Wing	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location NW Wing	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location NW Wing	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location NW Wing	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location NW Wing	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location NW Wing	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location OT/PT	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location OT/PT	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location OT/PT	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location OT/PT	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location OT/PT	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location OT/PT	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location DHHS	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location DHHS	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -

Location	Specification	New Section	Result	Notes
Location DHHS	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location DHHS	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location DHHS	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location DHHS Hall	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location DHHS Elevator	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location DHHS Hall	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location South Hall Stairs	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location South Hall	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location South Hall Office	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location South Hall Office	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location South Hall	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location South Hall	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location South Office West	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location South Office East	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location South MED Room	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location South Hall	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location Office East Side	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -

Location	Specification	New Section	Result	Notes
Location Office West Side	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location Office East Side	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location Office West Side	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location South Hall	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location Office East Side	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location Office West Side	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location South Hall	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location Conference Room	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location North Hall	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location North Hall	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location Break Room	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location South Office East	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location South Storage East	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location Copy Center North	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location Copy Center South	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location Copy Center Storage	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location Mail Room	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -

Location	Specification	New Section	Result	Notes
Location	Type/Make/Model	Visual	Result	Number
Bear Creek RR Hall	Smoke Detector / System Sensor / 2WB	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
Bear Creek Desk	Smoke Detector / System Sensor / 2WB	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
Bear Creek NE	Smoke Detector / System Sensor / 2WB	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
OT/PT	Smoke Detector / System Sensor / 2WB	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
North Stairwell Door	Manual Pull Station	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
File Room #2	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
HHS Storeroom	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
HHS File Room	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
North Hall File Room	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
North Office West	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
Hall by Door 7	Manual Pull Station	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
Hall by Room 14	Manual Pull Station	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
Mechanical Room 29	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
PT Area N Exit	Manual Pull Station	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
PT Area E Wall	Manual Pull Station	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
PT Area Janitor Room	Manual Pull Station	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
PT Area	Manual Pull Station	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
Activity Center Janitor	Manual Pull Station	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
NW Exit	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
AC West Room	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
A.C. South Exit	Manual Pull Station	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
A.C. East Room Exit	Manual Pull Station	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
IT Room North	Heat Detector	Tested visually	● Passed	-

Location	Specification	New Section	Result	Notes
Location	Type/Make/Model	Visual	Result	Number
Building Repair Room	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
Center Stairwell	Manual Pull Station	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
East Office Break Room	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
East Exit	Manual Pull Station	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
Sensory Room	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
Room 6 Janitorial	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
Wheel Chair Clinic	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
Wheel Chair Clinic	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
Bear Creek SW Exit	Manual Pull Station	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
BC Gift East Exit	Manual Pull Station	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
BC Gift Studio Exit	Manual Pull Station	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
Elevator Equip Room	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
Main Walk way	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
Main Walk way	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
Main Walk way	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
Main Walk way	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
Main Walk way	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
NE Store Room	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
Above Attic	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
By Attic	Heat Detector	Tested visually	● Passed	-
Location	Type/Make/Model	Visual	Result	Number
SE Exit	Manual Pull Station	Tested functionally	● Passed	-

## Supervisory Signal Device

Location	Specification	New Section	Result	Notes
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Location	Type/Make/Model Water Flow	Visual / Functional Tested visually	Result ● Passed	Number -
Location	Type/Make/Model Water Flow	Visual / Functional Tested visually	Result ● Passed	Number -

## Alarm Notification Appliance

Location	Specification	New Section	Result	Notes
Location 2nd	Type/Make/Model Strobe / System Sensor / SWL	Visual / Functional Tested functionally	Result ● Passed	Number -
Location 2nd	Type/Make/Model Bell	Visual / Functional Tested functionally	Result ● Passed	Number -
Location 2nd	Type/Make/Model Strobe / System Sensor / SWL	Visual / Functional Tested functionally	Result ● Passed	Number -
Location 2nd	Type/Make/Model Bell	Visual / Functional Tested functionally	Result ● Passed	Number -
Location 2nd	Type/Make/Model Bell	Visual / Functional Tested functionally	Result ● Passed	Number -
Location 2nd	Type/Make/Model Strobe / System Sensor / SWL	Visual / Functional Tested functionally	Result ● Passed	Number -
Location 2nd	Type/Make/Model Strobe / System Sensor / SWL	Visual / Functional Tested functionally	Result ● Passed	Number -
Location 2nd	Type/Make/Model Strobe / System Sensor / SWL	Visual / Functional Tested functionally	Result ● Passed	Number -
Location 2nd / CFS Hallway	Type/Make/Model Bell	Visual / Functional Tested functionally	Result X Failed	Number 2
Location 2nd / CFS Hallway	Type/Make/Model Bell	Visual / Functional Tested functionally	Result X Failed	Number 3
Location 2nd	Type/Make/Model Strobe / System Sensor / SWL	Visual / Functional Tested functionally	Result ● Passed	Number -
Location 2nd	Type/Make/Model Strobe / System Sensor / SWL	Visual / Functional Tested functionally	Result ● Passed	Number -
Location 2nd	Type/Make/Model Strobe / System Sensor / SWL	Visual / Functional Tested functionally	Result ● Passed	Number -
Location 2nd	Type/Make/Model Strobe / System Sensor / SWL	Visual / Functional Tested functionally	Result ● Passed	Number -
Location 2nd	Type/Make/Model Strobe / System Sensor / SWL	Visual / Functional Tested functionally	Result ● Passed	Number -
Location 2nd	Type/Make/Model Strobe / System Sensor / SWL	Visual / Functional Tested functionally	Result ● Passed	Number -



Location	Specification	New Section	Result	Notes
Location 2nd	Type/Make/Model Strobe / System Sensor / SWL	Visual / Functional Tested functionally	Result ● Passed	Number -
Location 2nd	Type/Make/Model Strobe / System Sensor / SWL	Visual / Functional Tested functionally	Result ● Passed	Number -
Location 2nd	Type/Make/Model Strobe / System Sensor / SWL	Visual / Functional Tested functionally	Result ● Passed	Number -
Location 2nd	Type/Make/Model Strobe / System Sensor / SWL	Visual / Functional Tested functionally	Result ● Passed	Number -
Location 1st	Type/Make/Model Strobe / System Sensor / SWL	Visual / Functional Tested functionally	Result ● Passed	Number -
Location 1st	Type/Make/Model Strobe / System Sensor / SWL	Visual / Functional Tested functionally	Result ● Passed	Number -
Location 1st	Type/Make/Model Strobe / System Sensor / SWL	Visual / Functional Tested functionally	Result ● Passed	Number -
Location 1st	Type/Make/Model Strobe / System Sensor / SWL	Visual / Functional Tested functionally	Result ● Passed	Number -
Location 1st	Type/Make/Model Bell	Visual / Functional Tested functionally	Result ● Passed	Number -
Location 1st	Type/Make/Model Strobe / System Sensor / SWL	Visual / Functional Tested functionally	Result ● Passed	Number -
Location 1st	Type/Make/Model Strobe / System Sensor / SWL	Visual / Functional Tested functionally	Result ● Passed	Number -
Location 1st	Type/Make/Model Bell	Visual / Functional Tested functionally	Result ● Passed	Number -
Location 1st	Type/Make/Model Bell	Visual / Functional Tested functionally	Result ● Passed	Number -
Location 1st	Type/Make/Model Strobe / System Sensor / SWL	Visual / Functional Tested functionally	Result ● Passed	Number -
Location 1st	Type/Make/Model Strobe / System Sensor / SWL	Visual / Functional Tested functionally	Result ● Passed	Number -
Location 1st	Type/Make/Model Strobe / System Sensor / SWL	Visual / Functional Tested functionally	Result ● Passed	Number -
Location 1st	Type/Make/Model Strobe / System Sensor / SWL	Visual / Functional Tested functionally	Result ● Passed	Number -
Location 1st	Type/Make/Model Strobe / System Sensor / SWL	Visual / Functional Tested functionally	Result ● Passed	Number -
Location 1st	Type/Make/Model Bell	Visual / Functional Tested functionally	Result ● Passed	Number -

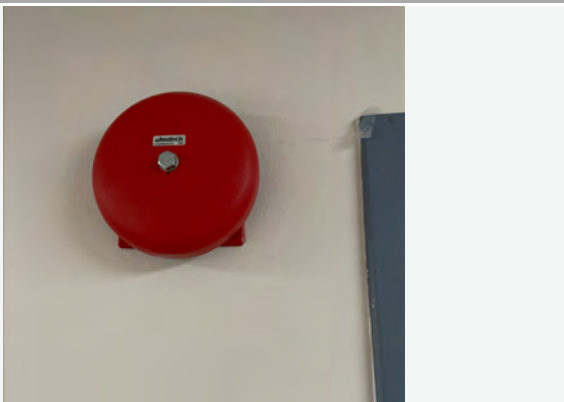


Location	Specification	New Section	Result	Notes
Location 1st	Type/Make/Model Strobe / System Sensor / SWL	Visual / Functional Tested functionally	Result ● Passed	Number -
Location 1st	Type/Make/Model Strobe / System Sensor / SWL	Visual / Functional Tested functionally	Result ● Passed	Number -
Location 1st	Type/Make/Model Strobe / System Sensor / SWL	Visual / Functional Tested functionally	Result ● Passed	Number -
Location 1st	Type/Make/Model Strobe / System Sensor / SWL	Visual / Functional Tested functionally	Result ● Passed	Number -
Location 1st	Type/Make/Model Strobe / System Sensor / SWL	Visual / Functional Tested functionally	Result ● Passed	Number -
Location 1st	Type/Make/Model Bell	Visual / Functional Tested functionally	Result ● Passed	Number -
Location 1st	Type/Make/Model Strobe / System Sensor / SWL	Visual / Functional Tested functionally	Result ● Passed	Number -
Location	Type/Make/Model Strobe	Visual / Functional Tested functionally	Result ● Passed	Number -
Location Basement	Type/Make/Model Bell	Visual / Functional Tested functionally	Result ● Passed	Number -

## Deficiencies

Location 2nd / CFS Hallway	Type/Make/Model Bell	Visual / Functional Tested functionally	Result Failed	Number 2
Location 2nd / CFS Hallway	Type/Make/Model Bell	Visual / Functional Tested functionally	Result Failed	Number 3

## Comments

Number	COMMENT	IMAGE
1	Fire Alarm Inspection. Bells in CFS Hallway do not operate correctly during fire alarm. No other issues.	
2	Does not operate correctly	

3 Does not operate correctly





**Tech connected. Lives protected.**

## **Conclusion**

We appreciate the opportunity to provide this inspection report. We are confident in the accuracy of the contents of this report. Should you require any additional services, or have questions regarding the contents of this report, please do not hesitate to contact your Midwest Alarm Services representative at 308-389-3981.

### **Life Safety Solutions Experts Since 1950**

For more than 70 years, Midwest Alarm Services has been providing the best, innovative fire, security and technology solutions for homes and businesses. As a systems integrator, we can design, install, maintain, monitor and service a wide variety of equipment and software. We take the time to understand your needs and customize solutions to fit your needs and budget. To learn more about our company and the services we provide, please visit:

[www.midwestalarmservices.com](http://www.midwestalarmservices.com)

A handwritten signature in black ink, appearing to read 'GH', is written over a solid blue horizontal line.

Tested By:

**Gary Hesman**

Midwest Alarm Services

3630 W Old Hwy 30

Grand Island, NE 68803



# MIDWEST ALARM SERVICES

Tech connected. Lives protected.

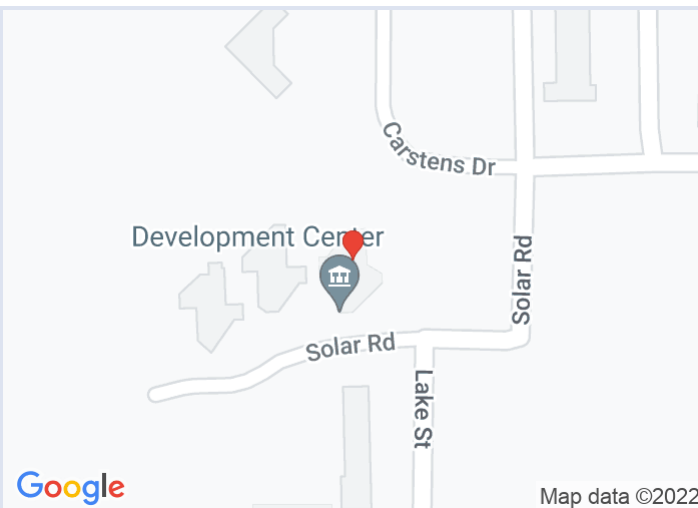
## Inspection Report

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Presented To  
State of Nebraska

---

For  
West Wing & Infirmary  
3000 Lincoln St  
Beatrice, NE 68310



**This site has been inspected  
and tested in compliance  
with applicable standards.**

---

Completed:  
**Thursday, December 15, 2022**

---

Tested By:  
**Lucas Canfield**  
Midwest Alarm Services  
3630 W Old Hwy 30  
Grand Island, NE 68803

Scan Code to Access  
Nspec Cloud Portal



# Inspection Information

## CUSTOMER INFORMATION

Name:	State of Nebraska	Address:	3000 Lincoln St
City:	Beatrice	State:	NE
ZIP:	68310	Email:	mike.balderson@nebraska.gov
AR#:	1001603		

## BUILDING INFORMATION

Name:	West Wing & Infirmary	Occupancy Type:	Institutional (Group I)
Address:	3000 Lincoln St	City:	Beatrice
State:	NE	ZIP:	68310
Monitoring Company Account Number:	FA14300	AR#:	1001603
Email for Reports:	mike.balderson@nebraska.gov		

## COMPANY INFORMATION

Name:	Midwest Alarm Services	Address:	3630 W Old Hwy 30
City:	Grand Island	State:	NE
Zip:	68803	License:	-
Email:	tracy.hesman@mw-as.com	Phone:	308-389-3981

## AUTHORITY HAVING JURISDICTION

Name:	State of Nebraska Fire Marshal	Address:	246 S 14th St
City:	Lincoln	State:	NE
Zip:	68508	Email:	-
Phone:	402-471-2027		

## MONITORING COMPANY

Name:	Per Mar	Address:	1910 E Kimberly Rd
City:	Davenport	State:	IA
Zip:	52807	Email:	-
phone:	800-227-9805		

## TESTING SUMMARY

EQUIPMENT TYPE	TOTAL	TESTED	PASSED	FAILED
Fire Extinguisher	21	20 (95%)	19 (90%)	1 (5%)

## Fire Extinguisher Report

This testing was performed in accordance with applicable NFPA 72 Standards.

Midwest Alarm Services provides many services to our community. If you would like quarterly, semi-annual or annual testing/inspection, the inspection coordinator can reach out and offer inspections on a time and material basis. Signing an Inspection Agreement with Midwest Alarm Services has many benefits. Not only do you save money, but our inspection coordinator will work with you to ensure your Fire System stays in code as well as has proper documentation sent to the local jurisdiction for compliance. If you need an estimate or have questions about our services, please reach out to our operations manager.

Gary Hesman  
Operations Manager  
308-389-3981  
gary.hesman@mw-as.com

Tested By:



**Lucas Canfield**  
Midwest Alarm Services  
3630 W Old Hwy 30  
Grand Island, NE 68803



## Fire Extinguisher

Location	Specification	Information	Dates	Inspected	Inspected	Result	Notes
Location 1 / 1st / West Wing / North in Room 206	Type/Make/Model Amerex / B456	Serial # VL-213185 Size 10# Type ABC Mfg Date 2002	Last Hydro Date 12/15/2018 Next Hydro Date - Next Six Year Date 12/15/2024	Weight Yes Bracket Yes Gauge Yes Pull Pin Yes	Signage No Hose Yes Collar Yes Due for Service No	Result ● Passed	Number -
Location 2 / 1st / West Wing / North Hall By Room 208	Type/Make/Model Badger / ADV- 10	Serial # AA-833594 Size 10# Type ABC Mfg Date 2010	Last Hydro Date - Next Hydro Date 12/15/2024 Next Six Year Date - Pull Pin Yes	Weight Yes Bracket Yes Gauge Yes Pull Pin Yes	Signage Yes Hose Yes Collar Yes Due for Service No	Result ● Passed	Number -
Location 3 / 1st / West Wing / Activities Center by Computer	Type/Make/Model Ansul / AA10S	Serial # AC-500900 Size 10# Type ABC Mfg Date 2011	Last Hydro Date 12/15/2019 Next Hydro Date - Next Six Year Date 12/15/2025	Weight Yes Bracket Yes Gauge Yes Pull Pin Yes	Signage No Hose Yes Collar Yes Due for Service No	Result ● Passed	Number -
Location 4 / 1st / West Wing / Activities Center East Room by Fridge	Type/Make/Model Badger / ADV- 10	Serial # AD-559075 Size 10# Type ABC Mfg Date 2010	Last Hydro Date 12/15/2018 Next Hydro Date - Next Six Year Date 12/15/2024	Weight Yes Bracket Yes Gauge Yes Pull Pin Yes	Signage No Hose Yes Collar Yes Due for Service No	Result ● Passed	Number -
Location 5 / 1st / West Wing / Activities Center East Room	Type/Make/Model Amerex / B500	Serial # XY-566237 Size 5# Type ABC Mfg Date 2006	Last Hydro Date 12/15/2019 Next Hydro Date - Next Six Year Date 12/15/2025	Weight Yes Bracket Yes Gauge Yes Pull Pin Yes	Signage No Hose Yes Collar Yes Due for Service No	Result ● Passed	Number -
Location 6 / 1st / West Wing / Center East Exit	Type/Make/Model Ansul / AA05S-1	Serial # E-93759324 Size 5# Type ABC Mfg Date 2019	Last Hydro Date - Next Hydro Date - Next Six Year Date 12/01/2025	Weight Yes Bracket Yes Gauge Yes Pull Pin Yes	Signage No Hose Yes Collar Yes Due for Service No	Result ● Passed	Number -

Location	Specification	Information	Dates	Inspected	Inspected	Result	Notes
Location	Type/Make/Model	Serial #	Last Hydro Date	Weight	Signage	Result	Number
7 / 1st / West Wing / South Hallway Near Vending Machines	Amerex / B456	TA-683385	-	Yes	No	● Passed	-
		Size	Next Hydro Date	Bracket	Hose		
		10#	12/15/2025	Yes	Yes		
		Type	Next Six Year Date	Gauge	Collar		
		ABC		Yes	Yes		
		Mfg Date	-	Pull Pin	Due for Service		
		2002		Yes	No		
Location	Type/Make/Model	Serial #	Last Hydro Date	Weight	Signage	Result	Number
8 / 1st / West Wing / South Hall by Mailroom	Ansul / AA05S-1	E-93759331	-	Yes	No	● Passed	-
		Size	Next Hydro Date	Bracket	Hose		
		5#	-	Yes	Yes		
		Type	Next Six Year Date	Gauge	Collar		
		ABC		Yes	Yes		
		Mfg Date	12/01/2025	Pull Pin	Due for Service		
		2019		Yes	No		
Location	Type/Make/Model	Serial #	Last Hydro Date	Weight	Signage	Result	Number
9 / 1st / West Wing / South Gift Shop Kitchen	Amerex / B456	PF939124	12/15/2021	Yes	Yes	● Passed	-
		Size	Next Hydro Date	Bracket	Hose		
		10#	-	Yes	Yes		
		Type	Next Six Year Date	Gauge	Collar		
		ABC		Yes	Yes		
		Mfg Date	12/15/2027	Pull Pin	Due for Service		
		1997		Yes	No		
Location	Type/Make/Model	Serial #	Last Hydro Date	Weight	Signage	Result	Number
10 / 1st / West Wing / Bear Creek Gifts Shop by Desk	Amerex / A456	PF939105	12/15/2010	Yes	No	✗ Failed	1
		Size	Next Hydro Date	Bracket	Hose		
		10#	12/15/2022	Yes	Yes		
		Type	Next Six Year Date	Gauge	Collar		
		ABC		Yes	Yes		
		Mfg Date	-	Pull Pin	Due for Service		
		1997		Yes	Yes		
Location	Type/Make/Model	Serial #	Last Hydro Date	Weight	Signage	Result	Number
11 / 1st / West Wing / Bear Creek Studio by South Exit	Buckeye / 10 HI SA80 ABC	G729405	-	Yes	No	● Passed	-
		Size	Next Hydro Date	Bracket	Hose		
		10#	12/15/2023	Yes	Yes		
		Type	Next Six Year Date	Gauge	Collar		
		ABC		Yes	Yes		
		Mfg Date	-	Pull Pin	Due for Service		
		2009		Yes	No		
Location	Type/Make/Model	Serial #	Last Hydro Date	Weight	Signage	Result	Number
12 / 1st / West Wing / Bear Creek Studio by Shop Door	Amerex / B456	AU-462390	-	Yes	No	● Passed	-
		Size	Next Hydro Date	Bracket	Hose		
		10#	12/15/2023	Yes	Yes		
		Type	Next Six Year Date	Gauge	Collar		
		ABC		Yes	Yes		
		Mfg Date	-	Pull Pin	Due for Service		
		2011		Yes	No		

Location	Specification	Information	Dates	Inspected	Inspected	Result	Notes
Location	Type/Make/Model	Serial #	Last Hydro Date	Weight	Signage	Result	Number
13 / 2nd / West Wing / South CFS Hallway Near South Stairs	Amerex / A456	PF939110 Size 10# Type ABC Mfg Date 1997	12/15/2021 Next Hydro Date - Next Six Year Date 12/15/2027	Yes Bracket Yes Gauge Yes Pull Pin Yes	No Hose Yes Collar Yes Due for Service No	● Passed	-
Location	Type/Make/Model	Serial #	Last Hydro Date	Weight	Signage	Result	Number
14 / 2nd / West Wing / South CFS Hallway by Restrooms	Amerex / A456	PF393108 Size 10# Type ABC Mfg Date 1997	12/15/2021 Next Hydro Date - Next Six Year Date 12/15/2027	Yes Bracket Yes Gauge Yes Pull Pin Yes	No Hose Yes Collar Yes Due for Service No	● Passed	-
Location	Type/Make/Model	Serial #	Last Hydro Date	Weight	Signage	Result	Number
15 / 2nd / West Wing / Hallway by Breakroom	Badger / 6MB-4H	GD-878494 Size 5# Type ABC Mfg Date 1986	12/01/2018 Next Hydro Date - Next Six Year Date 12/15/2024	Yes Bracket Yes Gauge Yes Pull Pin Yes	Yes Hose Yes Collar Yes Due for Service No	● Passed	-
Location	Type/Make/Model	Serial #	Last Hydro Date	Weight	Signage	Result	Number
2nd / S Hallway by Mech Room	Badger	ZC803696 Size 10# Type ABC Mfg Date 2007	- Next Hydro Date - Next Six Year Date -	- Bracket - Gauge - Pull Pin -	- Hose - Collar - Due for Service -	Not Tested	-
Location	Type/Make/Model	Serial #	Last Hydro Date	Weight	Signage	Result	Number
17 / 2nd / West Wing / North Hallway by Electrical Room	Amerex / B500	WS-389595 Size 5# Type ABC Mfg Date 2004	12/15/2019 Next Hydro Date - Next Six Year Date 12/15/2025	Yes Bracket Yes Gauge Yes Pull Pin Yes	No Hose Yes Collar Yes Due for Service No	● Passed	-
Location	Type/Make/Model	Serial #	Last Hydro Date	Weight	Signage	Result	Number
18 / 2nd / West Wing / North East Hallway by Offices	Ansul / AA05-1	AU-262376 Size 5# Type ABC Mfg Date 2012	- Next Hydro Date 12/01/2024 Next Six Year Date -	Yes Bracket Yes Gauge Yes Pull Pin Yes	Yes Hose Yes Collar Yes Due for Service No	● Passed	-

Location	Specification	Information	Dates	Inspected	Inspected	Result	Notes
Location	Type/Make/Model	Serial #	Last Hydro Date	Weight	Signage	Result	Number
19 /	Buckeye / 10	ZZ175361	-	Yes	Yes	● Passed	-
Basement /	HI SA80 ABC	Size	Next Hydro Date	Bracket	Hose		
West Wing /		10#	12/01/2023	Yes	Yes		
Next to		Type	Next Six Year	Gauge	Collar		
Elevator		ABC	Date	Yes	Yes		
		Mfg Date	-	Pull Pin	Due for Service		
		2009		Yes	No		
Location	Type/Make/Model	Serial #	Last Hydro Date	Weight	Signage	Result	Number
20 /	Ansul / AA10S	BJ-302654	-	Yes	No	● Passed	-
Basement /		Size	Next Hydro Date	Bracket	Hose		
West Wing /		10#	12/01/2024	Yes	Yes		
Elevator		Type	Next Six Year	Gauge	Collar		
Equipment		ABC	Date	Yes	Yes		
Room		Mfg Date	-	Pull Pin	Due for Service		
		2012		Yes	No		
Location	Type/Make/Model	Serial #	Last Hydro Date	Weight	Signage	Result	Number
21 /	Ansul / A10T	WZ-872314	12/15/2019	Yes	Yes	● Passed	-
Basement /		Size	Next Hydro Date	Bracket	Hose		
West Wing /		10#	-	Yes	Yes		
By Stairwell		Type	Next Six Year	Gauge	Collar		
		ABC	Date	Yes	Yes		
		Mfg Date	12/15/2025	Pull Pin	Due for Service		
		2005		Yes	No		

## Deficiencies

Location	Type/Make/Model	Serial #	Last Hydro	Weight	Signage	Result	Number
10 / 1st /	Amerex / A456	PF939105	Date	Yes	No	Failed	1
West Wing /		Size	12/15/2010	Bracket	Hose		
Bear Creek		10#	Next Hydro	Yes	Yes		
Gifts Shop by		Type	Date	Gauge	Collar		
Desk		ABC	12/15/2022	Yes	Yes		
		Mfg Date	Next Six Year	Pull Pin	Due for Service		
		1997	Date	Yes	Yes		
			-				

## Comments

Number	COMMENT	IMAGE
1	#10 due for hydro	
2	Annual Fire Extinguisher Inspection. Issues listed.	



**Tech connected. Lives protected.**

## **Conclusion**

We appreciate the opportunity to provide this inspection report. We are confident in the accuracy of the contents of this report. Should you require any additional services, or have questions regarding the contents of this report, please do not hesitate to contact your Midwest Alarm Services representative at 308-389-3981.

### **Life Safety Solutions Experts Since 1950**

For more than 70 years, Midwest Alarm Services has been providing the best, innovative fire, security and technology solutions for homes and businesses. As a systems integrator, we can design, install, maintain, monitor and service a wide variety of equipment and software. We take the time to understand your needs and customized solutions to fit your needs and budget. To learn more about our company and the services we provide, please visit:

[www.midwestalarmservices.com](http://www.midwestalarmservices.com)

A handwritten signature in black ink, appearing to read 'Lucas Canfield', is written over a solid blue horizontal line.

Tested By:

**Lucas Canfield**

Midwest Alarm Services

3630 W Old Hwy 30

Grand Island, NE 68803



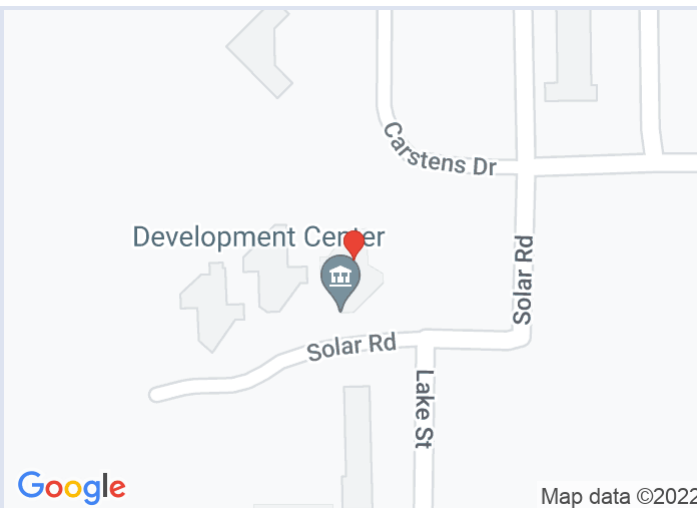
# MIDWEST ALARM SERVICES

Tech connected. Lives protected.

## Inspection Report

Presented To  
State of Nebraska

For  
Y Building  
3000 Lincoln St  
Beatrice, NE 68310



**This site has been inspected  
and tested in compliance  
with applicable standards.**

Completed:  
**Wednesday, December 14,  
2022**

Tested By:  
**Lucas Canfield**  
Midwest Alarm Services  
3630 W Old Hwy 30  
Grand Island, NE 68803

Scan Code to Access  
Nspec Cloud Portal



# Inspection Information

## CUSTOMER INFORMATION

Name:	State of Nebraska	Address:	3000 Lincoln St
City:	Beatrice	State:	NE
ZIP:	68310	Email:	mike.balderson@nebraska.gov
AR#:	1001603		

## BUILDING INFORMATION

Name:	Y Building	Occupancy Type:	Residential (Group R)
Address:	3000 Lincoln St	City:	Beatrice
State:	NE	ZIP:	68310

## COMPANY INFORMATION

Name:	Midwest Alarm Services	Address:	3630 W Old Hwy 30
City:	Grand Island	State:	NE
Zip:	68803	License:	-
Email:	tracy.hesman@mw-as.com	Phone:	308-389-3981

## AUTHORITY HAVING JURISDICTION

Name:	State of Nebraska Fire Marshal	Address:	246 S 14th St
City:	Lincoln	State:	NE
Zip:	68508	Email:	-
Phone:	402-471-2027		

## MONITORING COMPANY

Name:	Per Mar	Address:	1910 E Kimberly Rd
City:	Davenport	State:	IA
Zip:	52807	Email:	-
phone:	800-227-9805		

## TESTING SUMMARY

EQUIPMENT TYPE	TOTAL	TESTED	PASSED	FAILED
Fire Extinguisher	37	37 (100%)	35 (95%)	2 (5%)

## Fire Extinguisher Report

This testing was performed in accordance with applicable NFPA 72 Standards.

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Gary Hesman  
Operations Manager  
308-389-3981  
gary.hesman@mw-as.com

Tested By:



**Lucas Canfield**  
Midwest Alarm Services  
3630 W Old Hwy 30  
Grand Island, NE 68803



## Fire Extinguisher

Location	Specification	Information	Dates	Inspected	Inspected	Result	Notes
Location 1 / 1st / Y Building / Resident Work Area on West Wall	Type/Make/Model Amerex / B456	Serial # B76234316 Size 10# Type ABC Mfg Date 2016	Last Hydro Date - Next Hydro Date - Next Six Year Date 12/13/2022	Weight Yes Bracket Yes Gauge Yes Pull Pin Yes	Signage Yes Hose Yes Collar Yes Due for Service Yes	Result X Failed	Number 1
Location 2 / 1st / Y Building / Resident Work Area by North Door	Type/Make/Model Badger / 5MB- 6H	Serial # ZE15556 Size 5# Type ABC Mfg Date 2007	Last Hydro Date 12/01/2020 Next Hydro Date - Next Six Year Date - Mfg Date 2007	Weight Yes Bracket Yes Gauge Yes Pull Pin Yes	Signage Yes Hose Yes Collar Yes Due for Service No	Result ● Passed	Number -
Location 3 / 2nd / Y Building / North Wood Shop Kitchen Hall	Type/Make/Model Badger / 5MB- 6H	Serial # ZE15557 Size 5# Type ABC Mfg Date 2007	Last Hydro Date 12/01/2020 Next Hydro Date - Next Six Year Date - Mfg Date 2007	Weight Yes Bracket Yes Gauge Yes Pull Pin Yes	Signage No Hose Yes Collar Yes Due for Service No	Result ● Passed	Number -
Location 4 / 2nd / Y Building / North Wood Shop Kitchen	Type/Make/Model Amerex / B402	Serial # F-75160206 Size 5# Type ABC Mfg Date 2019	Last Hydro Date - Next Hydro Date 12/01/2031 Next Six Year Date 12/13/2025	Weight Yes Bracket Yes Gauge Yes Pull Pin Yes	Signage Yes Hose Yes Collar Yes Due for Service No	Result ● Passed	Number -
Location 5 / 2nd / Y Building / North Wood Shop by Center Door	Type/Make/Model Badger / 10MB-8H	Serial # ZC803688 Size 10# Type ABC Mfg Date 2007	Last Hydro Date 12/13/2020 Next Hydro Date - Next Six Year Date - Mfg Date 2007	Weight Yes Bracket Yes Gauge Yes Pull Pin Yes	Signage Yes Hose Yes Collar Yes Due for Service No	Result ● Passed	Number -
Location 6 / 2nd / Y Building / North Wood Shop Storage	Type/Make/Model Buckeye / 5 HI SA40 ABC	Serial # ZS899220 Size 5# Type ABC Mfg Date 2008	Last Hydro Date 12/01/2020 Next Hydro Date - Next Six Year Date 12/01/2026	Weight Yes Bracket Yes Gauge Yes Pull Pin Yes	Signage Yes Hose Yes Collar Yes Due for Service No	Result ● Passed	Number -

Location	Specification	Information	Dates	Inspected	Inspected	Result	Notes
Location 7 / 2nd / Y Building / East Housekeeping Area	Type/Make/Model Buckeye / 5 HI SA40 ABC	Serial # J867462 Size 5# Type ABC Mfg Date 2009	Last Hydro Date 12/01/2020 Next Hydro Date - Next Six Year Date - Mfg Date 2009	Weight Yes Bracket Yes Gauge Yes Pull Pin Yes	Signage Yes Hose Yes Collar Yes Due for Service No	Result ● Passed	Number -
Location 8 / 2nd / Y Building / East Housekeeping by Restroom	Type/Make/Model Buckeye / 5 HI SA40 ABC	Serial # J867221 Size 5# Type ABC Mfg Date 2009	Last Hydro Date 12/01/2020 Next Hydro Date - Next Six Year Date - Mfg Date 2009	Weight Yes Bracket Yes Gauge Yes Pull Pin Yes	Signage Yes Hose Yes Collar Yes Due for Service No	Result ● Passed	Number -
Location 9 / 2nd / Y Building / North Wood Shop Kitchen	Type/Make/Model Buckeye / 5 HI SA40 ABC	Serial # J867176 Size 5# Type ABC Mfg Date 2009	Last Hydro Date 12/13/2021 Next Hydro Date - Next Six Year Date 12/13/2027 Mfg Date 2009	Weight Yes Bracket No Gauge Yes Pull Pin Yes	Signage No Hose Yes Collar Yes Due for Service No	Result ● Passed	Number -
Location 10 / 2nd / Y Building / South Housekeeping by Kitchen	Type/Make/Model Buckeye / 5 HI SA40 ABC	Serial # ZY976456 Size 5# Type ABC Mfg Date 2008	Last Hydro Date 12/01/2020 Next Hydro Date - Next Six Year Date - Mfg Date 2008	Weight Yes Bracket Yes Gauge Yes Pull Pin Yes	Signage No Hose Yes Collar Yes Due for Service No	Result ● Passed	Number -
Location 11 / 2nd / Y Building / South Housekeeping Kitchen	Type/Make/Model Buckeye / 5 HI SA40 ABC	Serial # J867315 Size 5# Type ABC Mfg Date 2009	Last Hydro Date 12/01/2020 Next Hydro Date - Next Six Year Date - Mfg Date 2009	Weight Yes Bracket Yes Gauge Yes Pull Pin Yes	Signage Yes Hose Yes Collar Yes Due for Service No	Result ● Passed	Number -
Location 12 / 2nd / Y Building / South Housekeeping by South Doorway	Type/Make/Model Buckeye / 5 HI SA40 ABC	Serial # J867302 Size 5# Type ABC Mfg Date 2009	Last Hydro Date 12/01/2020 Next Hydro Date - Next Six Year Date - Mfg Date 2009	Weight Yes Bracket Yes Gauge Yes Pull Pin Yes	Signage Yes Hose Yes Collar Yes Due for Service No	Result ● Passed	Number -

Location	Specification	Information	Dates	Inspected	Inspected	Result	Notes
Location 13 / 2nd / Y Building / South Tile Room by South Door	Type/Make/Model Buckeye / 10 HI SA80 ABC	Serial # K073974 Size 10# Type ABC Mfg Date 2010	Last Hydro Date - Next Hydro Date 12/13/2023 Next Six Year Date - Pull Pin Yes	Weight Yes Bracket Yes Gauge Yes - Pull Pin Yes	Signage Yes Hose Yes Collar Yes - Due for Service No	Result ● Passed	Number -
Location 14 / 1st / Y Building / South Carpentry Shop	Type/Make/Model Buckeye / 5 HI SA40 ABC	Serial # ZY976477 Size 5# Type ABC Mfg Date 2008	Last Hydro Date 12/01/2020 Next Hydro Date - Next Six Year Date - Pull Pin Yes	Weight Yes Bracket Yes Gauge Yes - Pull Pin Yes	Signage Yes Hose Yes Collar Yes - Due for Service No	Result ● Passed	Number -
Location 15 / 1st / Y Building / South Carpentry Shop East Wall	Type/Make/Model Amerex / 441 GA362651	Serial # GA362651 Size 10# Type ABC Mfg Date 1986	Last Hydro Date 12/13/2021 Next Hydro Date - Next Six Year Date 12/13/2027 Pull Pin Yes	Weight Yes Bracket Yes Gauge Yes - Pull Pin Yes	Signage Yes Hose Yes Collar Yes - Due for Service No	Result ● Passed	Number -
Location 16 / 1st / Y Building / South Carpentry Shop	Type/Make/Model Amerex / B456	Serial # F-88767669 Size 10# Type ABC Mfg Date 2020	Last Hydro Date - Next Hydro Date 12/13/2032 Next Six Year Date 12/13/2026 Pull Pin Yes	Weight Yes Bracket Yes Gauge Yes - Pull Pin Yes	Signage Yes Hose Yes Collar Yes - Due for Service No	Result ● Passed	Number -
Location 17 / 1st / Y Building / South Office Hallway	Type/Make/Model Ansul / AA05S-1	Serial # E-93759322 Size 5# Type ABC Mfg Date 2019	Last Hydro Date - Next Hydro Date - Next Six Year Date 12/01/2025 Pull Pin Yes	Weight Yes Bracket Yes Gauge Yes - Pull Pin Yes	Signage No Hose Yes Collar Yes - Due for Service No	Result ● Passed	Number -
Location 18 / 1st / Y Building / South Office Kitchen Hall	Type/Make/Model Buckeye / 10 HI SA80 ABC	Serial # ZZ175368 Size 10# Type ABC Mfg Date 2009	Last Hydro Date 12/13/2021 Next Hydro Date - Next Six Year Date - Pull Pin Yes	Weight Yes Bracket Yes Gauge Yes - Pull Pin Yes	Signage No Hose Yes Collar Yes - Due for Service No	Result ● Passed	Number -

Location	Specification	Information	Dates	Inspected	Inspected	Result	Notes
Location 19 / 1st / Y Building / South Outside Office's North Door	Type/Make/Model Ansul / AA05S-1	Serial # E-93759342 Size 5# Type ABC Mfg Date 2019	Last Hydro Date - Next Hydro Date - Next Six Year Date 12/01/2025	Weight Yes Bracket Yes Gauge Yes Pull Pin Yes	Signage Yes Hose Yes Collar Yes Due for Service No	Result ● Passed	Number -
Location 20 / 1st / Y Building / East Electrical Shop by South Door	Type/Make/Model Amerex / B456	Serial # TB-751120 Size 10# Type ABC Mfg Date 2002	Last Hydro Date - Next Hydro Date 12/01/2025 Next Six Year Date - Mfg Date 2002	Weight Yes Bracket Yes Gauge Yes Pull Pin Yes	Signage Yes Hose Yes Collar Yes Due for Service No	Result ● Passed	Number -
Location 21 / 1st / Y Building / East Office Women's RR North Hall	Type/Make/Model Badger / 5MB- 6H	Serial # ZE15561 Size 5# Type ABC Mfg Date 2007	Last Hydro Date 12/13/2020 Next Hydro Date - Next Six Year Date - Mfg Date 2007	Weight Yes Bracket Yes Gauge Yes Pull Pin Yes	Signage Yes Hose Yes Collar Yes Due for Service No	Result X Failed	Number 2
Location 22 / 1st / Y Building / East Office - Salvage Room Doorway	Type/Make/Model Amerex / 441	Serial # HM547258 Size 10# Type ABC Mfg Date 1988	Last Hydro Date 12/13/2021 Next Hydro Date - Next Six Year Date - Mfg Date 1988	Weight Yes Bracket Yes Gauge Yes Pull Pin Yes	Signage No Hose Yes Collar Yes Due for Service No	Result ● Passed	Number -
Location 23 / 1st / Y Building / East Plumbing	Type/Make/Model Badger / 5MB- 6H	Serial # ZE15564 Size 5# Type ABC Mfg Date 2007	Last Hydro Date 12/01/2020 Next Hydro Date - Next Six Year Date - Mfg Date 2007	Weight Yes Bracket Yes Gauge Yes Pull Pin Yes	Signage Yes Hose Yes Collar Yes Due for Service No	Result ● Passed	Number -
Location 25 / 1st / Y Building / East Plumbing Breakroom	Type/Make/Model Buckeye / 5 HI SA40 ABC	Serial # ZY974997 Size 5# Type ABC Mfg Date 2008	Last Hydro Date 12/13/2020 Next Hydro Date - Next Six Year Date - Mfg Date 2008	Weight Yes Bracket Yes Gauge Yes Pull Pin Yes	Signage No Hose Yes Collar Yes Due for Service No	Result ● Passed	Number -

Location	Specification	Information	Dates	Inspected	Inspected	Result	Notes
Location 27 / 1st / Y Building / North Shop South Door	Type/Make/Model Badger / 5MB- 6H	Serial # VP996922 Size 5# Type ABC Mfg Date 2003	Last Hydro Date 12/01/2020 Next Hydro Date - Next Six Year Date - Mfg Date 2003	Weight Yes Bracket Yes Gauge Yes Pull Pin Yes	Signage Yes Hose Yes Collar Yes Due for Service No	Result ● Passed	Number -
Location 28 / 1st / Y Building / North Shop Storage Door	Type/Make/Model Amerex / 441	Serial # GA362649 Size 10# Type ABC Mfg Date 1986	Last Hydro Date - Next Hydro Date 12/01/2026 Next Six Year Date - Mfg Date 1986	Weight Yes Bracket Yes Gauge Yes Pull Pin Yes	Signage Yes Hose Yes Collar Yes Due for Service No	Result ● Passed	Number -
Location 29 / 1st / Y Building / North East Shop Hallway	Type/Make/Model Buckeye / 5 HI SA40 ABC	Serial # ZY976491 Size 5# Type ABC Mfg Date 2008	Last Hydro Date 12/01/2020 Next Hydro Date - Next Six Year Date - Mfg Date 2008	Weight Yes Bracket Yes Gauge Yes Pull Pin Yes	Signage Yes Hose Yes Collar Yes Due for Service No	Result ● Passed	Number -
Location 30 / 1st / Y Building / North Kitchen Garage	Type/Make/Model Buckeye / 5 HI SA40 ABC	Serial # J867473 Size 5# Type ABC Mfg Date 2009	Last Hydro Date 12/01/2020 Next Hydro Date - Next Six Year Date - Mfg Date 2009	Weight Yes Bracket Yes Gauge Yes Pull Pin Yes	Signage No Hose Yes Collar Yes Due for Service No	Result ● Passed	Number -
Location 31 / 1st / Y Building / North Garage West Wall	Type/Make/Model Amerex / 441	Serial # GA362643 Size 10# Type ABC Mfg Date 1986	Last Hydro Date 12/01/2020 Next Hydro Date - Next Six Year Date - Mfg Date 1986	Weight Yes Bracket Yes Gauge Yes Pull Pin Yes	Signage No Hose Yes Collar Yes Due for Service No	Result ● Passed	Number -
Location 32 / Basement / Y Building / Parts Room North Ramp	Type/Make/Model Badger / 10MB-8H	Serial # XK-505842 Size 10# Type ABC Mfg Date 2005	Last Hydro Date 12/01/2019 Next Hydro Date - Next Six Year Date - Mfg Date 2005	Weight Yes Bracket Yes Gauge Yes Pull Pin Yes	Signage Yes Hose Yes Collar Yes Due for Service No	Result ● Passed	Number -

Location	Specification	Information	Dates	Inspected	Inspected	Result	Notes
Location	Type/Make/Model	Serial #	Last Hydro Date	Weight	Signage	Result	Number
33 /	Ansul /	E93759350	-	Yes	No	● Passed	-
Basement / Y	AA05S-1	Size	Next Hydro Date	Bracket	Hose		
Building /		5#	-	Yes	Yes		
Parts Room		Type	Next Six Year	Gauge	Collar		
by North		ABC	Date	Yes	No		
Shelves		Mfg Date	12/01/2025	Pull Pin	Due for Service		
		2019		Yes	No		
Location	Type/Make/Model	Serial #	Last Hydro Date	Weight	Signage	Result	Number
35 /	Buckeye / 10	ZZ163824	12/01/2020	Yes	Yes	● Passed	-
Basement / Y	HI SA80 ABC	Size	Next Hydro Date	Bracket	Hose		
Building /		10#	-	Yes	Yes		
Parts Room		Type	Next Six Year	Gauge	Collar		
by Restroom		ABC	Date	Yes	Yes		
		Mfg Date	-	Pull Pin	Due for Service		
		2009		Yes	No		
Location	Type/Make/Model	Serial #	Last Hydro Date	Weight	Signage	Result	Number
36 /	Ansul /	E-93759358	-	Yes	Yes	● Passed	-
Basement / Y	AA05S-1	Size	Next Hydro Date	Bracket	Hose		
Building /		5#	-	Yes	Yes		
Parts Room		Type	Next Six Year	Gauge	Collar		
by South		ABC	Date	Yes	No		
East Exit		Mfg Date	12/01/2025	Pull Pin	Due for Service		
		2019		Yes	No		
Location	Type/Make/Model	Serial #	Last Hydro Date	Weight	Signage	Result	Number
37 /	Buckeye / 5	J867488	12/01/2020	Yes	Yes	● Passed	-
Basement / Y	HI SA40 ABC	Size	Next Hydro Date	Bracket	Hose		
Building /		5#	-	Yes	Yes		
Parts Room		Type	Next Six Year	Gauge	Collar		
by South		ABC	Date	Yes	Yes		
Door		Mfg Date	-	Pull Pin	Due for Service		
		2009		Yes	No		
Location	Type/Make/Model	Serial #	Last Hydro Date	Weight	Signage	Result	Number
38 /	Amerex /	F-8874140	-	Yes	No	● Passed	-
Basement / Y	B456	Size	Next Hydro Date	Bracket	Hose		
Building /		10#	-	No	Yes		
South		Type	Next Six Year	Gauge	Collar		
Airhandling		ABC	Date	Yes	No		
Room		Mfg Date	12/01/2026	Pull Pin	Due for Service		
		2020		Yes	No		
Location	Type/Make/Model	Serial #	Last Hydro Date	Weight	Signage	Result	Number
39 /	Amerex /	AY-49588	-	Yes	Yes	● Passed	-
Basement / Y	B456	Size	Next Hydro Date	Bracket	Hose		
Building /		10#	12/01/2024	Yes	Yes		
Center AHU		Type	Next Six Year	Gauge	Collar		
		ABC	Date	Yes	Yes		
		Mfg Date	-	Pull Pin	Due for Service		
		2012		Yes	No		

Location	Specification	Information	Dates	Inspected	Inspected	Result	Notes
Location	Type/Make/Model	Serial #	Last Hydro Date	Weight	Signage	Result	Number
40 /	Ansul /	E-72474717	-	Yes	Yes	● Passed	-
Basement / Y	AA05S-1	Size	Next Hydro Date	Bracket	Hose		
Building /		10#	-	Yes	Yes		
West AHU		Type	Next Six Year	Gauge	Collar		
		ABC	Date	Yes	Yes		
		Mfg Date	12/01/2024	Pull Pin	Due for Service		
		2018		Yes	No		

## Deficiencies

Location	Type/Make/Model	Serial #	Last Hydro Date	Weight	Signage	Result	Number
1 / 1st / Y	Amerex / B456	B76234316	-	Yes	Yes	Failed	1
Building /		Size	Next Hydro Date	Bracket	Hose		
Resident		10#	-	Yes	Yes		
Work Area on		Type	Next Six Year	Gauge	Collar		
West Wall		ABC	Date	Yes	Yes		
		Mfg Date	12/13/2022	Pull Pin	Due for Service		
		2016		Yes	Yes		
Location	Type/Make/Model	Serial #	Last Hydro Date	Weight	Signage	Result	Number
21 / 1st / Y	Badger / 5MB-6H	ZE15561	12/13/2020	Yes	Yes	Failed	2
Building /		Size	Next Hydro Date	Bracket	Hose		
East Office		5#	-	Yes	Yes		
Women's RR		Type	Next Six Year	Gauge	Collar		
North Hall		ABC	Date	Yes	Yes		
		Mfg Date	-	Pull Pin	Due for Service		
		2007		Yes	No		

## Comments

Number	COMMENT	IMAGE
1	#1 due for 6year	
2	#21 needs recharged	
3	Annual Fire Extinguisher Inspection. Issues listed.	

## Conclusion

We appreciate the opportunity to provide this inspection report. We are confident in the accuracy of the contents of this report. Should you require any additional services, or have questions regarding the contents of this report, please do not hesitate to contact your Midwest Alarm Services representative at 308-389-3981.

### Life Safety Solutions Experts Since 1950

For more than 70 years, Midwest Alarm Services has been providing the best, innovative fire, security and technology solutions for homes and businesses. As a systems integrator, we can design, install, maintain, monitor and service a wide variety of equipment and software. We take the time to understand your needs and customized solutions to fit your needs and budget. To learn more about our company and the services we provide, please visit:

[www.midwestalarmservices.com](http://www.midwestalarmservices.com)



Tested By:

**Lucas Canfield**

Midwest Alarm Services

3630 W Old Hwy 30

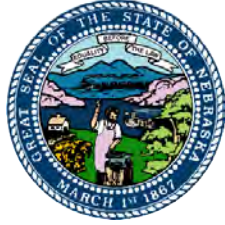
Grand Island, NE 68803



# State of Nebraska

ANNUAL CONVEYANCE CERTIFICATE

Nebraska State  
Fire Marshal Agency



Elevator  
Division

Issuance of this certificate does not create liability nor guarantee personal safety. If you have any questions regarding the operation or safety of this unit, contact the Owner.  
NSFM Elevator Division: 402-595-3184

STATE # **4117**

UNIT ID **S/BLDG 15 MED RESEAR**

MANUFACTURER **DOVER**

TYPE **PASSENGER**

INSPECTION DATE **8/2/2022**

CERTIFICATE # **262255**

BUILDING NAME

Timothy Trujillo

BSDC

Elevator Division Chief

**3000 LINCOLN ST  
BEATRICE, NE 68310**

Scott Cordes

State Fire Marshal

This Certificate must be posted in the elevator car

# State of Nebraska

ANNUAL CONVEYANCE CERTIFICATE

Nebraska State  
Fire Marshal Agency



Elevator  
Division

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NSFM Elevator Division: 402-595-3184

STATE # **4116**

UNIT ID **N BLDG 15 MED RESEAR**

MANUFACTURER **DOVER**

TYPE **PASSENGER**

INSPECTION DATE **8/2/2022**

CERTIFICATE # **262254**

BUILDING NAME

Timothy Trujillo

BSDC

Elevator Division Chief

**3000 LINCOLN ST  
BEATRICE, NE 68310**

Scott Cordes

State Fire Marshal

This Certificate must be posted in the elevator car



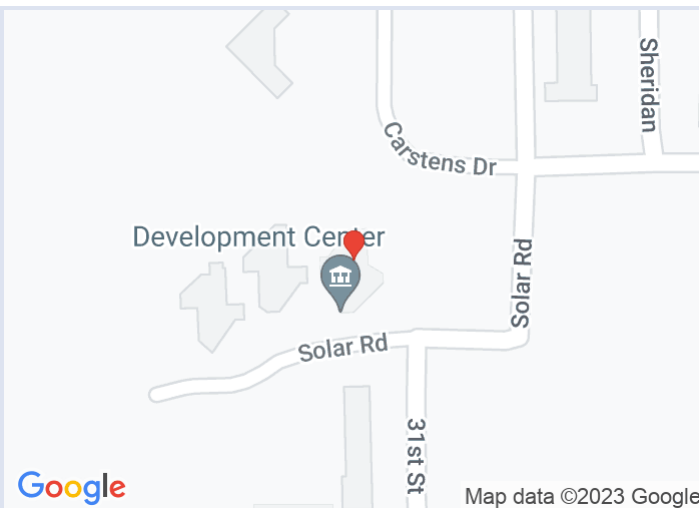
# MIDWEST ALARM SERVICES

Tech connected. Lives protected.

## Inspection Report

Presented To  
State of Nebraska

For  
Cottage 753-418  
3000 Lincoln St  
Beatrice, NE 68310



**This site has been inspected  
and tested in compliance  
with applicable standards.**

Completed:  
**Monday, May 22, 2023**

Tested By:

**Gary Hesman**

Midwest Alarm Services  
3630 W Old Hwy 30  
Grand Island, NE 68803

Scan Code to Access  
Nspec Cloud Portal



# Inspection Information

## CUSTOMER INFORMATION

Name:	State of Nebraska	Address:	3000 Lincoln St
City:	Beatrice	State:	NE
ZIP:	68310	Email:	mike.balderson@nebraska.gov
AR#:	1001603		

## BUILDING INFORMATION

Name:	Cottage 753-418	Occupancy Type:	Institutional (Group I)
Address:	3000 Lincoln St	City:	Beatrice
State:	NE	ZIP:	68310
Monitoring Company Account Number:	FA14300	AR#:	1001603
Email for Reports:	mike.balderson@nebraska.gov		

## COMPANY INFORMATION

Name:	Midwest Alarm Services	Address:	3630 W Old Hwy 30
City:	Grand Island	State:	NE
Zip:	68803	License:	-
Email:	tracy.hesman@mw-as.com	Phone:	308-389-3981

## AUTHORITY HAVING JURISDICTION

Name:	State of Nebraska Fire Marshal	Address:	246 S 14th St
City:	Lincoln	State:	NE
Zip:	68508	Email:	-
Phone:	402-471-2027		

## MONITORING COMPANY

Name:	Per Mar	Address:	1910 E Kimberly Rd
City:	Davenport	State:	IA
Zip:	52807	Email:	-
phone:	800-227-9805		

## TESTING SUMMARY

EQUIPMENT TYPE	TOTAL	TESTED	PASSED	FAILED
Communicator	1	1 (100%)	1 (100%)	0 (0%)
Alarm Initiated Device	31	31 (100%)	31 (100%)	0 (0%)
Alarm Notification Appliance	9	9 (100%)	9 (100%)	0 (0%)
Annunciator	0	0 (0%)	0 (0%)	0 (0%)
Auxiliary Device	1	1 (100%)	1 (100%)	0 (0%)
Auxiliary Power Supply	0	0 (0%)	0 (0%)	0 (0%)
Control Unit	1	1 (100%)	1 (100%)	0 (0%)
Supervising Station Monitoring	1	1 (100%)	1 (100%)	0 (0%)
Supervisory Signal Device	2	2 (100%)	2 (100%)	0 (0%)

## Fire Alarm Inspection- NFPA 72 (2013)

This testing was performed in accordance with applicable NFPA 72 Standards.

Midwest Alarm Services provides many services to our community. If you would like quarterly, semi-annual or annual testing/inspection, the inspection coordinator can reach out and offer inspections on a time and material basis. Signing an Inspection Agreement with Midwest Alarm Services has many benefits. Not only do you save money, but our inspection coordinator will work with you to ensure your Fire System stays in code as well as has proper documentation sent to the local jurisdiction for compliance. If you need an estimate or have questions about our services, please reach out to our operations manager.

Gary Hesman  
Operations Manager  
308-389-3981  
gary.hesman@mw-as.com

---

Tested By:



**Gary Hesman**  
Midwest Alarm Services  
3630 W Old Hwy 30  
Grand Island, NE 68803

## Control Unit

### Location

Location  
Cottage 418 / Dining Area

### Specification

Type/Make/Model  
Spectronics / 641

### Software Firmware

Revision Number	Onsite Location Of Documentation
-	-

### Primary Power

Nominal Voltage	Amps
120v	-

### Overcurrent Protection

Type	Amps	Location	Disconnecting Means Location
-	-	-	-

### Visual/ Functional

Control Unit	Lamps/LEDs/LCDs	Fuses	Trouble Signal
Tested functionally	Tested functionally	Tested functionally	Tested functionally
Disconnect Switch	Ground-Fault Monitoring		
Tested functionally	Tested functionally		

### Batteries

Battery Date	Battery Type	Nominal Voltage	Amps/Hour Rating
01/17/2021	Gel	27.3v	7ah
Standby Mode (hrs)	Alarm Mode (mins)		
-	-		

### Visual/ Functional

Load Voltage	Charge Test	Discharge Test	Battery Condition
Tested functionally	Tested functionally	Tested functionally	Tested functionally

### Result

● Passed

## Communicator

### Specification

Type/Make/Model  
-

### Type

Type  
Phone Lines : Thru Admin

### Result

● Passed

## Supervising Station Monitoring

### Specification

Type/Make/Model  
-

### Supervising Station Monitoring

Alarm Signal Tested functionally	Alarm Restoration Tested functionally	Trouble Signal Tested functionally	Trouble Restoration Tested functionally
Supervisory Signal Tested functionally	Supervisory Restoration Tested functionally		

## Result

● Passed

## Alarm Initiated Device

Location	Specification	New Section	Result	Notes
Location West Exit	Type/Make/Model Manual Pull Station	Visual Tested functionally	Result ● Passed	Number -
Location SE Exit	Type/Make/Model Manual Pull Station	Visual Tested functionally	Result ● Passed	Number -
Location SW Exit	Type/Make/Model Manual Pull Station	Visual Tested functionally	Result ● Passed	Number -
Location East Exit	Type/Make/Model Manual Pull Station	Visual Tested functionally	Result ● Passed	Number -
Location NE Exit	Type/Make/Model Manual Pull Station	Visual Tested functionally	Result ● Passed	Number -
Location NW Exit	Type/Make/Model Manual Pull Station	Visual Tested functionally	Result ● Passed	Number -
Location FACP	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location By Mechanical Room	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location Laundry	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location Room 19	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location Room 22	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location By Room 19/22	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location N.Commons	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location By Room 28/25	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location Room 25	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location Room 28	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -

Location	Specification	New Section	Result	Notes
Location Dining Room	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location S.Commons	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location Room 11	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location Room 8	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location By Room 11/8	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location By Room 2/5	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location Room 5	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location Room 2	Type/Make/Model Smoke Detector / System Sensor / 2WB	Visual Tested functionally	Result ● Passed	Number -
Location Mechanical Room	Type/Make/Model Heat Detector / System Sensor	Visual Tested visually	Result ● Passed	Number -
Location Laundry Room	Type/Make/Model Heat Detector / System Sensor	Visual Tested visually	Result ● Passed	Number -
Location Crawl Space	Type/Make/Model Heat Detector / System Sensor	Visual Tested visually	Result ● Passed	Number -
Location Supply Duct	Type/Make/Model Duct Smoke Detector / System Sensor	Visual Tested functionally	Result ● Passed	Number -
Location Main Return Duct	Type/Make/Model Duct Smoke Detector / System Sensor	Visual Tested functionally	Result ● Passed	Number -
Location Fresh Air Duct	Type/Make/Model Duct Smoke Detector / System Sensor	Visual Tested functionally	Result ● Passed	Number -
Location Room Air Duct	Type/Make/Model Duct Smoke Detector / System Sensor	Visual Tested functionally	Result ● Passed	Number -

## Supervisory Signal Device

Location	Specification	New Section	Result	Notes
Location Laundry Room	Type/Make/Model Tamper Switch	Visual / Functional Tested visually	Result ● Passed	Number -



Location	Specification	New Section	Result	Notes
Location	Type/Make/Model	Visual / Functional	Result	Number
Landry Room	Water Flow	Tested visually	● Passed	-

## Auxiliary Device

Location	Specification	New Section	Result	Notes
Location	Type/Make/Model	Visual / Functional	Result	Number
Mechanical Room	Fan Shut Down Relay	Tested functionally	● Passed	-

## Alarm Notification Appliance

Location	Specification	New Section	Result	Notes
Location	Type/Make/Model	Visual / Functional	Result	Number
	Strobe / System Sensor / SWL	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
	Strobe / System Sensor / SWL	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
	Strobe / System Sensor / SWL	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
	Strobe / System Sensor / SWL	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
	Horn/Strobe / System Sensor / P2WL	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
	Horn/Strobe / System Sensor / P2WL	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
	Horn/Strobe / System Sensor / P2WL	Tested functionally	● Passed	-
Location	Type/Make/Model	Visual / Functional	Result	Number
	Horn / System Sensor / P2RK	Tested functionally	● Passed	-

## Comments

Number	COMMENT	IMAGE
1	Fire Alarm Inspection. No issues.	



**Tech connected. Lives protected.**

## **Conclusion**

We appreciate the opportunity to provide this inspection report. We are confident in the accuracy of the contents of this report. Should you require any additional services, or have questions regarding the contents of this report, please do not hesitate to contact your Midwest Alarm Services representative at 308-389-3981.

### **Life Safety Solutions Experts Since 1950**

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[www.midwestalarmservices.com](http://www.midwestalarmservices.com)

A handwritten signature in black ink, appearing to read 'GH', is positioned above a solid blue horizontal line.

Tested By:

**Gary Hesman**

Midwest Alarm Services

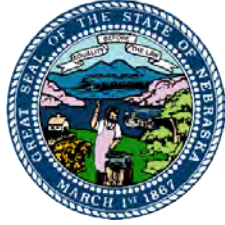
3630 W Old Hwy 30

Grand Island, NE 68803

# State of Nebraska

ANNUAL CONVEYANCE CERTIFICATE

Nebraska State  
Fire Marshal Agency



Elevator  
Division

Issuance of this certificate does not create liability nor guarantee personal safety. If you have any questions regarding the operation or safety of this unit, contact the Owner.  
NSFM Elevator Division: 402-595-3184

STATE # **8156**

UNIT ID **D BLDG/EAST**

MANUFACTURER **DOVER**

TYPE **PASSENGER**

INSPECTION DATE **8/2/2022**

CERTIFICATE # **262257**

BUILDING NAME

Timothy Trujillo

BSDC

Elevator Division Chief

**3000 LINCOLN ST  
BEATRICE, NE 68310**

Scott Cordes

State Fire Marshal

This Certificate must be posted in the elevator car

# State of Nebraska

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Nebraska State  
Fire Marshal Agency



Elevator  
Division

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NSFM Elevator Division: 402-595-3184

STATE #	<b>8155</b>	UNIT ID	<b>D BUILDING/WEST</b>
MANUFACTURER	<b>DOVER</b>	TYPE	<b>PASSENGER</b>
INSPECTION DATE	<b>8/2/2022</b>	CERTIFICATE #	<b>262258</b>
BUILDING NAME			<u>Timothy Trujillo</u>
BSDC			Elevator Division Chief
3000 LINCOLN ST			<u>Scott Cordes</u>
BEATRICE, NE 68310			State Fire Marshal

This Certificate must be posted in the elevator car

# State of Nebraska

ANNUAL CONVEYANCE CERTIFICATE

Nebraska State  
Fire Marshal Agency



Elevator  
Division

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NSFM Elevator Division: 402-595-3184

STATE # **8078**

UNIT ID **F BUILDING**

MANUFACTURER **ESCO**

TYPE **PASSENGER**

INSPECTION DATE **8/2/2022**

CERTIFICATE # **262256**

BUILDING NAME

Timothy Trujillo

BSDC

Elevator Division Chief

**3000 LINCOLN ST  
BEATRICE, NE 68310**

Scott Cordes

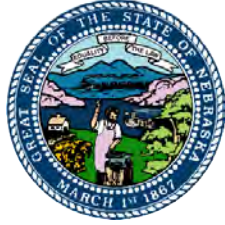
State Fire Marshal

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# State of Nebraska

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Nebraska State  
Fire Marshal Agency



Elevator  
Division

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NSFM Elevator Division: 402-595-3184

STATE # **7379**

UNIT ID **MAIN FOOD SRVC**

MANUFACTURER **ESCO**

TYPE **FREIGHT**

INSPECTION DATE **8/2/2022**

CERTIFICATE # **258926**

BUILDING NAME

Timothy Trujillo

BSDC

Elevator Division Chief

**3000 LINCOLN ST  
BEATRICE, NE 68310**

Christopher B. Cantrell

State Fire Marshal

This Certificate must be posted in the elevator car

**BSDC ICF Licensure Renewals  
(Solar Cottage and State  
Building ICFs)**

**Reporting Period:**

**December 1, 2022 – November 30, 2023**

# NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES



Jim Pillen, Governor

February 6, 2023

ICF/DD Renewal  
DHHS Public Health Licensure Unit  
301 Centennial Mall  
P.O. Box 94986  
Lincoln, NE 68509-4986

Dear Mr. Luger:

Attached are the Intermediate Care Facilities for Persons with Intellectual Disabilities Licensure Renewal Applications for 400 State Building ICF (**ICFDD07**) and Solar Cottages ICF (**ICFDD14**).

Accompanying each application are the Nebraska State Fire Marshal Occupancy Permits for the ICF.

- *Please note the occupancy permit for BSDC 400 State Building 3070 State Ave. has not been updated by the Fire Marshal Office due to the remodeling and the home is not currently occupied.*

If you need additional information, please do not hesitate to contact me.

Corina Harrison, Facility Administrator  
Beatrice State Developmental Center  
3000 Lincoln Blvd.  
Beatrice, NE 68310

ICF	Beds to License	Fee	Coding
<b>400 State Building ICF</b>	48	1,550.00	25050129.522100.404
<b>Solar Cottages ICF</b>	111	1,950.00	25050131.522100.421
		<b>\$3,500.00</b>	Total Approved







**NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC HEALTH  
Licensure Unit**

Expiration Date 3/31/2023

**Intermediate Care Facility For Intellectually Disabled Licensure Renewal Application**

**IDENTIFYING INFORMATION**

**1. NAME AND ADDRESS OF FACILITY:**

Solar Cottages  
3052,3054,3056,3060 PET BLV 753,743,723,715 SOL DR  
667 31ST ST, APT 103, 104, 205, 206  
BEATRICE, NE 68310

**2. PREFERRED MAILING ADDRESS (IF DIFFERENT FROM FACILITY ADDRESS) FOR THE RECEIPT OF OFFICIAL NOTICES FROM THE DEPARTMENT:**

c/o: SOLAR/LAKE  
667 31ST ST, APT 103, 104, 205, 206  
BEATRICE NE 68310

LICENSE NO: ICFDD14  
TELEPHONE NUMBER: (402) 223-6142  
FAX NUMBER: (402) 223-7560  
ADMINISTRATOR: DAWN URBASCHEK

3. FEDERAL EMPLOYER IDENTIFICATION NUMBER OF THE FACILITY: 470491233

4. TOTAL NUMBER OF BEDS TO BE LICENSED: 111

**OWNERSHIP INFORMATION**

6. OWNERSHIP OF FACILITY: STATE OF NEBRASKA, DEPT OF HEALTH & HUMAN SERVS  
(Legal Name of Individual or Business Organization)

MAILING ADDRESS: P O BOX 95044  
LINCOLN, NE 68509

7. BUSINESS ORGANIZATION: (Check one):

- Sole Proprietorship
- Partnership
- Limited Partnership
- Corporation
- Limited Liability Company
- Governmental ( XXXX State, \_\_\_\_\_ District, \_\_\_\_\_ County, \_\_\_\_\_ City or Municipal)
- Other (Please Specify) \_\_\_\_\_

**CERTIFICATION**

I/we have read the Rules and Regulations issued by the Nebraska Department of Health and Human Services and will comply with them should a license be issued. I/we certify that to the best of my/our knowledge, all information and statements on the application are true and correct and I/we hereby apply for a renewal license.

PLEASE NOTE: Neb.Rev.Stat. Section 71-433 requires: Applications shall be signed by

- (1) the owner, if the applicant is an individual or partnership,
- (2) two of its members, if the applicant is a limited liability company,
- (3) two of its officers, if the applicant is a corporation, or
- (4) the head of the governmental unit having jurisdiction over the facility to be licensed, if the applicant is a governmental unit.

Corina Harrison, Facility Administrator  
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

SIGNATURE

2/6/23  
DATE

AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

SIGNATURE

DATE

# NEBRASKA STATE FIRE MARSHAL

## OCCUPANCY PERMIT

Certificate Number: 14899

Name of Facility: BSDC-400 State Building-Apts 402, 404, 406, 408

Type of Facility: ICF/MR

Location: 3104 State Ave Beatrice

Maximum Occupancy: 36 Beds

Date Issued: 3/6/2023

Inspected By: Susen Lindner  
Deputy State Fire Marshal



Approved By:

A handwritten signature in blue ink, appearing to read "Scott Boden".

State Fire Marshal



### POST IN PROMINENT PLACE

Change in occupancy classification or failure to meet State Fire Marshal codes shall invalidate this occupancy permit.

# NEBRASKA STATE FIRE MARSHAL

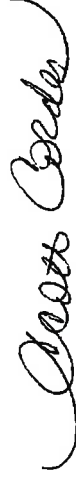
# OCCUPANCY PERMIT

Certificate Number: 14902

Name of Facility: **400 State Building**  
Type of Facility: **ICF/MR**  
Location: **3070 State Avenue Beatrice**  
Maximum Occupancy: **10 Beds**  
Date Issued: **3/6/2023**

Inspected By: **Susen Lindner**  
**Deputy State Fire Marshal**

Approved By:



**State Fire Marshal**



## POST IN PROMINENT PLACE

Change in occupancy classification or failure to meet State Fire Marshal codes shall invalidate this occupancy permit.

# NEBRASKA STATE FIRE MARSHAL

# OCCUPANCY PERMIT

Certificate Number: 14901

Name of Facility: 400 State Bldg-3071 State Ave

Type of Facility: ICF/MR

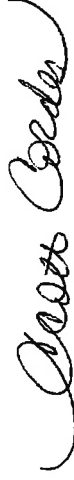
Location: 3071 State Ave Beatrice

Maximum Occupancy: 12 Beds

Date Issued: 3/6/2023

Inspected By: Susen Lindner  
Deputy State Fire Marshal

Approved By:



State Fire Marshal



## POST IN PROMINENT PLACE

Change in occupancy classification or failure to meet State Fire Marshal codes shall invalidate this occupancy permit.

# NEBRASKA STATE FIRE MARSHAL

# OCCUPANCY PERMIT

Certificate Number: 14596

Name of Facility: Solar Cottages ICF 715

Type of Facility: ICF/MR

Location: 715 Solar Drive Beatrice

Maximum Occupancy: 14 Beds

Date Issued: 1/24/2023

Inspected By: Susen Lindner  
Deputy State Fire Marshal

Approved By: *Susan Coe*  
State Fire Marshal



## POST IN PROMINENT PLACE

Change in occupancy classification or failure to meet State Fire Marshal codes shall invalidate this occupancy permit.

# NEBRASKA STATE FIRE MARSHAL

# OCCUPANCY PERMIT

Certificate Number: 14597

Name of Facility: Solar Cottages ICF 723

Type of Facility: ICF/MR

Location: 723 Solar Drive Beatrice

Maximum Occupancy: 14 Beds

Date Issued: 1/24/2023

Inspected By: Susen Lindner  
Deputy State Fire Marshal

Approved By: *Scott Coeden*  
State Fire Marshal



## POST IN PROMINENT PLACE

Change in occupancy classification or failure to meet State Fire Marshal codes shall invalidate this occupancy permit.

# NEBRASKA STATE FIRE MARSHAL

# OCCUPANCY PERMIT

Certificate Number: 14598

Name of Facility: Solar Cottages ICF 743

Type of Facility: ICF/MR

Location: 743 Solar Drive Beatrice

Maximum Occupancy: 12 Beds

Date Issued: 1/24/2023

Inspected By: Susen Lindner  
Deputy State Fire Marshal

Approved By: *Scott Boden*  
State Fire Marshal



## POST IN PROMINENT PLACE

Change in occupancy classification or failure to meet State Fire Marshal codes shall invalidate this occupancy permit.



# NEBRASKA STATE FIRE MARSHAL

# OCCUPANCY PERMIT

Certificate Number: 14599

Name of Facility: Solar Cottages ICF 753

Type of Facility: ICF/MR

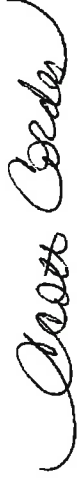
Location: 753 Solar Drive Beatrice

Maximum Occupancy: 14 Beds

Date Issued: 1/24/2023

Inspected By: Susen Lindner  
Deputy State Fire Marshal

Approved By:



State Fire Marshal



## POST IN PROMINENT PLACE

Change in occupancy classification or failure to meet State Fire Marshal codes shall invalidate this occupancy permit.

# NEBRASKA STATE FIRE MARSHAL

## OCCUPANCY PERMIT

Certificate Number: 14600

Name of Facility: Solar Cottages ICF 3052

Type of Facility: ICF/MR

Location: 3052 Peterson Blvd Beatrice

Maximum  
Occupancy: 14 Beds

Date Issued: 1/24/2023

Inspected By: Susen Lindner  
Deputy State Fire Marshal

Approved By: *Debra Beider*  
State Fire Marshal



### POST IN PROMINENT PLACE

Change in occupancy classification or failure to meet State Fire Marshal codes shall invalidate this occupancy permit.

# NEBRASKA STATE FIRE MARSHAL

## OCCUPANCY PERMIT

Certificate Number: 14601

Name of Facility: Solar Cottages ICF 3054

Type of Facility: ICF/MR

Location: 3054 Peterson Blvd Beatrice

Maximum Occupancy: 14 Beds

Date Issued: 1/24/2023

Inspected By: Susen Lindner  
Deputy State Fire Marshal

Approved By: *Scott Collier*  
State Fire Marshal



### POST IN PROMINENT PLACE

Change in occupancy classification or failure to meet State Fire Marshal codes shall invalidate this occupancy permit.

# NEBRASKA STATE FIRE MARSHAL

# OCCUPANCY PERMIT

Certificate Number: 14602

Name of Facility: Solar Cottages ICF 3056

Type of Facility: ICF/MR

Location: 3056 Peterson Blvd Beatrice

Maximum Occupancy: 12 Beds

Date Issued: 1/24/2023

Inspected By: Susen Lindner  
Deputy State Fire Marshal



Approved By:

A handwritten signature in black ink, appearing to read "Scott Coeden".

State Fire Marshal



## POST IN PROMINENT PLACE

Change in occupancy classification or failure to meet State Fire Marshal codes shall invalidate this occupancy permit.

# NEBRASKA STATE FIRE MARSHAL

## OCCUPANCY PERMIT

Certificate Number: 14603

Name of Facility: Solar Cottages ICF 3060

Type of Facility: ICF/MR

Location: 3060 Peterson Blvd Beatrice

Maximum Occupancy: 14 Beds

Date Issued: 1/24/2023

Inspected By: Susen Lindner  
Deputy State Fire Marshal

Approved By: *Debra Collier*  
State Fire Marshal



### POST IN PROMINENT PLACE

Change in occupancy classification or failure to meet State Fire Marshal codes shall invalidate this occupancy permit.

# NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

May 25, 2023

Ms. Dawn Urbaschek, Administrator  
400 state Building  
3104, 3070, 3071 State Ave  
Beatrice, NE 68310



Jim Pillen, Governor

Dear Ms. Urbaschek:

The following Changes to your licensed bed count for 400 State Building has been approved . The facility Licensed bed count increased from **48 to 58 beds**, approved and effective May 25, 2023.

**3070 State Avenue – From 0 Licensed beds to 10 Licensed beds**

If you have any questions regarding this correspondence, please contact our office.

Sincerely,

A handwritten signature in cursive script that reads "Mark Luger".

Mark Luger - Program Manager II  
DHHS Public Health - Licensure Unit  
Office of DD and Behavioral Health  
PO Box 94669, Lincoln, NE 68509-4669

ML/FE

# NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES



Jim Pillen, Governor

May 17, 2023

Mark Luger, Program Manager II  
DHHS Public Health – Licensure Unit  
Office of DD and Behavioral Health  
P.O. Box 94986  
301 Centennial Mall South  
Lincoln, NE 68509-4986

Dear Mr. Luger,

Please accept this letter as a request to **re-license the 10 beds at 3070 State Avenue** in the 400 State ICF. The 10 unlicensed beds have remained with the 400 State ICF during the renovations of 3070 State Avenue. The renovations are now complete, and the Beatrice State Developmental Center has received an occupancy permit from the State Fire Marshal office indicating that an inspection has been completed of this home. Adding the re-licensed 10 beds will increase the number of licensed beds in the 400 State ICF from 48 back to 58.

We would like this request to become official effective May 22, 2023.

If you have any questions, please do not hesitate to contact me at [dawn.urbaschek@nebraska.gov](mailto:dawn.urbaschek@nebraska.gov) or 402.239.0993.

*Dawn Urbaschek*

Dawn Urbaschek, ICF/DD Manager  
400 State ICF  
Beatrice State Developmental Center

Department of Health and Human Services  
Division of Public Health  
Health Facilities Licensure Unit  
301 Centennial Mall South, P O Box 94669  
Lincoln, NE 68509-4669

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC HEALTH  
CERTIFIES THAT

**400 State Building**

MEETS STATUTORY REQUIREMENTS AS  
INTERMEDIATE CARE FAC/MR

Lic # ICFDD07

**EXPIRES**  
3/31/2024



**Cut on heavy line and place on license.**

**400 State Building**  
**ADDRESS: 3104, 3070, 3071 STATE AVE , BEATRICE, NE 68310**

This is to verify that your INTERMEDIATE CARE FAC/MR is licensed through the date indicated on the above renewal card. Place the renewal card in the lower left hand corner of your original license.

Please notify this office at the address listed above of any change in name, address, or ownership.




Department of Health and Human Services  
Division of Public Health  
Health Facilities Licensure Unit  
301 Centennial Mall South, P O Box 94669  
Lincoln, NE 68509-4669

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC HEALTH  
CERTIFIES THAT

**Solar Cottages**

MEETS STATUTORY REQUIREMENTS AS  
INTERMEDIATE CARE FAC/MR  
Lic # ICFDD14

**EXPIRES**  
3/31/2024



Cut on heavy line and place on license.

**Solar Cottages**

ADDRESS: 3052,3054,3056,3060 PET BLV 753,743,723,715 SOL DR, 667 31ST ST,  
APT 103, 104, 205, 206, BEATRICE, NE 68310

This is to verify that your INTERMEDIATE CARE FAC/MR is licensed through the date indicated on the above renewal card. Place the renewal card in the lower left hand corner of your original license.

Please notify this office at the address listed above of any change in name, address, or ownership.

# Solar Cottage ICF

Reporting Period: December 1,  
2022 – October 31, 2023

## Fire Marshal Surveys



February 14, 2023

Dawn Urbaschek, Administrator  
Solar Cottages  
3052,3054,3056,3060 Pet Blv 753,743,723,715 Sol Dr  
Beatrice, NE 68310

Dear Ms. Urbaschek:

## IMPORTANT NOTICE – PLEASE READ CAREFULLY

On January 23-31, 2023, DHHS representatives conducted surveys to determine whether your facility was in compliance with Federal Condition of Participation requirements, State Licensure regulations, and Life Safety Code Requirements for Intermediate Care Facilities for Individuals with Intellectual Disabilities. Enclosed you will find the CMS-2567's documenting the results of that survey. All references to regulatory requirements contained in this letter are found in Title 42, Code of Federal Regulations and 175 NAC Chapter 17 Regulations Governing Licensure of Intermediate Care Facilities for Individuals with Intellectual Disabilities.

### PLAN OF CORRECTION (POC)

A POC for each deficiency cited must be submitted to [DHHS.DDBHFacilities@nebraska.gov](mailto:DHHS.DDBHFacilities@nebraska.gov) **NO LATER THAN 10 calendar days after receipt of the CMS-2567's**. Failure to submit an acceptable POC timely may result in the imposition of Disciplinary Action.

#### **An acceptable POC must include:**

- The plan of correcting the specific deficiency. The plan should address the processes that lead to the deficiencies cited;
- The procedure for implementing the acceptable plan of correction for the specific deficiency cited;
- The monitoring procedure to ensure that the plan of correction is effective and that specific deficiency cited remains corrected and/or in compliance with the regulatory requirements;
- The title of the person responsible for implementing the acceptable plan of correction;
- **PROVIDE THE DATE WHEN CORRECTION ACTION WILL BE COMPLETED.** Correction dates should be no later than forty-five calendar days from the exit date of the survey or **March 17, 2023**.

**NOTE:** Remember to attach copies of any auditing tools; education; revised or new policies/processes.

**SIGNATURE ON FIRST PAGE OF THE 2567's:** The first page must be signed by the provider/supplier representative and faxed to 402-742-2326.

Page 2  
February 3, 2023

We will notify you whether your plan of correction is or is not acceptable via email. Subsequently, if your plan of correction is **not accepted, you must submit an addendum to your plan of correction within ten (10) calendar days of the notification.**

We thank you and your staff for your cooperation and assistance during the survey. If you have any questions regarding this correspondence, please contact this office.

Sincerely,

A handwritten signature in black ink that reads "Mark Luger". The signature is written in a cursive style with a large initial "M" and a long, sweeping underline.

Mark Luger - Program Manager II  
DHHS Public Health - Licensure Unit  
Office of DD and Behavioral Health  
PO Box 94669, Lincoln, NE 68509-4669  
Email: [mark.luger@nebraska.gov](mailto:mark.luger@nebraska.gov)

EID:4KQS11

# NEBRASKA

Good Life. Great Safety.

STATE FIRE MARSHAL AGENCY



Wm. Ricketts, Governor

To: Health Care Facilities

From: Doug Hohbein  
Assistant State Fire Marshal

Re: Evidence of Corrective Action for Plan of Correction

After this Life Safety Code survey, you are required to prepare a Plan of Correction (POC) for deficiencies cited. In order to approve your POC and send you a Certificate of Occupancy you need to provide evidence showing that all corrective actions outlined in your POC have been completed or are in the process of being completed. Examples could be, but are not limited to:

- Verifiable photos or videos (before/after, showing room number or location)
- New policies and procedures
- Attendance sign in sheets for drills or education
- Invoices, receipts or work orders
- System test reports
- Audit forms

Please provide the requested information as soon as possible, but not later than the correction date. Documentation for all deficiencies should be provided in a single submittal. Deficiencies are not required to be corrected prior to the submittal, but some form of documentation identifying the proposed corrective action for each citation is necessary.

You can upload documentation with your POC in the ePOC portal, send it with the POC you send to DHHS or email it to me at [sfm.LSCdocumentation@nebraska.gov](mailto:sfm.LSCdocumentation@nebraska.gov).

Feel free to contact me at [doug.hohbein@nebraska.gov](mailto:doug.hohbein@nebraska.gov) or 402-471-9478 if you have questions.

MAIN / DISTRICT A / BOILERS / PLANS  
INVESTIGATIONS / FIRE PREVENTION  
246 South 14th Street, Suite 1  
Lincoln, NE 68508  
(402) 471-2027

FUELS DIVISION  
 FLST  PIPELINE SAFETY  
246 South 14th Street, Suite 1  
Lincoln, NE 68508  
(402) 471-9465

DISTRICT B/C OFFICE  
438 West Market  
Albion, NE 68620  
(402) 395-2164

ELEVATOR DIVISION  
1313 Farnam Street, Room 233  
Omaha, NE 68102  
(402) 595-3184

TRAINING DIVISION  
3347 W Capital Ave  
Grand Island, NE 68803  
(308) 385-6892

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/14/2023  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>28G114</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING 10 - <b>SOLAR 3052</b>  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>01/24/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>SOLAR COTTAGES</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3052,3054,3056,3060 PET BLV 753,743,723,715 SOL DR BEATRICE, NE 68310</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 000	INITIAL COMMENTS  42 CFR 483.470 The facility must meet the applicable provisions of the 2012 Edition of the Life Safety Code of the National Fire Protection Association. This facility is governed by Chapter 33, Existing Residential Board and Care Occupancies of the 2012 Edition of the National Fire Protection Association [NFPA], Chapter 101: Life Safety Code.  Solar Cottage, 3052 is a single story building of Type V (000) construction that was constructed in 2011 and is fully sprinkled.  The facility has 12 skilled certified beds. At the time of the survey the census was 10.  Solar Cottage 3052 was found to be not in compliance with the requirements for participation in Medicare/Medicaid at 42 CFR 483.470, Life Safety from Fire, and the related National Fire Protection Association (NFPA) Standard 101 - 2012 edition.	K 000			
K0353	Sprinkler System - Maintenance and Testing CFR(s): NFPA 101  Sprinkler System - Maintenance and Testing 2012 EXISTING (Prompt) NFPA 13 and 13R Systems All sprinkler systems installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, and NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies Up To and Including Four Stories in Height, are inspected, tested and maintained in accordance with NFPA 25, Standard for Inspection, Testing and Maintenance of Water Based Fire Protection System.	K0353			

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

TITLE

(X6) DATE

*Dawn Urbaschek*

*ICFA*

*02/21/2023*

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/14/2023  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>28G114</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING 10 - <b>SOLAR 3052</b>  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>01/24/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>SOLAR COTTAGES</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3052,3054,3056,3060 PET BLV 753,743,723,715 SOL DR BEATRICE, NE 68310</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K0353	Continued From page 1 <b>NFPA 13D Systems</b> Sprinkler systems installed in accordance with NFPA 13D, Standard for the Installation of Sprinkler Systems in One- and Two-Family Dwellings and Manufactured Homes, are inspected, tested and maintained in accordance with the following requirements of NFPA 25: 1. Control valves inspected monthly (NFPA 25, section 13.3.2). 2. Gauges inspected monthly (NFPA 25, section 13.2.71). 3. Alarm devices inspected quarterly (NFPA 25, section 5.2.6). 4. Alarm devices tested semiannually (NFPA 25, section 5.3.3). 5. Valve supervisory switches tested semiannually (NFPA 25, section 13.3.3.5). 6. Visible sprinklers inspected annually ((NFPA 25, section 5.2.1). 7. Visible pipe inspected annually (NFPA 25, section 5.2.2). 8. Visible pipe hangers inspected annually (NFPA 25, section 5.2.3). 9. Buildings inspected annually prior to freezing weather for adequate heat for water filled piping (NFPA 25, section 5.2.5). 10. A representative sample of fast response sprinklers are tested at 20 years (NFPA 25, section 5.3.1.1.1.2). 11. A representative sample of dry pendant sprinklers are tested at 10 years (NFPA 25, section 5.3.1.1.15). 12. Antifreeze solutions are tested annually (NFPA 25, section 5.3.4). 13. Control valves are operated through their full range and returned to normal annually (NFPA 25, section 13.3.3.1). 14. Operating stems of OS&Y valves are	K0353			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>28G114</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>10 - SOLAR 3052</b>  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>01/24/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>SOLAR COTTAGES</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3052,3054,3056,3060 PET BLV 753,743,723,715 SOL DR BEATRICE, NE 68310</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K0353	<p>Continued From page 2</p> <p>lubricated annually (NFPA 25, section 13.3.4).</p> <p>15. Dry pipe systems extending into unheated portions of the building are inspected, tested and maintained (NFPA 25, section 13.4.4).</p> <p>A. Date sprinkler system last checked and necessary maintenance provided.</p> <p>_____</p> <p>B. Show who provided the service.</p> <p>_____</p> <p>C. Note the source of the water supply for the automatic sprinkler system.</p> <p>_____</p> <p>(Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system.)</p> <p>33.2.3.5.3, 33.2.3.5.8, 9.7.5, 9.7.7, 9.7.8, and NFPA 25</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview the facility failed to assure that ceiling tiles were in place and escutcheon was in place this deficient practice would not allow the sprinkler system to operate as designed. The facility has the capacity for 10 beds with a census of 10 on the day of survey.</p> <p>Findings are: Observations on 1-24-23 at 1:35 pm 1:45 pm revealed:</p> <ol style="list-style-type: none"> <li>2 ceiling tiles out of the ceiling grid in the Laundry room.</li> <li>The sprinkler escutcheon outside room 25 was out of place.</li> </ol> <p>During an interview on 1-24-23 at 1:35 pm and 1:45 pm, Staff A confirmed the escutcheon out of place, the ceiling tiles out of the ceiling grid and stated, "the facility had broken sprinkler pipe and that maintenance left ceiling tiles out to heat the space above the tiles."</p>	K0353			



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/14/2023  
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>28G114</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>10 - SOLAR 3052</b>  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>01/24/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>SOLAR COTTAGES</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>3052,3054,3056,3060 PET BLV 753,743,723,715 SOL DR BEATRICE, NE 68310</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE

## PLAN OF CORRECTION

Provider/Supplier Name: →

STREET ADDRESS, CITY, ZIP: →

<b>SOLAR COTTAGES</b>	Survey Date ↓
3052,3054,3056,3060 PET BLV 753,743,723,715 SOL DR BEATRICE, 667 31ST ST, APT 103, 10	1/21/2022
SURVEY EVENT ID#	4KQS21
(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 28-	<b>ICFMR14</b>

### PROVIDER'S PLAN OF CORRECTION

(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)

COMPLETION DATE

CITED TAG #	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETION DATE
K-tags		1/30/2023
<b>K0353</b>	<b>A. ACTION(S) THAT WILL BE TAKEN TO CORRECT THIS DEFICIENCY - ALONG WITH A DESCRIPTION OF HOW THE ACTION WILL CORRECT OR IMPROVE THE PROCESSES THAT LEAD TO THE CITED DEFICIENCY:</b>	
	Observations on 1/24/23 revealed at 3052 Peterson: (1.) 2 ceiling tiles out of the ceiling grid in the Laundry Room (2.) the sprinkler escutcheon outside room 25 was out of place	1/30/2023
	<b>B. THE PROCEDURE FOR IMPLEMENTING THE CORRECTIVE ACTION(S):</b>	
	(1.) Work Order #BSDC-12998 was submitted to the Maintenance Department to replace the 2 ceiling tiles in ceiling grid in the Laundry Room. The 2 ceiling tiles have been replaced to ensure the sprinkler system will operate as designed. (2.) Work Order #BSDC-12999 was submitted to the Maintenance Department to raise the escutcheon plate outside of Resident Room 25 to the ceiling. The escutcheon plate is now in place.	1/30/2023
	<b>C. THE MONITORING OR TRACKING PROCEDURE(S) TO ENSURE THE FACILITY IS EFFECTIVE IN CORRECTING THE DEFICIENCY AND TO ENSURE THE FACILITY REMAINS IN COMPLIANCE WITH THIS DEFICIENCY:</b>	
	The Facility Maintenance Manager will be the responsible position to monitor and ensure compliance.	1/30/2023
	<b>D. THE TITLE OF THE PERSON RESPONSIBLE FOR ENSURING THE FACILITY REMAINS IN COMPLIANCE WITH THE CITED DEFICIENCY: (Do not put the staff names).</b>	
	The Facility Maintenance Manager will be the responsible position to monitor and ensure compliance.	1/30/2023
	<b>A. ACTION(S) THAT WILL BE TAKEN TO CORRECT THIS DEFICIENCY - ALONG WITH A DESCRIPTION OF HOW THE ACTION WILL CORRECT OR IMPROVE THE PROCESSES THAT LEAD TO THE CITED DEFICIENCY:</b>	

	<b>B. THE PROCEDURE FOR IMPLEMENTING THE CORRECTIVE ACTION(S):</b>	
	<b>C. THE MONITORING OR TRACKING PROCEDURE(S) TO ENSURE THE FACILITY IS EFFECTIVE IN CORRECTING THE DEFICIENCY AND TO ENSURE THE FACILITY REMAINS IN COMPLIANCE WITH THIS DEFICIENCY:</b>	
	<b>D. THE TITLE OF THE PERSON RESPONSIBLE FOR ENSURING THE FACILITY REMAINS IN COMPLIANCE WITH THE CITED DEFICIENCY: (Do not put the staff names).</b>	
	<b>A. ACTION(S) THAT WILL BE TAKEN TO CORRECT THIS DEFICIENCY - ALONG WITH A DESCRIPTION OF HOW THE ACTION WILL CORRECT OR IMPROVE THE PROCESSES THAT LEAD TO THE CITED DEFICIENCY:</b>	
	<b>B. THE PROCEDURE FOR IMPLEMENTING THE CORRECTIVE ACTION(S):</b>	
	<b>C. THE MONITORING OR TRACKING PROCEDURE(S) TO ENSURE THE FACILITY IS EFFECTIVE IN CORRECTING THE DEFICIENCY AND TO ENSURE THE FACILITY REMAINS IN COMPLIANCE WITH THIS DEFICIENCY:</b>	
	<b>D. THE TITLE OF THE PERSON RESPONSIBLE FOR ENSURING THE FACILITY REMAINS IN COMPLIANCE WITH THE CITED DEFICIENCY: (Do not put the staff names).</b>	



416

**BSDC**  
Beatrice State Development Center  
3000 Lincoln Blvd  
Beatrice, NE 68310

**DUE BY 1/30/2023 4:03 PM**

**MEDIUM**

**WO# BSDC-12998**

**NOT TO EXCEED \$0.00**

**STATUS OPEN**

**BUILDING**

<b>Name</b>	BSDC	<b>Contact</b>	Russell Fralin
<b>Address</b>	3052 Peterson Boulevard Beatrice, NE 68310	<b>Contact At</b>	russell.fralin@nebraska.gov
		<b>Phone</b>	402-223-6827
		<b>Fax</b>	

**REQUEST**

**DATE CREATED 1/27/2023 4:04 PM**

**General** Describe as needed 3052 Peterson/416: Per Mike Balderson, - 2 ceiling tiles are not in place or missing in laundry room. Please replace the ceiling tiles. thank you

**ASSIGNMENT**

<b>Assigned To</b>	Shawn Bartels	<b>Specialty</b>	General Maintenance
<b>Mobile</b>	531.220.9068	<b>Access/Appt</b>	N/A
<b>Email</b>	shawn.bartels@nebraska.gov	<b>Scheduled Start</b>	
		<b>PO#</b>	

**COMPLETION**

**REQUIRED SIGNATURE**

**Work Completed**

**Signature** If this document was sent because a signed copy has been requested during the sign-off process on a mobile device, check the second attachment to the same email for the signed receipt.

30 JAN 2023 Shawn Bartels

415 - faucet - 1 HR 2 pm

toilet  
plugged 2 pm - 2:30

416  
8:00 - 30 min to 8:30

8:30 ~ 9:00 1

Escutcheon

416



416

**BSDC**  
Beatrice State Development Center  
3000 Lincoln Blvd  
Beatrice, NE 68310

**DUE BY 1/30/2023 4:05 PM**  
**NOT TO EXCEED \$0.00**

**MEDIUM**

**WO# BSDC-12999**  
**STATUS OPEN**

**BUILDING**

<b>Name</b>	BSDC	<b>Contact</b>	Russell Fralin
<b>Address</b>	3052 Peterson Boulevard Beatrice, NE 68310	<b>Contact At</b>	russell.fralin@nebraska.gov
		<b>Phone</b>	402-223-6827
		<b>Fax</b>	

**REQUEST**

**DATE CREATED 1/27/2023 4:06 PM**

**General** Describe as needed 3052 Peterson/416: Per Mike Balderson, - Escutcheon Plate outside of room #25 and room #28 - need to raise the escutcheon plate to the ceiling. Thank you

**ASSIGNMENT**

<b>Assigned To</b>	Shawn Bartels	<b>Specialty</b>	General Maintenance
<b>Mobile</b>	531.220.9068	<b>Access/Appt</b>	N/A
<b>Email</b>	shawn.bartels@nebraska.gov	<b>Scheduled Start</b>	
		<b>PO#</b>	

**COMPLETION**

**Work Completed**

**REQUIRED SIGNATURE**

**Signature** If this document was sent because a signed copy has been requested during the sign-off process on a mobile device, check the second attachment to the same email for the signed receipt.

30 Jan 2023

Shawn Bartels

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/14/2023  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>28G114</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>09 - SOLAR 3054</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/24/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>SOLAR COTTAGES</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3052,3054,3056,3060 PET BLV 763,743,723,716 SOL DR BEATRICE, NE 68310</b>	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	INITIAL COMMENTS  42 CFR 483.470 The facility must meet the applicable provisions of the 2012 Edition of the Life Safety Code of the National Fire Protection Association. This facility is governed by Chapter 33, Existing Residential Board and Care Occupancies of the 2012 Edition of the National Fire Protection Association [NFPA], Chapter 101: Life Safety Code.  Solar Cottage, 3054 is a single story building of Type V (000) construction that was constructed in 2011 and is fully sprinkled.  The facility has 12 skilled certified beds. At the time of the survey the census was 8.  Solar Cottage 3054 was found to be not in compliance with the requirements for participation in Medicare/Medicaid at 42 CFR 483.470, Life Safety from Fire, and the related National Fire Protection Association (NFPA) Standard 101 - 2012 edition.	K 000		
K0321	Hazardous Areas - Enclosure CFR(s): NFPA 101  Hazardous Areas - Enclosure 2012 EXISTING (Prompt) Any hazardous area that is on the same floor as, and is in or abut, a primary means of escape or a sleeping room shall be protected by one of the following means: 1. Protection shall be an enclosure with a fire resistance rating of not less than 1 hour, with a self-closing or automatic closing fire door in accordance with 7.2.1.8 that has a fire protection rating of not less than 3/4 hour. 2. Protection shall be automatic sprinkler	K0321		

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

TITLE

(X6) DATE

*Dawn Urbuschek*

*ICFA*

*02/21/2023*

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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NAME OF PROVIDER OR SUPPLIER  <b>SOLAR COTTAGES</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3062,3054,3056,3060 PET BLV 753,743,723,715 SOL DR BEATRICE, NE 68310</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K0321	<p>Continued From page 1</p> <p>protection, in accordance with 33.2.3.5, and a smoke partition, in accordance with 8.4 located between the hazardous area and the sleeping area or primary escape route. Any doors in such separation shall be self-closing or automatic closing in accordance with 7.2.1.8.</p> <p>Other hazardous areas shall be protected in accordance with 33.2.3.2.5 by one of the following:</p> <ol style="list-style-type: none"> <li>1. An enclosure having a fire resistance rating of not less than 1/2 hour, with a self-closing or automatic-closing door in accordance with 7.2.1.8 that is equivalent to not less than a 13/4 inch (4.4 cm) thick, solid-bonded wood core construction.</li> <li>2. Automatic sprinkler protection in accordance with 33.2.3.5, regardless of enclosure.</li> </ol> <p>Areas with approved, properly installed and maintained furnaces and heating equipment, and cooking and laundry facilities are not classified as hazardous areas solely on basis of such equipment.</p> <p>Standard response sprinklers shall be permitted for use in hazardous areas in accordance with 33.2.3.2.</p> <p>33.2.2.2.4, 33.2.3.2, 33.2.3.2.5</p> <p>This STANDARD is not met as evidenced by:</p> <p>Based on observation and interview, the facility failed to assure doors to hazardous would close and latch. This deficient practice would allow smoke, fire and gases to spread outside the room. The facility has the capacity for 10 beds with a census of 10 on the day of survey.</p> <p>Findings are:</p> <p>Observations on 1-24-23 at 1:10 pm revealed, the laundry door equipped with a self-closing device was obstructed by a rolling laundry basket and failed to close.</p>	K0321			



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
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NAME OF PROVIDER OR SUPPLIER  <b>SOLAR COTTAGES</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3052,3054,3056,3060 PET BLV 753,743,723,715 SOL DR BEATRICE, NE 68310</b>	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K0321	Continued From page 2	K0321		
K0353	<p>During an interview on 1-24-23 at 1:10 pm, Staff A confirmed the laundry basket was blocking the door from closing.</p> <p>Sprinkler System - Maintenance and Testing CFR(s): NFPA 101</p> <p>Sprinkler System - Maintenance and Testing 2012 EXISTING (Prompt) NFPA 13 and 13R Systems All sprinkler systems installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, and NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies Up To and Including Four Stories in Height, are inspected, tested and maintained in accordance with NFPA 25, Standard for Inspection, Testing and Maintenance of Water Based Fire Protection System. NFPA 13D Systems Sprinkler systems installed in accordance with NFPA 13D, Standard for the Installation of Sprinkler Systems in One- and Two-Family Dwellings and Manufactured Homes, are inspected, tested and maintained in accordance with the following requirements of NFPA 25:</p> <ol style="list-style-type: none"> <li>1. Control valves inspected monthly (NFPA 25, section 13.3.2).</li> <li>2. Gauges inspected monthly (NFPA 25, section 13.2.71).</li> <li>3. Alarm devices inspected quarterly (NFPA 25, section 5.2.6).</li> <li>4. Alarm devices tested semiannually (NFPA 25, section 5.3.3).</li> <li>5. Valve supervisory switches tested semiannually (NFPA 25, section 13.3.3.5).</li> <li>6. Visible sprinklers inspected annually ((NFPA 25, section 5.2.1).</li> <li>7. Visible pipe inspected annually (NFPA 25,</li> </ol>	K0353		

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
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NAME OF PROVIDER OR SUPPLIER  <b>SOLAR COTTAGES</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3052,3054,3056,3060 PET BLV 753,743,723,715 SOL DR BEATRICE, NE 68310</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K0353	<p>Continued From page 3 section 5.2.2).</p> <p>8. Visible pipe hangers inspected annually (NFPA 25, section 5.2.3).</p> <p>9. Buildings inspected annually prior to freezing weather for adequate heat for water filled piping (NFPA 25, section 5.2.5).</p> <p>10. A representative sample of fast response sprinklers are tested at 20 years (NFPA 25, section 5.3.1.1.1.2).</p> <p>11. A representative sample of dry pendant sprinklers are tested at 10 years (NFPA 25, section 5.3.1.1.15).</p> <p>12. Antifreeze solutions are tested annually (NFPA 25, section 5.3.4).</p> <p>13. Control valves are operated through their full range and returned to normal annually (NFPA 25, section 13.3.3.1).</p> <p>14. Operating stems of OS&amp;Y valves are lubricated annually (NFPA 25, section 13.3.4).</p> <p>15. Dry pipe systems extending into unheated portions of the building are inspected, tested and maintained (NFPA 25, section 13.4.4).</p> <p>A. Date sprinkler system last checked and necessary maintenance provided.</p> <p>_____</p> <p>B. Show who provided the service.</p> <p>_____</p> <p>C. Note the source of the water supply for the automatic sprinkler system.</p> <p>_____</p> <p>(Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system.) 33.2.3.5.3, 33.2.3.5.8, 9.7.5, 9.7.7, 9.7.8, and NFPA 25</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview the facility failed to assure that ceiling tiles were in place, this deficient practice would not allow the</p>	K0353			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
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NAME OF PROVIDER OR SUPPLIER  <b>SOLAR COTTAGES</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3052,3054,3056,3060 PET BLV 753,743,723,715 SOL DR BEATRICE, NE 68310</b>	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K0353	Continued From page 4 sprinkler system to operate as designed. The facility has the capacity for 10 beds with a census of 8 on the day of survey.  Findings are: Observations on 1-24-23 at 1:06 pm and 1:15 pm revealed, 1. 7 ceiling tiles out of the ceiling grid in Resident room 25. 2. 2 ceiling tiles out of the ceiling grid in Resident room 2.  During an interview on 1-24-23 at 1:06 pm and 1:15 pm, Staff A confirmed the ceiling tiles out of the ceiling grid and stated, "the facility had broken sprinkler pipe and that maintenance left ceiling tiles out to heat the space above the tiles."	K0353		
K0363	Corridor - Doors CFR(s): NFPA 101  Corridor - Doors Doors shall meet all of the following requirements: 1. Doors shall be provided with latches or other mechanisms suitable for keeping the door closed. 2. No doors shall be arranged to prevent the occupant from closing the door. 3. Doors shall be self-closing or automatic-closing in accordance with 7.2.1.8 in buildings other than those protected throughout by an approved automatic sprinkler system in accordance with 33.2.3.5. Door assemblies with leaves required to swing in the direction of egress travel are inspected and tested annually per 7.2.1.15. 33.2.3.6.4, 33.7.7 This STANDARD is not met as evidenced by: Based on observation and interview the facility	K0363		

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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NAME OF PROVIDER OR SUPPLIER  <b>SOLAR COTTAGES</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3052,3054,3056,3060 PET BLV 753,743,723,715 SOL DR BEATRICE, NE 68310</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K0363	<p>Continued From page 5</p> <p>failed to assure doors would latch within the doorframe this deficient practice would allow smoke, fire and gasses to spread outside the room. The facility has the capacity for 10 beds with a census of 8 on the day of survey.</p> <p>Findings are: Observations on 1-24-23 at 1:11 pm revealed, Office door failed to latch within the doorframe, hardware was taped.</p> <p>During an interview on 1-24-23 at 1:11 pm, Staff A confirmed the door failed to latch.</p>	K0363			

## PLAN OF CORRECTION

Provider/Supplier Name: →

STREET ADDRESS, CITY, ZIP: →

<b>SOLAR COTTAGES</b>	Survey Date ↓
3052,3054,3056,3060 PET BLV 753,743,723,715 SOL DR BEATRICE, 667 31ST ST, APT 103, 10	1/21/2022
SURVEY EVENT ID#	4KQS21
(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 28-	<b>ICFMR14</b>

### PROVIDER'S PLAN OF CORRECTION

(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)

COMPLETION DATE

CITED TAG #	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETION DATE
K-tags		1/30/2023
<b>K0321</b>	<b>A. ACTION(S) THAT WILL BE TAKEN TO CORRECT THIS DEFICIENCY - ALONG WITH A DESCRIPTION OF HOW THE ACTION WILL CORRECT OR IMPROVE THE PROCESSES THAT LEAD TO THE CITED DEFICIENCY:</b>	
	Observations on 1/24/23 at 3054 Peterson revealed the Laundry Room door equipped with a self-closing device was obstructed by a rolling laundry basket and failed to close.	1/24/2023
	<b>B. THE PROCEDURE FOR IMPLEMENTING THE CORRECTIVE ACTION(S):</b>	
	The Safety Coordinator immediately removed the rolling laundry basket from in front of the Laundry Room door and the door now closes with a positive latch.	1/24/2023
	<b>C. THE MONITORING OR TRACKING PROCEDURE(S) TO ENSURE THE FACILITY IS EFFECTIVE IN CORRECTING THE DEFICIENCY AND TO ENSURE THE FACILITY REMAINS IN COMPLIANCE WITH THIS DEFICIENCY:</b>	
	The Facility Maintenance Manager will be the responsible position to monitor and ensure compliance.	1/24/2023
	<b>D. THE TITLE OF THE PERSON RESPONSIBLE FOR ENSURING THE FACILITY REMAINS IN COMPLIANCE WITH THE CITED DEFICIENCY: (Do not put the staff names).</b>	
	The Facility Maintenance Manager will be the responsible position to monitor and ensure compliance.	1/24/2023
<b>K0353</b>	<b>A. ACTION(S) THAT WILL BE TAKEN TO CORRECT THIS DEFICIENCY - ALONG WITH A DESCRIPTION OF HOW THE ACTION WILL CORRECT OR IMPROVE THE PROCESSES THAT LEAD TO THE CITED DEFICIENCY:</b>	
	Observations on 1/24/23 at 3054 Peterson revealed (1.) 7 ceiling tiles out of the ceiling grid in Resident Room 25 (2.) 2 ceiling tiles out of the ceiling grid in Resident Room 2	1/30/2023

	<b>B. THE PROCEDURE FOR IMPLEMENTING THE CORRECTIVE ACTION(S):</b>	
	(1.) Work Order # BSDC-12995 was submitted to the Maintenance Department to replace the 7 ceiling tiles in the ceiling grid in Resident Room 25. The 7 ceiling tiles have been placed back into the ceiling grid in Resident Room 25 to ensure the sprinkler system will operate as designed. (2.) Work Order #BSDC-12996 was submitted to the Maintenance Department to replace the 2 ceiling tiles in the ceiling grid in Resident Room 2. The 2 ceiling tiles have been placed back into the ceiling grid in Resident Room 2 to ensure the sprinkler system will operate as designed.	1/30/2023
	<b>C. THE MONITORING OR TRACKING PROCEDURE(S) TO ENSURE THE FACILITY IS EFFECTIVE IN CORRECTING THE DEFICIENCY AND TO ENSURE THE FACILITY REMAINS IN COMPLIANCE WITH THIS DEFICIENCY:</b>	
	The Facility Maintenance Manager will be the responsible position to monitor and ensure compliance.	1/30/2023
	<b>D. THE TITLE OF THE PERSON RESPONSIBLE FOR ENSURING THE FACILITY REMAINS IN COMPLIANCE WITH THE CITED DEFICIENCY: (Do not put the staff names).</b>	
	The Facility Maintenance Manager will be the responsible position to monitor and ensure compliance.	1/30/2023
	<b>A. ACTION(S) THAT WILL BE TAKEN TO CORRECT THIS DEFICIENCY - ALONG WITH A DESCRIPTION OF HOW THE ACTION WILL CORRECT OR IMPROVE THE PROCESSES THAT LEAD TO THE CITED DEFICIENCY:</b>	
K0363	Observations on 1/24/23 at 3054 Peterson revealed the Office Door failed to have positive latch within the doorframe, as the hardware was taped.	1/30/2023
	<b>B. THE PROCEDURE FOR IMPLEMENTING THE CORRECTIVE ACTION(S):</b>	
	The Safety Coordinator immediately removed the tape from the door latch. Work Order #BSDC-12997 was submitted to the Maintenance Department to check the door and ensure positive latch within the doorframe. Maintenance checked the door and with the removal of the tape from the door latch, the door closes with positive latch within the doorframe.	1/30/2023
	<b>C. THE MONITORING OR TRACKING PROCEDURE(S) TO ENSURE THE FACILITY IS EFFECTIVE IN CORRECTING THE DEFICIENCY AND TO ENSURE THE FACILITY REMAINS IN COMPLIANCE WITH THIS DEFICIENCY:</b>	
	The Facility Maintenance Manager will be the responsible position to monitor and ensure compliance.	1/30/2023

	<b>D. THE TITLE OF THE PERSON RESPONSIBLE FOR ENSURING THE FACILITY REMAINS IN COMPLIANCE WITH THE CITED DEFICIENCY: (Do not put the staff names).</b>	
	The Facility Maintenance Manager will be the responsible position to monitor and ensure compliance.	1/30/2023



415

**BSDC**  
Beatrice State Development Center  
3000 Lincoln Blvd  
Beatrice, NE 68310

**DUE BY 1/30/2023 3:59 PM**  
**NOT TO EXCEED \$0.00**

**MEDIUM**

**WO# BSDC-12995**  
**STATUS OPEN**

**BUILDING**

**Name** BSDC  
**Address** 3054 Peterson Boulevard  
Beatrice, NE 68310

**Contact** Russell Fralin  
**Contact At** russell.fralin@nebraska.gov  
**Phone** 402-223-6827  
**Fax**

**REQUEST**

**DATE CREATED 1/27/2023 4:00 PM**

**General** Describe as needed 3054 Peterson/415: Per Mike Balderson, Room #25 - 7 ceiling tiles are not in place or missing. Please replace the ceiling tiles. Thank you

**ASSIGNMENT**

**Assigned To** Shawn Bartels  
**Mobile** 531.220.9068  
**Email** shawn.bartels@nebraska.gov

**Specialty** General Maintenance  
**Access/Appt** N/A  
**Scheduled Start**  
**PO#**

**COMPLETION**

**Work Completed**

**REQUIRED SIGNATURE**

**Signature** If this document was sent because a signed copy has been requested during the sign-off process on a mobile device, check the second attachment to the same email for the signed receipt.

Done

30/Jan/2023 Shawn Bartels





BSDC  
Beatrice State Development Center  
3000 Lincoln Blvd  
Beatrice, NE 68310

DUE BY 1/30/2023 4:00 PM  
NOT TO EXCEED \$0.00

415

MEDIUM

WO# BSDC-12996  
STATUS OPEN

**BUILDING**

<b>Name</b>	BSDC	<b>Contact</b>	Russell Fralin
<b>Address</b>	3054 Peterson Boulevard Beatrice, NE 68310	<b>Contact At</b>	russell.fralin@nebraska.gov
		<b>Phone</b>	402-223-6827
		<b>Fax</b>	

**REQUEST**

DATE CREATED 1/27/2023 4:01 PM

**General** Describe as needed 3054 Peterson/415: Per Mike Balderson, Room #2 - 4 ceiling tiles are not in place or missing. Please replace the ceiling tiles. Thank you

**ASSIGNMENT**

<b>Assigned To</b>	Shawn Bartels	<b>Specialty</b>	General Maintenance
<b>Mobile</b>	531.220.9068	<b>Access/Appt</b>	N/A
<b>Email</b>	shawn.bartels@nebraska.gov	<b>Scheduled Start</b>	
		<b>PO#</b>	

**COMPLETION**

Work Completed

**REQUIRED SIGNATURE**

**Signature** If this document was sent because a signed copy has been requested during the sign-off process on a mobile device, check the second attachment to the same email for the signed receipt.

Done

30 Jan 2023 Shawn Bartels



**BSDC**  
Beatrice State Development Center  
3000 Lincoln Blvd  
Beatrice, NE 68310

**DUE BY 1/30/2023 4:01 PM**

**MEDIUM**

**WO# BSDC-12997**

**NOT TO EXCEED \$0.00**

**STATUS COMPLETED**

**BUILDING**

<b>Name</b>	BSDC	<b>Contact</b>	Russell Fralin
<b>Address</b>	3054 Peterson Boulevard Beatrice, NE 68310	<b>Contact At</b>	russell.fralin@nebraska.gov
		<b>Phone</b>	402-223-6827
		<b>Fax</b>	

**REQUEST**

**DATE CREATED 1/27/2023 4:03 PM**

**General** Describe as needed 3054 Peterson/415: Per Mike Balderson - Staff office in Dining Area: Tape over door latch is keeping the door from having positive latch. Tape removed. Door needs to be able to have positive latch. Also need to re-key the door to a C32. Work order to re-key door was submitted on 1/24/23. Thank you

**ASSIGNMENT**

<b>Assigned To</b>	Steven Robertson	<b>Specialty</b>	General Maintenance
<b>Mobile</b>	402.806.5607	<b>Access/Appt</b>	N/A
<b>Email</b>	steve.robertson@nebraska.gov	<b>Scheduled Start</b>	
		<b>PO#</b>	

**COMPLETION**

**REQUIRED SIGNATURE**

**Work Completed** 1/30/2023 11:00 AM

**Repair Category/Code** Doors and Windows Improper Operation

**Signature** If this document was sent because a signed copy has been requested during the sign-off process on a mobile device, check the second attachment to the same email for the signed receipt.

Fire Marshal Deficiency. Checked the door - door is latching properly and the keying is C32 with no staff reporting any issues. I believe this is a duplicate request of work order #12961 which was completed on 1/24/23.

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/14/2023  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>28G114</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>11 - SOLAR 3056</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/24/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>SOLAR COTTAGES</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3052,3054,3056,3060 PET BLV 753,743,723,715 SOL DR BEATRICE, NE 68310</b>	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	INITIAL COMMENTS  3056 42 CFR 483.470 The facility must meet the applicable provisions of the 2012 Edition of the Life Safety Code of the National Fire Protection Association. This facility is governed by Chapter 33, Existing Residential Board and Care Occupancies of the 2012 Edition of the National Fire Protection Association (NFPA), Chapter 101: Life Safety Code.  Solar Cottage, 3056 is a single story building of Type V (000) construction that was constructed in 2011 and is fully sprinkled.  The facility has 12 skilled certified beds. At the time of the survey the census was 9.  Solar Cottage, 3056 was found to be not in compliance with the requirements for participation in Medicare/Medicaid at 42 CFR 483.470, Life Safety from Fire, and the related National Fire Protection Association (NFPA) Standard 101 - 2012 edition.	K 000		
K0200	Means of Egress Requirements - Other CFR(s): NFPA 101  Means of Escape Requirements - Other 2012 EXISTING List in the REMARKS section any LSC Section 33.2.2 Means of Escape requirements that are not addressed by the provided K-tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567. This STANDARD is not met as evidenced by: Based on observation and interview, the facility	K0200		

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

*Daum Urbaschok*

TITLE

*ICFA*

(X6) DATE

*02/21/2023*

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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NAME OF PROVIDER OR SUPPLIER  <b>SOLAR COTTAGES</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3052,3054,3056,3060 PET BLV 753,743,723,715 SOL DR BEATRICE, NE 68310</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K0200	Continued From page 1 allowed the placement of "Stop" sign on doors leading to exit. This deficient practice provided conflicting information as to the reliability of the exit and would create confusion, delaying occupants from evacuating in the event of a fire. The facility has the capacity of 10 beds with a census of 9 on the day of survey.  Findings are: Observation on 1-24-23 at 10:54 am and 10:58 am revealed: 1. The south west exit door had a "Stop" sign attached to door. 2. The north east exit door had a "Stop" sign attached to door.  During an interview on 1-24-23 at 10:54 am and 10:58 am Staff A confirmed the stop sign on the exit doors.	K0200			
K0353	Sprinkler System - Maintenance and Testing CFR(s): NFPA 101  Sprinkler System - Maintenance and Testing 2012 EXISTING (Prompt) NFPA 13 and 13R Systems All sprinkler systems installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, and NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies Up To and Including Four Stories in Height, are inspected, tested and maintained in accordance with NFPA 25, Standard for Inspection, Testing and Maintenance of Water Based Fire Protection System. NFPA 13D Systems Sprinkler systems installed in accordance with NFPA 13D, Standard for the Installation of Sprinkler Systems in One- and Two-Family	K0353			

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NAME OF PROVIDER OR SUPPLIER  <b>SOLAR COTTAGES</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3052,3054,3056,3060 PET BLV 753,743,723,715 SOL DR BEATRICE, NE 68310</b>		
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K0353	Continued From page 2 Dwellings and Manufactured Homes, are inspected, tested and maintained in accordance with the following requirements of NFPA 25: 1. Control valves inspected monthly (NFPA 25, section 13.3.2). 2. Gauges inspected monthly (NFPA 25, section 13.2.71). 3. Alarm devices inspected quarterly (NFPA 25, section 5.2.6). 4. Alarm devices tested semiannually (NFPA 25, section 5.3.3). 5. Valve supervisory switches tested semiannually (NFPA 25, section 13.3.3.5). 6. Visible sprinklers inspected annually ((NFPA 25, section 5.2.1). 7. Visible pipe inspected annually (NFPA 25, section 5.2.2). 8. Visible pipe hangers inspected annually (NFPA 25, section 5.2.3). 9. Buildings inspected annually prior to freezing weather for adequate heat for water filled piping (NFPA 25, section 5.2.5). 10. A representative sample of fast response sprinklers are tested at 20 years (NFPA 25, section 5.3.1.1.1.2). 11. A representative sample of dry pendant sprinklers are tested at 10 years (NFPA 25, section 5.3.1.1.1.15). 12. Antifreeze solutions are tested annually (NFPA 25, section 5.3.4). 13. Control valves are operated through their full range and returned to normal annually (NFPA 25, section 13.3.3.1). 14. Operating stems of OS&Y valves are lubricated annually (NFPA 25, section 13.3.4). 15. Dry pipe systems extending into unheated portions of the building are inspected, tested and maintained (NFPA 25, section 13.4.4).	K0353			

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NAME OF PROVIDER OR SUPPLIER  <b>SOLAR COTTAGES</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3052,3054,3056,3060 PET BLV 753,743,723,715 SOL DR BEATRICE, NE 68310</b>		
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K0353	<p>Continued From page 3</p> <p>A. Date sprinkler system last checked and necessary maintenance provided.</p> <p>_____</p> <p>B. Show who provided the service.</p> <p>_____</p> <p>C. Note the source of the water supply for the automatic sprinkler system.</p> <p>_____</p> <p>(Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system.) 33.2.3.5.3, 33.2.3.5.8, 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This STANDARD is not met as evidenced by: Based on observation and interview the facility failed to assure that ceiling tiles were repaired, this deficient practice would not allow the sprinkler system to operate as designed. The facility has the capacity for 10 beds with a census of 9 on the day of survey.</p> <p>Findings are: Observations on 1-24-23 at 1:00 pm revealed, a paper napkin taped to a broken ceiling tile in room 22.</p> <p>During an interview on 1-24-23 at 12:41 pm, Staff A confirmed the broken ceiling was covered with a paper napkin.</p>	K0353			

## PLAN OF CORRECTION

Provider/Supplier Name: →

STREET ADDRESS, CITY, ZIP: →

<b>SOLAR COTTAGES</b>	Survey Date ↓
3052,3054,3056,3060 PET BLV 753,743,723,715 SOL DR BEATRICE, 667 31ST ST, APT 103, 10	1/21/2022
SURVEY EVENT ID#	4KQS21
(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 28-	ICFMR14

### PROVIDER'S PLAN OF CORRECTION

(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)

COMPLETION DATE

CITED TAG #	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETION DATE
K-tags		1/30/2023
<b>K0200</b>	<b>A. ACTION(S) THAT WILL BE TAKEN TO CORRECT THIS DEFICIENCY - ALONG WITH A DESCRIPTION OF HOW THE ACTION WILL CORRECT OR IMPROVE THE PROCESSES THAT LEAD TO THE CITED DEFICIENCY:</b>	
	Observations on 1/24/23 at 3056 Peterson revealed (1.) The south west exit door had a "Stop" sign attached to the door (2.) The north east exit door had a "Stop" sign attached to the door.	1/24/2023
	<b>B. THE PROCEDURE FOR IMPLEMENTING THE CORRECTIVE ACTION(S):</b>	
	(1.) The Safety Coordinator immediately removed the "Stop" sign from the south west exit door, thus removing any conflicting information as to the reliability of the exit that could cause confusion, delaying occupants from evacuating in the event of a fire. (2.) The Safety Coordinator immediately removed the "Stop" sign from the north east exit door, thus removing any conflicting information as to the reliability of the exit that could cause confusion, delaying occupants from evacuating in the event of a fire.	1/24/2023
	<b>C. THE MONITORING OR TRACKING PROCEDURE(S) TO ENSURE THE FACILITY IS EFFECTIVE IN CORRECTING THE DEFICIENCY AND TO ENSURE THE FACILITY REMAINS IN COMPLIANCE WITH THIS DEFICIENCY:</b>	
	The Facility Maintenance Manager will be the responsible position to monitor and ensure compliance.	1/24/2023
	<b>D. THE TITLE OF THE PERSON RESPONSIBLE FOR ENSURING THE FACILITY REMAINS IN COMPLIANCE WITH THE CITED DEFICIENCY: (Do not put the staff names).</b>	
	The Facility Maintenance Manager will be the responsible position to monitor and ensure compliance.	1/24/2023

<b>K0353</b>	<b>A. ACTION(S) THAT WILL BE TAKEN TO CORRECT THIS DEFICIENCY - ALONG WITH A DESCRIPTION OF HOW THE ACTION WILL CORRECT OR IMPROVE THE PROCESSES THAT LEAD TO THE CITED DEFICIENCY:</b>	
	Observation on 1/24/23 at 3056 Peterson revealed a paper napkin taped to a broken ceiling tile in Room 22.	1/30/2023
	<b>B. THE PROCEDURE FOR IMPLEMENTING THE CORRECTIVE ACTION(S):</b>	
	Work Order #BSDC-12994 was submitted to the Maintenance Department to replace or repair the broken ceiling tile in Room 22. Maintenance replaced the broken ceiling tile and replaced in the ceiling grid in Room 22 to ensure the sprinkler system will operate as designed.	1/30/2023
	<b>C. THE MONITORING OR TRACKING PROCEDURE(S) TO ENSURE THE FACILITY IS EFFECTIVE IN CORRECTING THE DEFICIENCY AND TO ENSURE THE FACILITY REMAINS IN COMPLIANCE WITH THIS DEFICIENCY:</b>	
	The Facility Maintenance Manager will be the responsible position to monitor and ensure compliance.	1/30/2023
	<b>D. THE TITLE OF THE PERSON RESPONSIBLE FOR ENSURING THE FACILITY REMAINS IN COMPLIANCE WITH THE CITED DEFICIENCY: (Do not put the staff names).</b>	
	The Facility Maintenance Manager will be the responsible position to monitor and ensure compliance.	1/30/2023
	<b>A. ACTION(S) THAT WILL BE TAKEN TO CORRECT THIS DEFICIENCY - ALONG WITH A DESCRIPTION OF HOW THE ACTION WILL CORRECT OR IMPROVE THE PROCESSES THAT LEAD TO THE CITED DEFICIENCY:</b>	
	<b>B. THE PROCEDURE FOR IMPLEMENTING THE CORRECTIVE ACTION(S):</b>	
	<b>C. THE MONITORING OR TRACKING PROCEDURE(S) TO ENSURE THE FACILITY IS EFFECTIVE IN CORRECTING THE DEFICIENCY AND TO ENSURE THE FACILITY REMAINS IN COMPLIANCE WITH THIS DEFICIENCY:</b>	
	<b>D. THE TITLE OF THE PERSON RESPONSIBLE FOR ENSURING THE FACILITY REMAINS IN COMPLIANCE WITH THE CITED DEFICIENCY: (Do not put the staff names).</b>	






414

BSDC  
Beatrice State Development Center  
3000 Lincoln Blvd  
Beatrice, NE 68310

DUE BY 1/30/2023 3:57 PM

MEDIUM

WO# BSDC-12994

NOT TO EXCEED \$0.00

STATUS OPEN

**BUILDING**

<b>Name</b>	BSDC	<b>Contact</b>	Russell Fralin
<b>Address</b>	3056 Peterson Boulevard Beatrice, NE 68310	<b>Contact At</b>	russell.fralin@nebraska.gov
		<b>Phone</b>	402-223-6827
		<b>Fax</b>	

**REQUEST**

DATE CREATED 1/27/2023 3:59 PM

**General** Describe as needed 3056 Peterson/414: Per Mike Balderson, in Room #22 broken corner of ceiling tile was covered with a napkin. Replace or repair the broken ceiling tile. Thank you

**ASSIGNMENT**

<b>Assigned To</b>	Shawn Bartels	<b>Specialty</b>	General Maintenance
<b>Mobile</b>	531.220.9068	<b>Access/Appt</b>	N/A
<b>Email</b>	shawn.bartels@nebraska.gov	<b>Scheduled Start</b>	
		<b>PO#</b>	

**COMPLETION**

**REQUIRED SIGNATURE**

**Work Completed**

**Signature** If this document was sent because a signed copy has been requested during the sign-off process on a mobile device, check the second attachment to the same email for the signed receipt.

30 JAN 2023 Shawn Bartels

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  28G114	(X2) MULTIPLE CONSTRUCTION A. BUILDING 12 - SOLAR 3060  B. WING _____	(X3) DATE SURVEY COMPLETED  01/24/2023
NAME OF PROVIDER OR SUPPLIER  SOLAR COTTAGES			STREET ADDRESS, CITY, STATE, ZIP CODE 3052,3054,3056,3060 PET BLV 753,743,723,715 SOL DR BEATRICE, NE 68310	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	INITIAL COMMENTS  42 CFR 483.470 The facility must meet the applicable provisions of the 2012 Edition of the Life Safety Code of the National Fire Protection Association. This facility is governed by Chapter 33, Existing Residential Board and Care Occupancies of the 2012 Edition of the National Fire Protection Association [NFPA], Chapter 101: Life Safety Code.  Solar Cottage, 3060 is a two story building of Type V construction that was built in 1970 and is fully sprinkled.  The facility has 10 certified beds. At the time of the survey the census was 6 residents.  Solar Cottage, 3060 was found to be not in compliance with the requirements for participation in Medicare/Medicaid at 42 CFR 483.470, Life Safety from Fire, and the related National Fire Protection Association (NFPA) Standard 101 - 2012 edition.	K 000		
K0321	Hazardous Areas - Enclosure CFR(s): NFPA 101  Hazardous Areas - Enclosure 2012 EXISTING (Prompt) Any hazardous area that is on the same floor as, and is in or abut, a primary means of escape or a sleeping room shall be protected by one of the following means: 1. Protection shall be an enclosure with a fire resistance rating of not less than 1 hour, with a self-closing or automatic closing fire door in accordance with 7.2.1.8 that has a fire protection rating of not less than 3/4 hour. 2. Protection shall be automatic sprinkler	K0321		

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

TITLE

(X6) DATE

*Dawn Urbaschek*

*ICFA*

*02/21/2023*

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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NAME OF PROVIDER OR SUPPLIER  SOLAR COTTAGES			STREET ADDRESS, CITY, STATE, ZIP CODE 3052,3054,3056,3060 PET BLV 753,743,723,715 SOL DR BEATRICE, NE 68310		
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K0321	<p>Continued From page 1</p> <p>protection, in accordance with 33.2.3.5, and a smoke partition, in accordance with 8 4 located between the hazardous area and the sleeping area or primary escape route. Any doors in such separation shall be self-closing or automatic closing in accordance with 7.2.1.8.</p> <p>Other hazardous areas shall be protected in accordance with 33.2.3.2.5 by one of the following:</p> <ol style="list-style-type: none"> <li>1. An enclosure having a fire resistance rating of not less than 1/2 hour, with a self-closing or automatic-closing door in accordance with 7.2.1.8 that is equivalent to not less than a 13/4 inch (4.4 cm) thick, solid-bonded wood core construction.</li> <li>2. Automatic sprinkler protection in accordance with 33.2.3.5, regardless of enclosure.</li> </ol> <p>Areas with approved, properly installed and maintained furnaces and heating equipment, and cooking and laundry facilities are not classified as hazardous areas solely on basis of such equipment.</p> <p>Standard response sprinklers shall be permitted for use in hazardous areas in accordance with 33.2.3.2.</p> <p>33.2.2.2.4, 33.2.3.2, 33.2.3.2.5</p> <p>This STANDARD is not met as evidenced by:</p> <p>Based on observation and interview, the facility failed to assure doors to hazardous areas would close and latch or provided a self-closing device. These deficient practices would allow smoke, fire and gasses to spread outside the room. The facility has the capacity for 10 beds with a census of 6 on the day of survey.</p> <p>Findings are:</p> <p>Observations on 1-24-23 at 12:32 pm and 12:43 pm revealed:</p> <ol style="list-style-type: none"> <li>1. Laundry room door equipped with a self-closing device the door failed to close and</li> </ol>	K0321			

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NAME OF PROVIDER OR SUPPLIER  <b>SOLAR COTTAGES</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3052,3054,3056,3060 PET BLV 753,743,723,715 SOL DR BEATRICE, NE 68310</b>	
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K0321	Continued From page 2 latch within the doorframe. 2. Resident room 8 was used a storage room, facility failed to provide a self-closing device.	K0321		
K0353	During an interview on 1-24-23 at 12:32 pm, Staff A confirmed the door to the laundry room door failed to close and latch and resident room 8 was used for storage. Sprinkler System - Maintenance and Testing CFR(s): NFPA 101  Sprinkler System - Maintenance and Testing 2012 EXISTING (Prompt) NFPA 13 and 13R Systems All sprinkler systems installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, and NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies Up To and Including Four Stories in Height, are inspected, tested and maintained in accordance with NFPA 25, Standard for Inspection, Testing and Maintenance of Water Based Fire Protection System. NFPA 13D Systems Sprinkler systems installed in accordance with NFPA 13D, Standard for the Installation of Sprinkler Systems in One- and Two-Family Dwellings and Manufactured Homes, are inspected, tested and maintained in accordance with the following requirements of NFPA 25: 1. Control valves inspected monthly (NFPA 25, section 13.3.2). 2. Gauges inspected monthly (NFPA 25, section 13.2.71). 3. Alarm devices inspected quarterly (NFPA 25, section 5.2.6). 4. Alarm devices tested semiannually (NFPA 25, section 5.3.3).	K0353		

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NAME OF PROVIDER OR SUPPLIER  <b>SOLAR COTTAGES</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3052,3054,3056,3060 PET BLV 763,743,723,715 SOL DR BEATRICE, NE 68310</b>		
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K0353	<p>Continued From page 3</p> <p>5. Valve supervisory switches tested semiannually (NFPA 25, section 13.3.3.5).</p> <p>6. Visible sprinklers inspected annually ((NFPA 25, section 5.2.1).</p> <p>7. Visible pipe inspected annually (NFPA 25, section 5.2.2).</p> <p>8. Visible pipe hangers inspected annually (NFPA 25, section 5.2.3).</p> <p>9. Buildings inspected annually prior to freezing weather for adequate heat for water filled piping (NFPA 25, section 5.2.5).</p> <p>10. A representative sample of fast response sprinklers are tested at 20 years (NFPA 25, section 5.3.1.1.1.2).</p> <p>11. A representative sample of dry pendant sprinklers are tested at 10 years (NFPA 25, section 5.3.1.1.15).</p> <p>12. Antifreeze solutions are tested annually (NFPA 25, section 5.3.4).</p> <p>13. Control valves are operated through their full range and returned to normal annually (NFPA 25, section 13.3.3.1).</p> <p>14. Operating stems of OS&amp;Y valves are lubricated annually (NFPA 25, section 13.3.4).</p> <p>15. Dry pipe systems extending into unheated portions of the building are inspected, tested and maintained (NFPA 25, section 13.4.4).</p> <p>A. Date sprinkler system last checked and necessary maintenance provided.</p> <p>_____</p> <p>B. Show who provided the service.</p> <p>_____</p> <p>C. Note the source of the water supply for the automatic sprinkler system.</p> <p>_____</p> <p>(Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system.)</p>	K0353			

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FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>28G114</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>12 - SOLAR 3080</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/24/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>SOLAR COTTAGES</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3052,3054,3056,3060 PET BLV 753,743,723,716 SOL DR BEATRICE, NE 68310</b>	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K0353	Continued From page 4 33.2.3.5.3, 33.2.3.5.8, 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This STANDARD is not met as evidenced by: Based on observation and interview the facility failed to assure that ceiling tiles were in place, this deficient practice would not allow the sprinkler system to operate as designed. The facility has the capacity for 10 beds with a census of 6 on the day of survey.  Findings are: Observations on 1-24-23 at 12:41 pm revealed, 2 ceiling tiles out of the ceiling grid in Resident room 19.  During an interview on 1-24-23 at 12:41 pm, Staff A confirmed the ceiling tiles out of the ceiling grid and stated, "the facility had broken sprinkler pipe and that maintenance left ceiling tiles out to heat the space above the tiles."	K0353		
K0363	Corridor - Doors CFR(s): NFPA 101  Corridor - Doors Doors shall meet all of the following requirements: 1. Doors shall be provided with latches or other mechanisms suitable for keeping the door closed. 2. No doors shall be arranged to prevent the occupant from closing the door. 3. Doors shall be self-closing or automatic-closing in accordance with 7.2.1.8 in buildings other than those protected throughout by an approved automatic sprinkler system in accordance with 33.2.3.5. Door assemblies with leaves required to swing in the direction of egress travel are inspected and tested annually per 7.2.1.15.	K0363		

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>28G114</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING 12 - <b>SOLAR 3060</b>  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>01/24/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>SOLAR COTTAGES</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3052,3054,3056,3060 PET BLV 753,743,723,715 SOL DR BEATRICE, NE 68310</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K0363	<p>Continued From page 5 33.2.3.6.4, 33.7.7</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview the facility failed to assure doors would latch within the doorframe. This deficient practice would allow smoke, fire and gasses to spread outside the room. The facility has the capacity for 10 beds with a census of 6 on the day of survey.</p> <p>Findings are: Observations on 1-24-23 at 12:39 pm revealed, Resident room door 22 failed to latch within the doorframe.</p> <p>During an interview on 1-24-23 at 12:39 pm, Staff A confirmed the door failed to latch.</p>	K0363			



## PLAN OF CORRECTION

Provider/Supplier  
Name: →

STREET ADDRESS,  
CITY, ZIP: →

<b>SOLAR COTTAGES</b>	Survey Date ↓
3052,3054,3056,3060 PET BLV 753,743,723,715 SOL DR BEATRICE, 667 31ST ST, APT 103, 10	1/21/2022
SURVEY EVENT ID#	4KQS21
(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 28-	<b>ICFMR14</b>

### PROVIDER'S PLAN OF CORRECTION

(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)

COMPLETION  
DATE

CITED TAG #

K-tags		1/30/2023
<b>K0321</b>	<b>A. ACTION(S) THAT WILL BE TAKEN TO CORRECT THIS DEFICIENCY - ALONG WITH A DESCRIPTION OF HOW THE ACTION WILL CORRECT OR IMPROVE THE PROCESSES THAT LEAD TO THE CITED DEFICIENCY:</b>	
	Observations on 1/24/23 at 3060 Peterson revealed (1.) The Laundry Room door equipped with a self-closing device failed to close and latch within the doorframe. (2.) Resident Room 8 was used as a storage room and the facility failed to provide a self-closing device.	1/30/2023
	<b>B. THE PROCEDURE FOR IMPLEMENTING THE CORRECTIVE ACTION(S):</b>	
	(1.) The Laundry Room door equipped with a self-closing device has been checked and now will close with a positive latch within the doorframe. (2.) Resident Room 8 used as a storage room was cleaned out and is no longer used for storage. A self-closing device is no longer needed for the door to this room.	1/30/2023
	<b>C. THE MONITORING OR TRACKING PROCEDURE(S) TO ENSURE THE FACILITY IS EFFECTIVE IN CORRECTING THE DEFICIENCY AND TO ENSURE THE FACILITY REMAINS IN COMPLIANCE WITH THIS DEFICIENCY:</b>	
	The Facility Maintenance Manager will be the responsible position to monitor and ensure compliance.	1/30/2023
	<b>D. THE TITLE OF THE PERSON RESPONSIBLE FOR ENSURING THE FACILITY REMAINS IN COMPLIANCE WITH THE CITED DEFICIENCY: (Do not put the staff names).</b>	
	The Facility Maintenance Manager will be the responsible position to monitor and ensure compliance.	1/30/2023

<b>K0353</b>	<b>A. ACTION(S) THAT WILL BE TAKEN TO CORRECT THIS DEFICIENCY - ALONG WITH A DESCRIPTION OF HOW THE ACTION WILL CORRECT OR IMPROVE THE PROCESSES THAT LEAD TO THE CITED DEFICIENCY:</b>	
	Observation on 1/24/23 at 3060 Peterson revealed 2 ceiling tiles out of the ceiling grid in Resident Room 19.	1/30/2023
	<b>B. THE PROCEDURE FOR IMPLEMENTING THE CORRECTIVE ACTION(S):</b>	
	Work Order #BSDC-12993 was submitted to the Maintenance Department to replace the 2 ceiling tiles in Resident Room 19. Maintenance replaced the 2 ceiling tiles in the ceiling grid in Resident Room 19 to ensure the sprinkler system will operate as designed.	1/30/2023
	<b>C. THE MONITORING OR TRACKING PROCEDURE(S) TO ENSURE THE FACILITY IS EFFECTIVE IN CORRECTING THE DEFICIENCY AND TO ENSURE THE FACILITY REMAINS IN COMPLIANCE WITH THIS DEFICIENCY:</b>	
	The Facility Maintenance Manager will be the responsible position to monitor and ensure compliance.	1/30/2023
	<b>D. THE TITLE OF THE PERSON RESPONSIBLE FOR ENSURING THE FACILITY REMAINS IN COMPLIANCE WITH THE CITED DEFICIENCY: (Do not put the staff names).</b>	
	The Facility Maintenance Manager will be the responsible position to monitor and ensure compliance.	1/30/2023
	<b>A. ACTION(S) THAT WILL BE TAKEN TO CORRECT THIS DEFICIENCY - ALONG WITH A DESCRIPTION OF HOW THE ACTION WILL CORRECT OR IMPROVE THE PROCESSES THAT LEAD TO THE CITED DEFICIENCY:</b>	
	Observation on 1/24/23 at 3060 Peterson revealed Resident Room 22 door failed to latch within the doorframe.	1/30/2023
	<b>B. THE PROCEDURE FOR IMPLEMENTING THE CORRECTIVE ACTION(S):</b>	
	Work Order #BSDC-12992 was submitted to the Maintenance Department to repair the door in Resident Room 22 so that it will latch within the doorframe. Maintenance removed the current lockset, made repairs and re-installed the lockset. Resident Room 22 door has been tested and now has a positive latch within the doorframe.	1/30/2023
	<b>C. THE MONITORING OR TRACKING PROCEDURE(S) TO ENSURE THE FACILITY IS EFFECTIVE IN CORRECTING THE DEFICIENCY AND TO ENSURE THE FACILITY REMAINS IN COMPLIANCE WITH THIS DEFICIENCY:</b>	

	The Facility Maintenance Manager will be the responsible position to monitor and ensure compliance.	1/30/2023
	<b>D. THE TITLE OF THE PERSON RESPONSIBLE FOR ENSURING THE FACILITY REMAINS IN COMPLIANCE WITH THE CITED DEFICIENCY: (Do not put the staff names).</b>	
	The Facility Maintenance Manager will be the responsible position to monitor and ensure compliance.	1/30/2023



413

**BSDC**  
Beatrice State Development Center  
3000 Lincoln Blvd  
Beatrice, NE 68310

**DUE BY 1/30/2023 3:56 PM**  
**NOT TO EXCEED \$0.00**

**MEDIUM**

**WO# BSDC-12993**  
**STATUS OPEN**

**BUILDING**

<b>Name</b>	BSDC	<b>Contact</b>	Russell Fralin
<b>Address</b>	3060 Peterson Boulevard Beatrice, NE 68310	<b>Contact At</b>	russell.fralin@nebraska.gov
		<b>Phone</b>	402-223-6827
		<b>Fax</b>	

**REQUEST**

**DATE CREATED 1/27/2023 3:57 PM**

**General** Describe as needed 3060 Peterson/413: Per request of Mike Balderson, in Room #19, ceiling tile not in place or missing. Please replace the ceiling tile. Thank you

**ASSIGNMENT**

<b>Assigned To</b>	Shawn Bartels	<b>Specialty</b>	General Maintenance
<b>Mobile</b>	531.220.9068	<b>Access/Appt</b>	N/A
<b>Email</b>	shawn.bartels@nebraska.gov	<b>Scheduled Start</b>	
		<b>PO#</b>	

**COMPLETION**

**REQUIRED SIGNATURE**

**Work Completed**

**Signature** If this document was sent because a signed copy has been requested during the sign-off process on a mobile device, check the second attachment to the same email for the signed receipt.

30 JAW  
Shawn Bartels



**BSDC**  
Beatrice State Development Center  
3000 Lincoln Blvd  
Beatrice, NE 68310

**DUE BY 1/30/2023 3:55 PM**

**MEDIUM**

**WO# BSDC-12992**

**NOT TO EXCEED \$0.00**

**STATUS COMPLETED**

**BUILDING**

<b>Name</b>	BSDC	<b>Contact</b>	Russell Fralin
<b>Address</b>	3060 Peterson Boulevard Beatrice, NE 68310	<b>Contact At</b>	russell.fralin@nebraska.gov
		<b>Phone</b>	402-223-6827
		<b>Fax</b>	

**REQUEST**

**DATE CREATED 1/27/2023 3:56 PM**

**General** Describe as needed 3060 Peterson/413: Mike Balderson requests for Room #22 - door will not latch. Please repair door so that it will latch. Thank you

**ASSIGNMENT**

<b>Assigned To</b>	Steven Robertson	<b>Specialty</b>	General Maintenance
<b>Mobile</b>	402.806.5607	<b>Access/Appt</b>	N/A
<b>Email</b>	steve.robertson@nebraska.gov	<b>Scheduled Start</b>	
		<b>PO#</b>	

**COMPLETION**

**REQUIRED SIGNATURE**

**Work Completed** 1/30/2023 10:00 AM

**Repair Category/Code** Doors and Windows Improper Operation

**Signature** If this document was sent because a signed copy has been requested during the sign-off process on a mobile device, check the second attachment to the same email for the signed receipt.

Fire Marshal deficiency work order. Removed lockset from the door - the lockset was very dirty and sticky, apparently some inappropriate lubricant had been used on it in the past. I cleaned up the lockset and applied the proper lubricant, it's an older lockset and the return spring was weak and they are no longer available, however I found one in our used inventory and replaced it. The latch assembly spring was also weak so i replaced assembly. Reinstalled and tested. working fine now.

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>28G114</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - 753 SOLAR DRIVE</b>  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>01/24/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>SOLAR COTTAGES</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3052,3054,3056,3060 PET BLV 753,743,723,715 SOL DR BEATRICE, NE 68310</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 000	<p><b>INITIAL COMMENTS</b></p> <p>42 CFR 483.470 The facility is in compliance with the applicable provisions of Chapter 33, Existing Residential Board and Care Occupancies of the 2012 Edition of the National Fire Protection Association [NFPA], Chapter 101: Life Safety Code.</p> <p>Solar Cottage, 753 is a single story building of Type V (000) construction that was constructed in 2011 and is fully sprinkled.</p> <p>The facility has 16 skilled certified beds. At the time of the survey the census was 9.</p>	K 000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  
*Dawn Harbochek* TITLE *ICFA* (X6) DATE *02/21/2023*

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>28G114</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>02 - 743 SOLAR DRIVE</b>  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>01/24/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>SOLAR COTTAGES</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3052,3054,3056,3060 PET BLV 753,743,723,715 SOL DR BEATRICE, NE 68310</b>		
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K 000	<p><b>INITIAL COMMENTS</b></p> <p><b>42 CFR 483.470</b> The facility is in compliance with the applicable provisions of Chapter 33, Existing Residential Board and Care Occupancies of the 2012 Edition of the National Fire Protection Association [NFPA], Chapter 101: Life Safety Code.</p> <p>Solar Cottage, 743 is a single story building of Type V (000) construction that was constructed in 2011 and is fully sprinkled.</p> <p>The facility has 16 skilled certified beds. At the time of the survey the census was 10.</p>	K 000			

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

TITLE

(X6) DATE

*Dawn Uebroschek*

*ICFA*

*02/21/2023*

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DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>28G114</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>03 - 723 SOLAR DRIVE</b>  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>01/24/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>SOLAR COTTAGES</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3052,3054,3056,3060 PET BLV 763,743,723,716 SOL DR BEATRICE, NE 68310</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 000	<p><b>INITIAL COMMENTS</b></p> <p>42 CFR 483.470 The facility is in compliance with the applicable provisions of Chapter 33, Existing Residential Board and Care Occupancies of the 2012 Edition of the National Fire Protection Association [NFPA], Chapter 101: Life Safety Code.</p> <p>Solar Cottage, 723 is a single story building of Type V (000) construction that was constructed in 2011 and is fully sprinkled.</p> <p>The facility has 16 skilled certified beds. At the time of the survey the census was 9.</p>	K 000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE  
*Dawn Ulbrich* **TCFA** **02/14/2023**

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DEPARTMENT OF HEALTH AND HUMAN SERVICES  
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NAME OF PROVIDER OR SUPPLIER  <b>SOLAR COTTAGES</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3052,3054,3056,3060 PET BLV 753,743,723,715 SOL DR BEATRICE, NE 68310</b>		
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K 000	<p><b>INITIAL COMMENTS</b></p> <p>42 CFR 483.470 The facility is in compliance with the applicable provisions of Chapter 33, Existing Residential Board and Care Occupancies of the 2012 Edition of the National Fire Protection Association [NFPA], Chapter 101: Life Safety Code.</p> <p>Solar Cottage, 715 is a single story building of Type V (000) construction that was constructed in 2011 and is fully sprinkled.</p> <p>The facility has 16 skilled certified beds. At the time of the survey the census was 10.</p>	K 000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE  
*Daun Unbrechek* **ICFA** **02/14/2023**

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# Solar Cottage ICF

Reporting Period: December 1,  
2022 – October 31, 2023

## Public Health Surveys

# NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

December 27, 2022

Dawn Urbaschek, Administrator,  
Solar Cottages  
3052,3054,3056,3060 Pet Blv 753,743,723,715 Sol Dr  
Beatrice, NE 68310



Pete Ricketts, Governor

Dear Ms. Urbaschek:

An unannounced visit was made to Solar Cottages on December 12-21, 2022, by a representative of this Department. The purpose of the visit was to investigate a complaint on non-compliance with regulatory requirements received by our office.

The following are the general allegation(s) of non-compliance and conclusions:

**ALLEGATION:**

The facility fails to have systems in place to protect clients from injuries of an unknown origin.

The facility fails to have systems in place to protect clients from clients with adverse behaviors.

The facility fails to protect and provide interventions to protect the clients' skin integrity.

**FINDINGS:**

At the time of the onsite investigation the facility was in compliance with the regulations as they related to the allegation. There was no evidence the facility failed to protect clients from suspicious injuries, as the cause of injuries were investigated by the facility per their policies and system. Abuse by staff was not suspected and actions were taken by the facility, when necessary, to prevent recurrence.

Observation, record review, and interview revealed the facility had policies and systems in place to investigate, respond to, and address client to client incidents of adverse behaviors. At the time of the onsite survey investigation, the facility was found to be in compliance with the regulation.

At the time of the onsite investigation the facility was in compliance with the regulations as they related to the allegation. There was no evidence the facility failed to protect clients from injuries related to skin integrity, as none of the identified clients had a skin integrity related injury. Abuse by staff was not suspected and actions were taken by the facility, to monitor nightly cares on third shift.

These findings are related to regulations under the Licensure Unit's regulatory authority. Since each division has unique statutory and regulatory obligations and guidelines, it may be possible that your facility will receive additional findings from other divisions who have also participated in the investigation/assessment of these same or similar allegations.

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/27/2022  
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NAME OF PROVIDER OR SUPPLIER  <b>SOLAR COTTAGES</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3052,3054,3056,3060 PET BLV 763,743,723,715 SOL DR BEATRICE, NE 68310</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W 000	<p><b>INITIAL COMMENTS</b></p> <p>A representative of DHHS, Division of Public Health, conducted a complaint investigation survey to assess compliance with Appendix J regulations for Intermediate Care Facilities for Individuals with Intellectual Disabilities. The facility was found to be in compliance with the regulations as they related to the allegations. The facility census was 71 at the time of the complaint investigation.</p>	W 000			

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

TITLE

(X6) DATE

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Sincerely,



Mark Luger - Program Manager II  
DHHS Public Health - Licensure Unit  
Office of DD and Behavioral Health  
PO Box 94669, Lincoln, NE 68509-4669  
Email: [mark.luger@nebraska.gov](mailto:mark.luger@nebraska.gov)

**EID: VRR511**



# NEBRASKA

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DEPT. OF HEALTH AND HUMAN SERVICES



Jim Pillen, Governor

February 14, 2023

Dawn Urbaschek, Administrator  
Solar Cottages  
3052,3054,3056,3060 Pet Blv 753,743,723,715 Sol Dr  
Beatrice, NE 68310

Dear Ms. Urbaschek:

## IMPORTANT NOTICE – PLEASE READ CAREFULLY

On January 23-31, 2023, DHHS representatives conducted surveys to determine whether your facility was in compliance with Federal Condition of Participation requirements, State Licensure regulations, and Life Safety Code Requirements for Intermediate Care Facilities for Individuals with Intellectual Disabilities. Enclosed you will find the CMS-2567's documenting the results of that survey. All references to regulatory requirements contained in this letter are found in Title 42, Code of Federal Regulations and 175 NAC Chapter 17 Regulations Governing Licensure of Intermediate Care Facilities for Individuals with Intellectual Disabilities.

### PLAN OF CORRECTION (POC)

A POC for each deficiency cited must be submitted to [DHHS.DDBHFacilities@nebraska.gov](mailto:DHHS.DDBHFacilities@nebraska.gov) **NO LATER THAN 10 calendar days after receipt of the CMS-2567's**. Failure to submit an acceptable POC timely may result in the imposition of Disciplinary Action.

#### **An acceptable POC must include:**

- The plan of correcting the specific deficiency. The plan should address the processes that lead to the deficiencies cited;
- The procedure for implementing the acceptable plan of correction for the specific deficiency cited;
- The monitoring procedure to ensure that the plan of correction is effective and that specific deficiency cited remains corrected and/or in compliance with the regulatory requirements;
- The title of the person responsible for implementing the acceptable plan of correction;
- **PROVIDE THE DATE WHEN CORRECTION ACTION WILL BE COMPLETED.** Correction dates should be no later than forty-five calendar days from the exit date of the survey or **March 17, 2023**.

**NOTE:** Remember to attach copies of any auditing tools; education; revised or new policies/processes.

**SIGNATURE ON FIRST PAGE OF THE 2567's:** The first page must be signed by the provider/supplier representative and faxed to 402-742-2326.

Page 2  
February 3, 2023

We will notify you whether your plan of correction is or is not acceptable via email. Subsequently, if your plan of correction is **not accepted**, you must submit an addendum to your plan of correction within **ten (10) calendar days of the notification**.

We thank you and your staff for your cooperation and assistance during the survey. If you have any questions regarding this correspondence, please contact this office.

Sincerely,



Mark Luger - Program Manager II  
DHHS Public Health - Licensure Unit  
Office of DD and Behavioral Health  
PO Box 94669, Lincoln, NE 68509-4669  
Email: [mark.luger@nebraska.gov](mailto:mark.luger@nebraska.gov)

EID:4KQS11



1. Open the attached PDF form of the CMS-2567; print the first page, sign and date and fax to (402)742-2326. There is no need to mail any documents.
2. Use the attached "E-2567" for providing a response to the deficiencies. Please do not change the formatting of the document including the margins and column sizes.
3. Type each deficiency number cited in the column labeled "ID Prefix Tag". Type your plan of correction in the column labeled "Providers Plan of Correction". The required elements for an acceptable plan of correction are outlined in the attached letter.
4. Please copy and paste each element for each deficiency cited. If you need space for additional deficiencies please add lines. The space is unlimited.
5. Save the Health poc as an Excel document.
6. Attach the poc document in an email and send to [DHHS.DDBHfacilities@nebraska.gov](mailto:DHHS.DDBHfacilities@nebraska.gov). Please complete this form and submit within 10 calendar days of receipt of this email.

Your opinion is important to us and we would like your feedback regarding the survey process. Please complete an evaluation about this survey by clicking on the link below:

<https://www.surveymonkey.com/r/CK38LWZ?sm=gm7Zn4csC71zAxfP6OgMyQ%3d%3d>.

If you have any further questions, please feel free to contact Mark Luger DDBH Program Manger II at [mark.luger@nebraska.gov](mailto:mark.luger@nebraska.gov)

Sincerely,

**Fe Esquivel-Olivares** | *Administrative Specialist*

PUBLIC HEALTH

**Nebraska Department of Health and Human Services**

OFFICE: 402-471-9607

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## PLAN OF CORRECTION

Provider/Supplier Name: →

STREET ADDRESS, CITY, ZIP: →

<b>SOLAR COTTAGES</b>	Survey Date ↓
3052,3054,3056,3060 PET BLV 753,743,723,715 SOL DR BEATRICE, 667 31ST ST, APT 103, 10	1/21/2022
SURVEY EVENT ID#	4KQS11
(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 28-	ICFMR14

### PROVIDER'S PLAN OF CORRECTION

(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)

COMPLETION DATE

CITED TAG #	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETION DATE
W-0209, W-0249, W-0259, W-0289		3/15/2023
<b>W 209</b>	<b>A. ACTION(S) THAT WILL BE TAKEN TO CORRECT THIS DEFICIENCY - ALONG WITH A DESCRIPTION OF HOW THE ACTION WILL CORRECT OR IMPROVE THE PROCESSES THAT LEAD TO THE CITED DEFICIENCY:</b>	
	For Client 3; QDDP-B will document the conversation that was held with the guardian prior to the annual ISP dated 4/13/22, which included the efforts to allow for their participation. QDDP-B will obtain a signature of approval for the annual ISP dated 4/13/22 from the guardian. QDDP-B will contact the Guardian and will provide information regarding our obligation to offer change in dates/times, participation by phone conference and other means to allow Guardian participation in the scheduled Individual Support Plan (ISP) meeting. In the future, should the Guardian decline to participate for any reason, the QDDP will reflect documentation as a rationale in the ISP as to why the Guardian's participation was unobtainable or inappropriate and obtain signature of approval.	3/15/2023
	QDDP-B and all facility QDDPs will be provided an in-service by the QDDP Quality Control Supervisor regarding family participation does not replace guardian participation.	3/15/2023
	<b>B. THE PROCEDURE FOR IMPLEMENTING THE CORRECTIVE ACTION(S):</b>	
	All individuals within Solar Cottages ICF will have a review of their annual Individual Support Plan to ensure the Guardian participated, or that there is documentation that their participation was unobtainable (offered a change in date/time, phone conference) or inappropriate. For those in which guardian attendance was not documented (signature sheet), or efforts to allow for participation was not documented in the ISP, the QDDP will obtain signature of approval.	3/15/2023
	All QDDPs will be provided an in-service regarding the requirement to provide alternatives for the Guardian and Individuals to allow for their participation as indicated in the facility policy titled "Individual Support Plans" (dated 6/17/22) identified in Section 5.2. Additionally, QDDP references include guidance for documentation of efforts made to obtain participation.	3/15/2023

	<b>C. THE MONITORING OR TRACKING PROCEDURE(S) TO ENSURE THE FACILITY IS EFFECTIVE IN CORRECTING THE DEFICIENCY AND TO ENSURE THE FACILITY REMAINS IN COMPLIANCE WITH THIS DEFICIENCY:</b>	
	Through Quality Improvement, random Individual Support Plan record reviews will include monitoring for Guardian participation or documentation of efforts to ensure participation.	3/15/2023
	<b>D. THE TITLE OF THE PERSON RESPONSIBLE FOR ENSURING THE FACILITY REMAINS IN COMPLIANCE WITH THE CITED DEFICIENCY: (Do not put the staff names).</b>	
	The ICF Administrator will be the responsible position for monitoring and to ensure compliance.	3/15/2023
<b>W 249</b>	<b>A. ACTION(S) THAT WILL BE TAKEN TO CORRECT THIS DEFICIENCY - ALONG WITH A DESCRIPTION OF HOW THE ACTION WILL CORRECT OR IMPROVE THE PROCESSES THAT LEAD TO THE CITED DEFICIENCY:</b>	
	For Client 2; Staff F, G, H, I, J and all other staff who support Client 2 will be re-in-serviced on the habilitation program "Communication (Visual Schedule)" and use of the I-Pad Air to communicate the daily schedule and use of the I-Pad as a visual aide to remind Client 2 of their upcoming schedule at home and in day services on 1st and 2nd shifts.	3/15/2023
	Staff F, G, H, I, J and all other staff who support Client 2 will be re-in-serviced as a reminder that the "Communication" program and I-Pad are used in conjunction with the Behavior Support Plan to address maladaptive behaviors and decrease anxiety resulting from Client 2's Alzheimer's/Dementia.	3/15/2023
	<b>B. THE PROCEDURE FOR IMPLEMENTING THE CORRECTIVE ACTION(S):</b>	
	For Client 2: Staff F, G, H, I and all other staff who support Client 2 will be re-in-serviced to read and follow the Dining Card with the revised date of 1/9/23 identifying that Client 2 has a modified and therapeutic diet which includes chopped foods with ground meat, regular thin liquids, low calorie and salty foods and limited amounts of high fat foods; mealtime adaptive needs include: built up handle on an infant spoon, plate guard, and a regular glass as tolerated with an alternative snorkel cup as needed. The Dining Card identifies two dining strategies for Client 2 to eat and drink at a slower rate, and if Client 2 is eating too fast, prompt Client 2 to slow down and take a drink.	3/15/2023
	For all other individuals residing within Solar Cottages ICF, the QDDPs will ensure adequate in-servicing is available to all staff members to ensure Individuals training programs are implemented as identified in the ISP and that Dining Cards are being utilized during meals.	3/15/2023
	<b>C. THE MONITORING OR TRACKING PROCEDURE(S) TO ENSURE THE FACILITY IS EFFECTIVE IN CORRECTING THE DEFICIENCY AND TO ENSURE THE FACILITY REMAINS IN COMPLIANCE WITH THIS DEFICIENCY:</b>	

	A monitoring system is in place, which includes random focused audits to ensure implementation of training programs as identified in the ISP and Dining Cards are being utilized during mealtimes.	3/15/2023
	<b>D. THE TITLE OF THE PERSON RESPONSIBLE FOR ENSURING THE FACILITY REMAINS IN COMPLIANCE WITH THE CITED DEFICIENCY: (Do not put the staff names).</b>	
	The ICF Administrator will be the responsible position for monitoring and to ensure compliance.	3/15/2023
	<b>A. ACTION(S) THAT WILL BE TAKEN TO CORRECT THIS DEFICIENCY - ALONG WITH A DESCRIPTION OF HOW THE ACTION WILL CORRECT OR IMPROVE THE PROCESSES THAT LEAD TO THE CITED DEFICIENCY:</b>	
W 259		
	For Clients 2, 3, 4, 5 and 6, the QDDP and IDT will review the Comprehensive Functional Assessment to ensure and provide evidence and documentation that the Speech-Language evaluation conducted years prior to the development of the current Individual Support Plan (ISP) accurately reflects the Clients' current strength and needs.	3/15/2023
	For Clients 2, 3, 4, 5 and 6, the QDDP and IDT will review and confirm with evidence/documentation verifying the information from the last Speech-Language assessment (2018- 2021) updates still accurately reflect strengths and needs and are relevant of current communication status.	3/15/2023
	The facility QDDPs will be provided an in-service by the QDDP Quality Supervisor regarding review and confirmation of evidence/documentation utilizing the Comprehensive Functional Assessment, specifically the Speech-Language Evaluation, and the requirement to include if the evaluation continues to accurately reflect the Client's current strengths and needs.	3/15/2023
	<b>B. THE PROCEDURE FOR IMPLEMENTING THE CORRECTIVE ACTION(S):</b>	
	The facility QDDPs will review current ISPs for all other individuals in the Solar Cottage ICF to identify if documentation reflects a review of the Speech-Language evaluation and if it continues to be relevant and reflect current communication strengths and needs. When documentation as stated is missing, the QDDP will meet with the IDT to review/discuss and update the ISP through the ISP meeting agenda.	3/15/2023

	<p>QDDP Quality Control Supervisor held a WebEx on 1/31/23 with Solar QDDPs to review required documentation for the ISP in regard to Speech-Language evaluations. The Quality Improvement team updated the Individual Support Plan-Program Monitoring audit form on 2.2.23 to include required components of the communication section. Additionally, the ISP template with guidance that is available for QDDP use in developing the annual ISP was updated to include guidance for inclusion of required component to reflect if the Speech-Language evaluation continues to accurately reflect strengths and needs and are relevant of current communication status. These updates with explanation were provided to the Solar QDDPs via email dated 2/3/23.</p>	3/15/2023
	<p><b>C. THE MONITORING OR TRACKING PROCEDURE(S) TO ENSURE THE FACILITY IS EFFECTIVE IN CORRECTING THE DEFICIENCY AND TO ENSURE THE FACILITY REMAINS IN COMPLIANCE WITH THIS DEFICIENCY:</b></p>	
	<p>A monitoring system will be implemented to ensure that all client functional assessments are reviewed and documented in the ISP.</p>	3/15/2023
	<p><b>D. THE TITLE OF THE PERSON RESPONSIBLE FOR ENSURING THE FACILITY REMAINS IN COMPLIANCE WITH THE CITED DEFICIENCY: (Do not put the staff names).</b></p>	
	<p>The ICF Administrator will be the responsible position for monitoring and to ensure compliance.</p>	3/15/2023
	<p><b>A. ACTION(S) THAT WILL BE TAKEN TO CORRECT THIS DEFICIENCY - ALONG WITH A DESCRIPTION OF HOW THE ACTION WILL CORRECT OR IMPROVE THE PROCESSES THAT LEAD TO THE CITED DEFICIENCY:</b></p>	
W 289	<p>For Client 5: The QDDP and IDT will meet to discuss Client 5 who displays inappropriate interactions with peers (physically directing/telling peers what to do).</p>	3/15/2023
	<p>An effective intervention will be developed to address Client 5's inappropriate interactions with peers, which includes interventions and strategies for staff to use when Client 5 demonstrates and interacts inappropriately with peers in this manner.</p>	3/15/2023
	<p>The QDDP will in-service Solar Cottage ICF staff on the outlined interventions and strategies to re-direct Client 5's inappropriate interactions with peers.</p>	3/15/2023
	<p><b>B. THE PROCEDURE FOR IMPLEMENTING THE CORRECTIVE ACTION(S):</b></p>	
	<p>For all other individuals, facility QDDPs will identify whether an individual demonstrates an inappropriate behavior that does not currently have an effective intervention such as training program, written strategies, or other interventions for staff to use to address the behavior. If identified that there is not an intervention already incorporated into the client's ISP, the QDDP will meet with the IDT to develop and implement one.</p>	3/15/2023

	<b>C. THE MONITORING OR TRACKING PROCEDURE(S) TO ENSURE THE FACILITY IS EFFECTIVE IN CORRECTING THE DEFICIENCY AND TO ENSURE THE FACILITY REMAINS IN COMPLIANCE WITH THIS DEFICIENCY:</b>	
	A monitoring system will be implemented to ensure Client 5 is demonstrating appropriate interaction with peers.	3/15/2023
	<b>D. THE TITLE OF THE PERSON RESPONSIBLE FOR ENSURING THE FACILITY REMAINS IN COMPLIANCE WITH THE CITED DEFICIENCY: (Do not put the staff names).</b>	
	The ICF Administrator will be the responsible position for monitoring and to ensure compliance.	3/15/2023

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/03/2023  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>28G114</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>01/31/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>SOLAR COTTAGES</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3052,3054,3056,3060 PET BLV 753,743,723,715 SOL DR BEATRICE, NE 68310</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W 209	<p><b>INDIVIDUAL PROGRAM PLAN</b> CFR(s): 483.440(c)(2)</p> <p>Participation by the client, his or her parent (if the client is a minor), or the client's legal guardian is required unless the participation is unobtainable or inappropriate. This STANDARD is not met as evidenced by:</p> <p>Based on record review and interview, the facility failed to ensure (1) the legal guardian participated in the Individual Support Plan (ISP) process and (2) the ISP documented why the legal guardian's participation in the ISP was unobtainable for 1 of 6 clients (Client 3). This had the potential to affect all clients residing at the facility. The facility census was 61 at the time of the survey.</p> <p>Findings:</p> <p>Review of the facility policy titled "Individual Support Plans" (dated 6/17/2022) identified in section 5.2 that participation in the ISP meetings by the client and their guardian or parent was required unless such participation was unobtainable or inappropriate.</p> <p>Review of Client 3's Annual ISP (dated 4/13/22) revealed Client 3's legal guardian did not attend the interdisciplinary team (IDT) meeting. The ISP contained no evidence documenting a rationale as to why the guardian's participation was unobtainable or inappropriate. Further review of Client 3's ISP revealed a document titled "IDT Participation" (dated 4/13/22) identified by name, title, and signature the IDT members who attended Client 3's Annual ISP meeting which confirmed no guardian signature indicating attendance and approval of the client's Annual ISP.</p>	W 209			

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

TITLE

(X6) DATE

*Daun Urbaschek*

*TCFA*

*02/21/2023*

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the Institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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W 209	Continued From page 1  Interview on 1/30/23 at 2:32pm, Qualified Intellectual Disabilities Professional (QIDP-B) confirmed Client 3's sister was the client's legal guardian. QIDP-B verified Client 3's guardian did not attend the 4/13/22 Annual ISP meeting or subsequent ISP meetings and had not signed the client's ISP identifying their approval of the IDT's decisions regarding the client's active treatment services and supports. QIDP-B confirmed they thought that it was acceptable and sufficient for Client 3's other siblings who attended the 4/13/22 ISP meeting to sign and approve the Annual ISP in the place of Client 3's guardian. QIDP-B confirmed Client 3's ISP had no evidence documenting a rationale as to why the client's guardian did not attend the ISP meetings or the efforts the facility took to ensure the guardian was able to participate in the client's ISP meetings.	W 209			
W 249	PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1)  As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.  This STANDARD is not met as evidenced by:	W 249			



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NAME OF PROVIDER OR SUPPLIER  <b>SOLAR COTTAGES</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3052,3054,3056,3060 PET BLV 753,743,723,715 SOL DR BEATRICE, NE 68310</b>		
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W 249	<p>Continued From page 2</p> <p>Based on observation, record review, and interview the facility failed to ensure training programs and protocols for 1 of 6 sampled clients (Client 2) were consistently implemented in accordance with the client's Individual Support Plan (ISP). This failure had the potential to affect all clients living at the facility. The facility census was 61 at the time of the survey.</p> <p>Findings:</p> <p>Review of Client 2's ISP (dated 6/15/22) identified the following programs and protocols were not implemented as written in the ISP.</p> <p>a) Review of the program titled "Communication (Visual Schedule)" identified Client 2 was to utilize their I-pad Air to communicate their daily schedule to staff and use the device as a visual aide to reminder to the client of their upcoming schedule. The program was to be implemented when Client 2 left the home for day services on 1st shift and activities on 2nd shift. The program was to be used to communicate and assist Client 2 to follow their active treatment routine, leisure opportunities, and a behavior supports. The ISP identified the Communication program and I-pad were to be implemented in conjunction with the client's behavior support plan to address maladaptive behaviors and decrease anxiety resulting from the client's Alzheimer's/Dementia.</p> <p>Observations on 1/23/23 from 4:00pm to 5:15pm; 1/24/23 9:43am to 10:30am; 1/25/23 8:28am to 9:30am and 11:45am to 12:35pm revealed Staff F, G, H, I, and J failed to implement and prompt Client 2 to utilize their I-pad to communicate their visual schedule at home and day services.</p>	W 249			

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W 249	<p>Continued From page 3</p> <p>b) Review of Client 2's ISP the section titled "Nutritional" identified Client 2's staff supports, and strategies included assisting the client during intake of food and drinks as identified on the client's dining card. Client 2 had a modified and therapeutic diet which included chopped foods with ground meat, regular thin liquids, low calorie and salty foods, and limited amounts of high fat foods.</p> <p>Review of Client 2's dining card (revised date 1/9/23) identified Client 2 should be encouraged to eat at a slower rate and take sips of liquids throughout the meal. Client 2's mealtime adaptive equipment included a built-up handle on an infant spoon, a plate guard, and a regular glass as tolerated with alternate snorkel cup as needed.</p> <p>Review of Client 2's Nutritional Evaluation (dated 5/10/22) identified the chopped foods with ground meat modified diet due to Client 2's decreased nutritional skills. This assessment identified with the increase in Client 2's Dementia symptoms a decrease in eating and swallowing skills had occurred. This assessment also identified that Client 2's eating and drinking strategies included to eat at a slower pace and drink throughout the meal due to history of eating and swallowing issues.</p> <p>Observations on 1/23/23 from 4:00pm to 5:15pm revealed Client 2 ate their barbequed ground meat and green beans in consecutive and rapid bites. Client 2 took 3 to 5 quick consecutive bites, paused, then took more 2 to 4 more bites, paused, and took a deep breath, then took multiple drinks of their milk and water, and returned to eating at the same quickened pace.</p>	W 249			

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W 249	<p>Continued From page 4</p> <p>Observations on 1/25/23 from 11:45am to 12:35pm revealed Client 2 ate their tomato soup at a rapid pace putting several spoonfuls of soup in their mouth then swallowing. After eating all their soup, Client 2 took several rapid and continuous bites of their chicken salad and eating it without pausing until the chicken salad was all gone. Client 2 finished the chicken salad serving in 1.5-minutes. Client 2 then took large gulps of their milk and Kool-aid drink.</p> <p>During both mealtime observations Staff F, G, H, and I failed to intervene and prompt Client 2 to slow down and take drinks throughout the meal as identified in the ISP.</p> <p>Interview on 1/30/23 at 1:25pm, Qualified Intellectual Disabilities Professional (QIDP A) verified Client 2 had dining strategies for the client to eat and drink at a slower rate. According to QIDP-A if during a meal Client 2 was eating or drinking too fast, staff were to prompt the client to slow down their eating and to take a drink.</p>	W 249			
W 259	<p><b>PROGRAM MONITORING &amp; CHANGE</b> CFR(s): 483.440(f)(2)</p> <p>At least annually, the comprehensive functional assessment of each client must be reviewed by the interdisciplinary team for relevancy and updated as needed. This STANDARD is not met as evidenced by:</p> <p>Based on record review and interview, the interdisciplinary team (IDT) for 5 of 6 clients (Client 2, Client 3, Client 4, Client 5, and Client 6)</p>	W 259			

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W 259	<p>Continued From page 5</p> <p>failed to ensure evidence that the Speech-Language evaluation conducted years prior to the development of the current Individual Support Plan (ISP) accurately reflected the client's current strengths and needs. This failure had the potential to affect all client without current speech language evaluations. The facility census was 61 at the time of the survey.</p> <p><b>FINDINGS:</b></p> <p><b>Client 4</b></p> <p>A review of Client 4's 9/28/22 annual ISP revealed the information included in the "Communication" section of the ISP was based on an evaluation that was completed on 9/17/2018 and updated in 2019 and 2020. The information in the ISP included how Client 4 communicated and listed communication barriers. There was no evidence/documentation included in the ISP to confirm the 2020 information continued to be relevant and reflected Client 4's current communication strengths and needs.</p> <p>When interviewed on 1/30/23 at 1PM, Client 4's Qualified Intellectual Disability Professional (QIDP) C confirmed Client 4's IDT failed to include information verifying the information from the last (2020) update was still reflective of Client 4's communication status.</p> <p><b>Client 5</b></p> <p>A review of Client 5's 11/2/22 annual ISP revealed the information included in the "Communication" section of the ISP was based on an evaluation</p>	W 259			

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OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>28G114</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>01/31/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>SOLAR COTTAGES</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3052,3054,3056,3060 PET BLV 753,743,723,716 SOL DR BEATRICE, NE 68310</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W 259	<p>Continued From page 6</p> <p>that was completed on 9/06/2018 and updated in 2019 and 2020. The information in the ISP included how Client 5 communicated and listed communication barriers. There was no evidence/documentation included in the ISP to confirm the 2020 information continued to be relevant and reflected Client 5's current communication strengths and needs.</p> <p>When interviewed on 1/30/23 at 1PM, Client 5's Qualified Intellectual Disability Professional (QIDP) C confirmed Client 5's IDT failed to include information verifying the information from the last (2020) update was still reflective of Client 5's communication status.</p> <p>Client 2</p> <p>Review of Client 2's 6/15/22 Annual ISP revealed the information included in the "Communication" section of the ISP was based on a Speech-Language evaluation dated 4/24/19 and updated on 4/29/20 and 4/19/21. The information in the ISP included how Client 2 communicated and listed communication barriers. Client 2's ISP contained no evidence or documentation to confirm the 4/19/21 Speech-Language assessment information continued to be relevant and reflected the client's current communication strengths and needs.</p> <p>In an interview on 1/30/23 at 1:25pm, QIDP- A confirmed Client 2's IDT failed to include evidence in the ISP verifying that the 4/19/21 Speech-Language assessment was reflective of Client 2's communication status. QIDP-A verified Client 2 did not have a Speech-Language assessment completed in 2022.</p>	W 259			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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W 259	<p>Continued From page 7</p> <p>Client 3</p> <p>Review of Client 3's 4/12/22 Annual ISP revealed the information included in the "Communication" section of the ISP was based on a Speech-Language evaluation dated 3/1/21. The information in the ISP included how Client 3 communicated, the client's use of hearing aids, and listed communication barriers. Client 3's ISP contained no evidence or documentation to confirm the 3/1/21 Speech-Language assessment information continued to be relevant and reflected the client's current communication strengths and needs.</p> <p>In an interview on 1/30/23 at 2:32pm, QIDP-B confirmed Client 3's IDT failed to include evidence in the ISP verifying that the 3/1/21 Speech-Language assessment was reflective of Client 3's communication status. QIDP-B verified Client 3 did not have an annual Speech-Language assessment completed in 2022 prior to the ISP meeting.</p> <p>Client 6</p> <p>Review of Client 6's Annual ISP dated 4/24/22 revealed the information included in the "Communication" section of the ISP was based on a Speech-Language evaluation dated 3/26/19 and updated on 4/1/21. The information in the ISP included how Client 6 communicated and listed communication barriers. Client 6's ISP contained no evidence or documentation to confirm the 4/1/21 Speech-Language assessment information continued to be relevant and reflected Client 6's current communication</p>	W 259			

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W 259	Continued From page 8 strengths and needs.	W 259		
W 289	<p><b>MGMT OF INAPPROPRIATE CLIENT BEHAVIOR</b> CFR(s): 483.450(b)(4)</p> <p>The use of systematic interventions to manage inappropriate client behavior must be incorporated into the client's individual program plan, in accordance with §483.440(c)(4) and (5) of this subpart. This STANDARD is not met as evidenced by:</p> <p>Based on observation, interview and record review, the facility failed to develop and implement an effective intervention for 1 of 1 client (Client 5) who displayed inappropriate interactions with peers (physically directing/telling peers what to do). This failure had the potential to affect all peers who interacted with Client 5. The facility census was 61 at the time of the survey.</p> <p><b>FINDINGS:</b></p> <p>Observations on 1/23/23 from 5:35pm to 6:05pm revealed Client 5 and Client 7 were seated next to each another eating their evening meal, which included soup. Client 7 had consumed approximately ¾ of their soup (pureed/thickened) and was trying to scoop up (with some difficulty) the remaining soup from their bowl with their smaller adaptive spoon. Client 5 told Client 7 "Keep going, you are almost done." Client 5 proceeded to take Client 7's spoon from Client 7's hand, picked up Client 7's bowl of soup from the</p>	W 289		

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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W 289	<p>Continued From page 9</p> <p>table and used Client 7's spoon, scraped the remaining soup to an area of the bowl where Client 7 could more easily scoop the soup on their spoon. Client 5 put the bowl back on the table, placed Client 7's spoon back in Client 7's hand, tapped Client 7 twice on the wrist and told Client 7, "There you go, please finish your soup."</p> <p>Client 5 was observed to repeat the process with Client 7 a second time. However, when placing Client 7's spoon back in Client 7's hand, Client 5 assisted Client 7 by hand over hand scooping of the remaining soup on to Client 7's spoon. Client 7 allowed Client 5 to assist them at the meal. Staff A and Staff B were at the table with Client 5 and Client 7 made no effort to redirect or stop Client 5's inappropriate interaction with Client 7.</p> <p>Observations on 1/24/23 at 10:41am in the Pay It Forward (day services location) revealed Client 5 and Client 8 to be seated next to each other at a table. Client 8 started to sniff and then sneezed; after which Client 8 continued to sniff. Client 5 asked Staff D to hand Client 5 the box of Kleenex on the far end of the table. Staff D held the box of Kleenex up to Client 5 who pulled two tissues from the box. Client 5 turned toward Client 8, took a colored marker from Client 8's hand, putting the tissues in Client 8's hand. Client 5 firmly told Client 8 "You need to blow your nose. Give me your marker. Do it now." Client 8 blew their nose per Client 5 requested. Staff D attempted to redirect Client 5, telling Client 5 it was not their place to tell Client 8 what to do. Client 5 was observed to ignore Staff D.</p> <p>A review of Client 5's Individual Support Plan (ISP) dated 11/2/22 and behavior support plan (BSP) developed 9/23/20 and continued as</p>	W 289			



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
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W 289	<p>Continued From page 10 appropriate, found no training, strategies, or intervention for staff to use to address this behavior.</p> <p>Interview with Staff D on 1/31/23 at 9:17am confirmed Client 5 frequently tried to tell their peers "What to do," a speculated that Client 5 felt purposeful and wanted to help staff. Staff D reported they did not believe there was any specific intervention for staff to use when Client 5 interacted with their peer in this manner.</p> <p>When interviewed on 1/30/23 at 1:00pm, Qualified Intellectual Disability Professional (QIDP) C confirmed there were no programs, interventions, or strategies for staff to use when Client 5 interacted inappropriately with their peer in this manner.</p>	W 289			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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NAME OF PROVIDER OR SUPPLIER  <b>SOLAR COTTAGES</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3062,3064,3066,3060 PET BLV 753,743,723,715 SOL DR BEATRICE, NE 68310</b>		
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E 000	Initial Comments  This facility is in compliance with Emergency Preparedness regulations at E41 [483.73(e)].	E 000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE  
*Daum Urbaschek* *ICFA* *02/21/2023*

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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E 000	Initial Comments  A representative of the DHHS Division of Public Health conducted a recertification survey from 1/23/2023 through 1/27/2023 and 1/30/2023 through 1/31/2023 to determine compliance with the Appendix Z, Emergency Preparedness regulations. The facility census was 61 at the time of the survey. The facility was found to be in compliance with the Federal Emergency Preparedness requirements pertaining to Intermediate Care Facilities for individuals with Intellectual Disabilities (ICFID).	E 000			

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

TITLE

(X6) DATE

*Deann Ulbrich*

*TCFA*

*02/21/2023*

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.



## **Fralin, Russell**

---

**From:** Urbaschek, Dawn  
**Sent:** Tuesday, April 4, 2023 10:02 PM  
**To:** Fralin, Russell; Harrison, Corina  
**Cc:** Stevens, Alecia; Bratt, Julie; Schmidt, Joan  
**Subject:** Fwd: IMPORTANT: Solar Cottages Revisit and Complaint survey results, exit 3-31-2023, Survey ID: 4KQS12 (revisit), Survey ID: J6ZY11 (complaint)  
**Attachments:** 4KQS12 REVISIT LETTER, EXIT 3-31-2023.pdf; 4KQS12 2567 W-000 tag exit 3-31-2023.pdf; J6ZY11 complaint letter, exit 3-31-2023.pdf; J6ZY11 2567 W-000 tag, exit 3-31-2023.pdf

Forwarding for records and to update this was received.

Thank you!

**Dawn Urbaschek** | *ICF/DD Manager*  
DEVELOPMENTAL DISABILITIES

**Nebraska Department of Health and Human Services**

OFFICE: 402-239-0993

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---

**From:** DHHS DDBH Facilities <DHHS.DDBHFacilities@nebraska.gov>  
**Sent:** Tuesday, April 4, 2023 11:18:43 AM  
**To:** Urbaschek, Dawn <Dawn.Urbaschek@nebraska.gov>  
**Cc:** Luger, Mark <Mark.Luger@nebraska.gov>  
**Subject:** IMPORTANT: Solar Cottages Revisit and Complaint survey results, exit 3-31-2023, Survey ID: 4KQS12 (revisit), Survey ID: J6ZY11 (complaint)

Good Morning, Administrator:

**RE: SOLAR COTTAGES 3052,3054,3056,3060 PET BLV 753,743,723,715 SOL DR BEATRICE, NE 68310-ICFDD14**

On March 31, 2023 we conducted an onsite revisit to verify that the facility had achieved and maintained compliance with the deficiencies cited at the January 31, 2023 survey. The attached CMS-2567 shows your facility was found to be in substantial compliance at this time.

IF a FEDERAL SURVEY - The Centers for Medicare and Medicaid Services (CMS) has been notified of the results of our revisit.

If you have any further questions, please feel free to contact Mark Luger DDBH Program Manger II at [mark.luger@nebraska.gov](mailto:mark.luger@nebraska.gov)

Thank you,

**Fe Esquivel-Olivares** | *Administrative Specialist*  
PUBLIC HEALTH

**Nebraska Department of Health and Human Services**  
OFFICE: 402-471-9607

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# NEBRASKA

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DEPT. OF HEALTH AND HUMAN SERVICES



Jim Pillen, Governor

April 4, 2023

Dawn Urbaschek, Administrator  
Solar Cottages  
3052,3054,3056,3060 Pet Blv 753,743,723,715 Sol Dr  
Beatrice, NE 68310

Dear Mr. Urbaschek:

After reviewing the findings of the onsite revisit survey conducted for your Center for the Developmentally Disabled on March 31, 2023 by a representative of this Department, we are pleased to inform you that your facility is in substantial compliance.

The enclosed form indicates the survey results. Please retain for your files.

The surveyor wishes to thank you and your staff for the courtesy and sending the information to our office. If you have any questions, please contact this office.

Sincerely,

A handwritten signature in cursive script that reads "Mark Luger".

Mark Luger - Program Manager II  
DHHS Public Health - Licensure Unit  
Office of DD and Behavioral Health  
PO Box 94669, Lincoln, NE 68509-4669  
Email: mark.luger@nebraska.gov

EID: 4KQS12

ML/FE

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/04/2023  
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W 000	<p><b>INITIAL COMMENTS</b></p> <p>On 3/27/23 -3/31/23 a representative of the DHHS, Division of Public Health, conducted a revisit to the 1/31/23 recertification survey. This revisit was to access compliance with Appendix J regulations for Intermediate Care Facilities for Individuals with Intellectual Disabilities. All previously cited deficiencies were corrected and the facility was found to be in compliance with regulations. The facility census was 70 at the time of the revisit.</p>	W 000			

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

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
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W 000	<p><b>INITIAL COMMENTS</b></p> <p>On 3/27/23 -3/31/23 a representative of the DHHS, Division of Public Health, conducted complaint investigation to access compliance with Appendix J regulations for Intermediate Care Facilities for Individuals with Intellectual Disabilities. The facility was found to be in compliance with regulations. The facility census was 70 at the time of the revisit.</p>	W 000			

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

TITLE

(X6) DATE

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# NEBRASKA

Good Life. Great Mission.

**DEPT. OF HEALTH AND HUMAN SERVICES**



Jim Pillen, Governor

April 4, 2023

Dawn Urbaschek, Administrator  
Solar Cottages  
3052, 3054, 3056, 3060 Pet Blv 753, 743, 723, 715 Sol Dr  
Beatrice, NE 68310

Dear Mr. Urbaschek:

An unannounced visit was made to Solar Cottages on March 27-31, 2023, by representatives of this Department. The purpose of the visit was to investigate a complaint on non-compliance with regulatory requirements received by our office.

The following are the general allegation(s) of non-compliance and conclusions:

**ALLEGATION:**

The facility fails to have systems in place to protect clients from suspicious injuries of an unknown sources.

The facility fails to have systems are in place to protect clients from clients with adverse behaviors.

**FINDINGS:**

At the time of the onsite investigation the facility was in compliance with the regulations as they related to the allegation. The facility had an effective system in place to investigate, respond and address suspicious injuries of an unknown source should they occur. Investigations completed by the facility were found to be thorough, timely and appropriate. No suspicious injuries were observed at the time of the onsite complaint investigation.

At the time of the onsite investigation the facility was in compliance with the regulations as they related to the allegation. The facility had an effective system in place to prevent, respond and address incident of peer-to-peer adverse behaviors should it occur. No peer-to-peer adverse behaviors were observed during the complaint investigation.

These findings are related to regulations under the Licensure Unit's regulatory authority. Since each division has unique statutory and regulatory obligations and guidelines, it may be possible that your facility will receive additional findings from other divisions who have also participated in the investigation/assessment of these same or similar allegations.

Sincerely,

A handwritten signature in black ink that reads "Mark Luger". The signature is written in a cursive style with a large, stylized "M" and "L".

Mark Luger - Program Manager II  
DHHS Public Health - Licensure Unit  
Office of DD and Behavioral Health  
PO Box 94669, Lincoln, NE 68509-4669  
Email: [mark.luger@nebraska.gov](mailto:mark.luger@nebraska.gov)

EID: J6ZY11

ML/FE

# State Building ICF

Reporting Period: December 1,  
2022 – October 31, 2023

## Fire Marshal Surveys

# NEBRASKA

Good Life. Great Safety.

STATE FIRE MARSHAL AGENCY

To: Health Care Facilities

From: Doug Hohbein  
Assistant State Fire Marshal

Re: Evidence of Corrective Action for Plan of Correction

After this Life Safety Code survey, you are required to prepare a Plan of Correction (POC) for deficiencies cited. In order to approve your POC and send you a Certificate of Occupancy you need to provide evidence showing that all corrective actions outlined in your POC have been completed or are in the process of being completed. Examples could be, but are not limited to:

- Verifiable photos or videos (before/after, showing room number or location)
- New policies and procedures
- Attendance sign in sheets for drills or education
- Invoices, receipts or work orders
- System test reports
- Audit forms

Please provide the requested information as soon as possible, but not later than the correction date. Documentation for all deficiencies should be provided in a single submittal. Deficiencies are not required to be corrected prior to the submittal, but some form of documentation identifying the proposed corrective action for each citation is necessary.

You can upload documentation with your POC in the ePOC portal, send it with the POC you send to DHHS or email it to me at [sfm.LSCdocumentation@nebraska.gov](mailto:sfm.LSCdocumentation@nebraska.gov).

Feel free to contact me at [doug.hohbein@nebraska.gov](mailto:doug.hohbein@nebraska.gov) or 402-471-9478 if you have questions.

MAIN / DISTRICT A / BOILERS / PLANS  
INVESTIGATIONS / FIRE PREVENTION  
246 South 14th Street, Suite 1  
Lincoln, NE 68508  
(402) 471-2027

FUELS DIVISION  
 FLST  PIPELINE SAFETY  
246 South 14<sup>th</sup> Street, Suite 1  
Lincoln, NE 68508  
(402) 471-9465

DISTRICT B/C OFFICE  
438 West Market  
Albion, NE 68620  
(402) 395-2164

ELEVATOR DIVISION  
1313 Farnam Street, Room 233  
Omaha, NE 68102  
(402) 595-3184

TRAINING DIVISION  
3347 W Capital Ave  
Grand Island, NE 68803  
(308) 385-6892

## PLAN OF CORRECTION

Provider/Supplier Name: →

STREET ADDRESS, CITY, ZIP: →

<b>400 STATE BUILDING</b>	Survey Date ↓
<b>3104, 3070, 3071 STATE AVE BEATRICE, NE 68310</b>	<b>3/6/2023</b>
SURVEY EVENT ID#	<b>TVGZ21</b>
(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 28-	<b>ICFDD07</b>

### PROVIDER'S PLAN OF CORRECTION

(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)

COMPLETION DATE

CITED TAG #	DESCRIPTION	COMPLETION DATE
<b>K-tags</b>		
	<b>A. ACTION(S) THAT WILL BE TAKEN TO CORRECT THIS DEFICIENCY - ALONG WITH A DESCRIPTION OF HOW THE ACTION WILL CORRECT OR IMPROVE THE PROCESSES THAT LEAD TO THE CITED DEFICIENCY:</b>	
<b>K0291</b>	Observation on 3/6/23 revealed the emergency light in the second floor center office area failed to operate when the test button was pressed.	3/21/2023
	<b>B. THE PROCEDURE FOR IMPLEMENTING THE CORRECTIVE ACTION(S):</b>	
	Work order #14268 was submitted to the Maintenance Department. The battery was replaced in the emergency light and it will now operate when the test button is pressed.	3/21/2023
	<b>C. THE MONITORING OR TRACKING PROCEDURE(S) TO ENSURE THE FACILITY IS EFFECTIVE IN CORRECTING THE DEFICIENCY AND TO ENSURE THE FACILITY REMAINS IN COMPLIANCE WITH THIS DEFICIENCY:</b>	
	The Facility Maintenance Manager will be the responsible position to monitor and ensure compliance.	3/21/2023
	<b>D. THE TITLE OF THE PERSON RESPONSIBLE FOR ENSURING THE FACILITY REMAINS IN COMPLIANCE WITH THE CITED DEFICIENCY: (Do not put the staff names).</b>	
	The Facility Maintenance Manager will be the responsible position to monitor and ensure compliance.	3/21/2023
	<b>A. ACTION(S) THAT WILL BE TAKEN TO CORRECT THIS DEFICIENCY - ALONG WITH A DESCRIPTION OF HOW THE ACTION WILL CORRECT OR IMPROVE THE PROCESSES THAT LEAD TO THE CITED DEFICIENCY:</b>	
<b>K0321</b>	Observation on 3/6/23 revealed that:	
	1. Room 113 in Unit 402 used as a storage room; door failed to provide a self-closing device	3/22/2023
	2. Room 115 in Unit 402 used as a stoarge room; door failed to provide a self-closing device	3/22/2023

	<b>B. THE PROCEDURE FOR IMPLEMENTING THE CORRECTIVE ACTION(S):</b>	
	1. Room 113 in Unit 402 used as a storage room has now been cleaned out and is no longer used for storage. A self-closing device is no longer needed for the door to this room.	3/22/2023
	1. Room 115 in Unit 402 used as a storage room has now been cleaned out and is no longer used for storage. A self-closing device is no longer needed for the door to this room.	3/22/2023
	<b>C. THE MONITORING OR TRACKING PROCEDURE(S) TO ENSURE THE FACILITY IS EFFECTIVE IN CORRECTING THE DEFICIENCY AND TO ENSURE THE FACILITY REMAINS IN COMPLIANCE WITH THIS DEFICIENCY:</b>	
	The Facility Maintenance Manager will be the responsible position to monitor and ensure compliance.	3/22/2023
	<b>D. THE TITLE OF THE PERSON RESPONSIBLE FOR ENSURING THE FACILITY REMAINS IN COMPLIANCE WITH THE CITED DEFICIENCY: (Do not put the staff names).</b>	
	The Facility Maintenance Manager will be the responsible position to monitor and ensure compliance.	3/22/2023
<b>K0355</b>	<b>A. ACTION(S) THAT WILL BE TAKEN TO CORRECT THIS DEFICIENCY - ALONG WITH A DESCRIPTION OF HOW THE ACTION WILL CORRECT OR IMPROVE THE PROCESSES THAT LEAD TO THE CITED DEFICIENCY:</b>	
	Observation on 3/6/23 revealed the fire extinguisher in the fire extinguisher room in Unit 402 was obstructed by a vacuum and a large tote.	3/22/2023
	<b>B. THE PROCEDURE FOR IMPLEMENTING THE CORRECTIVE ACTION(S):</b>	
	The Safety Coordinator has relocated the vacuum and a large tote and the fire extinguisher in the fire extinguisher room in Unit 402 is no longer obstructed.	3/22/2023
	<b>C. THE MONITORING OR TRACKING PROCEDURE(S) TO ENSURE THE FACILITY IS EFFECTIVE IN CORRECTING THE DEFICIENCY AND TO ENSURE THE FACILITY REMAINS IN COMPLIANCE WITH THIS DEFICIENCY:</b>	
	The Facility Maintenance Manager will be the responsible position to monitor and ensure compliance.	3/22/2023
	<b>D. THE TITLE OF THE PERSON RESPONSIBLE FOR ENSURING THE FACILITY REMAINS IN COMPLIANCE WITH THE CITED DEFICIENCY: (Do not put the staff names).</b>	
	The Facility Maintenance Manager will be the responsible position to monitor and ensure compliance.	3/22/2023



<b>K0363</b>	<b>A. ACTION(S) THAT WILL BE TAKEN TO CORRECT THIS DEFICIENCY - ALONG WITH A DESCRIPTION OF HOW THE ACTION WILL CORRECT OR IMPROVE THE PROCESSES THAT LEAD TO THE CITED DEFICIENCY:</b>	
	Observation on 3/6/23 revealed the second floor breakroom door was obstructed with a large rolling cart which obstructed the door and did not allow the door to latch within the doorframe.	3/21/2023
	<b>B. THE PROCEDURE FOR IMPLEMENTING THE CORRECTIVE ACTION(S):</b>	
	The Safety Coordinator has relocated the large rolling cart which obstructed the door and the door will now close and latch within the doorframe.	3/21/2023
	<b>C. THE MONITORING OR TRACKING PROCEDURE(S) TO ENSURE THE FACILITY IS EFFECTIVE IN CORRECTING THE DEFICIENCY AND TO ENSURE THE FACILITY REMAINS IN COMPLIANCE WITH THIS DEFICIENCY:</b>	
	The Facility Maintenance Manager will be the responsible position to monitor and ensure compliance.	3/21/2023
	<b>D. THE TITLE OF THE PERSON RESPONSIBLE FOR ENSURING THE FACILITY REMAINS IN COMPLIANCE WITH THE CITED DEFICIENCY: (Do not put the staff names).</b>	
	The Facility Maintenance Manager will be the responsible position to monitor and ensure compliance.	3/21/2023
<b>K0511</b>	<b>A. ACTION(S) THAT WILL BE TAKEN TO CORRECT THIS DEFICIENCY - ALONG WITH A DESCRIPTION OF HOW THE ACTION WILL CORRECT OR IMPROVE THE PROCESSES THAT LEAD TO THE CITED DEFICIENCY:</b>	
	Observation on 3/6/23 revealed the electrical panel box in the fire extinguisher room in Unit 402 was obstructed by a vacuum and a large tote.	3/22/2023
	<b>B. THE PROCEDURE FOR IMPLEMENTING THE CORRECTIVE ACTION(S):</b>	
	The Safety Coordinator has relocated the vacuum and a large tote and the electrical panel box in the fire extinguisher room in Unit 402 is no longer obstructed.	3/22/2023
	<b>C. THE MONITORING OR TRACKING PROCEDURE(S) TO ENSURE THE FACILITY IS EFFECTIVE IN CORRECTING THE DEFICIENCY AND TO ENSURE THE FACILITY REMAINS IN COMPLIANCE WITH THIS DEFICIENCY:</b>	
	The Facility Maintenance Manager will be the responsible position to monitor and ensure compliance.	3/22/2023

	<b>D. THE TITLE OF THE PERSON RESPONSIBLE FOR ENSURING THE FACILITY REMAINS IN COMPLIANCE WITH THE CITED DEFICIENCY: (Do not put the staff names).</b>	
	The Facility Maintenance Manager will be the responsible position to monitor and ensure compliance.	3/22/2023

## PLAN OF CORRECTION

Provider/Supplier  
Name: →

STREET ADDRESS,  
CITY, ZIP: →

400 STATE BUILDING	Survey Date ↓
3104, 3070, 3071 STATE AVE BEATRICE, NE 68310	3/6/2023
SURVEY EVENT ID#	TVGZ21
(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 28-	ICFDD07

### PROVIDER'S PLAN OF CORRECTION

(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)

COMPLETION  
DATE

CITED TAG #		
K-tags		
<b>K0200</b>	<b>A. ACTION(S) THAT WILL BE TAKEN TO CORRECT THIS DEFICIENCY - ALONG WITH A DESCRIPTION OF HOW THE ACTION WILL CORRECT OR IMPROVE THE PROCESSES THAT LEAD TO THE CITED DEFICIENCY:</b>	
	Observation on 3/6/23 revealed:	3/21/2023
	A. The emergency light in second floor center stair failed to operate when the test button was pressed.	
	B. The center second floor stair door failed to latch within the doorframe	3/21/2023
	<b>B. THE PROCEDURE FOR IMPLEMENTING THE CORRECTIVE ACTION(S):</b>	
	A. Work Order #14273 was submitted to the Maintenance Department to repair the observed emergency light in second floor center stairway. The Maintenance Department replaced the light and the emergency light will now operate when the test button is pressed.	3/21/2023
	B. Work Order #14274 was submitted to the Maintenance Department to repair and ensure the center second floor stair door will latch within the doorframe. The Maintenance Department cleaned and lubricated the lockset. Checked all door hardware for tightness and proper operation. Tested the door and the center second floor stair door is latching properly now within the doorframe.	3/20/2023
	<b>C. THE MONITORING OR TRACKING PROCEDURE(S) TO ENSURE THE FACILITY IS EFFECTIVE IN CORRECTING THE DEFICIENCY AND TO ENSURE THE FACILITY REMAINS IN COMPLIANCE WITH THIS DEFICIENCY:</b>	
	The Facility Maintenance Manager is the responsible position to monitor and ensure compliance.	3/21/2023
	<b>D. THE TITLE OF THE PERSON RESPONSIBLE FOR ENSURING THE FACILITY REMAINS IN COMPLIANCE WITH THE CITED DEFICIENCY: (Do not put the staff names).</b>	
	The Facility Maintenance Manager is the responsible position to monitor and ensure compliance.	3/21/2023

<b>K0321</b>	<b>A. ACTION(S) THAT WILL BE TAKEN TO CORRECT THIS DEFICIENCY - ALONG WITH A DESCRIPTION OF HOW THE ACTION WILL CORRECT OR IMPROVE THE PROCESSES THAT LEAD TO THE CITED DEFICIENCY:</b>	
	Observations on 3/6/23 revealed:	
	1. Bear Creek storage room across from OT/PT Eval. Room ceiling tiles out of the grid	3/20/2023
	2. Second floor mechanical room off the breakroom had a 24 inch by 24 inch unsealed penetration in the ceiling	3/20/2023
	<b>B. THE PROCEDURE FOR IMPLEMENTING THE CORRECTIVE ACTION(S):</b>	
	1. Work Order #14275 was submitted to the Maintenance Department to replace the ceiling tiles out of the grid. The Maintenance Department has replaced the ceiling tile in the grid.	3/20/2023
	2. For the second floor mechanical room off the breakroom with a 24 inch by 24 inch unsealed penetration in the ceiling, the Facility Maintenance Manager has contacted Beatrice Mechanical to come assess to see what it will take to repair this area, due to an outside air damper is above it. Beatrice Mechanical is scheduled to arrive and inspect/assess on March 23, 2023 to provide a cost of the repair and date they can do the work to complete.	3/23/2023
	<b>C. THE MONITORING OR TRACKING PROCEDURE(S) TO ENSURE THE FACILITY IS EFFECTIVE IN CORRECTING THE DEFICIENCY AND TO ENSURE THE FACILITY REMAINS IN COMPLIANCE WITH THIS DEFICIENCY:</b>	
	The Facility Maintenance Manager is the responsible position to monitor and ensure compliance.	3/23/2023
	<b>D. THE TITLE OF THE PERSON RESPONSIBLE FOR ENSURING THE FACILITY REMAINS IN COMPLIANCE WITH THE CITED DEFICIENCY: (Do not put the staff names).</b>	
	The Facility Maintenance Manager is the responsible position to monitor and ensure compliance.	3/23/2023
	<b>A. ACTION(S) THAT WILL BE TAKEN TO CORRECT THIS DEFICIENCY - ALONG WITH A DESCRIPTION OF HOW THE ACTION WILL CORRECT OR IMPROVE THE PROCESSES THAT LEAD TO THE CITED DEFICIENCY:</b>	
	<b>B. THE PROCEDURE FOR IMPLEMENTING THE CORRECTIVE ACTION(S):</b>	

	<b>C. THE MONITORING OR TRACKING PROCEDURE(S) TO ENSURE THE FACILITY IS EFFECTIVE IN CORRECTING THE DEFICIENCY AND TO ENSURE THE FACILITY REMAINS IN COMPLIANCE WITH THIS DEFICIENCY:</b>	
	<b>D. THE TITLE OF THE PERSON RESPONSIBLE FOR ENSURING THE FACILITY REMAINS IN COMPLIANCE WITH THE CITED DEFICIENCY: (Do not put the staff names).</b>	

## PLAN OF CORRECTION

Provider/Supplier  
Name: →

STREET ADDRESS,  
CTY, ZIP: →

400 STATE BUILDING	Survey Date ↓
3104, 3070, 3071 STATE AVE BEATRICE, NE 68310	3/6/2023
SURVEY EVENT ID#	TVGZ21
(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 28-	ICFDD07

### PROVIDER'S PLAN OF CORRECTION

(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)

COMPLETION  
DATE

CITED TAG #		
K-tags		
<b>K0200</b>	<b>A. ACTION(S) THAT WILL BE TAKEN TO CORRECT THIS DEFICIENCY - ALONG WITH A DESCRIPTION OF HOW THE ACTION WILL CORRECT OR IMPROVE THE PROCESSES THAT LEAD TO THE CITED DEFICIENCY:</b>	
	Observation on 3/6/23 revealed the emergency light on the east wall in the Gym failed to operate when the test button was pressed.	3/21/2023
	<b>B. THE PROCEDURE FOR IMPLEMENTING THE CORRECTIVE ACTION(S):</b>	
	Work Order #14282 was submitted to the Maintenance Department to repair the emergency light on the east wall of the Gym. The Maintenance Department has repaired the emergency light on the east wall of the Gym and it now operates when the test button is pressed.	3/21/2023
	<b>C. THE MONITORING OR TRACKING PROCEDURE(S) TO ENSURE THE FACILITY IS EFFECTIVE IN CORRECTING THE DEFICIENCY AND TO ENSURE THE FACILITY REMAINS IN COMPLIANCE WITH THIS DEFICIENCY:</b>	
	The Facility Maintenance Manager is the responsible position to monitor and ensure compliance.	3/21/2023
	<b>D. THE TITLE OF THE PERSON RESPONSIBLE FOR ENSURING THE FACILITY REMAINS IN COMPLIANCE WITH THE CITED DEFICIENCY: (Do not put the staff names).</b>	
	The Facility Maintenance Manager is the responsible position to monitor and ensure compliance.	3/21/2023
<b>K0300</b>	<b>A. ACTION(S) THAT WILL BE TAKEN TO CORRECT THIS DEFICIENCY - ALONG WITH A DESCRIPTION OF HOW THE ACTION WILL CORRECT OR IMPROVE THE PROCESSES THAT LEAD TO THE CITED DEFICIENCY:</b>	

	Based on interview and documentation review, the facility failed to provide documentation for the fire-extinguishing system protecting the kitchen hood and any type of cleaning the hood. This deficient practice would increase the possibility for a fire under the hood. During interview, Staff B stated they occasionally use the kitchen hood in the Cafe' and during documentation review the facility failed to provide documentation of inspection and cleaning of the kitchen hood in the Carstens Cafe'.	4/21/2023
	<b>B. THE PROCEDURE FOR IMPLEMENTING THE CORRECTIVE ACTION(S):</b>	
	The Facility Maintenance Manager contacted Midwest Alarm and has obtained a copy of their inspection report for the Fire-Extinguishing System and has contacted a cleaning company who will provide a quote for cleaning the hood on March 23, 2023. The Facility Maintenance Manager will review the quote from the cleaning company and schedule a time the week of March 31st for cleaning.	4/21/2023
	<b>C. THE MONITORING OR TRACKING PROCEDURE(S) TO ENSURE THE FACILITY IS EFFECTIVE IN CORRECTING THE DEFICIENCY AND TO ENSURE THE FACILITY REMAINS IN COMPLIANCE WITH THIS DEFICIENCY:</b>	
	The Facility Maintenance Manager is the responsible position to monitor and ensure compliance.	4/21/2023
	<b>D. THE TITLE OF THE PERSON RESPONSIBLE FOR ENSURING THE FACILITY REMAINS IN COMPLIANCE WITH THE CITED DEFICIENCY: (Do not put the staff names).</b>	
	The Facility Maintenance Manager is the responsible position to monitor and ensure compliance.	4/21/2023
<b>K0311</b>	<b>A. ACTION(S) THAT WILL BE TAKEN TO CORRECT THIS DEFICIENCY - ALONG WITH A DESCRIPTION OF HOW THE ACTION WILL CORRECT OR IMPROVE THE PROCESSES THAT LEAD TO THE CITED DEFICIENCY:</b>	
	Observation revealed the stair door to the second level mechanical room failed to latch within the doorframe.	3/20/2023
	<b>B. THE PROCEDURE FOR IMPLEMENTING THE CORRECTIVE ACTION(S):</b>	
	Work Order #14285 was submitted to the Maintenance Department. The Maintenance Department found the lockset had come loose and was misaligned causing the latch to bind. Re-aligned and tightened the lockset back down. Tested and the door is working properly and latching within the doorframe.	3/20/2023
	<b>C. THE MONITORING OR TRACKING PROCEDURE(S) TO ENSURE THE FACILITY IS EFFECTIVE IN CORRECTING THE DEFICIENCY AND TO ENSURE THE FACILITY REMAINS IN COMPLIANCE WITH THIS DEFICIENCY:</b>	

	The Facility Maintenance Manager is the responsible position to monitor and ensure compliance.	3/20/2023
	<b>D. THE TITLE OF THE PERSON RESPONSIBLE FOR ENSURING THE FACILITY REMAINS IN COMPLIANCE WITH THE CITED DEFICIENCY: (Do not put the staff names).</b>	
	The Facility Maintenance Manager is the responsible position to monitor and ensure compliance.	3/20/2023
<b>K0321</b>	<b>A. ACTION(S) THAT WILL BE TAKEN TO CORRECT THIS DEFICIENCY - ALONG WITH A DESCRIPTION OF HOW THE ACTION WILL CORRECT OR IMPROVE THE PROCESSES THAT LEAD TO THE CITED DEFICIENCY:</b>	
	Observation on 3/6/23 revealed the storage room door in the Café was held open with a cord.	3/22/2023
	<b>B. THE PROCEDURE FOR IMPLEMENTING THE CORRECTIVE ACTION(S):</b>	
	The Safety Coordinator removed the cord that was holding the storage room door open in the Café. The door will now close and latch within the doorframe.	3/22/2023
	<b>C. THE MONITORING OR TRACKING PROCEDURE(S) TO ENSURE THE FACILITY IS EFFECTIVE IN CORRECTING THE DEFICIENCY AND TO ENSURE THE FACILITY REMAINS IN COMPLIANCE WITH THIS DEFICIENCY:</b>	
	The Facility Maintenance Manager is the responsible position to monitor and ensure compliance.	3/22/2023
	<b>D. THE TITLE OF THE PERSON RESPONSIBLE FOR ENSURING THE FACILITY REMAINS IN COMPLIANCE WITH THE CITED DEFICIENCY: (Do not put the staff names).</b>	
	The Facility Maintenance Manager is the responsible position to monitor and ensure compliance.	3/22/2023
<b>K0363</b>	<b>A. ACTION(S) THAT WILL BE TAKEN TO CORRECT THIS DEFICIENCY - ALONG WITH A DESCRIPTION OF HOW THE ACTION WILL CORRECT OR IMPROVE THE PROCESSES THAT LEAD TO THE CITED DEFICIENCY:</b>	
	Observation on 3/6/23 revealed the door to the Social Center failed to latch within the doorframe.	3/21/2023
	<b>B. THE PROCEDURE FOR IMPLEMENTING THE CORRECTIVE ACTION(S):</b>	



	Work Order #14283 was submitted to the Maintenance Department to repair the door to the Social Center so that it would have positive latch within the doorframe. Maintenance checked all door hardware for tightness, tightened loose fasteners and replaced stripped ones with oversized repair fasteners. It's a metal door and there were some dings from carts running into it, straightened them up. Adjusted hinges for proper door centering. Lubricated lock assembly. Tested, the door is latching fine now and will close and latch within the doorframe.	3/21/2023
	<b>C. THE MONITORING OR TRACKING PROCEDURE(S) TO ENSURE THE FACILITY IS EFFECTIVE IN CORRECTING THE DEFICIENCY AND TO ENSURE THE FACILITY REMAINS IN COMPLIANCE WITH THIS DEFICIENCY:</b>	
	The Facility Maintenance Manager is the responsible position to monitor and ensure compliance.	3/21/2023
	<b>D. THE TITLE OF THE PERSON RESPONSIBLE FOR ENSURING THE FACILITY REMAINS IN COMPLIANCE WITH THE CITED DEFICIENCY: (Do not put the staff names).</b>	
	The Facility Maintenance Manager is the responsible position to monitor and ensure compliance.	3/21/2023
<b>K0511</b>	<b>A. ACTION(S) THAT WILL BE TAKEN TO CORRECT THIS DEFICIENCY - ALONG WITH A DESCRIPTION OF HOW THE ACTION WILL CORRECT OR IMPROVE THE PROCESSES THAT LEAD TO THE CITED DEFICIENCY:</b>	
	Observation on 3/6/23 revealed:	
	1. The electrical panel box D in the second floor mechanical room was obstructed by a chair.	3/20/2023
	2. The electrical panel box E in the Café dish room room was obstructed with brooms, fan and dust pan.	3/20/2023
	<b>B. THE PROCEDURE FOR IMPLEMENTING THE CORRECTIVE ACTION(S):</b>	
	Work Order #14286 was submitted to the Maintenance Department to (1) remove the obstruction of chair from in front of electrical panel box D in the second floor mechanical room and (2) remove the obstructions of the brooms, fan and dust pan from in front of electrical panel E in the Cafe' dish room. All items were removed and electrical panel D and electrical panel E are free from obstructions.	3/20/2023
	<b>C. THE MONITORING OR TRACKING PROCEDURE(S) TO ENSURE THE FACILITY IS EFFECTIVE IN CORRECTING THE DEFICIENCY AND TO ENSURE THE FACILITY REMAINS IN COMPLIANCE WITH THIS DEFICIENCY:</b>	
	The Facility Maintenance Manager is the responsible position to monitor and ensure compliance.	3/20/2023

	<b>D. THE TITLE OF THE PERSON RESPONSIBLE FOR ENSURING THE FACILITY REMAINS IN COMPLIANCE WITH THE CITED DEFICIENCY: (Do not put the staff names).</b>	
	The Facility Maintenance Manager is the responsible position to monitor and ensure compliance.	3/20/2023

## PLAN OF CORRECTION

Provider/Supplier Name: →

STREET ADDRESS, CITY, ZIP: →

<b>400 STATE BUILDING</b>	Survey Date ↓
<b>3104, 3070, 3071 STATE AVE BEATRICE, NE 68310</b>	<b>3/6/2023</b>
SURVEY EVENT ID#	TVGZ21
(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 28-	ICFDD07

### PROVIDER'S PLAN OF CORRECTION

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COMPLETION DATE

CITED TAG #	PROVIDER'S PLAN OF CORRECTION	COMPLETION DATE
K-tags		
	<b>A. ACTION(S) THAT WILL BE TAKEN TO CORRECT THIS DEFICIENCY - ALONG WITH A DESCRIPTION OF HOW THE ACTION WILL CORRECT OR IMPROVE THE PROCESSES THAT LEAD TO THE CITED DEFICIENCY:</b>	
K0300	Observation on 3/6/23 revealed the 1 1/2 hour-fire rated door to the non-sprinkled tunnel failed to close and latch within the doorframe.	3/20/2023
	<b>B. THE PROCEDURE FOR IMPLEMENTING THE CORRECTIVE ACTION(S):</b>	
	Work Order #14279 was submitted to the Maintenance Department for the 1 1/2 hour fire rated door not closing and latching within the doorframe. The Maintenance Department loosened the door hardware and adjusted the door, tightened door hardware. Tested the door and the door now closes and latches within the doorframe.	3/20/2023
	<b>C. THE MONITORING OR TRACKING PROCEDURE(S) TO ENSURE THE FACILITY IS EFFECTIVE IN CORRECTING THE DEFICIENCY AND TO ENSURE THE FACILITY REMAINS IN COMPLIANCE WITH THIS DEFICIENCY:</b>	
	The Facility Maintenance Manager is the responsible position to monitor and ensure compliance.	3/20/2023
	<b>D. THE TITLE OF THE PERSON RESPONSIBLE FOR ENSURING THE FACILITY REMAINS IN COMPLIANCE WITH THE CITED DEFICIENCY: (Do not put the staff names).</b>	
	The Facility Maintenance Manager is the responsible position to monitor and ensure compliance.	3/20/2023
	<b>A. ACTION(S) THAT WILL BE TAKEN TO CORRECT THIS DEFICIENCY - ALONG WITH A DESCRIPTION OF HOW THE ACTION WILL CORRECT OR IMPROVE THE PROCESSES THAT LEAD TO THE CITED DEFICIENCY:</b>	
K0500	Observation on 3/6/23 revealed uncovered electrical wires in a cabinet for a wall clock in Room 210.	3/21/2023

	<b>B. THE PROCEDURE FOR IMPLEMENTING THE CORRECTIVE ACTION(S):</b>	
	Work Order #14280 was submitted to the Maintenance Department for the uncovered electrical wires in a cabinet for a wall clock in Room 210. The Maintenance Department installed a cover plate to protect the wires in Room 210.	3/21/2023
	<b>C. THE MONITORING OR TRACKING PROCEDURE(S) TO ENSURE THE FACILITY IS EFFECTIVE IN CORRECTING THE DEFICIENCY AND TO ENSURE THE FACILITY REMAINS IN COMPLIANCE WITH THIS DEFICIENCY:</b>	
	The Facility Maintenance Manager will be the responsible position to monitor and ensure compliance.	3/21/2023
	<b>D. THE TITLE OF THE PERSON RESPONSIBLE FOR ENSURING THE FACILITY REMAINS IN COMPLIANCE WITH THE CITED DEFICIENCY: (Do not put the staff names).</b>	
	The Facility Maintenance Manager will be the responsible position to monitor and ensure compliance.	3/21/2023
	<b>A. ACTION(S) THAT WILL BE TAKEN TO CORRECT THIS DEFICIENCY - ALONG WITH A DESCRIPTION OF HOW THE ACTION WILL CORRECT OR IMPROVE THE PROCESSES THAT LEAD TO THE CITED DEFICIENCY:</b>	
	<b>B. THE PROCEDURE FOR IMPLEMENTING THE CORRECTIVE ACTION(S):</b>	
	<b>C. THE MONITORING OR TRACKING PROCEDURE(S) TO ENSURE THE FACILITY IS EFFECTIVE IN CORRECTING THE DEFICIENCY AND TO ENSURE THE FACILITY REMAINS IN COMPLIANCE WITH THIS DEFICIENCY:</b>	
	<b>D. THE TITLE OF THE PERSON RESPONSIBLE FOR ENSURING THE FACILITY REMAINS IN COMPLIANCE WITH THE CITED DEFICIENCY: (Do not put the staff names).</b>	

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Provider/Supplier  
Name: →

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CITY, ZIP: →

<b>400 STATE BUILDING</b>	Survey Date ↓
<b>3104, 3070, 3071 STATE AVE BEATRICE, NE 68310</b>	<b>3/6/2023</b>
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DATE

CITED TAG #	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETION DATE
<b>K-tags</b>		
	<b>A. ACTION(S) THAT WILL BE TAKEN TO CORRECT THIS DEFICIENCY - ALONG WITH A DESCRIPTION OF HOW THE ACTION WILL CORRECT OR IMPROVE THE PROCESSES THAT LEAD TO THE CITED DEFICIENCY:</b>	
<b>K0300</b>	Observation on 3/6/23 revealed the electrical panel box E in storage room next to Room 180 was obstructed by a chair.	3/22/2023
	<b>B. THE PROCEDURE FOR IMPLEMENTING THE CORRECTIVE ACTION(S):</b>	
	The Safety Coordinator has relocated the chair that was obstructing the electrical panel box E in the storage room next to Room 180. Electrical panel box E is no longer obstructed.	3/22/2023
	<b>C. THE MONITORING OR TRACKING PROCEDURE(S) TO ENSURE THE FACILITY IS EFFECTIVE IN CORRECTING THE DEFICIENCY AND TO ENSURE THE FACILITY REMAINS IN COMPLIANCE WITH THIS DEFICIENCY:</b>	
	The Facility Maintenance Manager is the responsible position to monitor and ensure compliance.	3/22/2023
	<b>D. THE TITLE OF THE PERSON RESPONSIBLE FOR ENSURING THE FACILITY REMAINS IN COMPLIANCE WITH THE CITED DEFICIENCY: (Do not put the staff names).</b>	
	The Facility Maintenance Manager is the responsible position to monitor and ensure compliance.	3/22/2023
	<b>A. ACTION(S) THAT WILL BE TAKEN TO CORRECT THIS DEFICIENCY - ALONG WITH A DESCRIPTION OF HOW THE ACTION WILL CORRECT OR IMPROVE THE PROCESSES THAT LEAD TO THE CITED DEFICIENCY:</b>	
<b>K0321</b>	Observation on 3/6/23 revealed:	
	1. Room 015 in the basement area was used as storage and no self-closing device was provided.	4/21/2023
	2. Room 016 in the basement area was used as storage and no self-closing device was provided.	4/21/2023

	3. Room 020 in the basement area was used as storage and no self-closing device was provided.	4/21/2023
	4. Room 051 northwest electrical room , ceiling tiles out of the grid.	3/22/2023
	5. Room 045 in the basement area was used as storage and no self-closing device was provided.	4/21/2023
	6. Room 060 in the basement area was used as storage and no self-closing device was provided.	4/21/2023
	7. Room 061 in the basement area was used as storage and no self-closing device was provided.	4/21/2023
	8. Room 062 in the basement area was used as storage and no self-closing device was provided.	4/21/2023
	9. Room 066 in the basement area was used as storage and no self-closing device was provided.	4/21/2023
	10. Room 259 n the first floor was used as storage and no self-closing device was provided.	4/21/2023
	<b>B. THE PROCEDURE FOR IMPLEMENTING THE CORRECTIVE ACTION(S):</b>	
	1. Room 015 in the basement area was used as storage and no self-closing device was provided. The Facility Maintenance Manager provided notification that the Maintenance Department only has 6 door closers on hand and have ordered more with expected delivery date of March 31, 2023. The Facility Maintenance Manager states the door closer will be installed on the door for this room with one week of delivery of the needed part.	4/21/2023
	2. Room 016 in the basement area was used as storage and no self-closing device was provided. The Facility Maintenance Manager provided notification that the Maintenance Department only has 6 door closers on hand and have ordered more with expected delivery date of March 31, 2023. The Facility Maintenance Manager states the door closer will be installed on the door for this room with one week of delivery of the needed part.	4/21/2023
	3. Room 020 in the basement area was used as storage and no self-closing device was provided. The Facility Maintenance Manager provided notification that the Maintenance Department only has 6 door closers on hand and have ordered more with expected delivery date of March 31, 2023. The Facility Maintenance Manager states the door closer will be installed on the door for this room with one week of delivery of the needed part.	4/21/2023
	4. Room 051 northwest electrical room, ceiling tiles out of the grid. Work Order #14294 was submitted to the Maintenance Department to replace the ceiling tile or shut the access hole in the northwest electrical room 051. The Maintenance Department latched the hatch door in the electrical panel room 051.	3/22/2023
	5. Room 045 in the basement area was used as storage and no self-closing device was provided. The Facility Maintenance Manager provided notification that the Maintenance Department only has 6 door closers on hand and have ordered more with expected delivery date of March 31, 2023. The Facility Maintenance Manager states the door closer will be installed on the door for this room with one week of delivery of the needed part.	4/21/2023

	<p>6. Room 060 in the basement area was used as storage and no self-closing device was provided. The Facility Maintenance Manager provided notification that the Maintenance Department only has 6 door closers on hand and have ordered more with expected delivery date of March 31, 2023. The Facility Maintenance Manager states the door closer will be installed on the door for this room with one week of delivery of the needed part.</p>	<p>4/21/2023</p>
	<p>7. Room 061 in the basement area was used as storage and no self-closing device was provided. The Facility Maintenance Manager provided notification that the Maintenance Department only has 6 door closers on hand and have ordered more with expected delivery date of March 31, 2023. The Facility Maintenance Manager states the door closer will be installed on the door for this room with one week of delivery of the needed part.</p>	<p>4/21/2023</p>
	<p>8. Room 062 in the basement area was used as storage and no self-closing device was provided. The Facility Maintenance Manager provided notification that the Maintenance Department only has 6 door closers on hand and have ordered more with expected delivery date of March 31, 2023. The Facility Maintenance Manager states the door closer will be installed on the door for this room with one week of delivery of the needed part.</p>	<p>4/21/2023</p>
	<p>9. Room 066 in the basement area was used as storage and no self-closing device was provided. The Facility Maintenance Manager provided notification that the Maintenance Department only has 6 door closers on hand and have ordered more with expected delivery date of March 31, 2023. The Facility Maintenance Manager states the door closer will be installed on the door for this room with one week of delivery of the needed part.</p>	<p>4/21/2023</p>
	<p>10. Room 259 n the first floor was used as storage and no self-closing device was provided. The Facility Maintenance Manager provided notification that the Maintenance Department only has 6 door closers on hand and have ordered more with expected delivery date of March 31, 2023. The Facility Maintenance Manager states the door closer will be installed on the door for this room with one week of delivery of the needed part.</p>	<p>4/21/2023</p>
	<p><b>C. THE MONITORING OR TRACKING PROCEDURE(S) TO ENSURE THE FACILITY IS EFFECTIVE IN CORRECTING THE DEFICIENCY AND TO ENSURE THE FACILITY REMAINS IN COMPLIANCE WITH THIS DEFICIENCY:</b></p>	
	<p>The Facility Maintenance Manager is the responsible position to monitor and ensure compliance.</p>	<p>4/21/2023</p>
	<p><b>D. THE TITLE OF THE PERSON RESPONSIBLE FOR ENSURING THE FACILITY REMAINS IN COMPLIANCE WITH THE CITED DEFICIENCY: (Do not put the staff names).</b></p>	
	<p>The Facility Maintenance Manager is the responsible position to monitor and ensure compliance.</p>	<p>4/21/2023</p>

	<b>A. ACTION(S) THAT WILL BE TAKEN TO CORRECT THIS DEFICIENCY - ALONG WITH A DESCRIPTION OF HOW THE ACTION WILL CORRECT OR IMPROVE THE PROCESSES THAT LEAD TO THE CITED DEFICIENCY:</b>	
	<b>B. THE PROCEDURE FOR IMPLEMENTING THE CORRECTIVE ACTION(S):</b>	
	<b>C. THE MONITORING OR TRACKING PROCEDURE(S) TO ENSURE THE FACILITY IS EFFECTIVE IN CORRECTING THE DEFICIENCY AND TO ENSURE THE FACILITY REMAINS IN COMPLIANCE WITH THIS DEFICIENCY:</b>	
	<b>D. THE TITLE OF THE PERSON RESPONSIBLE FOR ENSURING THE FACILITY REMAINS IN COMPLIANCE WITH THE CITED DEFICIENCY: (Do not put the staff names).</b>	



## PLAN OF CORRECTION

Provider/Supplier  
Name: →

STREET ADDRESS,  
CITY, ZIP: →

<b>400 STATE BUILDING</b>	Survey Date ↓
<b>3104, 3070, 3071 STATE AVE BEATRICE, NE 68310</b>	<b>3/6/2023</b>
SURVEY EVENT ID#	<b>TVGZ21</b>
(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 28-	<b>ICFDD07</b>

### PROVIDER'S PLAN OF CORRECTION

(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)

COMPLETION  
DATE

CITED TAG #

K-tags	A. ACTION(S) THAT WILL BE TAKEN TO CORRECT THIS DEFICIENCY - ALONG WITH A DESCRIPTION OF HOW THE ACTION WILL CORRECT OR IMPROVE THE PROCESSES THAT LEAD TO THE CITED DEFICIENCY:	COMPLETION DATE
<b>K0353</b>	Observation on 3/6/23 revealed:	
	1. Ceiling tile out of the ceiling grid in Room 5	3/20/2023
	2. The sprinkler outside Room 25 was green with corrosion	3/27/2023
	<b>B. THE PROCEDURE FOR IMPLEMENTING THE CORRECTIVE ACTION(S):</b>	
	1. Work Order #14270 was submitted to the Maintenance Department. Maintenance replaced the ceiling tile in the ceiling grid in Room 5 to ensure the sprinkler system will operate as designed.	3/20/2023
	2. For the green corroded sprinkler outside Room 25, the Facility Maintenance Manager notified NIFCO Mechanical and they will be at the facility on March 27, 2023 for inspections and will replace the green corroded head at that time.	3/27/2023
	<b>C. THE MONITORING OR TRACKING PROCEDURE(S) TO ENSURE THE FACILITY IS EFFECTIVE IN CORRECTING THE DEFICIENCY AND TO ENSURE THE FACILITY REMAINS IN COMPLIANCE WITH THIS DEFICIENCY:</b>	
	The Facility Maintenance Manager is the responsible position to monitor and ensure compliance.	3/27/2023
	<b>D. THE TITLE OF THE PERSON RESPONSIBLE FOR ENSURING THE FACILITY REMAINS IN COMPLIANCE WITH THE CITED DEFICIENCY: (Do not put the staff names).</b>	
	The Facility Maintenance Manager is the responsible position to monitor and ensure compliance.	3/27/2023
	<b>A. ACTION(S) THAT WILL BE TAKEN TO CORRECT THIS DEFICIENCY - ALONG WITH A DESCRIPTION OF HOW THE ACTION WILL CORRECT OR IMPROVE THE PROCESSES THAT LEAD TO THE CITED DEFICIENCY:</b>	

	<b>B. THE PROCEDURE FOR IMPLEMENTING THE CORRECTIVE ACTION(S):</b>	
	<b>C. THE MONITORING OR TRACKING PROCEDURE(S) TO ENSURE THE FACILITY IS EFFECTIVE IN CORRECTING THE DEFICIENCY AND TO ENSURE THE FACILITY REMAINS IN COMPLIANCE WITH THIS DEFICIENCY:</b>	
	<b>D. THE TITLE OF THE PERSON RESPONSIBLE FOR ENSURING THE FACILITY REMAINS IN COMPLIANCE WITH THE CITED DEFICIENCY: (Do not put the staff names).</b>	
	<b>A. ACTION(S) THAT WILL BE TAKEN TO CORRECT THIS DEFICIENCY - ALONG WITH A DESCRIPTION OF HOW THE ACTION WILL CORRECT OR IMPROVE THE PROCESSES THAT LEAD TO THE CITED DEFICIENCY:</b>	
	<b>B. THE PROCEDURE FOR IMPLEMENTING THE CORRECTIVE ACTION(S):</b>	
	<b>C. THE MONITORING OR TRACKING PROCEDURE(S) TO ENSURE THE FACILITY IS EFFECTIVE IN CORRECTING THE DEFICIENCY AND TO ENSURE THE FACILITY REMAINS IN COMPLIANCE WITH THIS DEFICIENCY:</b>	
	<b>D. THE TITLE OF THE PERSON RESPONSIBLE FOR ENSURING THE FACILITY REMAINS IN COMPLIANCE WITH THE CITED DEFICIENCY: (Do not put the staff names).</b>	

## PLAN OF CORRECTION

Provider/Supplier Name: →

STREET ADDRESS, CITY, ZIP: →

400 STATE BUILDING	Survey Date ↓
3104, 3070, 3071 STATE AVE BEATRICE, NE 68310	3/6/2023
SURVEY EVENT ID#	TVGZ21
(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 28-	ICFDD07

### PROVIDER'S PLAN OF CORRECTION

(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)

COMPLETION DATE

CITED TAG #

K-tags		
	<b>A. ACTION(S) THAT WILL BE TAKEN TO CORRECT THIS DEFICIENCY - ALONG WITH A DESCRIPTION OF HOW THE ACTION WILL CORRECT OR IMPROVE THE PROCESSES THAT LEAD TO THE CITED DEFICIENCY:</b>	
K0200	Observation on 3/6/23 revealed the restroom door for rooms 19 and 20 at 3070 State Avenue was provided with two slide locks.	3/20/2023
	<b>B. THE PROCEDURE FOR IMPLEMENTING THE CORRECTIVE ACTION(S):</b>	
	Work Order #14269 was submitted to the Maintenance Department to remove a slide lock from the door between rooms 19 and 20 at 3070 State Avenue. A slide lock was removed from the door between rooms 19 and 20 at 3070 State Avenue.	3/20/2023
	<b>C. THE MONITORING OR TRACKING PROCEDURE(S) TO ENSURE THE FACILITY IS EFFECTIVE IN CORRECTING THE DEFICIENCY AND TO ENSURE THE FACILITY REMAINS IN COMPLIANCE WITH THIS DEFICIENCY:</b>	
	The Facility Maintenance Manager is the responsible position to monitor and ensure compliance.	3/20/2023
	<b>D. THE TITLE OF THE PERSON RESPONSIBLE FOR ENSURING THE FACILITY REMAINS IN COMPLIANCE WITH THE CITED DEFICIENCY: (Do not put the staff names).</b>	
	The Facility Maintenance Manager is the responsible position to monitor and ensure compliance.	3/20/2023
	<b>A. ACTION(S) THAT WILL BE TAKEN TO CORRECT THIS DEFICIENCY - ALONG WITH A DESCRIPTION OF HOW THE ACTION WILL CORRECT OR IMPROVE THE PROCESSES THAT LEAD TO THE CITED DEFICIENCY:</b>	

	<b>B. THE PROCEDURE FOR IMPLEMENTING THE CORRECTIVE ACTION(S):</b>	
	<b>C. THE MONITORING OR TRACKING PROCEDURE(S) TO ENSURE THE FACILITY IS EFFECTIVE IN CORRECTING THE DEFICIENCY AND TO ENSURE THE FACILITY REMAINS IN COMPLIANCE WITH THIS DEFICIENCY:</b>	
	<b>D. THE TITLE OF THE PERSON RESPONSIBLE FOR ENSURING THE FACILITY REMAINS IN COMPLIANCE WITH THE CITED DEFICIENCY: (Do not put the staff names).</b>	
	<b>A. ACTION(S) THAT WILL BE TAKEN TO CORRECT THIS DEFICIENCY - ALONG WITH A DESCRIPTION OF HOW THE ACTION WILL CORRECT OR IMPROVE THE PROCESSES THAT LEAD TO THE CITED DEFICIENCY:</b>	
	<b>B. THE PROCEDURE FOR IMPLEMENTING THE CORRECTIVE ACTION(S):</b>	
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	<b>D. THE TITLE OF THE PERSON RESPONSIBLE FOR ENSURING THE FACILITY REMAINS IN COMPLIANCE WITH THE CITED DEFICIENCY: (Do not put the staff names).</b>	

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/16/2023  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>28G107</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>02 - 400 STATE BUILDING</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/06/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>400 STATE BUILDING</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3104, 3070, 3071 STATE AVE BEATRICE, NE 68310</b>	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	INITIAL COMMENTS  42 CFR 483.470 The facility must meet the applicable provisions of the 2012 Edition of the Life Safety Code of the National Fire Protection Association. This facility is governed by Chapter 33, Existing Residential Board and Care Occupancies of the 2012 Edition of the National Fire Protection Association [NFPA], Chapter 101: Life Safety Code.  400 State Building - Main is a two story building of Type III (200) construction that was approved in 2002 and is fully sprinkled.  The facility has 36 certified beds. At the time of the survey the census was 3 residents.  400 State Building - Main was found to be in compliance with the requirements for participation in Medicare/Medicaid at 42 CFR 483.470 Life Safety from Fire, and the related National Fire Protection Association (NFPA) Standard 101 - 2012 edition.	K 000		
K0291	Emergency Lighting CFR(s): NFPA 101  Emergency Lighting 2012 EXISTING (Prompt and Slow) Emergency lighting in accordance with 7.9 shall be provided in facilities with prompt or slow evacuation capability having more than 25 rooms, unless each room has a direct exit to the outside of the building at finished ground level. 33.3.2.9  This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to maintain emergency lighting. This	K0291		

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

TITLE

(X6) DATE

*Dawn Ulroschel*

*ICFA*

*03/23/2023*

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K0291	Continued From page 1 deficient practice would cause confusion and delay egress the in the event of a power failure; no egress lighting would be available. The facility census was 3.  Findings are: Observation on 3-6-23 at 11:39 am revealed, the emergency light in the second-floor center office area failed to operate when test button was pressed.  During an interview on 3-6-23 at 11:39 am, Staff A confirmed the emergency light failed to work.	K0291			
K0321	Hazardous Areas - Enclosure CFR(s): NFPA 101  Hazardous Areas - Enclosure 2012 EXISTING (Prompt and Slow) Rooms containing high-pressure boilers, refrigerating machinery, transformers, or other service equipment subject to possible explosion shall not be located under or adjacent to exits. All such rooms shall be effectively separated from other parts of the building as specified in section 8.7. Hazardous areas shall be separated with construction of a minimum of 1-hour fire resistance with openings protected with self-closing fire doors or have an automatic extinguishment system and smoke partition in accordance with 8.4. Hazardous areas shall include but not be limited to the following: boiler or heating rooms, laundries, repair shop, spaces storing combustibles in quantities deemed hazardous. 33.3.3.2.2 33.3.3.2.1, 33.3.3.2.2 This STANDARD is not met as evidenced by:	K0321			

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NAME OF PROVIDER OR SUPPLIER  <b>400 STATE BUILDING</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3104, 3070, 3071 STATE AVE BEATRICE, NE 68310</b>	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K0321	Continued From page 2 Based on observation and interview, the facility failed to provide a smoke resistant enclosure for hazardous areas to separate them from the rest of the facility. This deficient practice would allow fire and smoke to migrate out of the hazard areas into the exit corridor which could delay egress. The facility census was 3.  Findings are: Observation on 3-6-23 at 12:04 pm and 12:16 pm revealed: 1. Room 113 in Unit 402 used as a storage room; door failed to provide a self-closing device. 2. Room 115 in Unit 402 used as a storage room; door failed to provide a self-closing device.	K0321		
K0355	During an interview on 3-6-23 at 12:04 pm and 12:16 pm, Staff A confirmed the findings. Portable Fire Extinguishers CFR(s): NFPA 101  Portable Fire Extinguishers 2012 EXISTING (Prompt and Slow) Portable fire extinguishers shall be provided near hazardous areas in accordance with 9.7.4.1. 33.3.3.5.7  This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to assure fire extinguishers were not obstructed. This deficient practice would delay the extinguishment of a fire. The facility census was 3.  Findings are: Observation on 3-6-23 at 12:08 pm revealed, the fire extinguisher in the fire extinguisher room in Unit 402 was obstructed by a vacuum and a large	K0355		

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NAME OF PROVIDER OR SUPPLIER  <b>400 STATE BUILDING</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3104, 3070, 3071 STATE AVE BEATRICE, NE 68310</b>	
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K0355	Continued From page 3 tote.	K0355		
K0363	<p>During an interview on 3-6-23 at 12:08 pm, Staff A confirmed the items obstructing the fire extinguisher.</p> <p>Corridor - Doors CFR(s): NFPA 101</p> <p>Corridor - Doors Doors shall have a fire protection rating of not less than 20 minutes, unless the following condition exist:</p> <ol style="list-style-type: none"> <li>1. Solid-bonded wood core doors of not less than 1-3/4 inches (4.4 cm) thickness shall be permitted to continue to be used.</li> <li>2. In buildings protected throughout by an approved automatic sprinkler system in accordance with 33.3.3.5, doors that are nonrated shall be permitted to continue to be used.</li> <li>3. Where automatic sprinkler protection is provided in the corridor in accordance with 31.3.5.8, doors shall not be required to have a fire protection rating but shall be in accordance with 8.4.3. The provisions of 8.4.3.5 shall not apply.</li> </ol> <p>Doors shall be equipped with latches for keeping the doors tightly closed.</p> <p>Walls and doors required by 33.3.3.6.1 and 33.3.3.6.2 shall be constructed as smoke partitions in accordance with 8.4. The provisions of 8.4.3.5 shall not apply.</p> <p>Doors shall be self-closing or automatic-closing in accordance with 7.2.1.8. Doors in walls separating sleeping rooms from corridors shall be automatic-closing in accordance with 7.2.1.8.2 unless the following conditions exist:</p> <ol style="list-style-type: none"> <li>1. Doors to sleeping rooms that have occupant-control locks such that access is normally restricted to the occupants or staff</li> </ol>	K0363		



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K0363	Continued From page 4 personnel shall be permitted to be self-closing. 2. In buildings protected throughout by an approved automatic sprinkler system installed in accordance with 33.3.3.5, doors, other than doors to hazardous areas, vertical openings, and exit enclosures, shall not be required to be self-closing or automatic-closing. Door assemblies with leaves required to swing in the direction of egress travel are inspected and tested annually per 7.2.1.15. 33.3.3.6.4.1, 33.3.3.6.4.2, 33.3.3.6.4.3, 33.3.3.6.4.4, 33.3.3.6.5, 33.3.3.6.6.1, 33.3.6.6.2, 33.3.3.6.6.3, 33.7.7 This STANDARD is not met as evidenced by: Based on observation and interview the facility failed to assure doors would latch within the doorframe. This deficient practice would allow smoke, fire and gases to spread outside the room. The facility census was 3.  Findings are: Observations on 3-6-23 at 11:49 am revealed, second floor breakroom door was obstructed with a large rolling cart which obstructed the door and did not allow the door to latch within the doorframe.	K0363		
K0511	During an interview on 3-6-23 at 11:49 am, Staff A confirmed the door was obstructed. Utilities - Gas and Electric CFR(s): NFPA 101  Utilities - Gas and Electric 2012 EXISTING Utilities shall comply with the provisions of 9.1. 33.3.6.1 This STANDARD is not met as evidenced by: Based on observation and interview, the facility	K0511		

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NAME OF PROVIDER OR SUPPLIER  <b>400 STATE BUILDING</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3104, 3070, 3071 STATE AVE BEATRICE, NE 68310</b>		
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K0511	<p>Continued From page 5</p> <p>allowed storage to obstruct access to an electrical panel box. This deficient practice could cause injury and delay turning off the power during an electrical emergency. The facility census was 3.</p> <p>Findings are: Observation on 3-6-23 at 12:08 pm revealed, the electrical panel box in the fire extinguisher room in Unit 402 was obstructed by a vacuum and a large tote.</p> <p>During an interview on 3-6-23 at 12:08 pm, Staff A confirmed the items stored in front of the panel box.</p>	K0511			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
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OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>28G107</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>12 - 3070 STATE AVENUE</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/06/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>400 STATE BUILDING</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3104, 3070, 3071 STATE AVE BEATRICE, NE 68310</b>	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	INITIAL COMMENTS  42 CFR 483.470 The facility must meet the applicable provisions of the 2012 Edition of the Life Safety Code of the National Fire Protection Association. This facility is governed by Chapter 33, Existing Residential Board and Care Occupancies of the 2012 Edition of the National Fire Protection Association [NFPA], Chapter 101: Life Safety Code.  400 State Building - 3070 State is a single story building of Type V (000) construction that was built in 1970 and is fully sprinkled.  The facility has 12 certified beds. At the time of the survey the census was 0 residents.  400 State Building - 3071 State was found to be in compliance with the requirements for participation in Medicare/Medicaid at 42 CFR 483.470 Life Safety from Fire, and the related National Fire Protection Association (NFPA) Standard 101 - 2012 edition.	K 000		
K0200	Means of Egress Requirements - Other CFR(s): NFPA 101  Means of Escape Requirements - Other 2012 EXISTING List in the REMARKS section any LSC Section 33.2.2 Means of Escape requirements that are not addressed by the provided K-tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567. This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to assure bathroom doors were not provided with two locking devices. This deficient	K0200		

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

TITLE

(X6) DATE

*Dawn Ulschek*

TCFA

03/23/2023

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NAME OF PROVIDER OR SUPPLIER  <b>400 STATE BUILDING</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3104, 3070, 3071 STATE AVE BEATRICE, NE 68310</b>		
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K0200	Continued From page 1 practice would delay rescue during an emergency. The facility census was 0.  Findings are: Observations on 3-6-23 at 11:28 am revealed, the restroom door for rooms 19 and 20 was provided with two slide locks.  During an interview on 3-6-23 at 11:28 am, Staff A confirmed the door provided two locks.	K0200			

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NAME OF PROVIDER OR SUPPLIER  <b>400 STATE BUILDING</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3104, 3070, 3071 STATE AVE BEATRICE, NE 68310</b>	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	INITIAL COMMENTS  42 CFR 483.470 The facility must meet the applicable provisions of the 2012 Edition of the Life Safety Code of the National Fire Protection Association. This facility is governed by Chapter 33, Existing Residential Board and Care Occupancies of the 2012 Edition of the National Fire Protection Association [NFPA], Chapter 101: Life Safety Code.  400 State Building - 3071 State is a single story building of Type V (000) construction that was built in 1970 and is fully sprinkled.  The facility has 12 certified beds. At the time of the survey the census was 5 residents.  400 State Building - 3071 State was found to not be in compliance with the requirements for participation in Medicare/Medicaid at 42 CFR 483.470 Life Safety from Fire, and the related National Fire Protection Association (NFPA) Standard 101 - 2012 edition.	K 000		
K0353	Sprinkler System - Maintenance and Testing CFR(s): NFPA 101  Sprinkler System - Maintenance and Testing 2012 EXISTING (Prompt) NFPA 13 and 13R Systems All sprinkler systems installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, and NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies Up To and Including Four Stories in Height, are inspected, tested and maintained in accordance with NFPA 25, Standard for Inspection, Testing and Maintenance of Water Based Fire Protection System.	K0353		

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

TITLE

(X6) DATE

*Dawn Urboschak*

*ICFA*

*03/23/2023*

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NAME OF PROVIDER OR SUPPLIER  <b>400 STATE BUILDING</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3104, 3070, 3071 STATE AVE BEATRICE, NE 68310</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K0353	<p>Continued From page 1</p> <p><b>NFPA 13D Systems</b></p> <p>Sprinkler systems installed in accordance with NFPA 13D, Standard for the Installation of Sprinkler Systems in One- and Two-Family Dwellings and Manufactured Homes, are inspected, tested and maintained in accordance with the following requirements of NFPA 25:</p> <ol style="list-style-type: none"> <li>1. Control valves inspected monthly (NFPA 25, section 13.3.2).</li> <li>2. Gauges inspected monthly (NFPA 25, section 13.2.71).</li> <li>3. Alarm devices inspected quarterly (NFPA 25, section 5.2.6).</li> <li>4. Alarm devices tested semiannually (NFPA 25, section 5.3.3).</li> <li>5. Valve supervisory switches tested semiannually (NFPA 25, section 13.3.3.5).</li> <li>6. Visible sprinklers inspected annually ((NFPA 25, section 5.2.1).</li> <li>7. Visible pipe inspected annually (NFPA 25, section 5.2.2).</li> <li>8. Visible pipe hangers inspected annually (NFPA 25, section 5.2.3).</li> <li>9. Buildings inspected annually prior to freezing weather for adequate heat for water filled piping (NFPA 25, section 5.2.5).</li> <li>10. A representative sample of fast response sprinklers are tested at 20 years (NFPA 25, section 5.3.1.1.1.2).</li> <li>11. A representative sample of dry pendant sprinklers are tested at 10 years (NFPA 25, section 5.3.1.1.15).</li> <li>12. Antifreeze solutions are tested annually (NFPA 25, section 5.3.4).</li> <li>13. Control valves are operated through their full range and returned to normal annually (NFPA 25, section 13.3.3.1).</li> <li>14. Operating stems of OS&amp;Y valves are</li> </ol>	K0353			

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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NAME OF PROVIDER OR SUPPLIER  <b>400 STATE BUILDING</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3104, 3070, 3071 STATE AVE BEATRICE, NE 68310</b>	
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K0353	<p>Continued From page 2</p> <p>lubricated annually (NFPA 25, section 13.3.4).</p> <p>15. Dry pipe systems extending into unheated portions of the building are inspected, tested and maintained (NFPA 25, section 13.4.4).</p> <p>A. Date sprinkler system last checked and necessary maintenance provided.</p> <p>_____</p> <p>B. Show who provided the service.</p> <p>_____</p> <p>C. Note the source of the water supply for the automatic sprinkler system.</p> <p>_____</p> <p>(Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system.)</p> <p>33.2.3.5.3, 33.2.3.5.8, 9.7.5, 9.7.7, 9.7.8, and NFPA 25</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview the facility failed to assure that ceiling tiles were in place and an escutcheon was in place. This deficient practice would not allow the sprinkler system to operate as designed. The facility has census of 5 on the day of survey.</p> <p>Findings are: Observations on 3-6-23 at 11:35 am and 11:45 am revealed:</p> <ol style="list-style-type: none"> <li>1. Ceiling tile out of the ceiling grid in Room 5</li> <li>2. The sprinkler outside room 25 was green with corrosion.</li> </ol> <p>During an interview on 3-6-23 at 11:35 am and 11:45 am, Staff A confirmed the sprinkler was green and the ceiling tile was out of the grid.</p>	K0353		

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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NAME OF PROVIDER OR SUPPLIER  400 STATE BUILDING			STREET ADDRESS, CITY, STATE, ZIP CODE 3104, 3070, 3071 STATE AVE BEATRICE, NE 68310	
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K 000	INITIAL COMMENTS	K 000		
K0200	<p>42 CFR 483.470 The facility must meet the applicable provisions of the 2012 Edition of the Life Safety Code of the National Fire Protection Association. This facility is governed by Chapter 39, Existing Business Occupancies of the 2012 Edition of the National Fire Protection Association [NFPA], Chapter 101: Life Safety Code.</p> <p>400 State Building - 200 Sheridan (Bear Creek/Therapy) is a two story building of Type II (000) construction that was approved in 2002 and is fully sprinkled.</p> <p>Means of Egress Requirements - Other CFR(s): NFPA 101</p> <p>Means of Escape Requirements - Other 2012 EXISTING List in the REMARKS section any LSC Section 33.2.2 Means of Escape requirements that are not addressed by the provided K-tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567. This STANDARD is not met as evidenced by:</p> <p>A. Based on observation and interview, the facility failed to maintain emergency lighting. This deficient practice would cause confusion and delay egress the in the event of a power failure; no egress lighting would be available.</p> <p>Findings are: Observation on 3-7-23 at 11:46 am revealed, the emergency light in second floor center stair failed to operate when test button was pressed.</p> <p>During an interview on 3-7-23 at 11:46 am, Staff A</p>	K0200		

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

TITLE

(X6) DATE

*Dawn Urbaschek*

*ICFA*

*03/23/2023*

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NAME OF PROVIDER OR SUPPLIER  <b>400 STATE BUILDING</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>3104, 3070, 3071 STATE AVE BEATRICE, NE 68310</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K0200	Continued From page 1 confirmed the emergency light failed to work.  B. Based on observation and interview, the facility failed to assure the stair door would close and latch within the doorframe. This deficient practice would allow fire, smoke and gasses to spread.  Findings are: Observation on 3-7-23 at 11:47 am, revealed the center second floor stair door failed to latch within the doorframe.  During an interview on 3-7-23 at 11:47 am, Staff A confirmed the stair door failed to latch.	K0200		
K0321	Hazardous Areas - Enclosure CFR(s): NFPA 101  Hazardous Areas - Enclosure 2012 EXISTING (Prompt) Any hazardous area that is on the same floor as, and is in or abut, a primary means of escape or a sleeping room shall be protected by one of the following means: 1. Protection shall be an enclosure with a fire resistance rating of not less than 1 hour, with a self-closing or automatic closing fire door in accordance with 7.2.1.8 that has a fire protection rating of not less than 3/4 hour. 2. Protection shall be automatic sprinkler protection, in accordance with 33.2.3.5, and a smoke partition, in accordance with 8.4 located between the hazardous area and the sleeping area or primary escape route. Any doors in such separation shall be self-closing or automatic closing in accordance with 7.2.1.8. Other hazardous areas shall be protected in accordance with 33.2.3.2.5 by one of the	K0321		

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NAME OF PROVIDER OR SUPPLIER  <b>400 STATE BUILDING</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3104, 3070, 3071 STATE AVE BEATRICE, NE 68310</b>	
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K0321	<p>Continued From page 2 following:</p> <ol style="list-style-type: none"> <li>1. An enclosure having a fire resistance rating of not less than 1/2 hour, with a self-closing or automatic-closing door in accordance with 7.2.1.8 that is equivalent to not less than a 13/4 inch (4.4 cm) thick, solid-bonded wood core construction.</li> <li>2. Automatic sprinkler protection in accordance with 33.2.3.5, regardless of enclosure.</li> </ol> <p>Areas with approved, properly installed and maintained furnaces and heating equipment, and cooking and laundry facilities are not classified as hazardous areas solely on basis of such equipment.</p> <p>Standard response sprinklers shall be permitted for use in hazardous areas in accordance with 33.2.3.2.</p> <p>33.2.2.2.4, 33.2.3.2, 33.2.3.2.5</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to provide a smoke resistant enclosure for hazardous areas to separate them from the rest of the facility. This deficient practice would allow fire and smoke to migrate which could delay egress.</p> <p>Findings are: Observation on 3-7-23 at 11:30 am and 11:44 am revealed:</p> <ol style="list-style-type: none"> <li>1. Bear Creek storage room across from OT/PT Eval. Room ceiling tiles out of the grid.</li> <li>2. Second floor mechanical room off the breakroom had a 24 inch by 24 inch unsealed penetration in the ceiling.</li> </ol> <p>During an interview on 3-7-23 at 11:30 am and 11:44 am, Staff A confirmed the findings.</p>	K0321		

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NAME OF PROVIDER OR SUPPLIER  <b>400 STATE BUILDING</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3104, 3070, 3071 STATE AVE BEATRICE, NE 68310</b>	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	INITIAL COMMENTS  42 CFR 483.470 The facility must meet the applicable provisions of the 2012 Edition of the Life Safety Code of the National Fire Protection Association. This facility is governed by Chapter 39, Existing Business Occupancies of the 2012 Edition of the National Fire Protection Association [NFPA], Chapter 101: Life Safety Code.  400 State Building - D Building (training) is a three story building of Type II (000) construction that was approved in 2002 and is fully sprinkled.  400 State Building - D Building (training) was found to not be in compliance with the requirements for participation in Medicare/Medicaid at 42 CFR 483.470 Life Safety from Fire, and the related National Fire Protection Association (NFPA) Standard 101 - 2012	K 000		
K0300	Protection - Other CFR(s): NFPA 101  Protection - Other 2012 EXISTING List in the REMARKS section any LSC Section 33.2.3 Protection requirements that are not addressed by the provided K-tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567. This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to provide a smoke resistant enclosure for hazardous areas to separate them from the rest of the facility. This deficient practice would allow fire and smoke to migrate out of the hazard areas, which could delay egress.	K0300		

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

*Dawn Urbaschek*

TITLE

*ICFA*

(X6) DATE

*03/23/2023*

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NAME OF PROVIDER OR SUPPLIER  <b>400 STATE BUILDING</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3104, 3070, 3071 STATE AVE BEATRICE, NE 68310</b>		
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K0300	Continued From page 1	K0300			
K0500	<p>Findings are: Observation on 3-6-23 at 2:55 pm revealed: 1. The 1 ½-hour fire rated door to the non-sprinkled tunnel failed to close and latch within the doorframe.</p> <p>During an interview on 3-6-23 at 2:55 pm, Staff A confirmed the door failed to close and latch.</p> <p><b>Building Services - Other</b> CFR(s): NFPA 101</p> <p><b>Building Services - Other</b> List in the REMARKS section any LSC Section 32.2.5 and 33.2.5 Building Services that are not addressed by the provided K-tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567. This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to assure electrical wires were protected. This deficient practice would increase the potential for an electrical fire or shock.</p> <p>Findings are: Observations on 3-3-23 at 3:42 pm revealed, uncovered electrical wires in a cabinet for a wall clock in room 210.</p> <p>During an interview on 3-3-23 at 3:42 pm, Staff A confirmed the electrical wires.</p>	K0500			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
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NAME OF PROVIDER OR SUPPLIER  <b>400 STATE BUILDING</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3104, 3070, 3071 STATE AVE BEATRICE, NE 68310</b>	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	INITIAL COMMENTS  42 CFR 483.470 The facility must meet the applicable provisions of the 2012 Edition of the Life Safety Code of the National Fire Protection Association. This facility is governed by Chapter 39, Existing Business Occupancies of the 2012 Edition of the National Fire Protection Association [NFPA], Chapter 101: Life Safety Code.  400 State Building - Administration is a two story building of Type II (000) construction that was approved in 2002 and is fully sprinkled.  400 State Building - Administration was found to be not in compliance with the requirements for participation in Medicare/Medicaid at 42 CFR 483.470 Life Safety from Fire, and the related National Fire Protection Association (NFPA) Standard 101 - 2012 edition.	K 000		
K0300	Protection - Other CFR(s): NFPA 101  Protection - Other 2012 EXISTING List in the REMARKS section any LSC Section 33.2.3 Protection requirements that are not addressed by the provided K-tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567. This STANDARD is not met as evidenced by: Based on observation and interview, the facility allowed storage to obstruct access to an electrical panel box. This deficient practice could cause injury and delay turning off the power during an electrical emergency.  Findings are:	K0300		

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

TITLE

(X6) DATE

*Drum Ulbaschek*

ICFA

03/23/2023

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DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>28G107</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>10 - ADMINISTRATION BLDG NON-RES</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/06/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>400 STATE BUILDING</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3104, 3070, 3071 STATE AVE BEATRICE, NE 68310</b>	
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K0300	Continued From page 1 Observation 3-6-23 at 12:27 pm revealed: 1. The electrical panel box E in storage room next to room 180 was obstructed by a chair.  During an interview on 3-6-23 at 12:27 pm, Staff A confirmed the items stored in front of the panel boxes.	K0300		
K0321	Hazardous Areas - Enclosure CFR(s): NFPA 101  Hazardous Areas - Enclosure 2012 EXISTING (Prompt) Any hazardous area that is on the same floor as, and is in or abut, a primary means of escape or a sleeping room shall be protected by one of the following means: 1. Protection shall be an enclosure with a fire resistance rating of not less than 1 hour, with a self-closing or automatic closing fire door in accordance with 7.2.1.8 that has a fire protection rating of not less than 3/4 hour. 2. Protection shall be automatic sprinkler protection, in accordance with 33.2.3.5, and a smoke partition, in accordance with 8.4 located between the hazardous area and the sleeping area or primary escape route. Any doors in such separation shall be self-closing or automatic closing in accordance with 7.2.1.8. Other hazardous areas shall be protected in accordance with 33.2.3.2.5 by one of the following: 1. An enclosure having a fire resistance rating of not less than 1/2 hour, with a self-closing or automatic-closing door in accordance with 7.2.1.8 that is equivalent to not less than a 1 3/4 inch (4.4 cm) thick, solid-bonded wood core construction. 2. Automatic sprinkler protection in accordance with 33.2.3.5, regardless of enclosure.	K0321		

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K0321	<p>Continued From page 2</p> <p>Areas with approved, properly installed and maintained furnaces and heating equipment, and cooking and laundry facilities are not classified as hazardous areas solely on basis of such equipment.</p> <p>Standard response sprinklers shall be permitted for use in hazardous areas in accordance with 33.2.3.2.</p> <p>33.2.2.2.4, 33.2.3.2, 33.2.3.2.5</p> <p>This STANDARD is not met as evidenced by:</p> <p>Based on observation and interview, the facility failed to provide a smoke resistant enclosure for hazardous areas to separate them from the rest of the facility. This deficient practice would allow fire and smoke to migrate which could delay egress.</p> <p>Findings are: Observation on 3-7-23 between 11:50 am and 12:24 pm revealed:</p> <ol style="list-style-type: none"> <li>1. Room 015 in the basement was used as storage and no self-closing device was provided.</li> <li>2. Room 016 in the basement was used as storage and no self-closing device was provided.</li> <li>3. Room 020 in the basement was used as storage and no self-closing device was provided.</li> <li>4. Room 051 northwest electrical room, ceiling tiles out of the grid.</li> <li>5. Room 045 in the basement was used as storage and no self-closing device was provided.</li> <li>6. Room 060 in the basement was used as storage and no self-closing device was provided.</li> <li>7. Room 061 in the basement was used as storage and no self-closing device was provided.</li> <li>8. Room 062 in the basement was used as storage and no self-closing device was provided.</li> <li>9. Room 066 in the basement was used as storage and no self-closing device was provided.</li> <li>10. Room 259 on the first floor was used as</li> </ol>	K0321		

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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NAME OF PROVIDER OR SUPPLIER  <b>400 STATE BUILDING</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3104, 3070, 3071 STATE AVE BEATRICE, NE 68310</b>		
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K0321	Continued From page 3 storage and no self-closing device was provided.  During an interview on 3-7-23 S between 11:50 am and 12:24 pm Staff A confirmed the rooms used as storage without providing a self-closing device and missing ceiling tiles.	K0321			



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NAME OF PROVIDER OR SUPPLIER  <b>400 STATE BUILDING</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3104, 3070, 3071 STATE AVE BEATRICE, NE 68310</b>		
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K 000	INITIAL COMMENTS  42 CFR 483.470 The facility must meet the applicable provisions of the 2012 Edition of the Life Safety Code of the National Fire Protection Association. This facility is governed by Chapter 13, Assembly Occupancies of the 2012 Edition of the National Fire Protection Association [NFPA], Chapter 101: Life Safety Code.  400 State Building - Carstens is a single story building of Type II (000) construction that was approved in 2002 and is fully sprinkled.  400 State Building - Carstens was found to be not in compliance with the requirements for participation in Medicare/Medicaid at 42 CFR 483.470 Life Safety from Fire, and the related National Fire Protection Association (NFPA) Standard 101 - 2012	K 000			
K0200	Means of Egress Requirements - Other CFR(s): NFPA 101  Means of Escape Requirements - Other 2012 EXISTING List in the REMARKS section any LSC Section 33.2.2 Means of Escape requirements that are not addressed by the provided K-tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567. This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to maintain emergency lighting. This deficient practice would cause confusion and delay egress the in the event of a power failure; no egress lighting would be available.  Findings are:	K0200			

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

TITLE

(X6) DATE

*Dawn Urbaschek*

*TCEA*

*03/23/2023*

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K0200	Continued From page 1 Observation on 3-6-23 at 2:39 pm revealed, the emergency light on the east wall in the Gym failed to operate when test button was pressed.	K0200		
K0300	During an interview on 3-6-23 at 11:39 am, Staff A confirmed the emergency light failed to work. Protection - Other CFR(s): NFPA 101  Protection - Other 2012 EXISTING List in the REMARKS section any LSC Section 33.2.3 Protection requirements that are not addressed by the provided K-tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567. This STANDARD is not met as evidenced by: Based on interview and documentation review, the facility failed to provide documentation for the fire-extinguishing system protecting the kitchen hood and any type of cleaning of the hood. This deficient practice would increase the possibility for a fire under the hood.  Findings are: Interview on 3-6-23 at 2:48 pm, Staff B stated that they occasionally use the kitchen hood in the Café and that no documentation of inspection of the fire-extinguishing system or cleaning of the exhaust hood was provided.  During documentation review on 3-7-23 at 12:45 pm revealed the facility failed to provide documentation for the inspection and cleaning of the kitchen hood in the Carstens Café.	K0300		
K0311	Vertical Openings - Enclosure CFR(s): NFPA 101	K0311		

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K0311	Continued From page 2  Vertical Openings - Enclosure 2012 EXISTING (Prompt) Vertical openings shall be protected so as not to expose a primary means of escape. Vertical openings shall be considered protected if separated by smoke partitions in accordance with 8.2.4 that resist the passage of smoke from one story to any primary means of escape on another story. Smoke partitions shall have a fire resistance rating on not less than 1/2 hour. Any doors or openings to the vertical opening shall be capable of resisting fire for not less than 20 minutes. Stairs shall be permitted to be open where complying with sections 33.2.2.4.6 or 33.2.2.7. 33.2.3.1.1 through 33.2.3.1.4 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to assure the stair door would close and latch within the doorframe. This deficient practice would allow fire, smoke and gases to spread.  Findings are: Observation on 3-6-23 at 2:34 pm, revealed the stair door to the second level mechanical room failed to latch within the doorframe.  During an interview on 3-6-23 at 2:34 pm, Staff A confirmed the stair door failed to latch.	K0311		
K0321	Hazardous Areas - Enclosure CFR(s): NFPA 101  Hazardous Areas - Enclosure 2012 EXISTING (Prompt) Any hazardous area that is on the same floor as, and is in or abut, a primary means of escape or a sleeping room shall be protected by one of the	K0321		

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K0321	<p>Continued From page 3</p> <p>following means:</p> <ol style="list-style-type: none"> <li>1. Protection shall be an enclosure with a fire resistance rating of not less than 1 hour, with a self-closing or automatic closing fire door in accordance with 7.2.1.8 that has a fire protection rating of not less than 3/4 hour.</li> <li>2. Protection shall be automatic sprinkler protection, in accordance with 33.2.3.5, and a smoke partition, in accordance with 8.4 located between the hazardous area and the sleeping area or primary escape route. Any doors in such separation shall be self-closing or automatic closing in accordance with 7.2.1.8.</li> </ol> <p>Other hazardous areas shall be protected in accordance with 33.2.3.2.5 by one of the following:</p> <ol style="list-style-type: none"> <li>1. An enclosure having a fire resistance rating of not less than 1/2 hour, with a self-closing or automatic-closing door in accordance with 7.2.1.8 that is equivalent to not less than a 1 3/4 inch (4.4 cm) thick, solid-bonded wood core construction.</li> <li>2. Automatic sprinkler protection in accordance with 33.2.3.5, regardless of enclosure.</li> </ol> <p>Areas with approved, properly installed and maintained furnaces and heating equipment, and cooking and laundry facilities are not classified as hazardous areas solely on basis of such equipment.</p> <p>Standard response sprinklers shall be permitted for use in hazardous areas in accordance with 33.2.3.2.</p> <p>33.2.2.2.4, 33.2.3.2, 33.2.3.2.5</p> <p>This STANDARD is not met as evidenced by:</p> <p>Based on observation and interview, the facility failed to provide a smoke resistant enclosure for hazardous areas to separate them from the rest of the facility. This deficient practice would allow fire and smoke to migrate which could delay egress.</p>	K0321			

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K0321	Continued From page 4	K0321			
K0363	<p>Findings are: Observation on 3-6-23 at 2:44 pm revealed, storage room door in the Café was held open with a cord.</p> <p>During an interview on 3-6-23 at 2:44 pm, Staff A confirmed the door was held open</p> <p>Corridor - Doors CFR(s): NFPA 101</p> <p>Corridor - Doors Doors shall meet all of the following requirements:</p> <ol style="list-style-type: none"> <li>Doors shall be provided with latches or other mechanisms suitable for keeping the door closed.</li> <li>No doors shall be arranged to prevent the occupant from closing the door.</li> <li>Doors shall be self-closing or automatic-closing in accordance with 7.2.1.8 in buildings other than those protected throughout by an approved automatic sprinkler system in accordance with 33.2.3.5.</li> </ol> <p>Door assemblies with leaves required to swing in the direction of egress travel are inspected and tested annually per 7.2.1.15. 33.2.3.6.4, 33.7.7</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview the facility failed to assure doors would latch within the doorframe. This deficient practice would allow smoke, fire and gases to spread outside the room.</p> <p>Findings are: Observations on 3-6-23 at 2:24 pm revealed, the door to the Social Center failed to latch within the doorframe.</p>	K0363			

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K0363	Continued From page 5	K0363			
K0511	<p>During an interview on 3-6-23 at 2:24 pm, Staff A confirmed the door failed to latch.</p> <p>Utilities - Gas and Electric CFR(s): NFPA 101</p> <p>Utilities - Gas and Electric Equipment using gas or related gas piping complies with NFPA 54, National Fuel Gas Code, electrical wiring and equipment complies with NFPA 70, National Electric Code. 32.2.5.1, 33.2.5.1, 9.1.1, 9.1.2 This STANDARD is not met as evidenced by: Based on observation and interview, the facility allowed storage to obstruct access to electrical panel boxes. This deficient practice could cause injury and delay turning off the power during an electrical emergency.</p> <p>Findings are: Observation on 3-6-23 at 2:32 pm and 2:42 pm revealed: 1. The electrical panel box D in the second-floor mechanical room was obstructed by a chair. 2. The electrical panel box E in the Café dish room was obstructed with brooms, fan and dust pan.</p> <p>During an interview on 3-6-23 at 2:32 pm and 2:42 pm, Staff A confirmed the items stored in front of the panel boxes.</p>	K0511			

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K 000	<p><b>INITIAL COMMENTS</b></p> <p>42 CFR 483.470 The facility must meet the applicable provisions of the 2012 Edition of the Life Safety Code of the National Fire Protection Association. This facility is governed by Chapter 13, Assembly Occupancies of the 2012 Edition of the National Fire Protection Association [NFPA], Chapter 101: Life Safety Code.</p> <p>400 State Building - Chapel is a single story building of Type V (000) construction that was approved in 2002 and is not sprinkled.</p> <p>400 State Building - Chapel was found to be in compliance with the requirements for participation in Medicare/Medicaid at 42 CFR 483.470 Life Safety from Fire, and the related National Fire Protection Association (NFPA) Standard 101 - 2012</p>	K 000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

*Dawn Urbaschek* *ICFA* *03/23/2023*

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# NEBRASKA

Good Life. Great Service.

**DEPT. OF ADMINISTRATIVE SERVICES**

To Whom it may Concern

We received the Fire marshal deficiency report on March 16<sup>th</sup>, 2023 for the 400 state for the BSDC in Beatrice Nebraska.

The following are the prefix tags and place where the deficiency happened. List are Items that we will have contractors come and fix the deficiency. Included will be the dates they will come out to look at the work requested.

1. K0353 for building 3071. Sprinkler head observed to have green corrosion on it. On Monday March 27<sup>th</sup>, 2023 Nifco mechanical will be out doing there inspections and will replace the head while they are here.
2. K0321 for 200 Sheridan (West wing) it was observed that the second floor mechanical room had a 24x24inch unsealed penetration in the ceiling. I Contacted Beatrice Mechanical and have them scheduled to come look at this to see what it will take to fix since there is a outside air damper up there. They are scheduled to look at this on March 23<sup>rd</sup>, 2023 and let me know what it will cost to fix and a date they could come to do the work.
3. K0321 for the Administration building it was observed that the following rooms were used as storage and needs door closures on the door Rooms 015, 016, 020, 051, 045, 060, 061, 062, 066, and 259. We only had 6 door closures on hand and have to order more and they should be in by March 31, 2023 and we will get them all installed within a week of receiving the door closures.
4. K0300 for the Carstens café building it was observed that there was no documentation on the inspection of the fire-extinguishing system or cleaning of the exhaust hood. I have attached the Inspection report for the Fire-extinguishing system and have contacted a cleaning company who will give me a quote for the cleaning on March 23, 2023 and I will look it over to see if it meets requirements and then set up a time the week of March 31<sup>st</sup> for them to come out and clean the hood.

Please let me know if any additional information is needed and I will be happy to send that to you

Aubrey Gerlach Facility Manager for the BSDC [Aubrey.gerlach@nebraska.gov](mailto:Aubrey.gerlach@nebraska.gov) (402) 219-3766

Michelle Potts, Administrator

**Department of Administrative Services** | STATE BUILDING DIVISION

P.O. Box 98940  
Lincoln, Nebraska 68509-8940

1526 K Street, Ste. 160  
Lincoln, Nebraska 68508

OFFICE 531-207-9029

[das.nebraska.gov](http://das.nebraska.gov)







**BSDC**  
Beatrice State Development Center  
3000 Lincoln Blvd  
Beatrice, NE 68310

**DUE BY 3/23/2023 9:29 AM**

**MEDIUM**

**WO# BSDC-14268**

**NOT TO EXCEED \$0.00**

**STATUS COMPLETED**

**BUILDING**

<b>Name</b>	BSDC	<b>Contact</b>	Unassigned B25
<b>Address</b>	3104 State Avenue Beatrice, NE 68310	<b>Contact At</b>	
		<b>Phone</b>	
		<b>Fax</b>	

**CORRECTIVE MAINTENANCE**

**DATE CREATED 3/20/2023 9:31 AM**

**Emergency Lighting** Not working properly fire marshal walkthrough found emergency light by center office not working properly

**ASSIGNMENT**

<b>Assigned To</b>	William Lux	<b>Specialty</b>	Lighting
<b>Mobile</b>	402.806.7526	<b>Access/Appt</b>	N/A
<b>Email</b>	william.lux@nebraska.gov	<b>Scheduled Start</b>	
		<b>PO#</b>	

**COMPLETION**

**REQUIRED SIGNATURE**

**Work Completed** 3/21/2023 10:36 AM  
**Repair Category/Code** Lights and Signs Failed  
 Electrical Part

**Signature** If this document was sent because a signed copy has been requested during the sign-off process on a mobile device, check the second attachment to the same email for the signed receipt.

replace battery in light



**BSDC**  
Beatrice State Development Center  
3000 Lincoln Blvd  
Beatrice, NE 68310

**DUE BY 3/23/2023 9:35 AM**

**MEDIUM**

**WO# BSDC-14269**

**NOT TO EXCEED \$0.00**

**STATUS OPEN**

**BUILDING**

<b>Name</b>	BSDC	<b>Contact</b>	...Unassigned B25
<b>Address</b>	3070 State Avenue Beatrice, NE 68310	<b>Contact At</b>	
		<b>Phone</b>	
		<b>Fax</b>	

**CORRECTIVE MAINTENANCE**

**DATE CREATED 3/20/2023 9:36 AM**

**General** Describe as needed during Fire Marshal walk through, Fire marshal observed 2 slide locks on the bathroom door. please remove one of the locks. between rooms 19 and 20

**ASSIGNMENT**

<b>Assigned To</b>	Shawn Bartels	<b>Specialty</b>	General Maintenance
<b>Mobile</b>	531.220.9068	<b>Access/Appt</b>	N/A
<b>Email</b>	shawn.bartels@nebraska.gov	<b>Scheduled Start</b>	
		<b>PO#</b>	

**COMPLETION**

**REQUIRED SIGNATURE**

**Work Completed**

**Signature** If this document was sent because a signed copy has been requested during the sign-off process on a mobile device, check the second attachment to the same email for the signed receipt.

*Removed 1 Slide Lock  
20 MARCH 2023  
Shawn Bartels*



**BSDC**  
Beatrice State Development Center  
3000 Lincoln Blvd  
Beatrice, NE 68310

**DUE BY 4/19/2023 9:42 AM**

**LOW**

**WO# BSDC-14270**

**NOT TO EXCEED \$0.00**

**STATUS OPEN**

**BUILDING**

<b>Name</b>	BSDC	<b>Contact</b>	...Unassigned B25
<b>Address</b>	3071 State Avenue Beatrice, NE 68310	<b>Contact At</b>	
		<b>Phone</b>	
		<b>Fax</b>	

**BASIC**

**DATE CREATED 3/20/2023 9:42 AM**

Ceiling Section/tile loose/missing during fire marshal walk through tile was missing in room 5 above T.V.

**ASSIGNMENT**

<b>Assigned To</b>	Shawn Bartels	<b>Specialty</b>	Carpentry/Handyman Svcs
<b>Mobile</b>	531.220.9068	<b>Access/Appt</b>	N/A
<b>Email</b>	shawn.bartels@nebraska.gov	<b>Scheduled Start</b>	
		<b>PO#</b>	

**COMPLETION**

**Work Completed**

**REQUIRED SIGNATURE**

**Signature** If this document was sent because a signed copy has been requested during the sign-off process on a mobile device, check the second attachment to the same email for the signed receipt.

*Replaced  
tile*

*20 March 2023  
Shawn Bartels*



**BSDC**  
Beatrice State Development Center  
3000 Lincoln Blvd  
Beatrice, NE 68310

**DUE BY 3/23/2023 9:53 AM**  
**NOT TO EXCEED \$0.00**

**MEDIUM**

**WO# BSDC-14273**  
**STATUS COMPLETED**

**BUILDING**

<b>Name</b>	BSDC	<b>Contact</b>	...Unassigned B25
<b>Address</b>	854 Sheridan 2nd Flr/834 Sheridan 1st Flr Beatrice, NE 68310	<b>Contact At</b>	
		<b>Phone</b>	
		<b>Fax</b>	

**BASIC**

**DATE CREATED 3/20/2023 9:53 AM**

**Emergency Lighting** Damaged/not working During fire marshal walk through observed emergency light not working second floor center Stairwell

**ASSIGNMENT**

<b>Assigned To</b>	William Lux	<b>Specialty</b>	Lighting
<b>Mobile</b>	402.806.7526	<b>Access/Appt</b>	N/A
<b>Email</b>	william.lux@nebraska.gov	<b>Scheduled Start</b>	
		<b>PO#</b>	

**COMPLETION**

**Work Completed** 3/21/2023 10:39 AM  
**Repair Category/Code** Lights and Signs Failed  
 Electrical Part  
 replaced light

**REQUIRED SIGNATURE**

**Signature** If this document was sent because a signed copy has been requested during the sign-off process on a mobile device, check the second attachment to the same email for the signed receipt.



BSDC  
 Beatrice State Development Center  
 3000 Lincoln Blvd  
 Beatrice, NE 68310

DUE BY 3/23/2023 9:55 AM  
 NOT TO EXCEED \$0.00

MEDIUM

WO# BSDC-14274

STATUS COMPLETED

**BUILDING**

<b>Name</b>	BSDC	<b>Contact</b>	...Unassigned B25
<b>Address</b>	854 Sheridan 2nd Flr/834 Sheridan 1st Flr Beatrice, NE 68310	<b>Contact At</b>	
		<b>Phone</b>	
		<b>Fax</b>	

**BASIC**

DATE CREATED 3/20/2023 9:56 AM

Door Latch not working properly during Fire marshal Walk through observed door to second floor center stairwell not latching properly.

**ASSIGNMENT**

<b>Assigned To</b>	Steven Robertson	<b>Specialty</b>	Doors
<b>Mobile</b>	402.806.5607	<b>Access/Appt</b>	N/A
<b>Email</b>	steve.robertson@nebraska.gov	<b>Scheduled Start</b>	
		<b>PO#</b>	

**FINANCIAL**

<b>Estimate</b>		<b>Quote</b>		<b>Total Expense</b>	TBD
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**INTERNAL COSTS**

<b>Status</b>	Pending
<b>Total</b>	\$34.00

**VENDOR INVOICE**

<b>Status</b>	None
<b>Total</b>	\$0.00

**COMPLETION**

<b>Work Completed</b>	3/20/2023 10:35 AM
<b>Repair Category/Code</b>	Doors and Windows Improper Operation

**REQUIRED SIGNATURE**

**Signature** If this document was sent because a signed copy has been requested during the sign-off process on a mobile device, check the second attachment to the same email for the signed receipt.

Cleaned and lubricated the lockset. Checked all door hardware for tightness and proper operation. Tested door, door is latching properly now.

**ACTIVITY LOG**

ACTION	BY	AT	COMMENTS
Completed	Steven Robertson	3/20/2023 10:35 AM	Cleaned and lubricated the lockset. Checked all door hardware for tightness and proper operation. Tested door, door is latching properly now.
Picked Up	Steven Robertson	3/20/2023 10:33 AM	
Created	Aubrey Gerlach	3/20/2023 9:56 AM	



BSDC  
Beatrice State Development Center  
3000 Lincoln Blvd  
Beatrice, NE 68310

DUE BY 4/19/2023 10:02 AM

LOW

WO# BSDC-14275

NOT TO EXCEED \$0.00

STATUS COMPLETED

**BUILDING**

Name BSDC  
Address 854 Sheridan 2nd Flr/834 Sheridan 1st Flr  
Beatrice, NE 68310

Contact ...Unassigned B25  
Contact At  
Phone  
Fax

DATE CREATED 3/20/2023 10:02 AM

**BASIC**

Ceiling Section/tile loose/missing during Fire Marshal walk through observed Ceiling tile missing by roll up fire curtain in Bear creek storage across from OT/PT Eval Room

**ASSIGNMENT**

Assigned To Aaron Smith  
Mobile 402-223-7526  
Email aaron.smith@nebraska.gov

Specialty Carpentry/Handyman Svcs  
Access/Appt N/A  
Scheduled Start  
PO#

**COMPLETION**

Work Completed 3/20/2023 3:07 PM  
Repair Category/Code General  
Ceiling tile was replaced.

**REQUIRED SIGNATURE**

Signature If this document was sent because a signed copy has been requested during the sign-off process on a mobile device, check the second attachment to the same email for the signed receipt.

**NOTES**

3/20/2023 3:07 PM - Aaron Smith Wrote: Ceiling tile was replaced.



**BSDC**  
Beatrice State Development Center  
3000 Lincoln Blvd  
Beatrice, NE 68310

**DUE BY 3/23/2023 10:57 AM**  
**NOT TO EXCEED \$0.00**

**MEDIUM**

**WO# BSDC-14279**  
**STATUS COMPLETED**

**BUILDING**

**Name** BSDC  
**Address** 941 Sheridan Drive  
Beatrice, NE 68310

**Contact** ...Unassigned B25  
**Contact At**  
**Phone**  
**Fax**

**BASIC**

**DATE CREATED 3/20/2023 10:58 AM**

**Door Not closing/opening properly** During Fire Marshal walk through observed that the 1 & 1/2 hour fire rated tunnel door not closing/ latching properly

**ASSIGNMENT**

**Assigned To** Terry Brown  
**Mobile** 402.806.0609  
**Email** terry.brown@nebraska.gov

**Specialty** Doors  
**Access/Appt** N/A  
**Scheduled Start**  
**PO#**

**COMPLETION**

**Work Completed** 3/20/2023 12:46 PM  
**Repair Category/Code** General

loosened door hardware and adjusted door, tightened door hardware. tested door when done works fine.

**REQUIRED SIGNATURE**

**Signature** If this document was sent because a signed copy has been requested during the sign-off process on a mobile device, check the second attachment to the same email for the signed receipt.

loosened Hardware adjusted door  
Tightened Hardware, works fine



**BSDC**  
Beatrice State Development Center  
3000 Lincoln Blvd  
Beatrice, NE 68310

**DUE BY 3/23/2023 11:00 AM**

**MEDIUM**

**WO# BSDC-14280**

**NOT TO EXCEED \$0.00**

**STATUS COMPLETED**

**BUILDING**

<b>Name</b>	BSDC	<b>Contact</b>	...Unassigned B25
<b>Address</b>	941 Sheridan Drive Beatrice, NE 68310	<b>Contact At</b>	
		<b>Phone</b>	
		<b>Fax</b>	

**BASIC**

**DATE CREATED 3/20/2023 11:00 AM**

**Electrical** Cover plate damaged/missing During Fire marshal walk through observed electrical wire were uncovered where a wall clock use to be in room 210

**ASSIGNMENT**

<b>Assigned To</b>	William Lux	<b>Specialty</b>	Electrical
<b>Mobile</b>	402.806.7526	<b>Access/Appt</b>	N/A
<b>Email</b>	william.lux@nebraska.gov	<b>Scheduled Start</b>	
		<b>PO#</b>	

**COMPLETION**

**REQUIRED SIGNATURE**

**Work Completed** 3/21/2023 10:41 AM  
**Repair Category/Code** Lights and Signs Other  
 installed cover plate

**Signature** If this document was sent because a signed copy has been requested during the sign-off process on a mobile device, check the second attachment to the same email for the signed receipt.





BSDC  
Beatrice State Development Center  
3000 Lincoln Blvd  
Beatrice, NE 68310

DUE BY 4/21/2023 7:37 AM

LOW

WO# BSDC-14294

NOT TO EXCEED \$0.00

STATUS COMPLETED

**BUILDING**

<b>Name</b>	BSDC	<b>Contact</b>	...Unassigned B25
<b>Address</b>	843 Wallman Drive Beatrice, NE 68310	<b>Contact At</b>	
		<b>Phone</b>	
		<b>Fax</b>	

**BASIC**

DATE CREATED 3/22/2023 7:38 AM

**Ceiling** Section/tile loose/missing during fire marshal walkthrough it was observed that a ceiling tile was missing in the northwest electrical room 051. please replace tile or shut access hole.

**ASSIGNMENT**

<b>Assigned To</b>	Richard Karas	<b>Specialty</b>	Carpentry/Handyman Svcs
<b>Mobile</b>	402.239.9732	<b>Access/Appt</b>	N/A
<b>Email</b>	richard.karas@nebraska.gov	<b>Scheduled Start</b>	
		<b>PO#</b>	

**COMPLETION**

**REQUIRED SIGNATURE**

**Work Completed** 3/22/2023 9:09 AM

**Repair Category/Code** Doors and Windows Other

Latched the hatch door in electrical panel room.

**Signature** If this document was sent because a signed copy has been requested during the sign-off process on a mobile device, check the second attachment to the same email for the signed receipt.



**BSDC**  
Beatrice State Development Center  
3000 Lincoln Blvd  
Beatrice, NE 68310

**DUE BY 3/23/2023 11:03 AM**  
**NOT TO EXCEED \$0.00**

**MEDIUM**

**WO# BSDC-14282**  
**STATUS COMPLETED**

**BUILDING**

<b>Name</b>	BSDC	<b>Contact</b>	Unassigned B25
<b>Address</b>	3000 Carstens Drive Beatrice, NE 68310	<b>Contact At</b>	
		<b>Phone</b>	
		<b>Fax</b>	

**BASIC**

**DATE CREATED 3/20/2023 11:03 AM**

**Emergency Lighting** Not working properly during Fire Marshal walk through observed that emergency light on east wall in the Gym was not working

**ASSIGNMENT**

<b>Assigned To</b>	William Lux	<b>Specialty</b>	Lighting
<b>Mobile</b>	402.806.7526	<b>Access/Appt</b>	N/A
<b>Email</b>	william.lux@nebraska.gov	<b>Scheduled Start</b>	
		<b>PO#</b>	

**COMPLETION**

**Work Completed** 3/21/2023 10:43 AM  
**Repair Category/Code** Lights and Signs Other  
 repair light

**REQUIRED SIGNATURE**

**Signature** If this document was sent because a signed copy has been requested during the sign-off process on a mobile device, check the second attachment to the same email for the signed receipt.



**BSDC**  
 Beatrice State Development Center  
 3000 Lincoln Blvd  
 Beatrice, NE 68310

**DUE BY 3/23/2023 11:11 AM**

**MEDIUM**

**WO# BSDC-14285**

**NOT TO EXCEED \$0.00**

**STATUS COMPLETED**

**BUILDING**

<b>Name</b>	BSDC	<b>Contact</b>	...Unassigned B25
<b>Address</b>	3000 Carstens Drive Beatrice, NE 68310	<b>Contact At</b>	
		<b>Phone</b>	
		<b>Fax</b>	

**BASIC**

**DATE CREATED 3/20/2023 11:11 AM**

**Door** Latch not working properly during fire marshal walk through observed that the door to the second floor mechanical room was not latching properly

**ASSIGNMENT**

<b>Assigned To</b>	Steven Robertson	<b>Specialty</b>	Doors
<b>Mobile</b>	402.806.5607	<b>Access/Appt</b>	N/A
<b>Email</b>	steve.robertson@nebraska.gov	<b>Scheduled Start</b>	
		<b>PO#</b>	

**FINANCIAL**

<b>Estimate</b>		<b>Quote</b>		<b>Total Expense</b>	TBD
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**INTERNAL COSTS**

<b>Status</b>	Pending
<b>Total</b>	\$17.00

**VENDOR INVOICE**

<b>Status</b>	None
<b>Total</b>	\$0.00

**COMPLETION**

<b>Work Completed</b>	3/20/2023 12:00 PM
<b>Repair Category/Code</b>	Doors and Windows Improper Operation

**REQUIRED SIGNATURE**

**Signature** If this document was sent because a signed copy has been requested during the sign-off process on a mobile device, check the second attachment to the same email for the signed receipt.

The lockset had came loose and was misaligned causing the latch to bind. Re-aligned and tightened the lockset back down. Tested, working properly now.

**ACTIVITY LOG**

<b>ACTION</b>	<b>BY</b>	<b>AT</b>	<b>COMMENTS</b>
Completed	Steven Robertson	3/20/2023 12:00 PM	The lockset had came loose and was misaligned causing the latch to bind. Re-aligned and tightened the lockset back down. Tested, working properly now.
Picked Up	Steven Robertson	3/20/2023 11:15 AM	
Created	Aubrey Gerlach	3/20/2023 11:11 AM	



**BSDC**  
 Beatrice State Development Center  
 3000 Lincoln Blvd  
 Beatrice, NE 68310

**DUE BY 3/23/2023 11:06 AM**

**MEDIUM**

**WO# BSDC-14283**

**NOT TO EXCEED \$0.00**

**STATUS COMPLETED**

**BUILDING**

<b>Name</b>	BSDC	<b>Contact</b>	Unassigned B25
<b>Address</b>	3000 Carstens Drive Beatrice, NE 68310	<b>Contact At</b>	
		<b>Phone</b>	
		<b>Fax</b>	

**BASIC**

**DATE CREATED 3/20/2023 11:06 AM**

**Door Latch** not working properly During the fire marshal walk through observed that the door to the social Center failed to latch

**ASSIGNMENT**

<b>Assigned To</b>	Steven Robertson	<b>Specialty</b>	Doors
<b>Mobile</b>	402.806.5607	<b>Access/Appt</b>	N/A
<b>Email</b>	steve.robertson@nebraska.gov	<b>Scheduled Start</b>	
		<b>PO#</b>	

**FINANCIAL**

<b>Estimate</b>		<b>Quote</b>		<b>Total Expense</b>	TBD
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**INTERNAL COSTS**

<b>Status</b>	Pending
<b>Total</b>	\$102.00

**VENDOR INVOICE**

<b>Status</b>	None
<b>Total</b>	\$0.00

**COMPLETION**

<b>Work Completed</b>	3/21/2023 9:21 AM
<b>Repair Category/Code</b>	Doors and Windows Improper Operation

**REQUIRED SIGNATURE**

**Signature** If this document was sent because a signed copy has been requested during the sign-off process on a mobile device, check the second attachment to the same email for the signed receipt.

Checked all door hardware for tightness, tightened loose fasteners and replaced stripped ones with oversized repair fasteners. It's a metal door and there were some dings from carts running into it, straightened them up. Adjusted hinges for proper door centering. Lubricated lock assembly. Tested, the door is latching fine now.

**ACTIVITY LOG**

<b>ACTION</b>	<b>BY</b>	<b>AT</b>	<b>COMMENTS</b>
Completed	Steven Robertson	3/21/2023 9:21 AM	Checked all door hardware for tightness, tightened loose fasteners and replaced stripped ones with oversized repair fasteners. It's a metal door and there were some dings from carts running into it, straightened them up. Adjusted hinges for proper door centering. Lubricated lock assembly. Tested, the door is latching fine now.



**BSDC**  
Beatrice State Development Center  
3000 Lincoln Blvd  
Beatrice, NE 68310

**DUE BY 3/23/2023 11:13 AM**

**MEDIUM**

**WO# BSDC-14286**

**NOT TO EXCEED \$0.00**

**STATUS COMPLETED**

**BUILDING**

<b>Name</b>	BSDC	<b>Contact</b>	...Unassigned B25
<b>Address</b>	3000 Carstens Drive Beatrice, NE 68310	<b>Contact At</b>	
		<b>Phone</b>	
		<b>Fax</b>	

**BASIC**

**DATE CREATED 3/20/2023 11:13 AM**

**General** Describe as needed During Fire marshal walk through observed that the electrical panel was obstructed. please clean area and place sign.

**ASSIGNMENT**

<b>Assigned To</b>	Ray Reckley	<b>Specialty</b>	General Maintenance
<b>Mobile</b>		<b>Access/Appt</b>	N/A
<b>Email</b>	raymond.reckley@nebraska.gov	<b>Scheduled Start</b>	
		<b>PO#</b>	

**COMPLETION**

**REQUIRED SIGNATURE**

**Work Completed** 3/20/2023 2:47 PM  
**Repair Category/Code** Electrical Operations  
 Education

**Signature** If this document was sent because a signed copy has been requested during the sign-off process on a mobile device, check the second attachment to the same email for the signed receipt.



Tech connected. Lives protected.

## Inspection Report

Presented To  
State of Nebraska

For  
Carsten Center  
3000 Lincoln St  
Beatrice, NE 68310



**This site has been inspected  
and tested in compliance  
with applicable standards.**

Completed:  
**Tuesday, November 15, 2022**



Map data ©2022

Tested By:  
**Lucas Canfield**  
Midwest Alarm Services  
3630 W Old Hwy 30  
Grand Island, NE 68803

Scan Code to Access  
Nspec Cloud Portal



---

## Inspection Information

### CUSTOMER INFORMATION

Name:	State of Nebraska	Address:	3000 Lincoln St
City:	Beatrice	State:	NE
ZIP:	68310	Email:	mike.balderson@nebraska.gov
AR#:	1001603		

### BUILDING INFORMATION

Name:	Carsten Center	Occupancy Type:	Institutional (Group I)
Address:	3000 Lincoln St	City:	Beatrice
State:	NE	ZIP:	68310
Monitoring Company:	FA14300	AR#:	1001603
Account Number:			
Email for Reports:	mike.balderson@nebraska.gov		

### COMPANY INFORMATION

Name:	Midwest Alarm Services	Address:	3630 W Old Hwy 30
City:	Grand Island	State:	NE
Zip:	68803	License:	-
Email:	tracy.hesman@mw-as.com	Phone:	308-389-3981

### AUTHORITY HAVING JURISDICTION

Name:	State of Nebraska Fire Marshal	Address:	246 S 14th St
City:	Lincoln	State:	NE
Zip:	68508	Email:	-
Phone:	402-471-2027		

### MONITORING COMPANY

Name:	Per Mar	Address:	1910 E Kimberly Rd
City:	Davenport	State:	IA
Zip:	52807	Email:	-
phone:	800-227-9805		

---

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**TESTING SUMMARY**

EQUIPMENT TYPE	TOTAL	TESTED	PASSED	FAILED
Service & Inspection Report	2	2 (100%)	2 (100%)	0 (0%)

**Kitchen Report**

This testing was performed in accordance with applicable NFPA 72 Standards.

Midwest Alarm Services provides many services to our community. If you would like quarterly, semi-annual or annual testing/inspection, the inspection coordinator can reach out and offer inspections on a time and material basis. Signing an Inspection Agreement with Midwest Alarm Services has many benefits. Not only do you save money, but our inspection coordinator will work with you to ensure your Fire System stays in code as well as has proper documentation sent to the local jurisdiction for compliance. If you need an estimate or have questions about our services, please reach out to our operations manager.

Gary Hesman  
Operations Manager  
308-389-3981  
gary.hesman@mw-as.com

---

Tested By:



**Lucas Canfield**  
Midwest Alarm Services  
3630 W Old Hwy 30  
Grand Island, NE 68803

---



# Service & Inspection Report 1

## Location

Location

## Specification

Type/Make/Model

Guardian / G300-A

## General Information

Manufacturer

GSSI

Control Head Type

Cylinder Size

HST Date

Best Time for Gas Shutdown

Repairs Required - No Longer Serviceable

YES  NO  N/A

## System Layout

Number of Plenum Nozzles:

Number of Duct Nozzles:

Number of Surface Nozzles:

Number of Detectors

Type and Temp of Detectors

Remote Pull Station

Reset Relay

Fire Alarm Connection

ETL

Washdown Connection

Gas

Electrical

Fuel Shut-Off

-

-

2

2

Electronic Heat Detectors

YES  NO  N/A

YES  NO  N/A

YES  NO  N/A

YES  NO  N/A

YES  NO  N/A

YES  NO  N/A

YES  NO  N/A

YES  NO  N/A

## System Inspection

1. Check general system design

YES  NO  N/A

2a. Check pressure gauge

YES  NO  N/A

2b. Gauge pressure (psi)

100

3. All lead and wire seals are intact

YES  NO  N/A

4. There are no visible signs that system(s) has fired or been tampered with. If so, check & report.

YES  NO  N/A

5a. Replace/check cartridge

YES  NO  N/A

5b. Cartridge weight

-

5c. Cartridge date

-

6. Check all piping and conduit; must be immobilized with proper hangers and brackets

YES  NO  N/A

7. Check positioning of all nozzles

YES  NO  N/A

8. Check action on self-closing caps

YES  NO  N/A

9. Replace all protective covers on nozzles

YES  NO  N/A

10. System operated manually

YES  NO  N/A

11. System operated automatically by cutting terminal link

N/A

12. Test proper operation of gas valve(s)

YES  NO  N/A

13. Test proper operation of micro switch (electric shutdown, washdown)

YES  NO  N/A

14. Check operation of multiple systems, all tripped

YES  NO  N/A

15. Replace and seal all safety pins in manual & remote releases

YES  NO  N/A

16. Fuel shut-off is in "ON" position

YES  NO  N/A

17. Check exhaust fan for operating order

YES  NO  N/A

18. Clean system cylinder & component parts

YES  NO  N/A

19. Fan warning sign on hood

YES  NO  N/A

- 20. Distributor emergency phone number on system
- 21. Inspection & servicing tag are on system
- 22. Personnel has been instructed on manual operation of system(s)
- 23. Hand portable extinguishers serviced
- 24. Pin removed, tension set, system armed
- 25. Canopy/ Duct Const

- YES  NO  N/A
- YES  NO  N/A
- YES  NO  N/A
- YES  NO  N/A
- YES  NO  N/A

**Deficiencies**

System is free of deficiencies and functions as required?

Yes

Parts Required:

1 - 9v Battery replaced

**Result**

- Passed

**Notes**

Number

**Service & Inspection Report 2**

**Location**

Location

**Specification**

Type/Make/Model

Ansul / R-102 3 Gal

**General Information**

Manufacturer

Ansul

Control Head Type

-

Cylinder Size

3Gallon

HST Date

-

Best Time for Gas Shutdown

-

Repairs Required - No Longer Serviceable

YES  NO  N/A

**System Layout**

Number of Plenum Nozzles:

1

Number of Duct Nozzles:

1

Number of Surface Nozzles:

2

Number of Detectors

2

Type and Temp of Detectors

K - 450 degree

Remote Pull Station

YES  NO  N/A

Reset Relay

YES  NO  N/A

Fire Alarm Connection

YES  NO  N/A

ETL

YES  NO  N/A

Washdown Connection

YES  NO  N/A

Gas

YES  NO  N/A

Electrical

YES  NO  N/A

Fuel Shut-Off

YES  NO  N/A

**System Inspection**

1. Check general system design

YES  NO  N/A

2a. Check pressure gauge

YES  NO  N/A

2b. Gauge pressure (psi)

-

3. All lead and wire seals are intact

YES  NO  N/A

4. There are no visible signs that system(s) has fired or been tampered with. If so, check & report.

YES  NO  N/A

5a. Replace/check cartridge

YES  NO  N/A

- 42  
11/15/2015
- 5b. Cartridge weight YES  NO  N/A
  - 5c. Cartridge date YES  NO  N/A
  - 6. Check all piping and conduit; must be immobilized with proper hangers and brackets YES  NO  N/A
  - 7. Check positioning of all nozzles YES  NO  N/A
  - 8. Check action on self-closing caps YES  NO  N/A
  - 9. Replace all protective covers on nozzles YES  NO  N/A
  - 10. System operated manually YES  NO  N/A
  - 11. System operated automatically by cutting terminal link No
  - 12. Test proper operation of gas valve(s) YES  NO  N/A
  - 13. Test proper operation of micro switch (electric shutdown, washdown) YES  NO  N/A
  - 14. Check operation of multiple systems, all tripped YES  NO  N/A
  - 15. Replace and seal all safety pins in manual & remote releases YES  NO  N/A
  - 16. Fuel shut-off is in "ON" position YES  NO  N/A
  - 17. Check exhaust fan for operating order YES  NO  N/A
  - 18. Clean system cylinder & component parts YES  NO  N/A
  - 19. Fan warning sign on hood YES  NO  N/A
  - 20. Distributor emergency phone number on system YES  NO  N/A
  - 21. Inspection & servicing tag are on system YES  NO  N/A
  - 22. Personnel has been instructed on manual operation of system(s) YES  NO  N/A
  - 23. Hand portable extinguishers serviced YES  NO  N/A
  - 24. Pin removed, tension set, system armed YES  NO  N/A
  - 25. Canopy/ Duct Const Bastian Blessing

**Deficiencies**

System is free of deficiencies and functions as required? Yes  
Parts Required: 2 - 450 degree fuse links

**Result**

• Passed

**Notes**

Number

**Comments**

Number	COMMENT	IMAGE
1	Range Hood Inspection. Guardian Range Hood not connected to the Fire Alarm. Used 1 - 9v Battery and 2 - 450 degree fuse links K type.	



**MIDWEST ALARM  
SERVICES**

**Tech connected. Lives protected.**

## Conclusion

We appreciate the opportunity to provide this inspection report. We are confident in the accuracy of the contents of this report. Should you require any additional services, or have questions regarding the contents of this report, please do not hesitate to contact your Midwest Alarm Services representative at 308-389-3981.

### Life Safety Solutions Experts Since 1950

For more than 70 years, Midwest Alarm Services has been providing the best, innovative fire, security and technology solutions for homes and businesses. As a systems integrator, we can design, install, maintain, monitor and service a wide variety of equipment and software. We take the time to understand your needs and customized solutions to fit your needs and budget. To learn more about our company and the services we provide, please visit:

[www.midwestalarmservices.com](http://www.midwestalarmservices.com)

Tested By:

**Lucas Canfield**

Midwest Alarm Services

3630 W Old Hwy 30

Grand Island, NE 68803

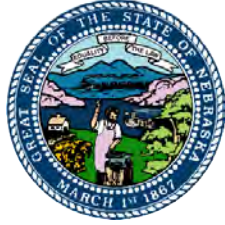
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# State of Nebraska

ANNUAL CONVEYANCE CERTIFICATE

Nebraska State  
Fire Marshal Agency



Elevator  
Division

Issuance of this certificate does not create liability nor guarantee personal safety. If you have any questions regarding the operation or safety of this unit, contact the Owner.  
NSFM Elevator Division: 402-595-3184

STATE # **4085**

UNIT ID **WEST WING/17/INFIRMA**

MANUFACTURER **ROTARY**

TYPE **PASSENGER**

INSPECTION DATE **8/2/2022**

CERTIFICATE # **262253**

BUILDING NAME

Timothy Trujillo

BSDC

Elevator Division Chief

**3000 LINCOLN ST  
BEATRICE, NE 68310**

Scott Cordes

State Fire Marshal


This Certificate must be posted in the elevator car



1530 Samco Road, Rapid City, SD 57702  
 Phone: 605.348.2342 Fax: 605.348.0108  
 Email: Service@RapidFireInc.com

## ANNUAL INSPECTION, TESTING & MAINTENANCE

CUSTOMER & JOB INFORMATION	
<b>Company:</b> Youth Rehab & Treatment Center   10707	<b>Date:</b> 06-20-2024
<b>Location:</b> Vocational Building	<b>Job Number:</b> 34725682
<b>Location Address:</b> 2802 30th Avenue, Kearney NE 68845	<b>Tech &amp; License # :</b> Otis Day NE Inspector/Tech
<b>Contact:</b> Richard Hancock	<b>Monitoring Co. &amp; Phone #:</b>

OWNER SECTION	RESULTS YES/NO/NA
Is the building occupied?	Yes
Has the occupancy classification and hazard of contents remained the same since the last inspection?	Yes
Are all fire protection systems in service?	Yes
Has the system remained in service without modification since the last inspection?	Yes
Was the system free of actuations or alarms since the last inspection?	Yes
Is all wet system piping protected from temperatures below 40°F?	Yes
Was the system free of actuations or alarms since the last inspection?	Yes
Date of last 5 year inspection?	09-13-2022
Prior inspection reports, logs and test data are available for review?	Yes
Plans of system onsite for review (located at the riser)	Yes
Copy of NFPA25 (located at the riser)	Yes
Was property free of fires since last inspection according to information furnished by owner or owner's representative? Explain fire in comments.	
<b>Comments:</b> Good	
<b>Customer Name / Signature:</b> Kevin Quail 	

WET SYSTEM INFORMATION			
<b>Unit #:</b>	4755	<b>Location:</b>	Vocational building
<b>Make:</b>		<b>Model:</b>	
<b>System Notes:</b>			

### INSPECTION

MASTER PRESSURE-REGULATING DEVICE	RESULTS YES/NO/NA
Supply pressure gauge PSI	72
System pressure gauge PSI	112

CONTROL VALVES	RESULTS YES/NO/NA
Control valves in normal open or closed position	Yes
Control valves properly locked or supervised	Yes
Control valves accessible	Yes
Control valves (PIV) provided with appropriate wrenches	Yes

Control valves free from external leaks	Yes
---	-----

<b>GAUGES</b>	<b>RESULTS YES/NO/NA</b>
Gauges appear to be in good condition	Yes

<b>ALARM VALVES/RISER CHECK</b>	<b>RESULTS YES/NO/NA</b>
Alarm valve free of physical damage	N/A
Alarm valve trim valves are in appropriate open or closed position	N/A
Alarm valve retarding chamber or alarm drain not leaking	N/A
Alarm valve gauges indicate normal supply water pressure	N/A

<b>FIRE DEPARTMENT CONNECTIONS</b>	<b>RESULTS YES/NO/NA</b>
FDC is visible	Yes
FDC is accessible	Yes
FDC swivels/couplings undamaged/rotate smoothly	Yes
FDC plugs/caps in place/undamaged	Yes
FDC gaskets in place and in good condition	Yes
FDC identification sign in place	Yes
FDC check valve not leaking	Yes
FDC automatic drain valve in place and operating properly	Yes
FDC clapper is in place and operating properly	Yes

<b>PRESSURE-REDUCING VALVE</b>	<b>RESULTS YES/NO/NA</b>
Pressure reducing control valves (PRV) indicate open	N/A
PRV not leaking	N/A
PRV in good condition	N/A
PRV handwheel installed and not broken	N/A

<b>SIGNAGE</b>	<b>RESULTS YES/NO/NA</b>
Hydraulic nameplate attached and legible	Yes
Control valve identification signs in place	Yes
System control valve sign indicates area served	Yes

<b>SPRINKLERS (VISIBLE FROM GROUND LEVEL)</b>	<b>RESULTS YES/NO/NA</b>
Sprinklers appear free of leakage	Yes
Sprinklers appear free of corrosion	Yes
Sprinklers appear free of foreign materials	Yes
Sprinklers appear free of paint	Yes
Sprinklers appear free of physical damage	Yes
Sprinklers appear properly oriented	Yes
Glass bulbs appear full of liquid	Yes
Spare sprinklers are of proper number (at least 6), type and temperature rating	Yes



Wrench available for each type of sprinkler	Yes
---	-----

<b>HANGERS/SEISMIC BRACING (FROM GROUND LEVEL)</b>	<b>RESULTS YES/NO/NA</b>
Hangers and seismic bracing appear undamaged and tightly attached	Yes

<b>PIPES AND FITTINGS (VISIBLE FROM GROUND LEVEL)</b>	<b>RESULTS YES/NO/NA</b>
Piping appears free of mechanical damage	Yes
Piping appears free of leakage	Yes
Piping appears free of external loading	Yes

<b>BACKFLOW</b>	<b>RESULTS YES/NO/NA</b>
Backflow prevention assembly valves are locked or electrically supervised in open position	Yes
Reduced pressure backflow prevention assembly not in continuous discharge	N/A

<b>TESTING</b>	<b>RESULTS YES/NO/NA</b>
Alarm device free from physical damage	Yes
Water flow alarm (other than vane type) tested and is operational	Yes
Test conducted with inspector's test connection	N/A
Time of alarm activation	47
A main drain test conducted downstream from backflow preventer	Yes
A main drain test conducted downstream from pressure reducing valve	N/A
Supervisory switch initiates distinct signal during first two hand wheel revolutions or before valve stem moved one-fifth from normal position on PIV or WPIV Valve	Yes
Signal restored only when valve returned to normal position	Yes
Control valves (including backflow or PIVs) operated through full range and returned to normal position	Yes
PIVs / WPIVs opened until spring or torsion felt in rod	Yes
PIVs / WPIVs / OS&Ys backed 1/4 turn from full	Yes
PRV control valves partial flow test conducted and adequate to unseat valve	N/A
Valve completely closed and reopened	Yes
ALARM PANEL CLEAR - Upon Leaving	Yes
SYSTEM RETURNED TO SERVICE	Yes

MAIN DRAIN TEST						
#	Location	Size Test Pipe	Static psi (before)	Residual psi	Return time to static pressure	Results differ more than 10 %?
4755	Vocational building	1 1/4"	112	55	0	yes

<b>DEFICIENCIES</b>

CLOSING			
Date & Time Complete	06-20-2024 01:52 PM	Tech Name	Otis Day
Customer Signature		Tech Signature	

*Ben Linn*


*Chris D.*



1530 Samco Road, Rapid City, SD 57702  
 Phone: 605.348.2342 Fax: 605.348.0108  
 Email: Service@RapidFireInc.com

## ANNUAL INSPECTION, TESTING & MAINTENANCE

CUSTOMER & JOB INFORMATION	
<b>Company:</b> Youth Rehab & Treatment Center   10707	<b>Date:</b> 06-20-2024
<b>Location:</b> Lincoln Washington Building	<b>Job Number:</b> 34725682
<b>Location Address:</b> , Kearney 68845	<b>Tech &amp; License # :</b> Otis Day NE Inspector/Tech
<b>Contact:</b> Richard Hancock	<b>Monitoring Co. &amp; Phone #:</b>

OWNER SECTION	RESULTS YES/NO/NA
Is the building occupied?	Yes
Has the occupancy classification and hazard of contents remained the same since the last inspection?	Yes
Are all fire protection systems in service?	Yes
Has the system remained in service without modification since the last inspection?	Yes
Was the system free of actuations or alarms since the last inspection?	Yes
Is all wet system piping protected from temperatures below 40°F?	Yes
Was the system free of actuations or alarms since the last inspection?	Yes
Date of last 5 year inspection?	09-13-2022
Prior inspection reports, logs and test data are available for review?	Yes
Plans of system onsite for review (located at the riser)	Yes
Copy of NFPA25 (located at the riser)	Yes
Was property free of fires since last inspection according to information furnished by owner or owner's representative? Explain fire in comments.	
<b>Comments:</b> Good	
<b>Customer Name / Signature:</b> Kevin Quail 	

WET SYSTEM INFORMATION			
<b>Unit #:</b>	30268	<b>Location:</b>	Lincoln Washington building
<b>Make:</b>		<b>Model:</b>	
<b>System Notes:</b>			

### INSPECTION

MASTER PRESSURE-REGULATING DEVICE	RESULTS YES/NO/NA
Supply pressure gauge PSI	105
System pressure gauge PSI	105

CONTROL VALVES	RESULTS YES/NO/NA
Control valves in normal open or closed position	Yes
Control valves properly locked or supervised	Yes
Control valves accessible	Yes
Control valves (PIV) provided with appropriate wrenches	Yes

Control valves free from external leaks	Yes
---	-----

<b>GAUGES</b>	<b>RESULTS YES/NO/NA</b>
Gauges appear to be in good condition	Yes

<b>ALARM VALVES/RISER CHECK</b>	<b>RESULTS YES/NO/NA</b>
Alarm valve free of physical damage	N/A
Alarm valve trim valves are in appropriate open or closed position	N/A
Alarm valve retarding chamber or alarm drain not leaking	N/A
Alarm valve gauges indicate normal supply water pressure	N/A

<b>FIRE DEPARTMENT CONNECTIONS</b>	<b>RESULTS YES/NO/NA</b>
FDC is visible	Yes
FDC is accessible	Yes
FDC swivels/couplings undamaged/rotate smoothly	Yes
FDC plugs/caps in place/undamaged	Yes
FDC gaskets in place and in good condition	Yes
FDC identification sign in place	Yes
FDC check valve not leaking	Yes
FDC automatic drain valve in place and operating properly	Yes
FDC clapper is in place and operating properly	Yes

<b>PRESSURE-REDUCING VALVE</b>	<b>RESULTS YES/NO/NA</b>
Pressure reducing control valves (PRV) indicate open	N/A
PRV not leaking	N/A
PRV in good condition	N/A
PRV handwheel installed and not broken	N/A

<b>SIGNAGE</b>	<b>RESULTS YES/NO/NA</b>
Hydraulic nameplate attached and legible	Yes
Control valve identification signs in place	Yes
System control valve sign indicates area served	Yes

<b>SPRINKLERS (VISIBLE FROM GROUND LEVEL)</b>	<b>RESULTS YES/NO/NA</b>
Sprinklers appear free of leakage	Yes
Sprinklers appear free of corrosion	Yes
Sprinklers appear free of foreign materials	Yes
Sprinklers appear free of paint	Yes
Sprinklers appear free of physical damage	Yes
Sprinklers appear properly oriented	Yes
Glass bulbs appear full of liquid	Yes
Spare sprinklers are of proper number (at least 6), type and temperature rating	Yes

Wrench available for each type of sprinkler	Yes
---	-----

<b>HANGERS/SEISMIC BRACING (FROM GROUND LEVEL)</b>	<b>RESULTS YES/NO/NA</b>
Hangers and seismic bracing appear undamaged and tightly attached	Yes

<b>PIPES AND FITTINGS (VISIBLE FROM GROUND LEVEL)</b>	<b>RESULTS YES/NO/NA</b>
Piping appears free of mechanical damage	Yes
Piping appears free of leakage	Yes
Piping appears free of external loading	Yes

<b>BACKFLOW</b>	<b>RESULTS YES/NO/NA</b>
Backflow prevention assembly valves are locked or electrically supervised in open position	Yes
Reduced pressure backflow prevention assembly not in continuous discharge	N/A

<b>TESTING</b>	<b>RESULTS YES/NO/NA</b>
Alarm device free from physical damage	Yes
Water flow alarm (other than vane type) tested and is operational	Yes
Test conducted with inspector's test connection	Yes
Time of alarm activation	45
A main drain test conducted downstream from backflow preventer	N/A
A main drain test conducted downstream from pressure reducing valve	N/A
Supervisory switch initiates distinct signal during first two hand wheel revolutions or before valve stem moved one-fifth from normal position on PIV or WPIV Valve	Yes
Signal restored only when valve returned to normal position	Yes
Control valves (including backflow or PIVs) operated through full range and returned to normal position	Yes
PIVs / WPIVs opened until spring or torsion felt in rod	Yes
PIVs / WPIVs / OS&Ys backed 1/4 turn from full	Yes
PRV control valves partial flow test conducted and adequate to unseat valve	N/A
Valve completely closed and reopened	Yes
ALARM PANEL CLEAR - Upon Leaving	Yes
SYSTEM RETURNED TO SERVICE	Yes

MAIN DRAIN TEST						
#	Location	Size Test Pipe	Static psi (before)	Residual psi	Return time to static pressure	Results differ more than 10 %?
30268	Lincoln Washington building					

<b>DEFICIENCIES</b>

<b>CLOSING</b>			
Date & Time Complete	06-20-2024 01:52 PM	Tech Name	Otis Day
Customer Signature		Tech Signature	

	<i>Ben Linn</i>		<i>Chris D.</i>
--	-----------------	--	-----------------

<b>WET SYSTEM INFORMATION</b>			
<b>Unit #:</b>	30267	<b>Location:</b>	Lincoln Washington upstairs 2nd floor
<b>Make:</b>		<b>Model:</b>	
<b>System Notes:</b>			

**INSPECTION**

<b>MASTER PRESSURE-REGULATING DEVICE</b>	<b>RESULTS YES/NO/NA</b>
Supply pressure gauge PSI	95
System pressure gauge PSI	95

<b>CONTROL VALVES</b>	<b>RESULTS YES/NO/NA</b>
Control valves in normal open or closed position	Yes
Control valves properly locked or supervised	Yes
Control valves accessible	Yes
Control valves (PIV) provided with appropriate wrenches	Yes
Control valves free from external leaks	Yes

<b>GAUGES</b>	<b>RESULTS YES/NO/NA</b>
Gauges appear to be in good condition	Yes

<b>ALARM VALVES/RISER CHECK</b>	<b>RESULTS YES/NO/NA</b>
Alarm valve free of physical damage	N/A
Alarm valve trim valves are in appropriate open or closed position	N/A
Alarm valve retarding chamber or alarm drain not leaking	N/A
Alarm valve gauges indicate normal supply water pressure	N/A

<b>FIRE DEPARTMENT CONNECTIONS</b>	<b>RESULTS YES/NO/NA</b>
FDC is visible	Yes
FDC is accessible	Yes
FDC swivels/couplings undamaged/rotate smoothly	Yes
FDC plugs/caps in place/undamaged	Yes
FDC gaskets in place and in good condition	Yes
FDC identification sign in place	Yes
FDC check valve not leaking	Yes
FDC automatic drain valve in place and operating properly	Yes
FDC clapper is in place and operating properly	Yes

<b>PRESSURE-REDUCING VALVE</b>	<b>RESULTS YES/NO/NA</b>
Pressure reducing control valves (PRV) indicate open	N/A
PRV not leaking	N/A
PRV in good condition	N/A
PRV handwheel installed and not broken	N/A

<b>SIGNAGE</b>	<b>RESULTS YES/NO/NA</b>
Hydraulic nameplate attached and legible	Yes
Control valve identification signs in place	Yes
System control valve sign indicates area served	Yes

<b>SPRINKLERS (VISIBLE FROM GROUND LEVEL)</b>	<b>RESULTS YES/NO/NA</b>
Sprinklers appear free of leakage	Yes
Sprinklers appear free of corrosion	Yes
Sprinklers appear free of foreign materials	Yes
Sprinklers appear free of paint	Yes
Sprinklers appear free of physical damage	Yes
Sprinklers appear properly oriented	Yes
Glass bulbs appear full of liquid	Yes
Spare sprinklers are of proper number (at least 6), type and temperature rating	Yes
Wrench available for each type of sprinkler	Yes

<b>HANGERS/SEISMIC BRACING (FROM GROUND LEVEL)</b>	<b>RESULTS YES/NO/NA</b>
Hangers and seismic bracing appear undamaged and tightly attached	Yes

<b>PIPES AND FITTINGS (VISIBLE FROM GROUND LEVEL)</b>	<b>RESULTS YES/NO/NA</b>
Piping appears free of mechanical damage	Yes
Piping appears free of leakage	Yes
Piping appears free of external loading	Yes

<b>BACKFLOW</b>	<b>RESULTS YES/NO/NA</b>
Backflow prevention assembly valves are locked or electrically supervised in open position	Yes
Reduced pressure backflow prevention assembly not in continuous discharge	N/A

<b>TESTING</b>	<b>RESULTS YES/NO/NA</b>
Alarm device free from physical damage	Yes
Water flow alarm (other than vane type) tested and is operational	Yes
Test conducted with inspector's test connection	Yes
Time of alarm activation	36
A main drain test conducted downstream from backflow preventer	Yes
A main drain test conducted downstream from pressure reducing valve	N/A
Supervisory switch initiates distinct signal during first two hand wheel revolutions or before valve stem moved one-fifth from normal position on PIV or WPIV Valve	Yes
Signal restored only when valve returned to normal position	Yes
Control valves (including backflow or PIVs) operated through full range and returned to normal position	Yes
PIVs / WPIVs opened until spring or torsion felt in rod	Yes
PIVs / WPIVs / OS&Ys backed 1/4 turn from full	Yes
PRV control valves partial flow test conducted and adequate to unseat valve	N/A


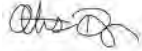


Valve completely closed and reopened	Yes
ALARM PANEL CLEAR - Upon Leaving	Yes
SYSTEM RETURNED TO SERVICE	Yes

MAIN DRAIN TEST						
#	Location	Size Test Pipe	Static psi (before)	Residual psi	Return time to static pressure	Results differ more than 10 %?
30267	Lincoln Washington upstairs 2nd floor	1 inch	95	80	0	no

DEFICIENCIES

**CLOSING**

Date & Time Complete	06-20-2024 01:52 PM	Tech Name	Otis Day
Customer Signature		Tech Signature	

<b>WET SYSTEM INFORMATION</b>			
<b>Unit #:</b>	30269	<b>Location:</b>	1st floor
<b>Make:</b>		<b>Model:</b>	
<b>System Notes:</b>			

**INSPECTION**

<b>MASTER PRESSURE-REGULATING DEVICE</b>	<b>RESULTS YES/NO/NA</b>
Supply pressure gauge PSI	90
System pressure gauge PSI	94

<b>CONTROL VALVES</b>	<b>RESULTS YES/NO/NA</b>
Control valves in normal open or closed position	Yes
Control valves properly locked or supervised	Yes
Control valves accessible	Yes
Control valves (PIV) provided with appropriate wrenches	Yes
Control valves free from external leaks	Yes

<b>GAUGES</b>	<b>RESULTS YES/NO/NA</b>
Gauges appear to be in good condition	Yes

<b>ALARM VALVES/RISER CHECK</b>	<b>RESULTS YES/NO/NA</b>
Alarm valve free of physical damage	N/A
Alarm valve trim valves are in appropriate open or closed position	N/A
Alarm valve retarding chamber or alarm drain not leaking	N/A
Alarm valve gauges indicate normal supply water pressure	N/A

<b>FIRE DEPARTMENT CONNECTIONS</b>	<b>RESULTS YES/NO/NA</b>
FDC is visible	Yes
FDC is accessible	Yes
FDC swivels/couplings undamaged/rotate smoothly	Yes
FDC plugs/caps in place/undamaged	Yes
FDC gaskets in place and in good condition	Yes
FDC identification sign in place	Yes
FDC check valve not leaking	Yes
FDC automatic drain valve in place and operating properly	Yes
FDC clapper is in place and operating properly	Yes

<b>PRESSURE-REDUCING VALVE</b>	<b>RESULTS YES/NO/NA</b>
Pressure reducing control valves (PRV) indicate open	N/A
PRV not leaking	N/A
PRV in good condition	N/A
PRV handwheel installed and not broken	N/A

<b>SIGNAGE</b>	<b>RESULTS YES/NO/NA</b>
Hydraulic nameplate attached and legible	Yes
Control valve identification signs in place	Yes
System control valve sign indicates area served	Yes

<b>SPRINKLERS (VISIBLE FROM GROUND LEVEL)</b>	<b>RESULTS YES/NO/NA</b>
Sprinklers appear free of leakage	Yes
Sprinklers appear free of corrosion	Yes
Sprinklers appear free of foreign materials	Yes
Sprinklers appear free of paint	Yes
Sprinklers appear free of physical damage	Yes
Sprinklers appear properly oriented	Yes
Glass bulbs appear full of liquid	Yes
Spare sprinklers are of proper number (at least 6), type and temperature rating	Yes
Wrench available for each type of sprinkler	Yes

<b>HANGERS/SEISMIC BRACING (FROM GROUND LEVEL)</b>	<b>RESULTS YES/NO/NA</b>
Hangers and seismic bracing appear undamaged and tightly attached	Yes

<b>PIPES AND FITTINGS (VISIBLE FROM GROUND LEVEL)</b>	<b>RESULTS YES/NO/NA</b>
Piping appears free of mechanical damage	Yes
Piping appears free of leakage	Yes
Piping appears free of external loading	Yes

<b>BACKFLOW</b>	<b>RESULTS YES/NO/NA</b>
Backflow prevention assembly valves are locked or electrically supervised in open position	Yes
Reduced pressure backflow prevention assembly not in continuous discharge	N/A



<b>TESTING</b>	<b>RESULTS YES/NO/NA</b>
Alarm device free from physical damage	Yes
Water flow alarm (other than vane type) tested and is operational	Yes
Test conducted with inspector's test connection	Yes
Time of alarm activation	41
A main drain test conducted downstream from backflow preventer	Yes
A main drain test conducted downstream from pressure reducing valve	N/A
Supervisory switch initiates distinct signal during first two hand wheel revolutions or before valve stem moved one-fifth from normal position on PIV or WPIV Valve	Yes
Signal restored only when valve returned to normal position	Yes
Control valves (including backflow or PIVs) operated through full range and returned to normal position	Yes
PIVs / WPIVs opened until spring or torsion felt in rod	Yes
PIVs / WPIVs / OS&Ys backed 1/4 turn from full	Yes
PRV control valves partial flow test conducted and adequate to unseat valve	N/A

Valve completely closed and reopened	Yes
ALARM PANEL CLEAR - Upon Leaving	Yes
SYSTEM RETURNED TO SERVICE	Yes

MAIN DRAIN TEST						
#	Location	Size Test Pipe	Static psi (before)	Residual psi	Return time to static pressure	Results differ more than 10 %?
30269	1st floor	1 inch	94	65	0	yes

DEFICIENCIES

**CLOSING**

Date & Time Complete	06-20-2024 01:52 PM	Tech Name	Otis Day
Customer Signature		Tech Signature	

WET SYSTEM INFORMATION			
Unit #:	9403	Location:	Entire building
Make:		Model:	
System Notes:			

**INSPECTION**

MASTER PRESSURE-REGULATING DEVICE	RESULTS YES/NO/NA
Supply pressure gauge PSI	70
System pressure gauge PSI	80

CONTROL VALVES	RESULTS YES/NO/NA
Control valves in normal open or closed position	Yes
Control valves properly locked or supervised	Yes
Control valves accessible	Yes
Control valves (PIV) provided with appropriate wrenches	Yes
Control valves free from external leaks	Yes

GAUGES	RESULTS YES/NO/NA
Gauges appear to be in good condition	Yes

ALARM VALVES/RISER CHECK	RESULTS YES/NO/NA
Alarm valve free of physical damage	N/A
Alarm valve trim valves are in appropriate open or closed position	N/A
Alarm valve retarding chamber or alarm drain not leaking	N/A
Alarm valve gauges indicate normal supply water pressure	N/A

FIRE DEPARTMENT CONNECTIONS	RESULTS YES/NO/NA
FDC is visible	Yes
FDC is accessible	Yes
FDC swivels/couplings undamaged/rotate smoothly	Yes
FDC plugs/caps in place/undamaged	Yes
FDC gaskets in place and in good condition	Yes
FDC identification sign in place	Yes
FDC check valve not leaking	Yes
FDC automatic drain valve in place and operating properly	Yes
FDC clapper is in place and operating properly	Yes

PRESSURE-REDUCING VALVE	RESULTS YES/NO/NA
Pressure reducing control valves (PRV) indicate open	N/A
PRV not leaking	N/A
PRV in good condition	N/A
PRV handwheel installed and not broken	N/A

<b>SIGNAGE</b>	<b>RESULTS YES/NO/NA</b>
Hydraulic nameplate attached and legible	Yes
Control valve identification signs in place	Yes
System control valve sign indicates area served	Yes

<b>SPRINKLERS (VISIBLE FROM GROUND LEVEL)</b>	<b>RESULTS YES/NO/NA</b>
Sprinklers appear free of leakage	Yes
Sprinklers appear free of corrosion	Yes
Sprinklers appear free of foreign materials	Yes
Sprinklers appear free of paint	Yes
Sprinklers appear free of physical damage	Yes
Sprinklers appear properly oriented	Yes
Glass bulbs appear full of liquid	Yes
Spare sprinklers are of proper number (at least 6), type and temperature rating	Yes
Wrench available for each type of sprinkler	Yes

<b>HANGERS/SEISMIC BRACING (FROM GROUND LEVEL)</b>	<b>RESULTS YES/NO/NA</b>
Hangers and seismic bracing appear undamaged and tightly attached	Yes

<b>PIPES AND FITTINGS (VISIBLE FROM GROUND LEVEL)</b>	<b>RESULTS YES/NO/NA</b>
Piping appears free of mechanical damage	Yes
Piping appears free of leakage	Yes
Piping appears free of external loading	Yes

<b>BACKFLOW</b>	<b>RESULTS YES/NO/NA</b>
Backflow prevention assembly valves are locked or electrically supervised in open position	Yes
Reduced pressure backflow prevention assembly not in continuous discharge	N/A


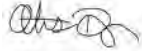
<b>TESTING</b>	<b>RESULTS YES/NO/NA</b>
Alarm device free from physical damage	Yes
Water flow alarm (other than vane type) tested and is operational	Yes
Test conducted with inspector's test connection	Yes
Time of alarm activation	41
A main drain test conducted downstream from backflow preventer	Yes
A main drain test conducted downstream from pressure reducing valve	N/A
Supervisory switch initiates distinct signal during first two hand wheel revolutions or before valve stem moved one-fifth from normal position on PIV or WPIV Valve	Yes
Signal restored only when valve returned to normal position	Yes
Control valves (including backflow or PIVs) operated through full range and returned to normal position	Yes
PIVs / WPIVs opened until spring or torsion felt in rod	Yes
PIVs / WPIVs / OS&Ys backed 1/4 turn from full	Yes
PRV control valves partial flow test conducted and adequate to unseat valve	N/A

Valve completely closed and reopened	Yes
ALARM PANEL CLEAR - Upon Leaving	Yes
SYSTEM RETURNED TO SERVICE	Yes

MAIN DRAIN TEST						
#	Location	Size Test Pipe	Static psi (before)	Residual psi	Return time to static pressure	Results differ more than 10 %?
9403	Entire building	1 inch	80	70	0	no

DEFICIENCIES

**CLOSING**


Date & Time Complete	06-20-2024 01:52 PM	Tech Name	Otis Day
Customer Signature		Tech Signature	



1530 Samco Road, Rapid City, SD 57702  
 Phone: 605.348.2342 Fax: 605.348.0108  
 Email: Service@RapidFireInc.com

## ANNUAL INSPECTION, TESTING & MAINTENANCE

CUSTOMER & JOB INFORMATION	
<b>Company:</b> Youth Rehab & Treatment Center   10707	<b>Date:</b> 06-20-2024
<b>Location:</b> Bryant Creighton Building	<b>Job Number:</b> 34725682
<b>Location Address:</b> , Kearney Nebraska 68845	<b>Tech &amp; License # :</b> Otis Day NE Inspector/Tech
<b>Contact:</b> Richard Hancock	<b>Monitoring Co. &amp; Phone #:</b>

OWNER SECTION	RESULTS YES/NO/NA
Is the building occupied?	Yes
Has the occupancy classification and hazard of contents remained the same since the last inspection?	Yes
Are all fire protection systems in service?	Yes
Has the system remained in service without modification since the last inspection?	Yes
Was the system free of actuations or alarms since the last inspection?	Yes
Is all wet system piping protected from temperatures below 40°F?	Yes
Was the system free of actuations or alarms since the last inspection?	Yes
Date of last 5 year inspection?	09-13-2022
Prior inspection reports, logs and test data are available for review?	Yes
Plans of system onsite for review (located at the riser)	Yes
Copy of NFPA25 (located at the riser)	Yes
Was property free of fires since last inspection according to information furnished by owner or owner's representative? Explain fire in comments.	
<b>Comments:</b> Good	
<b>Customer Name / Signature:</b> Kevin Quail 	

WET SYSTEM INFORMATION			
<b>Unit #:</b>	130271	<b>Location:</b>	Basement Bryant creighton
<b>Make:</b>		<b>Model:</b>	
<b>System Notes:</b>			

### INSPECTION

MASTER PRESSURE-REGULATING DEVICE	RESULTS YES/NO/NA
Supply pressure gauge PSI	104
System pressure gauge PSI	104

CONTROL VALVES	RESULTS YES/NO/NA
Control valves in normal open or closed position	Yes
Control valves properly locked or supervised	Yes
Control valves accessible	Yes
Control valves (PIV) provided with appropriate wrenches	Yes



Control valves free from external leaks	Yes
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<b>GAUGES</b>	<b>RESULTS YES/NO/NA</b>
Gauges appear to be in good condition	Yes

<b>ALARM VALVES/RISER CHECK</b>	<b>RESULTS YES/NO/NA</b>
Alarm valve free of physical damage	N/A
Alarm valve trim valves are in appropriate open or closed position	N/A
Alarm valve retarding chamber or alarm drain not leaking	N/A
Alarm valve gauges indicate normal supply water pressure	N/A

<b>FIRE DEPARTMENT CONNECTIONS</b>	<b>RESULTS YES/NO/NA</b>
FDC is visible	Yes
FDC is accessible	Yes
FDC swivels/couplings undamaged/rotate smoothly	Yes
FDC plugs/caps in place/undamaged	Yes
FDC gaskets in place and in good condition	Yes
FDC identification sign in place	Yes
FDC check valve not leaking	Yes
FDC automatic drain valve in place and operating properly	Yes
FDC clapper is in place and operating properly	Yes

<b>PRESSURE-REDUCING VALVE</b>	<b>RESULTS YES/NO/NA</b>
Pressure reducing control valves (PRV) indicate open	N/A
PRV not leaking	N/A
PRV in good condition	N/A
PRV handwheel installed and not broken	N/A

<b>SIGNAGE</b>	<b>RESULTS YES/NO/NA</b>
Hydraulic nameplate attached and legible	Yes
Control valve identification signs in place	Yes
System control valve sign indicates area served	Yes

<b>SPRINKLERS (VISIBLE FROM GROUND LEVEL)</b>	<b>RESULTS YES/NO/NA</b>
Sprinklers appear free of leakage	Yes
Sprinklers appear free of corrosion	Yes
Sprinklers appear free of foreign materials	Yes
Sprinklers appear free of paint	Yes
Sprinklers appear free of physical damage	Yes
Sprinklers appear properly oriented	Yes
Glass bulbs appear full of liquid	Yes
Spare sprinklers are of proper number (at least 6), type and temperature rating	Yes

Wrench available for each type of sprinkler	Yes
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<b>HANGERS/SEISMIC BRACING (FROM GROUND LEVEL)</b>	<b>RESULTS YES/NO/NA</b>
Hangers and seismic bracing appear undamaged and tightly attached	Yes

<b>PIPES AND FITTINGS (VISIBLE FROM GROUND LEVEL)</b>	<b>RESULTS YES/NO/NA</b>
Piping appears free of mechanical damage	Yes
Piping appears free of leakage	Yes
Piping appears free of external loading	Yes

<b>BACKFLOW</b>	<b>RESULTS YES/NO/NA</b>
Backflow prevention assembly valves are locked or electrically supervised in open position	Yes
Reduced pressure backflow prevention assembly not in continuous discharge	N/A

<b>TESTING</b>	<b>RESULTS YES/NO/NA</b>
Alarm device free from physical damage	Yes
Water flow alarm (other than vane type) tested and is operational	Yes
Test conducted with inspector's test connection	Yes
Time of alarm activation	35
A main drain test conducted downstream from backflow preventer	N/A
A main drain test conducted downstream from pressure reducing valve	N/A
Supervisory switch initiates distinct signal during first two hand wheel revolutions or before valve stem moved one-fifth from normal position on PIV or WPIV Valve	Yes
Signal restored only when valve returned to normal position	Yes
Control valves (including backflow or PIVs) operated through full range and returned to normal position	Yes
PIVs / WPIVs opened until spring or torsion felt in rod	Yes
PIVs / WPIVs / OS&Ys backed 1/4 turn from full	Yes
PRV control valves partial flow test conducted and adequate to unseat valve	N/A
Valve completely closed and reopened	Yes
ALARM PANEL CLEAR - Upon Leaving	Yes
SYSTEM RETURNED TO SERVICE	Yes

MAIN DRAIN TEST						
#	Location	Size Test Pipe	Static psi (before)	Residual psi	Return time to static pressure	Results differ more than 10 %?
130271	Basement Bryant crieghton					

<b>DEFICIENCIES</b>

<b>CLOSING</b>			
Date & Time Complete	06-20-2024 01:52 PM	Tech Name	Otis Day
Customer Signature		Tech Signature	

	<i>Ben Linn</i>		<i>Chris D.</i>
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<b>WET SYSTEM INFORMATION</b>			
<b>Unit #:</b>	5243	<b>Location:</b>	Upstairs Bryant creighton
<b>Make:</b>		<b>Model:</b>	
<b>System Notes:</b>			

**INSPECTION**

<b>MASTER PRESSURE-REGULATING DEVICE</b>	<b>RESULTS YES/NO/NA</b>
Supply pressure gauge PSI	100
System pressure gauge PSI	100

<b>CONTROL VALVES</b>	<b>RESULTS YES/NO/NA</b>
Control valves in normal open or closed position	Yes
Control valves properly locked or supervised	Yes
Control valves accessible	Yes
Control valves (PIV) provided with appropriate wrenches	Yes
Control valves free from external leaks	Yes

<b>GAUGES</b>	<b>RESULTS YES/NO/NA</b>
Gauges appear to be in good condition	Yes

<b>ALARM VALVES/RISER CHECK</b>	<b>RESULTS YES/NO/NA</b>
Alarm valve free of physical damage	N/A
Alarm valve trim valves are in appropriate open or closed position	N/A
Alarm valve retarding chamber or alarm drain not leaking	N/A
Alarm valve gauges indicate normal supply water pressure	N/A

<b>FIRE DEPARTMENT CONNECTIONS</b>	<b>RESULTS YES/NO/NA</b>
FDC is visible	Yes
FDC is accessible	Yes
FDC swivels/couplings undamaged/rotate smoothly	Yes
FDC plugs/caps in place/undamaged	Yes
FDC gaskets in place and in good condition	Yes
FDC identification sign in place	Yes
FDC check valve not leaking	Yes
FDC automatic drain valve in place and operating properly	Yes
FDC clapper is in place and operating properly	Yes

<b>PRESSURE-REDUCING VALVE</b>	<b>RESULTS YES/NO/NA</b>
Pressure reducing control valves (PRV) indicate open	N/A
PRV not leaking	N/A
PRV in good condition	N/A
PRV handwheel installed and not broken	N/A

<b>SIGNAGE</b>	<b>RESULTS YES/NO/NA</b>
Hydraulic nameplate attached and legible	Yes
Control valve identification signs in place	Yes
System control valve sign indicates area served	Yes

<b>SPRINKLERS (VISIBLE FROM GROUND LEVEL)</b>	<b>RESULTS YES/NO/NA</b>
Sprinklers appear free of leakage	Yes
Sprinklers appear free of corrosion	Yes
Sprinklers appear free of foreign materials	Yes
Sprinklers appear free of paint	Yes
Sprinklers appear free of physical damage	Yes
Sprinklers appear properly oriented	Yes
Glass bulbs appear full of liquid	Yes
Spare sprinklers are of proper number (at least 6), type and temperature rating	Yes
Wrench available for each type of sprinkler	Yes

<b>HANGERS/SEISMIC BRACING (FROM GROUND LEVEL)</b>	<b>RESULTS YES/NO/NA</b>
Hangers and seismic bracing appear undamaged and tightly attached	Yes

<b>PIPES AND FITTINGS (VISIBLE FROM GROUND LEVEL)</b>	<b>RESULTS YES/NO/NA</b>
Piping appears free of mechanical damage	Yes
Piping appears free of leakage	Yes
Piping appears free of external loading	Yes

<b>BACKFLOW</b>	<b>RESULTS YES/NO/NA</b>
Backflow prevention assembly valves are locked or electrically supervised in open position	Yes
Reduced pressure backflow prevention assembly not in continuous discharge	N/A


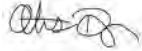
<b>TESTING</b>	<b>RESULTS YES/NO/NA</b>
Alarm device free from physical damage	Yes
Water flow alarm (other than vane type) tested and is operational	Yes
Test conducted with inspector's test connection	Yes
Time of alarm activation	28
A main drain test conducted downstream from backflow preventer	Yes
A main drain test conducted downstream from pressure reducing valve	N/A
Supervisory switch initiates distinct signal during first two hand wheel revolutions or before valve stem moved one-fifth from normal position on PIV or WPIV Valve	Yes
Signal restored only when valve returned to normal position	Yes
Control valves (including backflow or PIVs) operated through full range and returned to normal position	Yes
PIVs / WPIVs opened until spring or torsion felt in rod	Yes
PIVs / WPIVs / OS&Ys backed 1/4 turn from full	Yes
PRV control valves partial flow test conducted and adequate to unseat valve	N/A

Valve completely closed and reopened	Yes
ALARM PANEL CLEAR - Upon Leaving	Yes
SYSTEM RETURNED TO SERVICE	Yes

MAIN DRAIN TEST						
#	Location	Size Test Pipe	Static psi (before)	Residual psi	Return time to static pressure	Results differ more than 10 %?
5243	Upstairs Bryant creighton	1"	100	60	0	yes

DEFICIENCIES

**CLOSING**

Date & Time Complete	06-20-2024 01:52 PM	Tech Name	Otis Day
Customer Signature		Tech Signature	

<b>WET SYSTEM INFORMATION</b>			
<b>Unit #:</b>	30272	<b>Location:</b>	Main floor
<b>Make:</b>		<b>Model:</b>	
<b>System Notes:</b>			

**INSPECTION**

<b>MASTER PRESSURE-REGULATING DEVICE</b>	<b>RESULTS YES/NO/NA</b>
Supply pressure gauge PSI	75
System pressure gauge PSI	80

<b>CONTROL VALVES</b>	<b>RESULTS YES/NO/NA</b>
Control valves in normal open or closed position	Yes
Control valves properly locked or supervised	Yes
Control valves accessible	Yes
Control valves (PIV) provided with appropriate wrenches	Yes
Control valves free from external leaks	Yes

<b>GAUGES</b>	<b>RESULTS YES/NO/NA</b>
Gauges appear to be in good condition	Yes

<b>ALARM VALVES/RISER CHECK</b>	<b>RESULTS YES/NO/NA</b>
Alarm valve free of physical damage	N/A
Alarm valve trim valves are in appropriate open or closed position	N/A
Alarm valve retarding chamber or alarm drain not leaking	N/A
Alarm valve gauges indicate normal supply water pressure	N/A

<b>FIRE DEPARTMENT CONNECTIONS</b>	<b>RESULTS YES/NO/NA</b>
FDC is visible	Yes
FDC is accessible	Yes
FDC swivels/couplings undamaged/rotate smoothly	Yes
FDC plugs/caps in place/undamaged	Yes
FDC gaskets in place and in good condition	Yes
FDC identification sign in place	Yes
FDC check valve not leaking	Yes
FDC automatic drain valve in place and operating properly	Yes
FDC clapper is in place and operating properly	Yes

<b>PRESSURE-REDUCING VALVE</b>	<b>RESULTS YES/NO/NA</b>
Pressure reducing control valves (PRV) indicate open	N/A
PRV not leaking	N/A
PRV in good condition	N/A
PRV handwheel installed and not broken	N/A

<b>SIGNAGE</b>	<b>RESULTS YES/NO/NA</b>
Hydraulic nameplate attached and legible	Yes
Control valve identification signs in place	Yes
System control valve sign indicates area served	Yes

<b>SPRINKLERS (VISIBLE FROM GROUND LEVEL)</b>	<b>RESULTS YES/NO/NA</b>
Sprinklers appear free of leakage	Yes
Sprinklers appear free of corrosion	Yes
Sprinklers appear free of foreign materials	Yes
Sprinklers appear free of paint	Yes
Sprinklers appear free of physical damage	Yes
Sprinklers appear properly oriented	Yes
Glass bulbs appear full of liquid	Yes
Spare sprinklers are of proper number (at least 6), type and temperature rating	Yes
Wrench available for each type of sprinkler	Yes

<b>HANGERS/SEISMIC BRACING (FROM GROUND LEVEL)</b>	<b>RESULTS YES/NO/NA</b>
Hangers and seismic bracing appear undamaged and tightly attached	Yes

<b>PIPES AND FITTINGS (VISIBLE FROM GROUND LEVEL)</b>	<b>RESULTS YES/NO/NA</b>
Piping appears free of mechanical damage	Yes
Piping appears free of leakage	Yes
Piping appears free of external loading	Yes

<b>BACKFLOW</b>	<b>RESULTS YES/NO/NA</b>
Backflow prevention assembly valves are locked or electrically supervised in open position	Yes
Reduced pressure backflow prevention assembly not in continuous discharge	N/A

<b>TESTING</b>	<b>RESULTS YES/NO/NA</b>
Alarm device free from physical damage	Yes
Water flow alarm (other than vane type) tested and is operational	Yes
Test conducted with inspector's test connection	Yes
Time of alarm activation	38
A main drain test conducted downstream from backflow preventer	Yes
A main drain test conducted downstream from pressure reducing valve	N/A
Supervisory switch initiates distinct signal during first two hand wheel revolutions or before valve stem moved one-fifth from normal position on PIV or WPIV Valve	Yes
Signal restored only when valve returned to normal position	Yes
Control valves (including backflow or PIVs) operated through full range and returned to normal position	Yes
PIVs / WPIVs opened until spring or torsion felt in rod	Yes
PIVs / WPIVs / OS&Ys backed 1/4 turn from full	Yes
PRV control valves partial flow test conducted and adequate to unseat valve	N/A


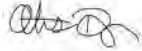


Valve completely closed and reopened	Yes
ALARM PANEL CLEAR - Upon Leaving	Yes
SYSTEM RETURNED TO SERVICE	Yes

MAIN DRAIN TEST						
#	Location	Size Test Pipe	Static psi (before)	Residual psi	Return time to static pressure	Results differ more than 10 %?
30272	Main floor	1"	80	66	0	no

DEFICIENCIES

**CLOSING**

Date & Time Complete	06-20-2024 01:52 PM	Tech Name	Otis Day
Customer Signature		Tech Signature	

<b>WET SYSTEM INFORMATION</b>			
<b>Unit #:</b>	9564	<b>Location:</b>	Entire building
<b>Make:</b>		<b>Model:</b>	
<b>System Notes:</b>			

**INSPECTION**

<b>MASTER PRESSURE-REGULATING DEVICE</b>	<b>RESULTS YES/NO/NA</b>
Supply pressure gauge PSI	80
System pressure gauge PSI	80

<b>CONTROL VALVES</b>	<b>RESULTS YES/NO/NA</b>
Control valves in normal open or closed position	Yes
Control valves properly locked or supervised	Yes
Control valves accessible	Yes
Control valves (PIV) provided with appropriate wrenches	Yes
Control valves free from external leaks	Yes

<b>GAUGES</b>	<b>RESULTS YES/NO/NA</b>
Gauges appear to be in good condition	Yes

<b>ALARM VALVES/RISER CHECK</b>	<b>RESULTS YES/NO/NA</b>
Alarm valve free of physical damage	N/A
Alarm valve trim valves are in appropriate open or closed position	N/A
Alarm valve retarding chamber or alarm drain not leaking	N/A
Alarm valve gauges indicate normal supply water pressure	N/A

<b>FIRE DEPARTMENT CONNECTIONS</b>	<b>RESULTS YES/NO/NA</b>
FDC is visible	Yes
FDC is accessible	Yes
FDC swivels/couplings undamaged/rotate smoothly	Yes
FDC plugs/caps in place/undamaged	Yes
FDC gaskets in place and in good condition	Yes
FDC identification sign in place	Yes
FDC check valve not leaking	Yes
FDC automatic drain valve in place and operating properly	Yes
FDC clapper is in place and operating properly	Yes

<b>PRESSURE-REDUCING VALVE</b>	<b>RESULTS YES/NO/NA</b>
Pressure reducing control valves (PRV) indicate open	N/A
PRV not leaking	N/A
PRV in good condition	N/A
PRV handwheel installed and not broken	N/A

<b>SIGNAGE</b>	<b>RESULTS YES/NO/NA</b>
Hydraulic nameplate attached and legible	Yes
Control valve identification signs in place	Yes
System control valve sign indicates area served	Yes

<b>SPRINKLERS (VISIBLE FROM GROUND LEVEL)</b>	<b>RESULTS YES/NO/NA</b>
Sprinklers appear free of leakage	Yes
Sprinklers appear free of corrosion	Yes
Sprinklers appear free of foreign materials	Yes
Sprinklers appear free of paint	Yes
Sprinklers appear free of physical damage	Yes
Sprinklers appear properly oriented	Yes
Glass bulbs appear full of liquid	Yes
Spare sprinklers are of proper number (at least 6), type and temperature rating	Yes
Wrench available for each type of sprinkler	Yes

<b>HANGERS/SEISMIC BRACING (FROM GROUND LEVEL)</b>	<b>RESULTS YES/NO/NA</b>
Hangers and seismic bracing appear undamaged and tightly attached	Yes

<b>PIPES AND FITTINGS (VISIBLE FROM GROUND LEVEL)</b>	<b>RESULTS YES/NO/NA</b>
Piping appears free of mechanical damage	Yes
Piping appears free of leakage	Yes
Piping appears free of external loading	Yes

<b>BACKFLOW</b>	<b>RESULTS YES/NO/NA</b>
Backflow prevention assembly valves are locked or electrically supervised in open position	Yes
Reduced pressure backflow prevention assembly not in continuous discharge	N/A


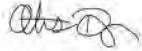
<b>TESTING</b>	<b>RESULTS YES/NO/NA</b>
Alarm device free from physical damage	Yes
Water flow alarm (other than vane type) tested and is operational	Yes
Test conducted with inspector's test connection	Yes
Time of alarm activation	43
A main drain test conducted downstream from backflow preventer	Yes
A main drain test conducted downstream from pressure reducing valve	N/A
Supervisory switch initiates distinct signal during first two hand wheel revolutions or before valve stem moved one-fifth from normal position on PIV or WPIV Valve	Yes
Signal restored only when valve returned to normal position	Yes
Control valves (including backflow or PIVs) operated through full range and returned to normal position	Yes
PIVs / WPIVs opened until spring or torsion felt in rod	Yes
PIVs / WPIVs / OS&Ys backed 1/4 turn from full	Yes
PRV control valves partial flow test conducted and adequate to unseat valve	N/A

Valve completely closed and reopened	Yes
ALARM PANEL CLEAR - Upon Leaving	Yes
SYSTEM RETURNED TO SERVICE	Yes

MAIN DRAIN TEST						
#	Location	Size Test Pipe	Static psi (before)	Residual psi	Return time to static pressure	Results differ more than 10 %?
9564	Entire building	1 inch	80	65	0	no

DEFICIENCIES

**CLOSING**


Date & Time Complete	06-20-2024 01:52 PM	Tech Name	Otis Day
Customer Signature		Tech Signature	



1530 Samco Road, Rapid City, SD 57702  
 Phone: 605.348.2342 Fax: 605.348.0108  
 Email: Service@RapidFireInc.com

## ANNUAL INSPECTION, TESTING & MAINTENANCE

CUSTOMER & JOB INFORMATION	
<b>Company:</b> Youth Rehab & Treatment Center   10707	<b>Date:</b> 06-20-2024
<b>Location:</b> Dickinson Building	<b>Job Number:</b> 34725682
<b>Location Address:</b> , Kearney Nebraska 68845	<b>Tech &amp; License # :</b> Otis Day NE Inspector/Tech
<b>Contact:</b> Richard Hancock	<b>Monitoring Co. &amp; Phone #:</b>

OWNER SECTION	RESULTS YES/NO/NA
Is the building occupied?	Yes
Has the occupancy classification and hazard of contents remained the same since the last inspection?	Yes
Are all fire protection systems in service?	Yes
Has the system remained in service without modification since the last inspection?	Yes
Was the system free of actuations or alarms since the last inspection?	Yes
Is all wet system piping protected from temperatures below 40°F?	Yes
Was the system free of actuations or alarms since the last inspection?	Yes
Date of last 5 year inspection?	09-13-2022
Prior inspection reports, logs and test data are available for review?	Yes
Plans of system onsite for review (located at the riser)	Yes
Copy of NFPA25 (located at the riser)	Yes
Was property free of fires since last inspection according to information furnished by owner or owner's representative? Explain fire in comments.	
<b>Comments:</b> Good	
<b>Customer Name / Signature:</b> Kevin Quail 	

WET SYSTEM INFORMATION			
<b>Unit #:</b>	109402	<b>Location:</b>	Main east side
<b>Make:</b>		<b>Model:</b>	
<b>System Notes:</b>			

### INSPECTION

MASTER PRESSURE-REGULATING DEVICE	RESULTS YES/NO/NA
Supply pressure gauge PSI	80
System pressure gauge PSI	125

CONTROL VALVES	RESULTS YES/NO/NA
Control valves in normal open or closed position	Yes
Control valves properly locked or supervised	Yes
Control valves accessible	Yes
Control valves (PIV) provided with appropriate wrenches	Yes

Control valves free from external leaks	Yes
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<b>GAUGES</b>	<b>RESULTS YES/NO/NA</b>
Gauges appear to be in good condition	Yes

<b>ALARM VALVES/RISER CHECK</b>	<b>RESULTS YES/NO/NA</b>
Alarm valve free of physical damage	N/A
Alarm valve trim valves are in appropriate open or closed position	N/A
Alarm valve retarding chamber or alarm drain not leaking	N/A
Alarm valve gauges indicate normal supply water pressure	N/A

<b>FIRE DEPARTMENT CONNECTIONS</b>	<b>RESULTS YES/NO/NA</b>
FDC is visible	Yes
FDC is accessible	Yes
FDC swivels/couplings undamaged/rotate smoothly	Yes
FDC plugs/caps in place/undamaged	Yes
FDC gaskets in place and in good condition	Yes
FDC identification sign in place	Yes
FDC check valve not leaking	Yes
FDC automatic drain valve in place and operating properly	Yes
FDC clapper is in place and operating properly	Yes

<b>PRESSURE-REDUCING VALVE</b>	<b>RESULTS YES/NO/NA</b>
Pressure reducing control valves (PRV) indicate open	N/A
PRV not leaking	N/A
PRV in good condition	N/A
PRV handwheel installed and not broken	N/A

<b>SIGNAGE</b>	<b>RESULTS YES/NO/NA</b>
Hydraulic nameplate attached and legible	Yes
Control valve identification signs in place	Yes
System control valve sign indicates area served	Yes

<b>SPRINKLERS (VISIBLE FROM GROUND LEVEL)</b>	<b>RESULTS YES/NO/NA</b>
Sprinklers appear free of leakage	Yes
Sprinklers appear free of corrosion	Yes
Sprinklers appear free of foreign materials	Yes
Sprinklers appear free of paint	Yes
Sprinklers appear free of physical damage	Yes
Sprinklers appear properly oriented	Yes
Glass bulbs appear full of liquid	Yes
Spare sprinklers are of proper number (at least 6), type and temperature rating	Yes

Wrench available for each type of sprinkler	Yes
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<b>HANGERS/SEISMIC BRACING (FROM GROUND LEVEL)</b>	<b>RESULTS YES/NO/NA</b>
Hangers and seismic bracing appear undamaged and tightly attached	Yes

<b>PIPES AND FITTINGS (VISIBLE FROM GROUND LEVEL)</b>	<b>RESULTS YES/NO/NA</b>
Piping appears free of mechanical damage	Yes
Piping appears free of leakage	Yes
Piping appears free of external loading	Yes

<b>BACKFLOW</b>	<b>RESULTS YES/NO/NA</b>
Backflow prevention assembly valves are locked or electrically supervised in open position	Yes
Reduced pressure backflow prevention assembly not in continuous discharge	N/A

<b>TESTING</b>	<b>RESULTS YES/NO/NA</b>
Alarm device free from physical damage	Yes
Water flow alarm (other than vane type) tested and is operational	Yes
Test conducted with inspector's test connection	Yes
Time of alarm activation	26
A main drain test conducted downstream from backflow preventer	Yes
A main drain test conducted downstream from pressure reducing valve	N/A
Supervisory switch initiates distinct signal during first two hand wheel revolutions or before valve stem moved one-fifth from normal position on PIV or WPIV Valve	Yes
Signal restored only when valve returned to normal position	Yes
Control valves (including backflow or PIVs) operated through full range and returned to normal position	Yes
PIVs / WPIVs opened until spring or torsion felt in rod	Yes
PIVs / WPIVs / OS&Ys backed 1/4 turn from full	Yes
PRV control valves partial flow test conducted and adequate to unseat valve	N/A
Valve completely closed and reopened	Yes
ALARM PANEL CLEAR - Upon Leaving	Yes
SYSTEM RETURNED TO SERVICE	Yes

<b>MAIN DRAIN TEST</b>						
#	Location	Size Test Pipe	Static psi (before)	Residual psi	Return time to static pressure	Results differ more than 10 %?
109402	Main east side	1"	125	50	0	yes

<b>DEFICIENCIES</b>

<b>CLOSING</b>			
<b>Date &amp; Time Complete</b>	06-20-2024 01:52 PM	<b>Tech Name</b>	Otis Day
<b>Customer Signature</b>		<b>Tech Signature</b>	

	<i>Ben Linn</i>		<i>Chris D.</i>
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<b>WET SYSTEM INFORMATION</b>			
<b>Unit #:</b>	2	<b>Location:</b>	
<b>Make:</b>		<b>Model:</b>	
<b>System Notes:</b>			

**INSPECTION**

<b>MASTER PRESSURE-REGULATING DEVICE</b>	<b>RESULTS YES/NO/NA</b>
Supply pressure gauge PSI	80
System pressure gauge PSI	127

<b>CONTROL VALVES</b>	<b>RESULTS YES/NO/NA</b>
Control valves in normal open or closed position	Yes
Control valves properly locked or supervised	Yes
Control valves accessible	Yes
Control valves (PIV) provided with appropriate wrenches	Yes
Control valves free from external leaks	Yes

<b>GAUGES</b>	<b>RESULTS YES/NO/NA</b>
Gauges appear to be in good condition	Yes

<b>ALARM VALVES/RISER CHECK</b>	<b>RESULTS YES/NO/NA</b>
Alarm valve free of physical damage	N/A
Alarm valve trim valves are in appropriate open or closed position	N/A
Alarm valve retarding chamber or alarm drain not leaking	N/A
Alarm valve gauges indicate normal supply water pressure	N/A

<b>FIRE DEPARTMENT CONNECTIONS</b>	<b>RESULTS YES/NO/NA</b>
FDC is visible	Yes
FDC is accessible	Yes
FDC swivels/couplings undamaged/rotate smoothly	Yes
FDC plugs/caps in place/undamaged	Yes
FDC gaskets in place and in good condition	Yes
FDC identification sign in place	Yes
FDC check valve not leaking	Yes
FDC automatic drain valve in place and operating properly	Yes
FDC clapper is in place and operating properly	Yes

<b>PRESSURE-REDUCING VALVE</b>	<b>RESULTS YES/NO/NA</b>
Pressure reducing control valves (PRV) indicate open	N/A
PRV not leaking	N/A
PRV in good condition	N/A
PRV handwheel installed and not broken	N/A

<b>SIGNAGE</b>	<b>RESULTS YES/NO/NA</b>
Hydraulic nameplate attached and legible	Yes
Control valve identification signs in place	Yes
System control valve sign indicates area served	Yes

<b>SPRINKLERS (VISIBLE FROM GROUND LEVEL)</b>	<b>RESULTS YES/NO/NA</b>
Sprinklers appear free of leakage	Yes
Sprinklers appear free of corrosion	Yes
Sprinklers appear free of foreign materials	Yes
Sprinklers appear free of paint	Yes
Sprinklers appear free of physical damage	Yes
Sprinklers appear properly oriented	Yes
Glass bulbs appear full of liquid	Yes
Spare sprinklers are of proper number (at least 6), type and temperature rating	Yes
Wrench available for each type of sprinkler	Yes

<b>HANGERS/SEISMIC BRACING (FROM GROUND LEVEL)</b>	<b>RESULTS YES/NO/NA</b>
Hangers and seismic bracing appear undamaged and tightly attached	Yes

<b>PIPES AND FITTINGS (VISIBLE FROM GROUND LEVEL)</b>	<b>RESULTS YES/NO/NA</b>
Piping appears free of mechanical damage	Yes
Piping appears free of leakage	Yes
Piping appears free of external loading	Yes

<b>BACKFLOW</b>	<b>RESULTS YES/NO/NA</b>
Backflow prevention assembly valves are locked or electrically supervised in open position	Yes
Reduced pressure backflow prevention assembly not in continuous discharge	N/A


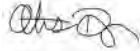
<b>TESTING</b>	<b>RESULTS YES/NO/NA</b>
Alarm device free from physical damage	Yes
Water flow alarm (other than vane type) tested and is operational	Yes
Test conducted with inspector's test connection	Yes
Time of alarm activation	35
A main drain test conducted downstream from backflow preventer	Yes
A main drain test conducted downstream from pressure reducing valve	N/A
Supervisory switch initiates distinct signal during first two hand wheel revolutions or before valve stem moved one-fifth from normal position on PIV or WPIV Valve	Yes
Signal restored only when valve returned to normal position	Yes
Control valves (including backflow or PIVs) operated through full range and returned to normal position	Yes
PIVs / WPIVs opened until spring or torsion felt in rod	Yes
PIVs / WPIVs / OS&Ys backed 1/4 turn from full	Yes
PRV control valves partial flow test conducted and adequate to unseat valve	N/A

Valve completely closed and reopened	Yes
ALARM PANEL CLEAR - Upon Leaving	Yes
SYSTEM RETURNED TO SERVICE	Yes

MAIN DRAIN TEST						
#	Location	Size Test Pipe	Static psi (before)	Residual psi	Return time to static pressure	Results differ more than 10 %?
2		1"	127	42	0	yes

DEFICIENCIES

**CLOSING**


Date & Time Complete	06-20-2024 01:52 PM	Tech Name	Otis Day
Customer Signature		Tech Signature	



1530 Samco Road, Rapid City, SD 57702  
 Phone: 605.348.2342 Fax: 605.348.0108  
 Email: Service@RapidFireInc.com

## ANNUAL INSPECTION, TESTING & MAINTENANCE

CUSTOMER & JOB INFORMATION	
<b>Company:</b> Youth Rehab & Treatment Center   10707	<b>Date:</b> 06-20-2024
<b>Location:</b> Dodge Administrative Building	<b>Job Number:</b> 34725682
<b>Location Address:</b> , Kearney Nebraska 68845	<b>Tech &amp; License # :</b> Otis Day NE Inspector/Tech
<b>Contact:</b> Richard Hancock	<b>Monitoring Co. &amp; Phone #:</b>

OWNER SECTION	RESULTS YES/NO/NA
Is the building occupied?	Yes
Has the occupancy classification and hazard of contents remained the same since the last inspection?	Yes
Are all fire protection systems in service?	Yes
Has the system remained in service without modification since the last inspection?	Yes
Was the system free of actuations or alarms since the last inspection?	Yes
Is all wet system piping protected from temperatures below 40°F?	Yes
Was the system free of actuations or alarms since the last inspection?	Yes
Date of last 5 year inspection?	09-13-2022
Prior inspection reports, logs and test data are available for review?	Yes
Plans of system onsite for review (located at the riser)	Yes
Copy of NFPA25 (located at the riser)	Yes
Was property free of fires since last inspection according to information furnished by owner or owner's representative? Explain fire in comments.	
<b>Comments:</b> Good	
<b>Customer Name / Signature:</b> Kevin Quail 	

WET SYSTEM INFORMATION			
<b>Unit #:</b>	5248	<b>Location:</b>	Basement
<b>Make:</b>		<b>Model:</b>	
<b>System Notes:</b>			

### INSPECTION

MASTER PRESSURE-REGULATING DEVICE	RESULTS YES/NO/NA
Supply pressure gauge PSI	85
System pressure gauge PSI	125

CONTROL VALVES	RESULTS YES/NO/NA
Control valves in normal open or closed position	Yes
Control valves properly locked or supervised	Yes
Control valves accessible	Yes
Control valves (PIV) provided with appropriate wrenches	Yes

Control valves free from external leaks	Yes
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<b>GAUGES</b>	<b>RESULTS YES/NO/NA</b>
Gauges appear to be in good condition	Yes

<b>ALARM VALVES/RISER CHECK</b>	<b>RESULTS YES/NO/NA</b>
Alarm valve free of physical damage	N/A
Alarm valve trim valves are in appropriate open or closed position	N/A
Alarm valve retarding chamber or alarm drain not leaking	N/A
Alarm valve gauges indicate normal supply water pressure	N/A

<b>FIRE DEPARTMENT CONNECTIONS</b>	<b>RESULTS YES/NO/NA</b>
FDC is visible	Yes
FDC is accessible	Yes
FDC swivels/couplings undamaged/rotate smoothly	Yes
FDC plugs/caps in place/undamaged	Yes
FDC gaskets in place and in good condition	Yes
FDC identification sign in place	Yes
FDC check valve not leaking	Yes
FDC automatic drain valve in place and operating properly	Yes
FDC clapper is in place and operating properly	Yes

<b>PRESSURE-REDUCING VALVE</b>	<b>RESULTS YES/NO/NA</b>
Pressure reducing control valves (PRV) indicate open	N/A
PRV not leaking	N/A
PRV in good condition	N/A
PRV handwheel installed and not broken	N/A

<b>SIGNAGE</b>	<b>RESULTS YES/NO/NA</b>
Hydraulic nameplate attached and legible	Yes
Control valve identification signs in place	Yes
System control valve sign indicates area served	Yes

<b>SPRINKLERS (VISIBLE FROM GROUND LEVEL)</b>	<b>RESULTS YES/NO/NA</b>
Sprinklers appear free of leakage	Yes
Sprinklers appear free of corrosion	Yes
Sprinklers appear free of foreign materials	Yes
Sprinklers appear free of paint	Yes
Sprinklers appear free of physical damage	Yes
Sprinklers appear properly oriented	Yes
Glass bulbs appear full of liquid	Yes
Spare sprinklers are of proper number (at least 6), type and temperature rating	Yes

Wrench available for each type of sprinkler	Yes
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<b>HANGERS/SEISMIC BRACING (FROM GROUND LEVEL)</b>	<b>RESULTS YES/NO/NA</b>
Hangers and seismic bracing appear undamaged and tightly attached	Yes

<b>PIPES AND FITTINGS (VISIBLE FROM GROUND LEVEL)</b>	<b>RESULTS YES/NO/NA</b>
Piping appears free of mechanical damage	Yes
Piping appears free of leakage	Yes
Piping appears free of external loading	Yes

<b>BACKFLOW</b>	<b>RESULTS YES/NO/NA</b>
Backflow prevention assembly valves are locked or electrically supervised in open position	Yes
Reduced pressure backflow prevention assembly not in continuous discharge	N/A

<b>TESTING</b>	<b>RESULTS YES/NO/NA</b>
Alarm device free from physical damage	Yes
Water flow alarm (other than vane type) tested and is operational	Yes
Test conducted with inspector's test connection	Yes
Time of alarm activation	47
A main drain test conducted downstream from backflow preventer	Yes
A main drain test conducted downstream from pressure reducing valve	N/A
Supervisory switch initiates distinct signal during first two hand wheel revolutions or before valve stem moved one-fifth from normal position on PIV or WPIV Valve	Yes
Signal restored only when valve returned to normal position	Yes
Control valves (including backflow or PIVs) operated through full range and returned to normal position	Yes
PIVs / WPIVs opened until spring or torsion felt in rod	Yes
PIVs / WPIVs / OS&Ys backed 1/4 turn from full	Yes
PRV control valves partial flow test conducted and adequate to unseat valve	N/A
Valve completely closed and reopened	Yes
ALARM PANEL CLEAR - Upon Leaving	Yes
SYSTEM RETURNED TO SERVICE	Yes

MAIN DRAIN TEST						
#	Location	Size Test Pipe	Static psi (before)	Residual psi	Return time to static pressure	Results differ more than 10 %?
5248	Basement	1 1/4"	125	65	0	yes

<b>DEFICIENCIES</b>

<b>CLOSING</b>			
Date & Time Complete	06-20-2024 01:52 PM	Tech Name	Otis Day
Customer Signature		Tech Signature	

*Ben Linn*

*Chris D.*

WET SYSTEM INFORMATION			
Unit #:	5250	Location:	2nd floor odd basement riser
Make:		Model:	
System Notes:			

**INSPECTION**

MASTER PRESSURE-REGULATING DEVICE	RESULTS YES/NO/NA
Supply pressure gauge PSI	85
System pressure gauge PSI	115

CONTROL VALVES	RESULTS YES/NO/NA
Control valves in normal open or closed position	Yes
Control valves properly locked or supervised	Yes
Control valves accessible	Yes
Control valves (PIV) provided with appropriate wrenches	Yes
Control valves free from external leaks	Yes

GAUGES	RESULTS YES/NO/NA
Gauges appear to be in good condition	Yes

ALARM VALVES/RISER CHECK	RESULTS YES/NO/NA
Alarm valve free of physical damage	N/A
Alarm valve trim valves are in appropriate open or closed position	N/A
Alarm valve retarding chamber or alarm drain not leaking	N/A
Alarm valve gauges indicate normal supply water pressure	N/A

FIRE DEPARTMENT CONNECTIONS	RESULTS YES/NO/NA
FDC is visible	Yes
FDC is accessible	Yes
FDC swivels/couplings undamaged/rotate smoothly	Yes
FDC plugs/caps in place/undamaged	Yes
FDC gaskets in place and in good condition	Yes
FDC identification sign in place	Yes
FDC check valve not leaking	Yes
FDC automatic drain valve in place and operating properly	Yes
FDC clapper is in place and operating properly	Yes

PRESSURE-REDUCING VALVE	RESULTS YES/NO/NA
Pressure reducing control valves (PRV) indicate open	N/A
PRV not leaking	N/A
PRV in good condition	N/A
PRV handwheel installed and not broken	N/A



<b>SIGNAGE</b>	<b>RESULTS YES/NO/NA</b>
Hydraulic nameplate attached and legible	Yes
Control valve identification signs in place	Yes
System control valve sign indicates area served	Yes

<b>SPRINKLERS (VISIBLE FROM GROUND LEVEL)</b>	<b>RESULTS YES/NO/NA</b>
Sprinklers appear free of leakage	Yes
Sprinklers appear free of corrosion	Yes
Sprinklers appear free of foreign materials	Yes
Sprinklers appear free of paint	Yes
Sprinklers appear free of physical damage	Yes
Sprinklers appear properly oriented	Yes
Glass bulbs appear full of liquid	Yes
Spare sprinklers are of proper number (at least 6), type and temperature rating	Yes
Wrench available for each type of sprinkler	Yes

<b>HANGERS/SEISMIC BRACING (FROM GROUND LEVEL)</b>	<b>RESULTS YES/NO/NA</b>
Hangers and seismic bracing appear undamaged and tightly attached	Yes

<b>PIPES AND FITTINGS (VISIBLE FROM GROUND LEVEL)</b>	<b>RESULTS YES/NO/NA</b>
Piping appears free of mechanical damage	Yes
Piping appears free of leakage	Yes
Piping appears free of external loading	Yes

<b>BACKFLOW</b>	<b>RESULTS YES/NO/NA</b>
Backflow prevention assembly valves are locked or electrically supervised in open position	Yes
Reduced pressure backflow prevention assembly not in continuous discharge	N/A


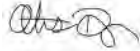
<b>TESTING</b>	<b>RESULTS YES/NO/NA</b>
Alarm device free from physical damage	Yes
Water flow alarm (other than vane type) tested and is operational	Yes
Test conducted with inspector's test connection	Yes
Time of alarm activation	52
A main drain test conducted downstream from backflow preventer	Yes
A main drain test conducted downstream from pressure reducing valve	N/A
Supervisory switch initiates distinct signal during first two hand wheel revolutions or before valve stem moved one-fifth from normal position on PIV or WPIV Valve	Yes
Signal restored only when valve returned to normal position	Yes
Control valves (including backflow or PIVs) operated through full range and returned to normal position	Yes
PIVs / WPIVs opened until spring or torsion felt in rod	Yes
PIVs / WPIVs / OS&Ys backed 1/4 turn from full	Yes
PRV control valves partial flow test conducted and adequate to unseat valve	N/A

Valve completely closed and reopened	Yes
ALARM PANEL CLEAR - Upon Leaving	Yes
SYSTEM RETURNED TO SERVICE	Yes

MAIN DRAIN TEST						
#	Location	Size Test Pipe	Static psi (before)	Residual psi	Return time to static pressure	Results differ more than 10 %?
5250	2nd floor odd basement riser	1 1/4"	115	56	0	yes

DEFICIENCIES

**CLOSING**

Date & Time Complete	06-20-2024 01:52 PM	Tech Name	Otis Day
Customer Signature		Tech Signature	

<b>WET SYSTEM INFORMATION</b>			
<b>Unit #:</b>	5249	<b>Location:</b>	Main floor in stairwell
<b>Make:</b>		<b>Model:</b>	
<b>System Notes:</b>			

**INSPECTION**

<b>MASTER PRESSURE-REGULATING DEVICE</b>	<b>RESULTS YES/NO/NA</b>
Supply pressure gauge PSI	85
System pressure gauge PSI	75

<b>CONTROL VALVES</b>	<b>RESULTS YES/NO/NA</b>
Control valves in normal open or closed position	Yes
Control valves properly locked or supervised	Yes
Control valves accessible	Yes
Control valves (PIV) provided with appropriate wrenches	Yes
Control valves free from external leaks	Yes

<b>GAUGES</b>	<b>RESULTS YES/NO/NA</b>
Gauges appear to be in good condition	Yes

<b>ALARM VALVES/RISER CHECK</b>	<b>RESULTS YES/NO/NA</b>
Alarm valve free of physical damage	N/A
Alarm valve trim valves are in appropriate open or closed position	N/A
Alarm valve retarding chamber or alarm drain not leaking	N/A
Alarm valve gauges indicate normal supply water pressure	N/A

<b>FIRE DEPARTMENT CONNECTIONS</b>	<b>RESULTS YES/NO/NA</b>
FDC is visible	Yes
FDC is accessible	Yes
FDC swivels/couplings undamaged/rotate smoothly	Yes
FDC plugs/caps in place/undamaged	Yes
FDC gaskets in place and in good condition	Yes
FDC identification sign in place	Yes
FDC check valve not leaking	Yes
FDC automatic drain valve in place and operating properly	Yes
FDC clapper is in place and operating properly	Yes

<b>PRESSURE-REDUCING VALVE</b>	<b>RESULTS YES/NO/NA</b>
Pressure reducing control valves (PRV) indicate open	N/A
PRV not leaking	N/A
PRV in good condition	N/A
PRV handwheel installed and not broken	N/A

<b>SIGNAGE</b>	<b>RESULTS YES/NO/NA</b>
Hydraulic nameplate attached and legible	Yes
Control valve identification signs in place	Yes
System control valve sign indicates area served	Yes

<b>SPRINKLERS (VISIBLE FROM GROUND LEVEL)</b>	<b>RESULTS YES/NO/NA</b>
Sprinklers appear free of leakage	Yes
Sprinklers appear free of corrosion	Yes
Sprinklers appear free of foreign materials	Yes
Sprinklers appear free of paint	Yes
Sprinklers appear free of physical damage	Yes
Sprinklers appear properly oriented	Yes
Glass bulbs appear full of liquid	Yes
Spare sprinklers are of proper number (at least 6), type and temperature rating	Yes
Wrench available for each type of sprinkler	Yes

<b>HANGERS/SEISMIC BRACING (FROM GROUND LEVEL)</b>	<b>RESULTS YES/NO/NA</b>
Hangers and seismic bracing appear undamaged and tightly attached	Yes

<b>PIPES AND FITTINGS (VISIBLE FROM GROUND LEVEL)</b>	<b>RESULTS YES/NO/NA</b>
Piping appears free of mechanical damage	Yes
Piping appears free of leakage	Yes
Piping appears free of external loading	Yes

<b>BACKFLOW</b>	<b>RESULTS YES/NO/NA</b>
Backflow prevention assembly valves are locked or electrically supervised in open position	Yes
Reduced pressure backflow prevention assembly not in continuous discharge	N/A


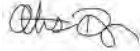
<b>TESTING</b>	<b>RESULTS YES/NO/NA</b>
Alarm device free from physical damage	Yes
Water flow alarm (other than vane type) tested and is operational	Yes
Test conducted with inspector's test connection	Yes
Time of alarm activation	77
A main drain test conducted downstream from backflow preventer	Yes
A main drain test conducted downstream from pressure reducing valve	N/A
Supervisory switch initiates distinct signal during first two hand wheel revolutions or before valve stem moved one-fifth from normal position on PIV or WPIV Valve	Yes
Signal restored only when valve returned to normal position	Yes
Control valves (including backflow or PIVs) operated through full range and returned to normal position	Yes
PIVs / WPIVs opened until spring or torsion felt in rod	Yes
PIVs / WPIVs / OS&Ys backed 1/4 turn from full	Yes
PRV control valves partial flow test conducted and adequate to unseat valve	N/A

Valve completely closed and reopened	Yes
ALARM PANEL CLEAR - Upon Leaving	Yes
SYSTEM RETURNED TO SERVICE	Yes

MAIN DRAIN TEST						
#	Location	Size Test Pipe	Static psi (before)	Residual psi	Return time to static pressure	Results differ more than 10 %?
5249	Main floor in stairwell	1"	75	40	0	yes

DEFICIENCIES

**CLOSING**

Date & Time Complete	06-20-2024 01:52 PM	Tech Name	Otis Day
Customer Signature		Tech Signature	



ANTIFREEZE LOOP SYSTEM INFORMATION			
Unit #:	30284	Type:	
Location:	Dodge building south mop closet	Make:	
Model:		Notes:	

**INSPECTION**

	RESULTS YES/NO/NA
Propylene Premix	N/A
Glycerine Premix	N/A
Field Mix	Yes
Date Tested	06-20-2024
System Gallon Size	100?
Date of last antifreeze change	05-16-2010
Freeze point (tested at the riser)	-29
Freeze point (tested at the farthest/highest point)	
Freeze point (tested at center of the system)	
Antifreeze loop/zone control valve operated and in good condition	Yes
Antifreeze loop/zone check valve in good condition	Yes
Antifreeze loop/zone flow switch tested and in good condition	Yes
Time (seconds) it took for alarm to activate	
Adjustments or corrections	
Desirable improvements	
SYSTEM RETURNED TO SERVICE	Yes
ALARM PANEL CLEAR - Upon Leaving	Yes

DEFICIENCIES

**CLOSING**


Date & Time Complete	06-20-2024 01:52 PM	Tech Name	Otis Day
Customer Signature		Tech Signature	



1530 Samco Road, Rapid City, SD 57702  
 Phone: 605.348.2342 Fax: 605.348.0108  
 Email: Service@RapidFireInc.com

## ANNUAL INSPECTION, TESTING & MAINTENANCE

CUSTOMER & JOB INFORMATION	
<b>Company:</b> Youth Rehab & Treatment Center   10707	<b>Date:</b> 06-20-2024
<b>Location:</b> Gym/Reynolds Building	<b>Job Number:</b> 34725682
<b>Location Address:</b> , Kearney Nebraska 68845	<b>Tech &amp; License # :</b> Otis Day NE Inspector/Tech
<b>Contact:</b> Richard Hancock	<b>Monitoring Co. &amp; Phone #:</b>

OWNER SECTION	RESULTS YES/NO/NA
Is the building occupied?	Yes
Has the occupancy classification and hazard of contents remained the same since the last inspection?	Yes
Are all fire protection systems in service?	Yes
Has the system remained in service without modification since the last inspection?	Yes
Was the system free of actuations or alarms since the last inspection?	Yes
Is all wet system piping protected from temperatures below 40°F?	Yes
Was the system free of actuations or alarms since the last inspection?	Yes
Date of last 5 year inspection?	09-13-2022
Prior inspection reports, logs and test data are available for review?	Yes
Plans of system onsite for review (located at the riser)	Yes
Copy of NFPA25 (located at the riser)	Yes
Was property free of fires since last inspection according to information furnished by owner or owner's representative? Explain fire in comments.	
<b>Comments:</b> Good	
<b>Customer Name / Signature:</b> Kevin Quail 	

WET SYSTEM INFORMATION			
<b>Unit #:</b>	5245	<b>Location:</b>	School
<b>Make:</b>		<b>Model:</b>	
<b>System Notes:</b>			

### INSPECTION

MASTER PRESSURE-REGULATING DEVICE	RESULTS YES/NO/NA
Supply pressure gauge PSI	75
System pressure gauge PSI	115

CONTROL VALVES	RESULTS YES/NO/NA
Control valves in normal open or closed position	Yes
Control valves properly locked or supervised	Yes
Control valves accessible	Yes
Control valves (PIV) provided with appropriate wrenches	Yes

Control valves free from external leaks	Yes
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<b>GAUGES</b>	<b>RESULTS YES/NO/NA</b>
Gauges appear to be in good condition	Yes

<b>ALARM VALVES/RISER CHECK</b>	<b>RESULTS YES/NO/NA</b>
Alarm valve free of physical damage	N/A
Alarm valve trim valves are in appropriate open or closed position	N/A
Alarm valve retarding chamber or alarm drain not leaking	N/A
Alarm valve gauges indicate normal supply water pressure	

<b>FIRE DEPARTMENT CONNECTIONS</b>	<b>RESULTS YES/NO/NA</b>
FDC is visible	Yes
FDC is accessible	Yes
FDC swivels/couplings undamaged/rotate smoothly	Yes
FDC plugs/caps in place/undamaged	Yes
FDC gaskets in place and in good condition	Yes
FDC identification sign in place	Yes
FDC check valve not leaking	Yes
FDC automatic drain valve in place and operating properly	Yes
FDC clapper is in place and operating properly	Yes

<b>PRESSURE-REDUCING VALVE</b>	<b>RESULTS YES/NO/NA</b>
Pressure reducing control valves (PRV) indicate open	N/A
PRV not leaking	N/A
PRV in good condition	N/A
PRV handwheel installed and not broken	N/A

<b>SIGNAGE</b>	<b>RESULTS YES/NO/NA</b>
Hydraulic nameplate attached and legible	Yes
Control valve identification signs in place	Yes
System control valve sign indicates area served	Yes

<b>SPRINKLERS (VISIBLE FROM GROUND LEVEL)</b>	<b>RESULTS YES/NO/NA</b>
Sprinklers appear free of leakage	Yes
Sprinklers appear free of corrosion	Yes
Sprinklers appear free of foreign materials	Yes
Sprinklers appear free of paint	Yes
Sprinklers appear free of physical damage	Yes
Sprinklers appear properly oriented	Yes
Glass bulbs appear full of liquid	Yes
Spare sprinklers are of proper number (at least 6), type and temperature rating	Yes



Wrench available for each type of sprinkler	Yes
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<b>HANGERS/SEISMIC BRACING (FROM GROUND LEVEL)</b>	<b>RESULTS YES/NO/NA</b>
Hangers and seismic bracing appear undamaged and tightly attached	Yes

<b>PIPES AND FITTINGS (VISIBLE FROM GROUND LEVEL)</b>	<b>RESULTS YES/NO/NA</b>
Piping appears free of mechanical damage	Yes
Piping appears free of leakage	Yes
Piping appears free of external loading	Yes

<b>BACKFLOW</b>	<b>RESULTS YES/NO/NA</b>
Backflow prevention assembly valves are locked or electrically supervised in open position	Yes
Reduced pressure backflow prevention assembly not in continuous discharge	N/A

<b>TESTING</b>	<b>RESULTS YES/NO/NA</b>
Alarm device free from physical damage	Yes
Water flow alarm (other than vane type) tested and is operational	Yes
Test conducted with inspector's test connection	Yes
Time of alarm activation	35
A main drain test conducted downstream from backflow preventer	Yes
A main drain test conducted downstream from pressure reducing valve	N/A
Supervisory switch initiates distinct signal during first two hand wheel revolutions or before valve stem moved one-fifth from normal position on PIV or WPIV Valve	Yes
Signal restored only when valve returned to normal position	Yes
Control valves (including backflow or PIVs) operated through full range and returned to normal position	Yes
PIVs / WPIVs opened until spring or torsion felt in rod	Yes
PIVs / WPIVs / OS&Ys backed 1/4 turn from full	Yes
PRV control valves partial flow test conducted and adequate to unseat valve	N/A
Valve completely closed and reopened	Yes
ALARM PANEL CLEAR - Upon Leaving	Yes
SYSTEM RETURNED TO SERVICE	Yes

MAIN DRAIN TEST						
#	Location	Size Test Pipe	Static psi (before)	Residual psi	Return time to static pressure	Results differ more than 10 %?
5245	School	1 1/4"	115	55	0	yes

<b>DEFICIENCIES</b>

CLOSING			
Date & Time Complete	06-20-2024 01:52 PM	Tech Name	Otis Day
Customer Signature		Tech Signature	

	<i>Ben Linn</i>		<i>Chris D.</i>
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<b>WET SYSTEM INFORMATION</b>			
<b>Unit #:</b>	5246	<b>Location:</b>	Gym,pool,weight rm
<b>Make:</b>		<b>Model:</b>	
<b>System Notes:</b>			

**INSPECTION**

<b>MASTER PRESSURE-REGULATING DEVICE</b>	<b>RESULTS YES/NO/NA</b>
Supply pressure gauge PSI	75
System pressure gauge PSI	118

<b>CONTROL VALVES</b>	<b>RESULTS YES/NO/NA</b>
Control valves in normal open or closed position	Yes
Control valves properly locked or supervised	Yes
Control valves accessible	Yes
Control valves (PIV) provided with appropriate wrenches	Yes
Control valves free from external leaks	Yes

<b>GAUGES</b>	<b>RESULTS YES/NO/NA</b>
Gauges appear to be in good condition	Yes

<b>ALARM VALVES/RISER CHECK</b>	<b>RESULTS YES/NO/NA</b>
Alarm valve free of physical damage	N/A
Alarm valve trim valves are in appropriate open or closed position	N/A
Alarm valve retarding chamber or alarm drain not leaking	N/A
Alarm valve gauges indicate normal supply water pressure	N/A

<b>FIRE DEPARTMENT CONNECTIONS</b>	<b>RESULTS YES/NO/NA</b>
FDC is visible	Yes
FDC is accessible	Yes
FDC swivels/couplings undamaged/rotate smoothly	Yes
FDC plugs/caps in place/undamaged	Yes
FDC gaskets in place and in good condition	Yes
FDC identification sign in place	Yes
FDC check valve not leaking	Yes
FDC automatic drain valve in place and operating properly	Yes
FDC clapper is in place and operating properly	Yes

<b>PRESSURE-REDUCING VALVE</b>	<b>RESULTS YES/NO/NA</b>
Pressure reducing control valves (PRV) indicate open	N/A
PRV not leaking	N/A
PRV in good condition	N/A
PRV handwheel installed and not broken	N/A

<b>SIGNAGE</b>	<b>RESULTS YES/NO/NA</b>
Hydraulic nameplate attached and legible	Yes
Control valve identification signs in place	Yes
System control valve sign indicates area served	Yes

<b>SPRINKLERS (VISIBLE FROM GROUND LEVEL)</b>	<b>RESULTS YES/NO/NA</b>
Sprinklers appear free of leakage	Yes
Sprinklers appear free of corrosion	Yes
Sprinklers appear free of foreign materials	Yes
Sprinklers appear free of paint	Yes
Sprinklers appear free of physical damage	Yes
Sprinklers appear properly oriented	Yes
Glass bulbs appear full of liquid	Yes
Spare sprinklers are of proper number (at least 6), type and temperature rating	Yes
Wrench available for each type of sprinkler	Yes

<b>HANGERS/SEISMIC BRACING (FROM GROUND LEVEL)</b>	<b>RESULTS YES/NO/NA</b>
Hangers and seismic bracing appear undamaged and tightly attached	Yes

<b>PIPES AND FITTINGS (VISIBLE FROM GROUND LEVEL)</b>	<b>RESULTS YES/NO/NA</b>
Piping appears free of mechanical damage	Yes
Piping appears free of leakage	Yes
Piping appears free of external loading	Yes

<b>BACKFLOW</b>	<b>RESULTS YES/NO/NA</b>
Backflow prevention assembly valves are locked or electrically supervised in open position	Yes
Reduced pressure backflow prevention assembly not in continuous discharge	N/A


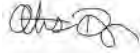
<b>TESTING</b>	<b>RESULTS YES/NO/NA</b>
Alarm device free from physical damage	Yes
Water flow alarm (other than vane type) tested and is operational	Yes
Test conducted with inspector's test connection	Yes
Time of alarm activation	23
A main drain test conducted downstream from backflow preventer	Yes
A main drain test conducted downstream from pressure reducing valve	N/A
Supervisory switch initiates distinct signal during first two hand wheel revolutions or before valve stem moved one-fifth from normal position on PIV or WPIV Valve	Yes
Signal restored only when valve returned to normal position	Yes
Control valves (including backflow or PIVs) operated through full range and returned to normal position	Yes
PIVs / WPIVs opened until spring or torsion felt in rod	Yes
PIVs / WPIVs / OS&Ys backed 1/4 turn from full	Yes
PRV control valves partial flow test conducted and adequate to unseat valve	N/A

Valve completely closed and reopened	Yes
ALARM PANEL CLEAR - Upon Leaving	Yes
SYSTEM RETURNED TO SERVICE	Yes

MAIN DRAIN TEST						
#	Location	Size Test Pipe	Static psi (before)	Residual psi	Return time to static pressure	Results differ more than 10 %?
5246	Gym,pool,weight rm	1 1/4"	118	40	0	yes

DEFICIENCIES

**CLOSING**

Date & Time Complete	06-20-2024 01:52 PM	Tech Name	Otis Day
Customer Signature		Tech Signature	

<b>WET SYSTEM INFORMATION</b>			
<b>Unit #:</b>	5247	<b>Location:</b>	Locker room,office, south entry hallway shower
<b>Make:</b>		<b>Model:</b>	
<b>System Notes:</b>			

**INSPECTION**

<b>MASTER PRESSURE-REGULATING DEVICE</b>	<b>RESULTS YES/NO/NA</b>
Supply pressure gauge PSI	75
System pressure gauge PSI	116

<b>CONTROL VALVES</b>	<b>RESULTS YES/NO/NA</b>
Control valves in normal open or closed position	Yes
Control valves properly locked or supervised	Yes
Control valves accessible	Yes
Control valves (PIV) provided with appropriate wrenches	Yes
Control valves free from external leaks	Yes

<b>GAUGES</b>	<b>RESULTS YES/NO/NA</b>
Gauges appear to be in good condition	Yes

<b>ALARM VALVES/RISER CHECK</b>	<b>RESULTS YES/NO/NA</b>
Alarm valve free of physical damage	N/A
Alarm valve trim valves are in appropriate open or closed position	N/A
Alarm valve retarding chamber or alarm drain not leaking	N/A
Alarm valve gauges indicate normal supply water pressure	N/A

<b>FIRE DEPARTMENT CONNECTIONS</b>	<b>RESULTS YES/NO/NA</b>
FDC is visible	Yes
FDC is accessible	Yes
FDC swivels/couplings undamaged/rotate smoothly	Yes
FDC plugs/caps in place/undamaged	Yes
FDC gaskets in place and in good condition	Yes
FDC identification sign in place	Yes
FDC check valve not leaking	Yes
FDC automatic drain valve in place and operating properly	Yes
FDC clapper is in place and operating properly	Yes

<b>PRESSURE-REDUCING VALVE</b>	<b>RESULTS YES/NO/NA</b>
Pressure reducing control valves (PRV) indicate open	N/A
PRV not leaking	N/A
PRV in good condition	N/A
PRV handwheel installed and not broken	N/A

<b>SIGNAGE</b>	<b>RESULTS YES/NO/NA</b>
Hydraulic nameplate attached and legible	Yes
Control valve identification signs in place	Yes
System control valve sign indicates area served	Yes

<b>SPRINKLERS (VISIBLE FROM GROUND LEVEL)</b>	<b>RESULTS YES/NO/NA</b>
Sprinklers appear free of leakage	Yes
Sprinklers appear free of corrosion	Yes
Sprinklers appear free of foreign materials	Yes
Sprinklers appear free of paint	Yes
Sprinklers appear free of physical damage	Yes
Sprinklers appear properly oriented	Yes
Glass bulbs appear full of liquid	Yes
Spare sprinklers are of proper number (at least 6), type and temperature rating	Yes
Wrench available for each type of sprinkler	Yes

<b>HANGERS/SEISMIC BRACING (FROM GROUND LEVEL)</b>	<b>RESULTS YES/NO/NA</b>
Hangers and seismic bracing appear undamaged and tightly attached	Yes

<b>PIPES AND FITTINGS (VISIBLE FROM GROUND LEVEL)</b>	<b>RESULTS YES/NO/NA</b>
Piping appears free of mechanical damage	Yes
Piping appears free of leakage	Yes
Piping appears free of external loading	Yes



<b>BACKFLOW</b>	<b>RESULTS YES/NO/NA</b>
Backflow prevention assembly valves are locked or electrically supervised in open position	Yes
Reduced pressure backflow prevention assembly not in continuous discharge	N/A

<b>TESTING</b>	<b>RESULTS YES/NO/NA</b>
Alarm device free from physical damage	Yes
Water flow alarm (other than vane type) tested and is operational	Yes
Test conducted with inspector's test connection	Yes
Time of alarm activation	52
A main drain test conducted downstream from backflow preventer	Yes
A main drain test conducted downstream from pressure reducing valve	N/A
Supervisory switch initiates distinct signal during first two hand wheel revolutions or before valve stem moved one-fifth from normal position on PIV or WPIV Valve	Yes
Signal restored only when valve returned to normal position	Yes
Control valves (including backflow or PIVs) operated through full range and returned to normal position	Yes
PIVs / WPIVs opened until spring or torsion felt in rod	Yes
PIVs / WPIVs / OS&Ys backed 1/4 turn from full	Yes
PRV control valves partial flow test conducted and adequate to unseat valve	N/A

Valve completely closed and reopened	Yes
ALARM PANEL CLEAR - Upon Leaving	Yes
SYSTEM RETURNED TO SERVICE	Yes

MAIN DRAIN TEST						
#	Location	Size Test Pipe	Static psi (before)	Residual psi	Return time to static pressure	Results differ more than 10 %?
5247	Locker room,office, south entry hallway shower	1 1/4"	116	65	0	yes

DEFICIENCIES

CLOSING			
Date & Time Complete	06-20-2024 01:52 PM	Tech Name	Otis Day
Customer Signature		Tech Signature	



WET SYSTEM INFORMATION			
Unit #:	4	Location:	Basement
Make:		Model:	
System Notes:			

**INSPECTION**

MASTER PRESSURE-REGULATING DEVICE	RESULTS YES/NO/NA
Supply pressure gauge PSI	82
System pressure gauge PSI	82

CONTROL VALVES	RESULTS YES/NO/NA
Control valves in normal open or closed position	Yes
Control valves properly locked or supervised	Yes
Control valves accessible	Yes
Control valves (PIV) provided with appropriate wrenches	Yes
Control valves free from external leaks	Yes

GAUGES	RESULTS YES/NO/NA
Gauges appear to be in good condition	Yes

ALARM VALVES/RISER CHECK	RESULTS YES/NO/NA
Alarm valve free of physical damage	N/A
Alarm valve trim valves are in appropriate open or closed position	N/A
Alarm valve retarding chamber or alarm drain not leaking	N/A
Alarm valve gauges indicate normal supply water pressure	N/A

FIRE DEPARTMENT CONNECTIONS	RESULTS YES/NO/NA
FDC is visible	Yes
FDC is accessible	Yes
FDC swivels/couplings undamaged/rotate smoothly	Yes
FDC plugs/caps in place/undamaged	Yes
FDC gaskets in place and in good condition	Yes
FDC identification sign in place	Yes
FDC check valve not leaking	Yes
FDC automatic drain valve in place and operating properly	Yes
FDC clapper is in place and operating properly	Yes

PRESSURE-REDUCING VALVE	RESULTS YES/NO/NA
Pressure reducing control valves (PRV) indicate open	N/A
PRV not leaking	N/A
PRV in good condition	N/A
PRV handwheel installed and not broken	N/A

<b>SIGNAGE</b>	<b>RESULTS YES/NO/NA</b>
Hydraulic nameplate attached and legible	Yes
Control valve identification signs in place	Yes
System control valve sign indicates area served	Yes

<b>SPRINKLERS (VISIBLE FROM GROUND LEVEL)</b>	<b>RESULTS YES/NO/NA</b>
Sprinklers appear free of leakage	Yes
Sprinklers appear free of corrosion	Yes
Sprinklers appear free of foreign materials	Yes
Sprinklers appear free of paint	Yes
Sprinklers appear free of physical damage	Yes
Sprinklers appear properly oriented	Yes
Glass bulbs appear full of liquid	Yes
Spare sprinklers are of proper number (at least 6), type and temperature rating	Yes
Wrench available for each type of sprinkler	Yes

<b>HANGERS/SEISMIC BRACING (FROM GROUND LEVEL)</b>	<b>RESULTS YES/NO/NA</b>
Hangers and seismic bracing appear undamaged and tightly attached	Yes

<b>PIPES AND FITTINGS (VISIBLE FROM GROUND LEVEL)</b>	<b>RESULTS YES/NO/NA</b>
Piping appears free of mechanical damage	Yes
Piping appears free of leakage	Yes
Piping appears free of external loading	Yes

<b>BACKFLOW</b>	<b>RESULTS YES/NO/NA</b>
Backflow prevention assembly valves are locked or electrically supervised in open position	Yes
Reduced pressure backflow prevention assembly not in continuous discharge	N/A


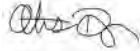
<b>TESTING</b>	<b>RESULTS YES/NO/NA</b>
Alarm device free from physical damage	Yes
Water flow alarm (other than vane type) tested and is operational	Yes
Test conducted with inspector's test connection	Yes
Time of alarm activation	36
A main drain test conducted downstream from backflow preventer	Yes
A main drain test conducted downstream from pressure reducing valve	N/A
Supervisory switch initiates distinct signal during first two hand wheel revolutions or before valve stem moved one-fifth from normal position on PIV or WPIV Valve	Yes
Signal restored only when valve returned to normal position	Yes
Control valves (including backflow or PIVs) operated through full range and returned to normal position	Yes
PIVs / WPIVs opened until spring or torsion felt in rod	Yes
PIVs / WPIVs / OS&Ys backed 1/4 turn from full	Yes
PRV control valves partial flow test conducted and adequate to unseat valve	N/A

Valve completely closed and reopened	Yes
ALARM PANEL CLEAR - Upon Leaving	Yes
SYSTEM RETURNED TO SERVICE	Yes

MAIN DRAIN TEST						
#	Location	Size Test Pipe	Static psi (before)	Residual psi	Return time to static pressure	Results differ more than 10 %?
4	Basement	1"	80	60	0	no

DEFICIENCIES

**CLOSING**

<b>Date &amp; Time Complete</b>	06-20-2024 01:52 PM	<b>Tech Name</b>	Otis Day
<b>Customer Signature</b>		<b>Tech Signature</b>	

<b>WET SYSTEM INFORMATION</b>			
<b>Unit #:</b>	5	<b>Location:</b>	
<b>Make:</b>		<b>Model:</b>	
<b>System Notes:</b>	Floor school		

**INSPECTION**

<b>MASTER PRESSURE-REGULATING DEVICE</b>	<b>RESULTS YES/NO/NA</b>
Supply pressure gauge PSI	70
System pressure gauge PSI	70

<b>CONTROL VALVES</b>	<b>RESULTS YES/NO/NA</b>
Control valves in normal open or closed position	Yes
Control valves properly locked or supervised	Yes
Control valves accessible	Yes
Control valves (PIV) provided with appropriate wrenches	Yes
Control valves free from external leaks	Yes

<b>GAUGES</b>	<b>RESULTS YES/NO/NA</b>
Gauges appear to be in good condition	Yes

<b>ALARM VALVES/RISER CHECK</b>	<b>RESULTS YES/NO/NA</b>
Alarm valve free of physical damage	N/A
Alarm valve trim valves are in appropriate open or closed position	N/A
Alarm valve retarding chamber or alarm drain not leaking	N/A
Alarm valve gauges indicate normal supply water pressure	N/A

<b>FIRE DEPARTMENT CONNECTIONS</b>	<b>RESULTS YES/NO/NA</b>
FDC is visible	Yes
FDC is accessible	Yes
FDC swivels/couplings undamaged/rotate smoothly	Yes
FDC plugs/caps in place/undamaged	Yes
FDC gaskets in place and in good condition	Yes
FDC identification sign in place	Yes
FDC check valve not leaking	Yes
FDC automatic drain valve in place and operating properly	Yes
FDC clapper is in place and operating properly	Yes

<b>PRESSURE-REDUCING VALVE</b>	<b>RESULTS YES/NO/NA</b>
Pressure reducing control valves (PRV) indicate open	N/A
PRV not leaking	N/A
PRV in good condition	N/A
PRV handwheel installed and not broken	N/A

<b>SIGNAGE</b>	<b>RESULTS YES/NO/NA</b>
Hydraulic nameplate attached and legible	Yes
Control valve identification signs in place	Yes
System control valve sign indicates area served	Yes

<b>SPRINKLERS (VISIBLE FROM GROUND LEVEL)</b>	<b>RESULTS YES/NO/NA</b>
Sprinklers appear free of leakage	Yes
Sprinklers appear free of corrosion	Yes
Sprinklers appear free of foreign materials	Yes
Sprinklers appear free of paint	Yes
Sprinklers appear free of physical damage	Yes
Sprinklers appear properly oriented	Yes
Glass bulbs appear full of liquid	Yes
Spare sprinklers are of proper number (at least 6), type and temperature rating	Yes
Wrench available for each type of sprinkler	Yes

<b>HANGERS/SEISMIC BRACING (FROM GROUND LEVEL)</b>	<b>RESULTS YES/NO/NA</b>
Hangers and seismic bracing appear undamaged and tightly attached	Yes

<b>PIPES AND FITTINGS (VISIBLE FROM GROUND LEVEL)</b>	<b>RESULTS YES/NO/NA</b>
Piping appears free of mechanical damage	Yes
Piping appears free of leakage	Yes
Piping appears free of external loading	Yes

<b>BACKFLOW</b>	<b>RESULTS YES/NO/NA</b>
Backflow prevention assembly valves are locked or electrically supervised in open position	Yes
Reduced pressure backflow prevention assembly not in continuous discharge	N/A


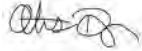
<b>TESTING</b>	<b>RESULTS YES/NO/NA</b>
Alarm device free from physical damage	Yes
Water flow alarm (other than vane type) tested and is operational	Yes
Test conducted with inspector's test connection	Yes
Time of alarm activation	39
A main drain test conducted downstream from backflow preventer	Yes
A main drain test conducted downstream from pressure reducing valve	N/A
Supervisory switch initiates distinct signal during first two hand wheel revolutions or before valve stem moved one-fifth from normal position on PIV or WPIV Valve	Yes
Signal restored only when valve returned to normal position	Yes
Control valves (including backflow or PIVs) operated through full range and returned to normal position	Yes
PIVs / WPIVs opened until spring or torsion felt in rod	Yes
PIVs / WPIVs / OS&Ys backed 1/4 turn from full	Yes
PRV control valves partial flow test conducted and adequate to unseat valve	N/A

Valve completely closed and reopened	Yes
ALARM PANEL CLEAR - Upon Leaving	Yes
SYSTEM RETURNED TO SERVICE	Yes

MAIN DRAIN TEST						
#	Location	Size Test Pipe	Static psi (before)	Residual psi	Return time to static pressure	Results differ more than 10 %?
5		1"	70	50	0	no

DEFICIENCIES

**CLOSING**

Date & Time Complete	06-20-2024 01:52 PM	Tech Name	Otis Day
Customer Signature		Tech Signature	

<b>WET SYSTEM INFORMATION</b>			
<b>Unit #:</b>	6	<b>Location:</b>	1st floor
<b>Make:</b>		<b>Model:</b>	
<b>System Notes:</b>			

**INSPECTION**

<b>MASTER PRESSURE-REGULATING DEVICE</b>	<b>RESULTS YES/NO/NA</b>
Supply pressure gauge PSI	75
System pressure gauge PSI	75

<b>CONTROL VALVES</b>	<b>RESULTS YES/NO/NA</b>
Control valves in normal open or closed position	Yes
Control valves properly locked or supervised	Yes
Control valves accessible	Yes
Control valves (PIV) provided with appropriate wrenches	Yes
Control valves free from external leaks	Yes

<b>GAUGES</b>	<b>RESULTS YES/NO/NA</b>
Gauges appear to be in good condition	Yes

<b>ALARM VALVES/RISER CHECK</b>	<b>RESULTS YES/NO/NA</b>
Alarm valve free of physical damage	N/A
Alarm valve trim valves are in appropriate open or closed position	N/A
Alarm valve retarding chamber or alarm drain not leaking	N/A
Alarm valve gauges indicate normal supply water pressure	N/A

<b>FIRE DEPARTMENT CONNECTIONS</b>	<b>RESULTS YES/NO/NA</b>
FDC is visible	Yes
FDC is accessible	Yes
FDC swivels/couplings undamaged/rotate smoothly	Yes
FDC plugs/caps in place/undamaged	Yes
FDC gaskets in place and in good condition	Yes
FDC identification sign in place	Yes
FDC check valve not leaking	Yes
FDC automatic drain valve in place and operating properly	Yes
FDC clapper is in place and operating properly	Yes

<b>PRESSURE-REDUCING VALVE</b>	<b>RESULTS YES/NO/NA</b>
Pressure reducing control valves (PRV) indicate open	N/A
PRV not leaking	N/A
PRV in good condition	N/A
PRV handwheel installed and not broken	N/A

<b>SIGNAGE</b>	<b>RESULTS YES/NO/NA</b>
Hydraulic nameplate attached and legible	Yes
Control valve identification signs in place	Yes
System control valve sign indicates area served	Yes

<b>SPRINKLERS (VISIBLE FROM GROUND LEVEL)</b>	<b>RESULTS YES/NO/NA</b>
Sprinklers appear free of leakage	Yes
Sprinklers appear free of corrosion	Yes
Sprinklers appear free of foreign materials	Yes
Sprinklers appear free of paint	Yes
Sprinklers appear free of physical damage	Yes
Sprinklers appear properly oriented	Yes
Glass bulbs appear full of liquid	Yes
Spare sprinklers are of proper number (at least 6), type and temperature rating	Yes
Wrench available for each type of sprinkler	Yes

<b>HANGERS/SEISMIC BRACING (FROM GROUND LEVEL)</b>	<b>RESULTS YES/NO/NA</b>
Hangers and seismic bracing appear undamaged and tightly attached	Yes

<b>PIPES AND FITTINGS (VISIBLE FROM GROUND LEVEL)</b>	<b>RESULTS YES/NO/NA</b>
Piping appears free of mechanical damage	Yes
Piping appears free of leakage	Yes
Piping appears free of external loading	Yes

<b>BACKFLOW</b>	<b>RESULTS YES/NO/NA</b>
Backflow prevention assembly valves are locked or electrically supervised in open position	Yes
Reduced pressure backflow prevention assembly not in continuous discharge	N/A

<b>TESTING</b>	<b>RESULTS YES/NO/NA</b>
Alarm device free from physical damage	Yes
Water flow alarm (other than vane type) tested and is operational	Yes
Test conducted with inspector's test connection	Yes
Time of alarm activation	65
A main drain test conducted downstream from backflow preventer	Yes
A main drain test conducted downstream from pressure reducing valve	N/A
Supervisory switch initiates distinct signal during first two hand wheel revolutions or before valve stem moved one-fifth from normal position on PIV or WPIV Valve	Yes
Signal restored only when valve returned to normal position	Yes
Control valves (including backflow or PIVs) operated through full range and returned to normal position	Yes
PIVs / WPIVs opened until spring or torsion felt in rod	Yes
PIVs / WPIVs / OS&Ys backed 1/4 turn from full	Yes
PRV control valves partial flow test conducted and adequate to unseat valve	N/A


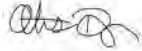


Valve completely closed and reopened	Yes
ALARM PANEL CLEAR - Upon Leaving	Yes
SYSTEM RETURNED TO SERVICE	Yes

MAIN DRAIN TEST						
#	Location	Size Test Pipe	Static psi (before)	Residual psi	Return time to static pressure	Results differ more than 10 %?
6	1st floor	1 1/4"	75	57	0	no

DEFICIENCIES

**CLOSING**


<b>Date &amp; Time Complete</b>	06-20-2024 01:52 PM	<b>Tech Name</b>	Otis Day
<b>Customer Signature</b>		<b>Tech Signature</b>	



1530 Samco Road, Rapid City, SD 57702  
 Phone: 605.348.2342 Fax: 605.348.0108  
 Email: Service@RapidFireInc.com

## ANNUAL INSPECTION, TESTING & MAINTENANCE

CUSTOMER & JOB INFORMATION	
<b>Company:</b> Youth Rehab & Treatment Center   10707	<b>Date:</b> 06-20-2024
<b>Location:</b> Boiler Plant	<b>Job Number:</b> 34725682
<b>Location Address:</b> ,	<b>Tech &amp; License # :</b> Otis Day NE Inspector/Tech
<b>Contact:</b> Richard Hancock	<b>Monitoring Co. &amp; Phone #:</b>

OWNER SECTION	RESULTS YES/NO/NA
Is the building occupied?	Yes
Has the occupancy classification and hazard of contents remained the same since the last inspection?	Yes
Are all fire protection systems in service?	Yes
Has the system remained in service without modification since the last inspection?	Yes
Was the system free of actuations or alarms since the last inspection?	Yes
Is all wet system piping protected from temperatures below 40°F?	Yes
Was the system free of actuations or alarms since the last inspection?	Yes
Date of last 5 year inspection?	09-13-2022
Prior inspection reports, logs and test data are available for review?	Yes
Plans of system onsite for review (located at the riser)	Yes
Copy of NFPA25 (located at the riser)	Yes
Was property free of fires since last inspection according to information furnished by owner or owner's representative? Explain fire in comments.	
<b>Comments:</b> Good	
<b>Customer Name / Signature:</b> Kevin Quail 	

FIRE PUMP INFORMATION			
<b>Unit #:</b>		<b>Type:</b>	
<b>Location:</b>		<b>Make:</b>	Aurora
<b>Model:</b>		<b>Notes:</b>	

### INSPECTION

CONTROL VALVES	RESULTS YES/NO/NA
Control valves in normal open or closed position	Yes
Control valves properly locked or supervised	Yes
Control valves accessible	Yes
Control valves free from external leaks	Yes

TEST HEADER	RESULTS YES/NO/NA
Test Header is visible	Yes
Test Header is accessible	Yes

Test Header swivels/couplings undamaged/rotate smoothly	Yes
Test Header plugs/caps in place/undamaged	Yes

<b>PRESSURE CONTROL VALVE</b>	<b>RESULTS YES/NO/NA</b>
Pressure control valve (PRV) not leaking	N/A
Pressure control valve maintaining downstream pressure per design	N/A
Pressure control valve in good condition	N/A

<b>SIGNAGE</b>	<b>RESULTS YES/NO/NA</b>
Control valve identification signs in place	Yes
Control valve sign indicates area served	Yes
Test Header identification sign in place	Yes

<b>HANGERS/SEISMIC BRACING (FROM GROUND LEVEL)</b>	<b>RESULTS YES/NO/NA</b>
Hangers and seismic bracing appear undamaged and tightly attached (from ground level)	Yes

<b>PIPES AND FITTINGS (VISIBLE FROM GROUND LEVEL)</b>	<b>RESULTS YES/NO/NA</b>
Piping appears free of mechanical damage	Yes
Piping appears free of leakage	Yes
Piping appears free of corrosion	Yes
Piping appears properly aligned	Yes
Piping appears free of external loading	Yes

<b>BACKFLOW</b>	<b>RESULTS YES/NO/NA</b>
Backflow prevention assembly valves are locked or electrically supervised in open position	Yes
Reduced pressure backflow prevention assembly not in continuous discharge	N/A

<b>TESTING</b>	<b>RESULTS YES/NO/NA</b>
Fire pump assembly maintenance performed in accordance with mfg. recommendations	Yes
Flexible exhaust section inspected and in good condition	N/A
Manual starting means of electrically driven pumps operated	Yes
Antifreeze protection level tested	N/A
Electrical system safeties and alarms operated	Yes
Adequate heat is provided in pump room maintaining temperatures at 40°F or higher (prior to freezing weather)	Yes
Care taken to prevent water damage by verifying adequate drainage	Yes
Flow test conducted under minimum, rated, and peak fire pump flows	Yes
At churn, casing relief valve checked for operation and water discharge	No
At churn, pressure relief valve checked for proper operation	N/A
At churn, pressure control valve checked for proper operation	Yes
At each flow condition, pump speed recorded	Yes
At each flow condition, simultaneous readings of pump suction and discharge pressures and pump discharge flow recorded	Yes
Systems equipped with automatic transfer switch	Yes
Power failure condition simulated while pump operating at peak load	No
Transfer switch transfer of power to alternate power source verified	No
Pump maintenance of peak load performance verified	Yes
Power failure condition removed	No
Pump reconnected to normal power source after a time delay	No
Alarm conditions simulated	Yes
Local or remote alarm indicating devices (visual and audible) observed for operation	Yes
After water-flow portions of annual testing or fire protection system activations, suction screens inspected and cleared of debris or obstructions	Yes
Engine generator sets supplying emergency or standby power to fire pump assemblies tested in accordance with NFPA 110	Yes

Pump Mfg	Aurora	At Churn: RPM	3557
Pump GPM	400	At Churn: Voltage	210
Pump Model #		At Churn: Nozzle Size	
Pump RPM	3557	At Churn: Pilot PSI	
Pump SN		At Churn: GPM	
Pump PSI Boost		50% of Rated Capacity: Discharge Pressure PSI	94
Motor Mfg		50% of Rated Capacity: Suction Pressure PSI	35
Motor Volts		50% of Rated Capacity: Net Head PSI	29
Motor Serial Number		50% of Rated Capacity: RPM	
Motor HP		50% of Rated Capacity: Voltage	
Motor FLA		50% of Rated Capacity: Nozzle Size	1 1/8"
Motor RPM		50% of Rated Capacity: Pilot PSI	29
Controller Mfg		50% of Rated Capacity: GPM	200
Controller Type		100% of Rated Capacity: Discharge Pressure PSI	86
Controller Serial Number		100% of Rated Capacity: Suction Pressure PSI	33
Alignment	yes	100% of Rated Capacity: Net Head PSI	29
Hold down bolts	yes	100% of Rated Capacity: RPM	3547
Lubrication	yes	100% of Rated Capacity: Voltage	209
Controller Connections	yes	100% of Rated Capacity: Nozzle Size	2@ 1 1/8"
Check After Test: Fire Pump Controller on Auto	yes	100% of Rated Capacity: Pilot PSI	29
Check After Test: Fire Pump PSI ON:	50	100% of Rated Capacity: GPM	400
Check After Test: Fire Pump PSI Off:	Manual	150% of Rated Capacity: Discharge Pressure PSI	78
Check After Test: Jockey Pump Controller on Auto	yes	150% of Rated Capacity: Suction Pressure PSI	30
Check After Test: Jockey PSI ON:	60	150% of Rated Capacity: Net Head PSI	13
Check After Test: Jockey PSI Off:	70	150% of Rated Capacity: RPM	3540
Check After Test: Circulation Relief Valve Set	no	150% of Rated Capacity: Voltage	209
Check After Test: Six (6) Auto Starts	yes	150% of Rated Capacity: Nozzle Size	2.5"
At Churn: Discharge Pressure PSI	80	150% of Rated Capacity: Pilot PSI	13
At Churn: Suction Pressure PSI	37	150% of Rated Capacity: GPM	600
At Churn: Net Head PSI			

ALARM PANEL CLEAR - Upon Leaving	Yes
SYSTEM RETURNED TO SERVICE	Yes



# FIRE PUMP CURVE

## DEFICIENCIES

Circulation relief does not work we need to send a quote  
doe a new one



## CLOSING

<b>Date &amp; Time Complete</b>	06-20-2024 01:52 PM	<b>Tech Name</b>	Otis Day
<b>Customer Signature</b>		<b>Tech Signature</b>	





**Nebraska State Fire Marshal Agency**

**Boiler Inspection Division**

246 S. 14th Street, Suite 1

Lincoln, NE 68508

Phone: (402) 471-9902, Email: [sfm.boilers@nebraska.gov](mailto:sfm.boilers@nebraska.gov)

David Pleiss

Chief Boiler Inspector

Scott Cordes

State Fire Marshal

**Youth Development Center**  
2802 30th Ave  
Kearney, NE 68845-4035

**08/22/2024**

If you sell, transfer, scrap, disconnect, or relocate this boiler, please notify our office @ (402) 471-9902 or [sfm.boilers@nebraska.gov](mailto:sfm.boilers@nebraska.gov). This certificate shall be posted on or near the unit described. If this unit is exposed to the weather or other possible damage, the certificate may be kept in a central location but shall be available to the inspector or any other legal authority.



**Nebraska State Fire Marshal Agency**

**Boiler Inspection Division**

246 S. 14th Street, Suite 1

Lincoln, NE 68508

Phone: (402) 471-9902, Email: [sfm.boilers@nebraska.gov](mailto:sfm.boilers@nebraska.gov)

Owner **4545747**

Location **1962775**

**Youth Development Center**  
2802 30th Ave  
Kearney, NE 68845-4035

**Youth Development Center**  
2802 30th Ave  
Kearney, NE 68845-4035

State ID Number: **NE02327**

Type: **FTSM - FTS Marine Dry Back**

Last External Inspection: **06/04/2024**

Expiration Date: **05/31/2025**

Inspected By: **Jacob Scherman**

Inspecting Agency: **Zurich American Insurance**

Last Internal Inspection: **09/14/2023**

National Board Number: **28747**

Pressure Allowed: **150 PSI**

Safety-Relief Valves Setting: **85 PSI**

Manufacturer: **Burnham**

Year Built: **2004**

Print Date: **08/22/2024**

Next Internal Due Date: **09/14/2024**

Serial Number: **72792-1**

Owner's Equip ID: **Boiler #2**

This is to certify that the described unit may be operated at a pressure not to exceed the "Pressure Allowed" as shown. This certificate is valid until the expiration date, another inspection is made, or is withdrawn for cause. Issuance of this certificate does not create liability nor guarantee personal safety. If you have any questions regarding the operation or safety of this unit, contact the owner or the State Chief Boiler Inspector.

Chief Boiler Inspector

*David Pleiss*

David Pleiss





**Nebraska State Fire Marshal Agency  
Boiler Inspection Division**

246 S. 14th Street, Suite 1  
Lincoln, NE 68508

Phone: (402) 471-9902, Email: [sfm.boilers@nebraska.gov](mailto:sfm.boilers@nebraska.gov)

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**08/22/2024**

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**Nebraska State Fire Marshal Agency  
Boiler Inspection Division**

246 S. 14th Street, Suite 1  
Lincoln, NE 68508

Phone: (402) 471-9902, Email: [sfm.boilers@nebraska.gov](mailto:sfm.boilers@nebraska.gov)

Owner **4545747**

Location **1962775**

**Youth Development Center  
2802 30th Ave  
Kearney, NE 68845-4035**

**Youth Development Center  
2802 30th Ave  
Kearney, NE 68845-4035**

State ID Number: **NE02332**  
Type: **FTSM - FTS Marine Dry Back**  
Last External Inspection: **06/04/2024**  
Expiration Date: **05/31/2025**  
Inspected By: **Jacob Scherman**  
Inspecting Agency: **Zurich American Insurance**  
Last Internal Inspection: **11/06/2023**  
National Board Number: **28757**

Pressure Allowed: **150 PSI**  
Safety-Relief Valves Setting: **85 PSI**  
Manufacturer: **Burnham**  
Year Built: **2004**  
Print Date: **08/22/2024**  
Next Internal Due Date: **11/06/2024**  
Serial Number: **72793**  
Owner's Equip ID: **Boiler #1**

This is to certify that the described unit may be operated at a pressure not to exceed the "Pressure Allowed" as shown. This certificate is valid until the expiration date, another inspection is made, or is withdrawn for cause. Issuance of this certificate does not create liability nor guarantee personal safety. If you have any questions regarding the operation or safety of this unit, contact the owner or the State Chief Boiler Inspector.

Chief Boiler Inspector

*David Pleiss*

David Pleiss

**FOOD ESTABLISHMENT INSPECTION REPORT**

CAR  
 HACCP

Firm: Keoness High West (Y.R.T.C.)  
Address: 2402 30th Ave  
City: Keoness County: Buffalo

Firm ID: 10-15 Inspector Code: 75  
Facility Codes: \_\_\_\_\_ Inspection Date: 9-12-22

Unless otherwise stated, violations cited in this report shall be corrected within the period noted: Priority (P) items within 3 days, Priority Foundation (PF) items within 10 days (\$8-405.11) or 90 days for core items (\$8-406.11).

**Purpose**  
Regular: 1 Investigation: 4  
Follow-up: 2 Other: 5  
Complaint: 3

Priority / Priority Foundation Violations: \_\_\_\_\_ Core Violations: 6

Temperature Observations					
Food Product	Product Temp.	Location	Food Product	Product Temp.	Location
<u>Sweet/Kona Macadamia</u>	<u>165.6</u>	<u>Steam table</u>	<u>RICE</u>	<u>181.2</u>	<u>Steam table</u>
<u>Beef Chili</u>	<u>157.3</u>	<u>Steam table</u>			

Compliance Status				C	R	Compliance Status		C	R					
<b>Demonstration of Knowledge</b>						<b>Time/Temperature Control for Safety (TCS Food)</b>								
1	IN	OUT	Certification by accredited program, compliance with code, or correct responses			16	IN	OUT	N/A	N/O	Proper cooking time & temperature			
<b>Employee Health</b>						17	IN	OUT	N/A	N/O	Proper reheating procedures for hot holding			
2	IN	OUT	Management awareness; policy present			18	IN	OUT	N/A	N/O	Proper cooling time and temperatures			
3	IN	OUT	Proper use of reporting, restriction & exclusion			19	IN	OUT	N/A	N/O	Proper hot holding temperatures			
<b>Good Hygienic Practices</b>						20	IN	OUT	N/A		Proper cold holding temperatures			
4	IN	OUT	N/O	Proper eating, tasting, drinking, or tobacco use			21	IN	OUT	N/A	N/O	Proper date marking and disposition		
5	IN	OUT	N/O	No discharge from eyes, nose & mouth			22	IN	OUT	N/A	N/O	Time as a public health control: procedures & record		
<b>Preventing Contamination by Hands</b>						<b>Consumer Advisory</b>								
6	IN	OUT	N/O	Hands clean & properly washed			23	IN	OUT	N/A	Consumer advisory provided for raw or under cooked foods			
7	IN	OUT	N/A	N/O	No bare hand contact with RTE foods			<b>Highly Susceptible Populations</b>						
8	IN	OUT		Adequate handwashing facilities supplied & accessible			24	IN	OUT	N/A	Pasteurized foods used; prohibited foods not offered			
<b>Approved Source</b>						<b>Chemical</b>								
9	IN	OUT		Food obtained from approved source			25	IN	OUT	N/A	Food additives: approved & properly used			
10	IN	OUT	N/A	N/O	Food received at proper temperature			26	IN	OUT	Toxic substances properly identified, stored & used			
11	IN	OUT		Food in good condition, safe & unadulterated			<b>Conformance with Approved Procedures</b>							
12	IN	OUT	N/A	N/O	Required records available; shellstock tags, parasite destruction			27	IN	OUT	N/A	Compliance with variance, specialized process, & HACCP plan		
<b>Protection from Contamination</b>												Ventilation adequate in dry storage to maintain ideal temperatures		
13	IN	OUT	N/A	Food separated & protected								Thermometer in dry storage areas		
14	IN	OUT	N/A	Food-contact surfaces: cleaned & sanitized								Locks on all storage areas to prevent pilferage		
15	IN	OUT		Proper disposition of returned, previously served, recondition, unsafe food										

P or PF	Item #	Code Reference	Violation Description/Remarks/Corrections
PF	14	4-601.11A	Open mounted can opener, clear meat slicer
	37	3-335.11	Can lid of food on floor in walk-in - (removed, tissues)

Follow-up: Yes 1 No 2  
Received by: [Signature] Inspected by: [Signature]



# YSS (O.D.) SAFETY, SANITATION and D. MAIL CHECKLIST

LIVING UNIT: Hyatt A

WEEK OF: 2/27/23 - 3/5/23

AREA	CHECK ANY DISCREPANCIES							YSS INITIALS /DATE
	MON	TU.	WED	TH.	FRI.	SAT.	SUN.	
<b>BATHROOM</b>								
Paper products full								
Floors clean					X			
Toilets Clean and Working					X			
Sinks Clean					X			
Mirrors Clean					X			
Lockers Clean/Clothes Folded								
Soap Dispensers Full								
Showers Clean					X			
Windows Clean								
Detail Closet Neat and Organized								
Lights all Working								
<b>OTHER:</b>	W	W	W	W	W	W	W	
<b>LOUNGE</b>								
Floors Clean								
Grievance Policy and Forms Posted								
Tables Clean/Have Protective Pads								
Windows Clean								
Lights All Working								
Cubbies Neat and Clean								
Trash/Trash Cans/Lids								
Bulletin Boards Neat and Organized								
Youth Rights Posted								
Rules and Violation List Posted								
All Things In Working Order								
<b>OTHER:</b>	W	W	W	W	W	W	W	
<b>GAME ROOM</b>								
Floors Clean								
Tables Clean/Have Protective Pads								
Windows Clean								
Lights All Working								
Cubbies Neat and Clean								
Trash/Trash Cans/Lids								
Youth Phones Working								
Bookcases Neat and Organized								
White Closet Neat and Organized								
Storeroom Neat and Organized								
<b>OTHER:</b>	W	W	W	W	W	W	W	



**CHECK ANY DISCREPANCIES**

**MISCELLANEOUS AREAS**

- Emergency Exit Lights
- Fire Extinguishers
- Staff Office Floor Swept/Mopped
- Desk Organized/Uncluttered
- Trash in Office Empty
- Restroom Floor Clean
- Restroom Toilet Clean
- Sink

	MON	TU.	WED	TH.	FRI.	SAT.	SUN.
Emergency Exit Lights	✓	✓	✓	✓	✓	✓	✓
Fire Extinguishers	✓	✓	✓	✓	✓	✓	✓
Staff Office Floor Swept/Mopped	✓	✓	✓	✓	✓	✓	✓
Desk Organized/Uncluttered	✓	✓	✓	✓	✓	✓	✓
Trash in Office Empty	✓	✓	✓	✓	✓	✓	✓
Restroom Floor Clean	✓	✓	✓	✓	✓	✓	✓
Restroom Toilet Clean	✓	✓	✓	✓	✓	✓	✓
Sink	✓	✓	✓	✓	✓	✓	✓
<b>OTHER:</b>	hw	hw	awc	c	k	h	n

**DORMITORY**

- Floor Clean/Mopped
- Office Clean
- Beds Made
- Restroom Clean
- Lighting Working
- Closet Organized

	MON	TU.	WED	TH.	FRI.	SAT.	SUN.
Floor Clean/Mopped	✓	✓	✓	✓	✓	✓	✓
Office Clean	✓	✓	✓	✓	✓	✓	✓
Beds Made	✓	✓	✓	✓	✓	✓	✓
Restroom Clean	✓	✓	✓	✓	✓	✓	✓
Lighting Working	✓	✓	✓	✓	✓	✓	✓
Closet Organized	✓	✓	✓	✓	✓	✓	✓
<b>OTHER:</b>	hw	hw	awc	c	k	h	n

**SAFETY/SANITATION FORMS**

- Tool Inventory/Yard Tools
- Med Sheets/Med Cabinets
- Posted Youth Rules
- Emergency Evacuation Plan Posted
- Caustic Checklist

	MON	TU.	WED	TH.	FRI.	SAT.	SUN.
Tool Inventory/Yard Tools	✓	✓	✓	✓	✓	✓	✓
Med Sheets/Med Cabinets	✓	✓	✓	✓	✓	✓	✓
Posted Youth Rules	✓	✓	✓	✓	✓	✓	✓
Emergency Evacuation Plan Posted	✓	✓	✓	✓	✓	✓	✓
Caustic Checklist	✓	✓	✓	✓	✓	✓	✓
<b>OTHER:</b>	hw	hw	awc	c	k	h	n

**ADDITIONAL COMMENTS:**

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This daily checklist is a running document for the week and turned in to the YSS (O.D.) each Monday at Chairman's Meeting. The YSS will forward to the Administrator.

Chairman's Signature: \_\_\_\_\_

Date: 3-6-23

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

Date: 3-4-23

Administrator: C. Kullow

Date: 3-6-2023



## City Of Kearney

### Annual Water Quality Report For January 1 to December 31, 2022

This report is intended to provide you with important information about your drinking water and the efforts made by the City Of Kearney water system to provide safe drinking water.

**Para Clientes Que Hablan Español:** Este informe contiene información muy importante sobre el agua que usted bebe. Tradúzcalo ó hable con alguien que lo entienda bien.

For more information regarding this report, or to request a hard copy, contact:

**ANTON E JELINEK**  
308-233-3259

If you would like to observe the decision-making processes that affect drinking water quality, please attend the regularly scheduled meeting of the Village Board/City Council. If you would like to participate in the process, please contact the Village/City Clerk to arrange to be placed on the agenda of the meeting of the Village Board/City Council.

Drinking water, including bottled water, may reasonably be expected to contain at least small amounts of some contaminants. The presence of contaminants does not necessarily indicate that water poses a health risk. More information about contaminants and potential health effects can be obtained by calling the EPA's Safe Drinking Water Hotline (800-426-4791).

#### Source Water Assessment Availability:

The Nebraska Department of Environment and Energy (NDEE) has completed the Source Water Assessment. Included in the assessment are a Wellhead Protection Area map, potential contaminant source inventory, and source water protection information. To view the Source Water Assessment or for more information please contact the person named above on this report or the NDEE at 402-471-3376 or go to <http://dee.ne.gov>.

In order to ensure that tap water is safe to drink, EPA prescribes regulations which limit the amount of certain contaminants in water provided by public water systems. FDA regulations establish limits for contaminants in bottled water which must provide the same protection for public health.

#### Sources of Drinking Water:

The sources of drinking water (both tap water and bottled water) include rivers, lakes, streams, ponds, reservoirs, springs, and groundwater wells. As water travels over the surface of the land or through the ground, it dissolves naturally occurring minerals and, in some cases, radioactive material, and can pick up substances resulting from the presence of animals or from human activity.

The source of water used by City Of Kearney is ground water under the direct influence of surface water.

#### Contaminants that may be present in source water include:

- \* Microbial contaminants, such as viruses and bacteria, which may come from sewage treatment plants, septic systems, agricultural livestock operations and wildlife.
- \* Inorganic contaminants, such as salts and metals, which can be naturally occurring or result from urban storm water runoff, industrial, or domestic wastewater discharges, oil and gas production, mining, or farming.
- \* Pesticides and herbicides, which may come from a variety of sources such as agriculture, urban storm water runoff, and residential uses.
- \* Organic chemical contaminants, including synthetic and volatile organic chemicals, which are by-products of industrial processes and petroleum production, and can also come from gas stations, urban storm water runoff, and septic systems.
- \* Radioactive contaminants, which can be naturally occurring or be the result of oil and gas production and mining activities.

#### Drinking Water Health Notes:

Some people may be more vulnerable to contaminants in drinking water than the general population. Immunocompromised persons such as persons with cancer undergoing chemotherapy, persons who have undergone organ transplants, people with HIV/AIDS or other immune system disorders, some elderly, and infants can be particularly at risk from infections. These people should seek advice about drinking water from their health care providers. EPA/CDC guidelines on appropriate means to lessen the risk of infection by *Cryptosporidium* and other microbial contaminants are available from the Safe Drinking Water Hotline (800-426-4791).

If present, elevated levels of lead can cause serious health problems, especially for pregnant women and young children. Lead in drinking water is primarily from materials and components associated with service lines and home plumbing. All Community water systems are responsible for providing high quality drinking water but cannot control the variety of materials used in plumbing components. When your water has been sitting for several hours, you can minimize the potential for lead exposure by flushing your tap for 30 seconds to 2 minutes before using water for drinking or cooking. If you are concerned about lead in your water, you may wish to have you water tested. Information on lead in drinking water, testing methods, and steps you can take to minimize exposure is available from the Safe Drinking Water Hotline (800-426-4791), at <http://www.epa.gov/safewater/lead> or at the NDEE Drinking Water Division (402-471-1009).

The City Of Kearney is required to test for the following contaminants: Cadmium, Bacteria, Anthracy, Arsenic, Asbestos, Barium, Beryllium, Cadmium, Chromium, Copper, Cyanide, Fluoride, Lead, Mercury, Nickel, Nitrate, Nitrite, Selenium, Sodium, Thallium, Atrichlor, Atrazine, Benz(a)pyrene, Carbazole, Chlorane, Dalapon, D(2-ethylhexyl)adipate, Dichloroacopropane, Dinosol, Di(2-ethylhexyl)-phthalate, Diquat, 2,4-D, Endrin, Ethylene dibromide, Glyphosate, Heptachlor, Heptachlor epoxide, Hexachlorobenzene, Hexachlorocyclopentadiene, Lindane, Methoxychlor, Oxamyl (Vydate), Pentachlorophenol, Picloram, Polychlorinated biphenyls, Simazine, Toxaphene, Dioxin, Silver, Benzene, Carbon Tetrachloride, o-Dichloro-benzene, Para-Dichlorobenzene, 1,2-Dichloroethane, 1,1-Dichloroethylene, Cis-1,2-Dichloroethylene, Trans-1,2-Dichloroethylene, Dichloromethane, 1,2-Dichloropropane, Ethylbenzene, Monochlorobenzene, 1,2,4-Trichloro-benzene, 1,1,1-Trichloroethane, 1,1,2-Trichloroethane, Trichloroethylene, Vinyl Chloride, Styrene, Tetrachloroethylene, Toluene, Xylene (total), Gross Alpha (minus Uranium & Radium 226 plus Radium 228 Sulfate, Chloroform, Bromodichloromethane, Chlorodibromomethane, Bromoform, Chlorobenzene, m-Dichlorobenzene, 1,1-Dichloropropane, 1,1-Dichloroethane, 1,1,2,2-Tetrachloroethane, 1,2-Dichloropropane, Chloromethane, Bromomethane, 1,2,3-Trichloropropane, 1,1,1,2-Tetra-chloroethane, Chloroethane, 2,2-Dichloropropane, o-Chlorotoluene, p-Chlorotoluene, Bromobenzene, 1,3-Dichloropropane, Aldrin, Butachlor, Carbarf, Dicamba, Dieldrin, 3-Hydroxycarbuturan, Methomyl, Metolachlor, Methidazin, Propachlor.

#### How to Read the Water Quality Data Table:

The EPA and State Drinking Water Program establish the safe drinking water regulations that limit the amount of contaminants allowed in drinking water. The table shows the concentrations of detected substances in comparison to the regulatory limits. Substances not detected are not included in the table. The state requires monitoring of certain contaminants less than once per year because the concentrations of these contaminants do not change frequently. Therefore, some of this data may be older than one year. **MCL (Maximum Contaminant Level)** – The highest level of a contaminant that is allowed in drinking water. MCLs are set as close to the MCLGs as feasible using the best available treatment technology. **MCLG (Maximum Contaminant Level Goal)** – The level of a contaminant in drinking water below which there is no known or expected risk to health. MCLGs allow for a margin of safety. **AL (Action Level)** – The concentration of a contaminant which, if exceeded triggers treatment or other requirements which a water system must follow. **MREDL (Maximum Residual Disinfectant Level)** – The highest level of a disinfectant allowed in drinking water. **M/A** – Not applicable.

#### Units in the Table:

- ND** – Not detectable.
- ppm (parts per million)** – One ppm corresponds to 1 gallon of concentrate in 1 million gallons of water.
- mg/L (milligrams per liter)** – Equivalent to ppm.
- ppb (parts per billion)** – One ppb corresponds to 1 gallon of concentrate in 1 billion gallons of water.
- ug/L (micrograms per liter)** – Equivalent to ppb.
- PCIL (picocuries per liter)** – Radioactivity concentration unit.
- RAA (Running Annual Average)** – An ongoing annual average calculation of data from the most recent four quarters.
- LRAA (Locational Running Annual Average)** – An ongoing annual average calculation of data from the most recent four quarters at each sampling location.
- 90<sup>th</sup> Percentile** – Represents the highest value found out of 90% of the samples taken in a representative group. If the 90<sup>th</sup> percentile is greater than the action level, it will trigger a treatment or other requirements that a water system must follow.
- TT (Treatment Technique)** – A required process intended to reduce the level of a contaminant in drinking water.



**TEST RESULTS**

Microbiological	Highest No. of Positive Samples	MCL	MCLG	Likely Source of Contamination	Violations Present		
No Detected Results were Found in the Calendar Year of 2022							
<b>Lead and Copper</b>	<b>Monitoring Period</b>	<b>90<sup>th</sup> Percentile</b>	<b>Range</b>	<b>Unit</b>	<b>AL</b>	<b>Sites Over AL</b>	<b>Likely Source of Contamination</b>
COPPER, FREE	2019 - 2021	0.337	0.0065 - 0.573	ppm	1.3	0	Erosion of natural deposits; Leaching from wood preservatives; Corrosion of household plumbing.
LEAD	2019 - 2021	2.78	0 - 4.24	ppb	15	0	Erosion of natural deposits; Leaching from wood preservatives; Corrosion of household plumbing.
<b>Regulated Contaminants</b>	<b>Collection Date</b>	<b>Highest Value</b>	<b>Range</b>	<b>Unit</b>	<b>MCL</b>	<b>MCLG</b>	<b>Likely Source of Contamination</b>
ARSENIC	8/29/2022	4.51	3.95 - 4.51	ppb	10	0	Erosion of natural deposits; runoff from orchards; runoff from glass and electronics production wastes.
BARIUM	1/3/2022	0.17	0.17	ppm	2	2	Discharge from drilling wastes; Discharge from metal refineries; Erosion of natural deposits.
CHROMIUM	1/3/2022	3.73	3.73	ppb	100	100	Discharge from steel and pulp mills; Erosion of natural deposits.
FLUORIDE	1/3/2022	0.484	0.484	ppm	4	4	Erosion of natural deposits; water additive which promotes strong teeth; Fertilizer discharge.
NITRATE-NITRITE	3/14/2022	1.44	1.06 - 1.44	ppm	10	10	Runoff from fertilizer use; Leaching from septic tanks; sewage; Erosion of natural deposits
<b>Disinfection Byproducts</b>	<b>Monitoring Period</b>	<b>Highest RAA</b>	<b>Range</b>	<b>Unit</b>	<b>MCL</b>	<b>MCLG</b>	<b>Likely Source of Contamination</b>
TOTAL HALOACETIC ACIDS (HAAs)	1/1/2022 - 12/31/2022	9.89688	6.34 - 15.5	ppb	60	0	By-product of drinking water disinfection.
THM	10/1/2021 - 9/30/2022	37.31875	22.6 - 73.6	ppb	80	0	By-product of drinking water disinfection.
<b>Radiological Contaminants</b>	<b>Collection Date</b>	<b>Highest Value</b>	<b>Range</b>	<b>Unit</b>	<b>MCL</b>	<b>MCLG</b>	<b>Likely Source of Contamination</b>
COMBINED RADIUM (-226 & -228)	4/9/2018	0.999	0.999	pCi/L	5	0	Erosion of natural deposits
COMBINED URANIUM	10/24/2022	16.1	3.83 - 16.1	pCi/l	0	0	Erosion of natural deposits
GROSS ALPHA, EXCL. RADON & U	5/2/2022	0.7	0 - 0.7	pCi/L	15	0	Erosion of natural deposits
GROSS ALPHA, INCL. RADON & U	10/24/2022	24.5	0 - 24.5	pCi/L	15	0	Erosion of natural deposits
RADIUM-226	4/9/2018	0.999	0.999	pCi/L	0	0	Erosion of natural deposits.
<b>Unregulated Water Quality Data</b>	<b>Collection Date</b>	<b>Highest Value</b>	<b>Range</b>	<b>Unit</b>	<b>Secondary MCL</b>		
SULFATE	1/3/2022	12.9	12.9	mg/L	250		
During the 2022 calendar year, we had the below noted violation(s) of drinking water regulations.							
<b>Violation Type</b>	<b>Category</b>	<b>Analyte</b>	<b>Compliance Period</b>				
No Violations Occurred in the Calendar Year of 2022							

The City Of Kearney has taken the following actions to return to compliance with the Nebraska Safe Drinking Water Act:  
 There are no actions required stayed in compliance.

**Additional Required Health Effects Language:**  
 Certain minerals are radioactive and may emit a form of radiation known as alpha radiation. Some people who drink water containing alpha emitters in excess of the MCL over many years may have an increased risk of getting cancer.

There are no additional required health effects violation notices.

# FIRE ALARM INSPECTION

Midwest Alarm Services

Customer: Kearney YRTC  
2802 30<sup>th</sup> Ave  
Kearney, NE 68845

Location: Maintenance

Panel Type: Notifier 3030  
 100 % Smoke Test:  
 Frequency:  
 Notes:

100 % Heat Test:

Remote Connection: N/A  
 Calibration:

	Actual	Tested
1. Circuits	<u>1</u>	<u>1</u>
2. Pull stations	<u>4</u>	<u>4</u>
3. Remote Annunciators		
4. Heat Detectors	<u>15</u>	<u>15</u>
5. Smoke Detectors		
6.. Duct Detectors		
7. Flow Switches		
8. Pressure Switches		
9. Tamper Switches		
10. Audibles	<u>6</u>	<u>6</u>
11. Visuals	<u>7</u>	<u>7</u>
12. Door Holders		
13. Fan Relays		
14. Door Relays		
15. FCPS		
16. Voice Evac		

- Additional Questions
- Code the system installed under: NFPA-72
  - Is the ground Fault Functioning? Yes No N/A
  - Signals received at receiving station? Yes No N/A *Dickson Bldg.*
  - Are system components functioning properly? Yes No
  - Did Trouble Signal Operate Properly? Yes No
  - Checked system in Emergency Power? Yes No
  - Elevator Recall? Yes No N/A
  - Main Power (120VAC) Test Value: 120VAC
  - Emergency Power (Gel Cell) Test Value: See below
  - Battery Change Out Date: 2028
  - Voice Evac Battery Change Out: \_\_\_\_\_
  - FCPS Battery Change Out: \_\_\_\_\_
  - FCPS Battery Change Out: \_\_\_\_\_
  - FCPS Battery Change Out: \_\_\_\_\_  
 FALP - <sup>start</sup> 26.8 - <sup>end</sup> 25.2  
 EVAC - 25.6 - 25.4  
 FCPS - 26.4 - 25.3

Comments:

Final acceptance test with the Fire Marshal  
System Function tested OK

Inspection Start Time: 3:15 PM  
 Inspections Date: 5-9-24  
 Inspector: Levi Hasman  
 Customer: Paul Halcom

Inspection End Time: 4:10 PM  
 Last Inspected: \_\_\_\_\_  
 License #: L23 Exp: 2026  
 Witness: [Signature]  
Fire Marshal 5-9-24

# Fire Extinguisher Inspection List



**Location Code:** VFTZTQM

**Contact:** Richard Hancock

**Contact Address:** 2802 30th Ave  
Kearney, NE 68845

**Phone:** (308) 865-5313

**Email:** richard.hancock@nebraska.gov

**Property Evaluated:** Youth Rehabilitation and Treatment Center - Kearney  
(Health Care)  
2802 30th Ave  
Kearney, NE 68845

**Description:** Fire Extinguishers (FE Inspection)

**Company:** Hastings Office

**Address:** 1239 North Minnesota Ave. , PO Box 1467  
Hastings, NE 68902

**Company Phone:** 800-274-0888

**Inspector:** Matt Goff  
NE State Inspectors License #L71

**Date of Work:** 4/30/2024

**Frequency:** Annual

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## Deficiency Summary

**Status:** Open

**Severity:** Non-Critical

Fire extinguisher deficiency for Tag # 32, Serial Number: XW-837102, Model: Ansul , Size: 10#, Type: ABC.  
Due for maintenance.

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**Status:** Open

**Severity:** Non-Critical

Fire extinguisher deficiency for Tag # 41, Serial Number: N-433879, Model: Buckeye , Size: 10#, Type: ABC.  
Due for maintenance.

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**Status:** Open

**Severity:** Non-Critical

Fire extinguisher deficiency for Tag # 42, Serial Number: N-433904, Model: Buckeye , Size: 10#, Type: ABC.  
Due for maintenance.

---

**Status:** Open

**Severity:** Non-Critical

Fire extinguisher deficiency for Tag # 58, Serial Number: RT-749592, Model: Ansul , Size: 10#, Type: ABC.  
Due for maintenance.



## Service Summary

Total Extinguishers: 62, Tested: 62, Not Tested: 0, Passed: 58, Failed: 4

In 2024: 1 is due for 6 yr service.  
1 is due for Hydro service.

In 2028: 50 are due for 6 yr service.  
1 is due for Hydro service.

In 2026: 1 is due for 6 yr service.  
2 are due for Hydro service.

In 2029: 4 are due for 6 yr service.  
1 is due for Hydro service.

In 2027: 1 is due for 6 yr service.

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## General Comments

There are no general comments for this submission



**Hastings Office**  
 1239 North Minnesota Ave. , PO Box 1467  
 Hastings, NE 68902  
 Phone: 800-274-0888

## Fire Extinguisher Inspection List

Account Information		
Facility Name: Youth Rehabilitation and Treatment Center - Kearney	Property Type: Health Care	Location Code: VFTZTQM
Service Address: 2802 30th Ave, Kearney, NE, 68845		
Owner: Richard Hancock		Owner's Phone: (308) 865-5313
Owner's Address: 2802 30th Ave, Kearney, NE, 68845		

Zone: All

Zone: All										
Tag	Serial Number	Model	Size	Type	Location	Last Service	Next Service	Frequency	Inspection	Comments
1	F-933577	Amerex (2009)	10#	ABC	Washington Office	Hydro 2022	6 yr 2028	Annual	Pass	
2	N-449465	Buckeye (2010)	10#	ABC	Washington Upstairs Office	Hydro 2022	6 yr 2028	Annual	Pass	
3	N-449478	Buckeye (2010)	10#	ABC	Barber Office	Hydro 2022	6 yr 2028	Annual	Pass	
4	N-433886	Buckeye (2010)	10#	ABC	Medical Entrance	Hydro 2022	6 yr 2028	Annual	Pass	
5	N-449475	Buckeye (2010)	10#	ABC	Medical Kitchen	Hydro 2022	6 yr 2028	Annual	Pass	
6	N-449470	Buckeye (2010)	10#	ABC	Creighton Office	Hydro 2022	6 yr 2028	Annual	Pass	
7	N-449443	Buckeye (2010)	10#	ABC	Creighton Upstairs Office	Hydro 2022	6 yr 2028	Annual	Pass	
8	N-449437	Buckeye (2010)	10#	ABC	Bryant Office	Hydro 2022	6 yr 2028	Annual	Pass	
9	WE-617993	Ansul (2004)	5#	ABC	Canteen	Hydro 2022	6 yr 2028	Annual	Pass	
10	N-449444	Buckeye (2010)	10#	ABC	Canteen Office	Hydro 2022	6 yr 2028	Annual	Pass	
11	F-88866640	Amerex (2020)	10#	ABC	Dodge Entrance	New 2020	6 yr 2026	Annual	Pass	
12	N-433896	Buckeye (2010)	10#	ABC	Dodge Lobby	Hydro 2022	6 yr 2028	Annual	Pass	
13	N-433897	Buckeye (2010)	10#	ABC	Dodge Upstairs	Hydro 2022	6 yr 2028	Annual	Pass	
14	N-449447	Buckeye (2010)	10#	ABC	Dodge Basement	Hydro 2022	6 yr 2028	Annual	Pass	
15	N-449460	Buckeye (2010)	10#	ABC	Wimberly Entrance	Hydro 2022	6 yr 2028	Annual	Pass	
16	AR-757236	Ansul (2011)	10#	ABC	Gym Upstairs	Hydro 2022	6 yr 2028	Annual	Pass	
17	AR-757233	Ansul (2011)	10#	ABC	Gym	Hydro 2022	6 yr 2028	Annual	Pass	
18	N-433899	Buckeye (2010)	10#	ABC	Outside Laundry	Hydro 2022	6 yr 2028	Annual	Pass	
19	N-449459	Buckeye (2010)	10#	ABC	School Hallway	Hydro 2022	6 yr 2028	Annual	Pass	
20	N-449455	Buckeye (2010)	10#	ABC	School Hallway	Hydro 2022	6 yr 2028	Annual	Pass	



**Hastings Office**  
 1239 North Minnesota Ave. , PO Box 1467  
 Hastings, NE 68902  
 Phone: 800-274-0888

Zone: All										
Tag	Serial Number	Model	Size	Type	Location	Last Service	Next Service	Frequency	Inspection	Comments
21	N-433882	Buckeye (2010)	10#	ABC	School Kitchen	Hydro 2022	6 yr 2028	Annual	Pass	
22	N-433894	Buckeye (2010)	10#	ABC	Room 122	Hydro 2022	6 yr 2028	Annual	Pass	
23	N-433889	Buckeye (2010)	10#	ABC	Upstairs School Hallway	Hydro 2022	6 yr 2028	Annual	Pass	
24	N-433890	Buckeye (2010)	10#	ABC	Chapel Hallway	Hydro 2022	6 yr 2028	Annual	Pass	
25	N-433893	Buckeye (2010)	10#	ABC	Chapel Furnace	Hydro 2022	6 yr 2028	Annual	Pass	
26	N-449479	Buckeye (2010)	10#	ABC	BDR Laundry	Hydro 2022	6 yr 2028	Annual	Pass	
27	N-433888	Buckeye (2010)	10#	ABC	BDR Laundry	Hydro 2022	6 yr 2028	Annual	Pass	
28	N-449454	Buckeye (2010)	10#	ABC	BDR Storage	Hydro 2022	6 yr 2028	Annual	Pass	
29	N-449446	Buckeye (2010)	10#	ABC	BDR Elevator Equipment Room	Hydro 2022	6 yr 2028	Annual	Pass	
30	N-449466	Buckeye (2010)	10#	ABC	Dixon Bathroom	Hydro 2022	6 yr 2028	Annual	Pass	
31	N-433876	Buckeye (2010)	10#	ABC	Dixon Office	Hydro 2022	6 yr 2028	Annual	Pass	
32	XW-837102	Ansul (2006)	10#	ABC	Dixon Furnace	Hydro 2018	6 yr 2024	Annual	Fail	Non-Critical, Due for maintenance.
33	N-449476	Buckeye (2010)	10#	ABC	Vocational	Hydro 2022	6 yr 2028	Annual	Pass	
34	N-449462	Buckeye (2010)	10#	ABC	Vocational	Hydro 2022	6 yr 2028	Annual	Pass	
35	N-449471	Buckeye (2010)	10#	ABC	Vocational Shop	Hydro 2022	6 yr 2028	Annual	Pass	
36	N-449477	Buckeye (2010)	10#	ABC	Vocational Drafting	Hydro 2022	6 yr 2028	Annual	Pass	
37	N-449456	Buckeye (2010)	10#	ABC	Vocational	Hydro 2022	6 yr 2028	Annual	Pass	
38	KP952929	Amerex (1992)	5#	ABC	Boiler Entry	6 yr 2022	Hydro 2028	Annual	Pass	
39	N-449464	Buckeye (2010)	10#	ABC	Boiler	Hydro 2022	6 yr 2028	Annual	Pass	
40	N-433895	Buckeye (2010)	10#	ABC	Boiler	Hydro 2022	6 yr 2028	Annual	Pass	
41	N-433879	Buckeye (2010)	10#	ABC	Spares	Hydro 2022	6 yr 2028	Annual	Fail	Non-Critical, Due for maintenance.
42	N-433904	Buckeye (2010)	10#	ABC	Spare	Hydro 2022	6 yr 2028	Annual	Fail	Non-Critical, Due for maintenance.
43	N-449445	Buckeye (2010)	10#	ABC	Spare	Hydro 2023	6 yr 2029	Annual	Pass	
44	N-433880	Buckeye (2010)	10#	ABC	Spare	Hydro 2022	6 yr 2028	Annual	Pass	
45	N-449441	Buckeye (2010)	10#	ABC	Spare	Hydro 2022	6 yr 2028	Annual	Pass	
46	N-449440	Buckeye (2010)	10#	ABC	Spare	Hydro 2023	6 yr 2029	Annual	Pass	
47	N-433891	Buckeye (2010)	10#	ABC	Spare	Hydro 2023	6 yr 2029	Annual	Pass	
48	N-433887	Buckeye (2010)	10#	ABC	Spare	Hydro 2022	6 yr 2028	Annual	Pass	
49	N-449452	Buckeye (2010)	10#	ABC	Spare	Hydro 2023	6 yr 2029	Annual	Pass	
50	N-449467	Buckeye (2010)	10#	ABC	Spare	Hydro 2022	6 yr 2028	Annual	Pass	
51	N-449469	Buckeye (2010)	10#	ABC	Spare	Hydro 2022	6 yr 2028	Annual	Pass	
52	ZD-584928	Ansul (2003)	10#	ABC	Spare	Hydro 2021	6 yr 2027	Annual	Pass	
53	WA-533617	Ansul (2005)	5#	ABC	Spare	6 yr 2023	Hydro 2029	Annual	Pass	
54	N-433878	Buckeye (2010)	10#	ABC	Hog Barn	Hydro 2022	6 yr 2028	Annual	Pass	
55	AB-07889	Ansul (2005)	6L	K	BDR Kitchen	Hydro 2021	Hydro 2026	Annual	Pass	



**Hastings Office**  
 1239 North Minnesota Ave. , PO Box 1467  
 Hastings, NE 68902  
 Phone: 800-274-0888

Zone: All										
Tag	Serial Number	Model	Size	Type	Location	Last Service	Next Service	Frequency	Inspection	Comments
56	N-449449	Buckeye (2010)	10#	ABC	BDR Kitchen	Hydro 2022	6 yr 2028	Annual	Pass	
57	N-449461	Buckeye (2010)	10#	ABC	BDR Kitchen Hallway	Hydro 2022	6 yr 2028	Annual	Pass	
58	RT-749592	Ansul (2004)	10#	ABC	Maintenance Shop	6 yr 2018	Hydro 2024	Annual	Fail	Non-Critical, Due for maintenance.
59	N-449463	Buckeye (2010)	10#	ABC	Maintenance Entrance	Hydro 2022	6 yr 2028	Annual	Pass	
60	N-433875	Buckeye (2010)	10#	ABC	Maintenance Shop	Hydro 2022	6 yr 2028	Annual	Pass	
61	N-433884	Buckeye (2010)	10#	ABC	Maintenance Shop	6 yr 2020	Hydro 2026	Annual	Pass	
62	N-449451	Buckeye (2010)	10#	ABC	Maintenance Shop	Hydro 2022	6 yr 2028	Annual	Pass	

**Comments**

Any deficiencies or other problems found with the extinguishers must be explained using the comment specific for each extinguisher. Additional comments can be added here.

Please see the summary section at the top of the form for the comments.

**Inspector's Information**

Inspected By

Inspector License:

I state that the information on this form is correct at the time and place of my inspection, and that all equipment tested at this time was left in operating condition upon completion of this inspection except as noted in the *Comments*.

Signature of Inspector

Date

\_\_\_\_\_  
 Matt Goff  
 \_\_\_\_\_  
 NE State Inspectors License #L71  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 4/30/2024



**Location Code:** VFTZTQM

**Contact:** Richard Hancock

**Contact Address:** 2802 30th Ave  
Kearney, NE 68845

**Phone:** (308) 865-5313

**Email:** richard.hancock@nebraska.gov

**Property Evaluated:** Youth Rehabilitation and Treatment  
Center - Kearney (Health Care)  
2802 30th Ave  
Kearney, NE 68845

**Description:** Fire Suppression (FS Inspection)

**Company:** Hastings Office

**Address:** 1239 North Minnesota Ave. , PO Box  
1467

Hastings, NE 68902

**Company Phone:** 800-274-0888

**Inspector:** Matt Goff  
NE State Inspectors License #L71

**Date of Work:** 4/30/2024

**Frequency:** Semi-Annual

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## Deficiency Summary

There are no reported deficiencies for this submission

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## General Comments

There are no general comments for this submission



**Hastings Office**  
 1239 North Minnesota Ave. , PO Box 1467  
 Hastings, NE 68902  
 Phone: 800-274-0888

**Frequency Of Testing**

Frequency:  
 Date

Quarterly  Semi-Annual  Annual  
 4/30/2024

**Account Information**

Account Information		
Facility Name: Youth Rehabilitation and Treatment Center - Kearney	Property Type: Fire Suppression (FS Inspection)	Location Code: VFTZTQM
Service Address: 1239 North Minnesota Ave.		
Owner: Protex Central, Inc.	Owner Phone: (308) 865-5313	
Owner's Address: 2802 30th Ave, Kearney, NE, 68845		

**Panel Information**

Type <input checked="" type="checkbox"/> Releasing Panel <input type="checkbox"/> Power Supply <input type="checkbox"/> Annunciator	Location Basement	Manufacturer Fenwal	Model: FenwalNet 6000	Result <input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
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**Batteries**

Type <input type="checkbox"/> 12vdc/7ah <input checked="" type="checkbox"/> 12vdc/12ah <input type="checkbox"/> 12vdc/18ah <input type="checkbox"/> 12vdc/26ah <input type="checkbox"/> 12vdc/35ah <input type="checkbox"/> 12vdc/55ah	Location Release Panel	Install Date: 4/2024	Voltage/Amphere Reading 13.5	Result <input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Type <input type="checkbox"/> 12vdc/7ah <input checked="" type="checkbox"/> 12vdc/12ah <input type="checkbox"/> 12vdc/18ah <input type="checkbox"/> 12vdc/26ah <input type="checkbox"/> 12vdc/35ah <input type="checkbox"/> 12vdc/55ah	Location Release Panel	Install Date: 4/2024	Voltage/Amphere Reading 13.5	Result <input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A

**Cylinder/Tank**

Location Basement	Serial Number: -	Manufacture Date: 12/2010	Manufacturer Fenwal	Gross/Agent/PSI 175.5/80/360	Liquid Level 7.5"
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**Devices**

Legend		
Abort - Abort Station	AirPressSw - Air Pressure Switch	BATT - Batteries
BOTTDIS - Bottom Discharge	CntrlMod - Control Module	Combo Detector - Combo Detector
DAMP - Damper	H/S - Horn-Strobes	HD - Heat Detector
HOSE - Hose	Initiator - Initiator	Low Air - Low Air
MAINT - Maintenance Switch	MM - Monitor Module (Ansul, temp, CO, etc)	ManRel - Manual Release
NOZZ - Nozzle	Other - Other	PWS - Power Supply
Relay Module - Relay Module	SD-Ion - Ion Smoke Detector	SD-Photo - Photo Smoke Detector
SOL - Solenoid	STROBE - Strobes	TOPDIS - Top Discharge
TS - Tamper Switch	VES - VESDA	WF - Waterflow

Asset Type	Total	Tested	Not Tested	Passed	Failed
⊕ Abort	1	1	0	1	0
⊞ ManRel	1	1	0	1	0
● SD-Ion	1	1	0	1	0
⬇️ TOPDIS	1	1	0	1	0

Asset Type	Total	Tested	Not Tested	Passed	Failed
Ⓒ MAINT	1	1	0	1	0
🔊 NOZZ	1	1	0	1	0
● SD-Photo	1	1	0	1	0



Zone: Data Room

Zone: Data Room						
Asset Type	Address	Location	Notes	Frequency	Test Results	Comments
MAINT		Below Panel		Semi-Annual	Pass	
SD-Ion		Ceiling		Semi-Annual	Pass	
SD-Photo		Ceiling		Semi-Annual	Pass	
Abort		Data Room		Semi-Annual	Pass	
ManRel		Data Room		Semi-Annual	Pass	
NOZZ		Data Room		Semi-Annual	Pass	
TOPDIS		System Cylinder		Semi-Annual	Pass	

Notification Devices

Device Type <input type="checkbox"/> Horn Strobe <input type="checkbox"/> Bell <input type="checkbox"/> Strobe <input checked="" type="checkbox"/> Exterior Strobe	Location Outside Data Room	Result <input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Device Type <input type="checkbox"/> Horn Strobe <input checked="" type="checkbox"/> Bell <input type="checkbox"/> Strobe <input type="checkbox"/> Exterior Strobe	Location Data Room	Result <input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Device Type <input checked="" type="checkbox"/> Horn Strobe <input type="checkbox"/> Bell <input type="checkbox"/> Strobe <input type="checkbox"/> Exterior Strobe	Location Data Room	Result <input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A

Suppression Questionnaire

Is system connected to Main Fire Alarm System?  Yes  No  N/A

Is the protected room properly sealed?  Yes  No  N/A

Is there a door sweep?  Yes  No  N/A

Do the trouble signals operate correctly from releasing panel and sub panels (if any)?  Yes  No  N/A

Did alarm signals operate correctly for releasing panel and associated devices when tested?  Yes  No  N/A

Is all wiring installed correctly, terminated and in a serviceable working order?  Yes  No  N/A

Are all switches, indicators, meters, and gauges in good working order both physically and functionally?  Pass  Fail  N/A


Do all shutdown function relays and devices work as intended? Air handlers, fans, dampers, computer systems.  Yes  No  N/A

Will system operate on batteries for 24 hours in standby and 5 minutes in alarm?  Yes  No  N/A

Date of Work \_\_\_\_\_ 4/30/2024

Inspected By: \_\_\_\_\_ Matt Goff

Inspector License: \_\_\_\_\_ NE State Inspectors License #L71

Signature of Inspector: 



CUSTOMER DETAILS											
CUSTOMER:					DATE:						
ADDRESS:					JOB ID:						
SITE NAME:					TECHNICIAN:						
CONTACT NAME:					CONTACT TEL:						
PRODUCT DETAILS											
GEN MAKE					GEN MODEL:						
GEN SERIAL:					GEN HOURS:						
AUTOMATIC TRANSFER SWITCH NOTES								Service Interval			
								Quarterly			
								Semi-Annual			
								Annual			
Nominal Voltage Source					Emergency Voltage Source						
A-B		B-C		C-A	A-B		B-C		C-A		
A-N		B-N		C-B	A-N		B-N		C-B		
A-Amps		B-Amps		C-Amps	A-Amps		B-Amps		C-Amps		
A-Temp		B-Temp		C-Temp	A-Temp		B-Temp		C-Temp		
PRE OPERATION CHECKS				Coolant temp	Battery Charging voltage						
OPERATION CHECKS											
PASS	N/A	NEEDS ATTN									
			CONTROL LIGHTS	Engine Run temp		W/ or W/O Load					
			CONTROL DISPLAY	Oil Pressure		Exercise Duration					
			EMERGENCY STOP	Oil Temp		Day					
			SWITCH/CONTROLS	Battery Voltage		Week					
			CB OPERATION	Frequency Rate		Start Time					
			AUTO OPERATION	RPM							
			COOLANT SYSTEM: Radiator cap, Coolant level, Coolant Condition, Coolant filter, Coolant Heater, All Hoses								
			EXHAUST SYSTEMS CONDITION								
			ENGINE: Ignition system, Belts, Turbo, Air intake system, Air filter, Oil Leaks, Oil level, Crankcase Breather								
			ALTERNATOR CONDITION								
			FULL SERVICE PERFORMED								
			FUEL SYSTEM: Fuel Plumbing, Fuel Filters, Fuel Condition				Fuel Level				
			ENCLOSURE CONDITION								
			BATTERY CONDITION								
			ATS: Housing Condition, Power and Control Cables, Main Connects, Operating Mechanism, Control Boards, Display, Battery Charger								
			OPERATION CHECKS: Engine Run Temp, Oil Pressure, Oil Temp, Battery Voltage, Control Lights, Control Guages, Emergency Stop, Switches/Controls, CB Operation, Auto Operation, Frequency rate, RPM								
			Before Leaving Site: Gen in Auto, Battery Charger ON, Block Heater ON, CB closed, Customer Logs								
Notes:											



**FOOD ESTABLISHMENT EVALUATION**

CAR  
 HACCP

Firm: Kearney High West (YARC)  
Address: 2802 30th Ave  
City: Kearney County: Buttels

Firm ID: 10-15 Inspector Code: 25  
Facility Codes: \_\_\_\_\_ Inspection Date: 3-22-24

Unless otherwise stated, violations cited in this report shall be corrected within the period noted: Priority (P) items within 3 days, Priority Foundation (PF) items within 10 days (§8-405.11) or 90 days for core items (§8-406.11).

Purpose	
Regular: 1	Investigation: 4
Follow-up: 2	Other: 5
Complaint: 3	

Priority / Priority Foundation Violations: 3 Core Violations: 2

Temperature Observations					
Food Product	Product Temp.	Location	Food Product	Product Temp.	Location
Mixed Vegetables	176.1	stove table			
Pizza	152.7	warming unit			

**Foodborne Illness Risk Factors and Public Health Interventions**

Compliance Status				C	R	Compliance Status				C	R				
<b>Demonstration of Knowledge</b>						<b>Time/Temperature Control for Safety (TCS Food)</b>									
1	IN	OUT	Certification by accredited program, compliance with code, or correct responses			16	IN	OUT	N/A	N/A	Proper cooking time & temperature				
<b>Employee Health</b>						<b>Consumer Advisory</b>									
2	IN	OUT	Management awareness; policy present			17	IN	OUT	N/A	N/A	Proper reheating procedures for hot holding				
3	IN	OUT	Proper use of reporting, restriction & exclusion			18	IN	OUT	N/A	N/A	Proper cooling time and temperatures				
<b>Good Hygienic Practices</b>						<b>Highly Susceptible Populations</b>									
4	IN	OUT	N/O	Proper eating, tasting, drinking, or tobacco use			19	IN	OUT	N/A	N/O	Proper hot holding temperatures			
5	IN	OUT	N/O	No discharge from eyes, nose & mouth			20	IN	OUT	N/A	Proper cold holding temperatures				
<b>Preventing Contamination by Hands</b>						<b>Chemical</b>									
6	IN	OUT	N/O	Hands clean & properly washed			21	IN	OUT	N/A	N/O	Proper date marking and disposition			
7	IN	OUT	N/A	N/O	No bare hand contact with RTE foods			22	IN	OUT	N/A	N/O	Time as a public health control; procedures & record		
8	IN	OUT		Adequate handwashing facilities supplied & accessible			23	IN	OUT	N/A	Consumer advisory provided for raw or under cooked foods				
<b>Approved Source</b>						<b>Conformance with Approved Procedures</b>									
9	IN	OUT		Food obtained from approved source			24	IN	OUT	N/A	Pasteurized foods used; prohibited foods not offered				
10	IN	OUT	N/A	N/O	Food received at proper temperature			25	IN	OUT	N/A	Food additives; approved & properly used			
11	IN	OUT		Food in good condition, safe & unadulterated			26	IN	OUT		Toxic substances properly identified, stored & used				
12	IN	OUT	N/A	N/O	Required records available; shellstock tags, parasite destruction			27	IN	OUT	N/A	Compliance with variance, specialized process, & HACCP plan			
<b>Protection from Contamination</b>						<b>Ventilation</b>									
13	IN	OUT	N/A	Food separated & protected				IN	OUT	N/A	Ventilation adequate in dry storage to maintain ideal temperatures				
14	IN	OUT	N/A	Food-contact surfaces; cleaned & sanitized				IN	OUT	N/A	Thermometer in dry storage areas				
15	IN	OUT		Proper disposition of returned, previously served, recondition, unsafe food				IN	OUT	N/A	Locks on all storage areas to prevent pilferage				

P or PF	Item #	Code Reference	Violation Description/Remarks/Corrections
PF	14	4-601.11	clean mounts can opener - plastic unit
P	26	7-204.11	chemical sanitizer exceeds maximum concentration
PF	27	2-201.13	Some of required logs are missing required entries, cooling log missing TCS saved errors - must discard
	47	4-602.13	clean floor fans - dishroom, by 2 door cooler
	53	6-531.12	clean mold on floors - both walk-in coolers

Follow-up: Yes 1 No 2

Received by: [Signature] Inspected by: [Signature]

**Nebraska Department of Environment and Energy**

PO Box 98922, Lincoln, NE 68509 | 402-471-0903

Distribution: WHITE - Lincoln; YELLOW - Local Office; PINK - Customer

21-012 06/2021

**FOOD ESTABLISHMENT EVALUATION**

Firm: Kearney High West (FMC)  
 Address: 2802 32nd Ave  
 City: Kearney County: Bullhead

Firm ID: 10-15 Inspector Code: 25  
 Facility Codes: \_\_\_\_\_ Inspection Date: 3-22-24

**Good Retail Practices**

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

Safe Food and Water		C	R	Proper Use of Utensils		C	R
28	Pasteurized eggs used where required			41	In-use utensils; properly stored		
29	Water & ice from approved source			42	Utensils, equipment, & linens; properly stored, dried & handled		
30	Variance obtained for specialized processing methods			43	Single-use & single-service articles; properly stored & used		
Food Temperature Control				44	Gloves used properly		
31	Proper cooling methods used; adequate equipment for temperature control			Utensils, Equipment, and Vending			
32	Plant food properly cooked for hot holding			45	Food & non-food contact surfaces cleanable, properly designed, constructed & used		
33	Approved thawing methods used			46	Warewashing facilities; installed, maintained, & used; test strips		
34	Thermometers provided & accurate			47	Non-food contact surfaces clean		
Food Identification				Physical Facilities			
35	Food properly labeled; original container			48	Hot & cold water available; adequate pressure		
Prevention of Food Contamination				49	Plumbing installed, proper backflow devices		
36	Insects, rodents, & animals not present; no unauthorized persons			50	Sewage & waste water properly disposed		
37	Contamination prevented during food preparation, storage, & display			51	Toilet facilities; properly constructed, supplied & cleaned		
38	Personal cleanliness; hair restraints			52	Garbage & refuse properly disposed, facilities maintained		
39	Wiping cloths; stored in sanitizing solution and properly used			53	Physical facilities installed, maintained, & clean		
40	Washing fruits & vegetables washed prior to use			54	Adequate ventilation & lighting; designated areas used		

P or PF	Item #	Code Reference	Violation Description/Remarks/Corrections
	53	6-501.12	Cont. - Clean Floor under Single Comp. Sink X (Accept) - HACCP Binder - Food Safety Program / S.O.P.s - Food Safety Checklist - on clipboard - last 4 months partially completed - Damaged / Discarded - on clipboard - 3-19-24 last entry - Receiving log - on clipboard - 7-20-24 last entry - Thermometer Calibration - on clipboard - 2-19-24 last - Cooling log - in Binder 9-24-23 last entry - missing "N" - Chorio found in kitchen - must discard - Sanitizing Dishwasher Temp - cannot post on prior in Binder - Refrigeration logs - current on clipboard - prior in Binder - Dishwasher Temp 171.9 - Sanitizing labels - conc. high, De-kin conc. section

Unless otherwise stated, violations cited in this report shall be corrected within the period noted: Priority (P) items within 3 days, Priority Foundation (PF) items within 10 days (§8-405.11) or 90 days for core items (§8-406.11). Food Temp - Recorded on Daily Production Records - checked a number of months - very consistent

Received by: [Signature] Inspected by: [Signature]

After our Food Establishment Inspection Report on 03/22/24, there were 5 deficiencies discovered (3 Priority, 2 Core).

The following actions were taken to address these concerns:

1. The mounted can opener was deep cleaned.
2. Corrections were made and staff training provided in regard to appropriate sanitation chemical concentration levels in wash buckets.
3. Thermometer, Receiving, and Discard logs brought up to date by supervisor.
4. Floor fans were cleaned.
5. Maintenance was notified of mold on refrigeration walls in downstairs pantry.

  
James Orme, Food Service Director

3/23/24  
Date 03/23/24

# Hood Fire Suppression System Inspection Report



**Location Code:** VFTZTQM

**Contact:** Richard Hancock

**Contact Address:** 2802 30th Ave  
Kearney, NE 68845

**Phone:** (308) 865-5313

**Email:** richard.hancock@nebraska.gov

**Property Evaluated:** Youth Rehabilitation and Treatment  
Center - Kearney (Health Care)  
2802 30th Ave  
Kearney, NE 68845

**Description:** Hood (RH Inspection)

**Company:** Hastings Office

**Address:** 1239 North Minnesota Ave. , PO Box  
1467  
Hastings, NE 68902

**Company Phone:** 800-274-0888

**Inspector:** Matt Goff  
NE State Inspectors License #L71

**Date of Work:** 4/30/2024

**Frequency:** Semi-Annual

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## Deficiency Summary

There are no reported deficiencies for this submission

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## General Comments

There are no general comments for this submission



**Hastings Office**  
 1239 North Minnesota Ave. , PO Box 1467  
 Hastings, NE 68902  
 Phone: 800-274-0888

## Hood Fire Suppression System Inspection Report

Account Information		
Facility Name: Youth Rehabilitation and Treatment Center - Kearney	Property Type: Health Care	Assembly Description: Hood (RH Inspection)
Service Address: 2802 30th Ave, Kearney, NE, 68845		
Mailing Name: Richard Hancock		Phone: (308) 865-5313
Mailing Address: 2802 30th Ave, Kearney, NE, 68845		

Hood Information			
Manufacturer: Ansul	Control Head Style: Automan	Tank Style: R102	
System Location: Kitchen	# of Nozzles: 8	# of Flows: 1	
<input type="checkbox"/> None	<input checked="" type="checkbox"/> Building Fire Alarm	<input type="checkbox"/> Monitored	<input type="checkbox"/> Local

Tanks							
Size	Year	Last Service	Next Service,	Size	Year	Last Service	Next Service
3 gallon	2006	2018	2030				
1.5 gallon	2006	2018	2030				

Cartridge							
Size	Date,	Size	Date,	Size	Date,	Size	Date
110 oz	-						

Link								
Temp	Qty	Style	Temp	Qty	Style	Temp	Qty	Style
280	-		360	4	K	450	-	
-								
Temp	Qty	Style	Temp	Qty	Style	Temp	Qty	Style
500	-			-			-	

Fuel Shut Off:		
<input type="checkbox"/> All Electric Equipment	<input checked="" type="checkbox"/> MGV	<input type="checkbox"/> Electric Gas Valve w/Reset Relay
MGV/RR Location: Behind equipment		
Electrical Reset Location: NA		
Cooking Equipment (L to R): Range, griddle		

Tester Information		
Frequency: Semi-Annual	Inspected By: Matt Goff	Date of Test: 4/30/2024
Tester Signature: _____		Certification Number: NE State Inspectors License #L71



**Hastings Office**  
 1239 North Minnesota Ave. , PO Box 1467  
 Hastings, NE 68902  
 Phone: 800-274-0888

- |   |  |
|---|--|
| 1. Notify AHJ/Monitoring company prior to testing?              | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 2. System tamper seals intact upon arrival?                     | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 3. Cooking equipment line-up same as last inspection?           | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 4. System tripped immediately from terminal link/pull?          | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 5. Alarm actuated?  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 6. All gas under the hood shuts down?                           | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 7. Electricity to protect appliances shuts off?                 | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A |
| 8. Hood make-up air shuts down?                                 | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A |
| 9. Exhaust fan turns on?  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 10. All fusible links replaced?                                 | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A |
| 11. All nozzle caps/seals in place?                             | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 12. All rubber nozzle caps replaced (annually)?                 | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A |
| 13. No obstructions to nozzle spray pattern?                    | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 14. Plenum(s), Duct(s), & appliances properly detected?         | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 15. Plenum(s), Duct(s), & appliances properly protected?        | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 16. All hood/duct penetrations properly sealed?                 | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 17. Plenum(s), filters & duct(s) are clean?                     | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 18. No abandoned pipe or visible holes in hood or duct?         | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 19. System tested from remote manual pull station?              | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 20. System valve Actuator(s) tested?                            | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A |
| 21. Verify all pilot lights re-lit after testing?               | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 22. Manual Reset present with electric gas valve?               | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A |
| 23. Verify electrical restored to all appliances after testing? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A |
| 24. Verify signals reported to central station properly?        | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 25. All tanks within proper pressure or chemical level?         | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A |
| Bottle PSI:   | N/A  |
| 26. All tanks and actuators reconnected?                        | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 27. All tanks within proper date?                               | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Date New or Last Hydro Test:                                    | 2030   |
| 28. All cartridges within proper weight & date?                 | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Cartridge Weight (oz.):   | 110  |
| 29. System cartridge installed?                                 | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 30. System in service with tamper seals & tags in place?        | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 31. System is U.L. Standard 300 compliant?                      | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 32. Class K fire extinguisher present?                          | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Class K Extinguisher Date:                                      | 2005   |

Customer Information	
Customer Name: Ryan Putnam	
Customer Signature: 	Date: 4/30/2024

2022

Youth Rehabilitation Treatment center

Generator Test Record

Highlighted areas Required Weekly

Generator location		Generator Test Record													Comments		
Generator Model		Highlighted areas Required Weekly															
DATE	equipment hour meter reading	Test performed w/wo Load	Monthly test done	Oil level	Oil PSI	Coolant Temp	Coolant Level	Battery charge rate	AC volts			AC Amps			Total KW		
									L1	L2	L3	L1	L2	L3			
5-16	365.0	W/O		✓				13.4									
5-23	365.5	W/O		✓				13.4									
5-31	366.0	W/O		✓				13.4									
6-6	366.5	W/O		✓				13.6									
6-13	367.0	W/O		✓				13.5									
6-21	367.5	W/O		✓				13.4									
6-27	368.0	W/O		✓				13.4									
7-5	368.5	W/O		✓				13.4									
7-11	369.0	W/O		✓				13.5									
7-18	369.5	W/O		✓				13.5									
7-26	370.0	W/O		✓				13.4									
8-1	371.5	W/O		✓				13.5									
8-9	372.0	W/O		✓				13.5									

## NEBRASKA STATE FIRE MARSHAL FIRE SPRINKLER INSPECTION

LOCATION OF SYSTEM  
YRTC Byant/Creighton Cottage  
2802 South 30th Avenue  
Kearney, NE 68845

12/28/2022  
 INSPECTION DATE  
Living Unit  
 TYPE OCCUPANCY

FORMS INCLUDED WITH THIS COVER SHEET		TYPE OF INSPECTION	
<input type="checkbox"/>	UNDERGROUND TEST CERTIFICATION (FORM 85-AB)	<input type="checkbox"/>	INITIAL ACCEPTANCE OF SYSTEM
<input type="checkbox"/>	ABOVEGROUND TEST CERTIFICATION (FORM 85-AC)	<input type="checkbox"/>	REINSPECTION DUE TO REMODEL, REPAIR, ETC
<input checked="" type="checkbox"/>	REPORT OF INSPECTION Quarterly	<input type="checkbox"/>	PERIODIC ANNUAL INSPECTION
<input type="checkbox"/>	DRY PIPE VALVE TEST	<input type="checkbox"/>	BACKFLOW PREVENTER TEST

ITEM # DIRECTORY	DEFICIENCIES	
1-WET RISER	5-BACKFLOW PREVENTER	ITEMIZE DEFICIENCIES NOTED ON INSPECTION AND ANY OTHER PERTINENT COMMENTS ON SYSTEM
2-DRY RISER	6-STANDPIPE	
3-PREACTION RISER	7-OTHER	
4-FIRE PUMP		

TAG#	ITEM#	MAJOR DEFICIENCIES/COMMENTS			
09564	1	In Compliance	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Main Riser
09565	5	In Compliance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	N/A Tested 6/30/22
30270	1	In Compliance	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Basement
30272	1	In Compliance	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	1st Floor
30271	1	In Compliance	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	2nd Floor
		In Compliance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

**STATUS OF SYSTEM-CHECK ONE**

IN COMPLIANCE
  MINOR DEFICIENCIES
  MAJOR DEFICIENCIES

COMPANY PERFORMING INSPECTION

BAMFORD, INC.

PO BOX 1868 KEARNEY, NE 68848-1868	PHONE 308-237-2157 FAX 308-237-4607
--	--

\_\_\_\_\_  
 INSPECTOR SIGNATURE

NEBRASKA LICENSE # 98011

TESTER BFP LICENSE # \_\_\_\_\_

\_\_\_\_\_  
 OWNER REPRESENTATIVE SIGNATURE

SEND TO: NEBRASKA STATE FIRE MARSHAL • 246 S 14TH ST • LINCOLN NE 68508  
 A COPY OF THIS INSPECTION REPORT SHALL BE LEFT ATTACHED TO THE SYSTEM RISER





## Living Unit Light Study

Living Unit	Area	Foot Candles
<b>Washington</b>	Lounge	31.5
	Game room	28.1
	Bathroom	75.6
	Sleeping room	27.7
<b>Creighton</b>	Lounge	43.8
	Game room	34.3
	Bathroom	24.2
	Sleeping room	36.1
<b>Bryant</b>	Lounge	33.4
	Game room	23.1
	Bathroom	36.3
	Sleeping room	33.6
<b>Dickson</b>	Lounge	35.4
	Game room	27.5
	Sleeping room	35.3
	Bathroom	31
<b>Lincoln</b>	Lounge	27.3
	Game room	26.2
	Bathroom	39.3
	Sleeping room	24.3

Recoverable Signature

**X** Mr. Warford Date 9/16/22



Signed by: 0cc5f494-7130-4f81-92db-93d063ef88aa



# State of Nebraska

ANNUAL CONVEYANCE CERTIFICATE

Nebraska State  
Fire Marshal Agency



Elevator  
Division

Issuance of this certificate does not create liability nor guarantee personal safety. If you have any questions regarding the operation or safety of this unit, contact the Owner.  
NSFM Elevator Division: 402-595-3184

STATE # **10**

UNIT ID

MANUFACTURER **ROTARY**

TYPE **FREIGHT**

INSPECTION DATE **5/9/2024**

CERTIFICATE # **267908**

BUILDING NAME

Timothy Trujillo

**YOUTH REHAB & TREATMENT CTR**

Elevator Division Chief

**2802 30TH AVE  
KEARNEY, NE 68847**

Scott Cordes

State Fire Marshal

This Certificate must be posted in the elevator car

558 326

# NEBRASKA

Good Life. Great Safety.

STATE FIRE MARSHAL AGENCY

## Nebraska State Fire Marshal Elevator Division

1313 Farnam, Rm. #233 Omaha, NE 68102

Phone: 402-595-3184

Email: [sfm.conveyances@nebraska.gov](mailto:sfm.conveyances@nebraska.gov)

### INVOICE

YOUTH REHAB & TREATMENT CTR  
ATTN: RICHARD HANCOCK  
2802 30TH AVE  
KEARNEY, NE 68847

INVOICE NUM: 99117

INVOICE DATE: 5/10/2024

DUE DATE: 30 DAYS

INCLUDE INVOICE NUMBER

No Fees to Pay Online!  
[https://www.nebraska.gov/sfm/elevator\\_inspection/index.cgi](https://www.nebraska.gov/sfm/elevator_inspection/index.cgi)

Inspection Date	Fee Type	State #	Description	Amount
5/9/2024	Annual Inspection	10	YOUTH REHAB & TREATMENT CTR - 2802 30TH AVE, KEARNEY	\$120.00

<p><b>Payments should be made online. No additional fees!</b>  <a href="https://www.nebraska.gov/sfm/elevator_inspection/index.cgi">https://www.nebraska.gov/sfm/elevator_inspection/index.cgi</a>  <b>Invoice Number</b> <u>99117</u></p>	<p><b>Total Due:</b> \$120.00</p>
--	-----------------------------------

To pay by check, please make checks payable to the Nebraska State Fire Marshal Agency, Elevator Division and mail to 246 S. 14th St Ste 1, Lincoln, NE 68508. Please note that this method of payment costs more to make and to process.

LEIINVP1 REV. 06-18-2015

-----APPROVED FOR PAYMENT-----

Initials RH Date 5-29-2024

B/U 65047200-526100

P/O \_\_\_\_\_ /NONE

R.Batch \_\_\_\_\_

# STATE OF NEBRASKA



## IBT

**Remit To:**  
STATE FIRE MARSHAL  
INTERAGENCY BILLING # 210  
246 S 14TH ST  
LINCOLN NE 68508-1804

Invoice Number: 1426410 ✓  
Page: 1 of 1  
Invoice Date: 05/10/24  
Account: 558326  
Due Date: 06/09/24

**BILLING ADDRESS:**  
DHHS DEPARTMENT OF SERVICES  
YOUTH REHABILITATION & TREATMENT CTR  
2802 30TH AVE  
KEARNEY NE 68847

**CUSTOMER ADDRESS:**  
DHHS DEPARTMENT OF SERVICES  
YOUTH REHABILITATION & TREATMENT CTR  
2802 30TH AVE  
KEARNEY NE 68847

<u>Item Number</u>	<u>Remark</u>	<u>Amount</u>
001	Annual Inspection	120.00
Total Amount Invoiced		<u>120.00</u>

AGENCY PRE-AUDIT

NM

# NEBRASKA

Good Life. Great Safety.

STATE FIRE MARSHAL AGENCY

## Nebraska State Fire Marshal Elevator Division

1313 Farnam, Rm. #233 Omaha, NE 68102

Phone: 402-595-3184

Email: [sfm.conveyances@nebraska.gov](mailto:sfm.conveyances@nebraska.gov)

## INVOICE

YOUTH REHAB & TREATMENT CTR  
ATTN: RICHARD HANCOCK  
2802 30TH AVE  
KEARNEY, NE 68847

INVOICE NUM: 95309

INVOICE DATE: 5/11/2023

DUE DATE: 30 DAYS

INCLUDE INVOICE NUMBER



Inspection Date	Fee Type	State #	Description	Amount
5/10/2023	Annual Inspection	10	YOUTH REHAB & TREATMENT CTR - 2802 30TH AVE, KEARNEY	\$120.00

Payments should be made online. No additional fees!  
<http://www.nebraska.gov/sfm/elevator/inspection/index.cfm>  
Invoice Number 95309  
Total Due: \$120.00

To pay by check, please make checks payable to the Nebraska State Fire Marshal Agency, Elevator Division and mail to 246 S. 14th St Ste 1, Lincoln, NE 68508. Please note that this method of payment costs more to make and to process.

LEIINVP1 REV. 06-18-2015

APPROVED FOR PAYMENT  
Initials RM Date 5-16-2023  
B/U 650 47200-526100  
P/O (NONE)  
R.Batch \_\_\_\_\_





## Nebraska State Fire Marshal Existing Business Inspection Report

Facility Name	Kearney YRTC Administration Building
Portion of Facility Inspected	Administration Building
Address	2802 30th Ave, Kearney, NE
ZIP	68847
Facility Phone Number	308-865-5313
Inspector Name	Kyle Woodgate
Inspector Badge Number	8720
Inspector Agency	Nebraska State Fire Marshal
Inspector Email	kyle.woodgate@nebraska.gov
Inspector Phone Number	402-719-4447
Number of Visits	1
Inspection Type	Initial
Occupant Load	170
Fee Card	N/A
Fee Sheet/Facility ID Number	
Code Reviews	
Date of Inspection	2023-02-09
Status	Pass
Complete Corrections By	N/A

Inspectors and Operator Staff Involved			
<b>Lead Inspector</b>	<b>Badge #</b>	<b>Agency</b>	<b>Phone Number</b>
Kyle Woodgate	8720	Nebraska State Fire Marshal	402-719-4447
<b>Operator Staff Involved</b>	<b>Title or Position</b>		<b>Phone Number</b>
Cindy Krolikowski	Facility Administrator		Cindy.krolikowski@nebraska.gov
Richard Hancock	Maintenance Manager		Richard.hancock@nebraska.gov
Ed Szymanski	Regional Manager		Edward.szymanski@nebraska.gov
<b>Owner / Responsible Party</b>	<b>Phone Number</b>	<b>Email</b>	

This facility was inspected and found to meet applicable requirements of the Fire and Life Safety Code and/or Fire Systems Installation Standards at the time of inspection; the facility is approved for occupancy.

Any modifications or changes made to this facility after the date of approval may void this approval

If you have questions on this Order, contact Kyle Woodgate by phone at 402-719-4447 or by Email at kyle.woodgate@nebraska.gov.

<b>Inspector Comments / Notes</b>	
<b>Report completed by Deputy</b>	Kyle Woodgate #8720
<b>Date Signed</b>	2023-02-09
<b>Signature</b>	KW 8720

Summary	
<b>Passed Item</b>	<b>Status</b>
Additional NFPA1/NFPA101 Violations	Pass
General Violations	Pass
1. Were plans submitted to the Plans Review Division?	Pass
2. If a parking structure is attached to the Business Occupancy, is 2 hour fire separation provided?	Pass
3. The means of egress is accessible and approved?	Pass
4. Doors and locks are in compliance with egress requirements?	Pass
5. Stair, if provided, are approved?	Pass
6. The capacity of the means of egress is approved?	Pass
7. The number of exits and exit arrangement is approved?	Pass

<b>Summary</b>	
<b>Passed Item</b>	<b>Status</b>
8. Emergency lighting, if required is approved?	Pass
9. Means of egress and exits are provided with approved exit signs?	Pass
10. All hazardous areas are protected by approved fire rated construction?	Pass
11. Interior wall, floor and ceiling finishes are an approved type?	Pass
12. Fire Alarm system are tested and approved?	Pass
13. Are portable fire extinguishers provided?	Pass
14. Do all electrical components meet compliance?	Pass
15. Are the parking spaces meet the ADA requirements?	Pass
16. Do the bathrooms meet the ADA requirements in compliance, if applicable?	Pass
17. Does Fire Department access meet requirements?	Pass





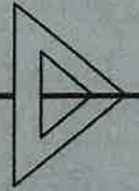
## Monthly Fire Extinguisher Check



# BAMFORD, INC.

Mechanical & Fire Sprinkler Systems

2815 W. 24<sup>TH</sup> STREET  
PO BOX 1868  
KEARNEY, NE 68848  
VOICE (308) 237-2157  
FAX (308) 237-4607



## INVOICE

DATE: 7/20/22

INVOICE: 21416

<b>BILL TO:</b>
YRTC
2802 30TH AVENUE
KEARNEY, NE 68845

<b>SERVICE ADDRESS:</b>

TERMS	TAX STATUS	SERVICE DATE	JOB NO	PO NUMBER
NET 30	EXEMPT	7/14/22	23-02	
DESCRIPTION	QUANTITY / HOURS	RATE	AMOUNT	
<b>1. PERFORM (6) ANNUAL WET PIPE FIRE SPRINKLER SYSTEM INSPECTIONS IN ACCORDANCE WITH NFPA 25 AND NEBRASKA STATE FIRE MARSHAL REQUIREMENTS AT YRTC - KEARNEY CAMPUS</b> 2. TEST (6) FIRE SPRINKLER BACKFLOW DEVICES 3. TEST (1) FIRE SPRINKLER FIRE PUMP 4. TEST (11) FIRE HYDRANTS 5. TEST (6) DOMESTIC BACKFLOW DEVICES  <b>INSPECTION &amp; TESTS</b>				<b>1,635.00</b>
APPROVED FOR PAYMENT Initials <u>RM</u> Date <u>7-26-22</u> B/U <u>65047200 526100</u> P/O _____ (NONE) R.Batch _____		TOTAL LABOR 0.00 TOTAL MATERIAL 0.00 TOTAL OTHER 1,635.00 SUB TOTAL 1,635.00		
THANK YOU!		SALES TAX:		
TOTAL INVOICE			1,635.00	

TERMS - NET 30 DAYS FROM DATE OF INVOICE - PLEASE INCLUDE INVOICE NUMBER ON PAYMENT





# Automatic Sprinkler Systems Monthly Inspection

This form covers a 1-year period.

Year: 2022 System: LC/W  
 Location: 1st FLOOR

1. Confirm valves are open. If valves are locked, note "yes" in this block. If any are not locked, relock and note "relocked" in this block.
2. Inspect alarm valves to assure no leakage from retard chamber or alarm drains and no physical damage. Confirm that trim valves are in appropriate closed or open position.
3. Assure there is proper number and type of sprinklers and a sprinkler wrench.
4. Check for physical damage and that electrical connections are secure.
5. Record pressure readings in psi (bar). A loss of more than 10% should be investigated.
6. Record any notes about the system that the inspector believes to be significant. Place a number in this block and number the corresponding note at the end of the inspection form.

Y = Satisfactory N = Unsatisfactory (explain below)

Date	Inspector	Valves Open, Locked, or Tamper (1)	Alarm Valves (2)	Spare Sprinklers (3)	Alarm Devices (4)	Water Pressure (5)	Notes (6)
1-3	sh	✓	X	✓	✓	90#	—
2-7	sh	✓		✓	✓	75#	—
3-7	sh	✓		✓	✓	80#	—
4-4	sh	✓		✓	✓	80#	—
5-2	sh	✓		✓	✓	100#	—
6-6	sh	✓		✓	✓	105#	—
(T) 7-5	sh	✓		✓	✓	110#	—
(T) 8-1	sh	✓		✓	✓	115#	—
9-6	sh	✓		✓	✓	120#	—
10-3	sh	✓		✓	✓	95#	—
11-3	sh	✓		✓	✓	105#	—
12-4	sh	✓		✓	✓	105#	—

Notes \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



# NEBRASKA STATE FIRE MARSHAL FIRE SPRINKLER INSPECTION

LOCATION OF SYSTEM

YRTC Byant/Creighton Cottage

12/28/2022

INSPECTION DATE

2802 South 30th Avenue

Living Unit

TYPE OCCUPANCY

Kearney, NE 68845

FORMS INCLUDED WITH THIS COVER SHEET		TYPE OF INSPECTION	
<input type="checkbox"/>	UNDERGROUND TEST CERTIFICATION (FORM 85-AB)	<input type="checkbox"/>	INITIAL ACCEPTANCE OF SYSTEM
<input type="checkbox"/>	ABOVEGROUND TEST CERTIFICATION (FORM 85-AC)	<input type="checkbox"/>	REINSPECTION DUE TO REMODEL, REPAIR, ETC
<input checked="" type="checkbox"/>	REPORT OF INSPECTION Quarterly	<input type="checkbox"/>	PERIODIC ANNUAL INSPECTION
<input type="checkbox"/>	DRY PIPE VALVE TEST	<input type="checkbox"/>	BACKFLOW PREVENTER TEST

ITEM # DIRECTORY

DEFICIENCIES

- 1-WET RISER
- 2-DRY RISER
- 3-PREACTION RISER
- 4-FIRE PUMP

- 5-BACKFLOW PREVENTER
- 6-STANDPIPE
- 7-OTHER

ITEMIZE DEFICIENCIES NOTED ON INSPECTION  
AND ANY OTHER PERTINENT COMMENTS ON SYSTEM

TAG#	ITEM#	STATUS			MAJOR DEFICIENCIES/COMMENTS
09564	1	In Compliance	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Main Riser
09565	5	In Compliance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	N/A Tested 6/30/22
30270	1	In Compliance	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Basement
30272	1	In Compliance	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	1st Floor
30271	1	In Compliance	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	2nd Floor
		In Compliance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

STATUS OF SYSTEM-CHECK ONE

IN COMPLIANCE     
  MINOR DEFICIENCIES     
  MAJOR DEFICIENCIES

COMPANY PERFORMING INSPECTION

BAMFORD, INC.

PO BOX 1868      PHONE 308-237-2157  
 KEARNEY, NE      FAX 308-237-4607  
 68848-1868

INSPECTOR SIGNATURE

NEBRASKA LICENSE # 98011

TESTER BFP LICENSE # \_\_\_\_\_

OWNER REPRESENTATIVE SIGNATURE

SEND TO: NEBRASKA STATE FIRE MARSHAL • 246 S 14TH ST • LINCOLN NE 68508  
 A COPY OF THIS INSPECTION REPORT SHALL BE LEFT ATTACHED TO THE SYSTEM RISER



# NEBRASKA STATE FIRE MARSHAL

## FIRE ALARM TEST REPORT

Acceptance   
 Re-acceptance   
 Periodic 1  2

Date: 4/27/23

### ELECTRONIC SYSTEMS

P.O. Box 1260 • Hastings, Nebraska 68902-1260  
 Telephone (402) 463-0200

CUSTOMER: Kearney Youth Rehab Center

Address: 2802 West 30th Kearney, NE

PREMISES PROTECTED: Dodge Building

Address: \_\_\_\_\_

TYPE OF SYSTEM: Fire Alarm

MODEL #: MXL-100

STANDBY POWER TYPE SLA

MANUFACTURER: Siemens

SERIAL #: \_\_\_\_\_

TROUBLE BATTERY TYPE Cell

INSTALLED BY: Electronic Systems INC

AND VOLTAGE 24 VDC

System remotely monitored by: Dickson

Date 100% smoke calibration performed: \_\_\_\_\_

Time of inspection: \_\_\_\_\_

Next scheduled: \_\_\_\_\_

Time inspection completed and system back in service: \_\_\_\_\_

Date 100% heat detection last performed: \_\_\_\_\_

Smoke Detection Calibration Test method used \_\_\_\_\_

Next scheduled: \_\_\_\_\_

SYSTEM COMPONENTS	TOTAL QUANTITY	# TESTED
Manual Stations	10	10
Heat Detectors		
Fixed Temp. Non-Restorable Line Type		
Fixed Temp. Non-Restorable Spot Type		
Fixed Temp./Rate of Rise/Restorable	17	17
Restorable Line Type, Pneumatic		
Smoke Detectors		
Functional	14	14
Calibrated		
Duct Detectors	2	2
Waterflow Devices (TIME to ACTIVATE)	3	3
Supervisory Switches	9	9
Audible Devices	18	18
Visual Devices	38	38
Annunciators	1	1
Control Unit		
Lamps and LED's	8	8
Fuses	4	4
Primary Power Supply	1	1
Secondary Supply	1	1
Magnetic Hold-open Devices		
Fan Relays	2	2
Voice Alarm and 2-way phone	1	1
Trouble Signals		
Alarm Circuit	6	6
Zone Initiating Circuit	1	1
Supervisory Signals		
Ground Fault		
Elevator Controls		
Covered Fire and Smoke Dampers		

#### DISCONNECT A.C. POWER AND CHECK SYSTEM ON EMERGENCY POWER

Did Trouble Signal operate properly?  Yes No Date: 4/

Did Alarm Signal operate properly?  Yes No Date: 127/23

#### BATTERY TEST VOLTAGE UNDER 1 AMPERE TEST LOAD

Emergency Power Battery Type SLA Test Volts 28.6

Main Operating Power Type PS Test Volts 120VAC

P20-27.6

What code is system installed under? NFPA-72

Is system operating according to code? Yes

Comments: (Note any known deficiencies here) \_\_\_\_\_

List Current Repairs to System and Date of Repairs \_\_\_\_\_

(use back if needed) \_\_\_\_\_

INSPECTOR: [Signature]

LICENSE #: 524

WITNESS: (For acceptance test only)

Expiration Date: 4-27

SUBSCRIBER: \_\_\_\_\_

State Fire Marshal

Report shall be submitted to SFM following each inspection

246 So. 14 St.  
 Lincoln, NE 68506-1804  
 (402) 471-2027

MAIN OFFICE   
 DISTRICT A   
 DISTRICT B   
 DISTRICT C

2023

# Hood Fire Suppression System Inspection Report



**Location Code:** VFTZTQM

**Contact:** Richard Hancock

**Contact Address:** 2802 30th Ave  
Kearney, NE 68845

**Phone:** (308) 865-5313

**Email:** richard.hancock@nebraska.gov

**Property Evaluated:** Youth Rehabilitation and Treatment  
Center - Kearney (Health Care)  
2802 30th Ave  
Kearney, NE 68845

**Description:** Hood (RH Inspection)

**Company:** Hastings Office

**Address:** 1239 North Minnesota Ave. , PO Box  
1467

Hastings, NE 68902

**Company Phone:** 800-274-0888

**Inspector:** Joel Fritz  
NE Ins. Lic. 990

**Date of Work:** 4/25/2023

**Frequency:** Semi-Annual

---

## Deficiency Summary

There are no reported deficiencies for this submission

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## General Comments

There are no general comments for this submission



**Hastings Office**  
 1239 North Minnesota Ave. , PO Box 1467  
 Hastings, NE 68902  
 Phone: 800-274-0888

## Hood Fire Suppression System Inspection Report

Account Information		
Facility Name: Youth Rehabilitation and Treatment Center - Kearney	Property Type: Health Care	Assembly Description: Hood (RH Inspection)
Service Address: 2802 30th Ave, Kearney, NE, 68845		
Mailing Name: Richard Hancock		Phone: (308) 865-5313
Mailing Address: 2802 30th Ave, Kearney, NE, 68845		

Hood Information			
Manufacturer: Ansul	Control Head Style: Automan	Tank Style: R102	
System Location: Kitchen	# of Nozzles: 8	# of Flows: 1	
<input type="checkbox"/> None	<input checked="" type="checkbox"/> Building Fire Alarm	<input type="checkbox"/> Monitored	<input type="checkbox"/> Local

Tanks							
Size	Year	Last Service	Next Service,	Size	Year	Last Service	Next Service
3 gallon	2006	2018	2030				
1.5 gallon	2006	2018	2030				

Cartridge							
Size	Date,	Size	Date,	Size	Date,	Size	Date
110 oz	-						

Link								
Temp	Qty	Style	Temp	Qty	Style	Temp	Qty	Style
280	-		360	4	K	450	-	
Temp	Qty	Style	Temp	Qty	Style	Temp	Qty	Style
500	-			-			-	

Fuel Shut Off:		
<input type="checkbox"/> All Electric Equipment	<input checked="" type="checkbox"/> MGV	<input type="checkbox"/> Electric Gas Valve w/Reset Relay
MGV/RR Location: Behind equipment		
Electrical Reset Location: NA		
Cooking Equipment (L to R): Range, griddle		

Tester Information		
Frequency: Semi-Annual	Inspected By: Joel Fritz	Date of Test: 4/25/2023
Tester Signature: 		Certification Number: NE Ins. Lic. 990



**Hastings Office**  
 1239 North Minnesota Ave. , PO Box 1467  
 Hastings, NE 68902  
 Phone: 800-274-0888

- |   |  |
|---|--|
| 1. Notify AHJ/Monitoring company prior to testing?              | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A |
| 2. System tamper seals intact upon arrival?                     | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 3. Cooking equipment line-up same as last inspection?           | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 4. System tripped immediately from terminal link/pull?          | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 5. Alarm actuated?  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 6. All gas under the hood shuts down?                           | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 7. Electricity to protect appliances shuts off?                 | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A |
| 8. Hood make-up air shuts down?                                 | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 9. Exhaust fan turns on?  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 10. All fusible links replaced?                                 | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A |
| 11. All nozzle caps/seals in place?                             | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 12. All rubber nozzle caps replaced (annually)?                 | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A |
| 13. No obstructions to nozzle spray pattern?                    | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 14. Plenum(s), Duct(s), & appliances properly detected?         | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 15. Plenum(s), Duct(s), & appliances properly protected?        | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 16. All hood/duct penetrations properly sealed?                 | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 17. Plenum(s), filters & duct(s) are clean?                     | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 18. No abandoned pipe or visible holes in hood or duct?         | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 19. System tested from remote manual pull station?              | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 20. System valve Actuator(s) tested?                            | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 21. Verify all pilot lights re-lit after testing?               | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 22. Manual Reset present with electric gas valve?               | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A |
| 23. Verify electrical restored to all appliances after testing? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A |
| 24. Verify signals reported to central station properly?        | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A |
| 25. All tanks within proper pressure or chemical level?         | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Bottle PSI:   | NA   |
| 26. All tanks and actuators reconnected?                        | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 27. All tanks within proper date?                               | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Date New or Last Hydro Test:                                    | 2018   |
| 28. All cartridges within proper weight & date?                 | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Cartridge Weight (oz.):   | 110 oz   |
| 29. System cartridge installed?                                 | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 30. System in service with tamper seals & tags in place?        | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 31. System is U.L. Standard 300 compliant?                      | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 32. Class K fire extinguisher present?                          | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Class K Extinguisher Date:                                      | Tagged 4/2024  |

Customer Information	
Customer Name: Bert Miller	
Customer Signature: No Signature Available	Date: 4/25/2023





**Protex Central, Inc.**

Phone: (402) 463-0666  
 Fax: (402) 463-6057  
 1239 North Minnesota Ave, PO Box 1467  
 Hastings, NE 68901  
 GST ID:

**Invoice**

Number: **134164**  
 Date: **6/14/2022**  
 Source: SO No. 59598

**Bill-To**

Attn: Ed Szmanski  
 Youth Rehabilitation and Treatment Center - Kearney  
 2802 30th Ave  
 Kearney, NE 68845 USA

**Ship-To**

Attn: Ed Szmanski  
 Youth Rehabilitation and Treatment Center - Kearney  
 2802 30th Ave  
 Kearney, NE 68845 USA  
 Phone: (308) 293-0049

Acct. No.	A/R Cust. No.	Acct. ID	Customer PO	Reference	Sales Rep	Ship Via	Terms
11436	Youth Rehab & Treatment Center-Kearney	130052			Ed Jarmer		NET15

Qty.	Item ID	Description	UOM	Ea. Price	Total
1.00	PCI-INSP CONTRACT RANGEHOOD - TC	Range Hood Inspection	EA	\$114.0000	\$114.00
1.00	PCI-INSP CONTRACT SUPPRESSION - TC	Fire Suppression Inspection	EA	\$194.0000	\$194.00
1.00	PCI-INSP CONTRACT EXTINGUISHER - TC	Portable fire extinguisher Inspection	EA	\$224.0000	\$224.00
4	Ansul-439088 n/a	Fusible Link 360 Deg SL (K) Style	EA	\$13.0000	\$52.00

Item Total: \$584.00

**Total Amount Due: \$584.00**

04/27/2022 08:45 AM - 04/27/2022 12:30 PM by Tyler Wyatt : Fire extinguisher inspection  
 04/27/2022 12:30 PM - 04/27/2022 01:30 PM by Tyler Wyatt : Completed the range hood system inspection. Replaced 4 -360 Ansul links  
 04/27/2022 01:30 PM - 04/27/2022 02:30 PM by Tyler Wyatt : Completed the fire suppression system inspection  
 04/27/2022 02:30 PM - 04/27/2022 03:30 PM by Tyler Wyatt : Delivered extinguishers to Hastings for service  
 05/05/2022 12:30 PM - 05/05/2022 04:30 PM by Tyler Wyatt : Inspected extinguishers in multiple locations

APPROVED FOR PAYMENT  
 Initials TY Date 6-21-2022  
 B/U 65047200-548800  
 P/O \_\_\_\_\_ /NONE  
 R.Batch \_\_\_\_\_

(\* denotes repair item)

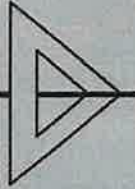




# BAMFORD, INC.

Mechanical & Fire Sprinkler Systems

2815 W. 24<sup>TH</sup> STREET  
PO BOX 1868  
KEARNEY, NE 68848  
VOICE (308) 237-2157  
FAX (308) 237-4607



## INVOICE

DATE: 7/20/22

INVOICE: 21416

<b>BILL TO:</b>
YRTC
2802 30TH AVENUE
KEARNEY, NE 68845

<b>SERVICE ADDRESS:</b>

TERMS	TAX STATUS	SERVICE DATE	JOB NO	PO NUMBER
NET 30	EXEMPT	7/14/22	23-02	
DESCRIPTION	QUANTITY / HOURS	RATE	AMOUNT	
1. PERFORM (6) ANNUAL WET PIPE FIRE SPRINKLER SYSTEM INSPECTIONS IN ACCORDANCE WITH NFPA 25 AND NEBRASKA STATE FIRE MARSHAL REQUIREMENTS AT YRTC - KEARNEY CAMPUS 2. TEST (6) FIRE SPRINKLER BACKFLOW DEVICES 3. TEST (1) FIRE SPRINKLER FIRE PUMP 4. TEST (11) FIRE HYDRANTS 5. TEST (6) DOMESTIC BACKFLOW DEVICES  INSPECTION & TESTS				1,635.00
APPROVED FOR PAYMENT Initials <u>AM</u> Date <u>7-26-22</u> B/U <u>650 47200 526/00</u> P/O _____ (NONE) R.Batch _____		TOTAL LABOR 0.00 TOTAL MATERIAL 0.00 TOTAL OTHER 1,635.00 SUB TOTAL 1,635.00		
THANK YOU!			TOTAL INVOICE	1,635.00

TERMS - NET 30 DAYS FROM DATE OF INVOICE - PLEASE INCLUDE INVOICE NUMBER ON PAYMENT





LEAVE NO LINES BLANK  
NEEDS N/A IF NOT USED

7402 L Street  
Omaha, NE 68127  
605-251-9415

N/A - NOT APPLICABLE ON THIS SERVICE  
CHANGED - FILTER OR PART WAS REPLACED  
PASSED - ITEM CHECKED OUT GOOD

ANNUAL

SEMI-ANNUAL INSPECTION

QUARTERLY INSPECTION

3E's GENERATOR (EPS) MAINTENANCE REPORT

CUSTOMER: KEARNEY YOUTH CENTER & TREATMENT CENTER MAKE CUMMINS TYPE QUARTERLY INSP 9804  
CONTACT: \_\_\_\_\_ SERIAL A070010056 DATE 9/19/2022  
PHONE: \_\_\_\_\_ MODEL 100GGHH HRS 494.7  
ADDRESS 2802 30th Ave. TECH WES  
CITY KEARNEY, NE

AUTOMATIC TRANSFER SWITCHES

MAKE \_\_\_\_\_ SERIAL \_\_\_\_\_ MODEL \_\_\_\_\_  
MAKE \_\_\_\_\_ SERIAL \_\_\_\_\_ MODEL \_\_\_\_\_  
MAKE \_\_\_\_\_ SERIAL \_\_\_\_\_ MODEL \_\_\_\_\_

(1) FUEL SYSTEM

CHECK (A) FUEL LEAKS None  
\* (B) LINES/CONNECTIONS Pass  
\* (C) DAY TANK LEVEL N/A  
\* (D) DAY TANK OPERATION N/A  
\* (E) TRANSFER PUMP N/A  
\* (F) MAIN TANK LEVEL N/A  
\* (G) VENT/OVERFLOW N/A  
\* (H) WATER IN FUEL N/A  
\* (I) INJECTION PUMP Pass  
\* (J) SOLENOID VALVE N/A  
\* CHANGE (K) FUEL FILTER N/A  
\* CHANGE (L) WATER SEPARATOR N/A  
\* TEST (M) FUEL SAMPLE N/A

(6) ELECTRICAL SYSTEM

CHECK (A) WIRING CONNECTIONS Pass  
\* (B) INSTRUMENTATION Pass  
\* (C) SAFETIES SHUTDOWNS Pass  
\* (1) OVERCRANK Pass  
\* (2) HIGH WATER TEMP Pass  
\* (3) LOW OIL PRESSURE Pass  
\* (4) OVERSPEED Pass  
\* (D) ALARMS Pass  
\* (E) PREALARMS Pass  
\* (F) CIRCUIT BREAKERS Pass  
\* (G) FUSES Pass  
\* CHECK (H) INSULATION DAMAGE None  
CLEAN (I) CABINETS Pass

(2) LUBRICATION

CHECK (A) LEAKS None  
\* (B) ENGINE OIL LEVEL Pass  
\* (C) OIL HEATER N/A  
\* (D) GOVERNOR OIL LEVEL N/A  
\* (E) CRANKCASE BREATHER Pass  
\* CHANGE (F) OIL FILTER N/A  
\* CHANGE (G) ENGINE OIL N/A  
\* CHANGE (H) GOVERNOR OIL N/A  
\* TEST (I) OIL SAMPLE N/A

(7) PRIME MOVER

CHECK (A) GOVERNOR OPERATION Pass  
\* (B) VIBRATION Pass  
\* (C) TIMING Pass  
\* (D) INJECTORS Pass  
\* (E) MOUNTING HARDWARE Pass  
\* (F) AIR INTAKE Pass  
\* (G) OIL PRESSURE 7.8  
\* (H) WATER TEMPERATURE 185  
\* (I) DC ALTERNATOR Pass  
\* (1) VOLTS 14.6  
\* (2) AMPS N/A  
\* CHANGE (J) AIR CLEANER Pass  
\* TORQUE (K) BOLTS Pass

(3) COOLING SYSTEM

CHECK (A) LEAKS None  
\* (B) COOLANT LEVEL N/A  
\* (C) FREEZE POINT N/A  
\* (D) RADIATOR AIR FLOW N/A  
\* (E) FLOWER SYSTEMS N/A  
\* (F) BLOCK HEATER N/A  
\* (G) WATER PUMP N/A  
\* (H) HOSES Pass  
\* (I) BELTS Pass  
\* (J) FAN HUB Pass  
\* (K) PULLEYS Pass  
\* (L) RADIATOR PSI N/A  
\* (M) RADIATOR CAP PSI N/A  
\* CHANGE (N) WATER FILTER N/A  
\* CHANGE (O) ANTIFREEZE N/A

(8) GENERATOR

CHECK (A) ROTOR Pass  
\* (B) STATOR Pass  
\* (C) EXCITOR Pass  
\* (1) STATOR Pass  
\* (2) ROTOR Pass  
\* (D) BEARINGS (IR) Pass  
\* (E) DIODES Pass  
\* (F) AIR FLOW Pass  
\* (G) VOLTAGE REGULATOR Pass  
\* TEST (H) FEED BREAKER Pass  
RECORD (I) VOLTAGE 208  
\* (J) HERTZ 50

(4) EXHAUST SYSTEM

CHECK (A) LEAKS None  
\* (B) CONDENSATION TRAP N/A  
\* (C) INSULATION N/A  
\* (D) RESTRICTION Pass  
\* (E) RAINGAP Pass  
CHECK (F) HANGERS/SUPPORT Pass  
\* (G) FLEX SECTIONS Pass

(9) AUTOMATIC TRANSFER SWITCHES

CHECK (A) ATS, CONTACTS Pass  
\* LINEAR MOTORS ACTUATION Pass  
\* MOVING PARTS Pass  
\* (B) SIMULATE POWER FAILURE N/A  
\* (C) TIME DELAYS Pass  
\* (D) CLOCK EXERCISER Pass

(5) BATTERY SYSTEMS

CHECK (A) CHARGER VOLTAGE 13  
\* (1) FLOAT Pass  
\* (2) EQUALIZE N/A  
\* (B) ELECTROLYTE LEVEL N/A  
\* (C) TERMINALS/CABLES Pass  
\* (D) BLANKET HEATER N/A  
\* (E) SPECIFIC GRAVITY N/A  
\* (1) HIGH N/A  
\* (2) LOW N/A  
\* (F) LOAD TEST Pass  
CLEAN (G) CORROSION None

(10) GENERAL CONDITION - EPSS

CHECK (A) UNUSUAL/UNSAFE None  
\* (B) HOUSEKEEPING Pass

(11) LOAD TEST

RECORD (A) AMPERAGE/LEG N/A  
\* (B) VOLTAGE/LEG N/A  
\* (C) HERTZ N/A  
\* (D) CB CONNECTIONS N/A  
\* (E) UNIT LOADED N/A

(12) EPSS

CHECK (A) EPSS IN AUTO? Pass  
\* (B) BREAKER CLOSED? Pass

\* As needed, specified or during annual inspection only  
\*\* Add/inserted if needed or specified

Comments: INSP COMPLETE. 34mw

3.5 HRS

Customer Signature \_\_\_\_\_ 3E Signature \_\_\_\_\_ Date 9/19/2022





## City of Kearney

### Annual Water Quality Report For January 1 to December 31, 2023

This report is intended to provide you with important information about your drinking water and the efforts made by the City of Kearney water system to provide safe drinking water.

**Para Clientes Que Hablan Español:** Este informe contiene información muy importante sobre el agua que usted bebe. Tradúzcalo ó hable con alguien que lo entienda bien.

For more information regarding this report, or to request a hard copy, contact:

**SARAH E SAWIN**  
308-233-3238

If you would like to observe the decision-making processes that affect drinking water quality, please attend the regularly scheduled meeting of the Village Board/City Council. If you would like to participate in the process, please contact the Village/City Clerk to arrange to be placed on the agenda of the meeting of the Village Board/City Council.

Drinking water, including bottled water, may reasonably be expected to contain at least small amounts of some contaminants. The presence of contaminants does not necessarily indicate that water poses a health risk. More information about contaminants and potential health effects can be obtained by calling the EPA's Safe Drinking Water Hotline (800-426-4791).

#### **Source Water Assessment Availability:**

The Nebraska Department of Environment and Energy (NDEE) has completed the Source Water Assessment. Included in the assessment are a Wellhead Protection Area map, potential contaminant source inventory, and source water protection information. To view the Source Water Assessment or for more information please contact the person named above on this report or the NDEE at 402-471-3376 or go to <http://dee.ne.gov>.

In order to ensure that tap water is safe to drink, EPA prescribes regulations which limit the amount of certain contaminants in water provided by public water systems. FDA regulations establish limits for contaminants in bottled water which must provide the same protection for public health.

#### **Sources of Drinking Water:**

The sources of drinking water (both tap water and bottled water) include rivers, lakes, streams, ponds, reservoirs, springs, and groundwater wells. As water travels over the surface of the land or through the ground, it dissolves naturally occurring minerals and, in some cases, radioactive material, and can pick up substances resulting from the presence of animals or from human activity.

The source of water used by City of Kearney is ground water under the direct influence of surface water.

#### **Contaminants that may be present in source water include:**

\* Microbial contaminants, such as viruses and bacteria, which may come from sewage treatment plants, septic systems, agricultural livestock operations and wildlife.

\* Inorganic contaminants, such as salts and metals, which can be naturally occurring or result from urban storm water runoff, industrial, or domestic wastewater discharges, oil and gas production, mining, or farming.

\* Pesticides and herbicides, which may come from a variety of sources such as agriculture, urban storm water runoff, and residential uses.

\* Organic chemical contaminants, including synthetic and volatile organic chemicals, which are by-products of industrial processes and petroleum production, and can also come from gas stations, urban storm water runoff, and septic systems.

\* Radioactive contaminants, which can be naturally occurring or be the result of oil and gas production and mining activities.

#### **Drinking Water Health Notes:**

Some people may be more vulnerable to contaminants in drinking water than the general population. Immunocompromised persons such as persons with cancer undergoing chemotherapy, persons who have undergone organ transplants, people with HIV/AIDS or other immune system disorders, some elderly, and infants can be particularly at risk from infections. These people should seek advice about drinking water from their health care providers. EPA/CDC guidelines on appropriate means to lessen the risk of infection by *Cryptosporidium* and other microbial contaminants are available from the Safe Drinking Water Hotline (800-426-4791).

If present, elevated levels of lead can cause serious health problems, especially for pregnant women and young children. Lead in drinking water is primarily from materials and components associated with service lines and home plumbing. All Community water systems are responsible for providing high quality drinking water but cannot control the variety of materials used in plumbing components. When your water has been sitting for several hours, you can minimize the potential for lead exposure by flushing your tap for 30 seconds to 2 minutes before using water for drinking or cooking. If you are concerned about lead in your water, you may wish to have your water tested. Information on lead in drinking water, testing methods, and steps you can take to minimize exposure is available from the Safe Drinking Water Hotline (800-426-4791), at <http://www.epa.gov/safewater/lead> or at the NDEE Drinking Water Division (402-471-1009).

The City of Kearney is required to test for the following contaminants: Coliform Bacteria, Antimony, Arsenic, Asbestos, Barium, Beryllium, Cadmium, Chromium, Copper, Cyanide, Fluoride, Lead, Mercury, Nickel, Nitrate, Nitrite, Selenium, Sodium, Thallium, Alachlor, Atrazine, Benzo(a)pyrene, Carbofuran, Chlordane, Dalapon, Di(2-ethylhexyl)adipate, Dibromochloropropane, Dinoseb, Di(2-ethylhexyl)- phthalate, Diquat, 2,4-D, Endothal, Endrin, Ethylene dibromide, Glyphosate, Heptachlor, Heptachlor epoxide, Hexachlorobenzene, Hexachlorocyclopentadiene, Lindane, Methoxychlor, Oxamyl (Vydate), Pentachlorophenol, Picloram, Polychlorinated biphenyls, Simazine, Toxaphene, Dioxin, Silvex, Benzene, Carbon Tetrachloride, o-Dichloro- benzene, Para-Dichlorobenzene, 1,2-Dichloroethane, 1,1-Dichloroethylene, Cis-1,2,- Dichloroethylene, Trans-1,2-Dichloroethylene, Dichloromethane, 1,2-Dichloropropane, Ethylbenzene, Monochlorobenzene, 1,2,4-Trichloro- benzene, 1,1,1-Trichloroethane, 1,1,2-Trichloroethane, Trichloroethylene, Vinyl Chloride, Styrene, Tetrachloroethylene, Toluene, Xylenes (total), Gross Alpha (minus Uranium & Radium 226), Radium 226 plus Radium 228, Sulfate, Chloroform, Bromodichloromethane, Chlorodibromomethane, Bromoform, Chlorobenzene, m-Dichlorobenzene, 1,1-Dichloropropene, 1,1-Dichloroethane, 1,1,1,2,2-Tetrachloroethane, 1,2-Dichloropropane, Chloroform, Bromomethane, 1,2,3-Trichloropropane, 1,1,1,2-Tetra- chloroethane, Chloroethane, 2,2-Dichloropropane, o-Chlorotoluene, p-Chlorotoluene, Bromobenzene, 1,3-Dichloropropene, Aldrin, Butachlor, Carbaryl, Dicamba, Dieldrin, 3-Hydroxycarbofuran, Methomyl, Metolachlor, Metribuzin, Propachlor.

#### **How to Read the Water Quality Data Table:**

The EPA and State Drinking Water Program establish the safe drinking water regulations that limit the amount of contaminants allowed in drinking water. The table shows the concentrations of detected substances in comparison to the regulatory limits. Substances not detected are not included in the table. The state requires monitoring of certain contaminants less than once per year because the concentrations of these contaminants do not change frequently. Therefore, some of this data may be older than one year.

**MCL (Maximum Contaminant Level)** – The highest level of a contaminant that is allowed in drinking water. MCLs are set as close to the MCLGs as feasible using the best available treatment technology.

**MCLG (Maximum Contaminant Level Goal)** – The level of a contaminant in drinking water below which there is no known or expected risk to health. MCLGs allow for a margin of safety.

**AL (Action Level)** – The concentration of a contaminant which, if exceeded triggers treatment or other requirements which a water system must follow.

**MRDL (Maximum Residual Disinfectant Level)** – The highest level of a disinfectant allowed in drinking water.

**N/A** – Not applicable.

#### **Units in the Table:**

**ND** – Not detectable.

**ppm (parts per million)** – One ppm corresponds to 1 gallon of concentrate in 1 million gallons of water.

**mg/L (milligrams per liter)** – Equivalent to ppm.

**ppb (parts per billion)** – One ppb corresponds to 1 gallon of concentrate in 1 billion gallons of water.

**ug/L (micrograms per liter)** – Equivalent to ppb.

**pCi/L (Picocuries per liter)** – Radioactivity concentration unit.

**RAA (Running Annual Average)** – An ongoing annual average calculation of data from the most recent four quarters.

**LRAA (Locational Running Annual Average)** – An ongoing annual average calculation of data from the most recent four quarters at each sampling location.

**90<sup>th</sup> Percentile** – Represents the highest value found out of 90% of the samples taken in a representative group. If the 90<sup>th</sup> percentile is greater than the action level, it will trigger a treatment or other requirements that a water system must follow.

**TT (Treatment Technique)** – A required process intended to reduce the level of a contaminant in drinking water.



Microbiological	Highest Number of Positive Samples			MCL		MCLG	Likely Source of Contamination	Violations Present
COLIFORM (TCR)	In the month of August, 2 sample(s) were positive			Treatment Technique Trigger		0	Naturally present in the environment	Yes
Lead and Copper	Monitoring Period	90 <sup>th</sup> Percentile	Range	Unit	AL	Sites Over AL	Likely Source of Contamination	
COPPER, FREE	2019 - 2021	0.337	0.0065 - 0.573	ppm	1.3	0	Erosion of natural deposits; Leaching from wood preservatives; Corrosion of household plumbing.	
LEAD	2019 - 2021	2.78	0 - 4.24	ppb	15	0	Erosion of natural deposits; Leaching from wood preservatives; Corrosion of household plumbing.	
Regulated Contaminants	Collection Date	Highest Value	Range	Unit	MCL	MCLG	Likely Source of Contamination	
ARSENIC	8/7/2023	4.7	4.7	ppb	10	0	Erosion of natural deposits; runoff from orchards; runoff from glass and electronics production wastes.	
BARIUM	1/3/2022	0.17	0.17	ppm	2	2	Discharge from drilling wastes; Discharge from metal refineries; Erosion of natural deposits.	
CHROMIUM	1/3/2022	3.73	3.73	ppb	100	100	Discharge from steel and pulp mills; Erosion of natural deposits.	
FLUORIDE	1/3/2022	0.484	0.484	ppm	4	4	Erosion of natural deposits; water additive which promotes strong teeth; Fertilizer discharge.	
NITRATE-NITRITE	2/27/2023	1.3	0.861 - 1.3	ppm	10	10	Runoff from fertilizer use; Leaching from septic tanks, sewage; Erosion of natural deposits	
URANIUM MASS	3/20/2023	19.9	6.2 - 19.9	ug/L	30	0	Erosion of natural deposits	
Disinfection Byproducts	Monitoring Period	Highest RAA	Range	Unit	MCL	MCLG	Likely Source of Contamination	
TOTAL HALOACETIC ACIDS (HAA5)	4/1/2022 - 3/31/2023	9.09188	1.3 - 15.5	ppb	60	0	By-product of drinking water disinfection.	
TTHM	4/1/2022 - 3/31/2023	29.58375	8.24 - 52.1	ppb	80	0	By-product of drinking water disinfection.	
Radiological Contaminants	Collection Date	Highest Value	Range	Unit	MCL	MCLG	Likely Source of Contamination	
COMBINED RADIUM (-226 & -228)	4/17/2023	1.587	1.587	pCi/L	5	0	Erosion of natural deposits	
COMBINED URANIUM	4/17/2023	21.1	5.48 - 21.1	pCi/l		0	Erosion of natural deposits	
GROSS ALPHA, EXCL. RADON & U	2/6/2023	4.3	0 - 4.3	pCi/L	15	0	Erosion of natural deposits	
GROSS ALPHA, INCL. RADON & U	2/6/2023	21.3	2.74 - 21.3	pCi/L	15	0	Erosion of natural deposits	
RADIUM-226	4/17/2023	0.828	0.828	pCi/L		0	Erosion of natural deposits.	
RADIUM-228	4/17/2023	0.759	0.759	pCi/L		0	Erosion of natural deposits	
Unregulated Water Quality Data	Collection Date	Highest Value	Range	Unit	Secondary MCL			
SULFATE	1/3/2022	12.9	12.9	mg/L	250			

During the 2023 calendar year, we had the below noted violation(s) of drinking water regulations.

Violation Type	Category	Analyte	Compliance Period
No Violations Occurred in the Calendar Year of 2023			

**The City of Kearney has taken the following actions to return to compliance with the Nebraska Safe Drinking Water Act:**

There are no actions required stayed in compliance.

**Additional Required Health Effects Language:**

Certain minerals are radioactive and may emit a form of radiation known as alpha radiation. Some people who drink water containing alpha emitters in excess of the MCL over many years may have an increased risk of getting cancer.

There are no additional required health effects violation notices.

**COMMISSION ON ACCREDITATION FOR CORRECTIONS**

**PANEL ACTION REPORT**

153 Congress of Correction  
Philadelphia, Pennsylvania  
Saturday, August 12, 2023

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Agency Name: Nebraska Department of Health and Human Services  
Facility Name: Youth Rehabilitation and Treatment Center-Kearney  
Facility Location: Kearney, Nebraska

Agency Representative: Cindy Krolikowski, Facility Administrator  
Shaylee Fortner, Compliance Manager  
Lucas Jones, Compliance Specialist  
Joni Suhr, RN, RN Supervisor

Panel Member: Michael Wade- Chairperson  
Tina Patrick  
Rachel Hoffman  
Inez Tann

Staff: Kim Wilson, Accreditation Specialist

**Panel Action**

**Results**

Standard#4-JCF-3C-03 Appeal Request approved, changed to compliant.  
Standard#4-JCF-6C-10 Appeal Request approved, changed to compliant.  
Standard#4-JCF-3B-06 Appeal Request approved, changed to compliant.

Non-Mandatory score changed from 99% to 100%

**Accreditation Panel Decision**

Moved: Commissioner Tann  
Seconded: Commissioner Patrick

**Accreditation Vote:**

**Yes**

**No**

Commissioner: Wade √  
Commissioner: Patrick √  
Commissioner: Hoffman √  
Commissioner: Tann √

**Final Tally**

Mandatory:	100%
Non-Mandatory:	100%



LEAVE NO FIELD BLANK  
NEEDS N/A IF NOT USED

7402 L Street  
Omaha, NE 68127  
605-251-9415

N/A - NOT APPLICABLE ON THIS SERVICE  
CHANGED - FILTER OR PART WAS REPLACED  
PASSED - ITEM CHECKED OUT GOOD

ANNUAL

SEMI-ANNUAL INSPECTION

QUARTERLY INSPECTION

3E's GENERATOR (EPS) MAINTENANCE REPORT

CUSTOMER: Hastings Reg Center MAKE CAT TYPE Annual 919039  
 CONTACT: \_\_\_\_\_ SERIAL 9CR02686 DATE 5/17/2022  
 PHONE: \_\_\_\_\_ MODEL SR4B HRS 389  
 ADDRESS Bldg 16 - Power Plant TECH Daniel  
 CITY Hastings, NE

AUTOMATIC TRANSFER SWITCHES

MAKE \_\_\_\_\_ SERIAL \_\_\_\_\_ MODEL \_\_\_\_\_  
 MAKE \_\_\_\_\_ SERIAL \_\_\_\_\_ MODEL \_\_\_\_\_  
 MAKE \_\_\_\_\_ SERIAL \_\_\_\_\_ MODEL \_\_\_\_\_

(1) FUEL SYSTEM

CHECK (A) FUEL LEAKS None  
 \* (B) LINES/CONNECTIONS Pass  
 \* (C) DAYTANK LEVEL N/A  
 \* (D) DAYTANK OPERATION N/A  
 \* (E) TRANSFER PUMP N/A  
 \* (F) MAIN TANK LEVEL Pass  
 \* (G) VENT/OVERFLOW Pass  
 \* (H) WATER IN FUEL N/A  
 \* (I) INJECTION PUMP Pass  
 \* (J) SOLENOID VALVE N/A  
 \* CHANGE (K) FUEL FILTER Changed  
 \* CHANGE (L) WATER SEPARATOR N/A  
 \* TEST (M) FUEL SAMPLE N/A

(6) ELECTRICAL SYSTEM

CHECK (A) WIRING CONNECTIONS Pass  
 \* (B) INSTRUMENTATION Pass  
 \* (C) SAFETIES SHUTDOWNS Pass  
 (1) OVERCRANK Pass  
 (2) HIGH WATER TEMP Pass  
 (3) LOW OIL PRESSURE Pass  
 (4) OVERSPEED Pass  
 \* (D) ALARMS Pass  
 \* (E) PREALARMS Pass  
 \* (F) CIRCUIT BREAKERS Pass  
 \* (G) FUSES Pass  
 \* CHECK (H) INSULATION DAMAGE None  
 CLEAN (I) CABINETRY Pass

(2) LUBRICATION

CHECK (A) LEAKS None  
 \* (B) ENGINE OIL LEVEL Pass  
 \* (C) OIL HEATER N/A  
 \* (D) GOVERNOR OIL LEVEL N/A  
 \* (E) CRANKCASE BREATHER Pass  
 \* CHANGE (F) OIL FILTER Changed  
 \* CHANGE (G) ENGINE OIL Changed  
 \* CHANGE (H) GOVERNOR OIL N/A  
 \* TEST (I) OIL SAMPLE N/A

(7) PRIME MOVER

CHECK (A) GOVERNOR OPERATION Pass  
 \* (B) VIBRATION Pass  
 \* (C) TIMING Pass  
 \* (D) INJECTORS Pass  
 \* (E) MOUNTING HARDWARE Pass  
 \* (F) AIR INTAKE Pass  
 \* (G) OIL PRESSURE 56  
 \* (H) WATER TEMPERATURE 185  
 \* (I) DC ALTERNATOR Pass  
 (1) VOLTS 27.1  
 (2) AMPS N/A  
 \*\* CHANGE (J) AIR CLEANER Pass  
 \*\* TORQUE (K) BOLTS Pass

(3) COOLING SYSTEM

CHECK (A) LEAKS None  
 \* (B) COOLANT LEVEL Pass  
 \* (C) FREEZE POINT -30  
 \* (D) RADIATOR AIR FLOW Pass  
 \* (E) LOUVER SYSTEMS Pass  
 \* (F) BLOCK HEATER Pass  
 \* (G) WATER PUMP Pass  
 \* (H) HOSES Pass  
 \* (I) BELTS Pass  
 \* (J) FAN HUB Pass  
 \* (K) PULLEYS Pass  
 \* (L) RADIATOR PSI N/A  
 \* (M) RADIATOR CAP PSI N/A  
 \* CHANGE (N) WATER FILTER N/A  
 \*\* CHANGE (O) ANTIFREEZE 50/50 (BLC)

(8) GENERATOR

CHECK (A) ROTOR Pass  
 \* (B) STATOR Pass  
 \* (C) EXCITOR Pass  
 (1) STATOR Pass  
 (2) ROTOR Pass  
 \* (D) BEARINGS (IR) Pass  
 \* (E) DIODES Pass  
 \* (F) AIR FLOW Pass  
 \* (G) VOLTAGE REGULATOR Pass  
 \* TEST (H) FEED BREAKER Pass  
 RECORD (I) VOLTAGE 208  
 (J) HERTZ 60

(4) EXHAUST SYSTEM

CHECK (A) LEAKS None  
 \* (B) CONDENSATION TRAP N/A  
 \* (C) INSULATION Pass  
 \* (D) RESTRICTION Pass  
 \* (E) RAINCAP Pass  
 CHECK (F) HANGERS/SUPPORT Pass  
 \* (G) FLEX SECTIONS Pass

(9) AUTOMATIC TRANSFER SWITCHES

CHECK (A) ATS, CONTACTS Pass  
 LINEAR MOTORS ACTUATION Pass  
 MOVING PARTS Pass  
 \* (B) SIMULATE POWER FAILURE N/A  
 \* (C) TIME DELAYS Pass  
 \* (D) CLOCK EXERCISER N/A

(5) BATTERY SYSTEMS

CHECK (A) CHARGER VOLTAGE 27  
 (1) FLOAT Pass  
 (2) EQUALIZE Pass  
 \* (B) ELECTROLYTE LEVEL Pass  
 \* (C) TERMINALS/CABLES Pass  
 \* (D) BLANKET HEATER N/A  
 \* (E) SPECIFIC GRAVITY N/A  
 (1) HIGH N/A  
 (2) LOW N/A  
 \* (F) LOAD TEST Pass  
 CLEAN (G) CORROSION None

(10) GENERAL CONDITION - EPSS

CHECK (A) UNUSUAL/UNSAFE None  
 \* (B) HOUSEKEEPING Pass

(11) LOAD TEST

RECORD (A) AMPERAGE/LEG N/A  
 \* (B) VOLTAGE/LEG N/A  
 \* (C) HERTZ N/A  
 \* (D) CB CONNECTIONS N/A  
 \* (E) UNIT LOADED N/A

(12) EPSS

CHECK (A) EPS IN AUTO? Pass  
 \* (B) BREAKER CLOSED? Pass

\* As needed, specified or during annual inspection only  
 \*\* Additional cost if needed or specified

Comments:

Disconnected Load bank load cables and transferswitch cables

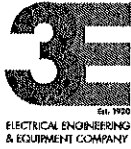
32qt: 15w40 Kohler, 1: 1792 Oil Filter, 1: 3674 Fuel Filter 7 Hours, 314 Miles

Customer Signature \_\_\_\_\_

3E Signature \_\_\_\_\_

Date 5/17/2022





3E GENERATOR SHOP  
 7402 L STREET  
 OMAHA, NE 68127  
 (402) 3423050 FAX (402) 3426874

# INVOICE

INVOICE DATE	INVOICE NO.
06/02/22	919039-00
PO. NO.	PAGE #
HASTINGS REG CTR	1

BILL TO:

STATE OF NE - BLDG DIVISION  
 1526 K ST SUITE 200  
 LINCOLN, NE 68508-2734

CORRESPONDENCE TO:  
 Consolidated Electrical Distributor  
 PO BOX 850365  
 MINNEAPOLIS, MN 55485-0365

SHIP TO:

STATE OF NE - BLDG DIVISION  
 1526 K ST SUITE 200  
 LINCOLN, NE 68508-2734

PLACED BY		INSTRUCTIONS		REFERENCE			CASH DISCOUNT	
				BLDG 16, POWER PLANT			0.00	
CUST #		SHIP POINT		SHIP VIA		SHIPPED		IF PAID BY
200310		3E GENERATOR SHOP				06/02/22		07/10/22
LINE NO.	PRODUCT AND DESCRIPTION	QUANTITY ORDERED	QUANTITY B.O.	QTY SHIPPED	QTY U/M	NET PRICE	AMOUNT (NET)	
1	8500GPM SERVICE:PM GENERATOR 5/17/22 ANNUAL SERVICE & INSPECTION: DISCONNECTED LOAD BANK LOAD CABLES AND TRANSFER SWITCH CABLES	1	0	1	E	825.00	825.00	
2	EEE LABOR LABOR Interchange Prod: LABOR	1	0	1	E	0.00	0.00	
3	7300MILEAGE MILEAGE	314	0	314	E	0.00	0.00	
4	7080 15W40KOH 15W40 OIL QTS KOHLER	32	0	32	E	0.00	0.00	
5	70001792 NAPA 1792 OIL FILTER	1	0	1	E	0.00	0.00	
6	70003674 NAPA 3674 FUEL FILTER	1	0	1	E	0.00	0.00	
6	Lines Total	Qty Shipped Total		350	Total	Invoice Total		825.00
							825.00	

Last Page

Cash Discount 0.00 If Paid By 07/10/22

THIS SALE IS SUBJECT TO OUR TERMS LOCATED AT  
 SALES.OURTERMS.COM, WHICH WE MAY CHANGE FROM TIME  
 TO TIME WITH PRIOR NOTICE.

# Hood Fire Suppression System Inspection Report



**Location Code:** HUXEKIB

**Contact:** Daniel Browitt

**Contact Address:** 4200 W. 2nd St.  
Hastings, NE 68901

**Phone:** (402) 462-1971

**Email:** daniel.browitt@nebraska.gov

**Property Evaluated:** Hastings Regional Center (Health Care)  
4200 W. 2nd St.  
Hastings, NE 68901

**Description:** Hood (Range Hood Inspection)

**Company:** Hastings Office

**Address:** 1239 North Minnesota Ave. , PO Box  
1467  
Hastings, NE 68902

**Company Phone:** 800-274-0888

**Inspector:** Matt Goff  
NE State Inspectors License #L71

**Date of Work:** 9/7/2023

**Frequency:** Semi-Annual

---

## Deficiency Summary

There are no reported deficiencies for this submission

---

## General Comments

There are no general comments for this submission



**Hastings Office**  
 1239 North Minnesota Ave. , PO Box 1467  
 Hastings, NE 68902  
 Phone: 800-274-0888

## Hood Fire Suppression System Inspection Report

Account Information		
Facility Name: Hastings Regional Center	Property Type: Health Care	Assembly Description: Hood (Range Hood Inspection)
Service Address: 4200 W. 2nd St., Hastings, NE, 68901		
Mailing Name: Daniel Browitt		Phone: (402) 462-1971
Mailing Address: 4200 W. 2nd St., Hastings, NE, 68901		

Hood Information			
Manufacturer: Ansul		Control Head Style: R102	Tank Style: Stainless steel
System Location: Kitchen		# of Nozzles: 4	# of Flows: NA
<input type="checkbox"/> None	<input checked="" type="checkbox"/> Building Fire Alarm	<input checked="" type="checkbox"/> Monitored	<input type="checkbox"/> Local

Tanks							
Size	Year	Last Service	Next Service,	Size	Year	Last Service	Next Service
3 gallon	2021	NA	2033	3 gallon	2021	NA	2033

Cartridge							
Size	Date,	Size	Date,	Size	Date,	Size	Date
113 oz	2021	NA	NA	NA	NA	NA	NA

Link								
Temp	Qty	Style	Temp	Qty	Style	Temp	Qty	Style
280	NA		360	4	K	450	NA	
-								
Temp	Qty	Style	Temp	Qty	Style	Temp	Qty	Style
500	NA			NA			NA	


Fuel Shut Off:		
<input type="checkbox"/> All Electric Equipment	<input checked="" type="checkbox"/> MGV	<input type="checkbox"/> Electric Gas Valve w/Reset Relay
MGV/RR Location: Above ceiling		
Electrical Reset Location: 81-84 breaker for oven		
Cooking Equipment (L to R): 6 burner range		

Tester Information		
Frequency: Semi-Annual	Inspected By: Matt Goff	Date of Test: 9/7/2023
Tester Signature: 		Certification Number: NE State Inspectors License #L71



**Hastings Office**  
 1239 North Minnesota Ave. , PO Box 1467  
 Hastings, NE 68902  
 Phone: 800-274-0888

- |   |  |
|---|--|
| 1. Notify AHJ/Monitoring company prior to testing?              | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 2. System tamper seals intact upon arrival?                     | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 3. Cooking equipment line-up same as last inspection?           | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 4. System tripped immediately from terminal link/pull?          | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 5. Alarm actuated?  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 6. All gas under the hood shuts down?                           | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 7. Electricity to protect appliances shuts off?                 | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A |
| 8. Hood make-up air shuts down?                                 | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A |
| 9. Exhaust fan turns on?  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 10. All fusible links replaced?                                 | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 11. All nozzle caps/seals in place?                             | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 12. All rubber nozzle caps replaced (annually)?                 | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A |
| 13. No obstructions to nozzle spray pattern?                    | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 14. Plenum(s), Duct(s), & appliances properly detected?         | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 15. Plenum(s), Duct(s), & appliances properly protected?        | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 16. All hood/duct penetrations properly sealed?                 | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 17. Plenum(s), filters & duct(s) are clean?                     | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 18. No abandoned pipe or visible holes in hood or duct?         | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 19. System tested from remote manual pull station?              | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 20. System valve Actuator(s) tested?                            | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A |
| 21. Verify all pilot lights re-lit after testing?               | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 22. Manual Reset present with electric gas valve?               | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A |
| 23. Verify electrical restored to all appliances after testing? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A |
| 24. Verify signals reported to central station properly?        | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 25. All tanks within proper pressure or chemical level?         | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A |
| Bottle PSI:   |  |
| 26. All tanks and actuators reconnected?                        | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 27. All tanks within proper date?                               | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Date New or Last Hydro Test:                                    | 2014   |
| 28. All cartridges within proper weight & date?                 | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Cartridge Weight (oz.):   | 113  |
| 29. System cartridge installed?                                 | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 30. System in service with tamper seals & tags in place?        | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 31. System is U.L. Standard 300 compliant?                      | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 32. Class K fire extinguisher present?                          | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Class K Extinguisher Date:                                      | 2019   |

Customer Information	
Customer Name: Dan Browitt	
Customer Signature: 	Date: 9/7/2023

# BACKFLOW PREVENTION ASSEMBLY TEST REPORT



NAME OF PREMISE: HRC Commercial  Residential   
 SERVICE ADDRESS: 4200 w 2nd CITY: Hastings ZIP: 68901  
 CONTACT PERSON: Dan Brouitt PHONE: 402-759-1188 FAX: \_\_\_\_\_  
 LOCATION OF ASSEMBLY: tunnel  
 TYPE: DCVA  RPBA  PVBA  AIR GAP  OTHER: \_\_\_\_\_  
 NEW INSTALLATION  EXISTING  REPLACEMENT  OLD ASSEMBLY SERIAL NUMBER: \_\_\_\_\_  
 MAKE OF ASSEMBLY: Watts MODEL: 909 SERIAL NO.: 16622 SIZE: 8"

INITIAL TEST	DCVA/RPBA CHECK VALVE NO.1	DCVA/RPBA CHECK VALVE NO.2	RPBA	PVBA AIR INLET
PASSED <input checked="" type="checkbox"/> FAILED <input type="checkbox"/>	LEAKED <input type="checkbox"/> CLOSED TIGHT <input checked="" type="checkbox"/> <u>6.8</u> PSID	LEAKED <input type="checkbox"/> CLOSED TIGHT <input checked="" type="checkbox"/> <u>1.8</u> PSID	OPENED AT <u>3.2</u> PSID #1 CHECK _____ PSID AIR GAP OK? <input checked="" type="checkbox"/>	OPENED AT _____ PSID DID NOT OPEN <input type="checkbox"/>
NEW PARTS REPAIRS	CLEAN <input type="checkbox"/> REPLACE <input type="checkbox"/> PART	CLEAN <input type="checkbox"/> REPLACE <input type="checkbox"/> PART	CLEAN <input type="checkbox"/> REPLACE <input type="checkbox"/> PART	CHECK VALVE HELD AT _____ PSID LEAKED <input type="checkbox"/> CLEANED <input type="checkbox"/> REPAIRED <input type="checkbox"/>
TEST AFTER REPAIRS	CLOSED TIGHT <input type="checkbox"/> _____ PSID	CLOSED TIGHT <input type="checkbox"/> _____ PSID	OPENED AT _____ PSID #1 CHECK _____ PSID	AIR INLET _____ PSID CHK VALVE _____ PSID

TEST AFTER REPAIRS: PASSED  FAILED  DATE: \_\_\_\_\_  
 AIR GAP INSPECTION: PASSED  FAILED  DATE: \_\_\_\_\_

REMARKS: \_\_\_\_\_

TESTER'S SIGNATURE Hector M Gonzalez CERT. NO. 9045 DATE June 2, 2023  
 PLUMBER'S SIGNATURE Hector M Gonzalez CERT. NO. 9045 DATE June 2, 2023

ASSEMBLY MUST BE REPAIRED OR REPLACED WITHIN 30 DAYS OF THIS TEST DATE.

OWNER'S SIGNATURE Dan Brouitt DATE \_\_\_\_\_

# BACKFLOW PREVENTION ASSEMBLY TEST REPORT



NAME OF PREMISE: HRC Commercial  Residential

SERVICE ADDRESS: 4200 West 2nd CITY: Hastings ZIP: 68901

CONTACT PERSON: Dan Brown PHONE: 402-759-1188 FAX: \_\_\_\_\_

LOCATION OF ASSEMBLY: Tunnel

TYPE: DCVA  RPBA  PVBA  AIR GAP  OTHER: \_\_\_\_\_

NEW INSTALLATION  EXISTING  REPLACEMENT  OLD ASSEMBLY SERIAL NUMBER: \_\_\_\_\_

MAKE OF ASSEMBLY: Watts MODEL: 9009 SERIAL NO.: 16513 SIZE: 3/4"

INITIAL TEST	DCVA/RPBA CHECK VALVE NO.1	DCVA/RPBA CHECK VALVE NO.2	RPBA	PVBA AIR INLET
PASSED <input checked="" type="checkbox"/> FAILED <input type="checkbox"/>	LEAKED <input type="checkbox"/> CLOSED TIGHT <input checked="" type="checkbox"/> <u>7.2</u> PSID	LEAKED <input type="checkbox"/> CLOSED TIGHT <input checked="" type="checkbox"/> <u>2.0</u> PSID	OPENED AT <u>3.6</u> PSID #1 CHECK _____ PSID AIR GAP OK? _____	OPENED AT _____ PSID DID NOT OPEN <input type="checkbox"/>
NEW PARTS REPAIRS	CLEAN <input type="checkbox"/> REPLACE <input type="checkbox"/> PART _____	CLEAN <input type="checkbox"/> REPLACE <input type="checkbox"/> PART _____	CLEAN <input type="checkbox"/> REPLACE <input type="checkbox"/> PART _____	CHECK VALVE HELD AT _____ PSID LEAKED <input type="checkbox"/> CLEANED <input type="checkbox"/> REPAIRED <input type="checkbox"/>
TEST AFTER REPAIRS	CLOSED TIGHT <input type="checkbox"/> _____ PSID	CLOSED TIGHT <input type="checkbox"/> _____ PSID	OPENED AT _____ PSID #1 CHECK _____ PSID	AIR INLET _____ PSID CHK VALVE _____ PSID

TEST AFTER REPAIRS: PASSED  FAILED  DATE: \_\_\_\_\_

AIR GAP INSPECTION: PASSED  FAILED  DATE: \_\_\_\_\_

REMARKS: worked shot off #2

TESTER'S SIGNATURE Hector M Gonzalez CERT. NO. 9045 DATE June 2 2023

PLUMBER'S SIGNATURE Hector M Gonzalez CERT. NO. 9045 DATE June 2 2023

ASSEMBLY MUST BE REPAIRED OR REPLACED WITHIN 30 DAYS OF THIS TEST DATE.

OWNER'S SIGNATURE Dan Brown DATE \_\_\_\_\_

WORK ORDER | HRC-04163

Completed  
status

HRC-Administration\Equipment  
location  
4200 W 2nd St  
Hastings, NE 68901  
address



11/5/2024 2:16 PM  
last updated  
B70-05-00-01 Buildings Monthly  
(Emergency Lights) Schedule  
pm/rn schedule

Preventative Maintenance  
type

Hastings Regional Center  
property / workflow

HRC-Administration  
building

contact/contact at

WORK DESCRIPTION			
ASSET	TASK	COMPONENT	ACTIONS
B70-05-00-01 Buildings	Preventative Maintenance	Buildings Monthly (Emergency Lights...	

PROCEDURES									
#	FLAG	PROCEDURE	ASSET	ITEM#	STATUS	WARRANTY	ASSOCIATED	REPAIR	
1		Buildings Monthly (Emerg...	B70-05-00-01 Buildings	1 of 1	Done				

SCHEDULING AND ASSIGNMENT	
<p>Low priority</p> <p>General/Mechanical Maintenance - PMs specialty</p> <p>11/21/2024 2:00 AM on-site by</p> <p>11/30/2024 11:59 PM due by</p>	<p>N/A 11/1/2024 2:00 AM access/apppt/start</p> <p>0:20 duration</p> <p>Shane Hubl assigned to</p> <p>11/3/2024 1:01 AM acknowledge by</p>

ACTIVITY LOG			
BY	DATE	ACTION	COMMENT
Shane Hubl	11/5/2024 2:16 PM	Completed	
Shane Hubl	11/5/2024 2:16 PM	Picked Up	
Shane Hubl	11/1/2024 8:00 AM	Assignment Changed	Reassigned from: Dean Stromer to...
PMRM Module	11/1/2024 1:01 AM	Created	

NOTES			
DATE	BY	TEXT	ACTIONS
No Records Found			

FINANCIAL   USD	
-- expense account	No possible warranty?
-- p.o.number	Non Billable charge code
<b>INTERNAL COSTS</b>	
Pending status	<a href="#">View Details</a>

ALERTS AND NOTIFICATIONS			
NAME	TYPE	SENT TO	ADDRESS
New Work Order Created	Failure	11/1/2024 1:02 AM	

EQUIPMENT WORKED ON	
EQUIPMENT WORKED ON	ACTIONS
No Records Found	

COMPLETION AND VERIFICATION	
No equipment record?	Not Verified verification





3630 West Old Hwy 30  
 Grand Island, NE 68803  
 (308) 389-3981

Customer Hastings Youth Treatment Facility  
 Customer Number 1001896  
 Invoice Number 441303  
 Invoice Date 1/24/2024  
 PO Number \_\_\_\_\_  
 Job / Service Ticket # 234099

Quantity	Description	Rate	Amount
1.00	Quarterly Fire Alarm Inspection	\$75.00	\$75.00
<b>Subtotal</b>			<b>\$75.00</b>
Tax			\$0.00
Payments/Credits Applied			\$0.00
<b>Invoice Balance Due</b>			<b>\$75.00</b>

Fire Alarm Inspection. No issues.

0102 42:57ND

-----APPROVED FOR PAYMENT-----

Initials DB Date 1/25/24  
 RVU 65047000  
 PTO \_\_\_\_\_ / NONE  
 526100

If you have questions please contact (308) 389-3981 or CustomerCare@mw-as.com

Monitoring Center: (800) 227-9805

REMIT TO:



PO Box 4511  
 Davenport, IA 52808

Customer Number 1001896  
 Invoice Number 441303

Check here if using back of remit.

Hastings Youth Treatment Facility  
 4200 W 2nd St  
 Hastings, NE 68901

Amount enclosed: \_\_\_\_\_





3630 West Old Hwy 30  
 Grand Island, NE 68803  
 (308) 389-3981

Customer Hastings Youth Treatment Facility  
 Customer Number 1001896  
 Invoice Number 441304  
 Invoice Date 1/24/2024  
 PO Number \_\_\_\_\_  
 Job / Service Ticket # 234097

Quantity	Description	Rate	Amount
1.00	Hastings Youth Treatment Facility - Dorm North - 4200 W 2nd St, Hastings, NE Quaraterly Fire Alarm Inspection	\$75.00	\$75.00
<b>Subtotal</b>			<b>\$75.00</b>
Tax			\$0.00
Payments/Credits Applied			\$0.00
<b>Invoice Balance Due</b>			<b>\$75.00</b>

Fire Alarm Inspection. Door magnets do not release on

APPROVED FOR PAYMENT  
 Initials DB Date 1/25/24  
 P/O 65647000  
 P/O \_\_\_\_\_ NONE  
 R. Match 526100

If you have questions please contact (308) 389-3981 or CustomerCare@mw-as.com

Monitoring Center: (800) 227-9805

REMIT TO:



PO Box 4511  
 Davenport, IA 52808

Customer Number 1001896  
 Invoice Number 441304

Check here if using back of remit.

Hastings Youth Treatment Facility  
 4200 W 2nd St  
 Hastings, NE 68901

Amount enclosed: \_\_\_\_\_



3630 West Old Hwy 30  
 Grand Island, NE 68803  
 (308) 389-3981

Customer Hastings Youth Treatment Facility  
 Customer Number 1001896  
 Invoice Number 441302  
 Invoice Date 1/24/2024  
 PO Number \_\_\_\_\_  
 Job / Service Ticket # 234098

Quantity	Description	Rate	Amount
1.00	Quarterly Fire Alarm Inspection	\$75.00	\$75.00
	<b>Subtotal</b>		<b>\$75.00</b>
	Tax		\$0.00
	Payments/Credits Applied		\$0.00
	<b>Invoice Balance Due</b>		<b>\$75.00</b>

Fire Alarm Inspection. No issues.

APPROVED FOR PAYMENT-----  
 Initials DB Date 1/25/24  
 B/U 65047000  
 P/O \_\_\_\_\_ /NONE  
 R.Batch 526100

If you have questions please contact (308) 389-3981 or CustomerCare@mw-as.com Monitoring Center: (800) 227-9805

REMIT TO:



PO Box 4511  
 Davenport, IA 52808

Customer Number 1001896  
 Invoice Number 441302

Check here if using back of remit.

Hastings Youth Treatment Facility  
 4200 W 2nd St  
 Hastings, NE 68901

Amount enclosed: \_\_\_\_\_

**ELECTRONIC SYSTEMS, INC**  
P.O. BOX 1260  
HASTINGS, NE 68902-1260 US  
402-463-0200  
joe@ELECTRONICSYSTEMS-NE.com

**BILL TO**  
HASTINGS REGIONAL  
CENTER  
P.O. BOX 579,  
HASTINGS, NE 68902-0579

**SHIP TO**  
HASTINGS REGIONAL  
CENTER  
gary peisiger  
semi \$1054.00  
03 - 1800.00/semi  
acct fax 460-3151  
4200 WEST 2ND ST

**INVOICE # 35018**  
**DATE 11/06/2023**  
**DUE DATE 12/06/2023**  
**TERMS Net 30**

**SALES REP**  
SHAWN SCHIFFELBEIN

10/30/2023	inspect	fire alarm inspection	1	120.00	120.00
------------	---------	--------------------------	---	--------	--------

SYSTEM OPERATING ACCORDING TO  
CODE

SUBTOTAL	120.00
TAX	0.00
TOTAL	120.00
<b>BALANCE DUE</b>	<b>\$120.00</b>

NOV 8 23 2023

-----APPROVED FOR PAYMENT-----

Initials DB Date 11/6/23

B/U 65047000

P/O \_\_\_\_\_ /NONE

R.Batch 526100

# HYDRO TECH INC.

No 47083

Fire Extinguishers  
Sales & Service

CO<sub>2</sub> Gas • Dry Ice • Restaurant Hood Systems  
Hydro Static Testing & Repair

2219 E. Hwy. 30, P.O. Box 877, Grand Island, NE 68802-0877

Phone: (308) 384-7083 Fax: (308) 675-1254

P.O. # \_\_\_\_\_ 12/20/22

Name: Hastings Regional Center

Address: \_\_\_\_\_

Qty	Description	Price Ea.	Amount
65	maint Insp		350.00
-----APPROVED FOR PAYMENT-----			
Initials	DB		Date 12/20/22
	65047000		
		NONE TAX	
	548800	TOTAL	350.00

Please Pay From This Invoice



RC  
Hastings Regional Center  
4200 W 2nd St  
Hastings, NE 68901

DUE BY 2/1/2024 12:00 AM

LOW

WO# HRC-03213

NOT TO EXCEED \$0.00

STATUS COMPLETED

**BUILDING**

**Name** HRC-Maintenance Shop  
**Address** 4200 W 2nd St  
Hastings, NE 68901

**Contact**  
**Contact At**  
**Phone**  
**Fax**

**PREVENTATIVE MAINTENANCE**

DATE CREATED 12/30/2023 1:15 AM

B70-21-01-01 Fire Extinguishers Preventative Maintenance

**ASSIGNMENT**

**Assigned To** Dean Stromer  
**Mobile** 402.462.1971 ext 3150  
**Email** dean.stromer@nebraska.gov

**Specialty** FLS - PMs  
**Access/Appt** N/A  
**Scheduled Start** 1/1/2024 12:00 AM  
**PO#**

**PROCEDURES**

**FIRE EXTINGUISHERS MONTHLY PROCEDURE**

DONE	DESCRIPTION	RESPONSE	FLAG REASON	COMMENTS
<input checked="" type="checkbox"/>	Inspect all fire extinguishers and complete tag.			
<input checked="" type="checkbox"/>	Check for proper signage.			

**COMPLETION**

**REQUIRED SIGNATURE**

**Work Completed** 1/2/2024 9:30 AM

**Signature** If this document was sent because a signed copy has been requested during the sign-off process on a mobile device, check the second attachment to the same email for the signed receipt.

**NOTES**

1/30/2024 9:51 AM - Daniel Browitt Wrote: This was done correctly

# Nebraska Fire Sprinkler

NEBRASKA FIRE SPRINKLER CORPORATION

118 Apollo Avenue • Alda, NE 68810 • (308) 381-2033 • Fax (308) 381-2605

## WATER SUPPLY SYSTEMS

### ANNUAL FLOW TESTS

Date: 11/3/23 Inspector: Lowell Mittels System: \_\_\_\_\_

Location: Hastings Regional Center

Conduct 2-in (51-mm) main drain test for gravity tanks and pressure tanks.

Static pressure: \_\_\_\_\_ psi (bar)

Full flow pressure: \_\_\_\_\_ psi (bar)

Ground level tanks and underground tanks: Annual test is accomplished during fire pump full flow tests.

#### Water Distribution Systems

Annual test is accomplished during fire hydrant annual tests. For each test, record the following:

Residual Hydrant Location: 4

Flow Hydrant Location: 14

Static pressure (residual hydrant): 50 psi (bar)

Residual pressure (residual hydrant): 29 psi (bar)

Pitot pressure (flow hydrant): 20 psi (bar)

Nozzle Size (flow hydrant): 2 1/2 in. (mm)

Nozzle coefficient (flow hydrant): 0.9 other \_\_\_\_\_

Available water flow: 754 gpm (L/min) at 20 psi (bar)

Notes/Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Nebraska Fire Sprinkler

NEBRASKA FIRE SPRINKLER CORPORATION

118 Apollo Avenue • Alda, NE 68810 • (308) 381-2033 • Fax (308) 381-2605

## WATER SUPPLY SYSTEMS

### ANNUAL FLOW TESTS

Date: 11/3/23 Inspector: Lowell Mittels System: \_\_\_\_\_

Location: Hastings Regional Center

Conduct 2-in (51-mm) main drain test for gravity tanks and pressure tanks.

Static pressure: \_\_\_\_\_ psi (bar)

Full flow pressure: \_\_\_\_\_ psi (bar)

Ground level tanks and underground tanks: Annual test is accomplished during fire pump full flow tests.

#### Water Distribution Systems

Annual test is accomplished during fire hydrant annual tests. For each test, record the following:

Residual Hydrant Location: 4

Flow Hydrant Location: 13

Static pressure (residual hydrant): 51 psi (bar)

Residual pressure (residual hydrant): 29 psi (bar)

Pitot pressure (flow hydrant): 19 psi (bar)

Nozzle Size (flow hydrant): 2 1/2 in. (mm)

Nozzle coefficient (flow hydrant): 0.9 other \_\_\_\_\_

Available water flow: 735 gpm (L/min) at 19' psi (bar)

Notes/Comments \_\_\_\_\_

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# Nebraska Fire Sprinkler

NEBRASKA FIRE SPRINKLER CORPORATION

118 Apollo Avenue • Alda, NE 68810 • (308) 381-2033 • Fax (308) 381-2605

## WATER SUPPLY SYSTEMS

### ANNUAL FLOW TESTS

Date: 11/3/23 Inspector: Laura Mittels System: \_\_\_\_\_

Location: Hastings Regional center

Conduct 2-in (51-mm) main drain test for gravity tanks and pressure tanks.

Static pressure: \_\_\_\_\_ psi (bar)

Full flow pressure: \_\_\_\_\_ psi (bar)

Ground level tanks and underground tanks: Annual test is accomplished during fire pump full flow tests.

#### Water Distribution Systems

Annual test is accomplished during fire hydrant annual tests. For each test, record the following:

Residual Hydrant Location: 4

Flow Hydrant Location: 11

Static pressure (residual hydrant): 49 psi (bar)

Residual pressure (residual hydrant): 40 psi (bar)

Pitot pressure (flow hydrant): 20 psi (bar)

Nozzle Size (flow hydrant): 2 1/2 in. (mm)

Nozzle coefficient (flow hydrant): 0.9; other \_\_\_\_\_

Available water flow: 754 gpm (L/min) at 20 psi (bar)

Notes/Comments \_\_\_\_\_

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NEBRASKA FIRE SPRINKLER CORPORATION

118 Apollo Avenue • Alda, NE 68810 • (308) 381-2033 • Fax (308) 381-2605

WATER SUPPLY SYSTEMS

ANNUAL FLOW TESTS

Date: 11/3/23 Inspector: Lowell Mitterer System: \_\_\_\_\_

Location: Hastings Regional center \_\_\_\_\_

Conduct 2-in (51-mm) main drain test for gravity tanks and pressure tanks.

Static pressure: \_\_\_\_\_ psi (bar)

Full flow pressure: \_\_\_\_\_ psi (bar)

Ground level tanks and underground tanks: Annual test is accomplished during fire pump full flow tests.

Water Distribution Systems

Annual test is accomplished during fire hydrant annual tests. For each test, record the following:

Residual Hydrant Location: 4 \_\_\_\_\_

Flow Hydrant Location: 10 \_\_\_\_\_

Static pressure (residual hydrant): 48 psi (bar)

Residual pressure (residual hydrant): 33 psi (bar)

Pitot pressure (flow hydrant): 21 psi (bar)

Nozzle Size (flow hydrant): 2 1/2 in. (mm)

Nozzle coefficient (flow hydrant): 0.9 other \_\_\_\_\_

Available water flow: 773 gpm (L/min) at 21 psi (bar)

Notes/Comments \_\_\_\_\_

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# Nebraska Fire Sprinkler

NEBRASKA FIRE SPRINKLER CORPORATION

118 Apollo Avenue • Alda, NE 68810 • (308) 381-2033 • Fax (308) 381-2605

## WATER SUPPLY SYSTEMS

### ANNUAL FLOW TESTS

Date: 11/3/23 Inspector: Lowell Mittels System: \_\_\_\_\_

Location: Hastings Regional Center

Conduct 2-in (51-mm) main drain test for gravity tanks and pressure tanks.

Static pressure: \_\_\_\_\_ psi (bar)

Full flow pressure: \_\_\_\_\_ psi (bar)

Ground level tanks and underground tanks: Annual test is accomplished during fire pump full flow tests.

#### Water Distribution Systems

Annual test is accomplished during fire hydrant annual tests. For each test, record the following:

Residual Hydrant Location: 4

Flow Hydrant Location: 9

Static pressure (residual hydrant): 48 psi (bar)

Residual pressure (residual hydrant): 36 psi (bar)

Pitot pressure (flow hydrant): 14 psi (bar)

Nozzle Size (flow hydrant): 2 1/2 in. (mm)

Nozzle coefficient (flow hydrant): 0.9 other \_\_\_\_\_

Available water flow: 631 gpm (L/min) at 14 psi (bar)

Notes/Comments \_\_\_\_\_

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NEBRASKA FIRE SPRINKLER CORPORATION

118 Apollo Avenue • Alda, NE 68810 • (308) 381-2033 • Fax (308) 381-2605

WATER SUPPLY SYSTEMS

ANNUAL FLOW TESTS

Date: 11/3/23 Inspector: Lowell Matteis System: \_\_\_\_\_

Location: Hastings Regional center \_\_\_\_\_

Conduct 2-in (51-mm) main drain test for gravity tanks and pressure tanks.

Static pressure: \_\_\_\_\_ psi (bar)

Full flow pressure: \_\_\_\_\_ psi (bar)

Ground level tanks and underground tanks: Annual test is accomplished during fire pump full flow tests.

Water Distribution Systems

Annual test is accomplished during fire hydrant annual tests. For each test, record the following:

Residual Hydrant Location: 4 \_\_\_\_\_

Flow Hydrant Location: 8 \_\_\_\_\_

Static pressure (residual hydrant): 48 psi (bar)

Residual pressure (residual hydrant): 30 psi (bar)

Pitot pressure (flow hydrant): 18 psi (bar)

Nozzle Size (flow hydrant): 2 1/2 in. (mm)

Nozzle coefficient (flow hydrant) 0.9 other \_\_\_\_\_

Available water flow: 716 gpm (L/min) at 18 psi (bar)

Notes/Comments \_\_\_\_\_

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NEBRASKA FIRE SPRINKLER CORPORATION

118 Apollo Avenue • Alda, NE 68810 • (308) 381-2033 • Fax (308) 381-2605

WATER SUPPLY SYSTEMS

ANNUAL FLOW TESTS

Date: 11/3/23 Inspector: Lowell Mittels System: \_\_\_\_\_

Location: Hastings Regional Center \_\_\_\_\_

Conduct 2-in (51-mm) main drain test for gravity tanks and pressure tanks.

Static pressure: \_\_\_\_\_ psi (bar)

Full flow pressure: \_\_\_\_\_ psi (bar)

Ground level tanks and underground tanks: Annual test is accomplished during fire pump full flow tests.

Water Distribution Systems

Annual test is accomplished during fire hydrant annual tests. For each test, record the following:

Residual Hydrant Location: 4 \_\_\_\_\_

Flow Hydrant Location: 7 \_\_\_\_\_

Static pressure (residual hydrant): 48 psi (bar)

Residual pressure (residual hydrant): 35 psi (bar)

Pitot pressure (flow hydrant): 21 psi (bar)

Nozzle Size (flow hydrant): 2 1/2 in. (mm)

Nozzle coefficient (flow hydrant): 0.9 other \_\_\_\_\_

Available water flow: 773 gpm (L/min) at 21 psi (bar)

Notes/Comments \_\_\_\_\_

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NEBRASKA FIRE SPRINKLER CORPORATION

118 Apollo Avenue • Alda, NE 68810 • (308) 381-2033 • Fax (308) 381-2605

### WATER SUPPLY SYSTEMS

### ANNUAL FLOW TESTS

Date: 11/3/23 Inspector: Lowell Mittels System: \_\_\_\_\_

Location: Hastings Regional Center

Conduct 2-in (51-mm) main drain test for gravity tanks and pressure tanks.

Static pressure: \_\_\_\_\_ psi (bar)

Full flow pressure: \_\_\_\_\_ psi (bar)

Ground level tanks and underground tanks: Annual test is accomplished during fire pump full flow tests.

#### Water Distribution Systems

Annual test is accomplished during fire hydrant annual tests. For each test, record the following:

Residual Hydrant Location: 4

Flow Hydrant Location: 6

Static pressure (residual hydrant): 48 psi (bar)

Residual pressure (residual hydrant): 29 psi (bar)

Pitot pressure (flow hydrant): 23 psi (bar)

Nozzle Size (flow hydrant): 2 1/2 in. (mm)

Nozzle coefficient (flow hydrant): 0.9 other \_\_\_\_\_

Available water flow: 809 gpm (L/min) at 23 psi (bar)

Notes/Comments \_\_\_\_\_

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NEBRASKA FIRE SPRINKLER CORPORATION

118 Apollo Avenue • Aida, NE 68810 • (308) 381-2033 • Fax (308) 381-2605

### WATER SUPPLY SYSTEMS

### ANNUAL FLOW TESTS

Date: 11/3/25 Inspector: Larry Mittels System: \_\_\_\_\_

Location: Hastings Regional Center

Conduct 2-in (51-mm) main drain test for gravity tanks and pressure tanks.

Static pressure: \_\_\_\_\_ psi (bar)

Full flow pressure: \_\_\_\_\_ psi (bar)

Ground level tanks and underground tanks: Annual test is accomplished during fire pump full flow tests.

#### Water Distribution Systems

Annual test is accomplished during fire hydrant annual tests. For each test, record the following:

Residual Hydrant Location: 4

Flow Hydrant Location: 5

Static pressure (residual hydrant): 76 psi (bar)

Residual pressure (residual hydrant): 27 psi (bar)

Pitot pressure (flow hydrant): 28 psi (bar)

Nozzle Size (flow hydrant): 2 1/2 in. (mm)

Nozzle coefficient (flow hydrant): 0.9 other \_\_\_\_\_

Available water flow: 893 gpm (L/min) at 28 psi (bar)

Notes/Comments \_\_\_\_\_

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# Nebraska Fire Sprinkler

NEBRASKA FIRE SPRINKLER CORPORATION

118 Apollo Avenue • Alda, NE 68810 • (308) 381-2033 • Fax (308) 381-2605

## WATER SUPPLY SYSTEMS

### ANNUAL FLOW TESTS

Date: 11/3/23 Inspector: Lownd mittars System: \_\_\_\_\_

Location: Hastings Regional center

Conduct 2-in (51-mm) main drain test for gravity tanks and pressure tanks.

Static pressure: \_\_\_\_\_ psi (bar)

Full flow pressure: \_\_\_\_\_ psi (bar)

Ground level tanks and underground tanks: Annual test is accomplished during fire pump full flow tests.

#### Water Distribution Systems

Annual test is accomplished during fire hydrant annual tests. For each test, record the following:

Residual Hydrant Location: 4

Flow Hydrant Location: 3

Static pressure (residual hydrant): 48 psi (bar)

Residual pressure (residual hydrant): 39 psi (bar)

Pitot pressure (flow hydrant): 7 psi (bar)

Nozzle Size (flow hydrant): 2 1/2 in. (mm)

Nozzle coefficient (flow hydrant): 0.9 other \_\_\_\_\_

Available water flow: 444 gpm (L/min) at 7 psi (bar)

Notes/Comments \_\_\_\_\_

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NEBRASKA FIRE SPRINKLER CORPORATION

118 Apollo Avenue • Alda, NE 68810 • (308) 381-2033 • Fax (308) 381-2605

WATER SUPPLY SYSTEMS

ANNUAL FLOW TESTS

Date: 11/3/23 Inspector: Lowell Mittels System: \_\_\_\_\_

Location: Hastings Regional center \_\_\_\_\_

Conduct 2-in (51-mm) main drain test for gravity tanks and pressure tanks.

Static pressure: \_\_\_\_\_ psi (bar)

Full flow pressure: \_\_\_\_\_ psi (bar)

Ground level tanks and underground tanks: Annual test is accomplished during fire pump full flow tests.

Water Distribution Systems

Annual test is accomplished during fire hydrant annual tests. For each test, record the following:

Residual Hydrant Location: 3 \_\_\_\_\_

Flow Hydrant Location: 4 \_\_\_\_\_

Static pressure (residual hydrant): 42 psi (bar)

Residual pressure (residual hydrant): 20 psi (bar)

Pitot pressure (flow hydrant): 33 psi (bar)

Nozzle Size (flow hydrant): 2 1/2 in. (mm)

Nozzle coefficient (flow hydrant): 0.9; other \_\_\_\_\_

Available water flow: 964 gpm (L/min) at 33 psi (bar)

Notes/Comments \_\_\_\_\_

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NEBRASKA FIRE SPRINKLER CORPORATION

118 Apollo Avenue • Alda, NE 68810 • (308) 381-2033 • Fax (308) 381-2605

WATER SUPPLY SYSTEMS

ANNUAL FLOW TESTS

Date: 11/3/23 Inspector: Lowell Mitteris System: \_\_\_\_\_

Location: Hastings Regional center \_\_\_\_\_

Conduct 2-in (51-mm) main drain test for gravity tanks and pressure tanks.

Static pressure: \_\_\_\_\_ psi (bar)

Full flow pressure: \_\_\_\_\_ psi (bar)

Ground level tanks and underground tanks: Annual test is accomplished during fire pump full flow tests.

Water Distribution Systems

Annual test is accomplished during fire hydrant annual tests. For each test, record the following:

Residual Hydrant Location: 3 \_\_\_\_\_

Flow Hydrant Location: 2 \_\_\_\_\_

Static pressure (residual hydrant): 3/4 psi (bar)

Residual pressure (residual hydrant): 25 psi (bar)

Pitot pressure (flow hydrant): 26 psi (bar)

Nozzle Size (flow hydrant): 2 1/2 in. (mm)

Nozzle coefficient (flow hydrant): 0.9 other \_\_\_\_\_

Available water flow: 856 gpm (L/min) at 26 psi (bar)

Notes/Comments \_\_\_\_\_



PO Box 85535      402-466-2616  
 Lincoln, NE 68501      www.mfp-inc.com

Date	Invoice #
2/20/2024	IN24023

**Bill To**  
 Youth Rehab & Treatment Center  
 Attn: Dan Browitt  
 4200 W 2nd St  
 Hastings, NE 68901

P.O. No.	Terms	Project	
	Net 30		
Description	Qty	Rate	Amount
Quarterly fire sprinkler inspections - 3 Bldgs	1	300.00	300.00

APPROVED FOR PAYMENT-----  
 Initials PB Date 2/21/24  
 B/U 65047000  
 P/O \_\_\_\_\_ /NONE  
 R.Batch 526100

**Please make checks payable to  
 MEININGER FIRE PROTECTION, INC.**

Terms: Net 10 Days. All past due balances will be subject to finance charges allowed by the State of Nebraska.

Fire Sprinkler Inspections are considered a security service by the State of Nebraska and therefore taxable. If you are tax exempt, please send a Form 13 in with your payment.  
 Thank you, we appreciate your business.

We now accept credit card payments with a 3.5% fee.

<b>Subtotal</b>	\$300.00
<b>Sales Tax (0.0%)</b>	\$0.00
<b>Total</b>	\$300.00
<b>Payments/Credits</b>	\$0.00
<b>Balance Due</b>	\$300.00

# Nebraska Fire Sprinkler

## NEBRASKA STATE FIRE MARSHAL FIRE SPRINKLER INSPECTION

LOCATION OF SYSTEM: <u>Hastings Regional Center</u>		<u>11/3/23</u> INSPECTION DATE
<u>4200 W. 2nd Street</u>		
JOB / WO#: <u>Hastings, NE 68901</u>		TYPE OCCUPANCY
FORMS INCLUDED WITH THIS COVER SHEET		TYPE OF INSPECTION
<input checked="" type="checkbox"/> FIRE HYDRANT TEST		INITIAL ACCEPTANCE OF SYSTEM
<input type="checkbox"/> FIRE PUMP TEST		REINSPECTION DUE TO REMODEL, REPAIR, ETC
<input checked="" type="checkbox"/> REPORT OF INSPECTION		<input checked="" type="checkbox"/> PERIODIC ANNUAL INSPECTION
<input type="checkbox"/> DRY PIPE VALVE TEST		<input checked="" type="checkbox"/> BACKFLOW PREVENTER TEST
<input type="checkbox"/> FULL FLOW TEST		QUARTERLY INSPECTION
<input checked="" type="checkbox"/> 5 YEAR INTERNAL INSPECTION		MONTHLY INSPECTION
ITEM # DIRECTORY		DEFICIENCIES
1 - WET RISER	5 - BACKFLOW PREVENTER	ITEM DEFICIENCIES NOTED ON INSPECTION AND ANY OTHER PERTINENT COMMENTS ON SYSTEM
2 - DRY RISER	6 - STANDPIPE	
3 - PREACTION RISER	7 - OTHER	
TAG#	ITEM#	MAJOR DEFICIENCIES / COMMENTS
<u>4924</u>	<u>5</u>	
<u>4925</u>	<u>1</u>	
<b>STATUS OF SYSTEM - CHECK ONE</b>		
<input checked="" type="checkbox"/> IN COMPLIANCE <input type="checkbox"/> MINOR DEFICIENCIES <input type="checkbox"/> MAJOR DEFICIENCIES		
COMPANY PERFORMING INSPECTION:		
NEBRASKA FIRE SPRINKLER 118 S. APOLLO ST. ALDA, NEBRASKA 68810 (308) 381-2033		INSPECTOR SIGNATURE
		NE LICENSE #: 03021
		TESTER BFP LICENSE #: <u>6822</u>
		<u>Steve Fielder</u> OWNER REPRESENTATIVE SIGNATURE

SEND TO: NEBRASKA STATE FIRE MARSHAL - 246 SOUTH 14TH ST - LINCOLN, NE 68508-1804  
A COPY OF THIS INSPECTION REPORT SHALL BE LEFT ATTACHED TO THE SYSTEM RISER

# Report of Inspection, Testing & Maintenance of Fire Sprinkler Systems

INSPECTING FIRM: NEBRASKA FIRE SPRINKLER, 118 ARULLO AVE, ALDA, NE 68810 - (308) 381-2033  
 NAME OF INSPECTED PROPERTY: Hastings Regional Center  
 INSPECTOR NAME: Louell Mittels DATE: 11/3/23  
 INSPECTION FREQUENCY:  MONTHLY  QUARTERLY  ANNUALLY  OTHER: 5 year



	Y	N	N/A
SYSTEM IN SERVICE BEFORE INSPECTION	X		
PERTINENT PARTIES NOTIFIED BEFORE TESTING	X		
ADEQUATE DRAINAGE PROVIDED BEFORE FLOW TESTING	X		
MAIN DRAIN			
SUPPLY WATER GAUGE READING BEFORE FLOW (STATIC)			52 PSI
GAUGE READING DURING STABLE FLOW (RESIDUAL)			40 PSI
TIME FOR SUPPLY PRESSURE TO RETURN TO NORMAL			2 SEC
IS RESIDUAL PRESSURE WITHIN 10% FROM PREVIOUS TEST	X		
PRESSURE GAUGES ON SYSTEM IN GOOD CONDITION	X		
INSPECTOR'S TEST CONNECTION CAUSED ALARM TO SOUND	X		
ALL CONTROL VALVES INCLUDING PIVs OPERATED THROUGH FULL RANGE AND RETURNED TO NORMAL POSITION	X		
ALL CONTROL VALVES LOCKED OPEN OR ELECTRONICALLY SUPERVISED	X		
IF ELECTRONICALLY SUPERVISED DO ALARMS OPERATE	X		
PIVs AND OS&Ys BACKED 1/4 TURN FROM FULL OPEN	X		
FIRE DEPARTMENT CONNECTION (FDC) IS VISIBLE & ACCESSIBLE	X		
FDC COUPLINGS & SWIVELS ARE IN GOOD CONDITION & ROTATE	X		
PLUG AND CAPS ARE IN PLACE AND IN GOOD CONDITION	X		
CHECK VALVE IS IN GOOD CONDITION AND NOT LEAKING	X		
AUTOMATIC BALL DRIP DRAIN IS WORKING PROPERLY	X		
IDENTIFICATION SIGNS ARE PROVIDED	X		
BACKFLOW PREVENTER FLOW TEST CONDUCTED AS REQUIRED	X		
BACKFLOW PREVENTION ASSEMBLY FORWARD FLOW TEST PERFORMED	X		
PERTINENT PARTIES NOTIFIED OF TEST CONCLUSION	X		
HANGERS APPEARS UNDAMAGED AND TIGHTLY ATTACHED	X		
PIPING APPEARS FREE OF MECHANICAL DAMAGE, LEAKAGE, CORROSION, OR EXTERNAL LOADING	X		
SPRINKLERS APPEAR FREE OF LEAKAGE, CORROSION, PAINT, FOREIGN MATERIALS, OR PHYSICAL DAMAGE	X		
STANDARD RESPONSE MANUFACTURE DATE LESS THAN 50 YEARS OLD			X
QUICK RESPONSE MANUFACTURE DATE IS LESS THAN 20 YEARS OLD	X		
DRY SPRINKLER MANUFACTURE DATE IS LESS THAN 10 YEARS OLD			
SPRINKLERS APPEAR PROPERLY ORIENTED			X
ADEQUATE CLEARANCE BETWEEN SPRINKLER & BUILDING FEATURES	X		
SPARE SPRINKLERS ARE OF PROPER NUMBER (AT LEAST 6) TYPE AND TEMPERATURE RATING	X		
SPARE SPRINKLERS STORED WHERE TEMPERATURE MAXIMUM IS 100 DEGREES FAHRENHEIT	X		
WRENCH AVAILABLE FOR EACH TYPE OF SPRINKLER	X		
BUILDING IS SECURE AS NOT TO EXPOSE PIPING TO FREEZING	X		
ADEQUATE HEAT IS PROVIDED MAINTAINING TEMPERATURES AT 40 DEGREES FAHRENHEIT OR HIGHER	X		
ANTIFREEZE SOLUTION FREEZING POINT (IF APPLICABLE)			NA °F
HYDRAULIC DATA PLATES ARE LEGIBLE AND ATTACHED TO RISER	X		

	Y	N	N/A
IS THERE A DRY SYSTEM		X	
IS THERE A PREACTION SYSTEM		X	
IS THERE A DELUGE SYSTEM		X	
IF YES TO ANY OF THE 3 ABOVE CONTINUE BELOW			
VALVE MAKE:			MODEL: SIZE:
DOES THE VALVE HAVE AN ACCELERATOR (Q.O.D.)			
IS THE VALVE IN GOOD CONDITION			
ADEQUATE HEAT IS PROVIDED MAINTAINING TEMPERATURES AT 40 DEGREES FAHRENHEIT OR HIGHER AT THE LOCATION OF VALVE			
DRY PIPE SYSTEM LOW POINTS DRAINED (OWNER TO MAINTAIN)			
ALARM OPERATED			
SYSTEM NORMAL AIR PRESSURE			PSI
VALVE TRIP TIME			SEC
AIR PRESSURE WHEN VALVE TRIPPED			SEC
IF FULL FLOWED TIME WATER TO INSPECTORS TEST			SEC
MAIN DRAIN TEST			
SUPPLY WATER GAUGE READING BEFORE FLOW (STATIC)			PSI
GAUGE READING DURING STABLE FLOW (RESIDUAL)			PSI
TIME FOR SUPPLY PRESSURE TO RETURN TO NORMAL			SEC

COMMENTS:

ALARM PANEL CLEAR	X		
SYSTEM RETURNED TO SERVICE	X		

SIGNATURE OF INSPECTOR: [Signature]

SIGNATURE OF OWNER/AGENT: Steve Fielder

# Backflow Prevention Device Test and Maintenance Report

To: city water dept.  
(water purveyor or regulatory agency)

Hastings Ne.

Attn: Cross-connection Control Section

The cross-connection control device detailed hereon has been tested and maintained as required by the (rules or regulations) of (purveyor or regulatory agency) and is certified to comply with these (rules or regulations).

Make of device Ames size 2  
 Model Number 2000B located at Regional center  
 Serial Number 50988 4200 W. 2nd St.  
Hastings Ne 68901

	Reduced Pressure Devices			Pressure Vacuum Breaker	
	Double Check Devices		Relief Valve	Air Inlet	Check Valve
	1st check	2nd check		Opened at _____ psid Did Not Open <input type="checkbox"/>	_____ psid Leaked <input type="checkbox"/>
Initial Test	DC-Closed Tight <input checked="" type="checkbox"/> RP- _____ psid Leaked <input type="checkbox"/> <u>1.8 psid</u>	Closed Tight <input checked="" type="checkbox"/> Leaked <input type="checkbox"/> <u>1.8 psid</u>	Opened at _____ psid		
Repairs and Materials Used					
Forward Flow Test	Drain Size <u>1</u> Flow Pressure <u>40</u>	Design Flow _____ Actual Flow _____	Design Loss _____ Actual Loss <u>4.4</u>		
Test After Repair	DC-Closed Tight <input type="checkbox"/> RP- _____ psid	Closed Tight <input type="checkbox"/>	Opened at _____ psid	Opened at _____ psid	_____ psid

# Nebraska Fire Sprinkler

118 S. APOLLO AVE.  
ALDA, NEBRASKA 68810  
(308) 381-2033

The above is certified to be true.

Certified Tester [Signature]

Cert. Tester No. 6822 Date 11/3/23

**FOOD ESTABLISHMENT EVALUATION**

CAR  
 HACCP

Firm: West Hastings High (YATE)  
Address: 4200 W. 2nd St.  
City: Hastings County: ADAMS

Firm ID: 01-32 Inspector Code: 25  
Facility Codes: \_\_\_\_\_ Inspection Date: 3-28-23

Unless otherwise stated, violations cited in this report shall be corrected within the period noted: Priority (P) items within 3 days, Priority Foundation (PF) items within 10 days (§8-405.11) or 90 days for core items (§8-406.11).

Priority / Priority Foundation Violations: \_\_\_\_\_ Core Violations: \_\_\_\_\_

Purpose	
Regular: <u>1</u>	Investigation: 4
Follow-up: 2	Other: 5
Complaint: 3	

Temperature Observations					
Food Product	Product Temp.	Location	Food Product	Product Temp.	Location
<u>tomato soup</u>	<u>161.3</u>	<u>steam table</u>			

**Foodborne Illness Risk Factors and Public Health Interventions**

Compliance Status				C	R	Compliance Status				C	R				
Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item IN=in compliance OUT=not in compliance N/O=not observed N/A=not applicable						Mark "X" in appropriate box for C and/or R C=corrected on site during inspection R=repeat violation									
<b>Demonstration of Knowledge</b>						<b>Time/Temperature Control for Safety (TCS Food)</b>									
1	IN	OUT	Certification by accredited program, compliance with code, or correct responses			16	IN	OUT	N/A	N/O	Proper cooking time & temperature				
<b>Employee Health</b>						<b>Highly Susceptible Populations</b>									
2	IN	OUT	Management awareness; policy present			17	IN	OUT	N/A	N/O	Proper reheating procedures for hot holding				
3	IN	OUT	Proper use of reporting, restriction & exclusion			18	IN	OUT	N/A	N/O	Proper cooling time and temperatures				
<b>Good Hygienic Practices</b>						<b>Chemical</b>									
4	IN	OUT	N/O	Proper eating, tasting, drinking, or tobacco use			19	IN	OUT	N/A	N/O	Proper hot holding temperatures			
5	IN	OUT	N/O	No discharge from eyes, nose & mouth			20	IN	OUT	N/A	N/O	Proper cold holding temperatures			
<b>Preventing Contamination by Hands</b>						<b>Consumer Advisory</b>									
6	IN	OUT	N/O	Hands clean & properly washed			21	IN	OUT	N/A	N/O	Proper date marking and disposition			
7	IN	OUT	N/A	N/O	No bare hand contact with RTE foods			22	IN	OUT	N/A	N/O	Time as a public health control; procedures & record		
8	IN	OUT		Adequate handwashing facilities supplied & accessible			23	IN	OUT	N/A	N/O	Consumer advisory provided for raw or under cooked foods			
<b>Approved Source</b>						<b>Highly Susceptible Populations</b>									
9	IN	OUT		Food obtained from approved source			24	IN	OUT	N/A	N/O	Pasteurized foods used; prohibited foods not offered			
10	IN	OUT	N/A	N/O	Food received at proper temperature			25	IN	OUT	N/A	N/O	Food additives; approved & properly used		
11	IN	OUT		Food in good condition, safe & unadulterated			26	IN	OUT			Toxic substances properly identified, stored & used			
12	IN	OUT	N/A	N/O	Required records available; shellstock tags, parasite destruction			<b>Conformance with Approved Procedures</b>							
<b>Protection from Contamination</b>						<b>Compliance with variance, specialized process, &amp; HACCP plan</b>									
13	IN	OUT	N/A		Food separated & protected			27	IN	OUT	N/A	N/O	Ventilation adequate in dry storage to maintain ideal temperatures		
14	IN	OUT	N/A		Food-contact surfaces; cleaned & sanitized				IN	OUT	N/A	N/O	Thermometer in dry storage areas		
15	IN	OUT			Proper disposition of returned, previously served, recondition, unsafe food				IN	OUT	N/A	N/O	Locks on all storage areas to prevent pilferage		

P or PF	Item #	Code Reference	Violation Description/Remarks/Corrections
	<u>47</u>	<u>4-052.13</u>	<u>clean mounded fan DIB room</u>
			<u>* kitchen well maintained - clean, organized &amp;</u>
			<u>&amp; HACCP checks</u>
			<u>- Food Temps recorded on Daily Production Records -</u>
			<u>checked a number of Breakfast, Lunch, Dinner months</u>
			<u>VERY consistent</u>

Follow-up Yes 1/No 2  
Received by: [Signature] Inspected by: [Signature] Tim Burman

**Nebraska Department of Environment and Energy**

PO Box 98922, Lincoln, NE 68509 | 402-471-0903

Distribution: WHITE - Lincoln; YELLOW - Local Office; PINK - Customer

21-012 06/2021

**FOOD ESTABLISHMENT EVALUATION**

Firm: West Hastings High (YRFC)  
 Address: 4200 W. 2<sup>nd</sup> St.  
 City: Hastings County: ADAMS

Firm ID: 01-32 Inspector Code: 25  
 Facility Codes: \_\_\_\_\_ Inspection Date: 3-28-23

**Good Retail Practices**

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

Safe Food and Water		C	R	Proper Use of Utensils		C	R
28	Pasteurized eggs used where required			41	In-use utensils; properly stored		
29	Water & ice from approved source			42	Utensils, equipment, & linens; properly stored, dried & handled		
30	Variance obtained for specialized processing methods			43	Single-use & single-service articles; properly stored & used		
Food Temperature Control				44	Gloves used properly		
31	Proper cooling methods used; adequate equipment for temperature control			Utensils, Equipment, and Vending			
32	Plant food properly cooked for hot holding			45	Food & non-food contact surfaces cleanable, properly designed, constructed & used		
33	Approved thawing methods used			46	Warewashing facilities; installed, maintained, & used; test strips		
34	Thermometers provided & accurate			47	Non-food contact surfaces clean		
Food Identification				Physical Facilities			
35	Food properly labeled; original container			48	Hot & cold water available; adequate pressure		
Prevention of Food Contamination				49	Plumbing installed, proper backflow devices		
36	Insects, rodents, & animals not present; no unauthorized persons			50	Sewage & waste water properly disposed		
37	Contamination prevented during food preparation, storage, & display			51	Toilet facilities; properly constructed, supplied & cleaned		
38	Personal cleanliness; hair restraints			52	Garbage & refuse properly disposed, facilities maintained		
39	Wiping cloths; stored in sanitizing solution and properly used			53	Physical facilities installed, maintained, & clean		
40	Washing fruits & vegetables washed prior to use			54	Adequate ventilation & lighting; designated areas used		

P or PF	Item #	Code Reference	Violation Description/Remarks/Corrections
			- Thermometer Calibration - current in Binder
			- Cooling log - current in Binder (1-15-23 to 3-19-23)
			→ missing taco meat 3-24-23 & enchilada hands 3-22-23
			- Thermometer Calibration - current in binder
			- Dish machine temp - current in Binder
			- Receiving log - current year in Binder
			- Sanitizer log - current year in Binder
			- Damaged/discharged - current in Binder 3-14-23 (AS)
			- Refrigeration logs - current posted at each unit
			→ Front cooler no recording of March 27, 28 <sup>th</sup>
			* Records for 2022 ARE STORED - went through and verified - all complete *
			- Food safety checklist in binder - year 2022, 23 ✓
			Dishwasher temp 165.4 current refrigeration logs posted
			Sanitizer bucket labeled, CONC. O.K., Hair restraints ✓

Unless otherwise stated, violations cited in this report shall be corrected within the period noted: Priority (P) items within 3 days, Priority Foundation (PF) items within 10 days (§8-405.11) or 90 days for core items (§8-406.11).

Received by: [Signature]

Inspected by: Paul Tim Buchanan

**Nebraska Department of Environment and Energy**

PO Box 98922, Lincoln, NE 68509 | 402-471-0903

Distribution: WHITE - Lincoln; YELLOW - Local Office; PINK - Customer

**FOOD ESTABLISHMENT EVALUATION**

CAR  
 HACCP

Firm: West Hastings High (YATC)  
Address: 4200 W. 2nd St  
City: Hastings County: Adams

Firm ID: 01-32 Inspector Code: 25  
Facility Codes: \_\_\_\_\_ Inspection Date: 3-26-24

Unless otherwise stated, violations cited in this report shall be corrected within the period noted: Priority (P) items within 3 days, Priority Foundation (PF) items within 10 days (§8-405.11) or 90 days for core items (§8-406.11).

Purpose	
Regular: 1	Investigation: 4
Follow-up: 2	Other: 5
Complaint: 3	

Priority / Priority Foundation Violations: \_\_\_\_\_ Core Violations: \_\_\_\_\_

Temperature Observations					
Food Product	Product Temp.	Location	Food Product	Product Temp.	Location
<u>Hand soap</u>	<u>152.2</u>	<u>Hot hold</u>			
<u>Cream mushroom soup</u>	<u>37.9</u>	<u>walk-in cooler</u>			

**Foodborne Illness Risk Factors and Public Health Interventions**

Compliance Status				C	R	Compliance Status				C	R				
Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item IN=in compliance OUT=not in compliance N/O=not observed N/A=not applicable						Mark "X" in appropriate box for C and/or R C=corrected on site during inspection R=repeat violation									
<b>Demonstration of Knowledge</b>						<b>Time/Temperature Control for Safety (TCS Food)</b>									
1	IN	OUT	Certification by accredited program, compliance with code, or correct responses			16	IN	OUT	N/A	N/O	Proper cooking time & temperature				
<b>Employee Health</b>						<b>Highly Susceptible Populations</b>									
2	IN	OUT	Management awareness; policy present			17	IN	OUT	N/A	N/O	Proper reheating procedures for hot holding				
3	IN	OUT	Proper use of reporting, restriction & exclusion			18	IN	OUT	N/A	N/O	Proper cooling time and temperatures				
<b>Good Hygienic Practices</b>						<b>Chemical</b>									
4	IN	OUT	N/O	Proper eating, tasting, drinking, or tobacco use			19	IN	OUT	N/A	N/O	Proper hot holding temperatures			
5	IN	OUT	N/O	No discharge from eyes, nose & mouth			20	IN	OUT	N/A	N/O	Proper cold holding temperatures			
<b>Preventing Contamination by Hands</b>						<b>Consumer Advisory</b>									
6	IN	OUT	N/O	Hands clean & properly washed			21	IN	OUT	N/A	N/O	Proper date marking and disposition			
7	IN	OUT	N/A	N/O	No bare hand contact with RTE foods			22	IN	OUT	N/A	N/O	Time as a public health control; procedures & record		
8	IN	OUT		Adequate handwashing facilities supplied & accessible			23	IN	OUT	N/A	N/O	Consumer advisory provided for raw or under cooked foods			
<b>Approved Source</b>						<b>Conformance with Approved Procedures</b>									
9	IN	OUT		Food obtained from approved source			24	IN	OUT	N/A	N/O	Pasteurized foods used; prohibited foods not offered			
10	IN	OUT	N/A	N/O	Food received at proper temperature			25	IN	OUT	N/A	N/O	Food additives; approved & properly used		
11	IN	OUT		Food in good condition, safe & unadulterated			26	IN	OUT			Toxic substances properly identified, stored & used			
12	IN	OUT	N/A	N/O	Required records available; shellstock tags, parasite destruction			<b>Protection from Contamination</b>							
<b>Protection from Contamination</b>						<b>Conformance with Approved Procedures</b>									
13	IN	OUT	N/A	N/O	Food separated & protected			27	IN	OUT	N/A	N/O	Compliance with variance, specialized process, & HACCP plan		
14	IN	OUT	N/A	N/O	Food-contact surfaces; cleaned & sanitized				IN	OUT	N/A	N/O	Ventilation adequate in dry storage to maintain ideal temperatures		
15	IN	OUT		Proper disposition of returned, previously served, recondition, unsafe food				IN	OUT	N/A	N/O	Thermometer in dry storage areas			
								IN	OUT	N/A	N/O	Locks on all storage areas to prevent pilferage			

P or PF	Item #	Code Reference	Violation Description/Remarks/Corrections
PF	11	3-202.15	Food package condition - seal integrity - can of fruit cocktail, creamed corn
			* kitchen very well maintained, clean and organized *
			* Paperwork = Great Job!! *
			Correct your paper work in Binlets - prior year Jan-Dec 2023 in required retention box.

Follow-up Yes 1 No 2  
Received by: \_\_\_\_\_ Inspected by: Tim Burdick

**Nebraska Department of Environment and Energy**

PO Box 98922, Lincoln, NE 68509 | 402-471-0903

Distribution: WHITE - Lincoln; YELLOW - Local Office; PINK - Customer

21-012 06/2021



**FOOD ESTABLISHMENT EVALUATION**

Firm: Hastings High West (YATC)  
 Address: 4200 W. 2nd St.  
 City: Hastings County: ADAMS

Firm ID: 01-32 Inspector Code: 25  
 Facility Codes: \_\_\_\_\_ Inspection Date: 3-26-24

**Good Retail Practices**

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

Safe Food and Water		C	R	Proper Use of Utensils		C	R
28	Pasteurized <b>eggs</b> used where required			41	In-use utensils; properly stored		
29	Water & ice from approved source			42	Utensils, equipment, & linens; properly stored, dried & handled		
30	Variance obtained for specialized processing methods			43	Single-use & single-service articles; properly stored & used		
Food Temperature Control				44	Gloves used properly		
31	Proper cooling methods used; adequate equipment for temperature control			Utensils, Equipment, and Vending			
32	Plant food properly cooked for hot holding			45	Food & non-food contact surfaces cleanable, properly designed, constructed & used		
33	Approved <b>thawing</b> methods used			46	Warewashing facilities; installed, maintained, & used; test strips		
34	Thermometers provided & accurate			47	Non-food contact surfaces clean		
Food Identification				Physical Facilities			
35	Food properly labeled; original container			48	Hot & cold water available; adequate pressure		
Prevention of Food Contamination				49	Plumbing installed, proper backflow devices		
36	Insects, rodents, & animals not present; no unauthorized persons			50	Sewage & waste water properly disposed		
37	Contamination prevented during food preparation, storage, & display			51	Toilet facilities; properly constructed, supplied & cleaned		
38	Personal cleanliness; hair restraints			52	Garbage & refuse properly disposed, facilities maintained		
39	Wiping cloths; stored in sanitizing solution and properly used			53	Physical facilities installed, maintained, & clean		
40	Washing fruits & vegetables washed prior to use			54	Adequate ventilation & lighting; designated areas used		

P or PF	Item #	Code Reference	*HACCP Check* Violation Description/Remarks/Corrections
			- Food Temp Records on Daily Production Records - signed & monthly - Breakfast, Lunch, Dinner - very consistent
			- Receiving logs - current in Binder, prior in Record Box
			- Dish Machine temp - current in Binder, prior in Record Box
			- Sanitizer logs - current (Jan-March) in Binder, prior months in Record box
			- Drains/discharges - current in Binder (Jan-March) prior months in Record box
			- Cooling logs - current in Binder (Jan-March) prior months in Record Box
			- Thermometer Calibrations - current in Binder (3-11-24) prior months in Record box
		(Missing Feb)	- Food Safety Checklist - Aug-Dec in Record box - <u>Jan</u>
			- Refrigeration logs - current posted, prior months in Record
			Hand restraints - current refrigeration logs posted
			Dishwasher temp 163, 3 Sanitizer buckets labeled conc. OK

Unless otherwise stated, violations cited in this report shall be corrected within the period noted: Priority (P) items within 3 days, Priority Foundation (PF) items within 10 days (§8-405.11) or 90 days for core items (§8-406.11).

Received by: [Signature]

Inspected by: Rachel Tam Burcham



CUSTOMER DETAILS												
CUSTOMER: STATE OF NEBRASKA						DATE: 12/13/23						
ADDRESS: HASTINGS REGIONAL CENTER 4200 W 2ND						JOB ID:						
SITE NAME: PROGRAM BUILDING						TECHNICIAN: STEVE						
CONTACT NAME: DAN						CONTACT TEL: 402-804-0172						
PRODUCT DETAILS												
GEN MAKE CUMMINS						GEN MODEL: 500DFEK						
GEN SERIAL: J030552382						GEN HOURS: 1162.3						
AUTOMATIC TRANSFER SWITCH NOTES								Service Interval				
2 CAT ATS								Quarterly		<input type="checkbox"/>		
								Semi-Annual		<input type="checkbox"/>		
								Annual		<input checked="" type="checkbox"/>		
Nominal Voltage Source						Emergency Voltage Source						
A-B	212	B-C	212	C-A	212	A-B	210	B-C	210	C-A	210	
A-N	122	B-N	121	C-B	122	A-N	120	B-N	120	C-B	120	
A-Amps	NA	B-Amps	NA	C-Amps	NA	A-Amps	NA	B-Amps	NA	C-Amps	NA	
A-Temp	NA	B-Temp	NA	C-Temp	NA	A-Temp	NA	B-Temp	NA	C-Temp	NA	
PRE OPERATION CHECKS						Coolant temp	120	Battery Charging voltage				25.8
OPERATION CHECKS												
PASS	N/A	NEEDS ATTN										
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CONTROL LIGHTS	Engine Run temp	176	W/ or W/O Load	NA					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CONTROL DISPLAY	Oil Pressure	44	Exercise Duration	NA					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EMERGENCY STOP	Oil Temp	190	Day	NA					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SWITCH/CONTROLS	Battery Voltage	27.8	Week	NA					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CB OPERATION	Frequency Rate	60	Start Time	NA					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AUTO OPERATION	RPM	1800							
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	COOLANT SYSTEM: Radiator cap, Coolant level, Coolant Condition, Coolant filter, Coolant Heater, All Hoses									
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EXHAUST SYSTEMS CONDITION									
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ENGINE: Ignition system, Belts, Turbo, Air intake system, Air filter, Oil Leaks, Oil level, Crankcase Breather									
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ALTERNATOR CONDITION									
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FULL SERVICE PERFORMED									
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FUEL SYSTEM: Fuel Plumbing, Fuel Filters, Fuel Condition						Fuel Level			3/4
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ENCLOSURE CONDITION									
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BATTERY CONDITION									
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ATS: Housing Condition, Power and Control Cables, Main Connects, Operating Mechanism, Control Boards, Display, Battery Charger									
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OPERATION CHECKS: Engine Run Temp, Oil Pressure, Oil Temp, Battery Voltage, Control Lights, Control Guages, Emergency Stop, Switches/Controls, CB Operation, Auto Operation, Frequency rate, RPM									
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Before Leaving Site: Gen in Auto, Battery Charger ON, Block Heater ON, CB closed, Customer Logs									
Notes: ALL SYSTEMS WORK PROPERLY WITH NO ISSUE												



CUSTOMER DETAILS											
CUSTOMER: STATE OF NEBRASKA						DATE: 12/13/23					
ADDRESS: HASTINGS REGIONAL CENTER 4200 W 2ND						JOB ID:					
SITE NAME: ADMIN BLDG						TECHNICIAN: STEVE					
CONTACT NAME: DAN						CONTACT TEL: 402-804-0172					
PRODUCT DETAILS											
GEN MAKE CAT						GEN MODEL: 3406					
GEN SERIAL: 4ZR07882						GEN HOURS: 401					
AUTOMATIC TRANSFER SWITCH NOTES								Service Interval			
1 CAT ATS								Quarterly		<input type="checkbox"/>	
								Semi-Annual		<input type="checkbox"/>	
								Annual		<input checked="" type="checkbox"/>	
Nominal Voltage Source						Emergency Voltage Source					
A-B	212	B-C	212	C-A	212	A-B	208	B-C	208	C-A	208
A-N	122	B-N	121	C-B	122	A-N	120	B-N	120	C-B	120
A-Amps	NA	B-Amps	NA	C-Amps	NA	A-Amps	NA	B-Amps	NA	C-Amps	NA
A-Temp	NA	B-Temp	NA	C-Temp	NA	A-Temp	NA	B-Temp	NA	C-Temp	NA
PRE OPERATION CHECKS						Coolant temp 100		Battery Charging voltage 26.1			
OPERATION CHECKS											
PASS	N/A	NEEDS ATTN									
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CONTROL LIGHTS	Engine Run temp	180	W/ or W/O Load	NA				
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CONTROL DISPLAY	Oil Pressure	68	Exercise Duration	NA				
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EMERGENCY STOP	Oil Temp	NA	Day	NA				
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SWITCH/CONTROLS	Battery Voltage	28.4	Week	NA				
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CB OPERATION	Frequency Rate	60	Start Time	NA				
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AUTO OPERATION	RPM	1800						
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	COOLANT SYSTEM: Radiator cap, Coolant level, Coolant Condition, Coolant filter, Coolant Heater, All Hoses								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EXHAUST SYSTEMS CONDITION								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ENGINE: Ignition system, Belts, Turbo, Air intake system, Air filter, Oil Leaks, Oil level, Crankcase Breather								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ALTERNATOR CONDITION								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FULL SERVICE PERFORMED								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FUEL SYSTEM: Fuel Plumbing, Fuel Filters, Fuel Condition						Fuel Level 3/4		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ENCLOSURE CONDITION								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BATTERY CONDITION								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ATS: Housing Condition, Power and Control Cables, Main Connects, Operating Mechanism, Control Boards, Display, Battery Charger								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OPERATION CHECKS: Engine Run Temp, Oil Pressure, Oil Temp, Battery Voltage, Control Lights, Control Guages, Emergency Stop, Switches/Controls, CB Operation, Auto Operation, Frequency rate, RPM								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Before Leaving Site: Gen in Auto, Battery Charger ON, Block Heater ON, CB closed, Customer Logs								
Notes: ALL SYSTEMS WORK PROPERLY WITH NO ISSUE											



NEBRASKA  
GENERATOR SERVICE LLC

## GENERATOR COMMISSIONING CHECKLIST

CUSTOMER DETAILS	
CUSTOMER:	DATE:
ADDRESS:	SERVICE ORDER #:
	FA JOB ID:
SITE NAME:	TECHNICIAN:
CONTACT NAME:	CONTACT EMAIL:
ASSET NAME:	CONTACT TEL:
PRODUCT DETAILS	SECONDARY PRODUCT DETAILS:
PRODUCT MANUFACTURER:	MANUFACTURER:
PRODUCT MODEL:	MODEL:
PRODUCT SERIAL:	SERIAL:
PROD HOURS / MILES / KM:	HOURS / MILES / KM:

GENSET SPEC:	ENGINE CPL:
GENSET CONTROL TYPE:	DATE START UP COMPLETE:
AUTOMATIC TRANSFER SWITCH 1	AUTOMATIC TRANSFER SWITCH 2
ATS MAKE/MODEL:	ATS MAKE/MODEL:
ATS SPEC:	ATS SPEC:
ATS AMPS:	ATS AMPS:
ATS SERIAL:	ATS SERIAL:
AUTOMATIC TRANSFER SWITCH 3	AUTOMATIC TRANSFER SWITCH 4
ATS MAKE/MODEL:	ATS MAKE/MODEL:
ATS SPEC:	ATS SPEC:
ATS AMPS:	ATS AMPS:
ATS SERIAL:	ATS SERIAL:

PASS	N/A	NEEDS ATTN	
			A. PRE-JOB PLANNING
			B. ON SITE / SITE PREPAREDNESS
			C. STARTING BATTERIES

<b>PASS</b>	<b>N/A</b>	<b>NEEDS ATTN</b>	
			<b>D. EQUIPMENT PREPAREDNESS</b>
			Verify Genset and ATS power and grounding/bonding and identify where: <input type="text"/>

			<b>E. ELECTRICAL CONNECTIONS – POWER &amp; CONTROL</b>
			Battery float voltage: <input type="text"/> Watt: <input type="text"/> Coolant heater breaker size: <input type="text"/> Qty. of heaters: <input type="text"/> Generator VAC: <input type="text"/>

			<b>F. MOUNTING AND ALIGNMENT</b>
--	--	--	----------------------------------

			<b>G. EXHAUST SYSTEM</b>
--	--	--	--------------------------

			<b>H. COOLING SYSTEM</b>
			Coolant properties: Check coolant level, add as needed: <input type="text"/> Gallons added DCA concentration: <input type="text"/> Units per gallon Freeze protection: <input type="text"/> Degrees F

			<b>I. LUBRICATION AND FILTRATION</b>
			Check crankcase level, add as needed: <input type="text"/> Quarts added

			<b>J. FUEL AND SPEED GOVERNING SYSTEMS</b>
--	--	--	--

			<b>K. MISCELLANEOUS ENGINE ITEMS</b>
--	--	--	--------------------------------------

			<b>L. AUTOMATIC TRANSFER SWITCHES</b>		
	<b>ATS 1</b>	<b>ATS 2</b>	<b>ATS 3</b>	<b>ATS 4</b>	
	<b>Time delay settings:</b>				
	Start:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Transfer:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Retransfer:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Cooldown:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Program Transition:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Elevator pre-signal:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<b>Exercise clock settings:</b>				
	On / Off::	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Day of week:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Even start:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Duration:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Load / No load:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>PASS</b>	<b>N/A</b>	<b>NEEDS ATTN</b>	<b>START UP EN ENGINE WARM-UP PERIOD WITHOUT LOAD</b>
			<b>M. MAIN BREAKER OFF / OPEN</b>

			<b>N. MAIN BREAKER ON / CLOSEED – WITH ATS MOTOR DISABLED</b>
Genset frequency (0.03 - 0.10 offset for in-phase or closed transition):			
Hertz: <input type="text"/>			
Verify Genset rotation matches utility at ATS <input type="text"/>			

<b>PASS</b>	<b>N/A</b>	<b>NEEDS ATTN</b>	<b>AUTOMATIC SYSTEMS TEST</b>
			<b>O. SOURCE / BUILDING MAIN FAILURE TEST / LOSS OF SOURCE 1</b>

			<b>P. RECORD LOADED OPERATIONAL VALUES</b>
Oil pressure:	<input type="text"/>	Oil Temperature:	<input type="text"/>
Battery Voltage:	<input type="text"/>	Engine speed:	<input type="text"/>
Coolant press:	<input type="text"/>	Blowby flow:	<input type="text"/>
Voltage AB:	<input type="text"/>	Voltage AC:	<input type="text"/>
Current A:	<input type="text"/>	Current B:	<input type="text"/>
Load kW:	<input type="text"/>	Load kVA:	<input type="text"/>
Fuel pressure:	<input type="text"/>	Genset freq/Hz	<input type="text"/>
		Coolant temp:	<input type="text"/>
		Exhaust temp:	<input type="text"/>
		LTA temp:	<input type="text"/>
		Voltage BC:	<input type="text"/>
		Current C:	<input type="text"/>
		Load kVAR:	<input type="text"/>
		Load PF:	<input type="text"/>

			<b>Q. SITE PRE-DEPARTURE VERIFICATION</b>
Comments:			

	<b>TECHNICIAN NAME:</b>	<b>TECHNICIAN SIGNATURE:</b>	<b>DATE:</b>
	<b>CUSTOMER NAME:</b>	<b>CUSTOMER SIGNATURE:</b>	<b>DATE:</b>

# GENERATOR COMMISSIONING CHECKLIST



## NEBRASKA GENERATOR SERVICE LLC

### A. PRE-JOB PLANNING

1. Ensure you have the necessary paperwork from Service Supervisor and parts prior to beginning job
2. Contact site contact prior to leaving to go to job site

### B. ON SITE/ SITE PREPAREDNESS

1. Check in with appropriate site personnel (Electrical/General Contractor)
2. Perform a site walk through
3. Perform Job Safety Assessment (JSA) and evaluate PPE requirements
4. Review Install Requirements Manual located on Quick Serve On-Line
5. Lock Out/Tag Out Procedures followed

### C. STARTING BATTERY(S)

1. Install and note the proper size and quantity of required battery(s)
2. Check battery electrolyte level in the starting battery system
3. Insure battery is isolated from floor in suitable container or tray
4. Insure correct polarity and connections - ECM Controlled engines require ECM energized 1st before switched B+ or accessory supply voltage from Genset control to ECM. (Activate E-Stop or Follow Procedures specific to controller in use)

### D. EQUIPMENT PREPAREDNESS

1. Verify that all fluid levels including oil, coolant, diesel or gaseous fuel supply is adequate.
2. Verify there is adequate room ventilation
3. Determine location of the service disconnect
4. Verify generator and transfer switch(s) power and grounding/bonding and identify where.
5. Insure Battery readiness
6. Shipping blocks removed and correct vibration isolators installed
7. Power supply to block heaters and battery chargers available and de-energized
8. Adequate clearance of fire protection equipment in relation to exhaust system
9. Insure all control interconnect wiring is terminated and/or isolated

### E. ELECTRICAL CONNECTIONS - POWER & CONTROL

1. Check Battery charger DC Wiring to battery or starter terminals
2. Verify AC Connection to battery charger
3. Verify the battery charger settings are correct as per site requirements
4. Verify the engine water jacket heater wired to normal power
5. Verify adequate voltage supply to water jacket heater

6. Verify the heater is operational
7. Verify the oil sump heater is operational
8. Verify control panel heater(s) is operational
9. Verify alternator heater(s) is operational
10. Visual check of fuel solenoid valve wired to run circuit/switched battery
11. Visually inspect generator output connections for desired voltage and note volts
12. Determine generator neutral in use\* mandatory entry required
13. Control wiring terminated as required
14. Inspect for proper connections at generator breaker(s) to transfer switch(s)
15. Remote annunciation wiring terminated
16. Record the battery float voltage, and breaker size.
17. Record the jacket water heater voltage, wattage, and quantity of heaters.

### F. MOUNTING & ALIGNMENT

1. Verify all connections secured and supported
2. Verify that the generator frame skid is secured to level surface
3. Verify oil drainage clearance
4. Verify water available nearby
5. Verify courtesy power nearby
6. Angular Alignment (where required)
7. Axial Alignment (where required)
8. Verify flexible connections exist as needed such as: fuel, exhaust, electrical, and radiator cooling

### G. EXHAUST SYSTEM

1. Verify exhaust flex connections are correctly installed and secured
2. Verify seamless tubing is appropriate type per installation
3. Inspect exhaust condensation trap
4. Verify muffler and rain caps correct type and is free to move
5. Verify adequate exhaust piping size (visual)
6. Inspect that elbows are of long radius design (visual)
7. Verify that thimbles are present at Wall/Ceiling penetrations (visual)

### H. COOLING SYSTEM

1. Verify coolant properties and add as need. Record the coolant added, DCA concentration, and freeze point per gallon or unit.
2. Inspect all hoses, clamps, etc.
3. Verify proper duct and damper sizing for exhaust, intake, and combustion
4. Verify damper and louver operations

### I. LUBRICATION AND FILTRATION

1. Check crankcase level, add as needed. Record oil added.
2. Check crankcase ventilation system
3. Check Air Cleaner, Adapters, and Clamps
4. Check Filters
5. Verify No Fluid Leaks

# GENERATOR COMMISIONING CHECKLIST

## **J. FUEL AND SPEED GOVERNING SYSTEMS**

1. Visually inspect governor linkage movement/clearance

### **GASEOUS SYSTEMS**

1. Verify manual shutoff valve is installed and turned off
2. Verify primary gas pressure regulator is installed
3. Verify dry fuel strainer is installed
4. Verify fuel solenoid valve is installed
5. Bleed Fuel System
6. Visually inspect spark ignited ignition system
7. Visually inspect the fuel mixer and trim valve settings

### **DIESEL SYSTEMS**

1. Visually inspect day tank piping
2. Inspect and test operation of day tank fuel transfer pump(s)
3. Inspect and test operation of day tank controls, switches, ETC
4. Inspect and test operation of base tank
5. Inspect and test operation of Base Tank Floats, Senders, ETC
6. Inspect and test operation of Other Fuel Tank
7. Inspect and test operation of all tank accessories installed including vents
8. Bleed and prime fuel system

## **K. MISC ENGINE ITEMS**

1. Inspect drive belts (Fan, Alternator, ETC)
2. Insure all drain valves are closed
3. Connect laptop with InPower and take capture file (where applicable)

## **L. AUTOMATIC TRANSFER SWITCHES**

1. Control wiring terminated (Remote start, Elevator/Motor load controls, Remote test, ETC)
2. Correct wiring to normal/utility, Load and emergency/generator
3. Correct voltage and current rating for connected sources
4. Visual Check of main contacts
5. Clear of debris and metal chips
6. Cabinet free of installation debris
7. Conduit Sealed
8. Service disconnects for normal and emergency power connections
9. Prepare transfer switch for operation
10. Connect laptop with InPower and take capture file (where applicable)

## **M. MAIN BREAKER OFF/OPEN**

1. Start generator set with local run selector switch
2. Record oil pressure
3. Verify operation of rain cap and exhaust
4. Record coolant temperature
5. Record battery charge rate
6. Record fuel pressure (where applicable)
7. Record operating frequency/hertz
8. Record engine speed
9. Record output voltage L-L/L-N
10. Record engine stability
11. Record voltage stability
12. Note any unusual noises/vibrations

## **N. MAIN BREAKER ON/CLOSED- WITH ATS MOTOR DISABLED**

1. Re-Start generator with local run selector switch
2. Verify Genset rotation matches utility at ATS
3. Verify Genset voltage and utility voltage match
4. Verify Genset frequency (.03-.10 offset for In-phase or closed transition), record Hertz
5. Verify sources come in-phase/in-synch in acceptable time frame

## **O. SOURCE/BUILDING MAINS FAILURE TEST/ LOSS OF SOURCE 1**

1. Verify Lube Oil Level
2. Verify no fluid leaks from previous unit r
3. Verify unit in 'Remote/ Auto'
4. Verify unit Breakers On/ Closed
5. Open/ Trip Utility Service feed to ATS
6. Unit Started OK
7. Within Acceptable Time Limits per Application
8. Load Transferred OK
9. Engine/ Generator Assumed Load OK
10. Governor, Carburetor, Pump Adjustments
11. Voltage Regulator Adjustments

## **P. RECORD LOADED OPERATIONAL VALUES**

Record loaded operation values for the below (as applicable):

Oil Pressure	Coolant Pressure	Load PF	Oil
Temperature	Blowby Flow	Load KW	Coolant
Temperature	LTA Temperature	Load KVA	
Battery Voltage	Genset Voltage A/B/C	Load KVAR	
Engine Speed	Genset Frequency/Hertz	Fuel Pressure	
Exhaust Temp	Current A/B/C		

1. Restore Source 1
2. Perform Loss of Source 2 (optional)
3. Test with Local Test Switch
4. All Functions/ Timers Operated OK
5. Retransfer Loads OK
6. Engine Cooldown OK

## **Q. SITE PRE-DEPARTURE VERIFICATION**

1. All applied energy source lock out devices removed
2. All controls and components in AUTO/REMOTE
3. All GENSET breakers ON/CLOSED (except power operated paralleling breakers)
4. Battery Charger operational/ breaker ON
5. Component heaters enabled/ breaker ON
6. Site Cleanup
7. Nebraska Generator Service Sticker applied
8. Unit locked
9. **Customer notified of completion and site departure**





			Lift Station				Generator Log							
			Natural Gas											
Start Time	Stop Time	KW Load	Amb. temp.	Hertz	Volts A-B	Volts A-C	Volts B-C	AMPS A B	AMPS A C	AMPS B C	Oil Pressure	Battery Voltage	Coolant Temp.	Hour Meter
3E working on needs 2 Dio			Replace on panel to transfer switch.											
3E working on needs 2 Dio			sign off NOT WORKING											
Nebraska Generator service putting in new Transfer switch. For Monthly checks, and load test.														
12:55	1:30		50°	60	144	141	145				65	160°	323.6	
8:00	8:30		30°	60	144	141	144				60	140°	324.1	
8:00	8:30		19°	60	242	240	243				65	140°	324.6	
8:00	8:30		34°	60	242	240	244				65	155°	325.1	
8:00	8:30		19°	60	244	241	245				65	140°	325.6	
8:00	8:30		45°	61.3	245	245	245				65	150°	326.1	
9:00	9:35		24°	60.8	244	240	244	244	244	246	65	150°	326.7	
8:00	8:30		48°	60.3	244	246	244				65	150°	327.2	
8:00	8:30		30°	60.3	244	245	244				65	150°	327.7	
8:00	8:30		34°	61.2	245	242	246				65	155°	328.2	
8:00	8:30		37°	61.5	244	242	245	245	245	245	65	155°	329.4	
8:55	9:30		55°	59	244	242	245	241	241	241	65	155°	230	
8:00	8:30		54°	61.2	245	243	246	0	0	0	65	155°	230.5	
8:00	8:30		55°		245	242	246	0	0	0	65	155°	231	
8:00	8:30		56°	61.5	245	245	245	0	0	0	65	158°	231.5	
8:00	8:30		Holiday										232	
8:00	8:30		67°	61.5	244	241	244	245	245	245	65	160°	232.5	
9:00	9:35		69°	59.2	244	242	245	240	242	241	65	165°	233.1	load test
8:00	8:30		56°	60	244	243	246	243	245	242	65	155°	233.6	
8:00	8:30		Holiday											
8:00	8:30		63°	60.7	244	243	245	245	245	245	65	160°	234.6	
8:00	8:30		70	60.3	246	243	245				65	160°	235.1	
8:00	8:30		65°	60.4	243	244	243				65	155°	235.6	7
6:20	6:55		67°	59.6	245	243	243	242	243	243	65	160°	236.2	
8:00	8:30		69°	61.7	243	241	244	244	243	244	65	160°	236.7	
8:00	8:30		69°	61.5	243	242	244	246	246	246	65	160°	337.3	
8:00	8:30		68°	61.3	245	243	246	245	245	245	65	160°	337.8	
8:37	9:12		69°	59.4	245	244	246	245	245	245	65	160°	338.4	
8:00	8:30		58°	61.6	244	245	246	246	246	246	65	160°	338.9	
8:00	8:30		57°	59.6	244	242	245	242	242	242	65	160°	339.4	
8:00	8:30		81°	61.3	243	242	245	246	246	246	65	155°	339.9	
8:00	8:30		62°	61.6	244	243	246	246	246	246	65	160°	340.4	
8:00	8:30		Holiday										340.9	
8:00	8:30		57°	59.6	243	245	245	241	241	241	65	160°	341.4	
2:05	2:45		63°	60.9	243	242	245	245	244	245	65	160°	342	load test
8:00	8:30		53°	59.4	245	243	245	245	241	241	65	160°	342.5	
8:00	8:30		54°	60.1	245	245	245	244	244	244	65	160°	343	
													3E inspection 1/4	
8:00	8:30		64°	60.5	245	245	245	244	244	244	65	160°	343.7	
8:00	8:30		Holiday										344.5	

## Program Building Generator Log

Test Date	Start Time	Stop Time	KW Load	Amb. temp.	Hertz	Volts A-B	Volts A-C	Volts B-C	Amps A- B	Amps A- C	Amps B-C	Oil Pressure	Battery Voltage	Coolant Temp.	Hour Meter	Fuel Level			
1/3/23	8:00	8:15	27	26°	60	208	208	207	0	0	0	43	26.8	144°	1132	3/4			
1/5/23	6:00	7:00	27	24°	60	208	208	207	187	168	186	44	27.5	180°	1133	3/4			
1/10/23	8:00	8:15	27	21°	60	208	208	207	0	0	0	42	27.5	160°	1133	3/4			
1/17/23	8:00	8:15	27	33°	60	208	208	207	0	0	0	44	27.4	155°	1133	3/4			
1/24/23	8:00	8:15	27	22°	60	208	208	207	0	0	0	47	27.4	126°	1134	3/4			
1/31/23	8:00	8:15	27	7°	60	208	208	207	0	0	0	44	27.5	135°	1134	3/4			
2/2/23	8:15	9:15	27	18°	60	208	208	207	145	142	166	40	27.5	180°	1135	3/4			
2/7/23	8:00	8:15	27	28°	60	208	208	207	0	0	0	43	27.5	151°	1135	3/4			
2/14/23	8:00	8:15	27	28°	60	208	208	207	0	0	0	44	27.5	165°	1135	3/4			
2/21/23	8:00	8:15	27	28°	60	208	208	207	0	0	0	43	27.5	146°	1136	3/4			
2/28/23	8:00	8:15	27	33°	60	208	208	207	0	0	0	44	27.4	136°	1137	3/4			
3/1/23	6:15	7:15	27	33°	60	208	208	208	72	59	69	40	27.3	180°	1137	3/4			
3/7/23	8:00	8:15	27	30°	60	208	208	207	0	0	0	43	27.5	142°	1137	3/4			
3/13/23	8:00	8:15	27	21°	60	208	208	207	0	0	0	43	27.4	140°	1138	3/4			
3/21/23	9:00	9:15	27	37°	60	208	208	207	0	0	0	45	27.3	120°	1138	3/4			
3/28/23	9:00	9:15	27	20°	60	208	208	207	0	0	0	44	27.2	146°	1139	3/4			
4/4/23	9:00	9:15	27	37°	60	208	208	207	0	0	0	43	27.4	160°	1139	3/4			
4/5/23	12:10	12:55	27	38°	60	208	208	208	145	112	116	41	27.5	180°	1140	3/4			
4/11/23	9:00	9:15	27	48°	60	208	208	207	0	0	0	44	27.3	148°	1140	3/4			
4/17/23	9:00	9:15	27	45°	60	208	208	207	0	0	0	43	27.2	150°	1140	3/4			
4/25/23	9:00	9:15	27	42°	60	208	208	207	0	0	0	43	26.5	118°	1141	3/4			
5/1/23	9:00	9:15	27	38°	60	0	0	0	0	0	0	0	26.5	120°	1142	3/4	POWER	OUTAGE	Sat 4/29/23
5/2/23	9:00	9:15	27	34°	60	208	208	207	0	0	0	45	27.4	129°	1142	3/4			
5/4/23	8:10	8:50	27	50°	60	208	208	207	116	82	99	41	27.3	180°	1143	3/4	load test		
5/9/23	9:00	9:15	27	64°	60	208	208	208	0	0	0	45	27.3	150°	1144	3/4			
5/16/23	9:00	9:15	27	60°	60	208	208	207	0	0	0	45	27.2	145°	1144	3/4			
5/23/23	9:00	9:15	27	58°	60	208	208	207	0	0	0	41	27.2	175°	1144	3/4			
5/30/23	9:00	9:15	27	61°	60	208	208	207	0	0	0	44	27.3	140°	1145	3/4			
6/6/23	9:00	9:15	27	62°	60	208	208	207	0	0	0	46	27.2	132°	1145	3/4			
6/8/23	8:00	9:00	27	67°	60	208	208	207	118	112	109	39	27.3	181°	1146	3/4	load test		
6/13/23	9:00	9:15	27	63°	60	208	208	207	0	0	0	40	27.4	178°	1146	3/4			
6/20/23	9:00	9:15	27	70°	60	208	208	207	0	0	0	41	27.3	170°	1146	3/4			
6/27/23	9:00	9:15	27	71°	60	208	208	208	0	0	0	44	27.2	180°	1147	3/4			
7/4/23	Holiday														1147				
7/10/23	7:35	8:35	27	65°	60	208	208	208	122	118	89	41	27.3	180°	1148	3/4			
7/11/23	9:00	9:15	27	66°	60	208	207	207	0	0	0	42	27.3	165°	1148	3/4			
7/18/23	9:00	9:15	27	64°	60	208	208	207	0	0	0	44	27.3	133°	1148	3/4			
7/25/23	9:00	9:15	27	69°	60	208	208	207	0	0	0	44	27.2	127°	1149	3/4			
8/1/23	9:00	9:15	27	69°	60	208	208	207	0	0	0	45	27.2	128°	1149	3/4			
8/3/23	6:25	7:10	27	69°	60	208	208	207	132	112	116	40	27.2	180°	1150	3/4			
8/8/23	9:00	9:15	27	58°	60	207	207	207	0	0	0	42	27.2	158°	1150	3/4			
8/15/23	9:00	9:15	27	58°	60	207	207	207	0	0	0	44	27.2	148°	1151	3/4			
8/22/23	9:00	9:15	27	74°	60	208	207	207	0	0	0	44	27.2	135°	1151	3/4			
8/29/23	8:00	8:15	27	67°	60	208	207	107	0	0	0	44	27.2	140°	1151	3/4			
9/5/23	8:00	8:15	27	65°	60	208	208	207	0	0	0	43	27.3	143°	1152	3/4			
9/11/23	12:50	1:30	27	62°	60	219	220	219	112	99	103	39	27.3	180°	1153	3/4	load test		
9/12/23	9:00	9:15	27	64°	60	208	208	207	0	0	0	43	27.3	159°	1153	3/4			
9/19/23	9:00	9:15	27	69°	60	208	208	207	0	0	0	40	27.3	180°	1153	3/4			
9/26/23	9:00	9:15	27	62°	60	208	208	207	0	0	0	42	27.2	158°	1154	3/4			
9/26/23																	3E	inspection	
10/3/23	9:00	9:15	27	64°	60	207	207	207	0	0	0	41	27.2	175°	1155	3/4			
10/10/23	9:00	9:15	27	43°	60	208	208	207	0	0	0	44	27.2	140°	1155	3/4			

Load Bank Test Report			Customer								Page# 1		
<b>Test performed by</b> <b>NMC Power Systems</b> <b>11002 Sapp Bros Dr</b> <b>Omaha Ne 68138</b> <b>Ph# 402-891-7710 Fax# 402-891-7730</b>			<b>YRTC</b> <b>Hastings, Ne.</b>						Date 7/31/2023		Hr Meter 389		
									Make CAT		Model 3406		
									KW 300		Serial 4ZR07882		
Tested By: C. Thomsen			Witnessed By:			Loadbank Unit # Customers							
Hour Meter	Time	Ambient Temp Deg. F	Gauge Water Temp Deg. F	Water Temp. Deg. F IN	Water Temp. Deg. F OUT	Engine Oil Temp Deg. F	Oil Pressure PSI	Fuel Pressure PSI	Freq. Hertz	Battery Voltage	Battery Charger Rate Amps	Day Tank Level	Main Tank Level
389	17:45	82	165	90.6	148.6	165.5	60	33	60.1	28	10	NA	5/8
389	18:00	82	165	90.5	137.6	171	59	33	60.1	28	10	NA	5/8
390	18:15	82	165	89.6	146.2	170.2	61	33	60.1	28	10	NA	5/8
390	18:30	82	170	105.1	149.8	180.1	59	31	60.1	28	10	NA	5/8
390	18:45	82	171	106.7	153.1	186.5	58	31	60.1	28	5	NA	5/8
390	19:00	82	179	136.7	172.8	188.6	57	30	60.1	28	5	NA	5/8
391	19:15	82	179	138.8	159.9	190.7	56	30	60.1	28	2	NA	5/8
391	19:30	81	179	136.7	174.2	192.4	56	30	60.1	28	1	NA	1/2
391	19:45	81	179	135.3	167.6	190.4	56	30	60.1	28	1	NA	1/2

# North Dorm Sprinkler Gauge Chart 2023

Date	Gauge	Gauge	Gauge	Gauge	Gauge	Gauge	Notes
	1 in	2 in	3 in	4 in	5 in	6 in	
	PSI	PSI	PSI	PSI	PSI	PSI	
1/27/23	21	68	55	51	125	24	
2/22/23	20	58	55	52	125	22	
3/15/23	20	60	55	52	110	24	
4/20/23	12	55	55	53	125	24	
5/30/23	12	56	60	54	113	24	
6/22/23	10	56	60	54	113	24	
7/26/23	10	55	55	50	120	24	
8/21/2023	12	57	55	50	120	24	
9/20/2023	12	56	56	50	130	23	
10/10/2023	12	56	55	50	120	25	

# ADM. Sprinkler Gauge Chart 2023

## Gauge

Date	Gauge 1 (IN)	Gauge 2 (OUT)	Gauge 3	Gauge 4	Gauge 5	Gauge 6	Notes
1/27/23	60	60					
2/22/23	55	60					
3/15/23	55	60					
4/20/23	55	60					
5/30/23	50	65					
6/22/23	50	62					
7/26/23	50	60					
8/21/23	55	62					
9/20/23	50	60					
10/10/23	50	68					

## Program Building Sprinkler Gauge Chart 2023

Date	Gauge1 in PSI	Gauge 2 in PSI	Gauge 3 in PSI	Gauge 4 in PSI	Gauge5 in PSI	Gauge 6 in PSI	Notes
1/27/23	56	53	28	60	55	28	
2/22/23	62	55	25	60	55	25	
3/15/23	57	55	26	60	55	25	
4/20/23	57	55	25	60	57	25	
5/30/23	62	55	23	60	60	25	
6/22/23	52	55	23	60	60	25	
7/26/23	60	55	23	60	57	25	
8/21/2023	57	55	23	60	58	25	
9/20/2023	57	55	23	60	57	25	
10/10/2023	58	55	26	59	56	25	

## South Dorm Sprinkler Gauge Chart 2023

	Gauge	Gauge	Gauge	Gauge	Gauge	Gauge	
	1 in	2 in	3 in	4 in	5 in	6 in	
Date	PSI	PSI	PSI	PSI	PSI	PSI	Notes
1/27/23	55	68	20	53	125	17	
2/22/23	56	65	20	52	128	19	
3/15/23	56	57	21	52	105	20	
4/20/23	57	57	22	55	127	21	
5/30/23	60	57	25	55	112	25	
6/22/23	58	58	25	55	110	25	
7/26/23	55	57	26	52	110	27	
8/21/23	55	57	28	52	120	27	
9/20/23	56	57	26	52	115	27	
10/10/23	56	56	28	52	113	27	



# Hastings Fire & Rescue

Occupancy: **Hastings Regional Center**  
Occupancy ID: **2NDW4200**  
Address: **4200 W 2nd ST Hastings NE**



Form: Generic

Inspection Type: **Annual**

Inspection Date: **1/18/2024**

Time In: **09:00**

Authorized Date: **01/19/2024**

By: **Murphy, Anthony (3186)**

Time Out: **12:00**

By: **Murphy, Anthony (3186)**

## Inspection Description:

This inspection of your occupancy is being conducted in accordance with the Fire Codes of the City of Hastings. This inspection does not certify that the occupancy or building is in total compliance with the International Fire Code and the International Building Code as adopted by the City of Hastings or the Life Safety Code as adopted by the State Fire Marshal.

## Inspection Topics:

### General Comments

Other violations or comments

Any other violations or comments not already contained in checklist.

**Status:** Deficient-please correct

**Notes:** 1. Please provide signage for fire sprinkler valve rooms, per IFC 901.4.6.2. Possible examples provided below, provided letters having a minimum height of 2 inches with a minimum stroke of 3/8 inch



Other violations or comments

Any other violations or comments not already contained in checklist.

**Status:** Recommended

**Notes:** 2. Please provide occupant load signs for storm shelters. For 155 sq. ft. rooms at an occupant load factor of 5, Max occupant load for storm shelter is 31 (155/5=31). ICC 500 Chapter 5, residential shelters

Other violations or comments

Any other violations or comments not already contained in checklist.

**Status:** Deficient-please correct

**Notes:** 3. Please provide signage for fire alarm control panel rooms, per IFC 509.1 Possible examples provided below



Other violations or comments.

Any other violations or comments not already contained in checklist.

**Status:** Deficient-please correct

**Notes:** 4. For fire alarm and/or signaling systems, the circuit disconnecting means shall have a red marking. 10.6.5.2.4 The red marking shall not damage the overcurrent protective devices or obscure the manufacturer's markings. 10.6.5.4 Where a circuit breaker is the disconnecting means, an approved breaker locking device shall be installed

5. Please provide copies of the annual fire hydrant flow test and maintenance and verify color-coding. Note: a permit is required to remove private hydrants from service. 2018 IFC 105.6.39, 108

**Additional Time Spent on Inspection:**

Category	Start Date / Time	End Date / Time
----------	-------------------	-----------------

**Notes:** No Additional time recorded

**Total Additional Time: 0 minutes**

**Inspection Time: 180 minutes**

**Total Time: 180 minutes**

**Summary:**

**Overall Result:** Correction Notice Issued

**Inspector Notes:**

**Closing Notes:**

Persons who shall violate a provision of this Code or shall fail to comply with any of the requirements thereof or who shall erect, install, alter, repair or do work in violation of the approved construction documents or directive of the Fire Code Official, or of a permit or certificate used under provisions of this Code, shall be guilty of a misdemeanor punishable by a fine of not more than \$100.00. Each day that a violation continues after due notice has been served shall be deemed a separate offense. In all cases of violation of each of the chapters, articles or sections of this Code or of any other ordinance of this City where a fine is imposed upon any persons found guilty of the violation thereof, such person so found guilty shall pay the costs of prosecution and, in default of payment thereof, shall be adjudged to stand committed to the county jail until such fine and costs are paid. Each judgment finding a person guilty under any chapter, article or section of this Code or of any ordinance of this City shall specify in terms that the person found guilty stand committed until such fine and costs are paid, secured or satisfied, or unless the prisoner is sooner discharged by the due process of law. Appeals to any decision made by the Fire Code Official may be made by filing an appeal found here: <https://cityofhastings.portal.iworq.net/HASTINGS/new-permit/601/1137>

**Inspector:**

Name: Murphy, Anthony  
Rank: Fire Marshal

**Representative Signature:**



LEAVE NO FIELD BLANK  
NEEDS N/A IF NOT USED

7402 L Street  
Omaha, NE 68127  
605-251-9415

N/A - NOT APPLICABLE ON THIS SERVICE  
CHANGED - FILTER OR PART WAS REPLACED  
PASSED - ITEM CHECKED OUT GOOD

ANNUAL

SEMI-ANNUAL INSPECTION

QUARTERLY INSPECTION

3E's GENERATOR (EPS) MAINTENANCE REPORT

*Left  
Station*

CUSTOMER: HASTINGS REG CENTER MAKE CUMMINS TYPE 9927 quarterly  
 CONTACT: DAN SERIAL F860827833 DATE 1/26/23  
 PHONE: 4027591188 MODEL F860827833 HRS 326  
 ADDRESS 2802 30th Ave. TECH WES  
 CITY KEARNEY, NE

AUTOMATIC TRANSFER SWITCHES

MAKE CUMMINS SERIAL K750985958 MODEL ATUDA200-5D/1201B  
 MAKE \_\_\_\_\_ SERIAL \_\_\_\_\_ MODEL \_\_\_\_\_  
 MAKE \_\_\_\_\_ SERIAL \_\_\_\_\_ MODEL \_\_\_\_\_

(1) FUEL SYSTEM

CHECK	(A) FUEL LEAKS	None
*	(B) LINES/CONNECTIONS	Pass
*	(C) DAYTANK LEVEL	N/A
*	(D) DAYTANK OPERATION	N/A
*	(E) TRANSFER PUMP	N/A
*	(F) MAIN TANK LEVEL	N/A
*	(G) VENT/OVERFLOW	N/A
*	(H) WATER IN FUEL	N/A
*	(I) INJECTION PUMP	N/A
*	(J) SOLENOID VALVE	Pass
* CHANGE	(K) FUEL FILTER	N/A
* CHANGE	(L) WATER SEPARATOR	N/A
* TEST	(M) FUEL SAMPLE	N/A

(8) ELECTRICAL SYSTEM

CHECK	(A) WIRING CONNECTIONS	Pass
*	(B) INSTRUMENTATION	Pass
*	(C) SAFETIES SHUTDOWNS	Pass
*	(1) OVERCRANK	Pass
*	(2) HIGH WATER TEMP	Pass
*	(3) LOW OIL PRESSURE	Pass
*	(4) OVERSPEED	Pass
*	(D) ALARMS	Pass
*	(E) PREALARMS	Pass
*	(F) CIRCUIT BREAKERS	Pass
*	(G) FUSES	Pass
* CHECK	(H) INSULATION DAMAGE	None
CLEAN	(I) CABINETY	Pass

(2) LUBRICATION

CHECK	(A) LEAKS	None
*	(B) ENGINE OIL LEVEL	Pass
*	(C) OIL HEATER	N/A
*	(D) GOVERNOR OIL LEVEL	N/A
*	(E) CRANKCASE BREATHER	Pass
* CHANGE	(F) OIL FILTER	N/A
* CHANGE	(G) ENGINE OIL	N/A
* CHANGE	(H) GOVERNOR OIL	N/A
* TEST	(I) OIL SAMPLE	N/A

(7) PRIME MOVER

CHECK	(A) GOVERNOR OPERATION	Pass
*	(B) VIBRATION	Pass
*	(C) TIMING	Pass
*	(D) INJECTORS	Pass
*	(E) MOUNTING HARDWARE	Pass
*	(F) AIR INTAKE	Pass
*	(G) OIL PRESSURE	N/A
*	(H) WATER TEMPERATURE	170
*	(I) DC ALTERNATOR	Pass
*	(1) VOLTS	14.7
*	(2) AMPS	N/A
** CHANGE:	(J) AIR CLEANER	Pass
** TORQUE:	(K) BOLTS	Pass

(3) COOLING SYSTEM

CHECK	(A) LEAKS	None
*	(B) COOLANT LEVEL	N/A
*	(C) FREEZE POINT	N/A
*	(D) RADIATOR AIR FLOW	N/A
*	(E) LOUVER SYSTEMS	N/A
*	(F) BLOCK HEATER	N/A
*	(G) WATER PUMP	Pass
*	(H) HOSES	Pass
*	(I) BELTS	Pass
*	(J) FAN HUB	Pass
*	(K) PULLEYS	Pass
*	(L) RADIATOR PSI	N/A
*	(M) RADIATOR CAP PSI	N/A
* CHANGE:	(N) WATER FILTER	N/A
** CHANGE	(O) ANTIFREEZE	N/A

(8) GENERATOR

CHECK	(A) ROTOR	Pass
*	(B) STATOR	Pass
*	(C) EXCITOR	Pass
*	(1) STATOR	Pass
*	(2) ROTOR	Pass
*	(D) BEARINGS (IR)	Pass
*	(E) DIODES	Pass
*	(F) AIR FLOW	Pass
*	(G) VOLTAGE REGULATOR	Pass
* TEST	(H) FEED BREAKER	Pass
RECORD	(I) VOLTAGE	240
*	(J) HERTZ	60

(4) EXHAUST SYSTEM

CHECK	(A) LEAKS	None
*	(B) CONDENSATION TRAP	N/A
*	(C) INSULATION	N/A
*	(D) RESTRICTION	Pass
*	(E) RAINGAP	Pass
CHECK	(F) HANGERS/SUPPORT	Pass
*	(G) FLEX SECTIONS	Pass

(9) AUTOMATIC TRANSFER SWITCHES

CHECK	(A) ATS, CONTACTS	Pass
*	LINEAR MOTORS ACTUATION	Pass
*	MOVING PARTS	Pass
*	(B) SIMULATE POWER FAILURE	N/A
*	(C) TIME DELAYS	Pass
*	(D) CLOCK EXERCISER	Pass

(5) BATTERY SYSTEMS

CHECK	(A) CHARGER VOLTAGE	13
*	(1) FLOAT	Pass
*	(2) EQUALIZE	N/A
*	(B) ELECTROLYTE LEVEL	N/A
*	(C) TERMINALS/CABLES	Pass
*	(D) BLANKET HEATER	N/A
*	(E) SPECIFIC GRAVITY	N/A
*	(1) HIGH	N/A
*	(2) LOW	N/A
*	(F) LOAD TEST	Pass
CLEAN	(G) CORROSION	None

(10) GENERAL CONDITION - EPSS

CHECK	(A) UNUSUAL/UNSAFE	None
*	(B) HOUSEKEEPING	Pass

(11) LOAD TEST

RECORD	(A) AMPERAGE/LEG	N/A
*	(B) VOLTAGE/LEG	N/A
*	(C) HERTZ	N/A
*	(D) CB CONNECTIONS	N/A
*	(E) UNIT LOADED	N/A

(12) EPSS

CHECK	(A) EPS IN AUTO?	Pass
*	(B) BREAKER CLOSED?	Pass

\* As needed, specified on during annual inspection only  
\*\* Additional cost if needed or specified.

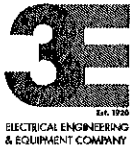
inspected COMPLETE.

149 miles 3.5 hrs

Customer Signature \_\_\_\_\_

3E Signatory \_\_\_\_\_

Date 1-26-23



3E- GENERATOR VAN  
 7402 L St  
 OMAHA, NE 68127  
 (402) 3423050 FAX (402) 3426874

# INVOICE

INVOICE DATE	INVOICE NO.
02/01/23	9927-00
PO. NO.	PAGE #
HASTINGS REG CENTER	1

<b>TO VIEW AND PAY ONLINE</b>	<b>USE THIS ENROLLMENT TOKEN</b>
<a href="http://3e-co.billtrust.com">http://3e-co.billtrust.com</a>	PQX WHM KVS

BILL TO:

STATE OF NE - BLDG DIVISION  
 1526 K ST SUITE 200  
 LINCOLN, NE 68508-2734

CORRESPONDENCE TO:  
 Consolidated Electrical Distributor  
 PO BOX 850365  
 MINNEAPOLIS, MN 55485-0365

SHIP TO:

STATE OF NE - BLDG DIVISION  
 HASTINGS REG CENTER  
 BLDG 26 - LIFT STATION  
 GENERAL DELIVERY  
 LINCOLN, NE 68508-2734

PLACED BY		INSTRUCTIONS		REFERENCE			CASH DISCOUNT	
				BLDG 26 LIFT STATION			0.00	
CUST #		SHIP POINT		SHIP VIA		SHIPPED		IF PAID BY
200310		3E- GENERATOR VAN				02/01/23		03/10/23
LINE NO.	PRODUCT AND DESCRIPTION	QUANTITY ORDERED	QUANTITY B.O.	QTY SHIPPED	QTY U/M	NET PRICE	AMOUNT (NET)	
1	8500GPM SERVICE:PM GENERATOR 1/26/23 QUARTERLY INSPECTION	1.00	0.00	1.00	E	175.00	175.00	
2	EEE LABOR LABOR Interchange Prod: LABOR	1.00	0.00	1.00	E	0.00	0.00	
3	7300MILEAGE MILEAGE	149.00	0.00	149.00	E	0.00	0.00	
3	Lines Total	Qty Shipped Total		151	Total	Invoice Total		175.00
							175.00	

Last Page

Cash Discount 0.00 If Paid By 03/10/23

THIS SALE IS SUBJECT TO OUR TERMS LOCATED AT  
 SALES.OUR-TERMS.COM, WHICH WE MAY CHANGE FROM  
 TIME TO TIME WITH PRIOR NOTICE.



LEAVE NO FIELD BLANK  
NEEDS N/A IF NOT USED

7402 L Street  
Omaha, NE 68127  
605-251-9415

N/A - NOT APPLICABLE ON THIS SERVICE  
CHANGED - FILTER OR PART WAS REPLACED  
PASSED - ITEM CHECKED OUT GOOD

ANNUAL

SEMI-ANNUAL INSPECTION

QUARTERLY INSPECTION

3E's GENERATOR (EPS) MAINTENANCE REPORT

*Blky  
27-29*

CUSTOMER: HASTINGS REG CENTER MAKE CUMMINS TYPE quarterly 9929  
 CONTACT: DAN SERIAL J030552382 DATE 1-26-23  
 PHONE: 4027591188 MODEL 500DFEK-3942 HRS 1134  
 ADDRESS 2802 30th Ave. TECH WES  
 CITY KEARNEY, NE

AUTOMATIC TRANSFER SWITCHES

MAKE CUMMINS SERIAL NA MODEL NA  
 MAKE \_\_\_\_\_ SERIAL \_\_\_\_\_ MODEL \_\_\_\_\_  
 MAKE \_\_\_\_\_ SERIAL \_\_\_\_\_ MODEL \_\_\_\_\_

(1) FUEL SYSTEM

CHECK (A) FUEL LEAKS None  
 \* (B) LINES/CONNECTIONS Pass  
 \* (C) DAYTANK LEVEL N/A  
 \* (D) DAYTANK OPERATION N/A  
 \* (E) TRANSFER PUMP N/A  
 \* (F) MAIN TANK LEVEL N/A  
 \* (G) VENT/OVERFLOW N/A  
 \* (H) WATER IN FUEL N/A  
 \* (I) INJECTION PUMP N/A  
 \* (J) SOLENOID VALVE Pass  
 \* CHANGE (K) FUEL FILTER N/A  
 \* CHANGE (L) WATER SEPARATOR N/A  
 \* TEST (M) FUEL SAMPLE N/A

(6) ELECTRICAL SYSTEM

CHECK (A) WIRING CONNECTIONS Pass  
 \* (B) INSTRUMENTATION Pass  
 \* (C) SAFETIES SHUTDOWNS Pass  
 \* (1) OVERCRANK Pass  
 \* (2) HIGH WATER TEMP Pass  
 \* (3) LOW OIL PRESSURE Pass  
 \* (4) OVERSPEED Pass  
 \* (D) ALARMS Pass  
 \* (E) PREALARMS Pass  
 \* (F) CIRCUIT BREAKERS Pass  
 \* (G) FUSES Pass  
 \* CHECK (H) INSULATION DAMAGE None  
 CLEAN (I) CABINETY Pass

(2) LUBRICATION

CHECK (A) LEAKS None  
 \* (B) ENGINE OIL LEVEL Pass  
 \* (C) OIL HEATER N/A  
 \* (D) GOVERNOR OIL LEVEL N/A  
 \* (E) CRANKCASE BREATHER Pass  
 \* CHANGE (F) OIL FILTER NA  
 \* CHANGE (G) ENGINE OIL NA  
 \* CHANGE (H) GOVERNOR OIL N/A  
 \* TEST (I) OIL SAMPLE N/A

(7) PRIME MOVER

CHECK (A) GOVERNOR OPERATION Pass  
 \* (B) VIBRATION Pass  
 \* (C) TIMING Pass  
 \* (D) INJECTORS Pass  
 \* (E) MOUNTING HARDWARE Pass  
 \* (F) AIR INTAKE Pass  
 \* (G) OIL PRESSURE NA  
 \* (H) WATER TEMPERATURE 168  
 \* (I) DC ALTERNATOR Pass  
 \* (1) VOLTS 28.2  
 \* (2) AMPS N/A  
 \* \*\* CHANGE (J) AIR CLEANER Pass  
 \* \*\* TORQUE (K) BOLTS Pass

(3) COOLING SYSTEM

CHECK (A) LEAKS None  
 \* (B) COOLANT LEVEL N/A  
 \* (C) FREEZE POINT N/A  
 \* (D) RADIATOR AIR FLOW N/A  
 \* (E) LOUVER SYSTEMS N/A  
 \* (F) BLOCK HEATER N/A  
 \* (G) WATER PUMP N/A  
 \* (H) HOSES Pass  
 \* (I) BELTS Pass  
 \* (J) FAN HUB Pass  
 \* (K) PULLEYS Pass  
 \* (L) RADIATOR PSI N/A  
 \* (M) RADIATOR CAP PSI N/A  
 \* CHANGE (N) WATER FILTER N/A  
 \* \*\* CHANGE (O) ANTIFREEZE N/A

(8) GENERATOR

CHECK (A) ROTOR Pass  
 \* (B) STATOR Pass  
 \* (C) EXCITOR Pass  
 \* (1) STATOR Pass  
 \* (2) ROTOR Pass  
 \* (D) BEARINGS (IR) Pass  
 \* (E) DIODES Pass  
 \* (F) AIR FLOW Pass  
 \* (G) VOLTAGE REGULATOR Pass  
 \* TEST (H) FEED BREAKER Pass  
 RECORD (I) VOLTAGE 208  
 \* (J) HERTZ 60

(4) EXHAUST SYSTEM

CHECK (A) LEAKS None  
 \* (B) CONDENSATION TRAP N/A  
 \* (C) INSULATION N/A  
 \* (D) RESTRICTION Pass  
 \* (E) RAINGAP Pass  
 CHECK (F) HANGERS/SUPPORT Pass  
 \* (G) FLEX SECTIONS Pass

(9) AUTOMATIC TRANSFER SWITCHES

CHECK (A) ATS, CONTACTS Pass  
 \* LINEAR MOTORS ACTUATION Pass  
 \* MOVING PARTS Pass  
 \* (B) SIMULATE POWER FAILURE N/A  
 \* (C) TIME DELAYS Pass  
 \* (D) CLOCK EXERCISER Pass

(5) BATTERY SYSTEMS

CHECK (A) CHARGER VOLTAGE 13  
 \* (1) FLOAT Pass  
 \* (2) EQUALIZE N/A  
 \* (R) ELECTROLYTE LEVEL N/A  
 \* (C) TERMINALS/CABLES Pass  
 \* (D) BULKHEAT HEATER N/A  
 \* (E) SPECIFIC GRAVITY N/A  
 \* (1) HIGH N/A  
 \* (2) LOW N/A  
 \* (F) LOAD TEST Pass  
 CLEAN (G) CORROSION None

(10) GENERAL CONDITION - EPSS

CHECK (A) UNUSUAL/UNSAFE None  
 \* (B) HOUSEKEEPING Pass

(11) LOAD TEST

RECORD (A) AMPERAGE/LEG N/A  
 \* (B) VOLTAGE/LEG N/A  
 \* (C) HERTZ N/A  
 \* (D) CB CONNECTIONS N/A  
 \* (E) UNIT LOADED N/A

(12) EPSS

CHECK (A) EPS IN AUTO? Pass  
 \* (B) BREAKER CLOSE? Pass

\* As needed, specified on during Annual inspection only  
 \*\* Additional cost if needed or specified

Comments:

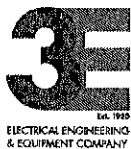
INSPECTION COMPLETE

150 MILES 3.5 HRS

Customer Signature \_\_\_\_\_

3E Signature \_\_\_\_\_

Date 1-26-23



3E- GENERATOR VAN  
 7402 L St  
 OMAHA, NE 68127  
 (402) 3423050 FAX (402) 3426874

# INVOICE

INVOICE DATE	INVOICE NO.
02/01/23	9929-00
PO. NO.	PAGE #
HASTINGS REG CENTER	1

<b>TO VIEW AND PAY ONLINE</b>	<b>USE THIS ENROLLMENT TOKEN</b>
<a href="http://3e-co.billtrust.com">http://3e-co.billtrust.com</a>	PQX WHM KVS

BILL TO:

STATE OF NE - BLDG DIVISION  
 1526 K ST SUITE 200  
 LINCOLN, NE 68508-2734

CORRESPONDENCE TO:  
 Consolidated Electrical Distributor  
 PO BOX 850365  
 MINNEAPOLIS, MN 55485-0365

SHIP TO:  
 STATE OF NE - BLDG DIVISION  
 HASTINGS REG CENTER  
 BLDG 27-29  
 GENERAL DELIVERY  
 LINCOLN, NE 68508-2734

PLACED BY	INSTRUCTIONS	REFERENCE				CASH DISCOUNT	
		BLDG 27-29				0.00	
CUST #	SHIP POINT	SHIP VIA	SHIPPED		IF PAID BY		
200310	3E- GENERATOR VAN		02/01/23		03/10/23		
LINE NO.	PRODUCT AND DESCRIPTION	QUANTITY ORDERED	QUANTITY B.O.	QTY SHIPPED	QTY U/M	NET PRICE	AMOUNT (NET)
1	8500GPM SERVICE:PM GENERATOR 1/26/23 QUARTERLY INSPECTION	1.00	0.00	1.00	E	230.00	230.00
2	EEE LABOR LABOR Interchange Prod: LABOR	1.00	0.00	1.00	E	0.00	0.00
3	7300MILEAGE MILEAGE	150.00	0.00	150.00	E	0.00	0.00
3	Lines Total	Qty Shipped Total		152	Total Invoice Total		230.00 230.00

# NEBRASKA STATE FIRE MARSHAL

## OCCUPANCY PERMIT

Certificate Number: 14786

Name of Facility: **Chapel Building**

Type of Facility:

Location: **4200 W 2nd St, Hastings**

Maximum  
Occupancy: **217 Persons**

Date Issued: **4/24/2023**

Inspected By: **Todd Brehm**  
**Deputy State Fire Marshal**

Approved By:   
**State Fire Marshal**



POST IN PROMINENT PLACE



Change in occupancy classification or failure to meet State Fire Marshal codes  
shall invalidate this occupancy permit.



# NEBRASKA STATE FIRE MARSHAL

## OCCUPANCY PERMIT

Certificate Number: 14783

Name of Facility: **Program Building**

Type of Facility:

Location: **4200 W 2nd St, Hastings**

Maximum  
Occupancy: **N/A Persons**

Date Issued: **4/24/2023**

Inspected By: **Todd Brehm**  
**Deputy State Fire Marshal**

Approved By:   
**State Fire Marshal**



POST IN PROMINENT PLACE



Change in occupancy classification or failure to meet State Fire Marshal codes  
shall invalidate this occupancy permit.

# NEBRASKA STATE FIRE MARSHAL

## OCCUPANCY PERMIT

Certificate Number: 14785

Name of Facility: **North Dorm**  
Type of Facility:  
Location: **4200 W 2nd St, Hastings**  
Maximum Occupancy: **12 Persons**  
Date Issued: **4/24/2023**

Inspected By: **Todd Brehm**  
**Deputy State Fire Marshal**

Approved By:   
**State Fire Marshal**



POST IN PROMINENT PLACE



Change in occupancy classification or failure to meet State Fire Marshal codes shall invalidate this occupancy permit.

# NEBRASKA STATE FIRE MARSHAL

## OCCUPANCY PERMIT

Certificate Number: 13298

Name of Facility: **Program Building**

Type of Facility:

Location: **4200 W 2nd St, Hastings**

Maximum  
Occupancy: **N/A Persons**

Date Issued: **6/13/2022**

Inspected By: **Todd Brehm**  
**Deputy State Fire Marshal**

Approved By:   
**State Fire Marshal**



### POST IN PROMINENT PLACE



Change in occupancy classification or failure to meet State Fire Marshal codes  
shall invalidate this occupancy permit.

# NEBRASKA STATE FIRE MARSHAL

## OCCUPANCY PERMIT

Certificate Number: 13299

Name of Facility: **South Dorm**  
Type of Facility:  
Location: **4200 W 2nd St, Hastings**  
Maximum Occupancy: **12 Persons**  
Date Issued: **6/13/2022**

Inspected By: **Todd Brehm**  
**Deputy State Fire Marshal**

Approved By:   
**State Fire Marshal**



POST IN PROMINENT PLACE



Change in occupancy classification or failure to meet State Fire Marshal codes shall invalidate this occupancy permit.

# NEBRASKA STATE FIRE MARSHAL

## OCCUPANCY PERMIT

Certificate Number: 14784

Name of Facility: **South Dorm**

Type of Facility:

Location: **4200 W 2nd St, Hastings**

Maximum  
Occupancy: **12 Persons**

Date Issued: **4/24/2023**

Inspected By: **Todd Brehm**  
**Deputy State Fire Marshal**

Approved By:   
**State Fire Marshal**



POST IN PROMINENT PLACE



Change in occupancy classification or failure to meet State Fire Marshal codes  
shall invalidate this occupancy permit.

# Nebraska Fire Sprinkler

NEBRASKA FIRE SPRINKLER CORPORATION

118 Apollo Avenue • Alda, NE 68810 • (308) 381-2033 • Fax (308) 381-2605

## WATER SUPPLY SYSTEMS

### ANNUAL FLOW TESTS

Date: 12/2/22 Inspector: Lowell Mitteis System: \_\_\_\_\_

Location: Regional center

---

Conduct 2-in (51-mm) main drain test for gravity tanks and pressure tanks.

Static pressure: \_\_\_\_\_ psi (bar)

Full flow pressure: \_\_\_\_\_ psi (bar)

Ground level tanks and underground tanks: Annual test is accomplished during fire pump full flow tests.

---

#### Water Distribution Systems

Annual test is accomplished during fire hydrant annual tests. For each test, record the following:

Residual Hydrant Location: 4

Flow Hydrant Location: 14

Static pressure (residual hydrant): 48 psi (bar)

Residual pressure (residual hydrant): 29 psi (bar)

Pitot pressure (flow hydrant): 23 psi (bar)

Nozzle Size (flow hydrant): 2 1/2 in. (mm)

Nozzle coefficient (flow hydrant): 0.9; other \_\_\_\_\_

Available water flow: 805 gpm (L/min) at 23 psi (bar)

---

Notes/Comments \_\_\_\_\_

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# Nebraska Fire Sprinkler

NEBRASKA FIRE SPRINKLER CORPORATION

118 Apollo Avenue • Alda, NE 68810 • (308) 381-2033 • Fax (308) 381-2605

## WATER SUPPLY SYSTEMS

### ANNUAL FLOW TESTS

Date: 12/2/22 Inspector: Lowell Mittels System: \_\_\_\_\_

Location: Regional center

---

Conduct 2-in (51-mm) main drain test for gravity tanks and pressure tanks.

Static pressure: \_\_\_\_\_ psi (bar)

Full flow pressure: \_\_\_\_\_ psi (bar)

Ground level tanks and underground tanks: Annual test is accomplished during fire pump full flow tests.

---

#### Water Distribution Systems

Annual test is accomplished during fire hydrant annual tests. For each test, record the following:

Residual Hydrant Location: 4

Flow Hydrant Location: 13

Static pressure (residual hydrant): 49 psi (bar)

Residual pressure (residual hydrant): 30 psi (bar)

Pitot pressure (flow hydrant): 23 psi (bar)

Nozzle Size (flow hydrant): 2 1/2 in. (mm)

Nozzle coefficient (flow hydrant): 0.9; other \_\_\_\_\_

Available water flow: 805 gpm (L/min) at 23 psi (bar)

---

Notes/Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Nebraska Fire Sprinkler

NEBRASKA FIRE SPRINKLER CORPORATION

118 Apollo Avenue • Alda, NE 68810 • (308) 381-2033 • Fax (308) 381-2605

## WATER SUPPLY SYSTEMS

### ANNUAL FLOW TESTS

Date: 12/2/22 Inspector: Lowell Mittels System: \_\_\_\_\_

Location: Regional center

---

Conduct 2-in (51-mm) main drain test for gravity tanks and pressure tanks.

Static pressure: \_\_\_\_\_ psi (bar)

Full flow pressure: \_\_\_\_\_ psi (bar)

Ground level tanks and underground tanks: Annual test is accomplished during fire pump full flow tests.

---

#### Water Distribution Systems

Annual test is accomplished during fire hydrant annual tests. For each test, record the following:

Residual Hydrant Location: 4

Flow Hydrant Location: 11

Static pressure (residual hydrant): 48 psi (bar)

Residual pressure (residual hydrant): 38 psi (bar)

Pitot pressure (flow hydrant): 18 psi (bar)

Nozzle Size (flow hydrant): 2 1/2 in. (mm)

Nozzle coefficient (flow hydrant) 0.9; other \_\_\_\_\_

Available water flow: 718 gpm (L/min) at 18 psi (bar)

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Notes/Comments \_\_\_\_\_

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# Nebraska Fire Sprinkler

NEBRASKA FIRE SPRINKLER CORPORATION

118 Apollo Avenue • Alda, NE 68810 • (308) 381-2033 • Fax (308) 381-2605

## WATER SUPPLY SYSTEMS

### ANNUAL FLOW TESTS

Date: 12/2/22 Inspector: Lowell Mittels System: \_\_\_\_\_

Location: Regional Center

Conduct 2-in (51-mm) main drain test for gravity tanks and pressure tanks.

Static pressure: \_\_\_\_\_ psi (bar)

Full flow pressure: \_\_\_\_\_ psi (bar)

Ground level tanks and underground tanks: Annual test is accomplished during fire pump full flow tests.

#### Water Distribution Systems

Annual test is accomplished during fire hydrant annual tests. For each test, record the following:

Residual Hydrant Location: 4

Flow Hydrant Location: 0

Static pressure (residual hydrant): 48 psi (bar)

Residual pressure (residual hydrant): 36 psi (bar)

Pitot pressure (flow hydrant): 18 psi (bar)

Nozzle Size (flow hydrant): 2 1/2 in. (mm)

Nozzle coefficient (flow hydrant): 0.9; other \_\_\_\_\_

Available water flow: 712 gpm (L/min) at 18 psi (bar)

Notes/Comments \_\_\_\_\_

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# Nebraska Fire Sprinkler

NEBRASKA FIRE SPRINKLER CORPORATION

118 Apollo Avenue • Alda, NE 68810 • (308) 381-2033 • Fax (308) 381-2605

## WATER SUPPLY SYSTEMS

### ANNUAL FLOW TESTS

Date: 12/2/22 Inspector: Lowell Mittels System: \_\_\_\_\_

Location: Regional center

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Conduct 2-in (51-mm) main drain test for gravity tanks and pressure tanks.

Static pressure: \_\_\_\_\_ psi (bar)

Full flow pressure: \_\_\_\_\_ psi (bar)

Ground level tanks and underground tanks: Annual test is accomplished during fire pump full flow tests.

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#### Water Distribution Systems

Annual test is accomplished during fire hydrant annual tests. For each test, record the following:

Residual Hydrant Location: 4

Flow Hydrant Location: 10

Static pressure (residual hydrant): 48 psi (bar)

Residual pressure (residual hydrant): 35 psi (bar)

Pitot pressure (flow hydrant): 25 psi (bar)

Nozzle Size (flow hydrant): 2 1/2 in. (mm)

Nozzle coefficient (flow hydrant): 0.9; other \_\_\_\_\_

Available water flow: 859 gpm (L/min) at 25 psi (bar)

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Notes/Comments \_\_\_\_\_

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# Nebraska Fire Sprinkler

NEBRASKA FIRE SPRINKLER CORPORATION

118 Apollo Avenue • Alda, NE 68810 • (308) 381-2033 • Fax (308) 381-2605

## WATER SUPPLY SYSTEMS

### ANNUAL FLOW TESTS

Date: 12/12/22 Inspector: Lowell Mitters System: \_\_\_\_\_

Location: Regional Center

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Conduct 2-in (51-mm) main drain test for gravity tanks and pressure tanks.

Static pressure: \_\_\_\_\_ psi (bar)

Full flow pressure: \_\_\_\_\_ psi (bar)

Ground level tanks and underground tanks: Annual test is accomplished during fire pump full flow tests.

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#### Water Distribution Systems

Annual test is accomplished during fire hydrant annual tests. For each test, record the following:

Residual Hydrant Location: 4

Flow Hydrant Location: 9

Static pressure (residual hydrant): 49 psi (bar)

Residual pressure (residual hydrant): 34 psi (bar)

Pitot pressure (flow hydrant): 18 psi (bar)

Nozzle Size (flow hydrant): 2 1/2 in. (mm)

Nozzle coefficient (flow hydrant): 0.9; other \_\_\_\_\_

Available water flow: 712 gpm (L/min) at 18 psi (bar)

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Notes/Comments \_\_\_\_\_

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# Nebraska Fire Sprinkler

NEBRASKA FIRE SPRINKLER CORPORATION

118 Apollo Avenue • Alda, NE 68810 • (308) 381-2033 • Fax (308) 381-2605

## WATER SUPPLY SYSTEMS

### ANNUAL FLOW TESTS

Date: 12/2/22 Inspector: Lowell Mitters System: \_\_\_\_\_

Location: Regional center

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Conduct 2-in (51-mm) main drain test for gravity tanks and pressure tanks.

Static pressure: \_\_\_\_\_ psi (bar)

Full flow pressure: \_\_\_\_\_ psi (bar)

Ground level tanks and underground tanks: Annual test is accomplished during fire pump full flow tests.

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#### Water Distribution Systems

Annual test is accomplished during fire hydrant annual tests. For each test, record the following:

Residual Hydrant Location: 4

Flow Hydrant Location: 8

Static pressure (residual hydrant): 48 psi (bar)

Residual pressure (residual hydrant): 28 psi (bar)

Pitot pressure (flow hydrant): 22 psi (bar)

Nozzle Size (flow hydrant): 2 1/2 in. (mm)

Nozzle coefficient (flow hydrant): 0.9 other \_\_\_\_\_

Available water flow: 587 gpm (L/min) at 22 psi (bar)

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Notes/Comments \_\_\_\_\_

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## WATER SUPPLY SYSTEMS

### ANNUAL FLOW TESTS

Date: 12/2/22 Inspector: Lowell Mittels System: \_\_\_\_\_

Location: Regional Center

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Conduct 2-in (51-mm) main drain test for gravity tanks and pressure tanks.

Static pressure: \_\_\_\_\_ psi (bar)

Full flow pressure: \_\_\_\_\_ psi (bar)

Ground level tanks and underground tanks: Annual test is accomplished during fire pump full flow tests.

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#### Water Distribution Systems

Annual test is accomplished during fire hydrant annual tests. For each test, record the following:

Residual Hydrant Location: 4

Flow Hydrant Location: 7

Static pressure (residual hydrant): 48 psi (bar)

Residual pressure (residual hydrant): 31 psi (bar)

Pitot pressure (flow hydrant): 24 psi (bar)

Nozzle Size (flow hydrant): 2 1/2 in. (mm)

Nozzle coefficient (flow hydrant): 0.9; other \_\_\_\_\_

Available water flow: 822 gpm (L/min) at 24 psi (bar)

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Notes/Comments \_\_\_\_\_

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# Nebraska Fire Sprinkler

NEBRASKA FIRE SPRINKLER CORPORATION

118 Apollo Avenue • Alda, NE 68810 • (308) 381-2033 • Fax (308) 381-2605

## WATER SUPPLY SYSTEMS

### ANNUAL FLOW TESTS

Date: 12/2/22 Inspector: Lowell Mittels System: \_\_\_\_\_

Location: Regional center

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Conduct 2-in (51-mm) main drain test for gravity tanks and pressure tanks.

Static pressure: \_\_\_\_\_ psi (bar)

Full flow pressure: \_\_\_\_\_ psi (bar)

Ground level tanks and underground tanks: Annual test is accomplished during fire pump full flow tests.

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#### Water Distribution Systems

Annual test is accomplished during fire hydrant annual tests. For each test, record the following:

Residual Hydrant Location: 4

Flow Hydrant Location: 6

Static pressure (residual hydrant): 49 psi (bar)

Residual pressure (residual hydrant): 32 psi (bar)

Pitot pressure (flow hydrant): 24 psi (bar)

Nozzle Size (flow hydrant): 2 1/2 in. (mm)

Nozzle coefficient (flow hydrant): 0.9 other \_\_\_\_\_

Available water flow: 822 gpm (L/min) at 24 psi (bar)

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Notes/Comments \_\_\_\_\_

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# Nebraska Fire Sprinkler

NEBRASKA FIRE SPRINKLER CORPORATION

118 Apollo Avenue • Alda, NE 68810 • (308) 381-2033 • Fax (308) 381-2605

## WATER SUPPLY SYSTEMS

### ANNUAL FLOW TESTS

Date: 12/2/22 Inspector: Lowell Mittels System: \_\_\_\_\_

Location: Regional center

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Conduct 2-in (51-mm) main drain test for gravity tanks and pressure tanks.

Static pressure: \_\_\_\_\_ psi (bar)

Full flow pressure: \_\_\_\_\_ psi (bar)

Ground level tanks and underground tanks: Annual test is accomplished during fire pump full flow tests.

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#### Water Distribution Systems

Annual test is accomplished during fire hydrant annual tests. For each test, record the following:

Residual Hydrant Location: 4

Flow Hydrant Location: 5

Static pressure (residual hydrant): 48 psi (bar)

Residual pressure (residual hydrant): 33 psi (bar)

Pitot pressure (flow hydrant): 32 psi (bar)

Nozzle Size (flow hydrant): 2 1/2 in. (mm)

Nozzle coefficient (flow hydrant): 0.9 other \_\_\_\_\_

Available water flow: 949 gpm (L/min) at 32 psi (bar)

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Notes/Comments \_\_\_\_\_

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# Nebraska Fire Sprinkler

NEBRASKA FIRE SPRINKLER CORPORATION

118 Apollo Avenue • Alda, NE 68810 • (308) 381-2033 • Fax (308) 381-2605

## WATER SUPPLY SYSTEMS

### ANNUAL FLOW TESTS

Date: 12/2/22 Inspector: Lowell Mitters System: \_\_\_\_\_

Location: Spinaul center

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Conduct 2-in (51-mm) main drain test for gravity tanks and pressure tanks.

Static pressure: \_\_\_\_\_ psi (bar)

Full flow pressure: \_\_\_\_\_ psi (bar)

Ground level tanks and underground tanks: Annual test is accomplished during fire pump full flow tests.

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#### Water Distribution Systems

Annual test is accomplished during fire hydrant annual tests. For each test, record the following:

Residual Hydrant Location: 4

Flow Hydrant Location: 3

Static pressure (residual hydrant): 48 psi (bar)

Residual pressure (residual hydrant): 38 psi (bar)

Pitot pressure (flow hydrant): 5 psi (bar)

Nozzle Size (flow hydrant): 2 1/2 in. (mm)

Nozzle coefficient (flow hydrant): 0.9 other \_\_\_\_\_

Available water flow: 375 gpm (L/min) at 5 psi (bar)

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Notes/Comments \_\_\_\_\_

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NEBRASKA FIRE SPRINKLER CORPORATION

118 Apollo Avenue • Alda, NE 68810 • (308) 381-2033 • Fax (308) 381-2605

WATER SUPPLY SYSTEMS

ANNUAL FLOW TESTS

Date: 12/2/22 Inspector: Lowell Mitter's System: \_\_\_\_\_

Location: Regional center \_\_\_\_\_

Conduct 2-in (51-mm) main drain test for gravity tanks and pressure tanks.

Static pressure: \_\_\_\_\_ psi (bar)

Full flow pressure: \_\_\_\_\_ psi (bar)

Ground level tanks and underground tanks: Annual test is accomplished during fire pump full flow tests.

Water Distribution Systems

Annual test is accomplished during fire hydrant annual tests. For each test, record the following:

Residual Hydrant Location: 3 \_\_\_\_\_

Flow Hydrant Location: 4 \_\_\_\_\_

Static pressure (residual hydrant): 42 psi (bar)

Residual pressure (residual hydrant): 22 psi (bar)

Pitot pressure (flow hydrant): 28 psi (bar)

Nozzle Size (flow hydrant): 2 1/2 in. (mm)

Nozzle coefficient (flow hydrant): 0.9; other \_\_\_\_\_

Available water flow: 888 gpm (L/min) at 28 psi (bar)

Notes/Comments \_\_\_\_\_

# Nebraska Fire Sprinkler

NEBRASKA FIRE SPRINKLER CORPORATION

118 Apollo Avenue • Alda, NE 68810 • (308) 381-2033 • Fax (308) 381-2605

## WATER SUPPLY SYSTEMS

### ANNUAL FLOW TESTS

Date: 12/2/22 Inspector: Lowell Mittels System: \_\_\_\_\_

Location: Regional center

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Conduct 2-in (51-mm) main drain test for gravity tanks and pressure tanks.

Static pressure: \_\_\_\_\_ psi (bar)

Full flow pressure: \_\_\_\_\_ psi (bar)

Ground level tanks and underground tanks: Annual test is accomplished during fire pump full flow tests.

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#### Water Distribution Systems

Annual test is accomplished during fire hydrant annual tests. For each test, record the following:

Residual Hydrant Location: 3

Flow Hydrant Location: 2

Static pressure (residual hydrant): 48 psi (bar)

Residual pressure (residual hydrant): 24 psi (bar)

Pitot pressure (flow hydrant): 17 psi (bar)

Nozzle Size (flow hydrant): 2 1/2 in. (mm)

Nozzle coefficient (flow hydrant): 0.9, other \_\_\_\_\_

Available water flow: 692 gpm (L/min) at 17 psi (bar)

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Notes/Comments \_\_\_\_\_

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## Nebraska State Fire Marshal Inspection Report

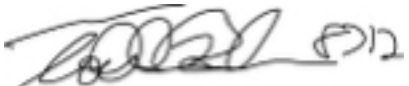
Facility Name	Hastings YRTC - Program Bldg
Address	4200 W 2nd St, Hastings, NE
ZIP	68901
Facility Phone Number	
Inspector Name	Todd Brehm
Inspector Badge#	8712
Inspector Agency	Nebraska State Fire Marshal
Inspector Email	todd.Brehm@nebraska.gov
Inspector Phone Number	402-276-3879
Number of Visits	1
Date of Inspection	2023-04-20
Inspection Type	Initial
Status	Pass
Complete Corrections By	
Occupant Load	
Fee Card	N/A
Fee Sheet/Facility ID Number	
Code Reviews	

Inspectors and Operator Staff Involved			
Lead Inspector	Badge #	Agency	Phone Number
Todd Brehm	8712	Nebraska State Fire Marshal	402-276-3879

This facility was inspected and found to meet applicable requirements of the Fire and Life Safety Code and/or Fire Systems Installation Standards at the time of inspection; the facility is approved for occupancy.

Any modifications or changes made to this facility after the date of approval may void this approval

If you have questions on this Order, contact Todd Brehm by phone at 402-276-3879 or by Email at [todd.Brehm@nebraska.gov](mailto:todd.Brehm@nebraska.gov)

Inspector Comments / Notes	The facility is approved for occupancy at the time off inspection.
Report completed by Deputy	Todd Brehm 8712
Date Signed	2023-04-20
Signature	





## Nebraska State Fire Marshal Inspection Report


Facility Name	Hastings YRTC - Chapel Bldg
Address	4200 W 2nd St, Hastings, NE
ZIP	
Facility Phone Number	
Inspector Name	Todd Brehm
Inspector Badge#	8712
Inspector Agency	Nebraska State Fire Marshal
Inspector Email	todd.Brehm@nebraska.gov
Inspector Phone Number	402-276-3879
Number of Visits	1
Date of Inspection	2023-04-20
Inspection Type	Initial
Status	Pass
Complete Corrections By	
Occupant Load	217
Fee Card	N/A
Fee Sheet/Facility ID Number	
Code Reviews	

Inspectors and Operator Staff Involved			
Lead Inspector	Badge #	Agency	Phone Number
Todd Brehm	8712	Nebraska State Fire Marshal	402-276-3879

This facility was inspected and found to meet applicable requirements of the Fire and Life Safety Code and/or Fire Systems Installation Standards at the time of inspection; the facility is approved for occupancy.

Any modifications or changes made to this facility after the date of approval may void this approval

If you have questions on this Order, contact Todd Brehm by phone at 402-276-3879 or by Email at [todd.Brehm@nebraska.gov](mailto:todd.Brehm@nebraska.gov)

Inspector Comments / Notes	The facility is approved for occupancy at the time of inspection.
Report completed by Deputy	Todd Brehm 8712
Date Signed	2023-04-20
Signature	







## Nebraska State Fire Marshal Inspection Report


Facility Name	Hastings YRTC - North Dorm
Address	4200 W 2nd St, Hastings, NE
ZIP	68901
Facility Phone Number	
Inspector Name	Todd Brehm
Inspector Badge#	8712
Inspector Agency	Nebraska State Fire Marshal
Inspector Email	todd.Brehm@nebraska.gov
Inspector Phone Number	402-276-3879
Number of Visits	1
Date of Inspection	2023-04-20
Inspection Type	Initial
Status	Pass
Complete Corrections By	
Occupant Load	12
Fee Card	N/A
Fee Sheet/Facility ID Number	
Code Reviews	

Inspectors and Operator Staff Involved			
Lead Inspector	Badge #	Agency	Phone Number
Todd Brehm	8712	Nebraska State Fire Marshal	402-276-3879

This facility was inspected and found to meet applicable requirements of the Fire and Life Safety Code and/or Fire Systems Installation Standards at the time of inspection; the facility is approved for occupancy.

Any modifications or changes made to this facility after the date of approval may void this approval

If you have questions on this Order, contact Todd Brehm by phone at 402-276-3879 or by Email at [todd.Brehm@nebraska.gov](mailto:todd.Brehm@nebraska.gov)

Inspector Comments / Notes	The facility is approved for occupancy at the time of inspection.
Report completed by Deputy	Todd Brehm 8712
Date Signed	2023-04-20
Signature	



# NEBRASKA STATE FIRE MARSHAL

## OCCUPANCY PERMIT

Certificate Number: 13297

Name of Facility: **North Dorm**  
Type of Facility:  
Location: **4200 W 2nd St, Hastings**  
Maximum  
Occupancy: **12 Persons**  
Date Issued: **6/13/2022**

Inspected By: **Todd Brehm**  
**Deputy State Fire Marshal**

Approved By:   
**State Fire Marshal**



POST IN PROMINENT PLACE



Change in occupancy classification or failure to meet State Fire Marshal codes  
shall invalidate this occupancy permit.

STATE OF NEBRASKA \* STATE FIRE MARSHAL  
 246 SOUTH 14<sup>TH</sup> STREET  
 LINCOLN, NE 68508-1804

Page 1 of 1

	Fee Sheet Number:	
Facility Name North Dorm	Occupant Street Address 4200 W 2 <sup>nd</sup> Street	
Operator & Phone number Hastings YRTC	City / Town Hastings	
Owner / Address / Phone number/Email Hastings YRTC 4200 W 2 <sup>nd</sup> Street Hastings, NE 68901	County Adams	
	How Occupied New Detention and Correctional Occupancy	
Occupant load  12	Date of Inspection 5-4-22	Fee Card <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A

**ORDER**

Contact person/number :  
 Initial inspection : 5-4-22  
 Revisit inspection :  
 Hours of operation :  
 Plan review numbers :

The North Dorm of the facility is classified as a use Condition V – Contained. The residents are unable to move free from an occupied space without the staff to release each door from all sleeping rooms, activity spaces and other occupied area within the smoke compartment to another smoke compartment.

1. The Fire Alarm system shall have manual pull stations installed. NFPA 101, 22.3.4.2.1

The facility shall have at least one manual pull station for the fire alarm system located in a staff location, provided that both of the following criteria are met:

- a. The staff location is attended when the building is occupied.
- b. The staff attendant has direct supervision of the sleeping area.

2. Portable fire extinguishers shall be provided. Access to portable fire extinguishers shall be permitted to be locked. Portable fire extinguishers shall be permitted to be located at staff locations only. NFPA 101, 22.3.5.4

All items must be corrected to comply with the laws of the State of Nebraska and with rules and regulations adopted by the State Fire Marshal as mandated by section 81-502 to 81-541.01

It is the duty of the owner or person in charge of the above-named facility to immediately take measures to bring the facility into compliance with state regulations. **ALL CORRECTIONS SHALL BE MADE AND ALL ITEMS CORRECTED ON OR BEFORE.** \_\_\_\_\_

If you have questions on this Order, contact: Deputy State Fire Marshal Todd Brehm #8712 by phone at 402-395-2164 or by Email at [todd.brehm@nebraska.gov](mailto:todd.brehm@nebraska.gov)

Witness my signature at \_\_\_\_\_ Blue Hill, \_\_\_\_\_ Nebraska this 4<sup>th</sup> day of May, 2022

By:  8712  
 Deputy State Fire Marshal

STATE OF NEBRASKA\*STATE FIRE MARSHAL  
 246 SOUTH 14<sup>TH</sup> STREET  
 LINCOLN, NE 68508-1804

Page 1 of 1

	Fee Sheet Number:	
Facility Name South Dorm	Occupant Street Address 4200 W 2 <sup>nd</sup> Street	
Operator & Phone number Hastings YRTC	City / Town Hastings	
Owner / Address / Phone number/Email Hastings YRTC 4200 W 2 <sup>nd</sup> Street Hastings, NE 68901	County Adams	
	How Occupied New Detention and Correctional Occupancy	
Occupant load 12	Date of Inspection 5-4-22	Fee Card <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A

**ORDER**

Contact person/number :  
 Initial inspection : 5-4-22  
 Revisit inspection :  
 Hours of operation :  
 Plan review numbers :

The South Dorm of the facility is classified as a use Condition V – Contained. The residents are unable to move free from an occupied space without the staff to release each door from all sleeping rooms, activity spaces and other occupied area within the smoke compartment to another smoke compartment.

1. The Fire Alarm system shall have manual pull stations installed. NFPA 101, 22.3.4.2.1

The facility shall have at least one manual pull station for the fire alarm system located in a staff location, provided that both of the following criteria are met:

- a. The staff location is attended when the building is occupied.
- b. The staff attendant has direct supervision of the sleeping area.

2. Portable fire extinguishers shall be provided. Access to portable fire extinguishers shall be permitted to be locked. Portable fire extinguishers shall be permitted to be located at staff locations only. NFPA 101, 22.3.5.4

All items must be corrected to comply with the laws of the State of Nebraska and with rules and regulations adopted by the State Fire Marshal as mandated by section 81-502 to 81-541.01

It is the duty of the owner or person in charge of the above-named facility to immediately take measures to bring the facility into compliance with state regulations. **ALL CORRECTIONS SHALL BE MADE AND ALL ITEMS CORRECTED ON OR BEFORE.** \_\_\_\_\_

If you have questions on this Order, contact: Deputy State Fire Marshal Todd Brehm #8712 by phone at 402-395-2164 or by Email at [todd.brehm@nebraska.gov](mailto:todd.brehm@nebraska.gov)

Witness my signature at \_\_\_\_\_ Blue Hill, \_\_\_\_\_ Nebraska this 4<sup>th</sup> day of May, 2022

By:  8712  
 Deputy State Fire Marshal

# NEBRASKA STATE FIRE MARSHALL FIRE SPRINKLER INSPECTION

<b>LOCATION OF SYSTEM:</b> Y.R.T.C. NORTH BLDG 4200 W. 2ND HASTINGS N.E.	7-5-23 <b>INSPECTION DATE</b> RESIDENTIAL <b>TYPE OCCUPANCY</b>
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FORMS INCLUDED WITH THIS COVER SHEET	TYPE OF INSPECTION
<input type="checkbox"/> UNDERGROUND TEST CERTIFICATION (FORM 85-AB)	<input type="checkbox"/> INITIAL ACCEPTANCE OF SYSTEM
<input type="checkbox"/> ABOVEGROUND TEST CERTIFICATION (FORM 85-AC)	<input type="checkbox"/> REINSPECTION DUE TO REMODEL, REPAIR, ETC
<input checked="" type="checkbox"/> REPORT OF INSPECTION	<input type="checkbox"/> PERIODIC ANNUAL INSPECTION
<input checked="" type="checkbox"/> DRY PIPE VALVE TEST	<input type="checkbox"/> BACKFLOW PREVENTER TEST

ITEM # DIRECTORY	DEFICIENCIES
1 – WET RISER                      5 – BACKFLOW PREVENTER 2 – DRY RISER                     6 – STANDPIPE 3 – PREACTION RISER            7 – OTHER	ITEMIZE DEFICIENCIES NOTED ON INSPECITON AND ANY OTHER PERTINENT COMENTS ON SYSTEM

TAG #	ITEM #	MAJOR DEFICIENCIES / COMMENTS
48368	1	
48369	2	

STATUS OF SYSTEM – CHECK ONE		
<input checked="" type="checkbox"/> IN COMPLIANCE	<input type="checkbox"/> MINOR DEFICIENCIES	<input type="checkbox"/> MAJOR DEFICIENCIES
<b>COMPANY PERFORMING INSPECTION:</b> Meininger Fire Protection, Inc ADDRESS: 2521 West "L" Street, Suite 15 CITY: Lincoln                      STATE: NE		 <b>INSPECTOR SIGNATURE</b>
ZIP CODE: 68522 PHONE: 402-466-2616	NE LICENSE #: 05046 TESTER BFP LICENSE #:	
OWNER REPRESENTATIVE SIGNATURE		

SEND TO: NEBRASKA STATE FIRE MARSHAL – 246 SOUTH 14TH ST – LINCOLN, NE 68508-1804

A COPY OF THIS INSPECTION REPORT SHALL BE LEFT ATTACHED TO THE SYSTEM RISER



White: AHJ
Yellow: MFP
Pink: Business



# Report of Inspection, Testing & Maintenance

## of Wet Pipe Fire Sprinkler Systems

ALL QUESTIONS ARE TO BE ANSWERED AND ALL BLANKS TO BE FILLED  
(Weekly inspection tasks are NOT included in this report)

Inspecting Firm: MFP Inspection Contract# \_\_\_\_\_

Name of Inspected Property: YRTC NORTH

Inspector Name: JIM Date: 7-5-23

Inspection Frequency:  Monthly  Quarterly  Annually  Other

Monthly Inspection for Wet Pipe Sprinkler System			
	Y	N/A	N
A.1.0 System in service on inspection	X		
A.2.0 Supply pressure gauge			
A.2.1 System pressure gauge			50 psi
A.2.2 Gauges appear to be in good condition	X		
A.3.0 Control valves in normal open or closed position	X		
A.3.1 Control valves properly locked or supervised	X		
A.3.2 Control valves accessible	X		
A.3.3 Control valves provided with appropriate wrenches	X		
A.3.4 Control valves free from external leaks	X		
A.3.5 Control valve identification signs in place	X		
A.3.6 System control valve sign indicates area served	X		
A.4.0 Backflow prevention assembly valves are locked or electrically supervised in open position	X		
A.4.1 Reduced pressure backflow prevention assembly not in continuous discharge			X
A.5.0 Alarm valve gauges indicate normal supply water pressure			X
A.5.1 Alarm valve free of physical damage			X
A.5.2 Alarm valve trim valves are in appropriate open or closed position			X
A.5.3 Alarm valve retarding chamber or alarm drain not leaking			X
A.6.0 ALARM PANEL CLEAR	X		
A.7.0 COMMENTS:			

INSPECTOR'S INITIAL \_\_\_\_\_ (All "NO" answers to be explained.) OWNER/DESIGNATED REP. INITIAL \_\_\_\_\_ DATE \_\_\_\_\_

WHITE - AHJ      YELLOW - MFP      PINK - OWNER





2521 West L St., Suite #5  
Lincoln, NE 68522 • 402-466-2616

Report of Inspection, Testing & Maintenance of Wet Pipe Fire Sprinkler Systems...continued

Inspecting Firm: MFP Inspection Contract# \_\_\_\_\_

Name of Inspected Property: YRTC NORTH

Inspector Name: JIM Date: 7-5-23

Inspection Frequency:  Monthly  Quarterly  Annually  Other

Quarterly Inspection for Wet Pipe Sprinkler Systems			
	Y	N/A	N
B.1.0 System in service on inspection	X		
B.2.0 Hydraulic nameplate attached and legible	X		
B.2.1 Alarm device free from physical damage	X		
B.3.0 FDC is visible	X		
B.3.1 FDC is accessible	X		
B.3.2 FDC swivels/couplings undamaged/rotate smoothly	X		
B.3.3 FDC plugs/caps in place/undamaged	X		
B.3.4 FDC gaskets in place and in good condition	X		
B.3.5 FDC identification sign in place	X		
B.3.6 FDC check valve not leaking	X		
B.3.7 FDC automatic drain valve in place and operating properly	X		
B.3.8 FDC clapper is in place and operating properly	X		
B.3.9 FDC interior inspected where caps missing		X	
B.3.10 FDC obstructions removed as necessary		X	
B.4.0 Pressure reducing control valves (PRV) indicate open		X	
B.4.1 PRV not leaking		X	
B.4.2 PRV maintaining downstream pressure per design		X	
B.4.3 PRV in good condition		X	
B.4.4 PRV handwheel installed and not broken		X	
B.5.0 ALARM PANEL CLEAR	X		
B.6.0 COMMENTS:			

Quarterly Testing for Wet Pipe Sprinkler Systems			
	Y	N/A	N
C.1.0 System in service before testing	X		
C.1.1 Pertinent parties notified before testing	X		
C.1.2 Adequate drainage provided before flow testing	X		
C.2.0 Water flow alarm (other than vane type) tested and is operational	X		
C.2.1 Test conducted with inspector's test connection	X		
C.2.2 Test conducted with bypass connection (freezing weather)		X	
C.2.3 Test conducted per manufacturer's instructions	X		
C.2.4 Alarm devices appear free of physical damage	X		
C.3.0 Adequate drainage provided before flow testing	X		
C.3.1 A main drain test conducted downstream from backflow preventer	X		
C.3.2 A main drain test conducted downstream from pressure reducing valve		X	
C.3.3 Supply water gauge reading before flow (static)		50	psi
C.3.4 Gauge reading during stable flow (residual)		35	psi
C.3.5 Time for supply pressure to return to normal		0	sec
C.4.0 Pertinent parties notified of test conclusion	X		
C.5.0 ALARM PANEL CLEAR	X		
C.6.0 SYSTEM RETURNED TO SERVICE	X		
C.7.0 COMMENTS:			

Semi-Annual Testing for Wet Pipe Sprinkler Systems			
	Y	N/A	N
D.1.0 System in service before testing	X		
D.1.1 Pertinent parties notified before testing	X		
D.2.0 Supervisory switch initiates distinct signal during first two hand wheel revolutions or before valve stem moved one-fifth from normal position	X		
D.2.1 Signal restored only when valve returned to normal position	X		
D.3.0 Adequate drainage provided before flow testing	X		
D.3.1 Main drain test conducted	X		
D.3.2 Supply water gauge reading before flow (static)		50	psi
D.3.3 Gauge reading during stable flow (residual)		35	psi
D.3.4 Time for supply pressure to return to normal		0	sec
D.4.0 Pertinent parties notified of test conclusion	X		
D.5.0 ALARM PANEL CLEAR	X		
D.6.0 SYSTEM RETURNED TO SERVICE	X		
D.7.0 COMMENTS:			

INSPECTOR'S INITIAL \_\_\_\_\_ (All "NO" answers to be explained.) OWNER/DESIGNATED REP. INITIAL \_\_\_\_\_ DATE \_\_\_\_\_



# Report of Inspection, Testing & Maintenance of Dry Pipe Fire Sprinkler Systems

ALL QUESTIONS ARE TO BE ANSWERED AND ALL BLANKS TO BE FILLED  
 (Weekly inspection tasks are NOT included in this report)

Inspecting Firm: MFP Inspection Contract#: \_\_\_\_\_  
 Name of Inspected Property: YRTC NORTH  
 Inspector Name: Jim Date: 7-5-23  
 Inspection Frequency:  Monthly  Quarterly  Annually  Other

### Monthly Inspection of Dry Pipe Sprinkler Systems

	Y	N/A	N
A.1.0 System in service on inspection	X		
A.1.1 Supply (water) gauge pressure		50	psi
A.1.2 System (air) gauge pressure		80	psi
A.1.3 Quick opening device gauge pressure			psi
A.1.4 Gauge near compressor		100	psi
A.1.5 Gauge pressures are normal	X		
A.2.0 Control valves in normal open or closed position	X		
A.2.1 Control valves properly locked or supervised	X		
A.2.2 Control valves accessible	X		
A.2.3 Control valves provided with appropriate wrenches	X		
A.2.4 Control valves free from external leaks	X		
A.2.5 Control valve identification signs in place	X		

	Y	N/A	N
A.2.6 System control valve sign indicates area served	X		
A.3.0 Backflow prevention assembly valves are locked or electrically supervised in open position	X		
A.3.1 Reduced pressure backflow prevention assembly not in continuous discharge		X	
A.4.0 Dry pipe valve free of physical damage	X		
A.4.1 Dry pipe valve trim valves are in appropriate open or closed position	X		
A.4.2 Dry pipe valve intermediate chamber not leaking	X		
A.5.0 ALARM PANEL CLEAR	X		
A.6.0 COMMENTS:			

### Quarterly Inspection of Dry Pipe Sprinkler Systems

B.1.0 System in service on inspection	X		
B.2.0 Hydraulic nameplate attached and legible	X		
B.2.1 Alarm device free from physical damage	X		
B.3.0 FDC is visible	X		
B.3.1 FDC is accessible	X		
B.3.2 FDC swivels/couplings undamaged/rotate smoothly	X		
B.3.3 FDC plugs/caps in place/undamaged	X		
B.3.4 FDC gaskets in place and in good condition	X		
B.3.5 FDC identification sign in place	X		
B.3.6 FDC check valve not leaking	X		
B.3.7 FDC automatic drain valve in place and operating properly	X		
B.3.8 FDC clapper is in place and operating properly	X		
B.3.9 FDC interior inspected where caps missing		X	
B.3.10 FDC obstructions removed as necessary		X	
B.4.0 Pressure reducing control valves (PRV) indicate open		X	
B.4.1 PRV not leaking		X	
B.4.2 PRV maintaining downstream pressure per design		X	
B.4.3 PRV in good condition		X	
B.4.4 PRV handwheel installed and not broken		X	
B.5.0 ALARM PANEL CLEAR	X		
B.6.0 COMMENTS:			

### Quarterly Testing of Dry Pipe Sprinkler Systems

C.1.0 System in service before testing	X		
C.1.1 Pertinent parties notified before testing	X		
C.1.2 Adequate drainage provided before flow testing	X		
C.2.0 Water flow alarm tested and is operational	X		
C.2.1 Test conducted with inspectors test connection			X
C.2.2 Test conducted with bypass connection (freezing weather)	X		
C.2.3 Test conducted per manufacturer's instructions	X		
C.2.4 Alarm devices appear free of physical damage	X		
C.3.0 Supervisory switch initiates distinct signal during first two hand wheel revolutions or before valve stem moved one-fifth from normal position (semi-annual)	X		
C.3.1 Signal restored only when valve returned to normal position (semi-annual)	X		
C.4.0 One main drain test conducted downstream from backflow preventer	X		
C.4.1 One main drain test conducted downstream from pressure reducing valve		X	
C.4.2 Supply water gauge reading before flow (static)		50	psi
C.4.3 Gauge reading during stable flow (residual)		35	psi
C.4.4 Time for supply pressure to return to normal		0	sec
C.5.0 Priming water level tested		X	
C.6.0 Quick opening device(s) (QOD) tested		X	
C.7.0 Low pressure alarm tested	X		
C.8.0 Pertinent parties notified of test conclusion	X		
C.9.0 ALARM PANEL CLEAR	X		
C.10.0 SYSTEM RETURNED TO SERVICE	X		
C.11.0 COMMENTS:			

INSPECTOR'S INITIAL \_\_\_\_\_ (All "NO" answers to be explained.) OWNER/DESIGNATED REP. INITIAL \_\_\_\_\_ DATE \_\_\_\_\_

# NEBRASKA STATE FIRE MARSHALL FIRE SPRINKLER INSPECTION

**LOCATION OF SYSTEM:**  
*Y.R.T.C - SOUTH BLDG.  
 4200 W. 2ND  
 HASTINGS NE.*

*7-5-23*  
**INSPECTION DATE**  
*RESIDENTIAL*  
**TYPE OCCUPANCY**

FORMS INCLUDED WITH THIS COVER SHEET		TYPE OF INSPECTION	
<input type="checkbox"/>	UNDERGROUND TEST CERTIFICATION (FORM 85-AB)	<input type="checkbox"/>	INITIAL ACCEPTANCE OF SYSTEM
<input type="checkbox"/>	ABOVEGROUND TEST CERTIFICATION (FORM 85-AC)	<input type="checkbox"/>	REINSPECTION DUE TO REMODEL, REPAIR, ETC
<input checked="" type="checkbox"/>	REPORT OF INSPECTION	<input type="checkbox"/>	PERIODIC ANNUAL INSPECTION
<input checked="" type="checkbox"/>	DRY PIPE VALVE TEST	<input type="checkbox"/>	BACKFLOW PREVENTER TEST

ITEM # DIRECTORY	DEFICIENCIES
1 - WET RISER 2 - DRY RISER 3 - PREACTION RISER 5 - BACKFLOW PREVENTER 6 - STANDPIPE 7 - OTHER	ITEMIZE DEFICIENCIES NOTED ON INSPECTION AND ANY OTHER PERTINENT COMMENTS ON SYSTEM

TAG #	ITEM #	MAJOR DEFICIENCIES / COMMENTS
<i>48366</i>	<i>1</i>	
<i>48367</i>	<i>2</i>	

STATUS OF SYSTEM - CHECK ONE		
<input checked="" type="checkbox"/> IN COMPLIANCE	<input type="checkbox"/> MINOR DEFICIENCIES	<input type="checkbox"/> MAJOR DEFICIENCIES
<b>COMPANY PERFORMING INSPECTION:</b> Meininger Fire Protection, Inc		<i>Jim Stuck</i> <b>INSPECTOR SIGNATURE</b>
ADDRESS: 2521 West "L" Street, Suite 5		
CITY: Lincoln	STATE: NE	
ZIP CODE: 68522	NE LICENSE #: 05046	
PHONE: 402-466-2616	TESTER BFP LICENSE #:	
<b>OWNER REPRESENTATIVE SIGNATURE</b>		

SEND TO: NEBRASKA STATE FIRE MARSHAL - 246 SOUTH 14TH ST - LINCOLN, NE 68508-1804  
 A COPY OF THIS INSPECTION REPORT SHALL BE LEFT ATTACHED TO THE SYSTEM RISER



White: AHJ                      Yellow: MFP                      Pink: Business



## Report of Inspection, Testing & Maintenance of Wet Pipe Fire Sprinkler Systems

ALL QUESTIONS ARE TO BE ANSWERED AND ALL BLANKS TO BE FILLED  
(Weekly inspection tasks are NOT included in this report)

Inspecting Firm: MFP Inspection Contract#: \_\_\_\_\_  
 Name of Inspected Property: YRTC SOUTH  
 Inspector Name: \_\_\_\_\_ Date: Jul 7-5-23  
 Inspection Frequency:  Monthly  Quarterly  Annually  Other

Monthly Inspection for Wet Pipe Sprinkler System			
	Y	N/A	N
A.1.0 System in service on inspection	X		
A.2.0 Supply pressure gauge			psi
A.2.1 System pressure gauge			50 psi
A.2.2 Gauges appear to be in good condition	X		
A.3.0 Control valves in normal open or closed position	X		
A.3.1 Control valves properly locked or supervised	X		
A.3.2 Control valves accessible	X		
A.3.3 Control valves provided with appropriate wrenches	X		
A.3.4 Control valves free from external leaks	X		
A.3.5 Control valve identification signs in place	X		
A.3.6 System control valve sign indicates area served	X		
A.4.0 Backflow prevention assembly valves are locked or electrically supervised in open position	X		
A.4.1 Reduced pressure backflow prevention assembly not in continuous discharge			X
A.5.0 Alarm valve gauges indicate normal supply water pressure			X
A.5.1 Alarm valve free of physical damage			X
A.5.2 Alarm valve trim valves are in appropriate open or closed position			X
A.5.3 Alarm valve retarding chamber or alarm drain not leaking	X	X	
A.6.0 ALARM PANEL CLEAR			
A.7.0 COMMENTS:			

INSPECTOR'S INITIAL \_\_\_\_\_ (All "NO" answers to be explained.)  
 OWNER/DESIGNATED REP. INITIAL \_\_\_\_\_ DATE \_\_\_\_\_



2521 West L St., Suite #5  
Lincoln, NE 68522 • 402-466-2616

Report of Inspection, Testing & Maintenance of Wet Pipe Fire Sprinkler Systems...continued

Inspecting Firm: MFP Inspection Contract# \_\_\_\_\_

Name of Inspected Property: YRTC SOUTH

Inspector Name: JIM Date: 7-5-23

Inspection Frequency:  Monthly  Quarterly  Annually  Other

Quarterly Inspection for Wet Pipe Sprinkler Systems			
	Y	N/A	N
B.1.0 System in service on inspection	X		
B.2.0 Hydraulic nameplate attached and legible	X		
B.2.1 Alarm device free from physical damage	X		
B.3.0 FDC is visible	X		
B.3.1 FDC is accessible	X		
B.3.2 FDC swivels/couplings undamaged/rotate smoothly	X		
B.3.3 FDC plugs/caps in place/undamaged	X		
B.3.4 FDC gaskets in place and in good condition	X		
B.3.5 FDC identification sign in place	X		
B.3.6 FDC check valve not leaking	X		
B.3.7 FDC automatic drain valve in place and operating properly	X		
B.3.8 FDC clapper is in place and operating properly	X		
B.3.9 FDC interior inspected where caps missing		X	
B.3.10 FDC obstructions removed as necessary		X	
B.4.0 Pressure reducing control valves (PRV) indicate open		X	
B.4.1 PRV not leaking		X	
B.4.2 PRV maintaining downstream pressure per design		X	
B.4.3 PRV in good condition		X	
B.4.4 PRV handwheel installed and not broken		X	
B.5.0 ALARM PANEL CLEAR	X		
B.6.0 COMMENTS:			

Quarterly Testing for Wet Pipe Sprinkler Systems			
	Y	N/A	N
C.1.0 System in service before testing	X		
C.1.1 Pertinent parties notified before testing	X		
C.1.2 Adequate drainage provided before flow testing	X		
C.2.0 Water flow alarm (other than vane type) tested and is operational	X		
C.2.1 Test conducted with inspector's test connection	X		
C.2.2 Test conducted with bypass connection (freezing weather)		X	
C.2.3 Test conducted per manufacturer's instructions	X		
C.2.4 Alarm devices appear free of physical damage	X		
C.3.0 Adequate drainage provided before flow testing	X		
C.3.1 A main drain test conducted downstream from backflow preventer	X		
C.3.2 A main drain test conducted downstream from pressure reducing valve		X	
C.3.3 Supply water gauge reading before flow (static)		50	psi
C.3.4 Gauge reading during stable flow (residual)		35	psi
C.3.5 Time for supply pressure to return to normal		0	sec
C.4.0 Pertinent parties notified of test conclusion	X		
C.5.0 ALARM PANEL CLEAR	X		
C.6.0 SYSTEM RETURNED TO SERVICE	X		
C.7.0 COMMENTS:			

Semi-Annual Testing for Wet Pipe Sprinkler Systems			
	Y	N/A	N
D.1.0 System in service before testing	X		
D.1.1 Pertinent parties notified before testing	X		
D.2.0 Supervisory switch initiates distinct signal during first two hand wheel revolutions or before valve stem moved one-fifth from normal position	X		
D.2.1 Signal restored only when valve returned to normal position	X		
D.3.0 Adequate drainage provided before flow testing	X		
D.3.1 Main drain test conducted	X		
D.3.2 Supply water gauge reading before flow (static)		50	psi
D.3.3 Gauge reading during stable flow (residual)		35	psi
D.3.4 Time for supply pressure to return to normal		0	sec
D.4.0 Pertinent parties notified of test conclusion	X		
D.5.0 ALARM PANEL CLEAR	X		
D.6.0 SYSTEM RETURNED TO SERVICE	X		
D.7.0 COMMENTS:			

INSPECTOR'S INITIAL \_\_\_\_\_ (All "NO" answers to be explained.) OWNER/DESIGNATED REP. INITIAL \_\_\_\_\_ DATE \_\_\_\_\_



# Report of Inspection, Testing & Maintenance of Dry Pipe Fire Sprinkler Systems

ALL QUESTIONS ARE TO BE ANSWERED AND ALL BLANKS TO BE FILLED  
 (Weekly inspection tasks are NOT included in this report)

Inspecting Firm: MFP Inspection Contract# \_\_\_\_\_  
 Name of Inspected Property: YRTC SOUTH  
 Inspector Name: JIM Date: 7-5-23  
 Inspection Frequency:  Monthly  Quarterly  Annually  Other

Monthly Inspection of Dry Pipe Sprinkler Systems				Y	N/A	N
A.1.0	System in service on inspection	X				
A.1.1	Supply (water) gauge pressure		50	psi		
A.1.2	System (air) gauge pressure		25	psi		
A.1.3	Quick opening device gauge pressure			psi		
A.1.4	Gauge near compressor		100	psi		
A.1.5	Gauge pressures are normal	X				
A.2.0	Control valves in normal open or closed position	X				
A.2.1	Control valves properly locked or supervised	X				
A.2.2	Control valves accessible	X				
A.2.3	Control valves provided with appropriate wrenches	X				
A.2.4	Control valves free from external leaks	X				
A.2.5	Control valve identification signs in place	X				
A.2.6	System control valve sign indicates area served	X				
A.3.0	Backflow prevention assembly valves are locked or electrically supervised in open position	X				
A.3.1	Reduced pressure backflow prevention assembly not in continuous discharge		X			
A.4.0	Dry pipe valve free of physical damage	X				
A.4.1	Dry pipe valve trim valves are in appropriate open or closed position	X				
A.4.2	Dry pipe valve intermediate chamber not leaking	X				
A.5.0	<b>ALARM PANEL CLEAR</b>					
A.6.0	<b>COMMENTS:</b>					

Quarterly Inspection of Dry Pipe Sprinkler Systems				Y	N/A	N
B.1.0	System in service on inspection	X				
B.2.0	Hydraulic nameplate attached and legible	X				
B.2.1	Alarm device free from physical damage	X				
B.3.0	FDC is visible	X				
B.3.1	FDC is accessible	X				
B.3.2	FDC swivels/couplings undamaged/rotate smoothly	X				
B.3.3	FDC plugs/caps in place/undamaged	X				
B.3.4	FDC gaskets in place and in good condition	X				
B.3.5	FDC identification sign in place	X				
B.3.6	FDC check valve not leaking	X				
B.3.7	FDC automatic drain valve in place and operating properly	X				
B.3.8	FDC clapper is in place and operating properly	X				
B.3.9	FDC interior inspected where caps missing		X			
B.3.10	FDC obstructions removed as necessary		X			
B.4.0	Pressure reducing control valves (PRV) indicate open		X			
B.4.1	PRV not leaking		X			
B.4.2	PRV maintaining downstream pressure per design		X			
B.4.3	PRV in good condition		X			
B.4.4	PRV handwheel installed and not broken		X			
B.5.0	<b>ALARM PANEL CLEAR</b>					
B.6.0	<b>COMMENTS:</b>					

Quarterly Testing for Dry Pipe Sprinkler Systems				Y	N/A	N
C.1.0	System in service before testing	X				
C.1.1	Pertinent parties notified before testing	X				
C.1.2	Adequate drainage provided before flow testing	X				
C.2.0	Water flow alarm tested and is operational	X				
C.2.1	Test conducted with inspectors test connection.				X	
C.2.2	Test conducted with bypass connection (freezing weather)	X				
C.2.3	Test conducted per manufacturer's instructions	X				
C.2.4	Alarm devices appear free of physical damage	X				
C.3.0	Supervisory switch initiates distinct signal during first two hand wheel revolutions or before valve stem moved one-fifth from normal position ( <i>semi-annual</i> )	X				
C.3.1	Signal restored only when valve returned to normal position ( <i>semi-annual</i> )	X				
C.4.0	One main drain test conducted downstream from backflow preventer	X				
C.4.1	One main drain test conducted downstream from pressure reducing valve	X				
C.4.2	Supply water gauge reading before flow (static)		50	psi		
C.4.3	Gauge reading during stable flow (residual)		35	psi		
C.4.4	Time for supply pressure to return to normal		0	sec		
C.5.0	Priming water level tested		X			
C.6.0	Quick opening device(s) (QOD) tested		X			
C.7.0	Low pressure alarm tested	X				
C.8.0	Pertinent parties notified of test conclusion	X				
C.9.0	<b>ALARM PANEL CLEAR</b>					
C.10.0	<b>SYSTEM RETURNED TO SERVICE</b>					
C.11.0	<b>COMMENTS:</b>					

INSPECTOR'S INITIAL \_\_\_\_\_ (All "NO" answers to be explained.) OWNER/DESIGNATED REP. INITIAL \_\_\_\_\_ DATE \_\_\_\_\_

# NEBRASKA STATE FIRE MARSHAL FIRE SPRINKLER INSPECTION

**LOCATION OF SYSTEM:**  
*Y.R.T.C PROGRAM BLDG  
 4200 W. 2ND ST  
 HASTINGS NE*

*7-5-23*

**INSPECTION DATE**  
**EDUCATIONAL**  
**TYPE OCCUPANCY**

FORMS INCLUDED WITH THIS COVER SHEET		TYPE OF INSPECTION	
<input type="checkbox"/>	UNDERGROUND TEST CERTIFICATION (FORM 85-AB)	<input type="checkbox"/>	INITIAL ACCEPTANCE OF SYSTEM
<input type="checkbox"/>	ABOVEGROUND TEST CERTIFICATION (FORM 85-AC)	<input type="checkbox"/>	REINSPECTION DUE TO REMODEL, REPAIR, ETC
<input checked="" type="checkbox"/>	REPORT OF INSPECTION	<input type="checkbox"/>	PERIODIC ANNUAL INSPECTION
<input checked="" type="checkbox"/>	DRY PIPE VALVE TEST	<input type="checkbox"/>	BACKFLOW PREVENTER TEST

ITEM # DIRECTORY	DEFICIENCIES
1 - WET RISER 2 - DRY RISER 3 - PREACTION RISER 5 - BACKFLOW PREVENTER 6 - STANDPIPE 7 - OTHER	ITEMIZE DEFICIENCIES NOTED ON INSPECTION AND ANY OTHER PERTINENT COMMENTS ON SYSTEM

TAG #	ITEM #	MAJOR DEFICIENCIES / COMMENTS
<i>48361</i>	<i>5</i>	
<i>48362</i>	<i>1</i>	
<i>48363</i>	<i>2</i>	
<i>48364</i>	<i>7</i>	
<i>48365</i>	<i>7</i>	

**STATUS OF SYSTEM - CHECK ONE**

**IN COMPLIANCE**       **MINOR DEFICIENCIES**       **MAJOR DEFICIENCIES**

<b>COMPANY PERFORMING INSPECTION:</b> Meininger Fire Protection, Inc		<i>Jim Stoto</i> <b>INSPECTOR SIGNATURE</b>
ADDRESS: 2521 West "L" Street, Suite 5		
CITY: Lincoln	STATE: NE	NE LICENSE #: 05046
ZIP CODE: 68522	TESTER BFP LICENSE #:	
PHONE: 402-466-2616		
<b>OWNER REPRESENTATIVE SIGNATURE</b>		

**SEND TO: NEBRASKA STATE FIRE MARSHAL - 246 SOUTH 14TH ST - LINCOLN, NE 68508-1804**

**A COPY OF THIS INSPECTION REPORT SHALL BE LEFT ATTACHED TO THE SYSTEM RISER**



White: AHJ
Yellow: MFP
Pink: Business



## Report of Inspection, Testing & Maintenance of Wet Pipe Fire Sprinkler Systems

ALL QUESTIONS ARE TO BE ANSWERED AND ALL BLANKS TO BE FILLED  
 (Weekly inspection tasks are NOT included in this report)

Inspecting Firm: MFP Inspection Contract# \_\_\_\_\_  
 Name of Inspected Property: YRTC PROGRAM  
 Inspector Name: JM Date: 7-5-23  
 Inspection Frequency:  Monthly  Quarterly  Annually  Other

Monthly Inspection for Wet Pipe Sprinkler System			Y	N/A	N
A.1.0	System in service on inspection		X		
A.2.0	Supply pressure gauge				60 psi
A.2.1	System pressure gauge				50 psi
A.2.2	Gauges appear to be in good condition		X		
A.3.0	Control valves in normal open or closed position		X		
A.3.1	Control valves properly locked or supervised		X		
A.3.2	Control valves accessible		X		
A.3.3	Control valves provided with appropriate wrenches		X		
A.3.4	Control valves free from external leaks		X		
A.3.5	Control valve identification signs in place		X		
A.3.6	System control valve sign indicates area served		X		
A.4.0	Backflow prevention assembly valves are locked or electrically supervised in open position		X		
A.4.1	Reduced pressure backflow prevention assembly not in continuous discharge			X	
A.5.0	Alarm valve gauges indicate normal supply water pressure			X	
A.5.1	Alarm valve free of physical damage			X	
A.5.2	Alarm valve trim valves are in appropriate open or closed position			X	
A.5.3	Alarm valve retarding chamber or alarm drain not leaking			X	
A.6.0	ALARM PANEL CLEAR		X		
A.7.0	COMMENTS:				





2521 West L St., Suite #5  
Lincoln, NE 68522 • 402-466-2616

Report of Inspection, Testing & Maintenance of Wet Pipe Fire Sprinkler Systems...continued

Inspecting Firm: MFP Inspection Contract# \_\_\_\_\_

Name of Inspected Property: YRTC PROGRAM

Inspector Name: JIM Date: 7-5-23

Inspection Frequency:  Monthly  Quarterly  Annually  Other

Quarterly Inspection for Wet Pipe Sprinkler Systems			
	Y	N/A	N
B.1.0 System in service on inspection	X		
B.2.0 Hydraulic nameplate attached and legible	X		
B.2.1 Alarm device free from physical damage	X		
B.3.0 FDC is visible	X		
B.3.1 FDC is accessible	X		
B.3.2 FDC swivels/couplings undamaged/rotate smoothly	X		
B.3.3 FDC plugs/caps in place/undamaged	X		
B.3.4 FDC gaskets in place and in good condition	X		
B.3.5 FDC identification sign in place	X		
B.3.6 FDC check valve not leaking	X		
B.3.7 FDC automatic drain valve in place and operating properly	X		
B.3.8 FDC clapper is in place and operating properly	X		
B.3.9 FDC interior inspected where caps missing			X
B.3.10 FDC obstructions removed as necessary			X
B.4.0 Pressure reducing control valves (PRV) indicate open			X
B.4.1 PRV not leaking			X
B.4.2 PRV maintaining downstream pressure per design			X
B.4.3 PRV in good condition			X
B.4.4 PRV handwheel installed and not broken			X
B.5.0 ALARM PANEL CLEAR	X		
B.6.0 COMMENTS:			

Quarterly Testing for Wet Pipe Sprinkler Systems			
	Y	N/A	N
C.1.0 System in service before testing	X		
C.1.1 Pertinent parties notified before testing	X		
C.1.2 Adequate drainage provided before flow testing	X		
C.2.0 Water flow alarm (other than vane type) tested and is operational	X		
C.2.1 Test conducted with inspector's test connection	X		
C.2.2 Test conducted with bypass connection (freezing weather)		X	
C.2.3 Test conducted per manufacturer's instructions	X		
C.2.4 Alarm devices appear free of physical damage	X		
C.3.0 Adequate drainage provided before flow testing	X		
C.3.1 A main drain test conducted downstream from backflow preventer	X		
C.3.2 A main drain test conducted downstream from pressure reducing valve		X	
C.3.3 Supply water gauge reading before flow (static)			50 psi
C.3.4 Gauge reading during stable flow (residual)			40 psi
C.3.5 Time for supply pressure to return to normal			0 sec
C.4.0 Pertinent parties notified of test conclusion	X		
C.5.0 ALARM PANEL CLEAR	X		
C.6.0 SYSTEM RETURNED TO SERVICE	X		
C.7.0 COMMENTS:			

Semi-Annual Testing for Wet Pipe Sprinkler Systems			
	Y	N/A	N
D.1.0 System in service before testing	X		
D.1.1 Pertinent parties notified before testing	X		
D.2.0 Supervisory switch initiates distinct signal during first two hand wheel revolutions or before valve stem moved one-fifth from normal position	X		
D.2.1 Signal restored only when valve returned to normal position	X		
D.3.0 Adequate drainage provided before flow testing	X		
D.3.1 Main drain test conducted	X		
D.3.2 Supply water gauge reading before flow (static)			50 psi
D.3.3 Gauge reading during stable flow (residual)			40 psi
D.3.4 Time for supply pressure to return to normal			0 sec
D.4.0 Pertinent parties notified of test conclusion	X		
D.5.0 ALARM PANEL CLEAR	X		
D.6.0 SYSTEM RETURNED TO SERVICE	X		
D.7.0 COMMENTS:			

INSPECTOR'S INITIAL \_\_\_\_\_ (All "NO" answers to be explained.) OWNER/DESIGNATED REP. INITIAL \_\_\_\_\_ DATE \_\_\_\_\_



# Report of Inspection, Testing & Maintenance of Dry Pipe Fire Sprinkler Systems

ALL QUESTIONS ARE TO BE ANSWERED AND ALL BLANKS TO BE FILLED  
 (Weekly inspection tasks are NOT included in this report)

Inspecting Firm: MFP Inspection Contract# \_\_\_\_\_  
 Name of Inspected Property: YRTC PROGRAM  
 Inspector Name: Jim Date: 7-5-23  
 Inspection Frequency:  Monthly  Quarterly  Annually  Other

### Monthly Inspection of Dry Pipe Sprinkler Systems

	Y	N/A	N
A.1.0 System in service on inspection	X		
A.1.1 Supply (water) gauge pressure		50	psi
A.1.2 System (air) gauge pressure		20	psi
A.1.3 Quick opening device gauge pressure		-	psi
A.1.4 Gauge near compressor		125	psi
A.1.5 Gauge pressures are normal	X		
A.2.0 Control valves in normal open or closed position	X		
A.2.1 Control valves properly locked or supervised	X		
A.2.2 Control valves accessible	X		
A.2.3 Control valves provided with appropriate wrenches	X		
A.2.4 Control valves free from external leaks	X		
A.2.5 Control valve identification signs in place	X		

	Y	N/A	N
A.2.6 System control valve sign indicates area served	X		
A.3.0 Backflow prevention assembly valves are locked or electrically supervised in open position	X		
A.3.1 Reduced pressure backflow prevention assembly not in continuous discharge		X	
A.4.0 Dry pipe valve free of physical damage	X		
A.4.1 Dry pipe valve trim valves are in appropriate open or closed position	X		
A.4.2 Dry pipe valve intermediate chamber not leaking	X		
<b>A.5.0 ALARM PANEL CLEAR</b>	X		
<b>A.6.0 COMMENTS:</b>			

### Quarterly Inspection of Dry Pipe Sprinkler Systems

B.1.0 System in service on inspection	X		
B.2.0 Hydraulic nameplate attached and legible	X		
B.2.1 Alarm device free from physical damage	X		
B.3.0 FDC is visible	X		
B.3.1 FDC is accessible	X		
B.3.2 FDC swivels/couplings undamaged/rotate smoothly	X		
B.3.3 FDC plugs/caps in place/undamaged	X		
B.3.4 FDC gaskets in place and in good condition	X		
B.3.5 FDC identification sign in place	X		
B.3.6 FDC check valve not leaking	X		
B.3.7 FDC automatic drain valve in place and operating properly	X		
B.3.8 FDC clapper is in place and operating properly	X		
B.3.9 FDC interior inspected where caps missing		X	
B.3.10 obstructions removed as necessary		X	
B.4.0 Pressure reducing control valves (PRV) indicate open		X	
B.4.1 PRV not leaking		X	
B.4.2 PRV maintaining downstream pressure per design		X	
B.4.3 PRV in good condition		X	
B.4.4 PRV handwheel installed and not broken	X	X	
<b>B.5.0 ALARM PANEL CLEAR</b>	X		
<b>B.6.0 COMMENTS:</b>			

### Quarterly Testing for Dry Pipe Sprinkler Systems

C.1.0 System in service before testing	X		
C.1.1 Pertinent parties notified before testing	X		
C.1.2 Adequate drainage provided before flow testing	X		
C.2.0 Water flow alarm tested and is operational	X		
C.2.1 Test conducted with inspectors test connection			X
C.2.2 Test conducted with bypass connection (freezing weather)	X		
C.2.3 Test conducted per manufacturer's instructions	X		
C.2.4 Alarm devices appear free of physical damage	X		
C.3.0 Supervisory switch initiates distinct signal during first two hand wheel revolutions or before valve stem moved one-fifth from normal position (semi-annual)	X		
C.3.1 Signal restored only when valve returned to normal position (semi-annual)	X		
C.4.0 One main drain test conducted downstream from backflow preventer	X		
C.4.1 One main drain test conducted downstream from pressure reducing valve		X	
C.4.2 Supply water gauge reading before flow (static)		50	psi
C.4.3 Gauge reading during stable flow (residual)		40	psi
C.4.4 Time for supply pressure to return to normal		0	sec
C.5.0 Priming water level tested		X	
C.6.0 Quick opening device(s) (QOD) tested		X	
C.7.0 Low pressure alarm tested	X		
C.8.0 Pertinent parties notified of test conclusion	X		
<b>C.9.0 ALARM PANEL CLEAR</b>	X		
<b>C.10.0 SYSTEM RETURNED TO SERVICE</b>	X		
<b>C.11.0 COMMENTS:</b>			

INSPECTOR'S INITIAL \_\_\_\_\_ (All "NO" answers to be explained.)  
 OWNER/DESIGNATED REP. INITIAL \_\_\_\_\_ DATE \_\_\_\_\_

# Hood Fire Suppression System Inspection Report



**Location Code:** HUXEKIB

**Contact:** Daniel Browitt

**Contact Address:** 4200 W. 2nd St.  
Hastings, NE 68901

**Phone:** (402) 462-1971

**Email:** daniel.browitt@nebraska.gov

**Property Evaluated:** Hastings Regional Center (Health Care)  
4200 W. 2nd St.  
Hastings, NE 68901

**Description:** Hood (Range Hood Inspection)

**Company:** Hastings Office

**Address:** 1239 North Minnesota Ave. , PO Box  
1467

Hastings, NE 68902

**Company Phone:** 800-274-0888

**Inspector:** Matt Goff  
NE State Inspectors License #L71

**Date of Work:** 1/9/2024

**Frequency:** Semi-Annual

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## Deficiency Summary

**Status:** Open

**Severity:** Non-Critical

Question-10

10. All fusible links replaced?

Due next inspection

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## General Comments

There are no general comments for this submission



Hastings Office  
 1239 North Minnesota Ave., PO Box 1467  
 Hastings, NE 68902  
 Phone: 800-274-0888

## Hood Fire Suppression System Inspection Report

Account Information		
Facility Name: Hastings Regional Center	Property Type: Health Care	Assembly Description: Hood (Range Hood Inspection)
Service Address: 4200 W. 2nd St., Hastings, NE, 68901		
Mailing Name: Daniel Browitt		Phone: (402) 462-1971
Mailing Address: 4200 W. 2nd St., Hastings, NE, 68901		

Hood Information		
Manufacturer: Ansul	Control Head Style: R102	Tank Style: Stainless steel
System Location: Kitchen	# of Nozzles: 4	# of Flows: NA
<input type="checkbox"/> None	<input checked="" type="checkbox"/> Building Fire Alarm	<input checked="" type="checkbox"/> Monitored
<input type="checkbox"/> Local		

Tanks							
Size	Year	Last Service	Next Service	Size	Year	Last Service	Next Service
3 gallon	2021	NA	2033	3 gallon	2021	NA	2033

Cartridge							
Size	Date	Size	Date	Size	Date	Size	Date
113 oz	2021	NA	NA	NA	NA	NA	NA

Link								
Temp	Qty	Style	Temp	Qty	Style	Temp	Qty	Style
280	NA		360	4	K	450	NA	
Temp	Qty	Style	Temp	Qty	Style	Temp	Qty	Style
500	NA			NA			NA	

Fuel Shut Off:		
<input type="checkbox"/> All Electric Equipment	<input checked="" type="checkbox"/> MGV	Electric Gas Valve w/Reset Relay
MGV/RR Location: Above ceiling		
Electrical Reset Location: 81-84 breaker for oven		
Cooking Equipment (L to R): 6 burner range		

Tester Information		
Frequency: Semi-Annual	Inspected By: Matt Goff	Date of Test: 1/9/2024
Tester Signature: 		Certification Number: NE State Inspectors License #L71



**Hastings Office**  
 1239 North Minnesota Ave. , PO Box 1467  
 Hastings, NE 68902  
 Phone: 800-274-0888

- |   |  |
|---|--|
| 1. Notify AHJ/Monitoring company prior to testing?              | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 2. System tamper seals intact upon arrival?                     | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 3. Cooking equipment line-up same as last inspection?           | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 4. System tripped immediately from terminal link/pull?          | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 5. Alarm actuated?  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 6. All gas under the hood shuts down?                           | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 7. Electricity to protect appliances shuts off?                 | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A |
| 8. Hood make-up air shuts down?                                 | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 9. Exhaust fan turns on?  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 10. All fusible links replaced?                                 | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A |
| 11. All nozzle caps/seals in place?                             | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 12. All rubber nozzle caps replaced (annually)?                 | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A |
| 13. No obstructions to nozzle spray pattern?                    | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 14. Plenum(s), Duct(s), & appliances properly detected?         | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 15. Plenum(s), Duct(s), & appliances properly protected?        | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 16. All hood/duct penetrations properly sealed?                 | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 17. Plenum(s), filters & duct(s) are clean?                     | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 18. No abandoned pipe or visible holes in hood or duct?         | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 19. System tested from remote manual pull station?              | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 20. System valve Actuator(s) tested?                            | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A |
| 21. Verify all pilot lights re-lit after testing?               | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 22. Manual Reset present with electric gas valve?               | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A |
| 23. Verify electrical restored to all appliances after testing? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A |
| 24. Verify signals reported to central station properly?        | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 25. All tanks within proper pressure or chemical level?         | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A |
| Bottle PSI:   |  |
| 26. All tanks and actuators reconnected?                        | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 27. All tanks within proper date?                               | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Date New or Last Hydro Test:                                    | 2033   |
| 28. All cartridges within proper weight & date?                 | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Cartridge Weight (oz.):   | 113 oz   |
| 29. System cartridge installed?                                 | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 30. System in service with tamper seals & tags in place?        | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 31. System is U.L. Standard 300 compliant?                      | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 32. Class K fire extinguisher present?                          | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Class K Extinguisher Date:                                      | 2019   |

Customer Information	
Customer Name: Daniel Browitt	
Customer Signature: 	Date: 1/9/2024

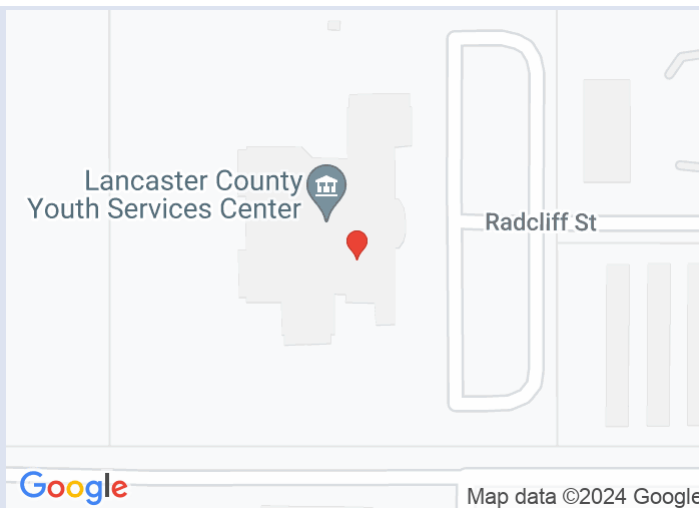


Tech connected. Lives protected.

## Inspection Report

Presented To  
City Of Lincoln - Youth Service Center

For  
City Of Lincoln - Youth Service Center  
1200 Radcliff St  
Lincoln, NE 68512



**This site has been inspected  
and tested in compliance  
with applicable standards.**

Completed:  
**Thursday, February 29, 2024**

Tested By:  
**Bryan Martin**  
Midwest Alarm Services  
141 M St  
Lincoln, NE 68508

Scan Code to Access  
Nspec Cloud Portal



# Inspection Information

## CUSTOMER INFORMATION

Name:	City Of Lincoln - Youth Service Center	Address:	920 O St
City:	Lincoln	State:	NE
ZIP:	68508		

## BUILDING INFORMATION

Name:	City Of Lincoln - Youth Service Center	Occupancy Type:	Not determined
Address:	1200 Radcliff St	City:	Lincoln
State:	NE	ZIP:	68512

## COMPANY INFORMATION

Name:	Midwest Alarm Services	Address:	141 M St
City:	Lincoln	State:	NE
Zip:	68508	License:	-
Email:	inspections@mw-as.com	Phone:	(402) 474-3737

## TESTING SUMMARY

EQUIPMENT TYPE	TOTAL	TESTED	PASSED	FAILED
Communicator	0	0 (0%)	0 (0%)	0 (0%)
Alarm Initiated Device	176	171 (97%)	171 (97%)	0 (0%)
Alarm Notification Appliance	1	1 (100%)	1 (100%)	0 (0%)
Annunciator	1	1 (100%)	1 (100%)	0 (0%)
Auxiliary Device	1	1 (100%)	1 (100%)	0 (0%)
Auxiliary Power Supply	0	0 (0%)	0 (0%)	0 (0%)
Control Unit	1	1 (100%)	1 (100%)	0 (0%)
Supervising Station Monitoring	0	0 (0%)	0 (0%)	0 (0%)
Supervisory Signal Device	0	0 (0%)	0 (0%)	0 (0%)

## Fire Alarm System - NFPA 72 (2013) Lincoln

This inspection was conducted in accordance with NFPA 72 Standards and the codes established by the local Authorities Having Jurisdiction for the site inspected. NFPA 72 provides established guidelines for the testing of fire alarm systems, including fire detection, emergency communication and signaling. If your city has mandated it, we will upload your inspection report to the local compliance engine. If you have any questions regarding this report or require additional services. Please contact our Inspection Team at 402-970-1509 or [MWLNInspections@mw-as.com](mailto:MWLNInspections@mw-as.com).

Tracy Warwick  
Inspection Manager  
515-313-1132  
[Tracy.Warwick@mw-as.com](mailto:Tracy.Warwick@mw-as.com)

Tested By:

*Bryan Martin*  
696-8/26

**Bryan Martin**  
Midwest Alarm Services  
141 M St  
Lincoln, NE 68508



## Control Unit 1

### Location

Location	1st / Maintenance room
----------	------------------------

### Specification

Type/Make/Model	Simplex / 4100
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### Software Firmware

Revision Number	-
Onsite Location Of Documentation	-

### Primary Power

Nominal Voltage	-
Amps	-

### Overcurrent Protection

Type	-
Amps	-
Location	-
Disconnecting Means Location	-

### Visual/ Functional

Control Unit	Tested visually and functionally
Lamps/LEDs/LCDs	Tested visually and functionally
Fuses	Tested visually
Trouble Signal	Tested visually and functionally
Disconnect Switch	Tested visually
Ground-Fault Monitoring	Tested visually

### Batteries

Battery Date	12/12/2021
Battery Type	Sealed Lead Acid
Nominal Voltage	13.9 / 13.9
Amps/Hour Rating	100AH
Standby Mode (hrs)	24
Alarm Mode (mins)	5

### Visual/ Functional

Load Voltage	Tested visually
Charge Test	Tested visually
Discharge Test	Tested visually
Battery Condition	Tested visually

### Result

● Passed

### Notes

Number	-
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## Annunciator 1

### Location

Location	Control room
----------	--------------

### Specification

Type/Make/Model	Simplex
-----------------	---------

### Result

	● Passed
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### Notes

Number	-
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## Alarm Initiated Device

Location	Specification	Sensitivity	Result	Notes
Location room A1	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location room A11	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location room A2	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location room A3	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location Room A4	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location Room A5	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location Room A8	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location Room A9	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -

Location	Specification	Sensitivity	Result	Notes
Location Storage	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location Room B1	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location Room B4	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location Room B6	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location Room B7	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location Room B9	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location Room C1	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location Room C2	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location Room C4	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location Room C6	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location Room C7	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location Room C9	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location Mechanical room M12	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -

Location	Specification	Sensitivity	Result	Notes
Location Southwest Vestibule CD6	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location Room D1	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location Room D11	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location Room D3	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location Room D5	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location Room D8	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location Room D9	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location Room E10	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location Room E2	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location Room E4	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location Room E5	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location Room E8	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location Room E9	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -

Location	Specification	Sensitivity	Result	Notes
Location Housing Vestibule EF6	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location Mechanical room M14	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location Room F1	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location Room F2	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location Room F4	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location Room F6	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location Room F7	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location Room F9	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location Restroom J12	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location Restroom J13	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location Room J2	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location Room J4	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location Room J5	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -

Location	Specification	Sensitivity	Result	Notes
Location Room J6	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location Room J8	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location Administrating waiting lobby	Type/Make/Model Manual Pull Station	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location Brakroom Corridor L10	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location Intake desk	Type/Make/Model Manual Pull Station	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location Intake desk/storage M8	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location Intake room T16	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location Intake room T17	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location Intake room T18	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location Intake room T19	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location Intake Southeast	Type/Make/Model Manual Pull Station	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location Intake storage room M8	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location JK/North entrance vestibule S4	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -

Location	Specification	Sensitivity	Result	Notes
Location Lobby Center	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location Lobby Corridor @Control	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location Lobby L2	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location Lobby North	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location Lobby South	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location Lobby Staff Lockers L18	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location North Breakroom L8	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location North Corridor L7	Type/Make/Model Manual Pull Station	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location North Corridor L7	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location Photo/Print Room T6	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location Sally port vestibule North	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location Sally port vestibule South	Type/Make/Model Manual Pull Station	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location Sally port Vestibule South	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -

Location	Specification	Sensitivity	Result	Notes
Location Secure assessment T5	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location South Assessment Corridor	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location South Assessment Corridor L37	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location South Assessment Offices	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location South Intake Corridor	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location Vehicular Sallyport	Type/Make/Model Manual Pull Station	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location Waiting L1	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location BSMT Mechanical Room	Type/Make/Model Manual Pull Station	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location BSMT Mechanical Room East	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location BSMT Mechanical Room West	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location Corridor control Room	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location Corridor Room P16	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location Corridor Room V7	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -



Location	Specification	Sensitivity	Result	Notes
Location Corridor North	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location Data Room S3	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location Main Control Room	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location Main Control Room	Type/Make/Model Manual Pull Station	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location Visiting Conference room	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location Mechanical Room M219	Type/Make/Model Manual Pull Station	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location Mechanical room AHU 3	Type/Make/Model Duct Smoke Detector	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location Mechanical room AHU 5	Type/Make/Model Duct Smoke Detector	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location Mechanical room M219	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location Mechanical room M219	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location Multi Use JK N	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location Multi Use JK NW	Type/Make/Model Manual Pull Station	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location Multi Use JK SW	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -

Location	Specification	Sensitivity	Result	Notes
Location North Mechanical Room M1	Type/Make/Model Manual Pull Station	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location Multi Use JK NE	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location Multi Use JK NW	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location Multi Use JK SE	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location Multi Use JK SW	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location Corridor room M2	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location Corridor Room P14	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location Corridor supply	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location Kitchen corridor North	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location Kitchen corridor South	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location Kitchen North	Type/Make/Model Heat Detector	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -
Location Kitchen South	Type/Make/Model Heat Detector	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -
Location Laundry room behind dryer	Type/Make/Model Heat Detector	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -

Location	Specification	Sensitivity	Result	Notes
Location Laundry room East	Type/Make/Model Heat Detector	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -
Location Laundry room West	Type/Make/Model Heat Detector	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -
Location Vestibule M2	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location Vestibule M3	Type/Make/Model Manual Pull Station	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location Mechanical room M221AHU2	Type/Make/Model Duct Smoke Detector	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location Mechanical room M221 N.	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location Mechanical room M221 S	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location Classroom P6	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location Classroom P8	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location North skylight	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location Resource room West	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location South skylight	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location Corridor CD	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -

Location	Specification	Sensitivity	Result	Notes
Location Multi use Vestibule AB2	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location Multi use AB desk	Type/Make/Model Manual Pull Station	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location Multi use AB Northeast	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location Multi use AB South	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location Multi use AB Southeast	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location Multi use AB West	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location Multi use CD desk	Type/Make/Model Manual Pull Station	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location Multi use CD entry	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location Multi use CD North	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location Multi use CD Northwest	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location Multi use CD South	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location South electrical room	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location Supervisor office	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -

Location	Specification	Sensitivity	Result	Notes
Location Corridor AB office	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location Corridor medical room	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location Emergency exit	Type/Make/Model Manual Pull Station	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location Emergency exit	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location Nurses exam room	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location Mechanical room	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location Mechanical room AHU 4	Type/Make/Model Duct Smoke Detector	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location Mechanical room	Type/Make/Model Manual Pull Station	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location Mechanical room AHU8	Type/Make/Model Duct Smoke Detector	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location Mechanical room AHU8	Type/Make/Model Duct Smoke Detector	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location Mechanical room North	Type/Make/Model Duct Smoke Detector	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location Mechanical room South	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location Southwest mechanical room	Type/Make/Model Manual Pull Station	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -

Location	Specification	Sensitivity	Result	Notes
Location Southwest mechanical room AHU7	Type/Make/Model Duct Smoke Detector	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location Southwest mechanical room AHU7	Type/Make/Model Duct Smoke Detector	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location Southwest mechanical room East	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location Southwest mechanical room West	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location Multi use EF entry	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location Multi use EF North	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location Multi use EF Northeast	Type/Make/Model Manual Pull Station	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location Multi use EF Southeast	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location Multi use EF Southwest	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location Storage room EF4	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location Supervisors office	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location Corridor Room M19	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location Corridor Room P1	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -

Location	Specification	Sensitivity	Result	Notes
Location Corridor Room P15	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location Corridor Room S9	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location Emergency exit S9	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location Gymnasium vestibule	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location Janitors closet M18	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location Mechanical room M214	Type/Make/Model Manual Pull Station	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location Mechanical room 214 AHU6	Type/Make/Model Duct Smoke Detector	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location Mechanical room M214 AHU six	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location Mechanical room and 214 E.	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location Mechanical room in 214 W.	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location	Type/Make/Model Duct Smoke Detector	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location	Type/Make/Model Duct Smoke Detector	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -

## Auxiliary Device

Location	Specification	Result	Notes
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Location	Type/Make/Model	Result	Number
Throughout building	Voice Evacuation	● Passed	-

## Alarm Notification Appliance

Location	Specification	Result	Notes
Location	Type/Make/Model	Result	Number
Throughout building - 109 / 109	Audible And Visible	● Passed	-





Tech connected. Lives protected.

## Conclusion

We appreciate the opportunity to provide this inspection report. We are confident in the accuracy of the contents of this report. Should you require any additional services, or have questions regarding the contents of this report, please do not hesitate to contact your Midwest Alarm Services representative at 515-288-4000.

*Bryan Martin*  
696-8/26

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Tested By:

**Bryan Martin**

Midwest Alarm Services

141 M St

Lincoln, NE 68508



Lincoln-Lancaster County Health Department  
 Environmental Health Division  
 3131 O Street  
 Lincoln, Nebraska 68510

Time In	Purpose	Inspection Date
10:40 AM	Regular	08/13/2024
Time Out	Facility Codes	
12:00 PM	20X	

FIRM **LANCASTER YOUTH SERVICES**

OWNER **LANCASTER YOUTH SERVICES**

ADDRESS **1200 RADCLIFF ST**

**LINCOLN NE, 68512**

**TOTAL VIOLATIONS**  
 PRIORITY 1 CORE 1  
 PRIORITY FOUNDATION 0

**FOOD ESTABLISHMENT INSPECTION REPORT**

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS		GOOD RETAIL PRACTICES	
<b>Supervision</b>		<b>Safe Food and Water</b>	
1	IN COMPLIANCE PIC present, demonstrates knowledge, and performs duties	28	IN COMPLIANCE Pasteurized eggs used where required
<b>Employee Health/Responding to Contamination Events</b>		29	IN COMPLIANCE Water and ice from approved source
2	IN COMPLIANCE Management and food employee knowledge,	30	IN COMPLIANCE Variance obtained or specialized processing methods
3	IN COMPLIANCE Proper use of restriction and exclusion	<b>Food Temperature Control</b>	
<b>Good Hygienic Practices</b>		31	IN COMPLIANCE Proper cooling methods used; adequate equipment for temperature control
4	IN COMPLIANCE Proper eating, tasting, drinking, or tobacco use	32	IN COMPLIANCE Plant food properly cooked for hot holding
5	IN COMPLIANCE No discharge from eyes, nose, and mouth	33	IN COMPLIANCE Approved thawing methods used
<b>Control of Hands as a Vehicle of Contamination</b>		34	IN COMPLIANCE Thermometers provided and accurate
6	IN COMPLIANCE Hands clean properly washed	<b>Food Identification</b>	
7	IN COMPLIANCE No bare hand contact with RTE foods or a pre-approved alternate properly followed	35	IN COMPLIANCE Food properly labeled; original container
8	IN COMPLIANCE Adequate handwashing sinks, properly supplied and accessible	<b>Prevention of Food Contamination</b>	
<b>Approved Source</b>		36	IN COMPLIANCE Insects, rodents and animals not present
9	IN COMPLIANCE Food obtained from approved source	37	IN COMPLIANCE Contamination prevented during food preparation, storage and display
10	IN COMPLIANCE Food received at proper temperature	38	IN COMPLIANCE Personal cleanliness; hair restrained
11	IN COMPLIANCE Food in good condition, safe, and unadulterated	39	OUT OF COMPLIANCE Wiping cloths; properly used and stored
12	NOT APPLICABLE Required records available: shellstock tags, parasite destruction	40	IN COMPLIANCE Washing fruits and vegetables
<b>Protection from Contamination</b>		<b>Proper Use of Utensils</b>	
13	NOT APPLICABLE Food separated and protected	41	IN COMPLIANCE In-use utensils; properly stored
14	OUT OF COMPLIANCE Food-contact surfaces: cleaned sanitized	42	IN COMPLIANCE Utensils, equipment and linens; properly stored, dried, handled
15	IN COMPLIANCE Proper disposition of returned, previously served, reconditioned, and unsafe food	43	IN COMPLIANCE Single-use/single-service articles; properly stored, used
<b>Time/Temperature Control for Safety Food (TCS Food)</b>		44	IN COMPLIANCE Gloves used properly
16	NOT OBSERVED Proper cooking time and temperatures	<b>Utensils, Equipment and Vending</b>	
17	NOT APPLICABLE Proper reheating procedures for hot holding	45	IN COMPLIANCE Food and non-food contact surfaces cleanable, properly designed, constructed, and used
18	NOT APPLICABLE Proper cooling time and temperatures	46	IN COMPLIANCE Warewashing facilities, installed, maintained, used, test strips
19	IN COMPLIANCE Proper hot holding temperatures	47	IN COMPLIANCE Non-food-contact surfaces clean
20	IN COMPLIANCE Proper cold holding temperatures	<b>Physical Facilities</b>	
21	NOT OBSERVED Proper date marking and disposition	48	IN COMPLIANCE Hot and cold water available; adequate pressure
22	NOT APPLICABLE Time as a Public Health Control: procedures and records	49	IN COMPLIANCE Plumbing installed; proper backflow devices
<b>Consumer Advisory</b>		50	IN COMPLIANCE Sewage and waste water properly disposed
23	NOT APPLICABLE Consumer advisory provided for raw or undercooked food	51	IN COMPLIANCE Toilet facilities: properly constructed, supplied, clean
<b>Highly Susceptible Population</b>		52	IN COMPLIANCE Garbage and refuse properly disposed; facilities maintained
24	IN COMPLIANCE Pasteurized foods used; prohibited foods not offered	53	IN COMPLIANCE Physical facilities installed, maintained, and clean
<b>Food/Color Additives and Toxic Substances</b>		54	IN COMPLIANCE Adequate ventilation and lighting; designated areas used
25	NOT APPLICABLE Food additives: approved and properly used		
26	IN COMPLIANCE Toxic substances properly identified, stored, and used; held for retail sale, properly stored		
<b>Conformance with Approved Procedures</b>			
27	NOT APPLICABLE Compliance with variance, specialized process, ROP criteria or HACCP plan		



HF20045010

LANCASTER YOUTH SERVICES 1200 RADCLIFF ST

**TEMPERATURE OBSERVATIONS** **STAFFING/RECORDS REQUIREMENTS**

FOOD PRODUCT	°F	LOCATION	Food Handler Permits	IN COMPLIANCE
Burgers	138	Hot-Holding-at arrival	Permit Records	IN COMPLIANCE
Potatoes (cooked)	155	Hot-Holding-at arrival		
Final Rinse	150	Warewashing Machine		
Ambient Air	41	Storage Refrigerator		

**VIOLATION DETAIL**

Code	Critical	Repeat	Violation Description	Remarks	Corrected	Correct By
Priority Level	Risk Factor	Food Code Citation				
Location						
4-703.11	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Final rinse sanitizing temperature only reaching 150F. Per Food Code and machine data plate the temperature must reach 160F. Please have this corrected asap. This issue was documented on the last routine inspection (although debited as 4-501.110).		<input type="checkbox"/>	08/18/2024
Priority						
	RF 14	After being cleaned, equipment food-contact surfaces and utensils shall be sanitized in: Hot water mechanical operations by being cycled through equipment that is set up as specified under §§ 4-501.15, 4-501.112, and 4-501.113 and achieving a utensil surface temperature of 71°C (160°F) as measured by an irreversible registering temperature indicator; or				
3-304.14	<input type="checkbox"/>	<input type="checkbox"/>	Store wiping towels (between use) in a chlorine solution of 100-200 ppm chlorine. Corrected on site.		<input checked="" type="checkbox"/>	CORRECTED
	RF 39	Cloths in-use for wiping counters and other equipment surfaces shall be: (1) Held between uses in a chemical sanitizer solution at a concentration specified under § 4-501.114; and(2) Laundered daily as specified under 4-802.11(D).				

**Remarks:** Last routine inspection noted missing faucet fixture on right side of 3 comp sink. All utensils are washed in the mechanical warewashing machine, so no violation. Mineral buildup on floor beneath the warewashing machine and ice dispenser. Suggest removal for easier cleaning.

555500108132024114112   Follow-up  
 Printed 08/13/2024 12:00:36 PM FIR201

*Dan Kehler*

**Environmental Health Specialist**  
 DAN KAHLER 30  
 dkahler@lincoln.ne.gov (402) 441-3097

**Received by Person-In Charge**  
 MACHMER JOHANNA  
 MANAGER

Obtain Food Handler and alcohol server/seller permits at  
[www.lincoln.ne.gov](http://www.lincoln.ne.gov) search word "Food".



# Lancaster County Youth Services Center

2024

## GENERATOR USAGE LOG

Usage Date	Start Time	End Time	Under Load?
1-3	8:05	9:05	Yes
1-10	8:00	8:30	No
1-17	8:00	8:30	No
1-24	8:10	8:40	No
1-31	9:00	9:30	No
2-8	1:25	2:25	Yes
2-14	1:15	1:45	No
2-21	8:00	8:30	No
2-28	9:15	9:45	No
3-6	8:10	9:10	Yes
3-12	8:15	8:45	No
3-20	8:00	8:30	No
3-27	8:10	8:40	No
4-2	8:05	9:05	Yes
4-10	8:40	9:10	No
4-17	8:10	8:40	No
4-24	9:05	9:35	No
5-2	8:40	9:40	Yes
5-8	8:05	8:35	No
5-15	8:10	8:40	No
5-22	8:00	8:30	No
5-30	8:15	8:45	No
6-5	8:00	9:00	Yes
6-12	8:15	8:45	No
6-18	9:30	10:00	No
6-26	9:15	9:45	No
7-3	8:00	9:00	Yes
7-10	8:05	8:35	No

Usage Date	Start Time	End Time	Under Load?
7-16	8:15	8:45	No
7-24	8:00	8:30	No
7-30	8:05	8:35	No
8-7	9:00	10:00	Yes
8-13	7:55	8:25	No
8-20	8:10	9:40	No
8-26	7:55	8:55	Yes
9-5	8:05	8:25	No
9-12	8:00	8:30	No
9-18	8:05	8:35	No
10-30	11:30	12:00	NO
11-8	11:30	12:00	NO
11-13	10:15	11:15	yes
11-20	8:05	8:35	NO

Power Out

# YRTC-L SAFETY, SANITATION and DETAIL CHECKLIST

ECHO/FOXTROT UNIT: YRTC - Lincoln

WEEK OF: 10-14-24 - 10-20-24

AREA	LEAD CIRCLE Y/N FOR DISCREPANCIES IN THE BOX ON THE LEFT SUPERVISOR DATE/INITIAL WHEN CORRECTED IN BOX ON THE RIGHT						
	MON. Def./Corr.	TU. Def./Corr.	WED Def./Corr.	TH. Def./Corr.	FRI. Def./Corr.	SAT. Def./Corr.	SUN. Def./Corr.
<b>BATHROOM</b>							
Paper products full	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Floors clean	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Toilets Clean and Working	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Sinks Clean	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Mirrors Clean	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Lockers Clean/Clothes Folded	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Soap Dispensers Full	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Showers Clean	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Door Handle Clean	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Detail Closet Neat and Organized	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Lights all Working	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Lead Initials	JK	JK	JK	JK	JK	LC	JK
<b>ECHO/FOXTROT</b>							
Floors Clean	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Grievance Policy and Forms Posted	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Tables Clean/Have Protective Pads	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Windows Clean	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Lights All Working	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Cubbies Neat and Clean	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Trash/Trash Cans/Lids	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Bulletin Boards Neat and Organized	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Youth Rights Posted	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Rules and Violation List Posted	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
All Things In Working Order	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Echo/Foxtrot Showers	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Lead Initials	JK	JK	JK	JK	JK	LC	JK
<b>MULTIPURPOSE ROOM</b>							
Floors Clean	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Tables Clean/Have Protective Pads	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Windows Clean	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Lights All Working	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Cubbies Neat and Clean	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Trash/Trash Cans/Lids	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Youth Phones Working	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Bookcases Neat and Organized	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Green Cabinet Neat and Org.	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Storeroom Neat and Organized	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Towels and Scrub Inventory	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Lead Initials	JK	JK	JK	JK	JK	LC	JK

MISCELLANEOUS AREAS	MON	TU.	WED	TH.	FRI.	SAT.	SUN.
	Def./Corr.	Def./Corr.	Def./Corr.	Def./Corr.	Def./Corr.	Def./Corr.	Def./Corr.
Emergency Exit Lights	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Fire Extinguishers	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Lead Desk Floor Swept/Mopped	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Desk Organized/Uncluttered	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Trash in Office Empty	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Restroom Floor Clean	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Restroom Toilet Clean	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Sink	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Broom and Mop Room	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Mechanical Restraints	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
<b>LEAD INITIALS:</b>	JH	JK	JK	JK	LC	LC	JK

BEDROOMS	MON	TU.	WED	TH.	FRI.	SAT.	SUN.
	Def./Corr.	Def./Corr.	Def./Corr.	Def./Corr.	Def./Corr.	Def./Corr.	Def./Corr.
Floor Clean/Mopped	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Desk Clean	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Beds Made	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Restroom Clean	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Lighting Working	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Room Organized	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
<b>LEAD INITIALS:</b>	JK	JK	JK	JK	LC	LC	JK

SAFETY/SANITATION FORMS	MON	TU.	WED	TH.	FRI.	SAT.	SUN.
	Def./Corr.	Def./Corr.	Def./Corr.	Def./Corr.	Def./Corr.	Def./Corr.	Def./Corr.
Cleaning Materials	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Med Sheets/Med Cabinets	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Posted Youth Rules	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Emergency Evacuation Plan Posted	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Inventory Checklist	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Handcuffs	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Radios	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
<b>LEAD INITIALS:</b>	JK	JK	JK	JK	LC	LC	JK

SAFETY CHECKS	MON	TU.	WED	TH.	FRI.	SAT.	SUN.
	Def./Corr.	Def./Corr.	Def./Corr.	Def./Corr.	Def./Corr.	Def./Corr.	Def./Corr.
Door Locks/Magnetic Locks	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Cameras	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Intercom System	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Windows	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Staff Office Clean and Secure	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
<b>LEAD INITIALS:</b>	JK	JK	JK	JK	LC	LC	JK

**SUMMARY COMMENTS:**

This daily checklist is a running document for the week and needs to be turned in to the BTS' on Sunday nights.

BTS. Signature: Sarah Brunell Date: \_\_\_\_\_

Administrator: Sarah Brunell Date: 11/22/24

**CITY OF LINCOLN  
BUREAU OF FIRE PREVENTION  
OPERATIONAL PERMIT**

**PERMIT NUMBER:** L-0004689-2024  
**PERMIT TYPE:** Health Care Facilities (Residential & Non-Residential)  
**NAME OF FACILITY:** Youth Services Center  
**ADDRESS:** 1200 Radcliff ST Lincoln NE 68512-2506

**NUMBER OF BEDS:** 85  
**HEALTH TYPE:** INSTITUTIONAL - Detention and Correctional Occupancy

**Issue Date:** 12/20/2023 **Expiration Date:** 12/31/2024

**OCCUPANCY LIMITATIONS**

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*Cl Gm*

**Fire Inspector**

*William A. Mandy*

**Chief Fire Inspector**

**POST IN A PROMINENT PLACE**

This permit does not take the place of any license required by law and is not transferable. Any change in the Use, Business Name, Owner or Occupancy of the premises shall require a new permit.

# PREA Facility Audit Report: Final

**Name of Facility:** Youth Rehabilitation and Treatment Center Lincoln

**Facility Type:** Juvenile

**Date Interim Report Submitted:** NA

**Date Final Report Submitted:** 03/07/2024

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
<b>Auditor Full Name as Signed:</b> Candace L. Snyder	<b>Date of Signature:</b> 03/07/ 2024

AUDITOR INFORMATION	
<b>Auditor name:</b>	Snyder, Candy
<b>Email:</b>	Snyder@gwtc.net
<b>Start Date of On-Site Audit:</b>	01/30/2024
<b>End Date of On-Site Audit:</b>	01/31/2024

FACILITY INFORMATION	
<b>Facility name:</b>	Youth Rehabilitation and Treatment Center Lincoln
<b>Facility physical address:</b>	1200 Radcliff Street Suite B, Lincoln, Nebraska - 68512
<b>Facility mailing address:</b>	



<b>Primary Contact</b>	
<b>Name:</b>	Joshua Russell
<b>Email Address:</b>	joshua.t.russell@nebraska.gov
<b>Telephone Number:</b>	9858077398

<b>Superintendent/Director/Administrator</b>	
<b>Name:</b>	Sarah Brownell
<b>Email Address:</b>	sarah.brownell@nebraska.gov
<b>Telephone Number:</b>	4027591822

<b>Facility PREA Compliance Manager</b>	
<b>Name:</b>	Joshua Russell
<b>Email Address:</b>	joshua.t.russell@nebraska.gov
<b>Telephone Number:</b>	O: 985-807-7398

<b>Facility Health Service Administrator On-Site</b>	
<b>Name:</b>	Holly Boyd
<b>Email Address:</b>	holly.boyd@nebraska.gov
<b>Telephone Number:</b>	3082244300

<b>Facility Characteristics</b>	
<b>Designed facility capacity:</b>	20
<b>Current population of facility:</b>	13
<b>Average daily population for the past 12 months:</b>	12
<b>Has the facility been over capacity at any point in the past 12 months?</b>	No

<b>Which population(s) does the facility hold?</b>	Both females and males
<b>Age range of population:</b>	14-19
<b>Facility security levels/resident custody levels:</b>	Maximum
<b>Number of staff currently employed at the facility who may have contact with residents:</b>	55
<b>Number of individual contractors who have contact with residents, currently authorized to enter the facility:</b>	2
<b>Number of volunteers who have contact with residents, currently authorized to enter the facility:</b>	3

<b>AGENCY INFORMATION</b>	
<b>Name of agency:</b>	Nebraska Department of Health and Human Services
<b>Governing authority or parent agency (if applicable):</b>	
<b>Physical Address:</b>	301 Centennial Mall South, Lincoln, Nebraska - 68509
<b>Mailing Address:</b>	
<b>Telephone number:</b>	

<b>Agency Chief Executive Officer Information:</b>	
<b>Name:</b>	
<b>Email Address:</b>	
<b>Telephone Number:</b>	

<b>Agency-Wide PREA Coordinator Information</b>			
<b>Name:</b>	Shaylee Fortner	<b>Email Address:</b>	shaylee.fortner@nebraska.gov

# Facility AUDIT FINDINGS

## Summary of Audit Findings

The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

### Number of standards exceeded:

3

- 115.311 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
- 115.313 - Supervision and monitoring
- 115.383 - Ongoing medical and mental health care for sexual abuse victims and abusers

### Number of standards met:

40

### Number of standards not met:

0



**Nebraska State Fire Marshal Agency  
Boiler Inspection Division**

246 S. 14th Street, Suite 1  
Lincoln, NE 68508

Phone: (402) 471-9902, Email: [sfm.boilers@nebraska.gov](mailto:sfm.boilers@nebraska.gov)

David Pleiss  
Chief Boiler Inspector

Scott Cordes  
State Fire Marshal

**Lancaster County Juvenile  
ATTN: Doug Davis  
1200 Radcliff St  
Lincoln, NE 68512-2506**

**11/08/2023**

If you sell, transfer, scrap, disconnect, or relocate this boiler, please notify our office @ (402) 471-9902 or [sfm.boilers@nebraska.gov](mailto:sfm.boilers@nebraska.gov). This certificate shall be posted on or near the unit described. If this unit is exposed to the weather or other possible damage, the certificate may be kept in a central location but shall be available to the inspector or any other legal authority.



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Owner **4543167**

Location **1961623**

**Lancaster Cty Commission  
ATTN: County-City Property Mgmt  
920 O St Ste 203  
Lincoln, NE 68508-3624**

**Lancaster County Juvenile  
1200 Radcliff St  
Lincoln, NE 68512-2506**

**State ID Number: NE08726  
Type: FTVT - Firetube Vertical TB  
Last External Inspection: 11/01/2023  
Expiration Date: 09/30/2024  
Inspected By: Levi Nelson  
Inspecting Agency: Cincinnati Insurance Comp  
Last Internal Inspection:  
National Board Number: 10863**

**Pressure Allowed: 100 PSI  
Safety-Relief Valves Setting: 100 PSI  
Manufacturer: ALES  
Year Built: 2000  
Print Date: 11/08/2023  
Next Internal Due Date:  
Serial Number: 00E-8611  
Owner's Equip ID:**

This is to certify that the described unit may be operated at a pressure not to exceed the "Pressure Allowed" as shown. This certificate is valid until the expiration date, another inspection is made, or is withdrawn for cause. Issuance of this certificate does not create liability nor guarantee personal safety. If you have any questions regarding the operation or safety of this unit, contact the owner or the State Chief Boiler Inspector.

Chief Boiler Inspector

David Pleiss



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Owner **4543167**

Location **1961623**

**Lancaster Cty Commission  
ATTN: County-City Property Mgmt  
920 O St Ste 203  
Lincoln, NE 68508-3624**

**Lancaster County Juvenile  
1200 Radcliff St  
Lincoln, NE 68512-2506**

**State ID Number: NE08728  
Type: FTVT - Firetube Vertical TB  
Last External Inspection: 11/01/2023  
Expiration Date: 09/30/2024  
Inspected By: Levi Nelson  
Inspecting Agency: Cincinnati Insurance Comp  
Last Internal Inspection:  
National Board Number: 10866**

**Pressure Allowed: 100 PSI  
Safety-Relief Valves Setting: 100 PSI  
Manufacturer: ALES  
Year Built: 2000  
Print Date: 11/08/2023  
Next Internal Due Date:  
Serial Number: 00E-8614  
Owner's Equip ID:**

This is to certify that the described unit may be operated at a pressure not to exceed the "Pressure Allowed" as shown. This certificate is valid until the expiration date, another inspection is made, or is withdrawn for cause. Issuance of this certificate does not create liability nor guarantee personal safety. If you have any questions regarding the operation or safety of this unit, contact the owner or the State Chief Boiler Inspector.

Chief Boiler Inspector

David Pleiss



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State Fire Marshal

**Lancaster County Juvenile  
ATTN: Doug Davis  
1200 Radcliff St  
Lincoln, NE 68512-2506**

**11/08/2023**

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Lincoln, NE 68508

Phone: (402) 471-9902, Email: [sfm.boilers@nebraska.gov](mailto:sfm.boilers@nebraska.gov)

Owner **4543167**

Location **1961623**

**Lancaster Cty Commission  
ATTN: County-City Property Mgmt  
920 O St Ste 203  
Lincoln, NE 68508-3624**

**Lancaster County Juvenile  
1200 Radcliff St  
Lincoln, NE 68512-2506**

**State ID Number: NE08729  
Type: FTVT - Firetube Vertical TB  
Last External Inspection: 11/01/2023  
Expiration Date: 09/30/2024  
Inspected By: Levi Nelson  
Inspecting Agency: Cincinnati Insurance Comp  
Last Internal Inspection:  
National Board Number: 10867**

**Pressure Allowed: 100 PSI  
Safety-Relief Valves Setting: 100 PSI  
Manufacturer: ALES  
Year Built: 2000  
Print Date: 11/08/2023  
Next Internal Due Date:  
Serial Number: 00E-8615  
Owner's Equip ID:**

This is to certify that the described unit may be operated at a pressure not to exceed the "Pressure Allowed" as shown. This certificate is valid until the expiration date, another inspection is made, or is withdrawn for cause. Issuance of this certificate does not create liability nor guarantee personal safety. If you have any questions regarding the operation or safety of this unit, contact the owner or the State Chief Boiler Inspector.

Chief Boiler Inspector

David Pleiss



**Nebraska State Fire Marshal Agency  
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Lincoln, NE 68508

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**Lancaster County Juvenile  
ATTN: Doug Davis  
1200 Radcliff St  
Lincoln, NE 68512-2506**

**11/08/2023**

If you sell, transfer, scrap, disconnect, or relocate this boiler, please notify our office @ (402) 471-9902 or [sfm.boilers@nebraska.gov](mailto:sfm.boilers@nebraska.gov). This certificate shall be posted on or near the unit described. If this unit is exposed to the weather or other possible damage, the certificate may be kept in a central location but shall be available to the inspector or any other legal authority.



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Lincoln, NE 68508

Phone: (402) 471-9902, Email: [sfm.boilers@nebraska.gov](mailto:sfm.boilers@nebraska.gov)

**Owner 4543167**

**Location 1961623**

**Lancaster Cty Commission  
ATTN: County-City Property Mgmt  
920 O St Ste 203  
Lincoln, NE 68508-3624**

**Lancaster County Juvenile  
1200 Radcliff St  
Lincoln, NE 68512-2506**

**State ID Number: NE08731  
Type: CPFH - Copper Fin Water Heater  
Last External Inspection: 11/01/2023  
Expiration Date: 09/30/2024  
Inspected By: Levi Nelson  
Inspecting Agency: Cincinnati Insurance Comp  
Last Internal Inspection:  
National Board Number: 170235**

**Pressure Allowed: 160 PSI  
Safety-Relief Valves Setting: 125 PSI  
Manufacturer: Raypak  
Year Built: 2000  
Print Date: 11/08/2023  
Next Internal Due Date:  
Serial Number: 0005170235  
Owner's Equip ID:**

This is to certify that the described unit may be operated at a pressure not to exceed the "Pressure Allowed" as shown. This certificate is valid until the expiration date, another inspection is made, or is withdrawn for cause. Issuance of this certificate does not create liability nor guarantee personal safety. If you have any questions regarding the operation or safety of this unit, contact the owner or the State Chief Boiler Inspector.

Chief Boiler Inspector

David Pleiss



**Nebraska State Fire Marshal Agency**

**Boiler Inspection Division**

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Lincoln, NE 68508

Phone: (402) 471-9902, Email: [sfm.boilers@nebraska.gov](mailto:sfm.boilers@nebraska.gov)

David Pleiss

Chief Boiler Inspector

Scott Cordes

State Fire Marshal

**Lancaster Cty Commission**  
**ATTN: County-City Property Mgmnt**  
**920 O St Ste 203**  
**Lincoln, NE 68508-3624**

**11/08/2023**

On 11/01/2023 your boiler/pressure vessel, NE08730, located at Lancaster County Juvenile, 1200 Radcliff St, Lincoln, was inspected by Levi Nelson with Cincinnati Insurance Company. During that inspection, the below items were noted as not meeting the requirements of the Nebraska Boiler Inspection Act and **shall be corrected within 30 days from the date of this letter.**

**Condition:**

Unit undergoing repairs

**Requirement:**

This unit is undergoing repairs at this time. A current Certificate of Inspection cannot be issue until all repairs are completed. If the repairs are not going to be completed and the unit is going to be replaced, scrapped or placed out of service (gas, fuel and water disconnected) please notify the Chief Boiler Inspector.

When the items listed have been corrected, **please sign and date the letter and return to the Boiler Inspection Division via email to [sfm.boilers@nebraska.gov](mailto:sfm.boilers@nebraska.gov).** If there is documentation required for any of the items listed above, it shall be attached to this signed letter when it is sent back to this office. A re-inspection of the unit may be required by the Chief Boiler Inspector.

**Date Completed**

**Signature of Owner/User**

**Repair Company Name & Signature**

Links to the Boiler Inspection Act and the Nebraska Administrative Code (Title 229) can be found at:  
**<http://www.sfm.nebraska.gov/mechanical-safety>**

For questions, contact inspector listed above, or call (402) 471-9902.





**Nebraska State Fire Marshal Agency**

**Boiler Inspection Division**

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Lincoln, NE 68508

Phone: (402) 471-9902, Email: [sfm.boilers@nebraska.gov](mailto:sfm.boilers@nebraska.gov)

David Pleiss

Chief Boiler Inspector

Scott Cordes

State Fire Marshal

**Lancaster Cty Commission**  
**ATTN: County-City Property Mgmt**  
**920 O St Ste 203**  
**Lincoln, NE 68508-3624**

**11/08/2023**

On 11/01/2023 your boiler/pressure vessel, NE08727, located at Lancaster County Juvenile, 1200 Radcliff St, Lincoln, was inspected by Levi Nelson with Cincinnati Insurance Company. During that inspection, the below items were noted as not meeting the requirements of the Nebraska Boiler Inspection Act and **shall be corrected within 30 days from the date of this letter.**

**Condition:**

Burner/Pilot - Adjustments Needed

**Requirement:**

The burner or pilot appears to be out of adjustment or burning improperly. Have the burner or pilot settings and control checked by a boiler technician to ensure proper setpoints and operation in accordance with the burner manufacturer's installation and operation manual.

When the items listed have been corrected, **please sign and date the letter and return to the Boiler Inspection Division via email to [sfm.boilers@nebraska.gov](mailto:sfm.boilers@nebraska.gov).** If there is documentation required for any of the items listed above, it shall be attached to this signed letter when it is sent back to this office. A re-inspection of the unit may be required by the Chief Boiler Inspector.

**Date Completed**

**Signature of Owner/User**

**Repair Company Name & Signature**

Links to the Boiler Inspection Act and the Nebraska Administrative Code (Title 229) can be found at:

**<http://www.sfm.nebraska.gov/mechanical-safety>**

For questions, contact inspector listed above, or call (402) 471-9902.

2023

Lancaster County Youth Services Center - GENERATOR USAGE LOG

Usage Date	Start Time	End Time	Under Load?	KWH Start	KWH End	KWH Total	Max KW
1-4	8:00	9:00	YES				
1-11	8:30	9:00	No				
1-18	8:00	8:30	No				
1-25	8:00	8:30	No				
2-1	8:15	8:45	No				
2-9	9:00	10:00	YES				
2-15	8:00	8:30	No				
2-22	8:05	8:35	No				
3-2	8:10	9:00	YES				
3-8	9:15	9:45	No				
3-15	8:15	8:45	No				
3-21	8:00	8:30	No				
3-29	8:00	8:30	No				
4-5	8:05	9:05	YES				
4-12	8:10	8:25	No				
4-19	8:00	8:30	No				
4-27	8:15	8:45	No				
5-3	8:05	9:05	YES				
5-10	8:15	8:45	No				
5-17	8:00	8:30	No				
5-25	8:30	9:00	No				

Usage Date	Start Time	End Time	Under Load?	KWH Start	KWH End	KWH Total	Max KW
5-31	8:00	8:30	No				
6-7	8:00	9:00	YES				
6-14	9:15	9:45	No				
6-21	8:15	8:45	No				
6-28	8:00	8:30	No				
7-5	8:05	9:05	YES				
7-13	8:15	8:40	No				
7-19	8:00	8:30	No				
7-26	8:10	8:40	No				
8-2	8:00	9:00	YES				
8-10	7:55	8:25	No				
8-16	8:00	8:30	No				
8-24	8:45	9:15	No				
8-30	8:00	8:30	No				
9-6	8:05	9:05	YES				
9-13	8:00	8:30	No				
9-20	8:05	8:35	No				
9-27	8:00	8:30	No				
10-4	8:15	9:15	YES				
10-11	8:00	8:30	No				
10-18	8:00	8:30	No				





Lincoln-Lancaster County Health Department  
 Environmental Health Division  
 3131 O Street  
 Lincoln, Nebraska 68510

Time In	Purpose	Inspection Date
10:30 AM	Regular	08/18/2023
Time Out	Facility Codes	
12:10 PM	20X	

FIRM LANCASTER YOUTH SERVICES OWNER LANCASTER YOUTH SERVICES  
 ADDRESS 1200 RADCLIFF ST LINCOLN NE, 68512

**TOTAL VIOLATIONS**  
 PRIORITY 1 CORE 0  
 PRIORITY FOUNDATION 2

### FOOD ESTABLISHMENT INSPECTION REPORT

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS		GOOD RETAIL PRACTICES	
<b>Supervision</b>		<b>Safe Food and Water</b>	
1	IN COMPLIANCE PIC present, demonstrates knowledge, and performs duties	28	IN COMPLIANCE Pasteurized eggs used where required
<b>Employee Health/Responding to Contamination Events</b>		29	IN COMPLIANCE Water and ice from approved source
2	IN COMPLIANCE Management and food employee knowledge,	30	IN COMPLIANCE Variance obtained or specialized processing methods
3	IN COMPLIANCE Proper use of restriction and exclusion	<b>Food Temperature Control</b>	
<b>Good Hygienic Practices</b>		31	IN COMPLIANCE Proper cooling methods used; adequate equipment for temperature control
4	IN COMPLIANCE Proper eating, tasting, drinking, or tobacco use	32	IN COMPLIANCE Plant food properly cooked for hot holding
5	IN COMPLIANCE No discharge from eyes, nose, and mouth	33	IN COMPLIANCE Approved thawing methods used
<b>Control of Hands as a Vehicle of Contamination</b>		34	IN COMPLIANCE Thermometers provided and accurate
6	IN COMPLIANCE Hands clean properly washed	<b>Food Identification</b>	
7	IN COMPLIANCE No bare hand contact with RTE foods or a pre-approved alternate properly followed	35	IN COMPLIANCE Food properly labeled; original container
8	IN COMPLIANCE Adequate handwashing sinks, properly supplied and accessible	<b>Prevention of Food Contamination</b>	
<b>Approved Source</b>		36	IN COMPLIANCE Insects, rodents and animals not present
9	IN COMPLIANCE Food obtained from approved source	37	IN COMPLIANCE Contamination prevented during food preparation, storage and display
10	NOT OBSERVED Food received at proper temperature	38	IN COMPLIANCE Personal cleanliness; hair restrained
11	IN COMPLIANCE Food in good condition, safe, and unadulterated	39	IN COMPLIANCE Wiping cloths; properly used and stored
12	NOT APPLICABLE Required records available; shellstock tags, parasite destruction	40	IN COMPLIANCE Washing fruits and vegetables
<b>Protection from Contamination</b>		<b>Proper Use of Utensils</b>	
13	NOT APPLICABLE Food separated and protected	41	IN COMPLIANCE In-use utensils; properly stored
14	OUT OF COMPLIANCE Food-contact surfaces: cleaned sanitized	42	IN COMPLIANCE Utensils, equipment and linens; properly stored, dried, handled
15	IN COMPLIANCE Proper disposition of returned, previously served, reconditioned, and unsafe food	43	IN COMPLIANCE Single-use/single-service articles; properly stored, used
<b>Time/Temperature Control for Safety Food (TCS Food)</b>		44	IN COMPLIANCE Gloves used properly
16	NOT OBSERVED Proper cooking time and temperatures	<b>Utensils, Equipment, and Vending</b>	
17	NOT OBSERVED Proper reheating procedures for hot holding	45	IN COMPLIANCE Food and non-food contact surfaces cleanable, properly designed, constructed, and used
18	NOT OBSERVED Proper cooling time and temperatures	46	OUT OF COMPLIANCE Warewashing facilities, installed, maintained, used, test strips
19	OUT OF COMPLIANCE Proper hot holding temperatures	47	IN COMPLIANCE Non-food-contact surfaces clean
20	IN COMPLIANCE Proper cold holding temperatures	<b>Physical Facilities</b>	
21	NOT OBSERVED Proper date marking and disposition	48	IN COMPLIANCE Hot and cold water available; adequate pressure
22	NOT APPLICABLE Time as a Public Health Control: procedures and records	49	IN COMPLIANCE Plumbing installed; proper backflow devices
<b>Consumer Advisory</b>		50	IN COMPLIANCE Sewage and waste water properly disposed
23	NOT APPLICABLE Consumer advisory provided for raw or undercooked food	51	IN COMPLIANCE Toilet facilities: properly constructed, supplied, clean
<b>Highly Susceptible Population</b>		52	IN COMPLIANCE Garbage and refuse properly disposed; facilities maintained
24	NOT APPLICABLE Pasteurized foods used; prohibited foods not offered	53	IN COMPLIANCE Physical facilities installed, maintained, and clean
<b>Food/Color Additives and Toxic Substances</b>		54	IN COMPLIANCE Adequate ventilation and lighting; designated areas used
25	NOT APPLICABLE Food additives: approved and properly used		
26	IN COMPLIANCE Toxic substances properly identified, stored, and used; held for retail sale, properly stored		
<b>Conformance with Approved Procedures</b>			
27	NOT APPLICABLE Compliance with variance, specialized process, ROP criteria or HACCP plan		



HF20045010

LANCASTER YOUTH SERVICES 1200 RADCLIFF ST

Form is read only and cannot be edited

Close



## INSPECTION

### Inspection

This inspection is being conducted pursuant to Chapter 19.03 of the Municipal Code and will be conducted for general conformity. All applicable Fire Prevention Codes and Ordinances must be complied with.

Permit Number: L-0003395-2023

Inspection Type: Renewal

Completed Date: 10/5/2023

### Inspector Visit(s)

Visit Number	Visit Date	Inspector First Name	Inspector Last Name
1	10/5/2023	Carl	Campbell

Page size: 20 1 items in 1 pages

### Facility Information

Open Facility	Facility Name	Street Address	Room Suite	Zip Code
Open	Youth Services Center	1200 Radcliff ST		68512-2506

Page size: 20 1 items in 1 pages

Details

Checklist

Consultation

### Permit Details

Operational Permit Type:

Fee Classification:

Number of Beds:

Health Care Type:

Health Care Group:

**Operational Permit**

Open Operational Permit	Operational Permit Type	Facility Open Date	Status
Open	Health Care Facilities (Residential & Non-Residential)		Open

1 items in 1 pages

**READ ONLY SECTION**

Form ID:  Status:

Operational Permit ID:  Business ID:

OpPerm Certificate ID:  Inspector ID:

**CITY OF LINCOLN  
BUREAU OF FIRE PREVENTION  
OPERATIONAL PERMIT**

**PERMIT NUMBER:** L-0003395-2023

**PERMIT TYPE:** Health Care Facilities (Residential & Non-Residential)

**NAME OF FACILITY:** Youth Services Center

**ADDRESS:** 1200 Radcliff ST Lincoln NE 68512-2506

**NUMBER OF BEDS:** 85

**HEALTH TYPE:** INSTITUTIONAL - Detention and Correctional  
Occupancy

**Issue Date:** 01/23/2023

**Expiration Date:** 12/31/2023

**OCCUPANCY LIMITATIONS**

---

*Cl Glee*

Fire Inspector

*William A. Movich*

Chief Fire Inspector

**POST IN A PROMINENT PLACE**

This permit does not take the place of any license required by law and is not transferable. Any change in the Use, Business Name, Owner or Occupancy of the premises shall require a new permit.

# Nebraska State Fire Marshal

Acceptance	
Annual	
Semi Annual	X
Quarterly	



## FIRE ALARM TEST REPORT

Date: 3/29/23

Names of Installer/Maintenance Company: **Midwest Alarm Services**

Address of Installer: 141 M Street, Lincoln, NE 68508

Customer: City of Lincoln

Address: Youth Service Center  
1200 Radcliff

Type of System: Local Fire  
Manufacturer: Simplex  
Model Number: 4100  
Serial Number: N/A  
Standby Power Type: AC  
Trouble Battery Type: SLA  
Installed By:  
Battery Voltage:

System Remotely Monitored By: Local  
Date 100% Smoke Calibration Performed:

Time of Inspection:  
Next Scheduled:

Time System Back in Service:  
Date 100% Heat Detection Last Performed:

Smoke Detection Calibration Test Methods Used:  
Next Scheduled:

System Components	Total Quantity	Number Tested	Disconnect AC Power and Check System on Emergency Power
Manual Stations	19	1	Did Trouble Signals Work? <input checked="" type="radio"/> YES NO DATE: 3/23
Heat Detectors			Did Alarm Signal Work? <input checked="" type="radio"/> YES NO DATE: 3/23
Non-Restorable Line Type			Battery Test Voltage Under 1 Ampere Test Load:
Non-Restorable Spot Type			Emergency Power Battery: Type: SLA Test Volts: 24
Rate of Rise Restorable	5		Main Operating Power: Type: AC Test Volts: 120
Restorable Line Type, Pneumatic			What Code is System Operating Under: NFPA-72
Smoke Detectors			Is System Operating Under Code? yes-per install date
Functional	140		Comments/Deficiencies: *System in trouble due to construction
Calibrated			
Beam, Infrared or Other Detectors			
Duct Detectors	10		
Waterflow Devices			
Supervisory Switches			
Audible/Visual Devices	109 / 109		
Annunciators	1	1	
Control Unit			List Current Repairs That Are Needed and or Have Been Done on System Below:
Lamps and LED's	LCD	LCD	
Fuses	1	1	
Primary Power Supply	1	1	
Secondary Supply	1	1	
Magnetic Hold Open Devices			
Fan Relays			
Voice Notification System	1		
Trouble Signals			
Alarm Circuit	1		
Zone Initiating Circuit	Addr	Addr	
Supervisory Signals			
Ground Fault	1		
Elevator Controls			
Fire Smoke Dampers			

Inspector: Bryan Quarts

License # 696

Witness:

License Expiration Date: 8/23

Badge Number of Witness:

Subscriber:



# NEBRASKA STATE FIRE MARSHAL FIRE SPRINKLER INSPECTION

LOCATION OF SYSTEM: *North St. Millers*  
*1200 S. Millers St.*  
*Lincoln NE 68502*

*1-23-23*  
 INSPECTION DATE  
*ML*  
 TYPE OCCUPANCY

FORMS INCLUDED WITH THIS COVER SHEET	TYPE OF INSPECTION
<input type="checkbox"/> UNDERGROUND TEST CERTIFICATION (FORM 85-AB)	<input type="checkbox"/> INITIAL ACCEPTANCE OF SYSTEM
<input type="checkbox"/> ABOVEGROUND TEST CERTIFICATION (FORM 85-AC)	<input type="checkbox"/> REINSPECTION DUE TO REMODEL, REPAIR, ETC
<input checked="" type="checkbox"/> REPORT OF INSPECTION	<input checked="" type="checkbox"/> PERIODIC ANNUAL INSPECTION
<input type="checkbox"/> DRY PIPE VALVE TEST	<input checked="" type="checkbox"/> BACKFLOW PREVENTER TEST

ITEM # DIRECTORY	DEFICIENCIES
- WET RISER - DRY RISER - PREACTION RISER - FIRE PUMP	ITEMIZE DEFICIENCIES NOTED ON INSPECTION AND ANY OTHER PERTINENT COMMENTS ON SYSTEM
5 - BACKFLOW PREVENTER 6 - STANDPIPE 7 - OTHER	

TAG #	ITEM #	MAJOR DEFICIENCIES / COMMENTS
<i>17653</i>	<i>1</i>	
<i>17654</i>	<i>1</i>	
<i>17655</i>	<i>5</i>	
<i>49009 / A</i>	<i>1</i>	
<i>49010 C-D</i>	<i>1</i>	
<i>49011 E-F</i>	<i>1</i>	
<i>49012 G-H</i>	<i>1</i>	

**STATUS OF SYSTEM - CHECK ONE**

IN COMPLIANCE     
  MINOR DEFICIENCIES     
  MAJOR DEFICIENCIES

**COMPANY PERFORMING INSPECTION:**

MAHONEY

Fire Sprinkler, Inc.

WE PUT OUT FIRES EVERYWHERE

11115 'O' Street • Omaha, NE 68137  
 (402) 553-1221 • (402) 553-4545 FAX

*[Signature]*

INSPECTOR SIGNATURE

NE LICENSE #: *99024*

TESTER BFP LICENSE #: *8911*

---

OWNER REPRESENTATIVE SIGNATURE

**SEND TO: NEBRASKA STATE FIRE MARSHAL - 246 SOUTH 14TH ST - LINCOLN, NE 68508-1804**

**A COPY OF THIS INSPECTION REPORT SHALL BE LEFT ATTACHED TO THE SYSTEM RISER**



**REPORT OF INSPECTION**  
PAGE 1 OF 2

11115 'O' Street • Omaha, NE 68137  
(402) 553-1221 • (402) 553-4545 FAX

REPORT TO South Services Center DATE 1-23-23  
ADDRESS 1000 Robert R. S. - Lincoln, NE 68212 TECHNICIAN J.W. Adams

**Owners Section** (To be answered by owner or occupant)

A. Describe any fire protection modifications or occupancy hazard changes since previous inspection.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

B. When was the last 5 year done? 2017

**Inspector's Section** (All responses reference current inspection)

	Yes	N.A.‡	No*
<b>1. GENERAL</b>			
a. Is the building occupied?	✓	[grid]	
b. Are all systems in service?	✓	[grid]	
c. Is there a minimum of 18 in. (457mm) clearance between the top of the storage and the sprinkler deflector?	✓	[grid]	
d. In areas protected by wet system, does the building appear to be properly heated in all areas, including blind attics and perimeter areas, where accessible? Do all exterior openings appear to be protected against freezing?	✓	[grid]	
e. Does the hand hose on the sprinkler system appear to be satisfactory?	✓	[grid]	
<b>2. CONTROL VALVES</b> (See Item 14)			
a. Are all sprinkler system control valves and all other valves in the appropriate open or closed position?	✓	[grid]	
b. Are all control valves in the open position and locked, sealed or equipped with a tamper switch?	✓	[grid]	
<b>3. WATER SUPPLIES</b> (See Item 15)			
a. Was a water flow test of main drain made at the sprinkler riser?	✓	[grid]	
<b>4. TANKS, PUMPS, FIRE DEPARTMENT CONNECTIONS</b>			
a. Are fire pumps, gravity tanks, reservoirs and pressure tanks in good condition and properly maintained?	✓	[grid]	
b. Are fire department connections in satisfactory condition, couplings free, caps in place, and check valves tight? Are they accessible and visible?	✓	[grid]	
<b>5. WET SYSTEMS</b> (See Item 13)			
a. Are cold weather valves (O.S.&Y.) in the appropriate open or closed position?	✓	[grid]	
b. Have antifreeze system solutions been tested?	✓	[grid]	
c. Were the antifreeze test results satisfactory?	✓	[grid]	
<b>6. DRY SYSTEMS</b> (See Items 10 to 14)			
a. Is the dry valve in service?	✓	[grid]	
b. Are the air pressure and priming water level in accordance with the manufacturer's instructions?	✓	[grid]	
c. Has the operation of the air or nitrogen supply been tested? Is it in service?	✓	[grid]	
d. Were low points drained during this inspection?	✓	[grid]	
e. Did quick-opening devices operate satisfactorily?	✓	[grid]	
f. Did the dry valve trip properly during the trip pressure test?	✓	[grid]	
g. Did the heating equipment in the dry-pipe valve room operate at the time of inspection?	✓	[grid]	
<b>7. SPECIAL SYSTEMS</b> (See Item 16)			
a. Did the deluge or pre-action valves operate properly during testing?	✓	[grid]	
b. Did the heat-responsive devices operate properly during testing?	✓	[grid]	
c. Did the supervisory devices operate during testing?	✓	[grid]	
<b>8. ALARMS</b>			
a. Did water motor and gong test satisfactorily?	✓	[grid]	
b. Did electric alarm test satisfactorily?	✓	[grid]	
c. Did supervisory alarm service test satisfactorily?	✓	[grid]	
<b>9. SPRINKLERS</b>			
a. Are all sprinklers free from corrosion, loading or obstruction to spray discharge?	✓	[grid]	
b. Are all sprinklers less than 50 years old, including quick response less than 20 years old?	✓	[grid]	
c. Is stock of spare sprinklers available?	✓	[grid]	
d. Does the exterior condition of sprinkler system appear to be satisfactory?	✓	[grid]	
e. Temperature. Are sprinklers of proper temperature ratings for their locations?	✓	[grid]	

\*Explain "No" Answers on Page 2 ‡Not applicable

**REPORT OF INSPECTION**  
PAGE 2 OF 2



11115 'O' Street • Omaha, NE 68137  
(402) 553-1221 • (402) 553-4545 FAX

REPORT TO Youth Services Center DATE 1-27-03

Wet Systems No: 61 Make and Model: 2 1/2" 100' 100' 100' 100'  
 Dry Systems No: \_\_\_\_\_ Make and Model: \_\_\_\_\_  
 Special Systems No: \_\_\_\_\_ Type: \_\_\_\_\_  
 Condition? \_\_\_\_\_ Make and Model: 4" DC

- 10. Date dry pipe valve trip tested (control valve partially open) \_\_\_\_\_ See Trip Test Report
- 11. Date dry pipe valve trip tested (control valve fully open) \_\_\_\_\_ See Trip Test Report
- 12. Date quick opening device tested \_\_\_\_\_ See Trip Test Report
- 13. Date deluge or preaction valve tested \_\_\_\_\_ See Trip Test Report

14. Control Valve Maintenance Table

Control Valves	Number	Type	Open	Secured	Closed	Signs	Explain Abnormal Condition
City Connection Control Valve		<u>1 1/2"</u>	<u>✓</u>	<u>✓</u>			
Tank Control Valves							
Pump Control Valves							
Sectional Control Valves	<u>6</u>	<u>2 1/2"</u>	<u>2</u>	<u>20</u>			
System Control Valves	<u>2</u>	<u>2 1/2"</u>	<u>✓</u>	<u>✓</u>			
Other Control Valves							

15. WATER FLOW TEST  
 Water Pressure? 70 City \_\_\_\_\_ PSI Tank \_\_\_\_\_ PSI Fire Pump \_\_\_\_\_ Jockey Pump \_\_\_\_\_ PSI  
 Water Flow Test? 40 (If none made, Why?) \_\_\_\_\_

Test Pipe Located	Test Pipe Size	Pressure Before	Flow Pressure	Pressure After	Test Pipe Located	Test Pipe Size	Pressure Before	Flow Pressure	Pressure After
<u>2 1/2" 100'</u>	<u>1 1/4"</u>	<u>70</u>	<u>80</u>	<u>70</u>	<u>2 1/2"</u>	<u>1</u>	<u>70</u>	<u>80</u>	<u>70</u>
<u>2 1/2" 100'</u>	<u>1 1/4"</u>	<u>70</u>	<u>80</u>	<u>70</u>	<u>2 1/2"</u>	<u>1</u>	<u>70</u>	<u>80</u>	<u>70</u>
<u>4 1/2"</u>	<u>1</u>	<u>70</u>	<u>80</u>	<u>70</u>					
<u>6"</u>	<u>1</u>	<u>70</u>	<u>80</u>	<u>70</u>					

16. 5 Year IPI, Gauges, FDC Check Valve, Comments  
 a. When was the system installed. 2001  
 b. When was the Last 5 year done. 2002  
 c. When is the Next 5 year due. 2007  
 d. Comments \_\_\_\_\_

Auxiliary Equipment No.? \_\_\_\_\_ Type \_\_\_\_\_ Location \_\_\_\_\_ Test Result? \_\_\_\_\_

17. Explain any "No" answers and comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

18a. Is the fire sprinkler system monitored by 24 HR monitoring?  Yes  No

18b. This fire sprinkler system is required to have 24 HR monitoring. Failure to monitor the fire sprinkler system can ultimately lead to substantial loss. Initial here to acknowledge: \_\_\_\_\_

Although these comments are not the result of an engineering review, the following desirable improvements are recommended:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



# Backflow Preventer Test Form

402.441.5912 • e-mail: [Backflow@lincoln.ne.gov](mailto:Backflow@lincoln.ne.gov) • FAX: 402.441.8003

Return to: Lincoln Water System Backflow 2021 North 27th Street, Lincoln, NE 68503

Business/Building Youth Services Center Contact Person \_\_\_\_\_

Service Address 1000 North 17th St Lincoln, NE 68503 Suite# \_\_\_\_\_

Phone# \_\_\_\_\_ e-mail: \_\_\_\_\_

Device Location Basement Level

Annual Test    Repair    New Installation

DC    RPP   Serial #: 000920 202   Size: 4   Manufacturer: Pelco   Model#: 850

Replacement

DC    RPP   Serial #: \_\_\_\_\_   Size: \_\_\_\_\_   Manufacturer: \_\_\_\_\_   Model#: \_\_\_\_\_

Domestic Containment    Irrigation    Fire Service    Boiler    Carbonator

Swimming Pool    Cooling Tower    Water Cooled Ice Maker    Other (Desc): \_\_\_\_\_

Reduced Pressure-Double Check Valve		Pressure Vacuum Breaker	
Shut off #2	Held <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #1	Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #1 <u>1 5</u> PSID	Held <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #2	Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #2 <u>8 8</u> PSID	Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Check Valve Held at _____ PSID	
Relief Valve (RP only) Opened at _____ PSID		Air vent opened at _____ PSID	

Final Test: Check Valve #1	Check Valve #2	Pressure Relief	PVB/SVB
	Closed Tight <input type="checkbox"/> Yes <input type="checkbox"/> No		Check Valve PSID
PSID	PSID	Replaced PSID	Air Inlet PSID

I hereby certify the above backflow preventer has been tested in accordance with all rules and regulations of the State of Nebraska Health and Human Services, Department of Regulation and Licensure, Title 179, and the Lincoln Water System Title 17, and that all readings are true and accurate to the best of my ability. Must be returned to LWS within 30 days of performing test.

Tina Williams   Abraham Fire   8411   (402) 553-1221  
 State Certified Technician (Please Print)   Company   Grade 6 Certificate#   Cell/Phone#

Tina Williams   \_\_\_\_\_   \_\_\_\_\_   1-23-23  
 State Certified Technician (Signature)   Customer (Signature)   Date of Test

AM West   01160040   7-9-22  
 Test Gauge Manufacturer   Test Gauge Serial #   Date of Calibration

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

PLEASE TYPE OR PRINT LEGIBLY



# Backflow Preventer Test Form

402.441.5912 • e-mail: [Backflow@lincoln.ne.gov](mailto:Backflow@lincoln.ne.gov) • FAX: 402.441.8003

**Return to: Lincoln Water System Backflow 2021 North 27th Street, Lincoln, NE 68503**

Business/Building \_\_\_\_\_ Contact Person \_\_\_\_\_

Service Address \_\_\_\_\_ Suite# \_\_\_\_\_

Phone# \_\_\_\_\_ e-mail: \_\_\_\_\_

Device Location \_\_\_\_\_

<input type="checkbox"/> Annual Test	<input type="checkbox"/> Repair	<input type="checkbox"/> New Installation
<input type="checkbox"/> DC	<input type="checkbox"/> RPP	Serial #: _____ Size: _____ Manufacturer: _____ Model#: _____
<input type="checkbox"/> Replacement		
<input type="checkbox"/> DC	<input type="checkbox"/> RPP	Serial #: _____ Size: _____ Manufacturer: _____ Model#: _____

<input type="checkbox"/> Domestic Containment	<input type="checkbox"/> Irrigation	<input type="checkbox"/> Fire Service	<input type="checkbox"/> Boiler	<input type="checkbox"/> Carbonator
<input type="checkbox"/> Swimming Pool	<input type="checkbox"/> Cooling Tower	<input type="checkbox"/> Water Cooled Ice Maker	<input type="checkbox"/> Other (Desc): _____	

Reduced Pressure-Double Check Valve	Pressure Vacuum Breaker
Shut off #2 Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #1 Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #1 _____ PSID Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #2 Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #2 _____ PSID Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Check Valve Held at _____ PSID
Relief Valve (RP only) Opened at _____ PSID	Air vent opened at _____ PSID

Final Test: Check Valve #1	Check Valve #2	Pressure Relief	PVB/SVB
	Closed Tight <input type="checkbox"/> Yes <input type="checkbox"/> No		Check Valve PSID
PSID	PSID	Replaced PSID	Air Inlet PSID

I hereby certify the above backflow preventer has been tested in accordance with all rules and regulations of the State of Nebraska Health and Human Services, Department of Regulation and Licensure, Title 179, and the Lincoln Water System Title 17, and that all readings are true and accurate to the best of my ability. **Must be returned to LWS within 30 days of performing test.**

State Certified Technician (Please Print) \_\_\_\_\_ Company \_\_\_\_\_ Grade 6 Certificate# \_\_\_\_\_ Cell/Phone# \_\_\_\_\_

State Certified Technician (Signature) \_\_\_\_\_ Customer (Signature) \_\_\_\_\_ Date of Test \_\_\_\_\_

Test Gauge Manufacturer \_\_\_\_\_ Test Gauge Serial # \_\_\_\_\_ Date of Calibration \_\_\_\_\_

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

PLEASE TYPE OR PRINT LEGIBLY



# Backflow Preventer Test Form

402.441.5912 • e-mail: [Backflow@lincoln.ne.gov](mailto:Backflow@lincoln.ne.gov) • FAX: 402.441.8003

**Return to: Lincoln Water System Backflow 2021 North 27th Street, Lincoln, NE 68503**

Business/Building \_\_\_\_\_ Contact Person \_\_\_\_\_

Service Address \_\_\_\_\_ Suite# \_\_\_\_\_

Phone# \_\_\_\_\_ e-mail: \_\_\_\_\_

Device Location \_\_\_\_\_

<input type="checkbox"/> Annual Test	<input type="checkbox"/> Repair	<input type="checkbox"/> New Installation
<input type="checkbox"/> DC	<input type="checkbox"/> RPP	Serial #: _____ Size: _____ Manufacturer: _____ Model#: _____
<input type="checkbox"/> Replacement		
<input type="checkbox"/> DC	<input type="checkbox"/> RPP	Serial #: _____ Size: _____ Manufacturer: _____ Model#: _____

<input type="checkbox"/> Domestic Containment	<input type="checkbox"/> Irrigation	<input type="checkbox"/> Fire Service	<input type="checkbox"/> Boiler	<input type="checkbox"/> Carbonator
<input type="checkbox"/> Swimming Pool	<input type="checkbox"/> Cooling Tower	<input type="checkbox"/> Water Cooled Ice Maker	<input type="checkbox"/> Other (Desc): _____	

Reduced Pressure-Double Check Valve	Pressure Vacuum Breaker
Shut off #2 Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #1 Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #1 _____ PSID Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #2 Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #2 _____ PSID Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Check Valve Held at _____ PSID
Relief Valve (RP only) Opened at _____ PSID	Air vent opened at _____ PSID

Final Test: Check Valve #1	Check Valve #2	Pressure Relief	PVB/SVB
	Closed Tight <input type="checkbox"/> Yes <input type="checkbox"/> No		Check Valve PSID
PSID	PSID	Replaced PSID	Air Inlet PSID

I hereby certify the above backflow preventer has been tested in accordance with all rules and regulations of the State of Nebraska Health and Human Services, Department of Regulation and Licensure, Title 179, and the Lincoln Water System Title 17, and that all readings are true and accurate to the best of my ability. **Must be returned to LWS within 30 days of performing test.**

State Certified Technician (Please Print) \_\_\_\_\_ Company \_\_\_\_\_ Grade 6 Certificate# \_\_\_\_\_ Cell/Phone# \_\_\_\_\_

State Certified Technician (Signature) \_\_\_\_\_ Customer (Signature) \_\_\_\_\_ Date of Test \_\_\_\_\_

Test Gauge Manufacturer \_\_\_\_\_ Test Gauge Serial # \_\_\_\_\_ Date of Calibration \_\_\_\_\_

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

PLEASE TYPE OR PRINT LEGIBLY



# Backflow Preventer Test Form

402.441.5912 • e-mail: [Backflow@lincoln.ne.gov](mailto:Backflow@lincoln.ne.gov) • FAX: 402.441.8003

Return to: Lincoln Water System Backflow 2021 North 27th Street, Lincoln, NE 68503

Business/Building \_\_\_\_\_ Contact Person \_\_\_\_\_

Service Address \_\_\_\_\_ Suite# \_\_\_\_\_

Phone# \_\_\_\_\_ e-mail: \_\_\_\_\_

Device Location \_\_\_\_\_

<input type="checkbox"/> Annual Test	<input type="checkbox"/> Repair	<input type="checkbox"/> New Installation
<input type="checkbox"/> DC	<input type="checkbox"/> RPP	Serial #: _____ Size: _____ Manufacturer: _____ Model#: _____
<input type="checkbox"/> Replacement		
<input type="checkbox"/> DC	<input type="checkbox"/> RPP	Serial #: _____ Size: _____ Manufacturer: _____ Model#: _____

<input type="checkbox"/> Domestic Containment	<input type="checkbox"/> Irrigation	<input type="checkbox"/> Fire Service	<input type="checkbox"/> Boiler	<input type="checkbox"/> Carbonator
<input type="checkbox"/> Swimming Pool	<input type="checkbox"/> Cooling Tower	<input type="checkbox"/> Water Cooled Ice Maker	<input type="checkbox"/> Other (Desc): _____	

Reduced Pressure-Double Check Valve	Pressure Vacuum Breaker
Shut off #2 Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #1 Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #1 _____ PSID Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #2 Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #2 _____ PSID Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Check Valve Held at _____ PSID
Relief Valve (RP only) Opened at _____ PSID	Air vent opened at _____ PSID

Final Test: Check Valve #1	Check Valve #2	Pressure Relief	PVB/SVB
	Closed Tight <input type="checkbox"/> Yes <input type="checkbox"/> No		Check Valve PSID
PSID	PSID	Replaced PSID	Air Inlet PSID

I hereby certify the above backflow preventer has been tested in accordance with all rules and regulations of the State of Nebraska Health and Human Services, Department of Regulation and Licensure, Title 179, and the Lincoln Water System Title 17, and that all readings are true and accurate to the best of my ability. **Must be returned to LWS within 30 days of performing test.**

State Certified Technician (Please Print) \_\_\_\_\_ Company \_\_\_\_\_ Grade 6 Certificate# \_\_\_\_\_ Cell/Phone# \_\_\_\_\_

State Certified Technician (Signature) \_\_\_\_\_ Customer (Signature) \_\_\_\_\_ Date of Test \_\_\_\_\_

Test Gauge Manufacturer \_\_\_\_\_ Test Gauge Serial # \_\_\_\_\_ Date of Calibration \_\_\_\_\_

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

PLEASE TYPE OR PRINT LEGIBLY



# Backflow Preventer Test Form

402.441.5912 • e-mail: [Backflow@lincoln.ne.gov](mailto:Backflow@lincoln.ne.gov) • FAX: 402.441.8003

**Return to: Lincoln Water System Backflow 2021 North 27th Street, Lincoln, NE 68503**

Business/Building \_\_\_\_\_ Contact Person \_\_\_\_\_

Service Address \_\_\_\_\_ Suite# \_\_\_\_\_

Phone# \_\_\_\_\_ e-mail: \_\_\_\_\_

Device Location \_\_\_\_\_

<input type="checkbox"/> Annual Test	<input type="checkbox"/> Repair	<input type="checkbox"/> New Installation
<input type="checkbox"/> DC	<input type="checkbox"/> RPP	Serial #: _____ Size: _____ Manufacturer: _____ Model#: _____
<input type="checkbox"/> Replacement		
<input type="checkbox"/> DC	<input type="checkbox"/> RPP	Serial #: _____ Size: _____ Manufacturer: _____ Model#: _____

<input type="checkbox"/> Domestic Containment	<input type="checkbox"/> Irrigation	<input type="checkbox"/> Fire Service	<input type="checkbox"/> Boiler	<input type="checkbox"/> Carbonator
<input type="checkbox"/> Swimming Pool	<input type="checkbox"/> Cooling Tower	<input type="checkbox"/> Water Cooled Ice Maker	<input type="checkbox"/> Other (Desc): _____	

Reduced Pressure-Double Check Valve	Pressure Vacuum Breaker
Shut off #2 Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #1 Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #1 _____ PSID Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #2 Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #2 _____ PSID Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Check Valve Held at _____ PSID
Relief Valve (RP only) Opened at _____ PSID	Air vent opened at _____ PSID

Final Test: Check Valve #1	Check Valve #2	Pressure Relief	PVB/SVB
	Closed Tight <input type="checkbox"/> Yes <input type="checkbox"/> No		Check Valve PSID
PSID	PSID	Replaced PSID	Air Inlet PSID

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State Certified Technician (Signature) \_\_\_\_\_ Customer (Signature) \_\_\_\_\_ Date of Test \_\_\_\_\_

Test Gauge Manufacturer \_\_\_\_\_ Test Gauge Serial # \_\_\_\_\_ Date of Calibration \_\_\_\_\_

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

PLEASE TYPE OR PRINT LEGIBLY





# Backflow Preventer Test Form

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**Return to: Lincoln Water System Backflow 2021 North 27th Street, Lincoln, NE 68503**

Business/Building \_\_\_\_\_ Contact Person \_\_\_\_\_

Service Address \_\_\_\_\_ Suite# \_\_\_\_\_

Phone# \_\_\_\_\_ e-mail: \_\_\_\_\_

Device Location \_\_\_\_\_

<input type="checkbox"/> Annual Test	<input type="checkbox"/> Repair	<input type="checkbox"/> New Installation
<input type="checkbox"/> DC	<input type="checkbox"/> RPP	Serial #: _____ Size: _____ Manufacturer: _____ Model#: _____
<input type="checkbox"/> Replacement		
<input type="checkbox"/> DC	<input type="checkbox"/> RPP	Serial #: _____ Size: _____ Manufacturer: _____ Model#: _____

<input type="checkbox"/> Domestic Containment	<input type="checkbox"/> Irrigation	<input type="checkbox"/> Fire Service	<input type="checkbox"/> Boiler	<input type="checkbox"/> Carbonator
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Reduced Pressure-Double Check Valve	Pressure Vacuum Breaker
Shut off #2 Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #1 Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #1 _____ PSID Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #2 Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #2 _____ PSID Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Check Valve Held at _____ PSID
Relief Valve (RP only) Opened at _____ PSID	Air vent opened at _____ PSID

Final Test: Check Valve #1	Check Valve #2	Pressure Relief	PVB/SVB
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PSID	PSID	Replaced PSID	Air Inlet PSID

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State Certified Technician (Signature) \_\_\_\_\_ Customer (Signature) \_\_\_\_\_ Date of Test \_\_\_\_\_

Test Gauge Manufacturer \_\_\_\_\_ Test Gauge Serial # \_\_\_\_\_ Date of Calibration \_\_\_\_\_

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

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# Backflow Preventer Test Form

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Business/Building \_\_\_\_\_ Contact Person \_\_\_\_\_

Service Address \_\_\_\_\_ Suite# \_\_\_\_\_

Phone# \_\_\_\_\_ e-mail: \_\_\_\_\_

Device Location \_\_\_\_\_

<input type="checkbox"/> Annual Test	<input type="checkbox"/> Repair	<input type="checkbox"/> New Installation
<input type="checkbox"/> DC	<input type="checkbox"/> RPP	Serial #: _____ Size: _____ Manufacturer: _____ Model#: _____
<input type="checkbox"/> Replacement		
<input type="checkbox"/> DC	<input type="checkbox"/> RPP	Serial #: _____ Size: _____ Manufacturer: _____ Model#: _____

<input type="checkbox"/> Domestic Containment	<input type="checkbox"/> Irrigation	<input type="checkbox"/> Fire Service	<input type="checkbox"/> Boiler	<input type="checkbox"/> Carbonator
<input type="checkbox"/> Swimming Pool	<input type="checkbox"/> Cooling Tower	<input type="checkbox"/> Water Cooled Ice Maker	<input type="checkbox"/> Other (Desc): _____	

Reduced Pressure-Double Check Valve	Pressure Vacuum Breaker
Shut off #2 Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #1 Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #1 _____ PSID Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #2 Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #2 _____ PSID Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Check Valve Held at _____ PSID
Relief Valve (RP only) Opened at _____ PSID	Air vent opened at _____ PSID

Final Test: Check Valve #1	Check Valve #2	Pressure Relief	PVB/SVB
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PSID	PSID	Replaced PSID	Air Inlet PSID

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State Certified Technician (Signature) \_\_\_\_\_ Customer (Signature) \_\_\_\_\_ Date of Test \_\_\_\_\_

Test Gauge Manufacturer \_\_\_\_\_ Test Gauge Serial # \_\_\_\_\_ Date of Calibration \_\_\_\_\_

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

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Business/Building \_\_\_\_\_ Contact Person \_\_\_\_\_

Service Address \_\_\_\_\_ Suite# \_\_\_\_\_

Phone# \_\_\_\_\_ e-mail: \_\_\_\_\_

Device Location \_\_\_\_\_

<input type="checkbox"/> Annual Test	<input type="checkbox"/> Repair	<input type="checkbox"/> New Installation
<input type="checkbox"/> DC	<input type="checkbox"/> RPP	Serial #: _____ Size: _____ Manufacturer: _____ Model#: _____
<input type="checkbox"/> Replacement		
<input type="checkbox"/> DC	<input type="checkbox"/> RPP	Serial #: _____ Size: _____ Manufacturer: _____ Model#: _____

<input type="checkbox"/> Domestic Containment	<input type="checkbox"/> Irrigation	<input type="checkbox"/> Fire Service	<input type="checkbox"/> Boiler	<input type="checkbox"/> Carbonator
<input type="checkbox"/> Swimming Pool	<input type="checkbox"/> Cooling Tower	<input type="checkbox"/> Water Cooled Ice Maker	<input type="checkbox"/> Other (Desc): _____	

Reduced Pressure-Double Check Valve	Pressure Vacuum Breaker
Shut off #2 Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #1 Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #1 _____ PSID Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #2 Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #2 _____ PSID Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Check Valve Held at _____ PSID
Relief Valve (RP only) Opened at _____ PSID	Air vent opened at _____ PSID

Final Test: Check Valve #1	Check Valve #2	Pressure Relief	PVB/SVB
	Closed Tight <input type="checkbox"/> Yes <input type="checkbox"/> No		Check Valve PSID
PSID	PSID	Replaced PSID	Air Inlet PSID

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State Certified Technician (Please Print) \_\_\_\_\_ Company \_\_\_\_\_ Grade 6 Certificate# \_\_\_\_\_ Cell/Phone# \_\_\_\_\_

State Certified Technician (Signature) \_\_\_\_\_ Customer (Signature) \_\_\_\_\_ Date of Test \_\_\_\_\_

Test Gauge Manufacturer \_\_\_\_\_ Test Gauge Serial # \_\_\_\_\_ Date of Calibration \_\_\_\_\_

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

PLEASE TYPE OR PRINT LEGIBLY



Physical Address is 5800 Walker Ave. Cottage 7

### Backflow Preventer Test Form

402.441.5912 • e-mail: [Backflow@lincoln.ne.gov](mailto:Backflow@lincoln.ne.gov) • FAX: 402.441.8003

Return to: Lincoln Water System Backflow 2021 North 27th Street, Lincoln, NE 68503

Business/Building State Building Division Contact Person Mike Heaps  
Service Address 5903 Walker Ave. Cottage 7 Suite# \_\_\_\_\_  
Phone# 402-450-8379 e-mail: Mike.Heaps@Nebraska.gov  
Device Location NW Corner Bay Fire Exit

Annual Test    Repair    New Installation

DC    RPP   Serial #: 17206A   Size: 1"   Manufacturer: Watts   Model#: 719 QT

Replacement

DC    RPP   Serial #: \_\_\_\_\_   Size: \_\_\_\_\_   Manufacturer: \_\_\_\_\_   Model#: \_\_\_\_\_

Domestic Containment    Irrigation    Fire Service    Boiler    Carbonator

Swimming Pool    Cooling Tower    Water Cooled Ice Maker    Other (Desc): \_\_\_\_\_

Reduced Pressure-Double Check Valve		Pressure Vacuum Breaker	
Shut off #2	Held <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #1	Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #1 <u>1.5</u> PSID	Held <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #2	Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #2 <u>1.5</u> PSID	Held <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Check Valve Held at _____ PSID	
Relief Valve (RP only) Opened at _____ PSID		Air vent opened at _____ PSID	

Final Test: Check Valve #1	Check Valve #2	Pressure Relief	PVB/SVB
	Closed Tight <input type="checkbox"/> Yes <input type="checkbox"/> No		Check Valve PSID
PSID	PSID	Replaced PSID	Air Inlet PSID

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Mark A Humink   State of Nebraska   10740   (402) 416-3605  
 State-Certified Technician (Please Print)   Company   Grade 6 Certificate#   Cell/Phone#

[Signature]   [Signature]   8-13-24  
 State-Certified Technician (Signature)   Customer (Signature)   Date of Test

midwest   10181196   4-12-24  
 Test Gauge Manufacturer   Test Gauge Serial #   Date of Calibration

Comments: I put a New kit in unit and tested it. Working as it should now.

PLEASE TYPE OR PRINT LEGIBLY



# Backflow Preventer Test Form

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Return to: Lincoln Water System Backflow 2021 North 27th Street, Lincoln, NE 68503

Business/Building \_\_\_\_\_ Contact Person \_\_\_\_\_

Service Address \_\_\_\_\_ Suite# \_\_\_\_\_

Phone# \_\_\_\_\_ e-mail: \_\_\_\_\_

Device Location \_\_\_\_\_

<input type="checkbox"/> Annual Test	<input type="checkbox"/> Repair	<input type="checkbox"/> New Installation
<input type="checkbox"/> DC	<input type="checkbox"/> RPP	Serial #: _____ Size: _____ Manufacturer: _____ Model#: _____
<input type="checkbox"/> Replacement		
<input type="checkbox"/> DC	<input type="checkbox"/> RPP	Serial #: _____ Size: _____ Manufacturer: _____ Model#: _____

<input type="checkbox"/> Domestic Containment	<input type="checkbox"/> Irrigation	<input type="checkbox"/> Fire Service	<input type="checkbox"/> Boiler	<input type="checkbox"/> Carbonator
<input type="checkbox"/> Swimming Pool	<input type="checkbox"/> Cooling Tower	<input type="checkbox"/> Water Cooled Ice Maker	<input type="checkbox"/> Other (Desc): _____	

Reduced Pressure-Double Check Valve		Pressure Vacuum Breaker	
Shut off #2	Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #1	Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #1 _____ PSID	Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #2	Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #2 _____ PSID	Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Check Valve Held at _____ PSID	
Relief Valve (RP only) Opened at _____ PSID		Air vent opened at _____ PSID	

Final Test: Check Valve #1	Check Valve #2	Pressure Relief	PVB/SVB
	Closed Tight <input type="checkbox"/> Yes <input type="checkbox"/> No		Check Valve PSID
PSID	PSID	Replaced PSID	Air Inlet PSID

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State Certified Technician (Please Print) \_\_\_\_\_ Company \_\_\_\_\_ Grade 6 Certificate# \_\_\_\_\_ Cell/Phone# \_\_\_\_\_

State Certified Technician (Signature) \_\_\_\_\_ Customer (Signature) \_\_\_\_\_ Date of Test \_\_\_\_\_

Test Gauge Manufacturer \_\_\_\_\_ Test Gauge Serial # \_\_\_\_\_ Date of Calibration \_\_\_\_\_

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

PLEASE TYPE OR PRINT LEGIBLY



# Backflow Preventer Test Form

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Business/Building \_\_\_\_\_ Contact Person \_\_\_\_\_

Service Address \_\_\_\_\_ Suite# \_\_\_\_\_

Phone# \_\_\_\_\_ e-mail: \_\_\_\_\_

Device Location \_\_\_\_\_

<input type="checkbox"/> Annual Test	<input type="checkbox"/> Repair	<input type="checkbox"/> New Installation
<input type="checkbox"/> DC	<input type="checkbox"/> RPP	Serial #: _____ Size: _____ Manufacturer: _____ Model#: _____
<input type="checkbox"/> Replacement		
<input type="checkbox"/> DC	<input type="checkbox"/> RPP	Serial #: _____ Size: _____ Manufacturer: _____ Model#: _____

<input type="checkbox"/> Domestic Containment	<input type="checkbox"/> Irrigation	<input type="checkbox"/> Fire Service	<input type="checkbox"/> Boiler	<input type="checkbox"/> Carbonator
<input type="checkbox"/> Swimming Pool	<input type="checkbox"/> Cooling Tower	<input type="checkbox"/> Water Cooled Ice Maker	<input type="checkbox"/> Other (Desc): _____	

Reduced Pressure-Double Check Valve	Pressure Vacuum Breaker
Shut off #2 Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #1 Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #1 _____ PSID Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #2 Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #2 _____ PSID Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Check Valve Held at _____ PSID
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Final Test: Check Valve #1	Check Valve #2	Pressure Relief	PVB/SVB
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State Certified Technician (Signature) \_\_\_\_\_ Customer (Signature) \_\_\_\_\_ Date of Test \_\_\_\_\_

Test Gauge Manufacturer \_\_\_\_\_ Test Gauge Serial # \_\_\_\_\_ Date of Calibration \_\_\_\_\_

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Service Address \_\_\_\_\_ Suite# \_\_\_\_\_

Phone# \_\_\_\_\_ e-mail: \_\_\_\_\_

Device Location \_\_\_\_\_

<input type="checkbox"/> Annual Test	<input type="checkbox"/> Repair	<input type="checkbox"/> New Installation
<input type="checkbox"/> DC	<input type="checkbox"/> RPP	Serial #: _____ Size: _____ Manufacturer: _____ Model#: _____
<input type="checkbox"/> Replacement		
<input type="checkbox"/> DC	<input type="checkbox"/> RPP	Serial #: _____ Size: _____ Manufacturer: _____ Model#: _____

<input type="checkbox"/> Domestic Containment	<input type="checkbox"/> Irrigation	<input type="checkbox"/> Fire Service	<input type="checkbox"/> Boiler	<input type="checkbox"/> Carbonator
<input type="checkbox"/> Swimming Pool	<input type="checkbox"/> Cooling Tower	<input type="checkbox"/> Water Cooled Ice Maker	<input type="checkbox"/> Other (Desc): _____	

Reduced Pressure-Double Check Valve	Pressure Vacuum Breaker
Shut off #2 Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #1 Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #1 _____ PSID Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #2 Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #2 _____ PSID Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Check Valve Held at _____ PSID
Relief Valve (RP only) Opened at _____ PSID	Air vent opened at _____ PSID

Final Test: Check Valve #1	Check Valve #2	Pressure Relief	PVB/SVB
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State Certified Technician (Signature) \_\_\_\_\_ Customer (Signature) \_\_\_\_\_ Date of Test \_\_\_\_\_

Test Gauge Manufacturer \_\_\_\_\_ Test Gauge Serial # \_\_\_\_\_ Date of Calibration \_\_\_\_\_

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

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Phone# \_\_\_\_\_ e-mail: \_\_\_\_\_

Device Location \_\_\_\_\_

<input type="checkbox"/> Annual Test	<input type="checkbox"/> Repair	<input type="checkbox"/> New Installation
<input type="checkbox"/> DC	<input type="checkbox"/> RPP	Serial #: _____ Size: _____ Manufacturer: _____ Model#: _____
<input type="checkbox"/> Replacement		
<input type="checkbox"/> DC	<input type="checkbox"/> RPP	Serial #: _____ Size: _____ Manufacturer: _____ Model#: _____

<input type="checkbox"/> Domestic Containment	<input type="checkbox"/> Irrigation	<input type="checkbox"/> Fire Service	<input type="checkbox"/> Boiler	<input type="checkbox"/> Carbonator
<input type="checkbox"/> Swimming Pool	<input type="checkbox"/> Cooling Tower	<input type="checkbox"/> Water Cooled Ice Maker	<input type="checkbox"/> Other (Desc): _____	

Reduced Pressure-Double Check Valve	Pressure Vacuum Breaker
Shut off #2 Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #1 Held <input type="checkbox"/> Yes <input type="checkbox"/> No
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Test Gauge Manufacturer \_\_\_\_\_ Test Gauge Serial # \_\_\_\_\_ Date of Calibration \_\_\_\_\_

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Phone# \_\_\_\_\_ e-mail: \_\_\_\_\_

Device Location \_\_\_\_\_

<input type="checkbox"/> Annual Test	<input type="checkbox"/> Repair	<input type="checkbox"/> New Installation
<input type="checkbox"/> DC	<input type="checkbox"/> RPP	Serial #: _____ Size: _____ Manufacturer: _____ Model#: _____
<input type="checkbox"/> Replacement		
<input type="checkbox"/> DC	<input type="checkbox"/> RPP	Serial #: _____ Size: _____ Manufacturer: _____ Model#: _____

<input type="checkbox"/> Domestic Containment	<input type="checkbox"/> Irrigation	<input type="checkbox"/> Fire Service	<input type="checkbox"/> Boiler	<input type="checkbox"/> Carbonator
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Reduced Pressure-Double Check Valve	Pressure Vacuum Breaker
Shut off #2 Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #1 Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #1 _____ PSID Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #2 Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #2 _____ PSID Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Check Valve Held at _____ PSID
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PSID	PSID	Replaced PSID	Air Inlet PSID

I hereby certify the above backflow preventer has been tested in accordance with all rules and regulations of the State of Nebraska Health and Human Services, Department of Regulation and Licensure, Title 179, and the Lincoln Water System Title 17, and that all readings are true and accurate to the best of my ability. **Must be returned to LWS within 30 days of performing test.**

State Certified Technician (Please Print) \_\_\_\_\_ Company \_\_\_\_\_ Grade 6 Certificate# \_\_\_\_\_ Cell/Phone# \_\_\_\_\_

State Certified Technician (Signature) \_\_\_\_\_ Customer (Signature) \_\_\_\_\_ Date of Test \_\_\_\_\_

Test Gauge Manufacturer \_\_\_\_\_ Test Gauge Serial # \_\_\_\_\_ Date of Calibration \_\_\_\_\_

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

PLEASE TYPE OR PRINT LEGIBLY



**Nebraska State Fire Marshal Agency**

**Boiler Inspection Division**

246 S. 14th Street, Suite 1

Lincoln, NE 68508

Phone: (402) 471-9902, Email: [sfm.boilers@nebraska.gov](mailto:sfm.boilers@nebraska.gov)

David Pleiss

Chief Boiler Inspector

Scott Cordes

State Fire Marshal

**Lincoln Regional Center**  
**ATTN: Tiffany Fitzpatrick-Gutierrez**  
**801 W Prospector Pl**  
**Lincoln, NE 68522-1970**

**05/30/2024**

If you sell, transfer, scrap, disconnect, or relocate this boiler, please notify our office @ (402) 471-9902 or [sfm.boilers@nebraska.gov](mailto:sfm.boilers@nebraska.gov). This certificate shall be posted on or near the unit described. If this unit is exposed to the weather or other possible damage, the certificate may be kept in a central location but shall be available to the inspector or any other legal authority.



**Nebraska State Fire Marshal Agency**

**Boiler Inspection Division**

246 S. 14th Street, Suite 1

Lincoln, NE 68508

Phone: (402) 471-9902, Email: [sfm.boilers@nebraska.gov](mailto:sfm.boilers@nebraska.gov)

Owner **5885614**

Location **1703641**

**Lincoln Regional Center**  
**ATTN: Tiffany Fitzpatrick-Gutierrez**  
**801 W Prospector Pl**  
**Lincoln, NE 68522-1970**

**Whitehall Campus**  
**2320 N 57th St**  
**Lincoln, NE 68507-2301**

**State ID Number: NE30760**

**Type: CI - Cast Iron**

**Last External Inspection: 04/03/2024**

**Expiration Date: 03/31/2025**

**Inspected By: Joshua Shandy**

**Inspecting Agency: Zurich American Insurance**

**Last Internal Inspection:**

**National Board Number: N/A**

**Pressure Allowed: 50 PSI**

**Safety-Relief Valves Setting: 50 PSI**

**Manufacturer: Peerless**

**Year Built: 1995**

**Print Date: 05/30/2024**

**Next Internal Due Date:**

**Serial Number: 7FDA87510795**

**Owner's Equip ID:**

This is to certify that the described unit may be operated at a pressure not to exceed the "Pressure Allowed" as shown. This certificate is valid until the expiration date, another inspection is made, or is withdrawn for cause. Issuance of this certificate does not create liability nor guarantee personal safety. If you have any questions regarding the operation or safety of this unit, contact the owner or the State Chief Boiler Inspector.

Chief Boiler Inspector

David Pleiss



Hydraulic and Amusement Ride Division  
13101 Research, Rm. 233 Columbia, MD 21044-0233 Office: 410-351-2104 Fax:  
410-351-1340

ASME Certified Inspection Agency

# Hydraulic Elevator Safety Test and Inspector Witness Report

Revised 8/24/2008

## General Information

Building Name: <b>Whitehall Mansion</b>	Manufacturer: <b>TKE</b>	Issue ID #:	<b>9468</b>
Address: <b>2401 N 60th St</b>	City: <b>Lincoln</b>	Building ID #:	
Inspection Party Name: <b>Scott</b>	Phone: <b>402-365-3659</b>	State License #:	
Install Date: <b>2004</b>	Stops from: <b>4</b> (incl. D)	Capacity: <b>2100</b> lbs.	Job/Contract #:
Rated Speed: <b>125</b> fpm	Drive: <input checked="" type="checkbox"/> Passenger <input type="checkbox"/> Freight	Freight Class: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E	<b>ET3388</b>
Test Date: <b>10-11-23</b>	Test Type: <input type="checkbox"/> Acceptance & Witness Inspection <input checked="" type="checkbox"/> Category I <input type="checkbox"/> 5-year inspection		
Inspector Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	# Yes, Inspector Signed Report		

## Testing and Inspection Components

\*\* - TCO (total) of shutdown can be recommended (Category I & 5-year tests or inspection; NOT allowed in acceptance)

Ballast Valve		Door	
OK/No	OK/No	OK/No	OK/No
Working Pressure - 150% load <input checked="" type="checkbox"/> <b>120</b>	Annual Valve Set (± 150% of WPI) <input checked="" type="checkbox"/> <b>150</b>	<input checked="" type="checkbox"/> Closing force (max 200 <sup>lbs</sup> )	<input type="checkbox"/> Guides (girth)
Acceptance only: <input checked="" type="checkbox"/> Working Pressure - 150%	<input checked="" type="checkbox"/> Valve adjustment needed	<input checked="" type="checkbox"/> Racc edge/safety edge	<input type="checkbox"/> Lockers
<input type="checkbox"/> Plunger Grease	<input checked="" type="checkbox"/> Valve adjustment needed	<input checked="" type="checkbox"/> Interlocks - gate switches	<input checked="" type="checkbox"/> Restrictors
<input checked="" type="checkbox"/> Over-Speed Valve			
Power-Down STAT Test		Emergency Operations	
Time Started: <b>3:30</b>	Time Ended: <b>3:45</b>	<input type="checkbox"/> Phase I Recall	<input type="checkbox"/> Phase II Operation
Fugged Time: <b>15</b> minutes		<input checked="" type="checkbox"/> Tagging - Phase I and II	<input checked="" type="checkbox"/> Alarm Bell
Change in Car position? Distance: <b>3/6</b> inches		<input checked="" type="checkbox"/> 2-way communication	<input type="checkbox"/> Emergency Lights
		<input checked="" type="checkbox"/> Standby-to-Power (100% rated load - acceptance only)	
Safety Devices		Other Items	
<input checked="" type="checkbox"/> Stop Switches - car/got car top-MR-control space	<input checked="" type="checkbox"/> Test tags required	<input checked="" type="checkbox"/> Keys available	
<input checked="" type="checkbox"/> Escape hatch contact	<input checked="" type="checkbox"/> Low-oil pressure switch	<input checked="" type="checkbox"/> MCF complete	<input checked="" type="checkbox"/> Maint. logs updated
<input checked="" type="checkbox"/> Emergency - terminal stop	<input checked="" type="checkbox"/> Low-of protection	<input checked="" type="checkbox"/> Proper tags used	<input checked="" type="checkbox"/> Wire connections tight
<input checked="" type="checkbox"/> Oil & fluid levels up & down	<input checked="" type="checkbox"/> Re-level starting/man lowering	<input checked="" type="checkbox"/> MR-car top-control clear	<input checked="" type="checkbox"/> Jambets removed

Inspector's Violation Description and/or Mechanic's Test Result Comment

Shut Down	TCO (90 days)	Correction Date (Inspector only)
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	

## Certifications

By signing below, I certify that all statements are true to the best of my knowledge and that all testing and test witnessing was performed according to current Conveyance Regulations and the appropriate edition of ASME A17.1 Sections 8.8, 8.10 and 8.7.1.

Mechanic Name: <b>Kevin Rice</b>	Contractor Company Name: <b>TKE</b>		
Mechanic Signature: <b>Kevin Rice</b>	Date: <b>10-11-23</b>	State License #: <b>10111</b>	
Inspector Name:	Inspection Company Name:		
Inspector Signature:	Date:	QA #:	



# E-DOCKET

## Maintenance

NO. e-docket :US389926

page 1

**US serial number :** USV1018446      **Customer Name :** STATE OF NEBRASKA BUILDING  
**Lift Number :** 9468      **Supervisor Name :** James Laverne Geer  
**Unit Type :** Hydraulic      **Branch Name :** OMAHA  
**Building Address :** 2401 N 60TH ST  
    CASS  
    68407-2318 LINCOLN  
**IVR WO Number :**

### MAINTENANCE

Task Set : PREVENTATIVE MAINTENANCE

Operating Upon Departure the technician : Yes

#### Elevator

Unit Type	Hydraulic	
Unit Nickname	9468	
Unit	USV1018446	
PERFORMED PREVENTATIVE MAINTENANCE	<input checked="" type="checkbox"/>	
Material Used/Spare Parts Used	9468 USV1018446-Hydraulic:	

#### Technician's comments and recommendations :

Test  
Update mtr

#### Material Used :

### CLIENT COMMENTS

N/A



# E-DOCKET

## Maintenance

NO. e-docket :US389926

page 2

### Time And Expense Detail

Line Type	Labor Type				Date	Start Time	End Time	Expense Amount
	0	1.5	1.7	2				
Labor	0.5				11-Oct-2023	03:00 PM	03:30 PM	

### TECHNICIAN SIGNATURE

Technician : Kevin Fredrick Rice

### CLIENT SIGNATURE

For the client :

Date : 11-10-2023

Collect signature at a later time



# E-DOCKET

## Maintenance

NO. e-docket :US389928

page 1

US serial number : USV1018446 Customer Name : STATE OF NEBRASKA BUILDING  
 Lift Number : 9468 Supervisor Name : James Laverne Geer  
 Unit Type : Hydraulic Branch Name : OMAHA  
 Building Address : 2401 N 60TH ST  
 CASS  
 68407-2318 LINCOLN  
 IVR WO Number :

### MAINTENANCE

Task Set : PREVENTATIVE MAINTENANCE

Operating Upon Departure the technician : Yes

#### Elevator

Unit Type	Hydraulic	
Unit Nickname	9468	
Unit	USV1018446	
PERFORMED PREVENTATIVE MAINTENANCE	<input checked="" type="checkbox"/>	
Material Used/Spare Parts Used	9468 USV1018446-Hydraulic:	

#### Technician's comments and recommendations :

P/m  
Update mtr  
Fire service

#### Material Used :

### CLIENT COMMENTS

N/A



# E-DOCKET

## Maintenance

NO. e-docket :US389928

page 2

### Time And Expense Detail

Line Type	Labor Type				Date	Start Time	End Time	Expense Amount
	0	1.5	1.7	2				
Labor	0.5				11-Oct-2023	03:30 PM	04:00 PM	

### TECHNICIAN SIGNATURE

Technician : Kevin Fredrick Rice

### CLIENT SIGNATURE

For the client : Scott

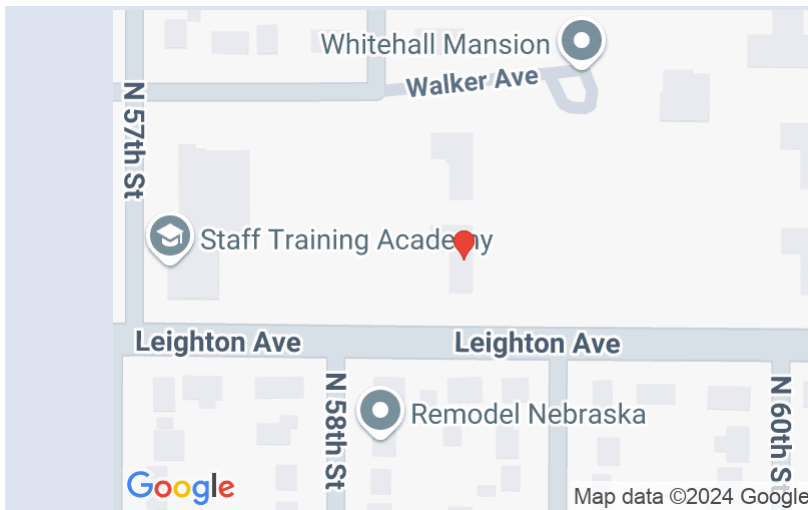
Date : 11-10-2023

Called customer

## Inspection Report

Presented To  
State of Nebraska-Whitehall Campus

For  
Whitehall Campus - Bldg#1  
5800 Leighton Ave  
Lincoln, NE 68507



**This site has been inspected and tested in compliance with applicable standards.**

Completed:  
**Wednesday, September 25, 2024**

Inspection Status:  
**Passed**

Tested By:  
**Bryan Martin**  
Midwest Alarm Services  
141 M St  
Lincoln, NE 68508

Scan Code to Access  
Nspec Cloud Portal





# Inspection Information

## CUSTOMER INFORMATION

Name:	State of Nebraska-Whitehall Campus	Address:	801 W Prospector Pl
City:	Lincoln	State:	NE
ZIP:	68522		

## BUILDING INFORMATION

Name:	Whitehall Campus - Bldg#1	Occupancy Type:	Educational (Group E)
Address:	5800 Leighton Ave	City:	Lincoln
State:	NE	ZIP:	68507
Monitoring Company Account Number:	MW-FA19881	Retransmission Entity:	Per Mar
Retransmission Entity Phone:	(800) 383-7871		

## COMPANY INFORMATION

Name:	Midwest Alarm Services	Address:	141 M St
City:	Lincoln	State:	NE
Zip:	68508	License:	-
Email:	inspections@mw-as.com	Phone:	(402) 474-3737

## TESTING SUMMARY

EQUIPMENT TYPE	TOTAL	TESTED	PASSED	FAILED
Control Unit	1	1 (100%)	1 (100%)	0 (0%)
Communicator	1	1 (100%)	1 (100%)	0 (0%)
Supervising Station Monitoring	1	1 (100%)	1 (100%)	0 (0%)
Annunciator	0	0 (0%)	0 (0%)	0 (0%)
Auxiliary Power Supply	0	0 (0%)	0 (0%)	0 (0%)
Alarm Initiated Device	28	26 (93%)	26 (93%)	0 (0%)
Supervisory Signal Device	4	0 (0%)	0 (0%)	0 (0%)
Auxiliary Device	1	1 (100%)	1 (100%)	0 (0%)
Alarm Notification Appliance	1	1 (100%)	1 (100%)	0 (0%)
Battery	0	0 (0%)	0 (0%)	0 (0%)


## Fire Alarm System - NFPA 72 (2013) Lincoln

This inspection was conducted in accordance with NFPA 72 Standards and the codes established by the local Authorities Having Jurisdiction for the site inspected. NFPA 72 provides established guidelines for the testing of fire alarm systems, including fire detection, emergency communication and signaling. If your city has mandated it, we will upload your inspection report to the local compliance engine. If you have any questions regarding this report or require additional services. Please contact our Inspection Team at 402-970-1509 or [MWLNInspections@mw-as.com](mailto:MWLNIInspections@mw-as.com).

Tracy Warwick  
Inspection Manager  
515-313-1132  
[Tracy.Warwick@mw-as.com](mailto:Tracy.Warwick@mw-as.com)

*Please see the end of the report for possible deficiencies.*

Tested By:

  
696-8/26

**Bryan Martin**  
Midwest Alarm Services  
141 M St  
Lincoln, NE 68508

## Control Unit 1

### Location

Location	1st / West exit
----------	-----------------

### Specification

Type/Make/Model	Notifier / SGL-2000
-----------------	---------------------

### Software Firmware

Revision Number	-
Onsite Location Of Documentation	-

### Primary Power

Nominal Voltage	-
Amps	-

### Overcurrent Protection

Type	-
Amps	-
Location	-
Disconnecting Means Location	-

### Visual/ Functional

Control Unit	Tested visually and functionally
Lamps/LEDs/LCDs	Tested visually and functionally
Fuses	Tested visually
Trouble Signal	Tested visually and functionally
Disconnect Switch	Tested visually
Ground-Fault Monitoring	Tested visually

### Batteries

Battery Date	11/01/2022
Battery Type	Sealed Lead Acid
Nominal Voltage	13.8 / 13.8
Amps/Hour Rating	5AH
Standby Mode (hrs)	24
Alarm Mode (mins)	5

### Visual/ Functional

Load Voltage	Tested visually
Charge Test	Tested visually
Discharge Test	Tested visually
Battery Condition	Tested visually

### Result

	● Passed
--	----------

### Notes

Number	-
--------	---

## Communicator 1

Location	
Location	room 13
Specification	
Type/Make/Model	DMP
Type	
Type	-
Result	
	● Passed
Notes	
Number	-

## Supervising Station Monitoring

Specification	Supervising Station Monitoring	Result	Notes
Type/Make/Model	Alarm Signal	Result	Number
Permar / MW-RDMP111450	Tested visually and functionally	● Passed	1
	Alarm Restoration		
	Tested visually and functionally		
	Trouble Signal		
	Tested visually and functionally		
	Trouble Restoration		
	Tested visually and functionally		
	Supervisory Signal		
	Tested visually		
	Supervisory Restoration		
	Tested visually		

## Alarm Initiated Device

Location	Specification	Sensitivity	Result	Notes
Location	Type/Make/Model	Sensitivity Range	Result	Number
1st / West exit	Manual Pull Station / Notifier / NBG12L	-	● Passed	-
		Sensitivity Result		
		-		
Location	Type/Make/Model	Sensitivity Range	Result	Number
1st / East exit	Manual Pull Station / Notifier / NBG12L	-	● Passed	-
		Sensitivity Result		
		-		
Location	Type/Make/Model	Sensitivity Range	Result	Number
1st / West exit by room 9	Manual Pull Station / Notifier / NBG12L	-	● Passed	-
		Sensitivity Result		
		-		

Location	Specification	Sensitivity	Result	Notes
Location Basement / South exit	Type/Make/Model Manual Pull Station / Notifier / NBG12L	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location 1st / Fireplace room - South / 001	Type/Make/Model Smoke Detector / System Sensor / 2151	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location 1st / Fireplace room - North / 002	Type/Make/Model Smoke Detector / System Sensor / 2151	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location 1st / Dining room / 003	Type/Make/Model Smoke Detector / System Sensor / 1451	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location 1st / Above stairs / 004	Type/Make/Model Smoke Detector / System Sensor / 1451	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location 1st / Room 1 / 005	Type/Make/Model Smoke Detector / System Sensor / 2151	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location 1st / Room 16 / 006	Type/Make/Model Smoke Detector / System Sensor / 2151	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location 1st / Hallway by room 16 / 007	Type/Make/Model Smoke Detector / System Sensor / 1451	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location 1st / Office / 008	Type/Make/Model Smoke Detector / System Sensor / 2151	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location 1st / Clinic office / 009	Type/Make/Model Smoke Detector / System Sensor / 2151	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location 1st / Room 15 / 010	Type/Make/Model Smoke Detector / System Sensor / 2151	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location 1st / Room 14 / 011	Type/Make/Model Smoke Detector / System Sensor / 2151	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location 1st / Room 13 / 012	Type/Make/Model Smoke Detector / System Sensor / 2151	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -

Location	Specification	Sensitivity	Result	Notes
Location 1st / Hallway by room 13 / 013	Type/Make/Model Smoke Detector / System Sensor / 1451	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location 1st / Room 11 / 014	Type/Make/Model Smoke Detector / System Sensor / 2151	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location 1st / Room 10 / 015	Type/Make/Model Smoke Detector / System Sensor / 2151	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location 1st / Room 6 / 016	Type/Make/Model Smoke Detector / System Sensor / 2151	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location 1st / Hallway by room 7 / 017	Type/Make/Model Smoke Detector / System Sensor / 1451	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location 1st / Room 7 / 018	Type/Make/Model Smoke Detector / System Sensor / 2151	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location 1st / Room 9 / 019	Type/Make/Model Smoke Detector / System Sensor / 2151	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location Basement / North smoke / 020	Type/Make/Model Smoke Detector / System Sensor / 1451	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location Basement / South smoke / 021	Type/Make/Model Smoke Detector / System Sensor / 1451	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location 1st / Above fire panel / 022	Type/Make/Model Smoke Detector / System Sensor / 1451	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location Throughout building - 4	Type/Make/Model Heat Detector	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -
Location	Type/Make/Model Water Flow	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -

## Supervisory Signal Device

Location	Specification	Result	Notes
----------	---------------	--------	-------

Location	Type/Make/Model	Result	Number
	Backflow Valve	Not Tested	-
Location	Type/Make/Model	Result	Number
	Backflow Valve	Not Tested	-
Location	Type/Make/Model	Result	Number
	Low Air Switch	Not Tested	-
Location	Type/Make/Model	Result	Number
	PIV Switch	Not Tested	-

## Auxiliary Device

Location	Specification	Result	Notes
Location	Type/Make/Model	Result	Number
Throughout building - 3	Door Unlocking	● Passed	-

## Alarm Notification Appliance

Location	Specification	Result	Notes
Location	Type/Make/Model	Result	Number
Throughout building - 6 / 11	Audible And Visible	● Passed	-

## Comments

Number	COMMENT	IMAGE
1	OOS - 13:57 Trouble - 13:57 Restore - 13:58 Alarm - 14:00 Restore - 14:00	



Tech connected. Lives protected.

## Conclusion

We appreciate the opportunity to provide this inspection report. We are confident in the accuracy of the contents of this report. Should you require any additional services, or have questions regarding the contents of this report, please do not hesitate to contact your Midwest Alarm Services representative at 515-288-4000.

*Bryan Martin*  
696-8/26

---

Tested By:

**Bryan Martin**

Midwest Alarm Services

141 M St

Lincoln, NE 68508





Tech connected. Lives protected.

# Inspection Report

Presented To  
State of Nebraska-Whitehall Campus

For  
Whitehall Campus - Bldg#1  
5800 Leighton Ave  
Lincoln, NE 68507



**This site has been inspected and tested in compliance with applicable standards.**

Completed:  
**Thursday, March 28, 2024**

Tested By:  
**Bryan Martin**  
Midwest Alarm Services  
141 M St  
Lincoln, NE 68508

Scan Code to Access  
Nspec Cloud Portal



# Inspection Information

## CUSTOMER INFORMATION

Name:	State of Nebraska-Whitehall Campus	Address:	801 W Prospector Pl
City:	Lincoln	State:	NE
ZIP:	68522		

## BUILDING INFORMATION

Name:	Whitehall Campus - Bldg#1	Occupancy Type:	Educational (Group E)
Address:	5800 Leighton Ave	City:	Lincoln
State:	NE	ZIP:	68507
Monitoring Company Account Number:	MW-FA19881	Retransmission Entity:	Per Mar
Retransmission Entity Phone:	(800) 383-7871		

## COMPANY INFORMATION

Name:	Midwest Alarm Services	Address:	141 M St
City:	Lincoln	State:	NE
Zip:	68508	License:	-
Email:	inspections@mw-as.com	Phone:	(402) 474-3737

## TESTING SUMMARY

EQUIPMENT TYPE	TOTAL	TESTED	PASSED	FAILED
Control Unit	1	1 (100%)	1 (100%)	0 (0%)
Communicator	1	1 (100%)	1 (100%)	0 (0%)
Supervising Station Monitoring	1	1 (100%)	1 (100%)	0 (0%)
Annunciator	0	0 (0%)	0 (0%)	0 (0%)
Auxiliary Power Supply	0	0 (0%)	0 (0%)	0 (0%)
Alarm Initiated Device	29	1 (3%)	1 (3%)	0 (0%)
Supervisory Signal Device	4	0 (0%)	0 (0%)	0 (0%)
Auxiliary Device	1	1 (100%)	1 (100%)	0 (0%)
Alarm Notification Appliance	1	1 (100%)	1 (100%)	0 (0%)

## Fire Alarm System - NFPA 72 (2013) Lincoln

This inspection was conducted in accordance with NFPA 72 Standards and the codes established by the local Authorities Having Jurisdiction for the site inspected. NFPA 72 provides established guidelines for the testing of fire alarm systems, including fire detection, emergency communication and signaling. If your city has mandated it, we will upload your inspection report to the local compliance engine. If you have any questions regarding this report or require additional services. Please contact our Inspection Team at 402-970-1509 or [MWLNInspections@mw-as.com](mailto:MWLNInspections@mw-as.com).

Tracy Warwick  
Inspection Manager  
515-313-1132  
[Tracy.Warwick@mw-as.com](mailto:Tracy.Warwick@mw-as.com)

Tested By:

*Bryan Martin*  
696-8/26

**Bryan Martin**  
Midwest Alarm Services  
141 M St  
Lincoln, NE 68508

## Control Unit 1

### Location

Location	by west exit
----------	--------------

### Specification

Type/Make/Model	Notifier / SGL-2000
-----------------	---------------------

### Software Firmware

Revision Number	-
Onsite Location Of Documentation	-

### Primary Power

Nominal Voltage	-
Amps	-

### Overcurrent Protection

Type	-
Amps	-
Location	-
Disconnecting Means Location	-

### Visual/ Functional

Control Unit	Tested visually and functionally
Lamps/LEDs/LCDs	Tested visually and functionally
Fuses	Tested visually
Trouble Signal	Tested visually and functionally
Disconnect Switch	Tested visually
Ground-Fault Monitoring	Tested visually

### Batteries

Battery Date	11/01/2022
Battery Type	Sealed Lead Acid
Nominal Voltage	13.8 / 13.8
Amps/Hour Rating	5AH
Standby Mode (hrs)	24
Alarm Mode (mins)	5

### Visual/ Functional

Load Voltage	Tested visually
Charge Test	Tested visually
Discharge Test	Tested visually
Battery Condition	Tested visually

### Result

	● Passed
--	----------

### Notes

Number	-
--------	---

## Communicator 1

Location	
Location	room 13
Specification	
Type/Make/Model	DMP
Type	
Type	-
Result	
	● Passed
Notes	
Number	-

## Supervising Station Monitoring

Specification	Supervising Station Monitoring	Result	Notes
Type/Make/Model	Alarm Signal	Result	Number
Permar / MW-RDMP111450	Tested visually and functionally	● Passed	-
	Alarm Restoration		
	Tested visually and functionally		
	Trouble Signal		
	Tested visually and functionally		
	Trouble Restoration		
	Tested visually and functionally		
	Supervisory Signal		
	Tested visually		
	Supervisory Restoration		
	Tested visually		

## Alarm Initiated Device

Location	Specification	Sensitivity	Result	Notes
Location	Type/Make/Model	Sensitivity Range	Result	Number
1st / west exit	Manual Pull Station	-	● Passed	-
		Sensitivity Result		
		-		
Location	Type/Make/Model	Sensitivity Range	Result	Number
1st / east exit	Manual Pull Station	-	Not Tested	-
		Sensitivity Result		
		-		
Location	Type/Make/Model	Sensitivity Range	Result	Number
1st / west exit by room 9	Manual Pull Station	-	Not Tested	-
		Sensitivity Result		
		-		

Location	Specification	Sensitivity	Result	Notes
Location Basement / south exit	Type/Make/Model Manual Pull Station	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -
Location	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -
Location	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -
Location	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -
Location	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -
Location	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -
Location	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -
Location	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -
Location	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -
Location	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -
Location	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -
Location	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -
Location	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -
Location	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -

Location	Specification	Sensitivity	Result	Notes
Location	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -
Location	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -
Location	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -
Location	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -
Location	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -
Location	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -
Location	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -
Location	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -
Location	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -
Location	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -
Location	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -
Location	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -
Location	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -
Location	Type/Make/Model Heat Detector	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -
Location	Type/Make/Model Water Flow	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -

## Supervisory Signal Device

Location	Specification	Result	Notes
Location	Type/Make/Model <b>Backflow Valve</b>	Result <b>Not Tested</b>	Number -
Location	Type/Make/Model <b>Backflow Valve</b>	Result <b>Not Tested</b>	Number -
Location	Type/Make/Model <b>Low Air Switch</b>	Result <b>Not Tested</b>	Number -
Location	Type/Make/Model <b>PIV Switch</b>	Result <b>Not Tested</b>	Number -

## Auxiliary Device

Location	Specification	Result	Notes
Location	Type/Make/Model	Result	Number
Throughout building	Door Unlocking	● Passed	-

## Alarm Notification Appliance

Location	Specification	Result	Notes
Location	Type/Make/Model	Result	Number
Throughout building - 6 / 11	Audible And Visible	● Passed	-





**MIDWEST ALARM**  
SERVICES

**Tech connected. Lives protected.**

## Conclusion

We appreciate the opportunity to provide this inspection report. We are confident in the accuracy of the contents of this report. Should you require any additional services, or have questions regarding the contents of this report, please do not hesitate to contact your Midwest Alarm Services representative at 515-288-4000.

*Bryan Martin*  
696-8/26

---

Tested By:

**Bryan Martin**

Midwest Alarm Services

141 M St

Lincoln, NE 68508



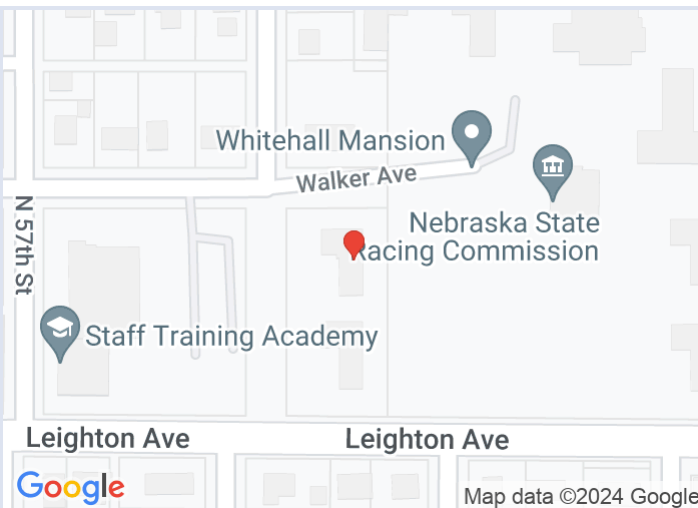
# MIDWEST ALARM SERVICES

Tech connected. Lives protected.

## Inspection Report

Presented To  
State of Nebraska-Whitehall Campus

For  
Whitehall Campus - Bldg #2  
5801 Walker Ave  
Lincoln, NE 68507



**This site has been inspected and tested in compliance with applicable standards.**

Completed:  
**Thursday, March 28, 2024**

Tested By:  
**Bryan Martin**  
Midwest Alarm Services  
141 M St  
Lincoln, NE 68508

Scan Code to Access  
Nspec Cloud Portal



# Inspection Information

## CUSTOMER INFORMATION

Name:	State of Nebraska-Whitehall Campus	Address:	801 W Prospector Pl
City:	Lincoln	State:	NE
ZIP:	68522		

## BUILDING INFORMATION

Name:	Whitehall Campus - Bldg #2	Occupancy Type:	Educational (Group E)
Address:	5801 Walker Ave	City:	Lincoln
State:	NE	ZIP:	68507
Monitoring Company Account Number:	MW-BOX11564	Retransmission Entity:	Per Mar
Retransmission Entity Phone:	(800) 383-7871		

## COMPANY INFORMATION

Name:	Midwest Alarm Services	Address:	141 M St
City:	Lincoln	State:	NE
Zip:	68508	License:	-
Email:	inspections@mw-as.com	Phone:	(402) 474-3737

## TESTING SUMMARY

EQUIPMENT TYPE	TOTAL	TESTED	PASSED	FAILED
Control Unit	1	1 (100%)	1 (100%)	0 (0%)
Communicator	1	1 (100%)	1 (100%)	0 (0%)
Supervising Station Monitoring	1	1 (100%)	1 (100%)	0 (0%)
Annunciator	1	1 (100%)	1 (100%)	0 (0%)
Auxiliary Power Supply	0	0 (0%)	0 (0%)	0 (0%)
Alarm Initiated Device	29	1 (3%)	1 (3%)	0 (0%)
Supervisory Signal Device	4	0 (0%)	0 (0%)	0 (0%)
Auxiliary Device	1	1 (100%)	1 (100%)	0 (0%)
Alarm Notification Appliance	1	1 (100%)	1 (100%)	0 (0%)

## Fire Alarm System - NFPA 72 (2013) Lincoln

This inspection was conducted in accordance with NFPA 72 Standards and the codes established by the local Authorities Having Jurisdiction for the site inspected. NFPA 72 provides established guidelines for the testing of fire alarm systems, including fire detection, emergency communication and signaling. If your city has mandated it, we will upload your inspection report to the local compliance engine. If you have any questions regarding this report or require additional services. Please contact our Inspection Team at 402-970-1509 or [MWLNInspections@mw-as.com](mailto:MWLNInspections@mw-as.com).

Tracy Warwick  
Inspection Manager  
515-313-1132  
[Tracy.Warwick@mw-as.com](mailto:Tracy.Warwick@mw-as.com)

Tested By:

*Bryan Martin*  
696-8/26

**Bryan Martin**  
Midwest Alarm Services  
141 M St  
Lincoln, NE 68508

## Control Unit 1

### Location

Location	west exit
----------	-----------

### Specification

Type/Make/Model	Notifier / SFP-2404
-----------------	---------------------

### Software Firmware

Revision Number	-
Onsite Location Of Documentation	-

### Primary Power

Nominal Voltage	-
Amps	-

### Overcurrent Protection

Type	-
Amps	-
Location	-
Disconnecting Means Location	-

### Visual/ Functional

Control Unit	Tested visually and functionally
Lamps/LEDs/LCDs	Tested visually and functionally
Fuses	Tested visually
Trouble Signal	Tested visually and functionally
Disconnect Switch	Tested visually
Ground-Fault Monitoring	Tested visually

### Batteries

Battery Date	03/01/2022
Battery Type	Sealed Lead Acid
Nominal Voltage	13.6 / 13.6
Amps/Hour Rating	5AH
Standby Mode (hrs)	24
Alarm Mode (mins)	5

### Visual/ Functional

Load Voltage	Tested visually
Charge Test	Tested visually
Discharge Test	Tested visually
Battery Condition	Tested visually

### Result

	● Passed
--	----------

### Notes

Number	-
--------	---

## Communicator 1

### Location

Location	communication room
----------	--------------------

### Specification

Type/Make/Model	Alula
-----------------	-------

### Type

Type	-
------	---

### Result

	● Passed
--	----------

### Notes

Number	-
--------	---

## Supervising Station Monitoring

Specification	Supervising Station Monitoring	Result	Notes
Type/Make/Model	Alarm Signal	Result	Number
Permar / MW-RDMP18160	Tested visually and functionally	● Passed	-
	Alarm Restoration		
	Tested visually and functionally		
	Trouble Signal		
	Tested visually and functionally		
	Trouble Restoration		
	Tested visually and functionally		
	Supervisory Signal		
	Tested visually		
	Supervisory Restoration		
	Tested visually		

## Annunciator 1

### Location

Location	1st / room 3
----------	--------------

### Specification

Type/Make/Model	DMP
-----------------	-----

### Result

	● Passed
--	----------

### Notes

Number	-
--------	---

## Alarm Initiated Device

Location	Specification	Sensitivity	Result	Notes
Location 1st / west exit by fire panel	Type/Make/Model Manual Pull Station	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location 1st / east exit	Type/Make/Model Manual Pull Station	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -
Location 1st / west exit by room 9	Type/Make/Model Manual Pull Station	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -
Location Basement / south exit	Type/Make/Model Manual Pull Station	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -
Location	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -
Location	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -
Location	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -
Location	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -
Location	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -
Location	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -
Location	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -
Location	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -

Location	Specification	Sensitivity	Result	Notes
Location	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result <b>Not Tested</b>	Number -
Location	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result <b>Not Tested</b>	Number -
Location	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result <b>Not Tested</b>	Number -
Location	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result <b>Not Tested</b>	Number -
Location	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result <b>Not Tested</b>	Number -
Location	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result <b>Not Tested</b>	Number -
Location	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result <b>Not Tested</b>	Number -
Location	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result <b>Not Tested</b>	Number -
Location	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result <b>Not Tested</b>	Number -
Location	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result <b>Not Tested</b>	Number -
Location	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result <b>Not Tested</b>	Number -
Location	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result <b>Not Tested</b>	Number -
Location	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result <b>Not Tested</b>	Number -
Location	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result <b>Not Tested</b>	Number -



Location	Specification	Sensitivity	Result	Notes
Location	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -
Location	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -
Location	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -
Location	Type/Make/Model Water Flow	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -

## Supervisory Signal Device

Location	Specification	Result	Notes
Location	Type/Make/Model Backflow Valve	Result Not Tested	Number -
Location	Type/Make/Model Backflow Valve	Result Not Tested	Number -
Location	Type/Make/Model Control Valve Tamper Switch	Result Not Tested	Number -
Location Outside of building	Type/Make/Model PIV Switch	Result Not Tested	Number -

## Auxiliary Device

Location	Specification	Result	Notes
Location	Type/Make/Model	Result	Number
Throughout building	Door Unlocking	● Passed	-

## Alarm Notification Appliance

Location	Specification	Result	Notes
Location	Type/Make/Model	Result	Number
Throughout building - 6 / 11	Audible And Visible	● Passed	-



Tech connected. Lives protected.

## Conclusion

We appreciate the opportunity to provide this inspection report. We are confident in the accuracy of the contents of this report. Should you require any additional services, or have questions regarding the contents of this report, please do not hesitate to contact your Midwest Alarm Services representative at 515-288-4000.

*Bryan Martin*

696-8/26

---

Tested By:

**Bryan Martin**

Midwest Alarm Services

141 M St

Lincoln, NE 68508



# MIDWEST ALARM SERVICES

Tech connected. Lives protected.

## Inspection Report

Presented To  
State of Nebraska-Whitehall Campus

For  
Whitehall Campus - Bldg #2  
5801 Walker Ave  
Lincoln, NE 68507



**This site has been inspected and tested in compliance with applicable standards.**

Completed:  
**Wednesday, September 25, 2024**

Inspection Status:  
**Passed**

Tested By:  
**Bryan Martin**  
Midwest Alarm Services  
141 M St  
Lincoln, NE 68508

Scan Code to Access  
Nspec Cloud Portal



# Inspection Information

## CUSTOMER INFORMATION

Name:	State of Nebraska-Whitehall Campus	Address:	801 W Prospector Pl
City:	Lincoln	State:	NE
ZIP:	68522		

## BUILDING INFORMATION

Name:	Whitehall Campus - Bldg #2	Occupancy Type:	Educational (Group E)
Address:	5801 Walker Ave	City:	Lincoln
State:	NE	ZIP:	68507
Monitoring Company Account Number:	MW-BOX11564	Retransmission Entity:	Per Mar
Retransmission Entity Phone:	(800) 383-7871		

## COMPANY INFORMATION

Name:	Midwest Alarm Services	Address:	141 M St
City:	Lincoln	State:	NE
Zip:	68508	License:	-
Email:	inspections@mw-as.com	Phone:	(402) 474-3737

## TESTING SUMMARY

EQUIPMENT TYPE	TOTAL	TESTED	PASSED	FAILED
Control Unit	1	1 (100%)	1 (100%)	0 (0%)
Communicator	1	1 (100%)	1 (100%)	0 (0%)
Supervising Station Monitoring	1	1 (100%)	1 (100%)	0 (0%)
Annunciator	1	1 (100%)	1 (100%)	0 (0%)
Auxiliary Power Supply	0	0 (0%)	0 (0%)	0 (0%)
Alarm Initiated Device	27	25 (93%)	25 (93%)	0 (0%)
Supervisory Signal Device	4	0 (0%)	0 (0%)	0 (0%)
Auxiliary Device	1	1 (100%)	1 (100%)	0 (0%)
Alarm Notification Appliance	1	1 (100%)	1 (100%)	0 (0%)
Battery	0	0 (0%)	0 (0%)	0 (0%)


## Fire Alarm System - NFPA 72 (2013) Lincoln

This inspection was conducted in accordance with NFPA 72 Standards and the codes established by the local Authorities Having Jurisdiction for the site inspected. NFPA 72 provides established guidelines for the testing of fire alarm systems, including fire detection, emergency communication and signaling. If your city has mandated it, we will upload your inspection report to the local compliance engine. If you have any questions regarding this report or require additional services. Please contact our Inspection Team at 402-970-1509 or [MWLNInspections@mw-as.com](mailto:MWLNInspections@mw-as.com).

Tracy Warwick  
Inspection Manager  
515-313-1132  
[Tracy.Warwick@mw-as.com](mailto:Tracy.Warwick@mw-as.com)

*Please see the end of the report for possible deficiencies.*

Tested By:

  
696-8/26

**Bryan Martin**  
Midwest Alarm Services  
141 M St  
Lincoln, NE 68508

## Control Unit 1

### Location

Location	1st / West exit
----------	-----------------

### Specification

Type/Make/Model	Notifier / SFP-2404
-----------------	---------------------

### Software Firmware

Revision Number	-
Onsite Location Of Documentation	-

### Primary Power

Nominal Voltage	-
Amps	-

### Overcurrent Protection

Type	-
Amps	-
Location	-
Disconnecting Means Location	-

### Visual/ Functional

Control Unit	Tested visually and functionally
Lamps/LEDs/LCDs	Tested visually and functionally
Fuses	Tested visually
Trouble Signal	Tested visually and functionally
Disconnect Switch	Tested visually
Ground-Fault Monitoring	Tested visually

### Batteries

Battery Date	03/01/2022
Battery Type	Sealed Lead Acid
Nominal Voltage	13.6 / 13.6
Amps/Hour Rating	5AH
Standby Mode (hrs)	24
Alarm Mode (mins)	5

### Visual/ Functional

Load Voltage	Tested visually
Charge Test	Tested visually
Discharge Test	Tested visually
Battery Condition	Tested visually

### Result

	● Passed
--	----------

### Notes

Number	-
--------	---

## Communicator 1

### Location

Location	communication room
----------	--------------------

### Specification

Type/Make/Model	Alula
-----------------	-------

### Type

Type	-
------	---

### Result

	● Passed
--	----------

### Notes

Number	-
--------	---

## Supervising Station Monitoring

Specification	Supervising Station Monitoring	Result	Notes
Type/Make/Model	Alarm Signal	Result	Number
Permar / MW-RDMP18160	Tested visually and functionally	● Passed	1
	Alarm Restoration		
	Tested visually and functionally		
	Trouble Signal		
	Tested visually and functionally		
	Trouble Restoration		
	Tested visually and functionally		
	Supervisory Signal		
	Tested visually		
	Supervisory Restoration		
	Tested visually		

## Annunciator 1

### Location

Location	1st / room 3
----------	--------------

### Specification

Type/Make/Model	DMP
-----------------	-----

### Result

	● Passed
--	----------

### Notes

Number	-
--------	---

## Alarm Initiated Device

Location	Specification	Sensitivity	Result	Notes
Location 1st / West exit by fire panel	Type/Make/Model Manual Pull Station / Notifier / NBG12L	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location 1st / East exit	Type/Make/Model Manual Pull Station / Notifier / NBG12L	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location 1st / West exit by room 9	Type/Make/Model Manual Pull Station / Notifier / NBG12L	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location Basement / South exit	Type/Make/Model Manual Pull Station / Notifier / NBG12L	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location 1st / Fireplace room - South / 001	Type/Make/Model Smoke Detector / System Sensor / 2151	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location 1st / Fireplace room - North / 002	Type/Make/Model Smoke Detector / System Sensor / 2151	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location 1st / Above fire panel / 003	Type/Make/Model Smoke Detector / System Sensor / 1451	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location 1st / Dining room / 004	Type/Make/Model Smoke Detector / System Sensor / 2WB	Sensitivity Range 1.0 - 4.0% Sensitivity Result -	Result ● Passed	Number -
Location 1st / Above stairs / 005	Type/Make/Model Smoke Detector / System Sensor / 1451	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location 1st / Room 1 / 006	Type/Make/Model Smoke Detector / System Sensor / 2151	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location 1st / Room 3 / 007	Type/Make/Model Smoke Detector / System Sensor / 2151	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location 1st / Room 16 / 008	Type/Make/Model Smoke Detector / System Sensor / 2151	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -



Location	Specification	Sensitivity	Result	Notes
Location 1st / Hallway by room 3 / 009	Type/Make/Model Smoke Detector / System Sensor / 1451	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location 1st / Room 15 / 010	Type/Make/Model Smoke Detector / System Sensor / 2151	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location 1st / Room 14 / 011	Type/Make/Model Smoke Detector / System Sensor / 2151	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location 1st / Storage room / 012	Type/Make/Model Smoke Detector / System Sensor / 2151	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location 1st / Hallway by room 14 / 013	Type/Make/Model Smoke Detector / System Sensor / 1451	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location 1st / Room 11 / 014	Type/Make/Model Smoke Detector / System Sensor / 2151	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location 1st / Room 10 / 015	Type/Make/Model Smoke Detector / System Sensor / 2151	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location 1st / Room 6 / 016	Type/Make/Model Smoke Detector / System Sensor / 2151	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location 1st / Hallway by room 9 / 017	Type/Make/Model Smoke Detector / System Sensor / 1451	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location 1st / Room 9 / 018	Type/Make/Model Smoke Detector / System Sensor / 2151	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location 1st / Room 7 / 019	Type/Make/Model Smoke Detector / System Sensor / 2151	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location 1st / Nurse office / 020	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -
Location Basement / North smoke / 021	Type/Make/Model Smoke Detector / System Sensor / 1451	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -

Location	Specification	Sensitivity	Result	Notes
Location Basement / South smoke / 022	Type/Make/Model Smoke Detector / System Sensor / 1451	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location	Type/Make/Model Water Flow	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -

## Supervisory Signal Device

Location	Specification	Result	Notes
Location	Type/Make/Model Backflow Valve	Result Not Tested	Number -
Location	Type/Make/Model Backflow Valve	Result Not Tested	Number -
Location	Type/Make/Model Control Valve Tamper Switch	Result Not Tested	Number -
Location Outside of building	Type/Make/Model PIV Switch	Result Not Tested	Number -

## Auxiliary Device

Location	Specification	Result	Notes
Location Throughout building - 3	Type/Make/Model Door Unlocking	Result ● Passed	Number -

## Alarm Notification Appliance

Location	Specification	Result	Notes
Location Throughout building - 6 / 11	Type/Make/Model Audible And Visible	Result ● Passed	Number -

## Comments

Number	COMMENT	IMAGE
1	OOS - 12:43 Trouble - 12:45 Restore - 12:45 Alarm - 12:48 Restore - 12:51	



Tech connected. Lives protected.

## Conclusion

We appreciate the opportunity to provide this inspection report. We are confident in the accuracy of the contents of this report. Should you require any additional services, or have questions regarding the contents of this report, please do not hesitate to contact your Midwest Alarm Services representative at 515-288-4000.

*Bryan Martin*  
696-8/26

Tested By:

**Bryan Martin**

Midwest Alarm Services

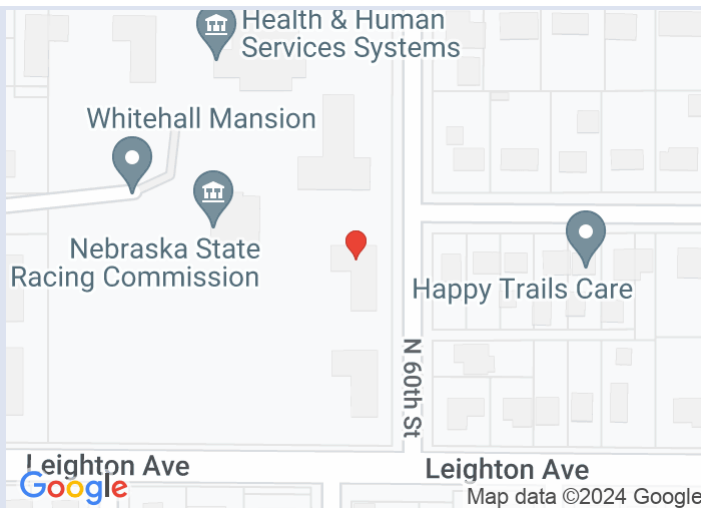
141 M St

Lincoln, NE 68508

## Inspection Report

Presented To  
State of Nebraska-Whitehall Campus

For  
Whitehall Campus - Bldg #3  
2345 N 60th St  
Lincoln, NE 68507



**This site has been inspected and tested in compliance with applicable standards.**

Completed:  
**Thursday, March 28, 2024**

Tested By:  
**Bryan Martin**  
Midwest Alarm Services  
141 M St  
Lincoln, NE 68508

Scan Code to Access  
Nspec Cloud Portal



# Inspection Information

## CUSTOMER INFORMATION

Name:	State of Nebraska-Whitehall Campus	Address:	801 W Prospector Pl
City:	Lincoln	State:	NE
ZIP:	68522		

## BUILDING INFORMATION

Name:	Whitehall Campus - Bldg #3	Occupancy Type:	Educational (Group E)
Address:	2345 N 60th St	City:	Lincoln
State:	NE	ZIP:	68507
Monitoring Company Account Number:	MW-FA19753	Retransmission Entity:	Per Mar
Retransmission Entity Phone:	(800) 383-7871		

## COMPANY INFORMATION

Name:	Midwest Alarm Services	Address:	141 M St
City:	Lincoln	State:	NE
Zip:	68508	License:	-
Email:	inspections@mw-as.com	Phone:	(402) 474-3737

## TESTING SUMMARY


EQUIPMENT TYPE	TOTAL	TESTED	PASSED	FAILED
Control Unit	1	1 (100%)	1 (100%)	0 (0%)
Communicator	1	1 (100%)	1 (100%)	0 (0%)
Supervising Station Monitoring	1	1 (100%)	1 (100%)	0 (0%)
Annunciator	0	0 (0%)	0 (0%)	0 (0%)
Auxiliary Power Supply	0	0 (0%)	0 (0%)	0 (0%)
Alarm Initiated Device	21	1 (5%)	1 (5%)	0 (0%)
Supervisory Signal Device	0	0 (0%)	0 (0%)	0 (0%)
Auxiliary Device	0	0 (0%)	0 (0%)	0 (0%)
Alarm Notification Appliance	1	1 (100%)	1 (100%)	0 (0%)

## Fire Alarm System - NFPA 72 (2013) Lincoln

This inspection was conducted in accordance with NFPA 72 Standards and the codes established by the local Authorities Having Jurisdiction for the site inspected. NFPA 72 provides established guidelines for the testing of fire alarm systems, including fire detection, emergency communication and signaling. If your city has mandated it, we will upload your inspection report to the local compliance engine. If you have any questions regarding this report or require additional services. Please contact our Inspection Team at 402-970-1509 or [MWLNInspections@mw-as.com](mailto:MWLNInspections@mw-as.com).

Tracy Warwick  
Inspection Manager  
515-313-1132  
[Tracy.Warwick@mw-as.com](mailto:Tracy.Warwick@mw-as.com)

Tested By:

  
696 - 8/26

**Bryan Martin**  
Midwest Alarm Services  
141 M St  
Lincoln, NE 68508

## Control Unit 1

### Location

Location	by west exit
----------	--------------

### Specification

Type/Make/Model	Notifier / SGL-2000
-----------------	---------------------

### Software Firmware

Revision Number	-
Onsite Location Of Documentation	-

### Primary Power

Nominal Voltage	-
Amps	-

### Overcurrent Protection

Type	-
Amps	-
Location	-
Disconnecting Means Location	-

### Visual/ Functional

Control Unit	Tested visually and functionally
Lamps/LEDs/LCDs	Tested visually and functionally
Fuses	Tested visually
Trouble Signal	Tested visually and functionally
Disconnect Switch	Tested visually
Ground-Fault Monitoring	Tested visually

### Batteries

Battery Date	04/01/2022
Battery Type	Sealed Lead Acid
Nominal Voltage	13.6 / 13.6
Amps/Hour Rating	5AH
Standby Mode (hrs)	24
Alarm Mode (mins)	5

### Visual/ Functional

Load Voltage	Tested visually
Charge Test	Tested visually
Discharge Test	Tested visually
Battery Condition	Tested visually

### Result

	● Passed
--	----------

### Notes

Number	-
--------	---

## Communicator 1

Location	
Location	communication room
Specification	
Type/Make/Model	Alula
Type	
Type	-
Result	
	● Passed
Notes	
Number	-

## Supervising Station Monitoring

Specification	Supervising Station Monitoring	Result	Notes
Type/Make/Model	Alarm Signal	Result	Number
Permar / MW-BOS11503	Tested visually and functionally	● Passed	-
	Alarm Restoration		
	Tested visually and functionally		
	Trouble Signal		
	Tested visually and functionally		
	Trouble Restoration		
	Tested visually and functionally		
	Supervisory Signal		
	Supervisory Restoration		

## Alarm Initiated Device

Location	Specification	Sensitivity	Result	Notes
Location	Type/Make/Model	Sensitivity Range	Result	Number
1st / west exit by fire panel	Manual Pull Station	-	● Passed	-
		Sensitivity Result		
		-		
Location	Type/Make/Model	Sensitivity Range	Result	Number
1st / east exit	Manual Pull Station	-	Not Tested	-
		Sensitivity Result		
		-		
Location	Type/Make/Model	Sensitivity Range	Result	Number
1st / west exit in computer room	Manual Pull Station	-	Not Tested	-
		Sensitivity Result		
		-		



Location	Specification	Sensitivity	Result	Notes
Location Basement / south exit	Type/Make/Model Manual Pull Station	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -
Location	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -
Location	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -
Location	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -
Location	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -
Location	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -
Location	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -
Location	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -
Location	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -
Location	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -
Location	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -
Location	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -
Location	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -
Location	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -

Location	Specification	Sensitivity	Result	Notes
Location	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -
Location	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -
Location	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -
Location	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -
Location	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -

## Alarm Notification Appliance

Location	Specification	Result	Notes
Location	Type/Make/Model	Result	Number
Throughout building - 6 / 6	Audible And Visible	● Passed	-



Tech connected. Lives protected.

## Conclusion

We appreciate the opportunity to provide this inspection report. We are confident in the accuracy of the contents of this report. Should you require any additional services, or have questions regarding the contents of this report, please do not hesitate to contact your Midwest Alarm Services representative at 515-288-4000.

*Bryan Martin*

*696 - 8/26*

---

Tested By:

**Bryan Martin**

Midwest Alarm Services

141 M St

Lincoln, NE 68508

# Inspection Report

Presented To  
State of Nebraska-Whitehall Campus

For  
Whitehall Campus - Bldg #4  
2311 N 60th St  
Lincoln, NE 68507



**This site has been inspected and tested in compliance with applicable standards.**

Completed:  
**Thursday, March 28, 2024**

Tested By:  
**Bryan Martin**  
Midwest Alarm Services  
141 M St  
Lincoln, NE 68508

Scan Code to Access  
Nspec Cloud Portal



# Inspection Information

## CUSTOMER INFORMATION

Name:	State of Nebraska-Whitehall Campus	Address:	801 W Prospector Pl
City:	Lincoln	State:	NE
ZIP:	68522		

## BUILDING INFORMATION

Name:	Whitehall Campus - Bldg #4	Occupancy Type:	Not determined
Address:	2311 N 60th St	City:	Lincoln
State:	NE	ZIP:	68507
Monitoring Company Account Number:	MW-FA19838	Retransmission Entity:	Per Mar
Retransmission Entity Phone:	(800) 383-7871		

## COMPANY INFORMATION

Name:	Midwest Alarm Services	Address:	141 M St
City:	Lincoln	State:	NE
Zip:	68508	License:	-
Email:	inspections@mw-as.com	Phone:	(402) 474-3737

## TESTING SUMMARY

EQUIPMENT TYPE	TOTAL	TESTED	PASSED	FAILED
Control Unit	1	1 (100%)	1 (100%)	0 (0%)
Communicator	1	1 (100%)	1 (100%)	0 (0%)
Supervising Station Monitoring	1	1 (100%)	1 (100%)	0 (0%)
Annunciator	1	1 (100%)	1 (100%)	0 (0%)
Auxiliary Power Supply	0	0 (0%)	0 (0%)	0 (0%)
Alarm Initiated Device	24	1 (4%)	1 (4%)	0 (0%)
Supervisory Signal Device	0	0 (0%)	0 (0%)	0 (0%)
Auxiliary Device	0	0 (0%)	0 (0%)	0 (0%)
Alarm Notification Appliance	1	1 (100%)	1 (100%)	0 (0%)

## Fire Alarm System - NFPA 72 (2013) Lincoln

This inspection was conducted in accordance with NFPA 72 Standards and the codes established by the local Authorities Having Jurisdiction for the site inspected. NFPA 72 provides established guidelines for the testing of fire alarm systems, including fire detection, emergency communication and signaling. If your city has mandated it, we will upload your inspection report to the local compliance engine. If you have any questions regarding this report or require additional services. Please contact our Inspection Team at 402-970-1509 or [MWLNInspections@mw-as.com](mailto:MWLNInspections@mw-as.com).

Tracy Warwick  
Inspection Manager  
515-313-1132  
[Tracy.Warwick@mw-as.com](mailto:Tracy.Warwick@mw-as.com)

Tested By:

*Bryan Martin*  
*696-8/26*

**Bryan Martin**  
Midwest Alarm Services  
141 M St  
Lincoln, NE 68508

## Control Unit 1

### Location

Location	west exit
----------	-----------

### Specification

Type/Make/Model	Notifier / SGL-2000
-----------------	---------------------

### Software Firmware

Revision Number	-
Onsite Location Of Documentation	-

### Primary Power

Nominal Voltage	-
Amps	-

### Overcurrent Protection

Type	-
Amps	-
Location	-
Disconnecting Means Location	-

### Visual/ Functional

Control Unit	Tested visually and functionally
Lamps/LEDs/LCDs	Tested visually and functionally
Fuses	Tested visually
Trouble Signal	Tested visually and functionally
Disconnect Switch	Tested visually
Ground-Fault Monitoring	Tested visually

### Batteries

Battery Date	02/28/2020
Battery Type	Sealed Lead Acid
Nominal Voltage	13.5 / 13.7
Amps/Hour Rating	7AH
Standby Mode (hrs)	24
Alarm Mode (mins)	5

### Visual/ Functional

Load Voltage	Tested visually
Charge Test	Tested visually
Discharge Test	Tested visually
Battery Condition	Tested visually

### Result

	● Passed
--	----------

### Notes

Number	-
--------	---

## Communicator 1

### Location

Location	1st / room 8
----------	--------------

### Specification

Type/Make/Model	Alula
-----------------	-------

### Type

Type	-
------	---

### Result

	● Passed
--	----------

### Notes

Number	-
--------	---

## Supervising Station Monitoring

Specification	Supervising Station Monitoring	Result	Notes
Type/Make/Model	Alarm Signal	Result	Number
Permar / MW-BOS11713	Tested visually and functionally	● Passed	-
	Alarm Restoration		
	Tested visually and functionally		
	Trouble Signal		
	Tested visually and functionally		
	Trouble Restoration		
	Tested visually and functionally		
	Supervisory Signal		
	Supervisory Restoration		

## Annunciator 1

### Location

Location	1st / east exit
----------	-----------------

### Specification

Type/Make/Model	Honeywell
-----------------	-----------

### Result

	● Passed
--	----------

### Notes

Number	-
--------	---



## Alarm Initiated Device

Location	Specification	Sensitivity	Result	Notes
Location 1st / west exit by fire panel	Type/Make/Model Manual Pull Station	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location 1st / east exit	Type/Make/Model Manual Pull Station	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -
Location 1st / west exit in computer room	Type/Make/Model Manual Pull Station	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -
Location Basement / south exit	Type/Make/Model Manual Pull Station	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -
Location	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -
Location	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -
Location	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -
Location	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -
Location	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -
Location	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -
Location	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -
Location	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -

Location	Specification	Sensitivity	Result	Notes
Location	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -
Location	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -
Location	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -
Location	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -
Location	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -
Location	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -
Location	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -
Location	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -
Location	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -
Location	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -
Location	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -
Location	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -
Location	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -

## Alarm Notification Appliance

Location	Specification	Result	Notes
Location Throughout building - 4 / 4	Type/Make/Model Audible And Visible	Result ● Passed	Number -



Tech connected. Lives protected.

## Conclusion

We appreciate the opportunity to provide this inspection report. We are confident in the accuracy of the contents of this report. Should you require any additional services, or have questions regarding the contents of this report, please do not hesitate to contact your Midwest Alarm Services representative at 515-288-4000.

*Bryan Martin*

*696-8/26*

---

Tested By:

**Bryan Martin**

Midwest Alarm Services

141 M St

Lincoln, NE 68508



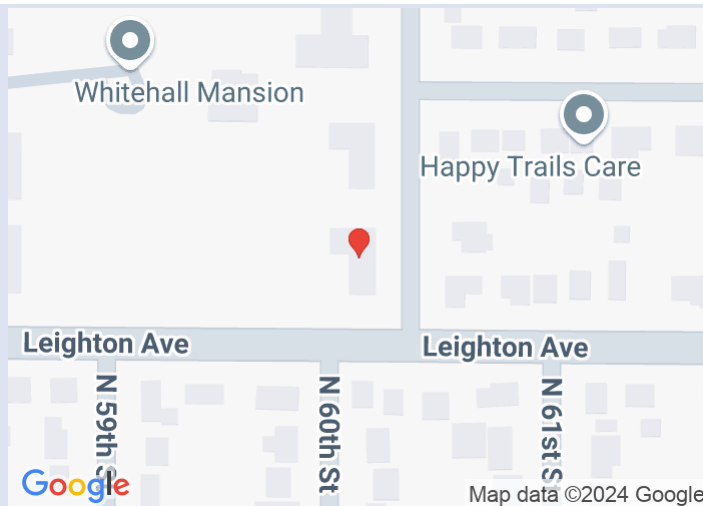
# MIDWEST ALARM SERVICES

Tech connected. Lives protected.

## Inspection Report

Presented To  
State of Nebraska-Whitehall Campus

For  
Whitehall Campus - Bldg #4  
2311 N 60th St  
Lincoln, NE 68507



**This site has been inspected and tested in compliance with applicable standards.**

Completed:  
**Wednesday, September 25, 2024**

Inspection Status:  
**Passed with Deficiencies**

Tested By:  
**Bryan Martin**  
Midwest Alarm Services  
141 M St  
Lincoln, NE 68508

Scan Code to Access  
Nspec Cloud Portal



# Inspection Information

## CUSTOMER INFORMATION

Name:	State of Nebraska-Whitehall Campus	Address:	801 W Prospector Pl
City:	Lincoln	State:	NE
ZIP:	68522		

## BUILDING INFORMATION

Name:	Whitehall Campus - Bldg #4	Occupancy Type:	Not determined
Address:	2311 N 60th St	City:	Lincoln
State:	NE	ZIP:	68507
Monitoring Company Account Number:	MW-FA19838	Retransmission Entity:	Per Mar
Retransmission Entity Phone:	(800) 383-7871		

## COMPANY INFORMATION

Name:	Midwest Alarm Services	Address:	141 M St
City:	Lincoln	State:	NE
Zip:	68508	License:	-
Email:	inspections@mw-as.com	Phone:	(402) 474-3737

## TESTING SUMMARY

EQUIPMENT TYPE	TOTAL	TESTED	PASSED	FAILED
Control Unit	1	1 (100%)	1 (100%)	0 (0%)
Communicator	1	1 (100%)	1 (100%)	0 (0%)
Supervising Station Monitoring	1	1 (100%)	1 (100%)	0 (0%)
Annunciator	1	1 (100%)	1 (100%)	0 (0%)
Auxiliary Power Supply	0	0 (0%)	0 (0%)	0 (0%)
Alarm Initiated Device	12	12 (100%)	12 (100%)	0 (0%)
Supervisory Signal Device	0	0 (0%)	0 (0%)	0 (0%)
Auxiliary Device	1	1 (100%)	1 (100%)	0 (0%)
Alarm Notification Appliance	1	1 (100%)	1 (100%)	0 (0%)
Battery	0	0 (0%)	0 (0%)	0 (0%)


## Fire Alarm System - NFPA 72 (2013) Lincoln

This inspection was conducted in accordance with NFPA 72 Standards and the codes established by the local Authorities Having Jurisdiction for the site inspected. NFPA 72 provides established guidelines for the testing of fire alarm systems, including fire detection, emergency communication and signaling. If your city has mandated it, we will upload your inspection report to the local compliance engine. If you have any questions regarding this report or require additional services. Please contact our Inspection Team at 402-970-1509 or [MWLNInspections@mw-as.com](mailto:MWLNInspections@mw-as.com).

Tracy Warwick  
Inspection Manager  
515-313-1132  
[Tracy.Warwick@mw-as.com](mailto:Tracy.Warwick@mw-as.com)

*Please see the end of the report for possible deficiencies.*

Tested By:

  
696-8/26

**Bryan Martin**  
Midwest Alarm Services  
141 M St  
Lincoln, NE 68508

## Control Unit 1

### Location

Location	1st / West exit
----------	-----------------

### Specification

Type/Make/Model	Notifier / SGL-2000
-----------------	---------------------

### Software Firmware

Revision Number	-
Onsite Location Of Documentation	-

### Primary Power

Nominal Voltage	-
Amps	-

### Overcurrent Protection

Type	-
Amps	-
Location	-
Disconnecting Means Location	-

### Visual/ Functional

Control Unit	Tested visually and functionally
Lamps/LEDs/LCDs	Tested visually and functionally
Fuses	Tested visually
Trouble Signal	Tested visually and functionally
Disconnect Switch	Tested visually
Ground-Fault Monitoring	Tested visually

### Batteries

Battery Date	02/28/2020
Battery Type	Sealed Lead Acid
Nominal Voltage	-
Amps/Hour Rating	7AH
Standby Mode (hrs)	24
Alarm Mode (mins)	5

### Visual/ Functional

Load Voltage	Tested visually
Charge Test	Tested visually
Discharge Test	Tested visually
Battery Condition	Tested visually

### Result

	● Passed
--	----------

### Notes

Number	1,2
--------	-----

## Communicator 1

### Location

Location	1st / room 8
----------	--------------

### Specification

Type/Make/Model	Alula
-----------------	-------

### Type

Type	-
------	---

### Result

	● Passed
--	----------

### Notes

Number	-
--------	---

## Supervising Station Monitoring

Specification	Supervising Station Monitoring	Result	Notes
Type/Make/Model	Alarm Signal	Result	Number
Permar / MW-BOS11713	Tested visually and functionally	● Passed	-
	Alarm Restoration		
	Tested visually and functionally		
	Trouble Signal		
	Tested visually and functionally		
	Trouble Restoration		
	Tested visually and functionally		
	Supervisory Signal		
	Supervisory Restoration		

## Annunciator 1

### Location

Location	1st / east exit
----------	-----------------

### Specification

Type/Make/Model	Honeywell
-----------------	-----------

### Result

	● Passed
--	----------

### Notes

Number	-
--------	---



## Alarm Initiated Device

Location	Specification	Sensitivity	Result	Notes
Location 1st / West exit by fire panel	Type/Make/Model Manual Pull Station	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location 1st / East exit	Type/Make/Model Manual Pull Station	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location 1st / West exit in computer room	Type/Make/Model Manual Pull Station	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location Basement / South exit	Type/Make/Model Manual Pull Station	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location 1st	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location 1st	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location 1st	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location 1st	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location 1st	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location 1st	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location Basement	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location Basement	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -

## Auxiliary Device


Location	Specification	Result	Notes
----------	---------------	--------	-------

Location	Type/Make/Model Door Holder	Result ● Passed	Number -
----------	--------------------------------	--------------------	-------------

## Alarm Notification Appliance

Location	Specification	Result	Notes
Location Throughout building - 4 / 4	Type/Make/Model Audible And Visible	Result ● Passed	Number -

## Comments

Number	COMMENT	IMAGE
1	There is a trouble on the panel and the customer knows about it. Needs serviced	
2		



Tech connected. Lives protected.

## Conclusion

We appreciate the opportunity to provide this inspection report. We are confident in the accuracy of the contents of this report. Should you require any additional services, or have questions regarding the contents of this report, please do not hesitate to contact your Midwest Alarm Services representative at 515-288-4000.

*Bryan Martin*  
696-8/26

Tested By:

**Bryan Martin**

Midwest Alarm Services

141 M St

Lincoln, NE 68508



Tech connected. Lives protected.

# Inspection Report

Presented To  
State of Nebraska-Whitehall Campus

For  
Whitehall Campus - Bldg #5  
5845 Huntington Ave  
Lincoln, NE 68507



**This site has been inspected and tested in compliance with applicable standards.**

Completed:  
**Thursday, March 28, 2024**

Tested By:  
**Bryan Martin**  
Midwest Alarm Services  
141 M St  
Lincoln, NE 68508

Scan Code to Access  
Nspec Cloud Portal



# Inspection Information

## CUSTOMER INFORMATION

Name:	State of Nebraska-Whitehall Campus	Address:	801 W Prospector Pl
City:	Lincoln	State:	NE
ZIP:	68522		

## BUILDING INFORMATION

Name:	Whitehall Campus - Bldg #5	Occupancy Type:	Educational (Group E)
Address:	5845 Huntington Ave	City:	Lincoln
State:	NE	ZIP:	68507
Monitoring Company Account Number:	MW-RDMP110341	Retransmission Entity:	Per Mar
Retransmission Entity Phone:	(800) 383-7871		

## COMPANY INFORMATION

Name:	Midwest Alarm Services	Address:	141 M St
City:	Lincoln	State:	NE
Zip:	68508	License:	-
Email:	inspections@mw-as.com	Phone:	(402) 474-3737

## TESTING SUMMARY

EQUIPMENT TYPE	TOTAL	TESTED	PASSED	FAILED
Control Unit	1	1 (100%)	1 (100%)	0 (0%)
Communicator	1	1 (100%)	1 (100%)	0 (0%)
Supervising Station Monitoring	1	1 (100%)	1 (100%)	0 (0%)
Annunciator	0	0 (0%)	0 (0%)	0 (0%)
Auxiliary Power Supply	0	0 (0%)	0 (0%)	0 (0%)
Alarm Initiated Device	13	1 (8%)	1 (8%)	0 (0%)
Supervisory Signal Device	0	0 (0%)	0 (0%)	0 (0%)
Auxiliary Device	0	0 (0%)	0 (0%)	0 (0%)
Alarm Notification Appliance	1	1 (100%)	1 (100%)	0 (0%)

## Fire Alarm System - NFPA 72 (2013) Lincoln

This inspection was conducted in accordance with NFPA 72 Standards and the codes established by the local Authorities Having Jurisdiction for the site inspected. NFPA 72 provides established guidelines for the testing of fire alarm systems, including fire detection, emergency communication and signaling. If your city has mandated it, we will upload your inspection report to the local compliance engine. If you have any questions regarding this report or require additional services. Please contact our Inspection Team at 402-970-1509 or [MWLNInspections@mw-as.com](mailto:MWLNInspections@mw-as.com).

Tracy Warwick  
Inspection Manager  
515-313-1132  
[Tracy.Warwick@mw-as.com](mailto:Tracy.Warwick@mw-as.com)

Tested By:

*Bryan Martin*  
*696-8/26*

**Bryan Martin**  
Midwest Alarm Services  
141 M St  
Lincoln, NE 68508

## Control Unit 1

### Location

Location	By Southwest exit
----------	-------------------

### Specification

Type/Make/Model	Notifier / SGL-2000
-----------------	---------------------

### Software Firmware

Revision Number	-
Onsite Location Of Documentation	-

### Primary Power

Nominal Voltage	-
Amps	-

### Overcurrent Protection

Type	-
Amps	-
Location	-
Disconnecting Means Location	-

### Visual/ Functional

Control Unit	Tested visually and functionally
Lamps/LEDs/LCDs	Tested visually and functionally
Fuses	Tested visually
Trouble Signal	Tested visually and functionally
Disconnect Switch	Tested visually
Ground-Fault Monitoring	Tested visually

### Batteries

Battery Date	09/18/2023
Battery Type	Sealed Lead Acid
Nominal Voltage	13.4 / 13.4
Amps/Hour Rating	5AH
Standby Mode (hrs)	24
Alarm Mode (mins)	5

### Visual/ Functional

Load Voltage	Tested visually and functionally
Charge Test	Tested visually and functionally
Discharge Test	Tested visually and functionally
Battery Condition	Tested visually and functionally

### Result

	● Passed
--	----------

### Notes

Number	-
--------	---

## Communicator 1

### Location

Location	in janitor closet
----------	-------------------

### Specification

Type/Make/Model	DMP
-----------------	-----

### Type

Type	-
------	---

### Result

	● Passed
--	----------

### Notes

Number	-
--------	---

## Supervising Station Monitoring

Specification	Supervising Station Monitoring	Result	Notes
Type/Make/Model	Alarm Signal	Result	Number
Permar / MW-RDMP110341	Tested visually and functionally	● Passed	-
	Alarm Restoration		
	Tested visually and functionally		
	Trouble Signal		
	Tested visually and functionally		
	Trouble Restoration		
	Tested visually and functionally		
	Supervisory Signal		
	Supervisory Restoration		

## Alarm Initiated Device

Location	Specification	Sensitivity	Result	Notes
Location	Type/Make/Model	Sensitivity Range	Result	Number
1st / west exit by fire panel	Manual Pull Station	-	● Passed	-
		Sensitivity Result		
		-		
Location	Type/Make/Model	Sensitivity Range	Result	Number
1st / east exit	Manual Pull Station	-	Not Tested	-
		Sensitivity Result		
		-		



Location	Specification	Sensitivity	Result	Notes
Location 1st / west exit by room 7	Type/Make/Model Manual Pull Station	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -
Location Basement / south exit	Type/Make/Model Manual Pull Station	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -
Location	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -
Location	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -
Location	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -
Location	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -
Location	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -
Location	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -
Location	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -
Location	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -
Location Throughout building - 20	Type/Make/Model Heat Detector	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -

## Alarm Notification Appliance

Location	Specification	Result	Notes
Location Throughout building - 4 / 4	Type/Make/Model Audible And Visible	Result ● Passed	Number -



Tech connected. Lives protected.

## Conclusion

We appreciate the opportunity to provide this inspection report. We are confident in the accuracy of the contents of this report. Should you require any additional services, or have questions regarding the contents of this report, please do not hesitate to contact your Midwest Alarm Services representative at 515-288-4000.

*Bryan Martin*

*696-8/26*

---

Tested By:

**Bryan Martin**

Midwest Alarm Services

141 M St

Lincoln, NE 68508

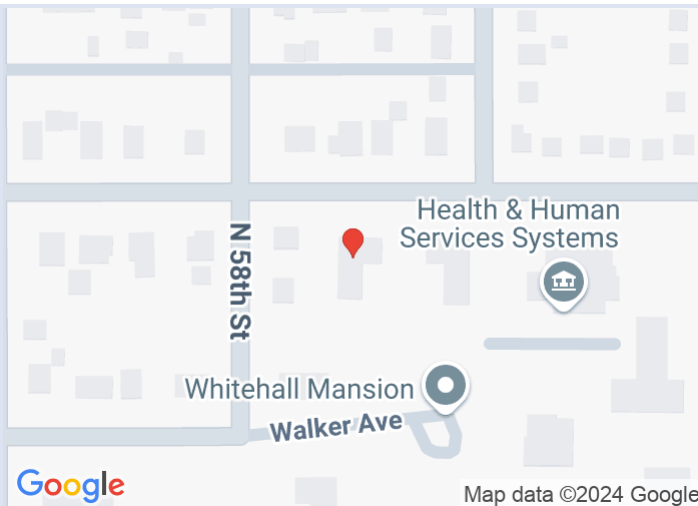


Tech connected. Lives protected.

## Inspection Report

Presented To  
State of Nebraska-Whitehall Campus

For  
Whitehall Campus - Bldg #5  
5845 Huntington Ave  
Lincoln, NE 68507



**This site has been inspected  
and tested in compliance  
with applicable standards.**

Completed:  
**Tuesday, September 24, 2024**

Inspection Status:  
**Passed**

Tested By:  
**Bryan Martin**  
Midwest Alarm Services  
141 M St  
Lincoln, NE 68508

Scan Code to Access  
Nspec Cloud Portal



# Inspection Information

## CUSTOMER INFORMATION

Name:	State of Nebraska-Whitehall Campus	Address:	801 W Prospector Pl
City:	Lincoln	State:	NE
ZIP:	68522		

## BUILDING INFORMATION

Name:	Whitehall Campus - Bldg #5	Occupancy Type:	Educational (Group E)
Address:	5845 Huntington Ave	City:	Lincoln
State:	NE	ZIP:	68507
Monitoring Company Account Number:	MW-RDMP110341	Retransmission Entity:	Per Mar
Retransmission Entity Phone:	(800) 383-7871		

## COMPANY INFORMATION

Name:	Midwest Alarm Services	Address:	141 M St
City:	Lincoln	State:	NE
Zip:	68508	License:	-
Email:	inspections@mw-as.com	Phone:	(402) 474-3737

## TESTING SUMMARY

EQUIPMENT TYPE	TOTAL	TESTED	PASSED	FAILED
Control Unit	1	1 (100%)	1 (100%)	0 (0%)
Communicator	1	1 (100%)	1 (100%)	0 (0%)
Supervising Station Monitoring	1	1 (100%)	1 (100%)	0 (0%)
Annunciator	0	0 (0%)	0 (0%)	0 (0%)
Auxiliary Power Supply	0	0 (0%)	0 (0%)	0 (0%)
Alarm Initiated Device	13	12 (92%)	12 (92%)	0 (0%)
Supervisory Signal Device	0	0 (0%)	0 (0%)	0 (0%)
Auxiliary Device	0	0 (0%)	0 (0%)	0 (0%)
Alarm Notification Appliance	1	1 (100%)	1 (100%)	0 (0%)
Battery	0	0 (0%)	0 (0%)	0 (0%)


## Fire Alarm System - NFPA 72 (2013) Lincoln

This inspection was conducted in accordance with NFPA 72 Standards and the codes established by the local Authorities Having Jurisdiction for the site inspected. NFPA 72 provides established guidelines for the testing of fire alarm systems, including fire detection, emergency communication and signaling. If your city has mandated it, we will upload your inspection report to the local compliance engine. If you have any questions regarding this report or require additional services. Please contact our Inspection Team at 402-970-1509 or [MWLNInspections@mw-as.com](mailto:MWLNInspections@mw-as.com).

Tracy Warwick  
Inspection Manager  
515-313-1132  
[Tracy.Warwick@mw-as.com](mailto:Tracy.Warwick@mw-as.com)

*Please see the end of the report for possible deficiencies.*

Tested By:



696-8/26

**Bryan Martin**  
Midwest Alarm Services  
141 M St  
Lincoln, NE 68508

## Control Unit 1

### Location

Location	1st / Southwest exit
----------	----------------------

### Specification

Type/Make/Model	Notifier / SGL-2000
-----------------	---------------------

### Software Firmware

Revision Number	-
Onsite Location Of Documentation	-

### Primary Power

Nominal Voltage	-
Amps	-

### Overcurrent Protection

Type	-
Amps	-
Location	-
Disconnecting Means Location	-

### Visual/ Functional

Control Unit	Tested visually and functionally
Lamps/LEDs/LCDs	Tested visually and functionally
Fuses	Tested visually
Trouble Signal	Tested visually and functionally
Disconnect Switch	Tested visually
Ground-Fault Monitoring	Tested visually

### Batteries

Battery Date	09/18/2023
Battery Type	Sealed Lead Acid
Nominal Voltage	14.1 / 14.4
Amps/Hour Rating	5AH
Standby Mode (hrs)	24
Alarm Mode (mins)	5

### Visual/ Functional

Load Voltage	Tested visually and functionally
Charge Test	Tested visually and functionally
Discharge Test	Tested visually and functionally
Battery Condition	Tested visually and functionally

### Result

	● Passed
--	----------

### Notes

Number	-
--------	---

## Communicator 1

### Location

Location	in janitor closet
----------	-------------------

### Specification

Type/Make/Model	DMP
-----------------	-----

### Type

Type	-
------	---

### Result

	● Passed
--	----------

### Notes

Number	-
--------	---

## Supervising Station Monitoring

Specification	Supervising Station Monitoring	Result	Notes
Type/Make/Model	Alarm Signal	Result	Number
Permar / MW-RDMP110341	Tested visually and functionally	● Passed	1
	Alarm Restoration		
	Tested visually and functionally		
	Trouble Signal		
	Tested visually and functionally		
	Trouble Restoration		
	Tested visually and functionally		
	Supervisory Signal		
	Supervisory Restoration		

## Alarm Initiated Device

Location	Specification	Sensitivity	Result	Notes
Location	Type/Make/Model	Sensitivity Range	Result	Number
1st / West exit by fire panel	Manual Pull Station	-	● Passed	-
		Sensitivity Result		
		-		
Location	Type/Make/Model	Sensitivity Range	Result	Number
1st / East exit	Manual Pull Station	-	● Passed	-
		Sensitivity Result		
		-		

Location	Specification	Sensitivity	Result	Notes
Location 1st / West exit by room 7	Type/Make/Model Manual Pull Station	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location Basement / South exit	Type/Make/Model Manual Pull Station	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location 1st / Fireplace room / 001	Type/Make/Model Smoke Detector / System Sensor / 1451	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location 1st / Above fire panel / 002	Type/Make/Model Smoke Detector / System Sensor / 1451	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location 1st / Dining area / 003	Type/Make/Model Smoke Detector / System Sensor / 1451	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location 1st / Hallway by staff office / 004	Type/Make/Model Smoke Detector / System Sensor / 1451	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location 1st / Hallway by janitor supplies / 005	Type/Make/Model Smoke Detector / System Sensor / 1451	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location 1st / Hallway by room 6 / 006	Type/Make/Model Smoke Detector / System Sensor / 1451	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location Basement / North / 007	Type/Make/Model Smoke Detector / System Sensor / 1451	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location Basement / South / 008	Type/Make/Model Smoke Detector / System Sensor / 1451	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location Throughout building - 20	Type/Make/Model Heat Detector	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -

## Alarm Notification Appliance

Location	Specification	Result	Notes
Location Throughout building - 4 / 4	Type/Make/Model Audible And Visible	Result ● Passed	Number -

## Comments



Number	COMMENT	IMAGE
1	OOS - 10:19 Trouble - 10:20 Restore - 10:20 Alarm - 10:22 Restore - 10:24	



Tech connected. Lives protected.

## Conclusion

We appreciate the opportunity to provide this inspection report. We are confident in the accuracy of the contents of this report. Should you require any additional services, or have questions regarding the contents of this report, please do not hesitate to contact your Midwest Alarm Services representative at 515-288-4000.

*Bryan Martin*

696-8/26

---

Tested By:

**Bryan Martin**

Midwest Alarm Services

141 M St

Lincoln, NE 68508

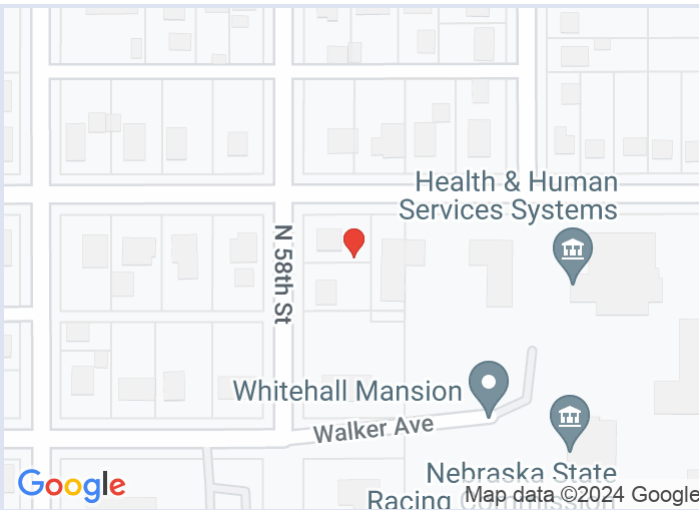


Tech connected. Lives protected.

# Inspection Report

Presented To  
State of Nebraska-Whitehall Campus

For  
Whitehall Campus - Bldg #6  
5819 Huntington Ave  
Lincoln, NE 68507



**This site has been inspected and tested in compliance with applicable standards.**

Completed:  
**Thursday, March 28, 2024**

Tested By:  
**Bryan Martin**  
Midwest Alarm Services  
141 M St  
Lincoln, NE 68508

Scan Code to Access  
Nspec Cloud Portal



# Inspection Information

## CUSTOMER INFORMATION

Name:	State of Nebraska-Whitehall Campus	Address:	801 W Prospector Pl
City:	Lincoln	State:	NE
ZIP:	68522		

## BUILDING INFORMATION

Name:	Whitehall Campus - Bldg #6	Occupancy Type:	Educational (Group E)
Address:	5819 Huntington Ave	City:	Lincoln
State:	NE	ZIP:	68507
Monitoring Company Account Number:	MW-LN25605	Retransmission Entity:	Per Mar
Retransmission Entity Phone:	(800) 383-7871		

## COMPANY INFORMATION

Name:	Midwest Alarm Services	Address:	141 M St
City:	Lincoln	State:	NE
Zip:	68508	License:	-
Email:	inspections@mw-as.com	Phone:	(402) 474-3737

## TESTING SUMMARY

EQUIPMENT TYPE	TOTAL	TESTED	PASSED	FAILED
Control Unit	1	1 (100%)	1 (100%)	0 (0%)
Communicator	1	1 (100%)	1 (100%)	0 (0%)
Supervising Station Monitoring	1	1 (100%)	1 (100%)	0 (0%)
Annunciator	1	1 (100%)	1 (100%)	0 (0%)
Auxiliary Power Supply	0	0 (0%)	0 (0%)	0 (0%)
Alarm Initiated Device	29	1 (3%)	1 (3%)	0 (0%)
Supervisory Signal Device	3	0 (0%)	0 (0%)	0 (0%)
Auxiliary Device	1	1 (100%)	1 (100%)	0 (0%)
Alarm Notification Appliance	1	1 (100%)	1 (100%)	0 (0%)


## Fire Alarm System - NFPA 72 (2013) Lincoln

This inspection was conducted in accordance with NFPA 72 Standards and the codes established by the local Authorities Having Jurisdiction for the site inspected. NFPA 72 provides established guidelines for the testing of fire alarm systems, including fire detection, emergency communication and signaling. If your city has mandated it, we will upload your inspection report to the local compliance engine. If you have any questions regarding this report or require additional services. Please contact our Inspection Team at 402-970-1509 or [MWLNInspections@mw-as.com](mailto:MWLNInspections@mw-as.com).

Tracy Warwick  
Inspection Manager  
515-313-1132  
[Tracy.Warwick@mw-as.com](mailto:Tracy.Warwick@mw-as.com)

*Please see the end of the report for possible deficiencies.*

Tested By:

  
696-8/26

**Bryan Martin**  
Midwest Alarm Services  
141 M St  
Lincoln, NE 68508

## Control Unit 1

### Location

Location	Battery Load Test : 80% / east exit
----------	-------------------------------------

### Specification

Type/Make/Model	Honeywell Silent Knight® / Sk-2224
-----------------	------------------------------------

### Software Firmware

Revision Number	-
Onsite Location Of Documentation	-

### Primary Power

Nominal Voltage	-
Amps	-

### Overcurrent Protection

Type	-
Amps	-
Location	-
Disconnecting Means Location	-

### Visual/ Functional

Control Unit	Tested visually and functionally
Lamps/LEDs/LCDs	Tested visually and functionally
Fuses	Tested visually
Trouble Signal	Tested visually and functionally
Disconnect Switch	Tested visually
Ground-Fault Monitoring	Tested visually

### Batteries

Battery Date	09/28/2021
Battery Type	Sealed Lead Acid
Nominal Voltage	12.9 / 12.9
Amps/Hour Rating	5AH
Standby Mode (hrs)	24
Alarm Mode (mins)	5

### Visual/ Functional

Load Voltage	Tested visually and functionally
Charge Test	Tested visually and functionally
Discharge Test	Tested visually and functionally
Battery Condition	Tested visually and functionally

### Result

	● Passed
--	----------

## Notes

Number	-
--------	---

## Communicator 1

### Location

Location	janitor closet room 13
----------	------------------------

### Specification

Type/Make/Model	DMP
-----------------	-----

### Type

Type	-
------	---

### Result

	● Passed
--	----------

## Notes

Number	-
--------	---

## Supervising Station Monitoring

Specification	Supervising Station Monitoring	Result	Notes
Type/Make/Model Permar / MW-RDMP18860	Alarm Signal Tested visually and functionally Alarm Restoration Tested visually and functionally Trouble Signal Tested visually and functionally Trouble Restoration Tested visually and functionally Supervisory Signal Supervisory Restoration	Result ● Passed	Number -

## Annunciator 1

### Location

Location	staff office
----------	--------------

### Specification

Type/Make/Model	DMP
-----------------	-----

### Result

	● Passed
--	----------

## Notes

Number	-
--------	---

## Alarm Initiated Device

Location	Specification	Sensitivity	Result	Notes
Location 1st / east exit by fire panel	Type/Make/Model Manual Pull Station	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location 1st / west exit from main room	Type/Make/Model Manual Pull Station	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -
Location 1st / east exit by room 7	Type/Make/Model Manual Pull Station	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -
Location Basement / south exit in game/ activity room	Type/Make/Model Manual Pull Station	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -
Location	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -
Location	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -
Location	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -
Location	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -
Location	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -
Location	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -
Location	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -



Location	Specification	Sensitivity	Result	Notes
Location	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -
Location	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -
Location	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -
Location	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -
Location	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -
Location	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -
Location	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -
Location	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -
Location	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -
Location	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -
Location	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -
Location	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -
Location	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -
Location	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -
Location	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -

Location	Specification	Sensitivity	Result	Notes
Location	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -
Location	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -
Location	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -
Location	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -
Location	Type/Make/Model Water Flow	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -

## Supervisory Signal Device

Location	Specification	Result	Notes
Location	Type/Make/Model Backflow Valve	Result Not Tested	Number -
Location	Type/Make/Model Backflow Valve	Result Not Tested	Number -
Location Outside of building	Type/Make/Model PIV Switch	Result Not Tested	Number -

## Auxiliary Device

Location	Specification	Result	Notes
Location Throughout building	Type/Make/Model Door Unlocking	Result ● Passed	Number -

## Alarm Notification Appliance

Location	Specification	Result	Notes
Location Throughout building - 6 / 11	Type/Make/Model Audible And Visible	Result ● Passed	Number -



Tech connected. Lives protected.

## Conclusion

We appreciate the opportunity to provide this inspection report. We are confident in the accuracy of the contents of this report. Should you require any additional services, or have questions regarding the contents of this report, please do not hesitate to contact your Midwest Alarm Services representative at 515-288-4000.

*Bryan Martin*  
696-8/26

---

Tested By:

**Bryan Martin**

Midwest Alarm Services

141 M St

Lincoln, NE 68508



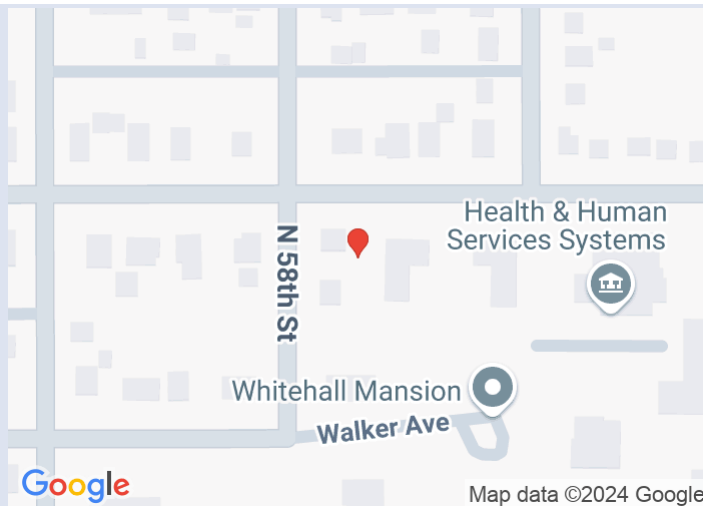
# MIDWEST ALARM SERVICES

Tech connected. Lives protected.

## Inspection Report

Presented To  
State of Nebraska-Whitehall Campus

For  
Whitehall Campus - Bldg #6  
5819 Huntington Ave  
Lincoln, NE 68507



**This site has been inspected and tested in compliance with applicable standards.**

Completed:  
**Tuesday, September 24, 2024**

Inspection Status:  
**Passed**

Tested By:  
**Bryan Martin**  
Midwest Alarm Services  
141 M St  
Lincoln, NE 68508

Scan Code to Access  
Nspec Cloud Portal



# Inspection Information

## CUSTOMER INFORMATION

Name:	State of Nebraska-Whitehall Campus	Address:	801 W Prospector Pl
City:	Lincoln	State:	NE
ZIP:	68522		

## BUILDING INFORMATION

Name:	Whitehall Campus - Bldg #6	Occupancy Type:	Educational (Group E)
Address:	5819 Huntington Ave	City:	Lincoln
State:	NE	ZIP:	68507
Monitoring Company Account Number:	MW-LN25605	Retransmission Entity:	Per Mar
Retransmission Entity Phone:	(800) 383-7871		

## COMPANY INFORMATION

Name:	Midwest Alarm Services	Address:	141 M St
City:	Lincoln	State:	NE
Zip:	68508	License:	-
Email:	inspections@mw-as.com	Phone:	(402) 474-3737

## TESTING SUMMARY

EQUIPMENT TYPE	TOTAL	TESTED	PASSED	FAILED
Control Unit	1	1 (100%)	1 (100%)	0 (0%)
Communicator	1	1 (100%)	1 (100%)	0 (0%)
Supervising Station Monitoring	1	1 (100%)	1 (100%)	0 (0%)
Annunciator	1	1 (100%)	1 (100%)	0 (0%)
Auxiliary Power Supply	0	0 (0%)	0 (0%)	0 (0%)
Alarm Initiated Device	29	28 (97%)	28 (97%)	0 (0%)
Supervisory Signal Device	3	0 (0%)	0 (0%)	0 (0%)
Auxiliary Device	1	1 (100%)	1 (100%)	0 (0%)
Alarm Notification Appliance	1	1 (100%)	1 (100%)	0 (0%)
Battery	0	0 (0%)	0 (0%)	0 (0%)

## Fire Alarm System - NFPA 72 (2013) Lincoln

This inspection was conducted in accordance with NFPA 72 Standards and the codes established by the local Authorities Having Jurisdiction for the site inspected. NFPA 72 provides established guidelines for the testing of fire alarm systems, including fire detection, emergency communication and signaling. If your city has mandated it, we will upload your inspection report to the local compliance engine. If you have any questions regarding this report or require additional services. Please contact our Inspection Team at 402-970-1509 or [MWLNInspections@mw-as.com](mailto:MWLNInspections@mw-as.com).

Tracy Warwick  
Inspection Manager  
515-313-1132  
[Tracy.Warwick@mw-as.com](mailto:Tracy.Warwick@mw-as.com)

*Please see the end of the report for possible deficiencies.*

Tested By:

*Bryan Martin*  
*696-8/26*

**Bryan Martin**  
Midwest Alarm Services  
141 M St  
Lincoln, NE 68508

## Control Unit 1

### Location

Location	Battery Load Test : 80% / East exit
----------	-------------------------------------

### Specification

Type/Make/Model	Honeywell Silent Knight® / Sk-2224
-----------------	------------------------------------

### Software Firmware

Revision Number	-
Onsite Location Of Documentation	-

### Primary Power

Nominal Voltage	-
Amps	-

### Overcurrent Protection

Type	-
Amps	-
Location	-
Disconnecting Means Location	-

### Visual/ Functional

Control Unit	Tested visually and functionally
Lamps/LEDs/LCDs	Tested visually and functionally
Fuses	Tested visually
Trouble Signal	Tested visually and functionally
Disconnect Switch	Tested visually
Ground-Fault Monitoring	Tested visually

### Batteries

Battery Date	09/28/2021
Battery Type	Sealed Lead Acid
Nominal Voltage	12.7 / 12.8
Amps/Hour Rating	5AH
Standby Mode (hrs)	24
Alarm Mode (mins)	5

### Visual/ Functional

Load Voltage	Tested visually and functionally
Charge Test	Tested visually and functionally
Discharge Test	Tested visually and functionally
Battery Condition	Tested visually and functionally

### Result

	● Passed
--	----------

## Notes

Number	-
--------	---

## Communicator 1

### Location

Location	janitor closet room 13
----------	------------------------

### Specification

Type/Make/Model	DMP
-----------------	-----

### Type

Type	-
------	---

### Result

	● Passed
--	----------

## Notes

Number	-
--------	---

## Supervising Station Monitoring

Specification	Supervising Station Monitoring	Result	Notes
Type/Make/Model	Alarm Signal	Result	Number
Permar / MW-RDMP18860	Tested visually and functionally	● Passed	1
	Alarm Restoration		
	Tested visually and functionally		
	Trouble Signal		
	Tested visually and functionally		
	Trouble Restoration		
	Tested visually and functionally		
	Supervisory Signal		
	Supervisory Restoration		

## Annunciator 1

### Location

Location	staff office
----------	--------------

### Specification

Type/Make/Model	DMP
-----------------	-----

### Result

	● Passed
--	----------



## Notes

Number	-
--------	---

## Alarm Initiated Device

Location	Specification	Sensitivity	Result	Notes
Location 1st / East exit by fire panel	Type/Make/Model Manual Pull Station	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location 1st / West exit from main room	Type/Make/Model Manual Pull Station	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location 1st / East exit by room 7	Type/Make/Model Manual Pull Station	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location Basement / South exit in game/ activity room	Type/Make/Model Manual Pull Station	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location 1st / Above fire panel / 001	Type/Make/Model Smoke Detector / System Sensor / 2151	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location 1st / Fireplace room - South / 002	Type/Make/Model Smoke Detector / System Sensor	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location 1st / Fireplace room - North / 003	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location 1st / Dining room / 004	Type/Make/Model Smoke Detector / System Sensor / 2151	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location 1st / Top of stairwell / 005	Type/Make/Model Smoke Detector / System Sensor / 2151	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location 1st / Supervisor office / 006	Type/Make/Model Smoke Detector / System Sensor / 2151	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location 1st / Room 16 / 007	Type/Make/Model Smoke Detector / System Sensor / 2151	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -

Location	Specification	Sensitivity	Result	Notes
Location 1st / Hallway by Room 16 / 008	Type/Make/Model Smoke Detector / System Sensor / 2151	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location 1st / Room 3 / 009	Type/Make/Model Smoke Detector / System Sensor / 2151	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location 1st / Room 14 / 010	Type/Make/Model Smoke Detector / System Sensor / 2151	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location 1st / Room 15 / 011	Type/Make/Model Smoke Detector / System Sensor / 2151	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location 1st / Room 13 / 012	Type/Make/Model Smoke Detector / System Sensor / 2151	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location 1st / Hallway by Room 13 / 013	Type/Make/Model Smoke Detector / System Sensor / 2151	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location 1st / Room 4 / 014	Type/Make/Model Smoke Detector / System Sensor / 2151	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location 1st / Room 11 / 015	Type/Make/Model Smoke Detector / System Sensor / 2151	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location 1st / Room 5 / 016	Type/Make/Model Smoke Detector / System Sensor / 2151	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location 1st / Room 10 / 017	Type/Make/Model Smoke Detector / System Sensor / 2151	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location 1st / Room 6 / 018	Type/Make/Model Smoke Detector / System Sensor / 2151	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location 1st / Hallway by Room 6 / 019	Type/Make/Model Smoke Detector / System Sensor / 2151	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location 1st / Room 7 / 020	Type/Make/Model Smoke Detector / System Sensor / 2151	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -

Location	Specification	Sensitivity	Result	Notes
Location 1st / Room 9 / 021	Type/Make/Model Smoke Detector / System Sensor / 2151	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location Basement / Storage room / 022	Type/Make/Model Smoke Detector / System Sensor / 2151	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location Basement / Game room - North / 023	Type/Make/Model Smoke Detector / System Sensor / 2151	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location Basement / Game room - South / 024	Type/Make/Model Smoke Detector / System Sensor / 2151	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location	Type/Make/Model Water Flow	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -

## Supervisory Signal Device

Location	Specification	Result	Notes
Location	Type/Make/Model Backflow Valve	Result Not Tested	Number -
Location	Type/Make/Model Backflow Valve	Result Not Tested	Number -
Location Outside of building	Type/Make/Model PIV Switch	Result Not Tested	Number -

## Auxiliary Device

Location	Specification	Result	Notes
Location Outside doors - 3	Type/Make/Model Door Unlocking	Result ● Passed	Number -

## Alarm Notification Appliance

Location	Specification	Result	Notes
Location Throughout building - 6 / 11	Type/Make/Model Audible And Visible	Result ● Passed	Number -

## Comments

Number	COMMENT	IMAGE
1	OOS - 11:04 Trouble - 11:11 Restore - 11:11 Alarm - 11:12 Restore - 11:24	



Tech connected. Lives protected.

## Conclusion

We appreciate the opportunity to provide this inspection report. We are confident in the accuracy of the contents of this report. Should you require any additional services, or have questions regarding the contents of this report, please do not hesitate to contact your Midwest Alarm Services representative at 515-288-4000.

*Bryan Martin*

*696-8/26*

---

Tested By:

**Bryan Martin**

Midwest Alarm Services

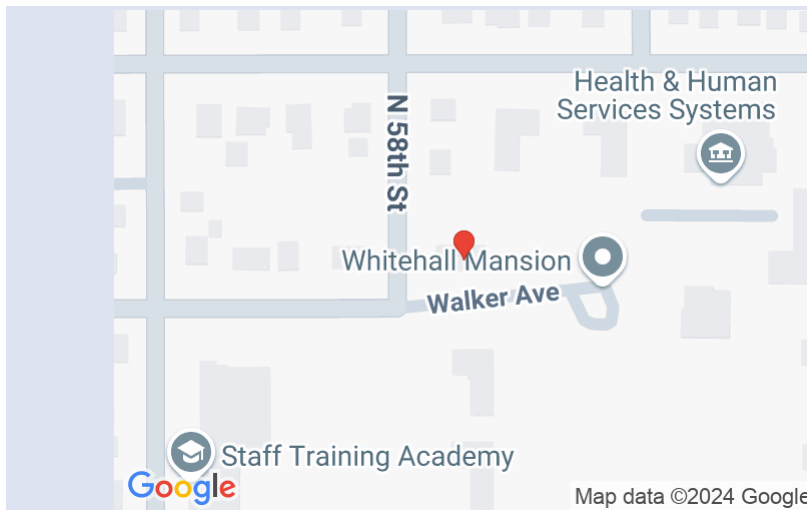
141 M St

Lincoln, NE 68508

## Inspection Report

Presented To  
State of Nebraska-Whitehall Campus

For  
Whitehall Campus - Bldg #7  
5800 Walker Ave  
Lincoln, NE 68507



**This site has been inspected and tested in compliance with applicable standards.**

Completed:  
**Tuesday, September 24, 2024**

Inspection Status:  
**Passed with Deficiencies**

Tested By:  
**Bryan Martin**  
Midwest Alarm Services  
141 M St  
Lincoln, NE 68508

Scan Code to Access  
Nspec Cloud Portal



# Inspection Information

## CUSTOMER INFORMATION

Name:	State of Nebraska-Whitehall Campus	Address:	801 W Prospector Pl
City:	Lincoln	State:	NE
ZIP:	68522		

## BUILDING INFORMATION

Name:	Whitehall Campus - Bldg #7	Occupancy Type:	Educational (Group E)
Address:	5800 Walker Ave	City:	Lincoln
State:	NE	ZIP:	68507
Monitoring Company Account Number:	MW-RDMP112860	Retransmission Entity:	Per Mar
Retransmission Entity Phone:	(800) 383-7871		

## COMPANY INFORMATION

Name:	Midwest Alarm Services	Address:	141 M St
City:	Lincoln	State:	NE
Zip:	68508	License:	-
Email:	inspections@mw-as.com	Phone:	(402) 474-3737

## TESTING SUMMARY

EQUIPMENT TYPE	TOTAL	TESTED	PASSED	FAILED
Control Unit	1	1 (100%)	1 (100%)	0 (0%)
Communicator	1	1 (100%)	1 (100%)	0 (0%)
Supervising Station Monitoring	1	1 (100%)	1 (100%)	0 (0%)
Annunciator	0	0 (0%)	0 (0%)	0 (0%)
Auxiliary Power Supply	0	0 (0%)	0 (0%)	0 (0%)
Alarm Initiated Device	6	5 (83%)	5 (83%)	0 (0%)
Supervisory Signal Device	0	0 (0%)	0 (0%)	0 (0%)
Auxiliary Device	0	0 (0%)	0 (0%)	0 (0%)
Alarm Notification Appliance	2	2 (100%)	0 (0%)	2 (100%)
Battery	0	0 (0%)	0 (0%)	0 (0%)


## Fire Alarm System - NFPA 72 (2013) Lincoln

This inspection was conducted in accordance with NFPA 72 Standards and the codes established by the local Authorities Having Jurisdiction for the site inspected. NFPA 72 provides established guidelines for the testing of fire alarm systems, including fire detection, emergency communication and signaling. If your city has mandated it, we will upload your inspection report to the local compliance engine. If you have any questions regarding this report or require additional services. Please contact our Inspection Team at 402-970-1509 or [MWLNInspections@mw-as.com](mailto:MWLNInspections@mw-as.com).

Tracy Warwick  
Inspection Manager  
515-313-1132  
[Tracy.Warwick@mw-as.com](mailto:Tracy.Warwick@mw-as.com)

*Please see the end of the report for possible deficiencies.*

Tested By:

  
696-8/26

**Bryan Martin**  
Midwest Alarm Services  
141 M St  
Lincoln, NE 68508

## Control Unit 1

### Location

Location	1st / Northwest exit
----------	----------------------

### Specification

Type/Make/Model	Notifier / MD
-----------------	---------------

### Software Firmware

Revision Number	-
Onsite Location Of Documentation	-

### Primary Power

Nominal Voltage	-
Amps	-

### Overcurrent Protection

Type	-
Amps	-
Location	-
Disconnecting Means Location	-

### Visual/ Functional

Control Unit	Tested visually and functionally
Lamps/LEDs/LCDs	Tested visually and functionally
Fuses	Tested visually
Trouble Signal	Tested visually and functionally
Disconnect Switch	Tested visually
Ground-Fault Monitoring	Tested visually

### Batteries

Battery Date	06/01/2022
Battery Type	Sealed Lead Acid
Nominal Voltage	13.8
Amps/Hour Rating	8AH
Standby Mode (hrs)	24
Alarm Mode (mins)	5

### Visual/ Functional

Load Voltage	Tested visually
Charge Test	Tested visually
Discharge Test	Tested visually
Battery Condition	Tested visually

### Result

● Passed

### Notes

Number	1,4
--------	-----



## Communicator 1

Location	
Location	above fire panel
Specification	
Type/Make/Model	DMP
Type	
Type	-
Result	
	● Passed
Notes	
Number	-

## Supervising Station Monitoring

Specification	Supervising Station Monitoring	Result	Notes
Type/Make/Model	Alarm Signal	Result	Number
Permar / MW-RDMP112860	Tested visually and functionally	● Passed	2
	Alarm Restoration		
	Tested visually and functionally		
	Trouble Signal		
	Tested visually and functionally		
	Trouble Restoration		
	Tested visually and functionally		
	Supervisory Signal		
	Supervisory Restoration		

## Alarm Initiated Device

Location	Specification	Sensitivity	Result	Notes
Location	Type/Make/Model	Sensitivity Range	Result	Number
1st / top of stairs	Manual Pull Station	-	● Passed	-
		Sensitivity Result		
		-		
Location	Type/Make/Model	Sensitivity Range	Result	Number
1st / West entrance	Manual Pull Station	-	● Passed	-
		Sensitivity Result		
		-		
Location	Type/Make/Model	Sensitivity Range	Result	Number
Basement / East exit	Manual Pull Station	-	● Passed	-
		Sensitivity Result		
		-		

Location	Specification	Sensitivity	Result	Notes
Location 1st / Commons area	Type/Make/Model Smoke Detector / System Sensor / 2WB	Sensitivity Range 1.0 - 4.0% Sensitivity Result -	Result ● Passed	Number -
Location Basement / Bottom of stairs	Type/Make/Model Smoke Detector / BRK - system sensor / 1851B	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location Throughout building - 5	Type/Make/Model Heat Detector	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -

## Alarm Notification Appliance

Location	Specification	Result	Notes
Location 1st	Type/Make/Model Bell	Result X Failed	Number 3
Location Basement	Type/Make/Model Bell	Result X Failed	Number -

## Deficiencies

Location 1st	Type/Make/Model Bell	Result Failed	Number 3
Location Basement	Type/Make/Model Bell	Result Failed	Number -

## Comments

Number	COMMENT	IMAGE
1	Fire panel and all devices should be updated	
2	OOS - 13:20 Trouble - 13:44 Restore - 13:44 Alarm - 13:24 Restore - 13:32	
3	No audibles at all when system put in alarm	
4		



Tech connected. Lives protected.

## Conclusion

We appreciate the opportunity to provide this inspection report. We are confident in the accuracy of the contents of this report. Should you require any additional services, or have questions regarding the contents of this report, please do not hesitate to contact your Midwest Alarm Services representative at 515-288-4000.

*Bryan Martin*  
696-8/26

Tested By:

**Bryan Martin**

Midwest Alarm Services

141 M St

Lincoln, NE 68508

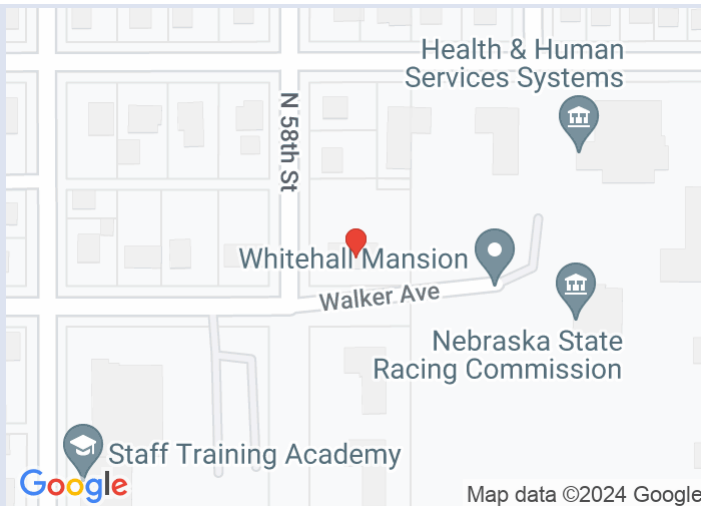


Tech connected. Lives protected.

## Inspection Report

Presented To  
State of Nebraska-Whitehall Campus

For  
Whitehall Campus - Bldg #7  
5800 Walker Ave  
Lincoln, NE 68507



**This site has been inspected and tested in compliance with applicable standards.**

Completed:  
**Thursday, March 28, 2024**

Tested By:  
**Bryan Martin**  
Midwest Alarm Services  
141 M St  
Lincoln, NE 68508

Scan Code to Access  
Nspec Cloud Portal



# Inspection Information

## CUSTOMER INFORMATION

Name:	State of Nebraska-Whitehall Campus	Address:	801 W Prospector Pl
City:	Lincoln	State:	NE
ZIP:	68522		

## BUILDING INFORMATION

Name:	Whitehall Campus - Bldg #7	Occupancy Type:	Educational (Group E)
Address:	5800 Walker Ave	City:	Lincoln
State:	NE	ZIP:	68507
Monitoring Company Account Number:	MW-RDMP112860	Retransmission Entity:	Per Mar
Retransmission Entity Phone:	(800) 383-7871		

## COMPANY INFORMATION

Name:	Midwest Alarm Services	Address:	141 M St
City:	Lincoln	State:	NE
Zip:	68508	License:	-
Email:	inspections@mw-as.com	Phone:	(402) 474-3737

## TESTING SUMMARY

EQUIPMENT TYPE	TOTAL	TESTED	PASSED	FAILED
Control Unit	1	1 (100%)	0 (0%)	1 (100%)
Communicator	1	1 (100%)	1 (100%)	0 (0%)
Supervising Station Monitoring	1	1 (100%)	1 (100%)	0 (0%)
Annunciator	0	0 (0%)	0 (0%)	0 (0%)
Auxiliary Power Supply	0	0 (0%)	0 (0%)	0 (0%)
Alarm Initiated Device	6	1 (17%)	0 (0%)	1 (17%)
Supervisory Signal Device	0	0 (0%)	0 (0%)	0 (0%)
Auxiliary Device	0	0 (0%)	0 (0%)	0 (0%)
Alarm Notification Appliance	2	0 (0%)	0 (0%)	0 (0%)

## Fire Alarm System - NFPA 72 (2013) Lincoln

This inspection was conducted in accordance with NFPA 72 Standards and the codes established by the local Authorities Having Jurisdiction for the site inspected. NFPA 72 provides established guidelines for the testing of fire alarm systems, including fire detection, emergency communication and signaling. If your city has mandated it, we will upload your inspection report to the local compliance engine. If you have any questions regarding this report or require additional services. Please contact our Inspection Team at 402-970-1509 or [MWLNInspections@mw-as.com](mailto:MWLNInspections@mw-as.com).

Tracy Warwick  
Inspection Manager  
515-313-1132  
[Tracy.Warwick@mw-as.com](mailto:Tracy.Warwick@mw-as.com)

Tested By:

*Bryan Martin*  
*696-8/26*

**Bryan Martin**  
Midwest Alarm Services  
141 M St  
Lincoln, NE 68508

## Control Unit 1

### Location

Location	northwest exit
----------	----------------

### Specification

Type/Make/Model	Notifier / MD
-----------------	---------------

### Software Firmware

Revision Number	-
Onsite Location Of Documentation	-

### Primary Power

Nominal Voltage	-
Amps	-

### Overcurrent Protection

Type	-
Amps	-
Location	-
Disconnecting Means Location	-

### Visual/ Functional

Control Unit	Tested visually and functionally
Lamps/LEDs/LCDs	Tested visually and functionally
Fuses	Tested visually and functionally
Trouble Signal	Tested visually and functionally
Disconnect Switch	Tested visually
Ground-Fault Monitoring	Tested visually

### Batteries

Battery Date	06/01/2022
Battery Type	Sealed Lead Acid
Nominal Voltage	14.3
Amps/Hour Rating	8AH
Standby Mode (hrs)	24
Alarm Mode (mins)	5

### Visual/ Functional

Load Voltage	Tested visually
Charge Test	Tested visually
Discharge Test	Tested visually
Battery Condition	Tested visually

### Result

	x Failed
--	----------

### Notes

Number	-
--------	---

## Communicator 1

Location	
Location	above fire panel
Specification	
Type/Make/Model	DMP
Type	
Type	-
Result	
	● Passed
Notes	
Number	-

## Supervising Station Monitoring

Specification	Supervising Station Monitoring	Result	Notes
Type/Make/Model	Alarm Signal	Result	Number
Permar / MW-RDMP112860	Tested visually and functionally	● Passed	-
	Alarm Restoration		
	Tested visually and functionally		
	Trouble Signal		
	Tested visually and functionally		
	Trouble Restoration		
	Tested visually and functionally		
	Supervisory Signal		
	Supervisory Restoration		

## Alarm Initiated Device

Location	Specification	Sensitivity	Result	Notes
Location	Type/Make/Model	Sensitivity Range	Result	Number
1st / top of stairs	Manual Pull Station	-	<b>X Failed</b>	-
		Sensitivity Result		
		-		
Location	Type/Make/Model	Sensitivity Range	Result	Number
1st / west entrance	Manual Pull Station	-	<b>Not Tested</b>	-
		Sensitivity Result		
		-		
Location	Type/Make/Model	Sensitivity Range	Result	Number
Basement / east exit	Manual Pull Station	-	<b>Not Tested</b>	-
		Sensitivity Result		
		-		



Location	Specification	Sensitivity	Result	Notes
Location	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -
Location	Type/Make/Model Smoke Detector	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -
Location Throughout building - 5	Type/Make/Model Heat Detector	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -

## Alarm Notification Appliance

Location	Specification	Result	Notes
Location 1st	Type/Make/Model Bell	Result Not Tested	Number -
Location Basement	Type/Make/Model Bell	Result Not Tested	Number -

## Deficiencies

Location northwest exit	Type/Make/Model Notifier / MD	Revision Number - Onsite Location Of Documentation -	Nominal Voltage - Amps -	Type - Amps - Location - Disconnecting Means Location -	Control Unit Tested visually and functionally Lamps/LEDs/LCDs Tested visually and functionally Fuses Tested visually and functionally Trouble Signal Tested visually and functionally Disconnect Switch Tested visually Ground-Fault Monitoring Tested visually	Battery Date 06/01/2022 Battery Type Sealed Lead Acid Nominal Voltage 14.3 Amps/Hour Rating 8AH Standby Mode (hrs) 24 Alarm Mode (mins) 5	Load Voltage Tested visually Charge Test Tested visually Discharge Test Tested visually Battery Condition Tested visually	Result Failed	Number -
Location 1st / top of stairs	Type/Make/Model Manual Pull Station	Sensitivity Range - Sensitivity Result -	Result Failed	Number -					



**MIDWEST ALARM**  
SERVICES

**Tech connected. Lives protected.**

## Conclusion

We appreciate the opportunity to provide this inspection report. We are confident in the accuracy of the contents of this report. Should you require any additional services, or have questions regarding the contents of this report, please do not hesitate to contact your Midwest Alarm Services representative at 515-288-4000.

*Bryan Martin*  
*696-8/26*

Tested By:

**Bryan Martin**

Midwest Alarm Services

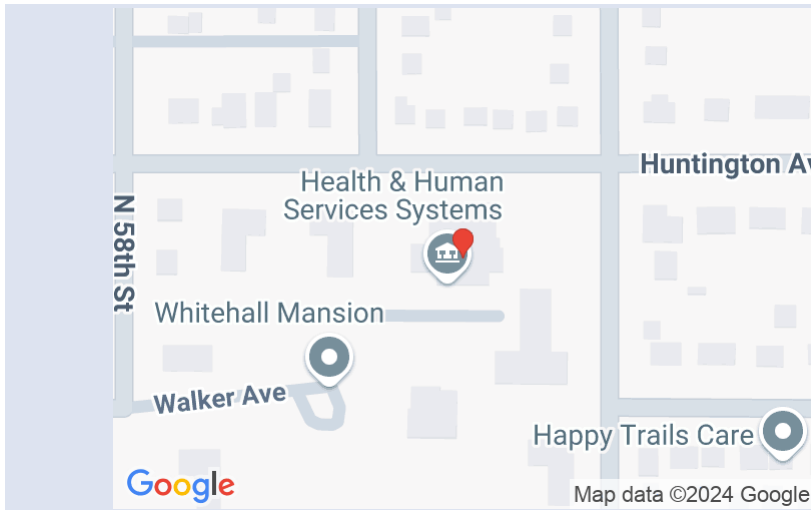
141 M St

Lincoln, NE 68508

# Inspection Report

Presented To  
State of Nebraska-Whitehall Campus

For  
Whitehall Campus - Garage & Maintenance  
2401 N 60th St  
Lincoln, NE 68507



**This site has been inspected and tested in compliance with applicable standards.**

Completed:  
**Tuesday, September 24, 2024**

Inspection Status:  
**Passed**

Tested By:  
**Bryan Martin**  
Midwest Alarm Services  
141 M St  
Lincoln, NE 68508

Scan Code to Access  
Nspec Cloud Portal



# Inspection Information

## CUSTOMER INFORMATION

Name:	State of Nebraska-Whitehall Campus	Address:	801 W Prospector Pl
City:	Lincoln	State:	NE
ZIP:	68522		

## BUILDING INFORMATION

Name:	Whitehall Campus - Garage & Maintenance	Occupancy Type:	Educational (Group E)
Address:	2401 N 60th St	City:	Lincoln
State:	NE	ZIP:	68507
Monitoring Company Account Number:	MW-RDMP13839	Retransmission Entity:	Per Mar
Retransmission Entity Phone:	(800) 383-7871		

## COMPANY INFORMATION

Name:	Midwest Alarm Services	Address:	141 M St
City:	Lincoln	State:	NE
Zip:	68508	License:	-
Email:	inspections@mw-as.com	Phone:	(402) 474-3737

## TESTING SUMMARY

EQUIPMENT TYPE	TOTAL	TESTED	PASSED	FAILED
Control Unit	1	1 (100%)	1 (100%)	0 (0%)
Communicator	1	1 (100%)	1 (100%)	0 (0%)
Supervising Station Monitoring	1	1 (100%)	1 (100%)	0 (0%)
Annunciator	0	0 (0%)	0 (0%)	0 (0%)
Auxiliary Power Supply	0	0 (0%)	0 (0%)	0 (0%)
Alarm Initiated Device	33	11 (33%)	11 (33%)	0 (0%)
Supervisory Signal Device	0	0 (0%)	0 (0%)	0 (0%)
Auxiliary Device	0	0 (0%)	0 (0%)	0 (0%)
Alarm Notification Appliance	1	1 (100%)	1 (100%)	0 (0%)
Battery	0	0 (0%)	0 (0%)	0 (0%)


## Fire Alarm System - NFPA 72 (2013) Lincoln

This inspection was conducted in accordance with NFPA 72 Standards and the codes established by the local Authorities Having Jurisdiction for the site inspected. NFPA 72 provides established guidelines for the testing of fire alarm systems, including fire detection, emergency communication and signaling. If your city has mandated it, we will upload your inspection report to the local compliance engine. If you have any questions regarding this report or require additional services. Please contact our Inspection Team at 402-970-1509 or [MWLNInspections@mw-as.com](mailto:MWLNInspections@mw-as.com).

Tracy Warwick  
Inspection Manager  
515-313-1132  
[Tracy.Warwick@mw-as.com](mailto:Tracy.Warwick@mw-as.com)

*Please see the end of the report for possible deficiencies.*

Tested By:

  
696/8/26

**Bryan Martin**  
Midwest Alarm Services  
141 M St  
Lincoln, NE 68508

## Control Unit 1

### Location

Location	South work shop
----------	-----------------

### Specification

Type/Make/Model	Notifier / NFW-100X
-----------------	---------------------

### Software Firmware

Revision Number	-
Onsite Location Of Documentation	-

### Primary Power

Nominal Voltage	-
Amps	-

### Overcurrent Protection

Type	-
Amps	-
Location	Far North garage
Disconnecting Means Location	Disconnect labeled "Fire"

### Visual/ Functional

Control Unit	Tested visually and functionally
Lamps/LEDs/LCDs	Tested visually and functionally
Fuses	Tested visually
Trouble Signal	Tested visually and functionally
Disconnect Switch	Tested visually
Ground-Fault Monitoring	Tested visually

### Batteries

Battery Date	09/24/2024
Battery Type	Sealed Lead Acid
Nominal Voltage	12.5 / 12.5
Amps/Hour Rating	8AH
Standby Mode (hrs)	24
Alarm Mode (mins)	5

### Visual/ Functional

Load Voltage	Tested visually
Charge Test	Tested visually
Discharge Test	Tested visually
Battery Condition	Tested visually

### Result

	● Passed
--	----------

### Notes

Number	-
--------	---

## Communicator 1

Location	
Location	Above fire panel
Specification	
Type/Make/Model	DMP
Type	
Type	-
Result	
	● Passed
Notes	
Number	-

## Supervising Station Monitoring

Specification	Supervising Station Monitoring	Result	Notes
Type/Make/Model	Alarm Signal	Result	Number
Permar / MW-RDMP13839	Tested visually and functionally	● Passed	1
	Alarm Restoration		
	Tested visually and functionally		
	Trouble Signal		
	Tested visually and functionally		
	Trouble Restoration		
	Tested visually and functionally		
	Supervisory Signal		
	Supervisory Restoration		

## Alarm Initiated Device

Location	Specification	Sensitivity	Result	Notes
Location	Type/Make/Model	Sensitivity Range	Result	Number
South entrance - East / L1 M001	Manual Pull Station / Notifier	-	● Passed	-
		Sensitivity Result		
		-		
Location	Type/Make/Model	Sensitivity Range	Result	Number
South entrance - West / L1 M002	Manual Pull Station / Notifier	-	● Passed	-
		Sensitivity Result		
		-		
Location	Type/Make/Model	Sensitivity Range	Result	Number
South garage - North entrance / L1 M003	Manual Pull Station / Notifier	-	● Passed	-
		Sensitivity Result		
		-		

Location	Specification	Sensitivity	Result	Notes
Location Westside - South exit / L1 M004	Type/Make/Model Manual Pull Station / Notifier	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location Westside - Middle / L1 M005	Type/Make/Model Manual Pull Station / Notifier	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location Westside - North exit / L1 M006	Type/Make/Model Manual Pull Station / Notifier	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location Eastside - North exit / L1 M007	Type/Make/Model Manual Pull Station / Notifier	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location Eastside - South exit / L1 M008	Type/Make/Model Manual Pull Station / Notifier	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location North main shop / L1 M009	Type/Make/Model Manual Pull Station / Notifier	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location Northeast main shop / L1 M010	Type/Make/Model Manual Pull Station / Notifier	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location Attic Heats / L1 M012	Type/Make/Model Heat Detector	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -
Location Restroom hallway / L1 D012	Type/Make/Model Heat Detector	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -
Location Restroom / L1 D013	Type/Make/Model Heat Detector	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -
Location work room / L1 D014	Type/Make/Model Heat Detector	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -
Location Key room / L1 D015	Type/Make/Model Heat Detector	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -
Location Window repair area / L1 D016	Type/Make/Model Heat Detector	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -



Location	Specification	Sensitivity	Result	Notes
Location Storage East / L1 D017	Type/Make/Model Heat Detector	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -
Location Storage West / L1 D018	Type/Make/Model Heat Detector	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -
Location Tool storage / L1 D019	Type/Make/Model Heat Detector	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -
Location Breakroom / L1 D020	Type/Make/Model Heat Detector	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -
Location Westside - South / L1 D021	Type/Make/Model Heat Detector	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -
Location Westside - middle / L1 D022	Type/Make/Model Heat Detector	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -
Location Westside - North middle / L1 D023	Type/Make/Model Heat Detector	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -
Location Westside - North / L1 D024	Type/Make/Model Heat Detector	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -
Location Eastside - North / L1 D025	Type/Make/Model Heat Detector	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -
Location Eastside - North middle / L1 D026	Type/Make/Model Heat Detector	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -
Location Eastside - middle / L1 D027	Type/Make/Model Heat Detector	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -
Location Eastside - South / L1 D028	Type/Make/Model Heat Detector	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -
Location Mechanical room / L1 D029	Type/Make/Model Heat Detector	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -

Location	Specification	Sensitivity	Result	Notes
Location Wood shop / L1 D030	Type/Make/Model Heat Detector	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -
Location Institute shop / L1 D031	Type/Make/Model Heat Detector	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -
Location Office / L1 D032	Type/Make/Model Heat Detector	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -
Location Above fire panel / L1 D033	Type/Make/Model Smoke Detector / Notifier	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -

## Alarm Notification Appliance

Location	Specification	Result	Notes
Location Throughout building - 8 / 15	Type/Make/Model Audible And Visible	Result ● Passed	Number -

## Comments

Number	COMMENT	IMAGE
1	OOS - 8:21 Trouble - 8:22 Restore - 8:24 Alarm - 8:28 Restore - 8:31	



Tech connected. Lives protected.

## Conclusion

We appreciate the opportunity to provide this inspection report. We are confident in the accuracy of the contents of this report. Should you require any additional services, or have questions regarding the contents of this report, please do not hesitate to contact your Midwest Alarm Services representative at 515-288-4000.

*Bryan Martin*  
*6/9/26*

Tested By:

**Bryan Martin**

Midwest Alarm Services

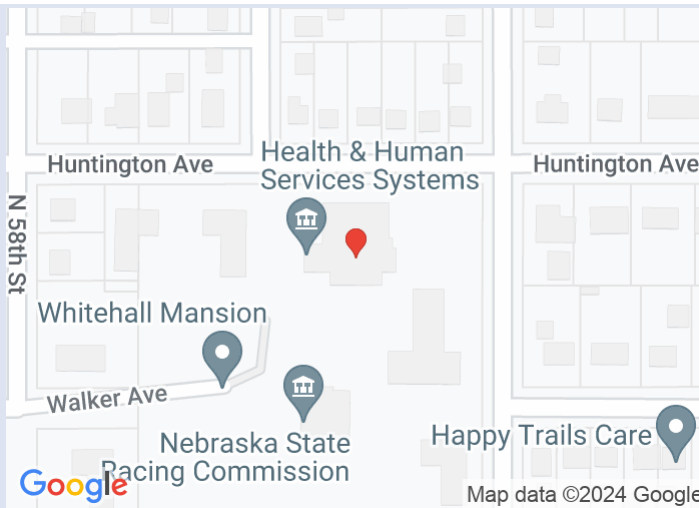
141 M St

Lincoln, NE 68508

# Inspection Report

Presented To  
State of Nebraska-Whitehall Campus

For  
Whitehall Campus - Garage & Maintenance  
2401 N 60th St  
Lincoln, NE 68507



**This site has been inspected and tested in compliance with applicable standards.**

Completed:  
**Thursday, March 28, 2024**

Tested By:  
**Bryan Martin**  
Midwest Alarm Services  
141 M St  
Lincoln, NE 68508

Scan Code to Access  
Nspec Cloud Portal



# Inspection Information

## CUSTOMER INFORMATION

Name:	State of Nebraska-Whitehall Campus	Address:	801 W Prospector Pl
City:	Lincoln	State:	NE
ZIP:	68522		

## BUILDING INFORMATION

Name:	Whitehall Campus - Garage & Maintenance	Occupancy Type:	Educational (Group E)
Address:	2401 N 60th St	City:	Lincoln
State:	NE	ZIP:	68507
Monitoring Company Account Number:	MW-RDMP13839	Retransmission Entity:	Per Mar
Retransmission Entity Phone:	(800) 383-7871		

## COMPANY INFORMATION

Name:	Midwest Alarm Services	Address:	141 M St
City:	Lincoln	State:	NE
Zip:	68508	License:	-
Email:	inspections@mw-as.com	Phone:	(402) 474-3737

## TESTING SUMMARY

EQUIPMENT TYPE	TOTAL	TESTED	PASSED	FAILED
Control Unit	1	1 (100%)	1 (100%)	0 (0%)
Communicator	1	1 (100%)	1 (100%)	0 (0%)
Supervising Station Monitoring	1	1 (100%)	1 (100%)	0 (0%)
Annunciator	0	0 (0%)	0 (0%)	0 (0%)
Auxiliary Power Supply	0	0 (0%)	0 (0%)	0 (0%)
Alarm Initiated Device	33	1 (3%)	1 (3%)	0 (0%)
Supervisory Signal Device	0	0 (0%)	0 (0%)	0 (0%)
Auxiliary Device	0	0 (0%)	0 (0%)	0 (0%)
Alarm Notification Appliance	1	1 (100%)	1 (100%)	0 (0%)

## Fire Alarm System - NFPA 72 (2013) Lincoln

This inspection was conducted in accordance with NFPA 72 Standards and the codes established by the local Authorities Having Jurisdiction for the site inspected. NFPA 72 provides established guidelines for the testing of fire alarm systems, including fire detection, emergency communication and signaling. If your city has mandated it, we will upload your inspection report to the local compliance engine. If you have any questions regarding this report or require additional services. Please contact our Inspection Team at 402-970-1509 or [MWLNInspections@mw-as.com](mailto:MWLNInspections@mw-as.com).

Tracy Warwick  
Inspection Manager  
515-313-1132  
[Tracy.Warwick@mw-as.com](mailto:Tracy.Warwick@mw-as.com)

---

Tested By:

*Bryan Martin*

*696-8/26*

**Bryan Martin**  
Midwest Alarm Services  
141 M St  
Lincoln, NE 68508

## Control Unit 1

### Location

Location	South work shop
----------	-----------------

### Specification

Type/Make/Model	Notifier / NFW-100X
-----------------	---------------------

### Software Firmware

Revision Number	-
Onsite Location Of Documentation	-

### Primary Power

Nominal Voltage	-
Amps	-

### Overcurrent Protection

Type	-
Amps	-
Location	Far North garage
Disconnecting Means Location	Disconnect labeled "Fire"

### Visual/ Functional

Control Unit	Tested visually and functionally
Lamps/LEDs/LCDs	Tested visually and functionally
Fuses	Tested visually
Trouble Signal	Tested visually and functionally
Disconnect Switch	Tested visually
Ground-Fault Monitoring	Tested visually

### Batteries

Battery Date	06/01/2020
Battery Type	Sealed Lead Acid
Nominal Voltage	13.1 / 13.1
Amps/Hour Rating	8AH
Standby Mode (hrs)	24
Alarm Mode (mins)	5

### Visual/ Functional

Load Voltage	Tested visually
Charge Test	Tested visually
Discharge Test	Tested visually
Battery Condition	Tested visually

### Result

	● Passed
--	----------

### Notes

Number	-
--------	---

## Communicator 1

Location	
Location	Above fire panel
Specification	
Type/Make/Model	DMP
Type	
Type	-
Result	
	● Passed
Notes	
Number	-

## Supervising Station Monitoring

Specification	Supervising Station Monitoring	Result	Notes
Type/Make/Model	Alarm Signal	Result	Number
Permar / MW-RDMP13839	Tested visually and functionally	● Passed	-
	Alarm Restoration		
	Tested visually and functionally		
	Trouble Signal		
	Tested visually and functionally		
	Trouble Restoration		
	Tested visually and functionally		
	Supervisory Signal		
	Supervisory Restoration		

## Alarm Initiated Device

Location	Specification	Sensitivity	Result	Notes
Location	Type/Make/Model	Sensitivity Range	Result	Number
South entrance - East / L1 M001	Manual Pull Station / Notifier	- Sensitivity Result -	● Passed	-
Location	Type/Make/Model	Sensitivity Range	Result	Number
South entrance - West / L1 M002	Manual Pull Station / Notifier	- Sensitivity Result -	Not Tested	-
Location	Type/Make/Model	Sensitivity Range	Result	Number
South garage - North entrance / L1 M003	Manual Pull Station / Notifier	- Sensitivity Result -	Not Tested	-



Location	Specification	Sensitivity	Result	Notes
Location Westside - South exit / L1 M004	Type/Make/Model Manual Pull Station / Notifier	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -
Location Westside - Middle / L1 M005	Type/Make/Model Manual Pull Station / Notifier	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -
Location Westside - North exit / L1 M006	Type/Make/Model Manual Pull Station / Notifier	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -
Location Eastside - North exit / L1 M007	Type/Make/Model Manual Pull Station / Notifier	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -
Location Eastside - South exit / L1 M008	Type/Make/Model Manual Pull Station / Notifier	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -
Location North main shop / L1 M009	Type/Make/Model Manual Pull Station / Notifier	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -
Location Northeast main shop / L1 M010	Type/Make/Model Manual Pull Station / Notifier	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -
Location Attic Heats / L1 M012	Type/Make/Model Heat Detector	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -
Location Restroom hallway / L1 D012	Type/Make/Model Heat Detector	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -
Location Restroom / L1 D013	Type/Make/Model Heat Detector	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -
Location work room / L1 D014	Type/Make/Model Heat Detector	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -
Location Key room / L1 D015	Type/Make/Model Heat Detector	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -
Location Window repair area / L1 D016	Type/Make/Model Heat Detector	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -

Location	Specification	Sensitivity	Result	Notes
Location Storage East / L1 D017	Type/Make/Model Heat Detector	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -
Location Storage West / L1 D018	Type/Make/Model Heat Detector	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -
Location Tool storage / L1 D019	Type/Make/Model Heat Detector	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -
Location Breakroom / L1 D020	Type/Make/Model Heat Detector	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -
Location Westside - South / L1 D021	Type/Make/Model Heat Detector	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -
Location Westside - middle / L1 D022	Type/Make/Model Heat Detector	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -
Location Westside - North middle / L1 D023	Type/Make/Model Heat Detector	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -
Location Westside - North / L1 D024	Type/Make/Model Heat Detector	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -
Location Eastside - North / L1 D025	Type/Make/Model Heat Detector	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -
Location Eastside - North middle / L1 D026	Type/Make/Model Heat Detector	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -
Location Eastside - middle / L1 D027	Type/Make/Model Heat Detector	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -
Location Eastside - South / L1 D028	Type/Make/Model Heat Detector	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -
Location Mechanical room / L1 D029	Type/Make/Model Heat Detector	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -

Location	Specification	Sensitivity	Result	Notes
Location Wood shop / L1 D030	Type/Make/Model Heat Detector	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -
Location Institute shop / L1 D031	Type/Make/Model Heat Detector	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -
Location Office / L1 D032	Type/Make/Model Heat Detector	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -
Location Above fire panel / L1 D033	Type/Make/Model Smoke Detector / Notifier	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -

## Alarm Notification Appliance

Location	Specification	Result	Notes
Location Throughout building - 8 / 15	Type/Make/Model Audible And Visible	Result ● Passed	Number -



**MIDWEST ALARM**  
SERVICES

Tech connected. Lives protected.

## Conclusion

We appreciate the opportunity to provide this inspection report. We are confident in the accuracy of the contents of this report. Should you require any additional services, or have questions regarding the contents of this report, please do not hesitate to contact your Midwest Alarm Services representative at 515-288-4000.

*Bryan Martin*

696-8/26

---

Tested By:

**Bryan Martin**

Midwest Alarm Services

141 M St

Lincoln, NE 68508

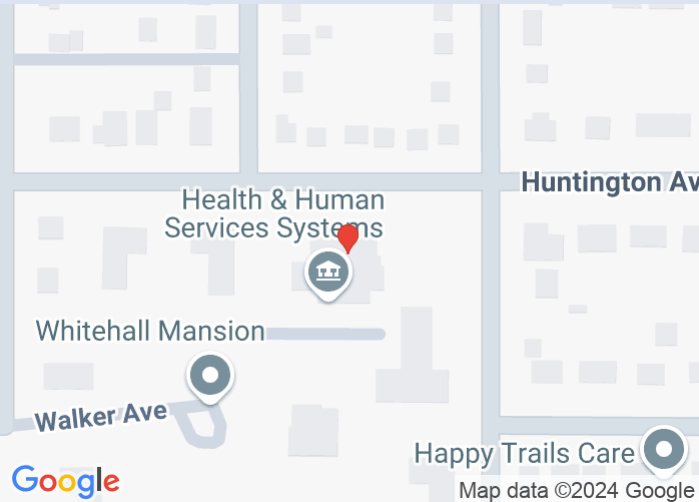


Tech connected. Lives protected.

# Inspection Report

Presented To  
State of Nebraska-Whitehall Campus

For  
Whitehall Campus - Admin Training  
5900 Walker Ave  
Lincoln, NE 68507



This site has been inspected and tested in compliance with applicable standards.

Completed:  
**Tuesday, September 24, 2024**

Inspection Status:  
**Passed**

The map shows a street grid with 'Walker Ave' and 'Huntington Av' labeled. A red location pin is placed on 'Health & Human Services Systems'. Other labels include 'Whitehall Mansion' and 'Happy Trails Care'. The Google logo and 'Map data ©2024 Google' are visible at the bottom of the map.

Tested By:  
**Bryan Martin**  
Midwest Alarm Services  
141 M St  
Lincoln, NE 68508



# Inspection Information

## CUSTOMER INFORMATION

Name:	State of Nebraska-Whitehall Campus	Address:	801 W Prospector Pl
City:	Lincoln	State:	NE
ZIP:	68522		

## BUILDING INFORMATION

Name:	Whitehall Campus - Admin Training	Occupancy Type:	Business (Group B)
Address:	5900 Walker Ave	City:	Lincoln
State:	NE	ZIP:	68507
Monitoring Company Account Number:	MW-RDMP110332	Retransmission Entity:	Per Mar
Retransmission Entity Phone:	(800) 383-7871		

## COMPANY INFORMATION

Name:	Midwest Alarm Services	Address:	141 M St
City:	Lincoln	State:	NE
Zip:	68508	License:	-
Email:	inspections@mw-as.com	Phone:	(402) 474-3737

## TESTING SUMMARY

EQUIPMENT TYPE	TOTAL	TESTED	PASSED	FAILED
Control Unit	1	1 (100%)	1 (100%)	0 (0%)
Communicator	1	1 (100%)	1 (100%)	0 (0%)
Supervising Station Monitoring	1	1 (100%)	1 (100%)	0 (0%)
Annunciator	0	0 (0%)	0 (0%)	0 (0%)
Auxiliary Power Supply	0	0 (0%)	0 (0%)	0 (0%)
Alarm Initiated Device	10	9 (90%)	9 (90%)	0 (0%)
Supervisory Signal Device	0	0 (0%)	0 (0%)	0 (0%)
Auxiliary Device	0	0 (0%)	0 (0%)	0 (0%)
Alarm Notification Appliance	1	1 (100%)	1 (100%)	0 (0%)
Battery	0	0 (0%)	0 (0%)	0 (0%)

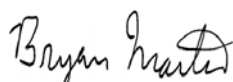
## Fire Alarm System - NFPA 72 (2013) Lincoln

This inspection was conducted in accordance with NFPA 72 Standards and the codes established by the local Authorities Having Jurisdiction for the site inspected. NFPA 72 provides established guidelines for the testing of fire alarm systems, including fire detection, emergency communication and signaling. If your city has mandated it, we will upload your inspection report to the local compliance engine. If you have any questions regarding this report or require additional services. Please contact our Inspection Team at 402-970-1509 or [MWLNInspections@mw-as.com](mailto:MWLNInspections@mw-as.com).

Tracy Warwick  
Inspection Manager  
515-313-1132  
[Tracy.Warwick@mw-as.com](mailto:Tracy.Warwick@mw-as.com)

*Please see the end of the report for possible deficiencies.*

Tested By:

  
696-8/26

**Bryan Martin**  
Midwest Alarm Services  
141 M St  
Lincoln, NE 68508

## Control Unit 1

### Location

Location	Southwest exit
----------	----------------

### Specification

Type/Make/Model	Fire-Lite® Alarms / C10F
-----------------	--------------------------

### Software Firmware

Revision Number	-
Onsite Location Of Documentation	-

### Primary Power

Nominal Voltage	-
Amps	-

### Overcurrent Protection

Type	-
Amps	-
Location	-
Disconnecting Means Location	-

### Visual/ Functional

Control Unit	Tested visually and functionally
Lamps/LEDs/LCDs	Tested visually and functionally
Fuses	Tested visually
Trouble Signal	Tested visually
Disconnect Switch	Tested visually
Ground-Fault Monitoring	Tested visually

### Batteries

Battery Date	09/18/2023
Battery Type	Sealed Lead Acid
Nominal Voltage	13.8
Amps/Hour Rating	8AH
Standby Mode (hrs)	24
Alarm Mode (mins)	5

### Visual/ Functional

Load Voltage	Tested visually
Charge Test	Tested visually
Discharge Test	Tested visually
Battery Condition	Tested visually

### Result

	● Passed
--	----------

### Notes

Number	1,3,4
--------	-------



## Communicator 1

Location	
Location	In closet marked. "electric control"
Specification	
Type/Make/Model	DMP
Type	
Type	-
Result	
	● Passed
Notes	
Number	-

## Supervising Station Monitoring

Specification	Supervising Station Monitoring	Result	Notes
Type/Make/Model Permar / MW-RDMP110332	Alarm Signal Tested visually Alarm Restoration Tested visually and functionally Trouble Signal Tested visually and functionally Trouble Restoration Tested visually and functionally Supervisory Signal Supervisory Restoration	Result ● Passed	Number 2

## Alarm Initiated Device


Location	Specification	Sensitivity	Result	Notes
Location Southwest exit by fire panel	Type/Make/Model Manual Pull Station	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location SW interior exit to courtyard	Type/Make/Model Manual Pull Station	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location NW interior exit to courtyard	Type/Make/Model Manual Pull Station	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -

Location	Specification	Sensitivity	Result	Notes
Location West wing - North exit	Type/Make/Model Manual Pull Station	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location North exit from courtyard	Type/Make/Model Manual Pull Station	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location Southeast exit	Type/Make/Model Manual Pull Station	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location Green room - East exit	Type/Make/Model Manual Pull Station	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location NE Interior exit to courtyard	Type/Make/Model Manual Pull Station	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location Interior exit to courtyard from library	Type/Make/Model Manual Pull Station	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location Throughout building - 104	Type/Make/Model Heat Detector	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -

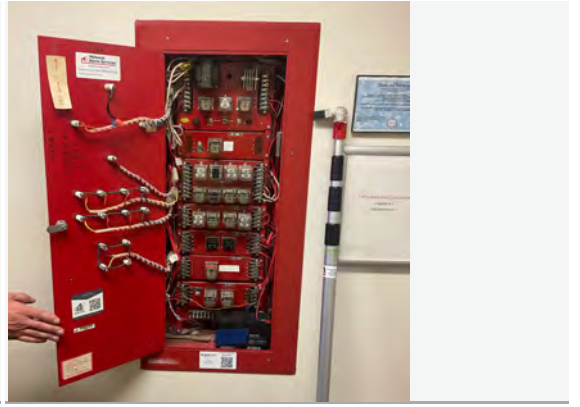
## Alarm Notification Appliance

Location	Specification	Result	Notes
Location Throughout building - 6	Type/Make/Model Bell	Result ● Passed	Number -

## Comments

Number	COMMENT	IMAGE
1	Panel is in the works for being replaced at this time	
2	OOS - 9:25 Trouble - 9:29 Restore - 9:29 Alarm - no time received Restore - 9:32	
3		

4





Tech connected. Lives protected.

## Conclusion

We appreciate the opportunity to provide this inspection report. We are confident in the accuracy of the contents of this report. Should you require any additional services, or have questions regarding the contents of this report, please do not hesitate to contact your Midwest Alarm Services representative at 515-288-4000.

*Bryan Martin*  
696-8/26

---

Tested By:

**Bryan Martin**

Midwest Alarm Services

141 M St

Lincoln, NE 68508

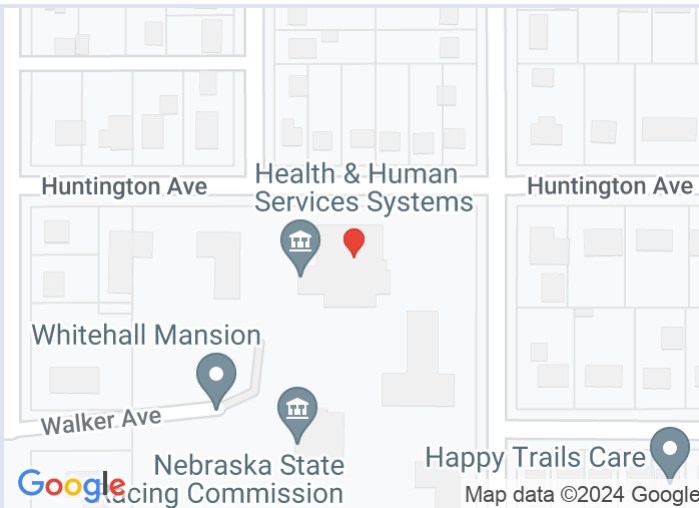


Tech connected. Lives protected.

# Inspection Report

Presented To  
State of Nebraska-Whitehall Campus

For  
Whitehall Campus - Admin Training  
5900 Walker Ave  
Lincoln, NE 68507



**This site has been inspected and tested in compliance with applicable standards.**

Completed:  
**Thursday, March 28, 2024**

Tested By:  
**Bryan Martin**  
Midwest Alarm Services  
141 M St  
Lincoln, NE 68508

Scan Code to Access  
Nspec Cloud Portal



# Inspection Information

## CUSTOMER INFORMATION

Name:	State of Nebraska-Whitehall Campus	Address:	801 W Prospector Pl
City:	Lincoln	State:	NE
ZIP:	68522		

## BUILDING INFORMATION

Name:	Whitehall Campus - Admin Training	Occupancy Type:	Business (Group B)
Address:	5900 Walker Ave	City:	Lincoln
State:	NE	ZIP:	68507
Monitoring Company Account Number:	MW-RDMP110332	Retransmission Entity:	Per Mar
Retransmission Entity Phone:	(800) 383-7871		

## COMPANY INFORMATION

Name:	Midwest Alarm Services	Address:	141 M St
City:	Lincoln	State:	NE
Zip:	68508	License:	-
Email:	inspections@mw-as.com	Phone:	(402) 474-3737

## TESTING SUMMARY

EQUIPMENT TYPE	TOTAL	TESTED	PASSED	FAILED
Control Unit	1	1 (100%)	1 (100%)	0 (0%)
Communicator	1	1 (100%)	1 (100%)	0 (0%)
Supervising Station Monitoring	1	1 (100%)	0 (0%)	1 (100%)
Annunciator	0	0 (0%)	0 (0%)	0 (0%)
Auxiliary Power Supply	0	0 (0%)	0 (0%)	0 (0%)
Alarm Initiated Device	10	1 (10%)	1 (10%)	0 (0%)
Supervisory Signal Device	0	0 (0%)	0 (0%)	0 (0%)
Auxiliary Device	0	0 (0%)	0 (0%)	0 (0%)
Alarm Notification Appliance	1	1 (100%)	1 (100%)	0 (0%)

## Fire Alarm System - NFPA 72 (2013) Lincoln

This inspection was conducted in accordance with NFPA 72 Standards and the codes established by the local Authorities Having Jurisdiction for the site inspected. NFPA 72 provides established guidelines for the testing of fire alarm systems, including fire detection, emergency communication and signaling. If your city has mandated it, we will upload your inspection report to the local compliance engine. If you have any questions regarding this report or require additional services. Please contact our Inspection Team at 402-970-1509 or [MWLNInspections@mw-as.com](mailto:MWLNInspections@mw-as.com).

Tracy Warwick  
Inspection Manager  
515-313-1132  
[Tracy.Warwick@mw-as.com](mailto:Tracy.Warwick@mw-as.com)

Tested By:

*Bryan Martin*  
696-8/26

**Bryan Martin**  
Midwest Alarm Services  
141 M St  
Lincoln, NE 68508

## Control Unit 1

### Location

Location	Southwest exit
----------	----------------

### Specification

Type/Make/Model	Fire-Lite® Alarms / C10F
-----------------	--------------------------

### Software Firmware

Revision Number	-
Onsite Location Of Documentation	-

### Primary Power

Nominal Voltage	-
Amps	-

### Overcurrent Protection

Type	-
Amps	-
Location	-
Disconnecting Means Location	-

### Visual/ Functional

Control Unit	Tested visually and functionally
Lamps/LEDs/LCDs	Tested visually and functionally
Fuses	Tested visually
Trouble Signal	Tested visually
Disconnect Switch	Tested visually
Ground-Fault Monitoring	Tested visually

### Batteries

Battery Date	09/18/2023
Battery Type	Sealed Lead Acid
Nominal Voltage	13.8
Amps/Hour Rating	8AH
Standby Mode (hrs)	24
Alarm Mode (mins)	5

### Visual/ Functional

Load Voltage	Tested visually
Charge Test	Tested visually
Discharge Test	Tested visually
Battery Condition	Tested visually

### Result

	● Passed
--	----------

### Notes

Number	-
--------	---



## Communicator 1

Location	
Location	In closet marked. "electric control"
Specification	
Type/Make/Model	DMP
Type	
Type	-
Result	
	● Passed
Notes	
Number	-

## Supervising Station Monitoring

Specification	Supervising Station Monitoring	Result	Notes
Type/Make/Model Permar / MW-RDMP110332	Alarm Signal Tested visually Alarm Restoration Tested visually and functionally Trouble Signal Tested visually Trouble Restoration Tested visually Supervisory Signal Supervisory Restoration	Result <b>X Failed</b>	Number 1,1

## Alarm Initiated Device

Location	Specification	Sensitivity	Result	Notes
Location Southwest exit by fire panel	Type/Make/Model Manual Pull Station	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location SW interior exit to courtyard	Type/Make/Model Manual Pull Station	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -
Location NW interior exit to courtyard	Type/Make/Model Manual Pull Station	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -
Location West wing - North exit	Type/Make/Model Manual Pull Station	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -

Location	Specification	Sensitivity	Result	Notes
Location North exit from courtyard	Type/Make/Model Manual Pull Station	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -
Location Southeast exit	Type/Make/Model Manual Pull Station	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -
Location Green room - East exit	Type/Make/Model Manual Pull Station	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -
Location NE Interior exit to courtyard	Type/Make/Model Manual Pull Station	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -
Location Interior exit to courtyard from library	Type/Make/Model Manual Pull Station	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -
Location Throughout building - 104	Type/Make/Model Heat Detector	Sensitivity Range - Sensitivity Result -	Result Not Tested	Number -

## Alarm Notification Appliance

Location	Specification	Result	Notes
Location Throughout building - 6	Type/Make/Model Bell	Result ● Passed	Number -

## Deficiencies

Type/Make/Model Permar / MW-RDMP110332	Alarm Signal Tested visually Alarm Restoration Tested visually and functionally Trouble Signal Tested visually Trouble Restoration Tested visually Supervisory Signal Supervisory Restoration	Result Failed	Number 1,1
---	--	------------------	---------------

## Comments

Number	COMMENT	IMAGE
1	Fire panel went into alarm but sent a fire trouble, not an alarm. Must send an alarm. We did get a fire alarm restore.	



Tech connected. Lives protected.

## Conclusion

We appreciate the opportunity to provide this inspection report. We are confident in the accuracy of the contents of this report. Should you require any additional services, or have questions regarding the contents of this report, please do not hesitate to contact your Midwest Alarm Services representative at 515-288-4000.

*Bryan Martin*  
696-8/26

---

Tested By:

**Bryan Martin**

Midwest Alarm Services

141 M St

Lincoln, NE 68508

Summit Fire Protection  
 2431 Fairfield Street Suite A  
 Lincoln, NE 68521-1308  
 Tel: (402) 476-4646  
 Fax:



# Invoice

**Bill to:** WHITE HALL CAMPUS  
 PO BOX 94949  
 LINCOLN, NE 68509-4949

**Date:** 10/14/2024  
**Invoice No:** 2741702  
**WO#:** 03943676

**Service at:** WHITE HALL CAMPUS  
 5900 Walker Ave  
 Lincoln, NE 68507-2374

**Terms:** Net 30 Days  
**WO Completed:** 10/10/2024

**Customer ID:** 682365

**Reference WO#:** 110427312

**Description:** Work Order 03943676 - Inspection - Fire Extinguisher

**PO Number:**

Description	Quantity	Unit Price	Amount
Fire Extinguisher	1.0	\$469.00	\$469.00
\$4.00 DOT Compliance Fee	1.0		\$0.00
UNIVERSAL STRAP 2 24"	1.0	\$1.50	\$1.50
PTS GAUGE DRYCHE 195#	1.0	\$16.80	\$16.80
429099 VLV STEM ASSY DRY CHEM ANS SENTRY	24.0	\$23.10	\$554.40
PTS O-RING OR28	24.0	\$5.80	\$139.20
PTS VERF COLLAR	24.0	\$2.10	\$50.40
PTS UNIV CLIP	1.0	\$2.50	\$2.50
PTS VLV STEM ASSY DRYCHE BADGER	1.0	\$0.00	\$0.00
OR29 O RING	1.0	\$0.00	\$0.00
PTS VERF COLLAR	1.0	\$2.10	\$2.10
Fire Extinguisher Annual Inspection Inspections	67.0	\$0.00	\$0.00
5 LB Dry Chemical Extinguisher 6-Yr Maintenance 6-Year	22.0	\$32.00	\$704.00
5 LB Dry Chemical Ext. Low Pressure Hydro Test Hydro	1.0	\$30.00	\$30.00
5 LB Dry Chemical Extinguisher Recharge Recharge	1.0	\$32.00	\$32.00
10 LB Dry Chemical Extinguisher 6-Yr Maintenance 6-Year	1.0	\$42.00	\$42.00
K-Class Extinguisher 5-Yr Service Class-K Hydrotests	1.0	\$205.00	\$205.00

Truck Charge  
Truck Charge

1.0

\$68.00

\$68.00

**PLEASE NOTE NEW BANK DETAILS**

ACH Payments:

Beneficiary: Summit Fire Protection

Bank: Wells Fargo Bank

ABA Number: 121000248

Account Number: 4226038909

Please send inquiries / remittance to:  
ar@summitcompanies.com

**PLEASE NOTE NEW REMITTANCE ADDRESS**

To Pay by Check or Credit Card  
(651) 272-3251

Check Payments:

Summit Fire Protection

PO Box 851675

Minneapolis, MN 55485-1675

**PAY ONLINE:**

<https://summitfire.com/>

<b>Subtotal:</b>	<b>\$2,316.90</b>
<b>Sales Tax:</b>	\$0.00
<b>Total Invoice:</b>	<b>\$2,316.90</b>
<b>Collected Onsite:</b>	
<b>Balance Due:</b>	<b>\$2,316.90</b>

Cust: 682365

Inv: 2741702

**Please reference the above noted  
Customer ID and Invoice Number  
on your remittance.**

SUMMIT FIRE PROTECTION  
PO BOX 851675  
MINNEAPOLIS, MN 55485-1675



LINCOLN, NE  
(402) 476-4646

# INVOICE

**Bill to:** WHITE HALL CAMPUS  
PO BOX 94949  
LINCOLN, NE 68509

**Invoice No:** 110411483  
**Invoice Date:** 10/31/2023  
**Work Order:** 110415841  
**Complete Date:** 10/26/2023  
**PO Number:**  
**Alt WO Number:**  
**Customer ID:** WHITEH5986

**Terms:**

**Service at:** WHITE HALL CAMPUS  
5900 WALKER AVE  
LINCOLN, NE 68507

Description	Quantity	Rate	Amount
Truck Charge	1.00	65.00	65.00
5 LB Dry Chemical Ext. Low Pressure Hydro Test	1.00	27.00	27.00
5 LB Dry Chemical Extinguisher Recharge	2.00	29.00	58.00
5 LB Dry Chemical Extinguisher 6-Yr Maintenance	1.00	29.00	29.00
10 LB Dry Chemical Extinguisher 6-Yr Maintenance	2.00	38.00	76.00
Shop Supplies (Inspection - Fire Extinguisher)	1.00	4.00	4.00
DOT Compliance Fee			
ABC Dry Chemical (Inspection - Fire Extinguisher)	67.00	0.00	0.00
PTS O-RING OR28	3.00	5.25	15.75
PTS O-RING OR195	2.00	5.25	10.50
PTS VERF COLLAR	5.00	2.00	10.00
PTS VLV STEM ASSY ANS	5.00	19.00	95.00
Fire Extinguisher Inspection	1.00	469.00	469.00

**Work Description:** Annual Maintenance.  
Sixty-Seven fire extinguishers inspected.  
Two 10 LB ABC's, three 5 LB ABC's brought in for 6-Year Services//Hydrotests.  
Returned and loaners collected.  
All services performed - System(s) normal upon departure

**To Pay by Check or Credit Card**  
(651) 272-3251

**MAKE CHECKS PAYABLE TO**  
**SUMMIT FIRE PROTECTION**  
PO BOX 851675  
MINNEAPOLIS, MN 55485-1675

**Account Inquiries**  
ar@summitcompanies.com

<b>Subtotal:</b>	859.25
<b>Sales Tax:</b>	0.00
<b>Payments:</b>	0.00
<b>Total Due:</b>	<b>\$859.25</b>

Cust: WHITEH5986

Inv: 110411483



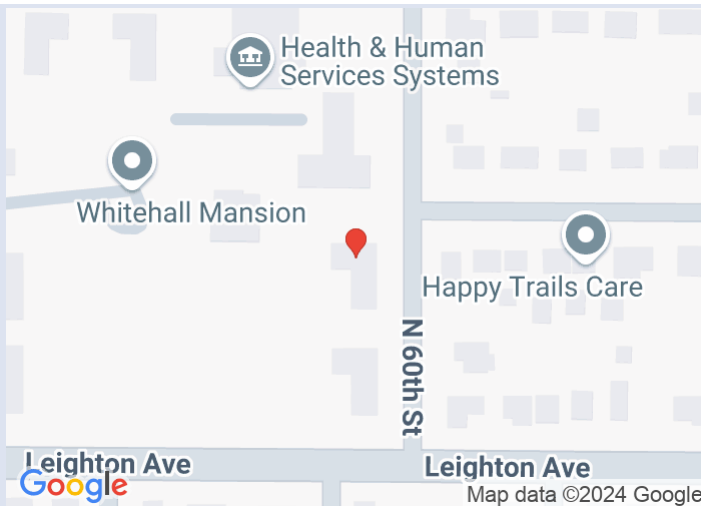
# MIDWEST ALARM SERVICES

Tech connected. Lives protected.

## Inspection Report

Presented To  
State of Nebraska-Whitehall Campus

For  
Whitehall Campus - Bldg #3  
2345 N 60th St  
Lincoln, NE 68507



**This site has been inspected and tested in compliance with applicable standards.**

Completed:  
**Tuesday, September 24, 2024**

Inspection Status:  
**Passed**

Tested By:  
**Bryan Martin**  
Midwest Alarm Services  
141 M St  
Lincoln, NE 68508

Scan Code to Access  
Nspec Cloud Portal



# Inspection Information

## CUSTOMER INFORMATION

Name:	State of Nebraska-Whitehall Campus	Address:	801 W Prospector Pl
City:	Lincoln	State:	NE
ZIP:	68522		

## BUILDING INFORMATION

Name:	Whitehall Campus - Bldg #3	Occupancy Type:	Educational (Group E)
Address:	2345 N 60th St	City:	Lincoln
State:	NE	ZIP:	68507
Monitoring Company Account Number:	MW-FA19753	Retransmission Entity:	Per Mar
Retransmission Entity Phone:	(800) 383-7871		

## COMPANY INFORMATION

Name:	Midwest Alarm Services	Address:	141 M St
City:	Lincoln	State:	NE
Zip:	68508	License:	-
Email:	inspections@mw-as.com	Phone:	(402) 474-3737



## TESTING SUMMARY

EQUIPMENT TYPE	TOTAL	TESTED	PASSED	FAILED
Control Unit	1	1 (100%)	1 (100%)	0 (0%)
Communicator	1	1 (100%)	1 (100%)	0 (0%)
Supervising Station Monitoring	1	1 (100%)	1 (100%)	0 (0%)
Annunciator	0	0 (0%)	0 (0%)	0 (0%)
Auxiliary Power Supply	0	0 (0%)	0 (0%)	0 (0%)
Alarm Initiated Device	20	20 (100%)	20 (100%)	0 (0%)
Supervisory Signal Device	0	0 (0%)	0 (0%)	0 (0%)
Auxiliary Device	0	0 (0%)	0 (0%)	0 (0%)
Alarm Notification Appliance	1	1 (100%)	1 (100%)	0 (0%)
Battery	0	0 (0%)	0 (0%)	0 (0%)


## Fire Alarm System - NFPA 72 (2013) Lincoln

This inspection was conducted in accordance with NFPA 72 Standards and the codes established by the local Authorities Having Jurisdiction for the site inspected. NFPA 72 provides established guidelines for the testing of fire alarm systems, including fire detection, emergency communication and signaling. If your city has mandated it, we will upload your inspection report to the local compliance engine. If you have any questions regarding this report or require additional services. Please contact our Inspection Team at 402-970-1509 or [MWLNInspections@mw-as.com](mailto:MWLNInspections@mw-as.com).

Tracy Warwick  
Inspection Manager  
515-313-1132  
[Tracy.Warwick@mw-as.com](mailto:Tracy.Warwick@mw-as.com)

*Please see the end of the report for possible deficiencies.*

Tested By:

  
696-8/26

**Bryan Martin**  
Midwest Alarm Services  
141 M St  
Lincoln, NE 68508

## Control Unit 1

### Location

Location	1st / West exit
----------	-----------------

### Specification

Type/Make/Model	Notifier / SGL-2000
-----------------	---------------------

### Software Firmware

Revision Number	-
Onsite Location Of Documentation	-

### Primary Power

Nominal Voltage	-
Amps	-

### Overcurrent Protection

Type	-
Amps	-
Location	-
Disconnecting Means Location	-

### Visual/ Functional

Control Unit	Tested visually and functionally
Lamps/LEDs/LCDs	Tested visually and functionally
Fuses	Tested visually
Trouble Signal	Tested visually and functionally
Disconnect Switch	Tested visually
Ground-Fault Monitoring	Tested visually

### Batteries

Battery Date	04/01/2022
Battery Type	Sealed Lead Acid
Nominal Voltage	13.6 / 13.6
Amps/Hour Rating	5AH
Standby Mode (hrs)	24
Alarm Mode (mins)	5

### Visual/ Functional

Load Voltage	Tested visually
Charge Test	Tested visually
Discharge Test	Tested visually
Battery Condition	Tested visually

### Result

	● Passed
--	----------

### Notes

Number	-
--------	---

## Communicator 1

Location	
Location	communication room
Specification	
Type/Make/Model	Alula
Type	
Type	-
Result	
	● Passed
Notes	
Number	-

## Supervising Station Monitoring

Specification	Supervising Station Monitoring	Result	Notes
Type/Make/Model	Alarm Signal	Result	Number
Permar / MW-BOS11503	Tested visually and functionally	● Passed	1
	Alarm Restoration		
	Tested visually and functionally		
	Trouble Signal		
	Tested visually and functionally		
	Trouble Restoration		
	Tested visually and functionally		
	Supervisory Signal		
	Supervisory Restoration		

## Alarm Initiated Device

Location	Specification	Sensitivity	Result	Notes
Location	Type/Make/Model	Sensitivity Range	Result	Number
1st / West exit by fire panel	Manual Pull Station	-	● Passed	-
		Sensitivity Result		
		-		
Location	Type/Make/Model	Sensitivity Range	Result	Number
1st / East exit	Manual Pull Station	-	● Passed	-
		Sensitivity Result		
		-		
Location	Type/Make/Model	Sensitivity Range	Result	Number
1st / West exit in computer room	Manual Pull Station	-	● Passed	-
		Sensitivity Result		
		-		

Location	Specification	Sensitivity	Result	Notes
Location Basement / South exit	Type/Make/Model Manual Pull Station	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location 1st / Fireplace room - South	Type/Make/Model Smoke Detector / Notifier / CP-651	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location 1st / Fireplace room - North	Type/Make/Model Smoke Detector / System Sensor / 1151	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location 1st / Commons area by kitchen	Type/Make/Model Smoke Detector / System Sensor / 1151	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location 1st / Above fire panel	Type/Make/Model Smoke Detector / System Sensor / 1151	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location 1st / Above stairs	Type/Make/Model Smoke Detector / System Sensor / 1151	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location 1st / Office next to stairwell	Type/Make/Model Smoke Detector / Notifier / CP-651	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location 1st / Hallway North of stairwell	Type/Make/Model Smoke Detector / System Sensor / 1151	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location 1st / Office	Type/Make/Model Smoke Detector / System Sensor / 1451	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location 1st / Southeast office	Type/Make/Model Smoke Detector / System Sensor / 1451	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location 1st / Northeast office	Type/Make/Model Smoke Detector / System Sensor / 1451	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location 1st / North storage room	Type/Make/Model Smoke Detector / System Sensor / 1451	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location 1st / Hallway by restrooms	Type/Make/Model Smoke Detector / System Sensor / 1151	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -

Location	Specification	Sensitivity	Result	Notes
Location 1st / Northwest computer room	Type/Make/Model Smoke Detector / System Sensor / 1451	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location Basement / North room	Type/Make/Model Smoke Detector / System Sensor / 1451	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location Basement / South room	Type/Make/Model Smoke Detector / System Sensor / 1451	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -
Location Basement / Storage room	Type/Make/Model Smoke Detector / System Sensor / 1451	Sensitivity Range - Sensitivity Result -	Result ● Passed	Number -

## Alarm Notification Appliance

Location	Specification	Result	Notes
Location Throughout building - 4 / 5	Type/Make/Model Audible And Visible	Result ● Passed	Number -

## Comments

Number	COMMENT	IMAGE
1	OOS - 15:43 Trouble - 15:45 Restore - 15:46 Alarm - 15:47 Restore - 15:47	



Tech connected. Lives protected.

## Conclusion

We appreciate the opportunity to provide this inspection report. We are confident in the accuracy of the contents of this report. Should you require any additional services, or have questions regarding the contents of this report, please do not hesitate to contact your Midwest Alarm Services representative at 515-288-4000.

*Bryan Martin*  
696-8/26

Tested By:

**Bryan Martin**

Midwest Alarm Services

141 M St

Lincoln, NE 68508



# 2023



## Community Life #2

5801 Walker Ave.  
LINCOLN, NE 68507  
402-309-3231

**Building Contact:** Kris Hoover  
**Title:** Maint. Supervisor  
  
**Company:** NIFCO Mechanical Systems  
**Contact:** Clint Coonrod  
**Title:** Inspector

**Semi-Annual Inspection**

**Inspection Date: Dec 27, 2023**

### Tested to NFPA 25 Standards

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



# EXECUTIVE SUMMARY

Generated by: BuildingReports.com

## Building Information

<b>Community Life #2</b> 5801 Walker Ave. LINCOLN, NE 68507 United States of America	<b>Contact:</b> Kris Hoover
	<b>Phone:</b> 402-479-5452
	<b>Fax:</b>
	<b>Mobile:</b>
	<b>Email:</b>

## Inspection Performed By

<b>NIFCO Mechanical Systems</b> 500 Blue Heron Dr Lincoln, NE 68522-1701 United States of America	<b>Inspector:</b> Clint Coonrod
	<b>Phone:</b> 402-477-0666
	<b>Fax:</b>
	<b>Mobile:</b> 531-220-1703
	<b>Email:</b> ccoonrod@nifcomechanical.com

## System Control Unit

System Type	System Location	Protected Area	Devices
Dry Pipe	Building-	Building-	8

## Inspection Summary

Category	Total Items		Serviced		Passed		Failed/Other	
	Qty	%	Qty	%	Qty	%	Qty	%
Alarm	2	25.00%	2	100.00%	2	100.00%	0	0.00%
Device	1	12.50%	1	100.00%	1	100.00%	0	0.00%
Hose	1	12.50%	1	100.00%	1	100.00%	0	0.00%
Valve	4	50.00%	4	100.00%	4	100.00%	0	0.00%
<b>Totals</b>	<b>8</b>	<b>100%</b>	<b>8</b>	<b>100.00%</b>	<b>8</b>	<b>100.00%</b>	<b>0</b>	<b>0.00%</b>

## Certification

**Company:** NIFCO Mechanical Systems  
**Inspector:** Clint Coonrod

**Building:** Community Life #2  
**Contact:** Kris Hoover



## Clint Coonrod Certifications

Certification Type	Number
NICET Inspection and Testing of Water-Based Systems Level I	147096
Nebraska Grade VI Water Operator	8889

# INSPECTION & TESTING

Generated by: BuildingReports.com

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

## Building: Community Life #2

Device Type	Location	Service	Time	Date
<b>PASSED</b>				
<b>Building- Dry Pipe, Building-</b>				
Control Valve	Basement East Mechanical Laundry	Semi-Annual	8:44:30 AM	12/27/2023
Control Valve	Basement East Mechanical Laundry	Semi-Annual	8:44:54 AM	12/27/2023
Drain	Basement East Mechanical Laundry	Semi-Annual	8:46:59 AM	12/27/2023
Dry Pipe Valve	Basement East Mechanical Laundry	Semi-Annual	8:45:43 AM	12/27/2023
Fire Dep't Connection	Ground East Outside	Semi-Annual	8:50:44 AM	12/27/2023
Post Indicator Valve	Ground East Outside	Semi-Annual	8:50:16 AM	12/27/2023
Pressure Switch	Basement East Mechanical Laundry	Semi-Annual	8:44:03 AM	12/27/2023
Pressure Switch	Basement East Mechanical Laundry	Semi-Annual	8:44:15 AM	12/27/2023

# DRY PIPE FIRE SPRINKLER SYSTEMS

Generated by: BuildingReports.com

This section lists out all the devices and components that have been associated with a Dry Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.

**Building:** Community Life #2

**Building-, Building-**

## ALARMS

Pressure Switch							
Type	Description	Manufacturer	Low	High	Zone/Address	OK	ScanID
High	Alarm					<input checked="" type="checkbox"/>	59341110
Low	Supervisory					<input checked="" type="checkbox"/>	59341111

## COMPONENTS

Dry Pipe Valve							
Manufacturer	Model #	Location				OK	ScanID
Viking	F-2	Basement East Mechanical Laundry				<input checked="" type="checkbox"/>	59341112
Type	Status	Position	Size	Serial #	Water psi	Air Pressure	
Grooved	Supervised	Trim Open	3"		75	28	
Trip Air	Trip Time	Total Timing (sec)	3 Year Leak Test	Partial Trip Date	Internal Date	Full Trip Date	
			05/10/2021	06/22/2023	02/20/2020	05/10/2022	

Control Valve						
Type	Location	Manufacturer	Model #	OK	ScanID	
Butterfly	Basement East Mechanical Laundry			<input checked="" type="checkbox"/>	59341117	
Position	Size	Status	Description			
Open	4"	Supervised	Main Control			

Control Valve						
Type	Location	Manufacturer	Model #	OK	ScanID	

**COMPONENTS** (continued)

**Control Valve** (continued)

Type (continued)	Location	Manufacturer	Model #	OK	ScanID
Butterfly	Basement East Mechanical Laundry			<input checked="" type="checkbox"/>	59341118
Position	Size	Status	Description		
Open	4"	Supervised	Main Control		

**Post Indicator Valve**

Location	Manufacturer	Model #	OK	ScanID
Ground East Outside			<input checked="" type="checkbox"/>	5Q114
Type	Size	Position	Status	# of Turns
Ground	6"	Open	Locked & Supervised	

**DEVICES**

**Drain**

Type	Location	Size	Supply psi	Restored psi	Residual psi	Sec	OK	ScanID
Main	Basement East Mechanical Laundry	1.25"	79	75	71	1	<input checked="" type="checkbox"/>	59341113

**Fire Dep't Connection**

Location	Type	Size	Qty	BallDrip	Rotating Swivels	5-Year Hydro	OK	ScanID
Ground East Outside	Freestanding	4"	1	Yes	Yes	02/20/2020	<input checked="" type="checkbox"/>	59341115

# INVENTORY & WARRANTY REPORT

Generated by: BuildingReports.com

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

## Building: Community Life #2

Device or Type	Category	% of Inventory	Quantity
Control Valve	Valve	25.00%	2
Drain	Device	12.50%	1
Dry Pipe Valve	Valve	12.50%	1
Fire Dep't Connection	Hose	12.50%	1
Post Indicator Valve	Valve	12.50%	1
Pressure Switch	Alarm	25.00%	2

Device Type	Qty	Model #	Description	Install Date
<b>IN SERVICE - 3 YEARS TO 5 YEARS</b>				
<b>Building- Dry Pipe, Building-</b>				
Control Valve	2		Butterfly	02/20/2020
Drain	1		Main	02/20/2020
Fire Dep't Connection	1		Freestanding	02/20/2020
Post Indicator Valve	1		Ground	02/20/2020
Pressure Switch	1		High	02/20/2020
Pressure Switch	1		Low	02/20/2020
Dry Pipe Valve	1	F-2	Grooved	02/20/2020



# 2023



## Family Life

5819 Huntington  
LINCOLN, NE 68507  
402-309-3231

**Building Contact:** Kris Hoover  
**Title:** Maint. Supervisor  
**Company:** NIFCO Mechanical Systems  
**Contact:** Clint Coonrod  
**Title:** Inspector

**Inspection Date: Dec 27, 2023**

**Tested to NFPA 25 Standards**

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



# EXECUTIVE SUMMARY

Generated by: BuildingReports.com

## Building Information

<b>Family Life</b> 5819 Huntington LINCOLN, NE 68507 United States of America	<b>Contact:</b> Kris Hoover
	<b>Phone:</b> 402-479-5452
	<b>Fax:</b>
	<b>Mobile:</b>
	<b>Email:</b>

## Inspection Performed By

<b>NIFCO Mechanical Systems</b> 500 Blue Heron Dr Lincoln, NE 68522-1701 United States of America	<b>Inspector:</b> Clint Coonrod
	<b>Phone:</b> 402-477-0666
	<b>Fax:</b>
	<b>Mobile:</b> 531-220-1703
	<b>Email:</b> ccoonrod@nifcomechanical.com

## System Control Unit

System Type	System Location	Protected Area	Devices
Dry Pipe	Building-	Area-Attic	5
Service Main	Building-	Building-	4
Wet Pipe	Building-	Building-basement 1st	1
Wet Pipe	Building-	Floors-basement and 1	1

## Inspection Summary

Category	Total Items		Serviced		Passed		Failed/Other	
	Qty	%	Qty	%	Qty	%	Qty	%
Alarm	3	27.27%	3	100.00%	3	100.00%	0	0.00%
Device	1	9.09%	1	100.00%	1	100.00%	0	0.00%
Hose	1	9.09%	1	100.00%	1	100.00%	0	0.00%
Valve	6	54.55%	6	100.00%	6	100.00%	0	0.00%
<b>Totals</b>	<b>11</b>	<b>100%</b>	<b>11</b>	<b>100.00%</b>	<b>11</b>	<b>100.00%</b>	<b>0</b>	<b>0.00%</b>

## Certification

**Company:** NIFCO Mechanical Systems  
**Inspector:** Clint Coonrod

**Building:** Family Life  
**Contact:** Kris Hoover

### Clint Coonrod Certifications

Certification Type	Number
NICET Inspection and Testing of Water-Based Systems Level I	147096
Nebraska Grade VI Water Operator	8889



# INSPECTION & TESTING

Generated by: BuildingReports.com

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

## Building: Family Life

Device Type	Location	Service	Time	Date
<b>PASSED</b>				
<b>Building- Dry Pipe, Area-Attic</b>				
Control Valve	Basement East Mechanical Laundry	Semi-Annual	8:25:24 AM	12/27/2023
Drain	Basement East Mechanical Laundry	Semi-Annual	8:37:16 AM	12/27/2023
Dry Pipe Valve	Basement East Mechanical Laundry	Semi-Annual	8:27:05 AM	12/27/2023
Pressure Switch	Basement East Mechanical Laundry	Semi-Annual	8:25:36 AM	12/27/2023
Pressure Switch	Basement East Mechanical Laundry	Semi-Annual	8:25:53 AM	12/27/2023
<b>Building- Service Main, Building-</b>				
Control Valve	Basement East Mechanical Laundry	Semi-Annual	8:19:31 AM	12/27/2023
Control Valve	Basement East Mechanical Laundry	Semi-Annual	8:26:11 AM	12/27/2023
Fire Dep't Connection	Ground West	Semi-Annual	8:17:59 AM	12/27/2023
Post Indicator Valve	Ground Southeast	Semi-Annual	8:17:50 AM	12/27/2023
<b>Building- Wet Pipe, Building-basement 1st</b>				
Waterflow Switch	Basement East Mechanical Laundry	Semi-Annual	8:24:55 AM	12/27/2023
<b>Building- Wet Pipe, Floors-basement and 1</b>				
Control Valve	Basement East Mechanical Laundry	Semi-Annual	8:18:59 AM	12/27/2023

# WET PIPE FIRE SPRINKLER SYSTEMS

Generated by: BuildingReports.com

This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.

Building: Family Life

Building-, Building-basement 1st

## ALARMS

Waterflow Switch							
Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID
Vane			17.055	2.0	1	<input checked="" type="checkbox"/>	59341106

Building: Family Life

Building-, Floors-basement and 1

## COMPONENTS

Control Valve					
Type	Location	Manufacturer	Model #	OK	ScanID
Butterfly	Basement East Mechanical Laundry			<input checked="" type="checkbox"/>	54622412
Position	Size	Status	Description		
Open	3"	Supervised	Isolation		

# DRY PIPE FIRE SPRINKLER SYSTEMS

Generated by: BuildingReports.com

This section lists out all the devices and components that have been associated with a Dry Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.

Building: Family Life

Building-, Area-Attic

## ALARMS

Pressure Switch							
Type	Description	Manufacturer	Low	High	Zone/Address	OK	ScanID
High	Alarm					<input checked="" type="checkbox"/>	59341102
Low	Supervisory					<input checked="" type="checkbox"/>	59341103

## COMPONENTS

Dry Pipe Valve							
Manufacturer		Model #	Location			OK	ScanID
Viking		F-2	Basement East Mechanical Laundry			<input checked="" type="checkbox"/>	59341100
Type	Status	Position	Size	Serial #	Water psi	Air Pressure	
Grooved	Supervised	Trim Open	3"		75	22	
Trip Air	Trip Time	Total Timing (sec)	3 Year Leak Test	Partial Trip Date	Internal Date	Full Trip Date	
			05/10/2021	06/22/2023	06/22/2023	05/10/2022	

Control Valve						
Type	Location		Manufacturer	Model #	OK	ScanID
Butterfly	Basement East Mechanical Laundry				<input checked="" type="checkbox"/>	59341109
Position	Size	Status		Description		
Open	3"	Supervised		Isolation		

## DEVICES

Drain
-------

**DEVICES** (continued)

**Drain** (continued)

Type	Location	Size	Supply psi	Restored psi	Residual psi	Sec	OK	ScanID
Main	Basement East Mechanical Laundry	1.25"	78	75	61	1	<input checked="" type="checkbox"/>	59341101

# PRIVATE FIRE SERVICE MAINS

Generated by: BuildingReports.com

This section lists out all the devices and components that have been associated with a Private Fire Service Main and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.

Building: Family Life

Building-, Building-

## COMPONENTS

Control Valve					
Type	Location	Manufacturer	Model #	OK	ScanID
Butterfly	Basement East Mechanical Laundry			<input checked="" type="checkbox"/>	59341104
Position	Size	Status	Description		
Open	4"	Supervised	Main Control		
Control Valve					
Type	Location	Manufacturer	Model #	OK	ScanID
Butterfly	Basement East Mechanical Laundry			<input checked="" type="checkbox"/>	59341105
Position	Size	Status	Description		
Open	4"	Supervised	Main Control		
Post Indicator Valve					
Location		Manufacturer	Model #	OK	ScanID
Ground Southeast				<input checked="" type="checkbox"/>	59341107
Type	Size	Position	Status	# of Turns	
Ground	6"	Open	Locked & Supervised		

## DEVICES

Fire Dep't Connection								
Location	Type	Size	Qty	BallDrip	Rotating Swivels	5-Year Hydro	OK	ScanID
Ground West	Freestanding	4"	1	Yes	Yes	02/20/2020	<input checked="" type="checkbox"/>	59341108

# INVENTORY & WARRANTY REPORT

Generated by: [BuildingReports.com](https://BuildingReports.com)

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

## Building: Family Life

Device or Type	Category	% of Inventory	Quantity
Control Valve	Valve	36.36%	4
Drain	Device	9.09%	1
Dry Pipe Valve	Valve	9.09%	1
Fire Dep't Connection	Hose	9.09%	1
Post Indicator Valve	Valve	9.09%	1
Pressure Switch	Alarm	18.18%	2
Waterflow Switch	Alarm	9.09%	1

Device Type	Qty	Model #	Description	Install Date
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### IN SERVICE - 3 YEARS TO 5 YEARS

#### Building- Dry Pipe, Area-Attic

Control Valve	1		Butterfly	02/20/2020
Drain	1		Main	02/20/2020
Pressure Switch	1		High	02/20/2020
Pressure Switch	1		Low	02/20/2020
Dry Pipe Valve	1	F-2	Grooved	02/20/2020

#### Building- Service Main, Building-

Control Valve	2		Butterfly	02/20/2020
Fire Dep't Connection	1		Freestanding	02/20/2020
Post Indicator Valve	1		Ground	02/20/2020

#### Building- Wet Pipe, Building-basement 1st

Device Type	Qty	Model #	Description	Install Date
<b>IN SERVICE - 3 YEARS TO 5 YEARS</b> (continued)				
<b>Building- Wet Pipe, Building-basement 1st</b> (continued)				
Waterflow Switch	1		Vane	02/20/2020
<b>Building- Wet Pipe, Floors-basement and 1</b>				
Control Valve	1		Butterfly	02/20/2020



# 2023



## Warner House #1

5800 Leighton  
LINCOLN, NE 68507  
402-309-3231

**Building Contact:** Kris Hoover  
**Title:** Maint. Supervisor  
**Company:** NIFCO Mechanical Systems  
**Contact:** Clint Coonrod  
**Title:** Inspector

**Semi-Annual Inspection**      **Inspection Date: Dec 27, 2023**

### Tested to NFPA 25 Standards

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





# EXECUTIVE SUMMARY

Generated by: BuildingReports.com

## Building Information

<b>Warner House #1</b> 5800 Leighton LINCOLN, NE 68507 United States of America	<b>Contact:</b> Kris Hoover
	<b>Phone:</b> 402-479-5452
	<b>Fax:</b>
	<b>Mobile:</b>
	<b>Email:</b>

## Inspection Performed By

<b>NIFCO Mechanical Systems</b> 500 Blue Heron Dr Lincoln, NE 68522-1701 United States of America	<b>Inspector:</b> Clint Coonrod
	<b>Phone:</b> 402-477-0666
	<b>Fax:</b>
	<b>Mobile:</b> 531-220-1703
	<b>Email:</b> ccoonrod@nifcomechanical.com

## System Control Unit

System Type	System Location	Protected Area	Devices
Dry Pipe	Building-	Building-	8

## Inspection Summary

Category	Total Items		Serviced		Passed		Failed/Other	
	Qty	%	Qty	%	Qty	%	Qty	%
Alarm	2	25.00%	2	100.00%	2	100.00%	0	0.00%
Device	1	12.50%	1	100.00%	1	100.00%	0	0.00%
Hose	1	12.50%	1	100.00%	1	100.00%	0	0.00%
Valve	4	50.00%	4	100.00%	4	100.00%	0	0.00%
<b>Totals</b>	<b>8</b>	<b>100%</b>	<b>8</b>	<b>100.00%</b>	<b>8</b>	<b>100.00%</b>	<b>0</b>	<b>0.00%</b>

## Certification

**Company:** NIFCO Mechanical Systems  
**Inspector:** Clint Coonrod

**Building:** Warner House #1  
**Contact:** Kris Hoover

## Clint Coonrod Certifications

Certification Type	Number
NICET Inspection and Testing of Water-Based Systems Level I	147096
Nebraska Grade VI Water Operator	8889

# INSPECTION & TESTING

Generated by: BuildingReports.com

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

## Building: Warner House #1

Device Type	Location	Service	Time	Date
<b>PASSED</b>				
<b>Building- Dry Pipe, Building-</b>				
Control Valve	Basement East Mechanical Laundry	Semi-Annual	9:01:44 AM	12/27/2023
Control Valve	Basement East Mechanical Laundry	Semi-Annual	9:02:12 AM	12/27/2023
Drain	Basement East Mechanical Laundry	Semi-Annual	9:08:06 AM	12/27/2023
Dry Pipe Valve	Basement East Mechanical Laundry	Semi-Annual	9:03:02 AM	12/27/2023
Fire Dep't Connection	Ground East Outside	Semi-Annual	8:56:00 AM	12/27/2023
Post Indicator Valve	Ground East Outside	Semi-Annual	9:08:19 AM	12/27/2023
Pressure Switch	Basement East Mechanical Laundry	Semi-Annual	9:01:05 AM	12/27/2023
Pressure Switch	Basement East Mechanical Laundry	Semi-Annual	9:01:21 AM	12/27/2023

# DRY PIPE FIRE SPRINKLER SYSTEMS

Generated by: BuildingReports.com

This section lists out all the devices and components that have been associated with a Dry Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.

Building: Warner House #1

Building-, Building-

## ALARMS

Pressure Switch							
Type	Description	Manufacturer	Low	High	Zone/Address	OK	ScanID
Low	Supervisory					<input checked="" type="checkbox"/>	59341119
High	Alarm					<input checked="" type="checkbox"/>	59341120

## COMPONENTS

Dry Pipe Valve							
Manufacturer	Model #	Location				OK	ScanID
Viking	f-2	Basement East Mechanical Laundry				<input checked="" type="checkbox"/>	59341121
Type	Status	Position	Size	Serial #	Water psi	Air Pressure	
Grooved	Supervised	Trim Open	3"		75	26	
Trip Air	Trip Time	Total Timing (sec)	3 Year Leak Test	Partial Trip Date	Internal Date	Full Trip Date	
			05/10/2021	06/22/2023	06/22/2023	05/10/2022	

Control Valve						
Type	Location	Manufacturer	Model #	OK	ScanID	
Butterfly	Basement East Mechanical Laundry			<input checked="" type="checkbox"/>	59341123	
Position	Size	Status	Description			
Open	4"	Supervised	Main Control			

Control Valve						
Type	Location	Manufacturer	Model #	OK	ScanID	

**COMPONENTS** (continued)

**Control Valve** (continued)

Type (continued)	Location	Manufacturer	Model #	OK	ScanID
Butterfly	Basement East Mechanical Laundry			<input checked="" type="checkbox"/>	59341124
Position	Size	Status	Description		
Open	4"	Supervised	Main Control		

**Post Indicator Valve**

Location	Manufacturer	Model #	OK	ScanID
Ground East Outside			<input checked="" type="checkbox"/>	59341125
Type	Size	Position	Status	# of Turns
Ground		Open	Locked & Supervised	

**DEVICES**

**Drain**

Type	Location	Size	Supply psi	Restored psi	Residual psi	Sec	OK	ScanID
Main	Basement East Mechanical Laundry	1.25"	80	75	70	1	<input checked="" type="checkbox"/>	59341122

**Fire Dep't Connection**

Location	Type	Size	Qty	BallDrip	Rotating Swivels	5-Year Hydro	OK	ScanID
Ground East Outside	Freestanding	4"	1	Yes	Yes	02/20/2020	<input checked="" type="checkbox"/>	59341126

# INVENTORY & WARRANTY REPORT

Generated by: BuildingReports.com

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

## Building: Warner House #1

Device or Type	Category	% of Inventory	Quantity
Control Valve	Valve	25.00%	2
Drain	Device	12.50%	1
Dry Pipe Valve	Valve	12.50%	1
Fire Dep't Connection	Hose	12.50%	1
Post Indicator Valve	Valve	12.50%	1
Pressure Switch	Alarm	25.00%	2

Device Type	Qty	Model #	Description	Install Date
<b>IN SERVICE - 3 YEARS TO 5 YEARS</b>				
<b>Building- Dry Pipe, Building-</b>				
Control Valve	2		Butterfly	02/20/2020
Drain	1		Main	02/20/2020
Fire Dep't Connection	1		Freestanding	02/20/2020
Post Indicator Valve	1		Ground	02/20/2020
Pressure Switch	1		High	02/20/2020
Pressure Switch	1		Low	02/20/2020
Dry Pipe Valve	1	f-2	Grooved	02/20/2020



# 2023



## White Hall School #10

2320 North 57th  
LINCOLN, NE 68507  
402-309-3231

**Building Contact:** kris Hoover  
**Title:** Maint. Supervisor  
**Company:** NIFCO Mechanical Systems  
**Contact:** Clint Coonrod  
**Title:** Inspector

**Semi-Annual Inspection**

**Inspection Date: Dec 27, 2023**

### Tested to NFPA 25 Standards

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



# EXECUTIVE SUMMARY

Generated by: BuildingReports.com

## Building Information

<b>White Hall School #10</b> 2320 North 57th LINCOLN, NE 68507 United States of America	<b>Contact:</b> kris Hoover
	<b>Phone:</b> 402-479-5452
	<b>Fax:</b>
	<b>Mobile:</b>
	<b>Email:</b> kris.hoover@nebraska.gov

## Inspection Performed By

<b>NIFCO Mechanical Systems</b> 500 Blue Heron Dr Lincoln, NE 68522-1701 United States of America	<b>Inspector:</b> Clint Coonrod
	<b>Phone:</b> 402-477-0666
	<b>Fax:</b>
	<b>Mobile:</b> 531-220-1703
	<b>Email:</b> ccoonrod@nifcomechanical.com

## System Control Unit

System Type	System Location	Protected Area	Devices
Wet Pipe	Building-	Building-	6

## Monitoring

<b>Company:</b> PERMAR	<b>Phone:</b> 1-800-227-9805	<b>Account #:</b>
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## Inspection Summary

Category	Total Items		Serviced		Passed		Failed/Other	
	Qty	%	Qty	%	Qty	%	Qty	%
Alarm	1	16.67%	1	100.00%	1	100.00%	0	0.00%
Device	1	16.67%	1	100.00%	1	100.00%	0	0.00%
Hose	1	16.67%	1	100.00%	1	100.00%	0	0.00%
Valve	3	50.00%	3	100.00%	3	100.00%	0	0.00%
<b>Totals</b>	<b>6</b>	<b>100%</b>	<b>6</b>	<b>100.00%</b>	<b>6</b>	<b>100.00%</b>	<b>0</b>	<b>0.00%</b>



## Certification

**Company:** NIFCO Mechanical Systems  
**Inspector:** Clint Coonrod

**Building:** White Hall School #10  
**Contact:** kris Hoover

## Clint Coonrod Certifications

Certification Type	Number
NICET Inspection and Testing of Water-Based Systems Level I	147096
Nebraska Grade VI Water Operator	8889

# INSPECTION & TESTING

Generated by: BuildingReports.com

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

**Building:** White Hall School #10

Device Type	Location	Service	Time	Date
<b>PASSED</b>				
<b>Building- Wet Pipe, Building-</b>				
Control Valve	Basement East Mechanical	Semi-Annual	9:23:40 AM	12/27/2023
Control Valve	Basement East Mechanical	Semi-Annual	9:23:58 AM	12/27/2023
Control Valve	Basement East Mechanical	Semi-Annual	9:25:26 AM	12/27/2023
Drain	Basement East Mechanical	Semi-Annual	9:25:03 AM	12/27/2023
Fire Dep't Connection	Ground Southeast Outside	Semi-Annual	9:16:20 AM	12/27/2023
Waterflow Switch	Basement East Mechanical	Semi-Annual	9:20:33 AM	12/27/2023

# WET PIPE FIRE SPRINKLER SYSTEMS

Generated by: BuildingReports.com

This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.

Building: White Hall School #10

Building-, Building-

## ALARMS

Waterflow Switch							
Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID
Vane			37.837	2.0	1	<input checked="" type="checkbox"/>	59341130

## COMPONENTS

Control Valve					
Type	Location	Manufacturer	Model #	OK	ScanID
Ball	Basement East Mechanical			<input checked="" type="checkbox"/>	59341127
Position	Size	Status	Description		
Open	2"	Supervised	Main Control		

Control Valve					
Type	Location	Manufacturer	Model #	OK	ScanID
Ball	Basement East Mechanical			<input checked="" type="checkbox"/>	59341128
Position	Size	Status	Description		
Open	2"	Supervised	Main Control		

Control Valve					
Type	Location	Manufacturer	Model #	OK	ScanID
Ball	Basement East Mechanical			<input checked="" type="checkbox"/>	59341129
Position	Size	Status	Description		
Open	2"	Supervised	Main Control		

## DEVICES

**DEVICES** (continued)

**Fire Dep't Connection**

Location	Type	Size	Qty	BallDrip	Rotating Swivels	5-Year Hydro	OK	ScanID
Ground Southeast Outside	Wall	2"	1	Yes	Yes	12/31/1969	<input checked="" type="checkbox"/>	59341131

**Drain**

Type	Location	Size	Supply psi	Restored psi	Residual psi	Sec	OK	ScanID
Main	Basement East Mechanical	1.25"		83	75	1	<input checked="" type="checkbox"/>	59341132

# INVENTORY & WARRANTY REPORT

Generated by: BuildingReports.com

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

**Building:** White Hall School #10

Device or Type	Category	% of Inventory	Quantity
Control Valve	Valve	50.00%	3
Drain	Device	16.67%	1
Fire Dep't Connection	Hose	16.67%	1
Waterflow Switch	Alarm	16.67%	1

Device Type	Qty	Model #	Description	Install Date
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## IN SERVICE - 3 YEARS TO 5 YEARS

**Building- Wet Pipe, Building-**

Control Valve	3		Ball	02/20/2020
Drain	1		Main	02/20/2020
Fire Dep't Connection	1		Wall	02/20/2020
Waterflow Switch	1		Vane	02/20/2020

# Sprinkler Inspection Certificate

*For*

Community Life #2  
5801 Walker Ave.  
LINCOLN, NE 68507

Tested to NFPA 25 Standards

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

*Quarterly Inspection*

*Inspection Date*

*Mar 27, 2024*

Building: Community Life #2  
Contact: Kris Hoover  
Title: Maint. Supervisor

Company: NIFCO Mechanical Systems  
Contact: Clint Coonrod  
Title: Inspector

# Executive Summary

Generated by: *BuildingReports.com*

Building Information			
<b>Building:</b> Community Life #2			<b>Contact:</b> Kris Hoover
<b>Address:</b> 5801 Walker Ave.			<b>Phone:</b> 402-479-5452
<b>Address:</b>			<b>Fax:</b>
<b>City/State/ZIP Code:</b> LINCOLN, NE 68507			<b>Mobile:</b>
<b>Country:</b> United States of America			<b>Email:</b>
Inspection Performed By			
<b>Company:</b> NIFCO Mechanical Systems			<b>Inspector:</b> Clint Coonrod
<b>Address:</b> 500 Blue Heron Dr			<b>Phone:</b> 402-477-0666
<b>Address:</b>			<b>Fax:</b>
<b>City/State/ZIP Code:</b> Lincoln, NE 68522-1701			<b>Mobile:</b> 531-220-1703
<b>Country:</b> United States of America			<b>Email:</b> ccoonrod@nifcomechanical.com
System Control Unit			
System Type	System Location	Protected Area	Devices
Dry Pipe	Building-	Building-	8

Inspection Summary								
Category	Total Items		Serviced		Passed		Failed/Other	
	Qty	%	Qty	%	Qty	%	Qty	%
Alarm	2	25.00%	2	100.00%	2	100.00%	0	0.00%
Device	1	12.50%	1	100.00%	1	100.00%	0	0.00%
Hose	1	12.50%	1	100.00%	1	100.00%	0	0.00%
Valve	4	50.00%	4	100.00%	4	100.00%	0	0.00%
<b>Totals</b>	<b>8</b>	<b>100%</b>	<b>8</b>	<b>100.00%</b>	<b>8</b>	<b>100.00%</b>	<b>0</b>	<b>0.00%</b>

Certification	
<b>Company:</b> NIFCO Mechanical Systems	<b>Building:</b> Community Life #2
<b>Inspector:</b> Clint Coonrod	<b>Contact:</b> Kris Hoover

Clint Coonrod Certifications	
Certification Type	Number
NICET Inspection and Testing of Water-Based Systems Level I	147096
Nebraska Grade VI Water Operator	8889



# Inspection & Testing

Generated by: BuildingReports.com

## Building: Community Life #2

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

Device Type	Location	Service	Time	Date
<i>Passed</i>				
<b>Building- Dry Pipe, Building-</b>				
Pressure Switch	Basement East Mechanical Laundry	Quarterly	8:44:50 AM	03/27/2024
Pressure Switch	Basement East Mechanical Laundry	Quarterly	8:45:27 AM	03/27/2024
Drain	Basement East Mechanical Laundry	Quarterly	8:49:58 AM	03/27/2024
Fire Dep't Connection	Ground East Outside	Quarterly	8:36:45 AM	03/27/2024
Control Valve	Basement East Mechanical Laundry	Quarterly	8:43:30 AM	03/27/2024
Control Valve	Basement East Mechanical Laundry	Quarterly	8:44:02 AM	03/27/2024
Dry Pipe Valve	Basement East Mechanical Laundry	Quarterly	8:47:55 AM	03/27/2024
Post Indicator Valve	Ground East Outside	Quarterly	8:40:26 AM	03/27/2024

# Dry Pipe Fire Sprinkler Systems

Generated by: *BuildingReports.com*

Building: Community Life #2						Building-, Building-		
<p><i>This section lists out all the devices and components that have been associated with a Dry Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.</i></p>								
<b>Alarms</b>								
<b>Pressure Switch</b>								
Type	Description	Manufacturer	Low	High	Zone/Address	OK	ScanID	
Low	Supervisory				1	<input checked="" type="checkbox"/>	59341111	
High	Alarm				1	<input checked="" type="checkbox"/>	59341110	
<b>Components</b>								
<b>Control Valve</b>								
Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			Basement East Mechanical Laundry	4"	Open	Supervised	<input checked="" type="checkbox"/>	59341118
<b>Description</b>								
Main Control								
<b>Control Valve</b>								
Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			Basement East Mechanical Laundry	4"	Open	Supervised	<input checked="" type="checkbox"/>	59341117
<b>Description</b>								
Main Control								
<b>Dry Pipe Valve</b>								
Manufacturer	Model #	Location	3 Year Leak Test	Internal Date	OK	ScanID		
Viking	F-2	Basement East Mechanical Laundry	05/10/2021	02/20/2020	<input checked="" type="checkbox"/>	59341112		
Type	Status	Position	Size	Serial #				
Grooved	Supervised	Trim Open	3"					
Water psi	Air Pressure	Trip Air	Trip Time	Total Timing (sec)	Partial Trip Date	Full Trip Date		
76	27				06/22/2023	05/10/2022		
<b>Post Indicator Valve</b>								
Manufacturer	Model	Location	OK	ScanID				
		Ground East Outside	<input checked="" type="checkbox"/>	5Q114				
Type	Size	Position	Status	Number of Turns				
Ground	6"	Open	Locked & Supervised					

<i>Devices</i>								
Drain								
Current Inspection								
Type	Location	Size	Supply psi	Restored psi	Residual psi	Sec	OK	ScanID
Main	Basement East Mechanical Laundry	1.25"	81	74	62	1	<input checked="" type="checkbox"/>	59341113
Previous Inspections								
December 27, 2023								
Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	Basement East Mechanical Laundry	1.25"	79	75	71	1	<input checked="" type="checkbox"/>	59341113
September 29, 2023								
Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	Basement East Mechanical Laundry	1.25"	86	81	70	1	<input checked="" type="checkbox"/>	59341113
Fire Dep't Connection								
Type	Size	BallDrip	Rotating Swivels	5-Year Hydro	Qty	ScanID		
Freestanding	4"	Yes	Yes	02/20/2020	1	59341115		

# Inventory & Warranty Report

Generated by: [BuildingReports.com](http://BuildingReports.com)

**Building: Community Life #2**

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

Device or Type	Category	% of Inventory	Quantity
Control Valve	Valve	25.00%	2
Drain	Device	12.50%	1
Dry Pipe Valve	Valve	12.50%	1
Fire Dep't Connection	Hose	12.50%	1
Post Indicator Valve	Valve	12.50%	1
Pressure Switch	Alarm	25.00%	2

Device Type	Qty	Model #	Type	Description	Install Date
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***In Service - 3 Years to 5 Years***

**Building– Dry Pipe, Building–**

Control Valve	2		Butterfly	Main Control	02/20/2020
Drain	1		Main		02/20/2020
Fire Dep't Connection	1		Freestanding		02/20/2020
Post Indicator Valve	1		Ground		02/20/2020
Pressure Switch	1		High	Alarm	02/20/2020
Pressure Switch	1		Low	Supervisory	02/20/2020
Dry Pipe Valve	1	F-2	Grooved		02/20/2020

# Sprinkler Inspection Certificate

*For*

Family Life  
5819 Huntington  
LINCOLN, NE 68507

Tested to NFPA 25 Standards

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

*Quarterly Inspection*

*Inspection Date*

*Mar 27, 2024*

Building: Family Life  
Contact: Kris Hoover  
Title: Maint. Supervisor

Company: NIFCO Mechanical Systems  
Contact: Clint Coonrod  
Title: Inspector

# Executive Summary

Generated by: *BuildingReports.com*

Building Information			
<b>Building:</b> Family Life		<b>Contact:</b> Kris Hoover	
<b>Address:</b> 5819 Huntington		<b>Phone:</b> 402-479-5452	
<b>Address:</b>		<b>Fax:</b>	
<b>City/State/ZIP Code:</b> LINCOLN, NE 68507		<b>Mobile:</b>	
<b>Country:</b> United States of America		<b>Email:</b>	
Inspection Performed By			
<b>Company:</b> NIFCO Mechanical Systems		<b>Inspector:</b> Clint Coonrod	
<b>Address:</b> 500 Blue Heron Dr		<b>Phone:</b> 402-477-0666	
<b>Address:</b>		<b>Fax:</b>	
<b>City/State/ZIP Code:</b> Lincoln, NE 68522-1701		<b>Mobile:</b> 531-220-1703	
<b>Country:</b> United States of America		<b>Email:</b> ccoonrod@nifcomechanical.com	
System Control Unit			
System Type	System Location	Protected Area	Devices
Dry Pipe	Building-	Area-Attic	5
Service Main	Building-	Building-	4
Wet Pipe	Building-	Building-basement 1st	1
Wet Pipe	Building-	Floors-basement and 1	1





Inspection Summary								
Category	Total Items		Serviced		Passed		Failed/Other	
	Qty	%	Qty	%	Qty	%	Qty	%
Alarm	3	27.27%	3	100.00%	3	100.00%	0	0.00%
Device	1	9.09%	1	100.00%	1	100.00%	0	0.00%
Hose	1	9.09%	1	100.00%	1	100.00%	0	0.00%
Valve	6	54.55%	6	100.00%	5	83.33%	1	16.67%
<b>Totals</b>	<b>11</b>	<b>100%</b>	<b>11</b>	<b>100.00%</b>	<b>10</b>	<b>90.91%</b>	<b>1</b>	<b>9.09%</b>

Certification	
<b>Company:</b> NIFCO Mechanical Systems	<b>Building:</b> Family Life
<b>Inspector:</b> Clint Coonrod	<b>Contact:</b> Kris Hoover

Clint Coonrod Certifications	
Certification Type	Number
NICET Inspection and Testing of Water-Based Systems Level I	147096
Nebraska Grade VI Water Operator	8889

# Discrepancy Report

Generated by: BuildingReports.com

Building: Family Life				
<p><i>The Discrepancy Report consolidates each discrepancy listed within the various Testing sections of your Inspection. Discrepancies are listed by Category, and grouped by device type. The description of the problem is provided and where appropriate, code references are listed for your convenience. Any item that was inspected that is subject to a recall or part of a manufacturer's replacement/upgrade program is included.</i></p>				
Device Type	Manufacturer	ModelNumber	Date	Qty
<b>Items listed for Recall or Replacement/Upgrade</b>				
No items found during this inspection.				
 ScanID	 Location	 Problem	 Reference	
<b>Building- Dry Pipe, Area-Attic</b>				
<b>Control Valve</b>				
59341109	Basement East Mechanical Laundry	Supervisory switch failed to		



# Proposed Solutions Report

Generated by: BuildingReports.com

## Building: Family Life

The Proposed Solution Report provides a solution for each discrepancy listed on the Discrepancy Report. Provide a check mark where indicated to approve repairs listed within the report. Items listed as T/M are available for repair on a Time and Materials basis.

ScanID	Location	Solution	Model #	Cost	Fix
<b><i>Building- Dry Pipe, Area-Attic</i></b>					
<b>Control Valve</b>					
59341109	Basement East Mechanical Laundry	recommended changing valve		T/M	<input type="checkbox"/>
			PO #: (none)	T/M	

# Inspection & Testing

Generated by: *BuildingReports.com*

Building: Family Life				
<p><i>The Inspection &amp; Testing section lists all of the items inspected in your building. Items are grouped by Passed or Failed/Other. Items are listed by Category. Each item includes the services performed, and the time &amp; date at which testing occurred.</i></p>				
Device Type	Location	Service	Time	Date
<b><i>Passed</i></b>				
<b>Building– Dry Pipe, Area–Attic</b>				
Pressure Switch	Basement East Mechanical Laundry	Quarterly	8:20:24 AM	03/27/2024
Pressure Switch	Basement East Mechanical Laundry	Quarterly	8:22:48 AM	03/27/2024
Drain	Basement East Mechanical Laundry	Quarterly	8:24:39 AM	03/27/2024
Dry Pipe Valve	Basement East Mechanical Laundry	Quarterly	8:25:26 AM	03/27/2024
<b>Building– Service Main, Building–</b>				
Fire Dep't Connection	Ground West	Quarterly	8:23:12 AM	03/27/2024
Control Valve	Basement East Mechanical Laundry	Quarterly	8:14:40 AM	03/27/2024
Control Valve	Basement East Mechanical Laundry	Quarterly	8:15:05 AM	03/27/2024
Post Indicator Valve	Ground Southeast	Quarterly	8:23:02 AM	03/27/2024
<b>Building– Wet Pipe, Building–basement 1st</b>				
Waterflow Switch	Basement East Mechanical Laundry	Quarterly	8:19:48 AM	03/27/2024
<b>Building– Wet Pipe, Floors–basement and 1</b>				
Control Valve	Basement East Mechanical Laundry	Quarterly	8:18:03 AM	03/27/2024
<b><i>Failed/Other</i></b>				
<b>Building– Dry Pipe, Area–Attic</b>				
Control Valve	Basement East Mechanical Laundry	Quarterly	8:17:15 AM	03/27/2024

# Wet Pipe Fire Sprinkler Systems

Generated by: BuildingReports.com

Building: Family Life		Building-, Building-basement 1st					
<i>This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.</i>							
<b>Alarms</b>							
<b>Waterflow Switch</b>							
Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID
Vane			41.238	2.0	1	<input checked="" type="checkbox"/>	59341106

*This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.*

***Components***

**Control Valve**

Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			Basement East Mechanical Laundry	3"	Open	Supervised	<input checked="" type="checkbox"/>	54622412

**Description**

Isolation

# Dry Pipe Fire Sprinkler Systems

Generated by: BuildingReports.com

Building: Family Life Building-, Area-Attic

*This section lists out all the devices and components that have been associated with a Dry Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.*

## Alarms

### Pressure Switch

Type	Description	Manufacturer	Low	High	Zone/Address	OK	ScanID
High	Alarm				1	<input checked="" type="checkbox"/>	59341102
Low	Supervisory				1	<input checked="" type="checkbox"/>	59341103

## Components

### Control Valve

Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			Basement East Mechanical Laundry	3"	Open	Supervised	<input type="checkbox"/>	59341109

#### Description

Isolation

### Dry Pipe Valve

Manufacturer	Model #	Location	3 Year Leak Test	Internal Date	OK	ScanID
Viking	F-2	Basement East Mechanical Laundry	05/10/2021	06/22/2023	<input checked="" type="checkbox"/>	59341100

Type	Status	Position	Size	Serial #
Grooved	Supervised	Trim Open	3"	

Water psi	Air Pressure	Trip Air	Trip Time	Total Timing (sec)	Partial Trip Date	Full Trip Date
64	31				06/22/2023	05/10/2022

## Devices

### Drain

#### Current Inspection

Type	Location	Size	Supply psi	Restored psi	Residual psi	Sec	OK	ScanID
Main	Basement East Mechanical Laundry	1.25"	76	73	64		<input checked="" type="checkbox"/>	59341101

#### Previous Inspections

##### December 27, 2023

Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	Basement East Mechanical Laundry	1.25"	78	75	61	1	<input checked="" type="checkbox"/>	59341101

##### September 29, 2023

Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	Basement East Mechanical Laundry	1.25"	84	81	62	1	<input checked="" type="checkbox"/>	59341101

# Private Fire Service Mains

Generated by: *BuildingReports.com*

<b>Building: Family Life</b>						<b>Building-, Building-</b>		
<i>This section lists out all the devices and components that have been associated with a Private Fire Service Main and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.</i>								
<b>Components</b>								
<b>Control Valve</b>								
Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			Basement East Mechanical Laundry	4"	Open	Supervised	<input checked="" type="checkbox"/>	59341104
<b>Description</b>								
Main Control								
<b>Control Valve</b>								
Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			Basement East Mechanical Laundry	4"	Open	Supervised	<input checked="" type="checkbox"/>	59341105
<b>Description</b>								
Main Control								
<b>Post Indicator Valve</b>								
Manufacturer	Model	Location				OK	ScanID	
		Ground Southeast				<input checked="" type="checkbox"/>	59341107	
Type	Size	Position	Status		Number of Turns			
Ground	6"	Open	Locked & Supervised					
<b>Devices</b>								
<b>Fire Dep't Connection</b>								
Type	Size	BallDrip	Rotating Swivels	5-Year Hydro	Qty	ScanID		
Freestanding	4"	Yes	Yes	02/20/2020	1	59341108		

# Inventory & Warranty Report

Generated by: [BuildingReports.com](http://BuildingReports.com)

Building: Family Life					
<p><i>The Inventory &amp; Warranty Report lists each of the devices and items that are included in your Inspection Report. A complete inventory count by device type and category is provided. Items installed within the last 90 days, within the last year, and devices installed for two years or more are grouped together for easy reference.</i></p>					
Device or Type	Category	% of Inventory	Quantity		
Control Valve	Valve	36.36%	4		
Drain	Device	9.09%	1		
Dry Pipe Valve	Valve	9.09%	1		
Fire Dep't Connection	Hose	9.09%	1		
Post Indicator Valve	Valve	9.09%	1		
Pressure Switch	Alarm	18.18%	2		
Waterflow Switch	Alarm	9.09%	1		
Device Type	Qty	Model #	Type	Description	Install Date
<i><b>In Service - 3 Years to 5 Years</b></i>					
<b>Building– Dry Pipe, Area–Attic</b>					
Control Valve	1		Butterfly	Isolation	02/20/2020
Drain	1		Main		02/20/2020
Pressure Switch	1		High	Alarm	02/20/2020
Pressure Switch	1		Low	Supervisory	02/20/2020
Dry Pipe Valve	1	F-2	Grooved		02/20/2020
<b>Building– Service Main, Building–</b>					
Control Valve	2		Butterfly	Main Control	02/20/2020
Fire Dep't Connection	1		Freestanding		02/20/2020
Post Indicator Valve	1		Ground		02/20/2020
<b>Building– Wet Pipe, Building–basement 1st</b>					
Waterflow Switch	1		Vane	Alarm	02/20/2020
<b>Building– Wet Pipe, Floors–basement and 1</b>					
Control Valve	1		Butterfly	Isolation	02/20/2020



# Sprinkler Inspection Certificate

*For*

Warner House #1  
5800 Leighton  
LINCOLN, NE 68507

Tested to NFPA 25 Standards

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

*Quarterly Inspection*

*Inspection Date*

*Mar 27, 2024*

Building: Warner House #1  
Contact: Kris Hoover  
Title: Maint. Supervisor

Company: NIFCO Mechanical Systems  
Contact: Clint Coonrod  
Title: Inspector

# Executive Summary

Generated by: *BuildingReports.com*

Building Information			
<b>Building:</b> Warner House #1		<b>Contact:</b> Kris Hoover	
<b>Address:</b> 5800 Leighton		<b>Phone:</b> 402-479-5452	
<b>Address:</b>		<b>Fax:</b>	
<b>City/State/ZIP Code:</b> LINCOLN, NE 68507		<b>Mobile:</b>	
<b>Country:</b> United States of America		<b>Email:</b>	
Inspection Performed By			
<b>Company:</b> NIFCO Mechanical Systems		<b>Inspector:</b> Clint Coonrod	
<b>Address:</b> 500 Blue Heron Dr		<b>Phone:</b> 402-477-0666	
<b>Address:</b>		<b>Fax:</b>	
<b>City/State/ZIP Code:</b> Lincoln, NE 68522-1701		<b>Mobile:</b> 531-220-1703	
<b>Country:</b> United States of America		<b>Email:</b> ccoonrod@nifcomechanical.com	
System Control Unit			
System Type	System Location	Protected Area	Devices
Dry Pipe	Building-	Building-	8

Inspection Summary								
Category	Total Items		Serviced		Passed		Failed/Other	
	Qty	%	Qty	%	Qty	%	Qty	%
Alarm	2	25.00%	2	100.00%	2	100.00%	0	0.00%
Device	1	12.50%	1	100.00%	1	100.00%	0	0.00%
Hose	1	12.50%	1	100.00%	1	100.00%	0	0.00%
Valve	4	50.00%	4	100.00%	4	100.00%	0	0.00%
<b>Totals</b>	<b>8</b>	<b>100%</b>	<b>8</b>	<b>100.00%</b>	<b>8</b>	<b>100.00%</b>	<b>0</b>	<b>0.00%</b>

Certification	
<b>Company:</b> NIFCO Mechanical Systems	<b>Building:</b> Warner House #1
<b>Inspector:</b> Clint Coonrod	<b>Contact:</b> Kris Hoover

Clint Coonrod Certifications	
Certification Type	Number
NICET Inspection and Testing of Water-Based Systems Level I	147096
Nebraska Grade VI Water Operator	8889

# Inspection & Testing

Generated by: BuildingReports.com

Building: Warner House #1

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

Device Type	Location	Service	Time	Date
<i>Passed</i>				
<b>Building- Dry Pipe, Building-</b>				
Pressure Switch	Basement East Mechanical Laundry	Quarterly	9:01:59 AM	03/27/2024
Pressure Switch	Basement East Mechanical Laundry	Quarterly	9:02:34 AM	03/27/2024
Drain	Basement East Mechanical Laundry	Quarterly	9:06:44 AM	03/27/2024
Fire Dep't Connection	Ground East Outside	Annual	8:54:48 AM	03/27/2024
Control Valve	Basement East Mechanical Laundry	Quarterly	9:00:02 AM	03/27/2024
Control Valve	Basement East Mechanical Laundry	Quarterly	9:00:51 AM	03/27/2024
Dry Pipe Valve	Basement East Mechanical Laundry	Quarterly	9:04:45 AM	03/27/2024
Post Indicator Valve	Ground East Outside	Quarterly	8:57:35 AM	03/27/2024

# Dry Pipe Fire Sprinkler Systems

Generated by: BuildingReports.com

Building: Warner House #1						Building-, Building-		
<p><i>This section lists out all the devices and components that have been associated with a Dry Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.</i></p>								
<b>Alarms</b>								
<b>Pressure Switch</b>								
Type	Description	Manufacturer	Low	High	Zone/Address	OK	ScanID	
Low	Supervisory				1	<input checked="" type="checkbox"/>	59341119	
High	Alarm				1	<input checked="" type="checkbox"/>	59341120	
<b>Components</b>								
<b>Control Valve</b>								
Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			Basement East Mechanical Laundry	4"	Open	Supervised	<input checked="" type="checkbox"/>	59341124
<b>Description</b>								
Main Control								
<b>Control Valve</b>								
Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			Basement East Mechanical Laundry	4"	Open	Supervised	<input checked="" type="checkbox"/>	59341123
<b>Description</b>								
Main Control								
<b>Dry Pipe Valve</b>								
Manufacturer	Model #	Location	3 Year Leak Test	Internal Date	OK	ScanID		
Viking	f-2	Basement East Mechanical Laundry	05/10/2021	06/22/2023	<input checked="" type="checkbox"/>	59341121		
Type	Status	Position	Size	Serial #				
Grooved	Supervised	Trim Open	3"					
Water psi	Air Pressure	Trip Air	Trip Time	Total Timing (sec)	Partial Trip Date	Full Trip Date		
75	34				06/22/2023	05/10/2022		
<b>Post Indicator Valve</b>								
Manufacturer	Model	Location	OK	ScanID				
		Ground East Outside	<input checked="" type="checkbox"/>	59341125				
Type	Size	Position	Status	Number of Turns				
Ground		Open	Locked & Supervised					

<i>Devices</i>								
Drain								
Current Inspection								
Type	Location	Size	Supply psi	Restored psi	Residual psi	Sec	OK	ScanID
Main	Basement East Mechanical Laundry	1.25"	79	75	69	1	<input checked="" type="checkbox"/>	59341122
Previous Inspections								
December 27, 2023								
Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	Basement East Mechanical Laundry	1.25"	80	75	70	1	<input checked="" type="checkbox"/>	59341122
September 29, 2023								
Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	Basement East Mechanical Laundry	1.25"	85	80	73	1	<input checked="" type="checkbox"/>	59341122
Fire Dep't Connection								
Type	Size	BallDrip	Rotating Swivels	5-Year Hydro	Qty	ScanID		
Freestanding	4"	Yes	Yes	02/20/2020	1	59341126		

# Inventory & Warranty Report

Generated by: [BuildingReports.com](http://BuildingReports.com)

Building: Warner House #1					
<p><i>The Inventory &amp; Warranty Report lists each of the devices and items that are included in your Inspection Report. A complete inventory count by device type and category is provided. Items installed within the last 90 days, within the last year, and devices installed for two years or more are grouped together for easy reference.</i></p>					
Device or Type	Category	% of Inventory	Quantity		
Control Valve	Valve	25.00%	2		
Drain	Device	12.50%	1		
Dry Pipe Valve	Valve	12.50%	1		
Fire Dep't Connection	Hose	12.50%	1		
Post Indicator Valve	Valve	12.50%	1		
Pressure Switch	Alarm	25.00%	2		
Device Type	Qty	Model #	Type	Description	Install Date
<i>In Service - 3 Years to 5 Years</i>					
Building– Dry Pipe, Building–					
Control Valve	2		Butterfly	Main Control	02/20/2020
Drain	1		Main		02/20/2020
Fire Dep't Connection	1		Freestanding		02/20/2020
Post Indicator Valve	1		Ground		02/20/2020
Pressure Switch	1		High	Alarm	02/20/2020
Pressure Switch	1		Low	Supervisory	02/20/2020
Dry Pipe Valve	1	f-2	Grooved		02/20/2020

# Sprinkler Inspection Certificate

*For*

White Hall School #10  
2320 North 57th  
LINCOLN, NE 68507

Tested to NFPA 25 Standards

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

*Quarterly Inspection*

*Inspection Date*

*Mar 27, 2024*

Building: White Hall School #10  
Contact: kris Hoover  
Title: Maint. Supervisor

Company: NIFCO Mechanical Systems  
Contact: Clint Coonrod  
Title: Inspector



# Executive Summary

Generated by: *BuildingReports.com*

Building Information			
<b>Building:</b> White Hall School #10			<b>Contact:</b> kris Hoover
<b>Address:</b> 2320 North 57th			<b>Phone:</b> 402-479-5452
<b>Address:</b>			<b>Fax:</b>
<b>City/State/ZIP Code:</b> LINCOLN, NE 68507			<b>Mobile:</b>
<b>Country:</b> United States of America			<b>Email:</b> kris.hoover@nebraska.gov
Inspection Performed By			
<b>Company:</b> NIFCO Mechanical Systems			<b>Inspector:</b> Clint Coonrod
<b>Address:</b> 500 Blue Heron Dr			<b>Phone:</b> 402-477-0666
<b>Address:</b>			<b>Fax:</b>
<b>City/State/ZIP Code:</b> Lincoln, NE 68522-1701			<b>Mobile:</b> 531-220-1703
<b>Country:</b> United States of America			<b>Email:</b> ccoonrod@nifcomechanical.com
System Control Unit			
System Type	System Location	Protected Area	Devices
Wet Pipe	Building-	Building-	6
Monitoring			
<b>Company:</b> PERMAR			<b>Phone:</b> 1-800-227-9805 <b>Account #:</b>

Inspection Summary								
Category	Total Items		Serviced		Passed		Failed/Other	
	Qty	%	Qty	%	Qty	%	Qty	%
Alarm	1	16.67%	1	100.00%	1	100.00%	0	0.00%
Device	1	16.67%	1	100.00%	1	100.00%	0	0.00%
Hose	1	16.67%	1	100.00%	1	100.00%	0	0.00%
Valve	3	50.00%	3	100.00%	3	100.00%	0	0.00%
<b>Totals</b>	<b>6</b>	<b>100%</b>	<b>6</b>	<b>100.00%</b>	<b>6</b>	<b>100.00%</b>	<b>0</b>	<b>0.00%</b>

Certification	
<b>Company:</b> NIFCO Mechanical Systems	<b>Building:</b> White Hall School #10
<b>Inspector:</b> Clint Coonrod	<b>Contact:</b> kris Hoover

Clint Coonrod Certifications	
Certification Type	Number
NICET Inspection and Testing of Water-Based Systems Level I	147096
Nebraska Grade VI Water Operator	8889

# Inspection & Testing

Generated by: BuildingReports.com

Building: White Hall School #10

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

Device Type	Location	Service	Time	Date
<i>Passed</i>				
<b>Building- Wet Pipe, Building-</b>				
Waterflow Switch	Basement East Mechanical	Quarterly	9:26:22 AM	03/27/2024
Drain	Basement East Mechanical	Quarterly	10:00:25 AM	03/27/2024
Fire Dep't Connection	Ground Southeast Outside	Quarterly	9:33:33 AM	03/27/2024
Control Valve	Basement East Mechanical	Quarterly	9:26:12 AM	03/27/2024
Control Valve	Basement East Mechanical	Quarterly	9:31:38 AM	03/27/2024
Control Valve	Basement East Mechanical	Quarterly	9:31:49 AM	03/27/2024

# Wet Pipe Fire Sprinkler Systems

Generated by: *BuildingReports.com*

Building: White Hall School #10						Building-, Building-		
<p><i>This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.</i></p>								
<b>Alarms</b>								
<b>Waterflow Switch</b>								
Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID	
Vane			65.148	2.0	1	<input checked="" type="checkbox"/>	59341130	
<b>Components</b>								
<b>Control Valve</b>								
Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Ball			Basement East Mechanical	2"	Open	Supervised	<input checked="" type="checkbox"/>	59341127
<b>Description</b>								
Main Control								
<b>Control Valve</b>								
Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Ball			Basement East Mechanical	2"	Open	Supervised	<input checked="" type="checkbox"/>	59341128
<b>Description</b>								
Main Control								
<b>Control Valve</b>								
Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Ball			Basement East Mechanical	2"	Open	Supervised	<input checked="" type="checkbox"/>	59341129
<b>Description</b>								
Main Control								
<b>Devices</b>								
<b>Drain</b>								
<b>Current Inspection</b>								
Type	Location	Size	Supply psi	Restored psi	Residual psi	Sec	OK	ScanID
Main	Basement East Mechanical	1.25"		80	75	1	<input checked="" type="checkbox"/>	59341132
<b>Previous Inspections</b>								
<b>December 27, 2023</b>								
Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	Basement East Mechanical	1.25"		83	75	1	<input checked="" type="checkbox"/>	59341132
<b>September 29, 2023</b>								

Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	Basement East Mechanical	1.25"		84	77		<input checked="" type="checkbox"/>	59341132
<b>Fire Dep't Connection</b>								
Type	Size	BallDrip	Rotating Swivels	5-Year Hydro	Qty	ScanID		
Wall	2"	Yes	Yes	12/31/1969	1	59341131		

# Inventory & Warranty Report

Generated by: [BuildingReports.com](http://BuildingReports.com)

<b>Building: White Hall School #10</b>
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*The Inventory & Warranty Report lists each of the devices and items that are included in your Inspection Report. A complete inventory count by device type and category is provided. Items installed within the last 90 days, within the last year, and devices installed for two years or more are grouped together for easy reference.*

Device or Type	Category	% of Inventory	Quantity
Control Valve	Valve	50.00%	3
Drain	Device	16.67%	1
Fire Dep't Connection	Hose	16.67%	1
Waterflow Switch	Alarm	16.67%	1

Device Type	Qty	Model #	Type	Description	Install Date
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***In Service - 3 Years to 5 Years***

**Building– Wet Pipe, Building–**

Control Valve	3		Ball	Main Control	02/20/2020
Drain	1		Main		02/20/2020
Fire Dep't Connection	1		Wall		02/20/2020
Waterflow Switch	1		Vane	Alarm	02/20/2020

# Sprinkler Inspection Certificate

*For*

Community Life #2  
5801 Walker Ave.  
LINCOLN, NE 68507

Tested to NFPA 25 Standards

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

*Annual Inspection  
Inspection Date  
Jun 4, 2024*

Building: Community Life #2  
Contact: Kris Hoover  
Title: Maint. Supervisor

Company: NIFCO Mechanical Systems  
Contact: Clint Coonrod  
Title: Inspector

# Executive Summary

Generated by: *BuildingReports.com*

Building Information			
<b>Building:</b> Community Life #2			<b>Contact:</b> Kris Hoover
<b>Address:</b> 5801 Walker Ave.			<b>Phone:</b> 402-479-5452
<b>Address:</b>			<b>Fax:</b>
<b>City/State/ZIP Code:</b> LINCOLN, NE 68507			<b>Mobile:</b>
<b>Country:</b> United States of America			<b>Email:</b>
Inspection Performed By			
<b>Company:</b> NIFCO Mechanical Systems			<b>Inspector:</b> Clint Coonrod
<b>Address:</b> 500 Blue Heron Dr			<b>Phone:</b> 402-477-0666
<b>Address:</b>			<b>Fax:</b>
<b>City/State/ZIP Code:</b> Lincoln, NE 68522-1701			<b>Mobile:</b> 531-220-1703
<b>Country:</b> United States of America			<b>Email:</b> ccoonrod@nifcomechanical.com
System Control Unit			
System Type	System Location	Protected Area	Devices
Dry Pipe	Building-	Building-	8



Inspection Summary								
Category	Total Items		Serviced		Passed		Failed/Other	
	Qty	%	Qty	%	Qty	%	Qty	%
Alarm	2	25.00%	2	100.00%	2	100.00%	0	0.00%
Device	1	12.50%	1	100.00%	1	100.00%	0	0.00%
Hose	1	12.50%	1	100.00%	1	100.00%	0	0.00%
Valve	4	50.00%	4	100.00%	4	100.00%	0	0.00%
<b>Totals</b>	<b>8</b>	<b>100%</b>	<b>8</b>	<b>100.00%</b>	<b>8</b>	<b>100.00%</b>	<b>0</b>	<b>0.00%</b>

Certification	
<b>Company:</b> NIFCO Mechanical Systems	<b>Building:</b> Community Life #2
<b>Inspector:</b> Clint Coonrod	<b>Contact:</b> Kris Hoover

Clint Coonrod Certifications	
Certification Type	Number
NICET Inspection and Testing of Water-Based Systems Level I	147096
Nebraska Grade VI Water Operator	8889

# Inspection & Testing

Generated by: BuildingReports.com

## Building: Community Life #2

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

Device Type	Location	Service	Time	Date
<i>Passed</i>				
<b>Building- Dry Pipe, Building-</b>				
Pressure Switch	Basement East Mechanical Laundry	Annual	9:49:58 AM	06/04/2024
Pressure Switch	Basement East Mechanical Laundry	Annual	9:50:08 AM	06/04/2024
Drain	Basement East Mechanical Laundry	Annual	10:03:46 AM	06/04/2024
Fire Dep't Connection	Ground East Outside	Annual	9:41:51 AM	06/04/2024
Control Valve	Basement East Mechanical Laundry	Annual	9:49:18 AM	06/04/2024
Control Valve	Basement East Mechanical Laundry	Annual	9:49:44 AM	06/04/2024
Dry Pipe Valve	Basement East Mechanical Laundry	Annual	9:44:01 AM	06/04/2024
Post Indicator Valve	Ground East Outside	Annual	9:41:38 AM	06/04/2024

# Dry Pipe Fire Sprinkler Systems

Generated by: BuildingReports.com

Building: Community Life #2						Building-, Building-		
<p><i>This section lists out all the devices and components that have been associated with a Dry Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.</i></p>								
<b>Alarms</b>								
<b>Pressure Switch</b>								
Type	Description	Manufacturer	Low	High	Zone/Address	OK	ScanID	
Low	Supervisory				1	<input checked="" type="checkbox"/>	59341111	
High	Alarm				1	<input checked="" type="checkbox"/>	59341110	
<b>Components</b>								
<b>Control Valve</b>								
Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			Basement East Mechanical Laundry	4"	Open	Supervised	<input checked="" type="checkbox"/>	59341118
<b>Description</b>								
Main Control								
<b>Control Valve</b>								
Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			Basement East Mechanical Laundry	4"	Open	Supervised	<input checked="" type="checkbox"/>	59341117
<b>Description</b>								
Main Control								
<b>Dry Pipe Valve</b>								
Manufacturer	Model #	Location	3 Year Leak Test	Internal Date	OK	ScanID		
Viking	F-2	Basement East Mechanical Laundry	05/10/2021	06/04/2024	<input checked="" type="checkbox"/>	59341112		
Type	Status	Position	Size	Serial #				
Grooved	Supervised	Trim Open	3"					
Water psi	Air Pressure	Trip Air	Trip Time	Total Timing (sec)	Partial Trip Date	Full Trip Date		
75	30	10			06/04/2024	05/10/2022		
<b>Post Indicator Valve</b>								
Manufacturer	Model	Location	OK	ScanID				
		Ground East Outside	<input checked="" type="checkbox"/>	5Q114				
Type	Size	Position	Status	Number of Turns				
Ground	6"	Open	Locked & Supervised					

<i>Devices</i>								
Drain								
Current Inspection								
Type	Location	Size	Supply psi	Restored psi	Residual psi	Sec	OK	ScanID
Main	Basement East Mechanical Laundry	1.25"	84	75	64	1	<input checked="" type="checkbox"/>	59341113
Previous Inspections								
March 27, 2024								
Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	Basement East Mechanical Laundry	1.25"	81	74	62	1	<input checked="" type="checkbox"/>	59341113
December 27, 2023								
Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	Basement East Mechanical Laundry	1.25"	79	75	71	1	<input checked="" type="checkbox"/>	59341113
Fire Dep't Connection								
Type	Size	BallDrip	Rotating Swivels	5-Year Hydro	Qty	ScanID		
Freestanding	4"	Yes	Yes	02/20/2020	1	59341115		

# Inventory & Warranty Report

Generated by: [BuildingReports.com](http://BuildingReports.com)

**Building: Community Life #2**

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

Device or Type	Category	% of Inventory	Quantity
Control Valve	Valve	25.00%	2
Drain	Device	12.50%	1
Dry Pipe Valve	Valve	12.50%	1
Fire Dep't Connection	Hose	12.50%	1
Post Indicator Valve	Valve	12.50%	1
Pressure Switch	Alarm	25.00%	2

Device Type	Qty	Model #	Type	Description	Install Date
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***In Service - 3 Years to 5 Years***

**Building– Dry Pipe, Building–**

Control Valve	2		Butterfly	Main Control	02/20/2020
Drain	1		Main		02/20/2020
Fire Dep't Connection	1		Freestanding		02/20/2020
Post Indicator Valve	1		Ground		02/20/2020
Pressure Switch	1		High	Alarm	02/20/2020
Pressure Switch	1		Low	Supervisory	02/20/2020
Dry Pipe Valve	1	F-2	Grooved		02/20/2020

# Sprinkler Inspection Certificate

*For*

Family Life  
5819 Huntington  
LINCOLN, NE 68507

Tested to NFPA 25 Standards

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

*Annual Inspection  
Inspection Date  
Jun 4, 2024*

Building: Family Life  
Contact: Kris Hoover  
Title: Maint. Supervisor

Company: NIFCO Mechanical Systems  
Contact: Clint Coonrod  
Title: Inspector

# Executive Summary

Generated by: *BuildingReports.com*

Building Information			
<b>Building:</b> Family Life		<b>Contact:</b> Kris Hoover	
<b>Address:</b> 5819 Huntington		<b>Phone:</b> 402-479-5452	
<b>Address:</b>		<b>Fax:</b>	
<b>City/State/ZIP Code:</b> LINCOLN, NE 68507		<b>Mobile:</b>	
<b>Country:</b> United States of America		<b>Email:</b>	
Inspection Performed By			
<b>Company:</b> NIFCO Mechanical Systems		<b>Inspector:</b> Clint Coonrod	
<b>Address:</b> 500 Blue Heron Dr		<b>Phone:</b> 402-477-0666	
<b>Address:</b>		<b>Fax:</b>	
<b>City/State/ZIP Code:</b> Lincoln, NE 68522-1701		<b>Mobile:</b> 531-220-1703	
<b>Country:</b> United States of America		<b>Email:</b> ccoonrod@nifcomechanical.com	
System Control Unit			
System Type	System Location	Protected Area	Devices
Dry Pipe	Building-	Area-Attic	5
Service Main	Building-	Building-	4
Wet Pipe	Building-	Building-basement 1st	1
Wet Pipe	Building-	Floors-basement and 1	1

Inspection Summary								
Category	Total Items		Serviced		Passed		Failed/Other	
	Qty	%	Qty	%	Qty	%	Qty	%
Alarm	3	27.27%	3	100.00%	3	100.00%	0	0.00%
Device	1	9.09%	1	100.00%	1	100.00%	0	0.00%
Hose	1	9.09%	1	100.00%	1	100.00%	0	0.00%
Valve	6	54.55%	6	100.00%	4	66.67%	2	33.33%
<b>Totals</b>	<b>11</b>	<b>100%</b>	<b>11</b>	<b>100.00%</b>	<b>9</b>	<b>81.82%</b>	<b>2</b>	<b>18.18%</b>





Certification	
<b>Company:</b> NIFCO Mechanical Systems	<b>Building:</b> Family Life
<b>Inspector:</b> Clint Coonrod	<b>Contact:</b> Kris Hoover

Clint Coonrod Certifications	
Certification Type	Number
NICET Inspection and Testing of Water-Based Systems Level I	147096
Nebraska Grade VI Water Operator	8889



# Discrepancy Report

Generated by: BuildingReports.com

Building: Family Life				
<p><i>The Discrepancy Report consolidates each discrepancy listed within the various Testing sections of your Inspection. Discrepancies are listed by Category, and grouped by device type. The description of the problem is provided and where appropriate, code references are listed for your convenience. Any item that was inspected that is subject to a recall or part of a manufacturer's replacement/upgrade program is included.</i></p>				
Device Type	Manufacturer	ModelNumber	Date	Qty
<b>Items listed for Recall or Replacement/Upgrade</b>				
No items found during this inspection.				
 ScanID	 Location	 Problem	 Reference	
<b>Building- Service Main, Building-</b>				
<b>Control Valve</b>				
59341104	Basement East Mechanical Laundry	Supervisory switch failed to		
59341105	Basement East Mechanical Laundry	Supervisory switch failed to		

# *Proposed Solutions Report*

*Generated by: BuildingReports.com*

<b>Building: Family Life</b>					
<i>The Proposed Solution Report provides a solution for each discrepancy listed on the Discrepancy Report. Provide a check mark where indicated to approve repairs listed within the report. Items listed as T/M are available for repair on a Time and Materials basis.</i>					
ScanID	Location	Solution	Model #	Cost	Fix
<b><i>Building- Service Main, Building-</i></b>					
<b>Control Valve</b>					
59341104	Basement East Mechanical Laundry	Future service required by f		T/M	<input type="checkbox"/>
59341105	Basement East Mechanical Laundry	Future service required by a		T/M	<input type="checkbox"/>
				<b>PO #:</b> (none)	<b>T/M</b>

# Inspection & Testing

Generated by: *BuildingReports.com*

Building: Family Life				
<p><i>The Inspection &amp; Testing section lists all of the items inspected in your building. Items are grouped by Passed or Failed/Other. Items are listed by Category. Each item includes the services performed, and the time &amp; date at which testing occurred.</i></p>				
Device Type	Location	Service	Time	Date
<b><i>Passed</i></b>				
<b>Building– Dry Pipe, Area–Attic</b>				
Pressure Switch	Basement East Mechanical Laundry	Annual	12:56:30 PM	06/04/2024
Pressure Switch	Basement East Mechanical Laundry	Annual	12:56:48 PM	06/04/2024
Drain	Basement East Mechanical Laundry	Annual	1:26:57 PM	06/04/2024
Control Valve	Basement East Mechanical Laundry	Annual	12:58:16 PM	06/04/2024
Dry Pipe Valve	Basement East Mechanical Laundry	Annual	1:22:24 PM	06/04/2024
<b>Building– Service Main, Building–</b>				
Fire Dep't Connection	Ground West	Annual	12:49:49 PM	06/04/2024
Post Indicator Valve	Ground Southeast	Annual	12:46:36 PM	06/04/2024
<b>Building– Wet Pipe, Building–basement 1st</b>				
Waterflow Switch	Basement East Mechanical Laundry	Annual	12:51:26 PM	06/04/2024
<b>Building– Wet Pipe, Floors–basement and 1</b>				
Control Valve	Basement East Mechanical Laundry	Annual	12:58:01 PM	06/04/2024
<b><i>Failed/Other</i></b>				
<b>Building– Service Main, Building–</b>				
Control Valve	Basement East Mechanical Laundry	Annual	12:55:29 PM	06/04/2024
Control Valve	Basement East Mechanical Laundry	Annual	12:56:11 PM	06/04/2024

# Wet Pipe Fire Sprinkler Systems

Generated by: BuildingReports.com

Building: Family Life Building-, Building-basement 1st

*This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.*

## Alarms

### Waterflow Switch

Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID
Vane			38.735	2.0	1	<input checked="" type="checkbox"/>	59341106

*This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.*

***Components***

**Control Valve**

Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			Basement East Mechanical Laundry	3"	Open	Supervised	<input checked="" type="checkbox"/>	54622412

**Description**

Isolation

# Dry Pipe Fire Sprinkler Systems

Generated by: BuildingReports.com

Building: Family Life Building-, Area-Attic

*This section lists out all the devices and components that have been associated with a Dry Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.*

## Alarms

### Pressure Switch

Type	Description	Manufacturer	Low	High	Zone/Address	OK	ScanID
High	Alarm				1	<input checked="" type="checkbox"/>	59341102
Low	Supervisory				1	<input checked="" type="checkbox"/>	59341103

## Components

### Control Valve

Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			Basement East Mechanical Laundry	3"	Open	Supervised	<input checked="" type="checkbox"/>	59341109

#### Description

Isolation

### Dry Pipe Valve

Manufacturer	Model #	Location	3 Year Leak Test	Internal Date	OK	ScanID
Viking	F-2	Basement East Mechanical Laundry	05/10/2021	06/04/2024	<input checked="" type="checkbox"/>	59341100

Type	Status	Position	Size	Serial #
Grooved	Supervised	Trim Open	3"	

Water psi	Air Pressure	Trip Air	Trip Time	Total Timing (sec)	Partial Trip Date	Full Trip Date
79	34	9			06/04/2024	05/10/2022

## Devices

### Drain

#### Current Inspection

Type	Location	Size	Supply psi	Restored psi	Residual psi	Sec	OK	ScanID
Main	Basement East Mechanical Laundry	1.25"	82	79	67	1	<input checked="" type="checkbox"/>	59341101

#### Previous Inspections

##### March 27, 2024

Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	Basement East Mechanical Laundry	1.25"	76	73	64		<input checked="" type="checkbox"/>	59341101

##### December 27, 2023

Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	Basement East Mechanical Laundry	1.25"	78	75	61	1	<input checked="" type="checkbox"/>	59341101

# Private Fire Service Mains

Generated by: *BuildingReports.com*

Building: Family Life						Building-, Building-		
<p><i>This section lists out all the devices and components that have been associated with a Private Fire Service Main and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.</i></p>								
<b>Components</b>								
<b>Control Valve</b>								
Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			Basement East Mechanical Laundry	4"	Open	Supervised	<input type="checkbox"/>	59341104
<b>Description</b>								
Main Control								
<b>Control Valve</b>								
Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			Basement East Mechanical Laundry	4"	Open	Supervised	<input type="checkbox"/>	59341105
<b>Description</b>								
Main Control								
<b>Post Indicator Valve</b>								
Manufacturer		Model	Location			OK	ScanID	
			Ground Southeast			<input checked="" type="checkbox"/>	59341107	
Type	Size	Position	Status		Number of Turns			
Ground	6"	Open	Locked & Supervised					
<b>Devices</b>								
<b>Fire Dep't Connection</b>								
Type	Size	BallDrip	Rotating Swivels	5-Year Hydro	Qty	ScanID		
Freestanding	4"	Yes	Yes	02/20/2020	1	59341108		



# Inventory & Warranty Report

Generated by: [BuildingReports.com](http://BuildingReports.com)

Building: Family Life					
<p><i>The Inventory &amp; Warranty Report lists each of the devices and items that are included in your Inspection Report. A complete inventory count by device type and category is provided. Items installed within the last 90 days, within the last year, and devices installed for two years or more are grouped together for easy reference.</i></p>					
Device or Type	Category	% of Inventory	Quantity		
Control Valve	Valve	36.36%	4		
Drain	Device	9.09%	1		
Dry Pipe Valve	Valve	9.09%	1		
Fire Dep't Connection	Hose	9.09%	1		
Post Indicator Valve	Valve	9.09%	1		
Pressure Switch	Alarm	18.18%	2		
Waterflow Switch	Alarm	9.09%	1		
Device Type	Qty	Model #	Type	Description	Install Date
<i>In Service - 3 Years to 5 Years</i>					
Building– Dry Pipe, Area–Attic					
Control Valve	1		Butterfly	Isolation	02/20/2020
Drain	1		Main		02/20/2020
Pressure Switch	1		High	Alarm	02/20/2020
Pressure Switch	1		Low	Supervisory	02/20/2020
Dry Pipe Valve	1	F-2	Grooved		02/20/2020
Building– Service Main, Building–					
Control Valve	2		Butterfly	Main Control	02/20/2020
Fire Dep't Connection	1		Freestanding		02/20/2020
Post Indicator Valve	1		Ground		02/20/2020
Building– Wet Pipe, Building–basement 1st					
Waterflow Switch	1		Vane	Alarm	02/20/2020
Building– Wet Pipe, Floors–basement and 1					
Control Valve	1		Butterfly	Isolation	02/20/2020

# Notes & Recommendations

Generated by: BuildingReports.com

Building: Family Life				
<i>The Notes &amp; Recommendations Report details additional inspection notes made by the Inspectors during the course of the building inspection. Notes are grouped by SystemID.</i>				
Note	Device Type	Location	Comment	ScanID
<b><i>Building- Service Main, Building-</i></b>				
1	Control Valve	Basement East Mechanical Laundry	Supervisory switch failed to	59341104
Supervisory switch failed to report to alarm panel				

# Sprinkler Inspection Certificate

*For*

Warner House #1  
5800 Leighton  
LINCOLN, NE 68507

Tested to NFPA 25 Standards

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

*Annual Inspection  
Inspection Date  
Jun 4, 2024*

Building: Warner House #1  
Contact: Kris Hoover  
Title: Maint. Supervisor

Company: NIFCO Mechanical Systems  
Contact: Clint Coonrod  
Title: Inspector

# Executive Summary

Generated by: *BuildingReports.com*

Building Information			
<b>Building:</b> Warner House #1			<b>Contact:</b> Kris Hoover
<b>Address:</b> 5800 Leighton			<b>Phone:</b> 402-479-5452
<b>Address:</b>			<b>Fax:</b>
<b>City/State/ZIP Code:</b> LINCOLN, NE 68507			<b>Mobile:</b>
<b>Country:</b> United States of America			<b>Email:</b>
Inspection Performed By			
<b>Company:</b> NIFCO Mechanical Systems			<b>Inspector:</b> Clint Coonrod
<b>Address:</b> 500 Blue Heron Dr			<b>Phone:</b> 402-477-0666
<b>Address:</b>			<b>Fax:</b>
<b>City/State/ZIP Code:</b> Lincoln, NE 68522-1701			<b>Mobile:</b> 531-220-1703
<b>Country:</b> United States of America			<b>Email:</b> ccoonrod@nifcomechanical.com
System Control Unit			
System Type	System Location	Protected Area	Devices
Dry Pipe	Building-	Building-	8

Inspection Summary								
Category	Total Items		Serviced		Passed		Failed/Other	
	Qty	%	Qty	%	Qty	%	Qty	%
Alarm	2	25.00%	2	100.00%	2	100.00%	0	0.00%
Device	1	12.50%	1	100.00%	1	100.00%	0	0.00%
Hose	1	12.50%	1	100.00%	1	100.00%	0	0.00%
Valve	4	50.00%	4	100.00%	4	100.00%	0	0.00%
<b>Totals</b>	<b>8</b>	<b>100%</b>	<b>8</b>	<b>100.00%</b>	<b>8</b>	<b>100.00%</b>	<b>0</b>	<b>0.00%</b>

Certification	
<b>Company:</b> NIFCO Mechanical Systems	<b>Building:</b> Warner House #1
<b>Inspector:</b> Clint Coonrod	<b>Contact:</b> Kris Hoover

Clint Coonrod Certifications	
Certification Type	Number
NICET Inspection and Testing of Water-Based Systems Level I	147096
Nebraska Grade VI Water Operator	8889

# Inspection & Testing

Generated by: BuildingReports.com

## Building: Warner House #1

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

Device Type	Location	Service	Time	Date
<i>Passed</i>				
<b>Building- Dry Pipe, Building-</b>				
Pressure Switch	Basement East Mechanical Laundry	Annual	10:38:54 AM	06/04/2024
Pressure Switch	Basement East Mechanical Laundry	Annual	10:39:59 AM	06/04/2024
Drain	Basement East Mechanical Laundry	Annual	11:09:09 AM	06/04/2024
Fire Dep't Connection	Ground East Outside	Annual	10:39:38 AM	06/04/2024
Control Valve	Basement East Mechanical Laundry	Annual	10:33:13 AM	06/04/2024
Control Valve	Basement East Mechanical Laundry	Annual	10:33:33 AM	06/04/2024
Dry Pipe Valve	Basement East Mechanical Laundry	Annual	10:32:40 AM	06/04/2024
Post Indicator Valve	Ground East Outside	Annual	10:39:23 AM	06/04/2024

# Dry Pipe Fire Sprinkler Systems

Generated by: *BuildingReports.com*

Building: Warner House #1						Building-, Building-		
<p><i>This section lists out all the devices and components that have been associated with a Dry Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.</i></p>								
<b>Alarms</b>								
<b>Pressure Switch</b>								
Type	Description	Manufacturer	Low	High	Zone/Address	OK	ScanID	
High	Alarm				1	<input checked="" type="checkbox"/>	59341120	
Low	Supervisory				1	<input checked="" type="checkbox"/>	59341119	
<b>Components</b>								
<b>Control Valve</b>								
Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			Basement East Mechanical Laundry	4"	Open	Supervised	<input checked="" type="checkbox"/>	59341124
<b>Description</b>								
Main Control								
<b>Control Valve</b>								
Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			Basement East Mechanical Laundry	4"	Open	Supervised	<input checked="" type="checkbox"/>	59341123
<b>Description</b>								
Main Control								
<b>Dry Pipe Valve</b>								
Manufacturer	Model #	Location	3 Year Leak Test	Internal Date	OK	ScanID		
Viking	f-2	Basement East Mechanical Laundry	03/03/2021	06/04/2024	<input checked="" type="checkbox"/>	59341121		
Type	Status	Position	Size	Serial #				
Grooved	Supervised	Trim Open	3"					
Water psi	Air Pressure	Trip Air	Trip Time	Total Timing (sec)	Partial Trip Date	Full Trip Date		
80	30	9			06/04/2024	05/10/2022		
<b>Post Indicator Valve</b>								
Manufacturer	Model	Location	OK	ScanID				
		Ground East Outside	<input checked="" type="checkbox"/>	59341125				
Type	Size	Position	Status	Number of Turns				
Ground		Open	Locked & Supervised					

<i>Devices</i>								
<b>Drain</b>								
<b>Current Inspection</b>								
Type	Location	Size	Supply psi	Restored psi	Residual psi	Sec	OK	ScanID
Main	Basement East Mechanical Laundry	1.25"	84	80	72	1	<input checked="" type="checkbox"/>	59341122
<b>Previous Inspections</b>								
<b>March 27, 2024</b>								
Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	Basement East Mechanical Laundry	1.25"	79	75	69	1	<input checked="" type="checkbox"/>	59341122
<b>December 27, 2023</b>								
Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	Basement East Mechanical Laundry	1.25"	80	75	70	1	<input checked="" type="checkbox"/>	59341122
<b>Fire Dep't Connection</b>								
Type	Size	BallDrip	Rotating Swivels	5-Year Hydro	Qty	ScanID		
Freestanding	4"	Yes	Yes	02/20/2020	1	59341126		



# Inventory & Warranty Report

Generated by: [BuildingReports.com](http://BuildingReports.com)

Building: Warner House #1					
<p><i>The Inventory &amp; Warranty Report lists each of the devices and items that are included in your Inspection Report. A complete inventory count by device type and category is provided. Items installed within the last 90 days, within the last year, and devices installed for two years or more are grouped together for easy reference.</i></p>					
Device or Type	Category	% of Inventory	Quantity		
Control Valve	Valve	25.00%	2		
Drain	Device	12.50%	1		
Dry Pipe Valve	Valve	12.50%	1		
Fire Dep't Connection	Hose	12.50%	1		
Post Indicator Valve	Valve	12.50%	1		
Pressure Switch	Alarm	25.00%	2		
Device Type	Qty	Model #	Type	Description	Install Date
<i>In Service - 3 Years to 5 Years</i>					
Building– Dry Pipe, Building–					
Control Valve	2		Butterfly	Main Control	02/20/2020
Drain	1		Main		02/20/2020
Fire Dep't Connection	1		Freestanding		02/20/2020
Post Indicator Valve	1		Ground		02/20/2020
Pressure Switch	1		High	Alarm	02/20/2020
Pressure Switch	1		Low	Supervisory	02/20/2020
Dry Pipe Valve	1	f-2	Grooved		02/20/2020

# Sprinkler Inspection Certificate

*For*

White Hall School #10  
2320 North 57th  
LINCOLN, NE 68507

Tested to NFPA 25 Standards

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

*Annual Inspection  
Inspection Date  
Jun 4, 2024*

Building: White Hall School #10  
Contact: kris Hoover  
Title: Maint. Supervisor

Company: NIFCO Mechanical Systems  
Contact: Clint Coonrod  
Title: Inspector

# Executive Summary

Generated by: *BuildingReports.com*

Building Information			
<b>Building:</b> White Hall School #10			<b>Contact:</b> kris Hoover
<b>Address:</b> 2320 North 57th			<b>Phone:</b> 402-479-5452
<b>Address:</b>			<b>Fax:</b>
<b>City/State/ZIP Code:</b> LINCOLN, NE 68507			<b>Mobile:</b>
<b>Country:</b> United States of America			<b>Email:</b> kris.hoover@nebraska.gov
Inspection Performed By			
<b>Company:</b> NIFCO Mechanical Systems			<b>Inspector:</b> Clint Coonrod
<b>Address:</b> 500 Blue Heron Dr			<b>Phone:</b> 402-477-0666
<b>Address:</b>			<b>Fax:</b>
<b>City/State/ZIP Code:</b> Lincoln, NE 68522-1701			<b>Mobile:</b> 531-220-1703
<b>Country:</b> United States of America			<b>Email:</b> ccoonrod@nifcomechanical.com
System Control Unit			
System Type	System Location	Protected Area	Devices
Wet Pipe	Building-	Building-	6
Monitoring			
<b>Company:</b> PERMAR			<b>Phone:</b> 1-800-227-9805 <b>Account #:</b>

Inspection Summary								
Category	Total Items		Serviced		Passed		Failed/Other	
	Qty	%	Qty	%	Qty	%	Qty	%
Alarm	1	16.67%	1	100.00%	1	100.00%	0	0.00%
Device	1	16.67%	1	100.00%	1	100.00%	0	0.00%
Hose	1	16.67%	1	100.00%	1	100.00%	0	0.00%
Valve	3	50.00%	3	100.00%	3	100.00%	0	0.00%
<b>Totals</b>	<b>6</b>	<b>100%</b>	<b>6</b>	<b>100.00%</b>	<b>6</b>	<b>100.00%</b>	<b>0</b>	<b>0.00%</b>

Certification	
<b>Company:</b> NIFCO Mechanical Systems	<b>Building:</b> White Hall School #10
<b>Inspector:</b> Clint Coonrod	<b>Contact:</b> kris Hoover

Clint Coonrod Certifications	
Certification Type	Number
NICET Inspection and Testing of Water-Based Systems Level I	147096
Nebraska Grade VI Water Operator	8889

# Inspection & Testing

Generated by: BuildingReports.com

**Building: White Hall School #10**

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

Device Type	Location	Service	Time	Date
<b><i>Passed</i></b>				
<b>Building- Wet Pipe, Building-</b>				
Waterflow Switch	Basement East Mechanical	Annual	2:17:25 PM	06/04/2024
Drain	Basement East Mechanical	Annual	2:34:34 PM	06/04/2024
Fire Dep't Connection	Ground Southeast Outside	Annual	2:19:24 PM	06/04/2024
Control Valve	Basement East Mechanical	Annual	2:17:52 PM	06/04/2024
Control Valve	Basement East Mechanical	Annual	2:18:26 PM	06/04/2024
Control Valve	Basement East Mechanical	Annual	2:18:58 PM	06/04/2024

# Wet Pipe Fire Sprinkler Systems

Generated by: *BuildingReports.com*

Building: White Hall School #10						Building-, Building-		
<p><i>This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.</i></p>								
<b>Alarms</b>								
<b>Waterflow Switch</b>								
Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID	
Vane			60.282	2.0	1	<input checked="" type="checkbox"/>	59341130	
<b>Components</b>								
<b>Control Valve</b>								
Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Ball			Basement East Mechanical	2"	Open	Supervised	<input checked="" type="checkbox"/>	59341128
<b>Description</b>								
Main Control								
<b>Control Valve</b>								
Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Ball			Basement East Mechanical	2"	Open	Supervised	<input checked="" type="checkbox"/>	59341129
<b>Description</b>								
Main Control								
<b>Control Valve</b>								
Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Ball			Basement East Mechanical	2"	Open	Supervised	<input checked="" type="checkbox"/>	59341127
<b>Description</b>								
Main Control								
<b>Devices</b>								
<b>Drain</b>								
<b>Current Inspection</b>								
Type	Location	Size	Supply psi	Restored psi	Residual psi	Sec	OK	ScanID
Main	Basement East Mechanical	1.25"		83	76	1	<input checked="" type="checkbox"/>	59341132
<b>Previous Inspections</b>								
<b>March 27, 2024</b>								
Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	Basement East Mechanical	1.25"		80	75	1	<input checked="" type="checkbox"/>	59341132
<b>December 27, 2023</b>								

Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	Basement East Mechanical	1.25"		83	75	1	<input checked="" type="checkbox"/>	59341132
<b>Fire Dep't Connection</b>								
Type	Size	BallDrip	Rotating Swivels	5-Year Hydro	Qty	ScanID		
Wall	2"	Yes	Yes	12/31/1969	1	59341131		

# Inventory & Warranty Report

Generated by: *BuildingReports.com*

<b>Building: White Hall School #10</b>
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*The Inventory & Warranty Report lists each of the devices and items that are included in your Inspection Report. A complete inventory count by device type and category is provided. Items installed within the last 90 days, within the last year, and devices installed for two years or more are grouped together for easy reference.*

Device or Type	Category	% of Inventory	Quantity
Control Valve	Valve	50.00%	3
Drain	Device	16.67%	1
Fire Dep't Connection	Hose	16.67%	1
Waterflow Switch	Alarm	16.67%	1

Device Type	Qty	Model #	Type	Description	Install Date
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***In Service - 3 Years to 5 Years***

**Building– Wet Pipe, Building–**

Control Valve	3		Ball	Main Control	02/20/2020
Drain	1		Main		02/20/2020
Fire Dep't Connection	1		Wall		02/20/2020
Waterflow Switch	1		Vane	Alarm	02/20/2020





# 2024

## Community Life #2

5801 Walker Ave.  
LINCOLN, NE 68507  
402-309-3231

**Building Contact:** Mike Heaps  
**Title:** Maint. Supervisor  
**Company:** NIFCO Mechanical Systems  
**Contact:** Clint Coonrod  
**Title:** Inspector

**Quarterly Inspection**

**Inspection Date: Sep 25, 2024**

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



# EXECUTIVE SUMMARY

Generated by: BuildingReports.com

## Building Information

<b>Community Life #2</b> 5801 Walker Ave. LINCOLN, NE 68507 United States of America	<b>Contact:</b> Mike Heaps
	<b>Phone:</b> 402-450-8379
	<b>Fax:</b>
	<b>Mobile:</b>
	<b>Email:</b> mike.heaps@nebraska.gov

## Inspection Performed By

<b>NIFCO Mechanical Systems</b> 500 Blue Heron Dr Lincoln, NE 68522-1701 United States of America	<b>Inspector:</b> Clint Coonrod
	<b>Phone:</b> 402-477-0666
	<b>Fax:</b>
	<b>Mobile:</b> 531-220-1703
	<b>Email:</b> ccoonrod@nifcomechanical.com

## System Control Unit

System Type	System Location	Protected Area	Devices
Dry Pipe	Building-	Building-	8

## Inspection Summary

Category	Total Items		Serviced		Passed		Failed/Other	
	Qty	%	Qty	%	Qty	%	Qty	%
Alarm	2	25.00%	2	100.00%	2	100.00%	0	0.00%
Device	1	12.50%	1	100.00%	1	100.00%	0	0.00%
Hose	1	12.50%	1	100.00%	1	100.00%	0	0.00%
Valve	4	50.00%	4	100.00%	4	100.00%	0	0.00%
<b>Totals</b>	<b>8</b>	<b>100%</b>	<b>8</b>	<b>100.00%</b>	<b>8</b>	<b>100.00%</b>	<b>0</b>	<b>0.00%</b>

## Certification

**Company:** NIFCO Mechanical Systems  
**Inspector:** Clint Coonrod

**Building:** Community Life #2  
**Contact:** Mike Heaps

## Clint Coonrod Certifications

Certification Type	Number
NICET Inspection and Testing of Water-Based Systems Level I	147096
Nebraska Grade VI Water Operator	8889

# INSPECTION & TESTING

Generated by: BuildingReports.com

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

## Building: Community Life #2

Device Type	Location	Service	Time	Date
<b>PASSED</b>				
<b>Building- Dry Pipe, Building-</b>				
Control Valve	Basement East Mechanical Laundry	Quarterly	8:42:45 AM	09/25/2024
Control Valve	Basement East Mechanical Laundry	Quarterly	8:43:37 AM	09/25/2024
Drain	Basement East Mechanical Laundry	Quarterly	8:50:02 AM	09/25/2024
Dry Pipe Valve	Basement East Mechanical Laundry	Quarterly	8:47:09 AM	09/25/2024
Fire Dep't Connection	Ground East Outside	Quarterly	8:39:52 AM	09/25/2024
Post Indicator Valve	Ground East Outside	Quarterly	8:39:30 AM	09/25/2024
Pressure Switch	Basement East Mechanical Laundry	Quarterly	8:45:11 AM	09/25/2024
Pressure Switch	Basement East Mechanical Laundry	Quarterly	8:45:41 AM	09/25/2024

# DRY PIPE FIRE SPRINKLER SYSTEMS

Generated by: BuildingReports.com

This section lists out all the devices and components that have been associated with a Dry Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.

**Building:** Community Life #2

**Building-, Building-**

## ALARMS

Pressure Switch							
Type	Description	Manufacturer	Low	High	Zone/Address	OK	ScanID
High	Alarm					<input checked="" type="checkbox"/>	59341110
Low	Supervisory					<input checked="" type="checkbox"/>	59341111

## COMPONENTS

Dry Pipe Valve							
Manufacturer	Model #	Location				OK	ScanID
Viking	F-2	Basement East Mechanical Laundry				<input checked="" type="checkbox"/>	59341112
Type	Status	Position	Size	Serial #	Water psi	Air Pressure	
Grooved	Supervised	Trim Open	3"		79	32	
Trip Air	Trip Time	Total Timing (sec)	3 Year Leak Test	Partial Trip Date	Internal Date	Full Trip Date	
			05/10/2021	06/04/2024	06/04/2024	05/10/2022	

Control Valve						
Type	Location	Manufacturer	Model #	OK	ScanID	
Butterfly	Basement East Mechanical Laundry			<input checked="" type="checkbox"/>	59341117	
Position	Size	Status	Description			
Open	4"	Supervised	Main Control			

Control Valve						
Type	Location	Manufacturer	Model #	OK	ScanID	

**COMPONENTS** (continued)

Type (continued)	Location	Manufacturer	Model #	OK	ScanID
Butterfly	Basement East Mechanical Laundry			<input checked="" type="checkbox"/>	59341118
Position	Size	Status	Description		
Open	4"	Supervised	Main Control		
Post Indicator Valve					
Location	Manufacturer	Model #	OK	ScanID	
Ground East Outside			<input checked="" type="checkbox"/>	5Q114	
Type	Size	Position	Status	Number of Turns	
Ground	6"	Open	Locked & Supervised		

**DEVICES**

Drain								
Type	Location	Size	Supply psi	Restored psi	Residual psi	Sec	OK	ScanID
Main	Basement East Mechanical Laundry	1.25"	82	79	65	1	<input checked="" type="checkbox"/>	59341113
Fire Dep't Connection								
Location	Type	Size	Qty	BallDrip	Rotating Swivels	5-Year Hydro	OK	ScanID
Ground East Outside	Freestanding	4"	1	Yes	Yes	02/20/2020	<input checked="" type="checkbox"/>	59341115

# INVENTORY & WARRANTY REPORT

Generated by: BuildingReports.com

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

## Building: Community Life #2

Device or Type	Category	% of Inventory	Quantity
Control Valve	Valve	25.00%	2
Drain	Device	12.50%	1
Dry Pipe Valve	Valve	12.50%	1
Fire Dep't Connection	Hose	12.50%	1
Post Indicator Valve	Valve	12.50%	1
Pressure Switch	Alarm	25.00%	2

Device Type	Qty	Model #	Description	Install Date
<b>IN SERVICE - 3 YEARS TO 5 YEARS</b>				
<b>Building- Dry Pipe, Building-</b>				
Control Valve	2		Butterfly	02/20/2020
Drain	1		Main	02/20/2020
Fire Dep't Connection	1		Freestanding	02/20/2020
Post Indicator Valve	1		Ground	02/20/2020
Pressure Switch	1		High	02/20/2020
Pressure Switch	1		Low	02/20/2020
Dry Pipe Valve	1	F-2	Grooved	02/20/2020



# 2024



## Family Life

5819 Huntington  
LINCOLN, NE 68507  
402-309-3231

**Building Contact:** Mike Heaps  
**Title:** Maint. Supervisor  
**Company:** NIFCO Mechanical Systems  
**Contact:** Clint Coonrod  
**Title:** Inspector

**Quarterly Inspection**

**Inspection Date: Sep 25, 2024**

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





# EXECUTIVE SUMMARY

Generated by: BuildingReports.com

## Building Information

<b>Family Life</b> 5819 Huntington LINCOLN, NE 68507 United States of America	<b>Contact:</b> Mike Heaps
	<b>Phone:</b> 402-450-8379
	<b>Fax:</b>
	<b>Mobile:</b>
	<b>Email:</b> mike.heaps@nebraska.gov

## Inspection Performed By

<b>NIFCO Mechanical Systems</b> 500 Blue Heron Dr Lincoln, NE 68522-1701 United States of America	<b>Inspector:</b> Clint Coonrod
	<b>Phone:</b> 402-477-0666
	<b>Fax:</b>
	<b>Mobile:</b> 531-220-1703
	<b>Email:</b> ccoonrod@nifcomechanical.com

## System Control Unit

System Type	System Location	Protected Area	Devices
Dry Pipe	Building-	Area-Attic	5
Service Main	Building-	Building-	4
Wet Pipe	Building-	Building-basement 1st	1
Wet Pipe	Building-	Floors-basement and 1	1

## Inspection Summary

Category	Total Items		Serviced		Passed		Failed/Other	
	Qty	%	Qty	%	Qty	%	Qty	%
Alarm	3	27.27%	3	100.00%	3	100.00%	0	0.00%
Device	1	9.09%	1	100.00%	1	100.00%	0	0.00%
Hose	1	9.09%	1	100.00%	1	100.00%	0	0.00%
Valve	6	54.55%	6	100.00%	4	66.67%	2	33.33%
<b>Totals</b>	<b>11</b>	<b>100%</b>	<b>11</b>	<b>100.00%</b>	<b>9</b>	<b>81.82%</b>	<b>2</b>	<b>18.18%</b>

## Certification

**Company:** NIFCO Mechanical Systems  
**Inspector:** Clint Coonrod

**Building:** Family Life  
**Contact:** Mike Heaps

### Clint Coonrod Certifications

Certification Type	Number
NICET Inspection and Testing of Water-Based Systems Level I	147096
Nebraska Grade VI Water Operator	8889

# DISCREPANCY REPORT

Generated by: BuildingReports.com

The Discrepancy Report consolidates each discrepancy listed within the various Testing sections of your Inspection. Discrepancies are listed by Category, and grouped by device type. The description of the problem is provided and where appropriate, code references are listed for your convenience. Any item that was inspected that is subject to a recall or part of a manufacturer's replacement/upgrade program is included.

**Building:** Family Life

## Items listed for Recall or Replacement/Upgrade

Device Type	Manufacturer	Model Number	Date	Qty
-------------	--------------	--------------	------	-----

No items found during this inspection.

## Discrepancies

ScanID	Location	Problem	Reference
--------	----------	---------	-----------

### BUILDING- SERVICE MAIN, BUILDING-

#### Control Valve

59341104	Basement East Mechanical Laundry	Supervisory switch does not	
59341105	Basement East Mechanical Laundry	Supervisory switch does not	

\*These 2 items are in the process of being addressed week of Nov 25th by Nifco\*  
11.22.2024 DB

# PROPOSED SOLUTIONS REPORT

Generated by: BuildingReports.com

The Proposed Solution Report provides a solution for each discrepancy listed on the Discrepancy Report. Provide a check mark where indicated to approve repairs listed within the report. Items listed as T/M are available for repair on a Time and Materials basis.

**Building:** Family Life

**Control Panel:** n/a

ScanID	Location	Solution	Model #	Cost	Fix
<b>BUILDING- SERVICE MAIN, BUILDING-</b>					
<b>Control Valve</b>					
59341104	Basement East Mechanical Laundry	Future Service Required		T/M	<input type="checkbox"/>
59341105	Basement East Mechanical Laundry	Future Service Required		T/M	<input type="checkbox"/>

**Total:** T/M **PO #:** (none)

# INSPECTION & TESTING

Generated by: BuildingReports.com

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

## Building: Family Life

Device Type	Location	Service	Time	Date
<b>PASSED</b>				
<b>Building- Dry Pipe, Area-Attic</b>				
Control Valve	Basement East Mechanical Laundry	Quarterly	8:19:45 AM	09/25/2024
Drain	Basement East Mechanical Laundry	Quarterly	8:28:51 AM	09/25/2024
Dry Pipe Valve	Basement East Mechanical Laundry	Quarterly	8:21:05 AM	09/25/2024
Pressure Switch	Basement East Mechanical Laundry	Quarterly	8:23:01 AM	09/25/2024
Pressure Switch	Basement East Mechanical Laundry	Quarterly	8:24:20 AM	09/25/2024
<b>Building- Service Main, Building-</b>				
Fire Dep't Connection	Ground West	Quarterly	8:29:02 AM	09/25/2024
Post Indicator Valve	Ground Southeast	Quarterly	8:20:00 AM	09/25/2024
<b>Building- Wet Pipe, Building-basement 1st</b>				
Waterflow Switch	Basement East Mechanical Laundry	Quarterly	8:22:18 AM	09/25/2024
<b>Building- Wet Pipe, Floors-basement and 1</b>				
Control Valve	Basement East Mechanical Laundry	Quarterly	8:15:55 AM	09/25/2024
<b>FAILED/OTHER</b>				
<b>Building- Service Main, Building-</b>				
Control Valve	Basement East Mechanical Laundry	Quarterly	8:18:55 AM	09/25/2024
Control Valve	Basement East Mechanical Laundry	Quarterly	8:19:29 AM	09/25/2024

# WET PIPE FIRE SPRINKLER SYSTEMS

Generated by: BuildingReports.com

This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.

Building: Family Life

Building-, Building-basement 1st

## ALARMS

### Waterflow Switch

Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID
Vane			40.499	2.0		<input checked="" type="checkbox"/>	59341106

Building: Family Life

Building-, Floors-basement and 1

## COMPONENTS

### Control Valve

Type	Location	Manufacturer	Model #	OK	ScanID
Butterfly	Basement East Mechanical Laundry			<input checked="" type="checkbox"/>	54622412
Position	Size	Status	Description		
Open	3"	Supervised	Isolation		

# DRY PIPE FIRE SPRINKLER SYSTEMS

Generated by: BuildingReports.com

This section lists out all the devices and components that have been associated with a Dry Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.

Building: Family Life

Building-, Area-Attic

## ALARMS

Pressure Switch							
Type	Description	Manufacturer	Low	High	Zone/Address	OK	ScanID
High	Alarm					<input checked="" type="checkbox"/>	59341102
Low	Supervisory					<input checked="" type="checkbox"/>	59341103

## COMPONENTS

Dry Pipe Valve							
Manufacturer	Model #	Location				OK	ScanID
Viking	F-2	Basement East Mechanical Laundry				<input checked="" type="checkbox"/>	59341100
Type	Status	Position	Size	Serial #	Water psi	Air Pressure	
Grooved	Supervised	Trim Open	3"		80	29	
Trip Air	Trip Time	Total Timing (sec)	3 Year Leak Test	Partial Trip Date	Internal Date	Full Trip Date	
			05/10/2021	06/04/2024	06/04/2024	05/10/2022	

Control Valve						
Type	Location	Manufacturer	Model #	OK	ScanID	
Butterfly	Basement East Mechanical Laundry			<input checked="" type="checkbox"/>	59341109	
Position	Size	Status	Description			
Open	3"	Supervised	Isolation			

## DEVICES

Drain								
Type	Location	Size	Supply psi	Restored psi	Residual psi	Sec	OK	ScanID
Main	Basement East Mechanical Laundry	1.25"	85	80	69	1	<input checked="" type="checkbox"/>	59341101



# PRIVATE FIRE SERVICE MAINS

Generated by: BuildingReports.com

This section lists out all the devices and components that have been associated with a Private Fire Service Main and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.

Building: Family Life

Building-, Building-

## COMPONENTS

Control Valve					
Type	Location	Manufacturer	Model #	OK	ScanID
Butterfly	Basement East Mechanical Laundry			<input type="checkbox"/>	59341104
Position	Size	Status	Description		
Open	4"	Supervised	Main Control		
Control Valve					
Type	Location	Manufacturer	Model #	OK	ScanID
Butterfly	Basement East Mechanical Laundry			<input type="checkbox"/>	59341105
Position	Size	Status	Description		
Open	4"	Supervised	Main Control		
Post Indicator Valve					
Location		Manufacturer	Model #	OK	ScanID
Ground Southeast				<input checked="" type="checkbox"/>	59341107
Type	Size	Position	Status	Number of Turns	
Ground	6"	Open	Locked & Supervised		

## DEVICES

Fire Dep't Connection								
Location	Type	Size	Qty	BallDrip	Rotating Swivels	5-Year Hydro	OK	ScanID

**DEVICES** (continued)

<b>Location</b> (continued)	<b>Type</b>	<b>Size</b>	<b>Qty</b>	<b>BallDrip</b>	<b>Rotating Swivels</b>	<b>5-Year Hydro</b>	<b>OK</b>	<b>ScanID</b>
Ground West	Freestanding	4"	1	Yes	Yes	02/20/2020	<input checked="" type="checkbox"/>	59341108

# INVENTORY & WARRANTY REPORT

Generated by: BuildingReports.com

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

## Building: Family Life

Device or Type	Category	% of Inventory	Quantity
Control Valve	Valve	36.36%	4
Drain	Device	9.09%	1
Dry Pipe Valve	Valve	9.09%	1
Fire Dep't Connection	Hose	9.09%	1
Post Indicator Valve	Valve	9.09%	1
Pressure Switch	Alarm	18.18%	2
Waterflow Switch	Alarm	9.09%	1

Device Type	Qty	Model #	Description	Install Date
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### IN SERVICE - 3 YEARS TO 5 YEARS

#### Building- Dry Pipe, Area-Attic

Control Valve	1		Butterfly	02/20/2020
Drain	1		Main	02/20/2020
Pressure Switch	1		High	02/20/2020
Pressure Switch	1		Low	02/20/2020
Dry Pipe Valve	1	F-2	Grooved	02/20/2020

#### Building- Service Main, Building-

Control Valve	2		Butterfly	02/20/2020
Fire Dep't Connection	1		Freestanding	02/20/2020
Post Indicator Valve	1		Ground	02/20/2020

#### Building- Wet Pipe, Building-basement 1st

Device Type	Qty	Model #	Description	Install Date
<b>IN SERVICE - 3 YEARS TO 5 YEARS</b> (continued)				
<b>Building- Wet Pipe, Building-basement 1st</b> (continued)				
Waterflow Switch	1		Vane	02/20/2020
<b>Building- Wet Pipe, Floors-basement and 1</b>				
Control Valve	1		Butterfly	02/20/2020



# 2024

## Warner House #1

5800 Leighton  
LINCOLN, NE 68507  
402-309-3231

**Building Contact:** Mike Heaps  
**Title:** Maint. Supervisor  
**Company:** NIFCO Mechanical Systems  
**Contact:** Clint Coonrod  
**Title:** Inspector

**Quarterly Inspection**

**Inspection Date: Sep 25, 2024**

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



# EXECUTIVE SUMMARY

Generated by: BuildingReports.com

## Building Information

<b>Warner House #1</b> 5800 Leighton LINCOLN, NE 68507 United States of America	<b>Contact:</b> Mike Heaps
	<b>Phone:</b> 402-450-8379
	<b>Fax:</b>
	<b>Mobile:</b>
	<b>Email:</b> mike.heaps@nebraska.gov

## Inspection Performed By

<b>NIFCO Mechanical Systems</b> 500 Blue Heron Dr Lincoln, NE 68522-1701 United States of America	<b>Inspector:</b> Clint Coonrod
	<b>Phone:</b> 402-477-0666
	<b>Fax:</b>
	<b>Mobile:</b> 531-220-1703
	<b>Email:</b> ccoonrod@nifcomechanical.com

## System Control Unit

System Type	System Location	Protected Area	Devices
Dry Pipe	Building-	Building-	8

## Inspection Summary

Category	Total Items		Serviced		Passed		Failed/Other	
	Qty	%	Qty	%	Qty	%	Qty	%
Alarm	2	25.00%	2	100.00%	2	100.00%	0	0.00%
Device	1	12.50%	1	100.00%	1	100.00%	0	0.00%
Hose	1	12.50%	1	100.00%	1	100.00%	0	0.00%
Valve	4	50.00%	4	100.00%	4	100.00%	0	0.00%
<b>Totals</b>	<b>8</b>	<b>100%</b>	<b>8</b>	<b>100.00%</b>	<b>8</b>	<b>100.00%</b>	<b>0</b>	<b>0.00%</b>

## Certification

**Company:** NIFCO Mechanical Systems  
**Inspector:** Clint Coonrod

**Building:** Warner House #1  
**Contact:** Mike Heaps

## Clint Coonrod Certifications

Certification Type	Number
NICET Inspection and Testing of Water-Based Systems Level I	147096
Nebraska Grade VI Water Operator	8889

# INSPECTION & TESTING

Generated by: BuildingReports.com

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

## Building: Warner House #1

Device Type	Location	Service	Time	Date
<b>PASSED</b>				
<b>Building- Dry Pipe, Building-</b>				
Control Valve	Basement East Mechanical Laundry	Quarterly	9:04:24 AM	09/25/2024
Control Valve	Basement East Mechanical Laundry	Quarterly	9:05:00 AM	09/25/2024
Drain	Basement East Mechanical Laundry	Quarterly	9:10:15 AM	09/25/2024
Dry Pipe Valve	Basement East Mechanical Laundry	Quarterly	9:08:54 AM	09/25/2024
Fire Dep't Connection	Ground East Outside	Quarterly	9:03:33 AM	09/25/2024
Post Indicator Valve	Ground East Outside	Quarterly	9:00:57 AM	09/25/2024
Pressure Switch	Basement East Mechanical Laundry	Quarterly	9:06:52 AM	09/25/2024
Pressure Switch	Basement East Mechanical Laundry	Quarterly	9:07:04 AM	09/25/2024



# DRY PIPE FIRE SPRINKLER SYSTEMS

Generated by: BuildingReports.com

This section lists out all the devices and components that have been associated with a Dry Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.

Building: Warner House #1

Building-, Building-

## ALARMS

Pressure Switch							
Type	Description	Manufacturer	Low	High	Zone/Address	OK	ScanID
Low	Supervisory					<input checked="" type="checkbox"/>	59341119
High	Alarm					<input checked="" type="checkbox"/>	59341120

## COMPONENTS

Dry Pipe Valve							
Manufacturer	Model #	Location				OK	ScanID
Viking	f-2	Basement East Mechanical Laundry				<input checked="" type="checkbox"/>	59341121
Type	Status	Position	Size	Serial #	Water psi	Air Pressure	
Grooved	Supervised	Trim Open	3"		79	28	
Trip Air	Trip Time	Total Timing (sec)	3 Year Leak Test	Partial Trip Date	Internal Date	Full Trip Date	
			03/03/2021	06/04/2024	06/04/2024	05/10/2022	

Control Valve						
Type	Location	Manufacturer	Model #	OK	ScanID	
Butterfly	Basement East Mechanical Laundry			<input checked="" type="checkbox"/>	59341123	
Position	Size	Status	Description			
Open	4"	Supervised	Main Control			

Control Valve						
Type	Location	Manufacturer	Model #	OK	ScanID	

**COMPONENTS** (continued)

Type (continued)	Location	Manufacturer	Model #	OK	ScanID
Butterfly	Basement East Mechanical Laundry			<input checked="" type="checkbox"/>	59341124
Position	Size	Status	Description		
Open	4"	Supervised	Main Control		
Post Indicator Valve					
Location	Manufacturer	Model #	OK	ScanID	
Ground East Outside			<input checked="" type="checkbox"/>	59341125	
Type	Size	Position	Status	Number of Turns	
Ground		Open	Locked & Supervised		

**DEVICES**

Drain								
Type	Location	Size	Supply psi	Restored psi	Residual psi	Sec	OK	ScanID
Main	Basement East Mechanical Laundry	1.25"	82	79	70	1	<input checked="" type="checkbox"/>	59341122
Fire Dep't Connection								
Location	Type	Size	Qty	BallDrip	Rotating Swivels	5-Year Hydro	OK	ScanID
Ground East Outside	Freestanding	4"	1	Yes	Yes	02/20/2020	<input checked="" type="checkbox"/>	59341126

# INVENTORY & WARRANTY REPORT

Generated by: BuildingReports.com

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

## Building: Warner House #1

Device or Type	Category	% of Inventory	Quantity
Control Valve	Valve	25.00%	2
Drain	Device	12.50%	1
Dry Pipe Valve	Valve	12.50%	1
Fire Dep't Connection	Hose	12.50%	1
Post Indicator Valve	Valve	12.50%	1
Pressure Switch	Alarm	25.00%	2

Device Type	Qty	Model #	Description	Install Date
<b>IN SERVICE - 3 YEARS TO 5 YEARS</b>				

### Building- Dry Pipe, Building-

Control Valve	2		Butterfly	02/20/2020
Drain	1		Main	02/20/2020
Fire Dep't Connection	1		Freestanding	02/20/2020
Post Indicator Valve	1		Ground	02/20/2020
Pressure Switch	1		High	02/20/2020
Pressure Switch	1		Low	02/20/2020
Dry Pipe Valve	1	f-2	Grooved	02/20/2020



# 2024



## White Hall School #10

2320 North 57th  
LINCOLN, NE 68507  
402-309-3231

**Building Contact:** Mike Heaps  
**Title:** Maint. Supervisor  
**Company:** NIFCO Mechanical Systems  
**Contact:** Clint Coonrod  
**Title:** Inspector

**Quarterly Inspection**

**Inspection Date: Sep 25, 2024**

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



# EXECUTIVE SUMMARY

Generated by: BuildingReports.com

## Building Information

<b>White Hall School #10</b> 2320 North 57th LINCOLN, NE 68507 United States of America	<b>Contact:</b> Mike Heaps
	<b>Phone:</b> 402-450-8379
	<b>Fax:</b>
	<b>Mobile:</b>
	<b>Email:</b> mike.heaps@nebraska.gov

## Inspection Performed By

<b>NIFCO Mechanical Systems</b> 500 Blue Heron Dr Lincoln, NE 68522-1701 United States of America	<b>Inspector:</b> Clint Coonrod
	<b>Phone:</b> 402-477-0666
	<b>Fax:</b>
	<b>Mobile:</b> 531-220-1703
	<b>Email:</b> ccoonrod@nifcomechanical.com

## System Control Unit

System Type	System Location	Protected Area	Devices
Wet Pipe	Building-	Building-	6

## Monitoring

<b>Company:</b> PERMAR	<b>Phone:</b> 1-800-227-9805	<b>Account #:</b>
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## Inspection Summary

Category	Total Items		Serviced		Passed		Failed/Other	
	Qty	%	Qty	%	Qty	%	Qty	%
Alarm	1	16.67%	1	100.00%	1	100.00%	0	0.00%
Device	1	16.67%	1	100.00%	1	100.00%	0	0.00%
Hose	1	16.67%	1	100.00%	1	100.00%	0	0.00%
Valve	3	50.00%	3	100.00%	3	100.00%	0	0.00%
<b>Totals</b>	<b>6</b>	<b>100%</b>	<b>6</b>	<b>100.00%</b>	<b>6</b>	<b>100.00%</b>	<b>0</b>	<b>0.00%</b>

## Certification

**Company:** NIFCO Mechanical Systems  
**Inspector:** Clint Coonrod

**Building:** White Hall School #10  
**Contact:** Mike Heaps

### Clint Coonrod Certifications

Certification Type	Number
NICET Inspection and Testing of Water-Based Systems Level I	147096
Nebraska Grade VI Water Operator	8889

# INSPECTION & TESTING

Generated by: BuildingReports.com

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

**Building:** White Hall School #10

Device Type	Location	Service	Time	Date
<b>PASSED</b>				
<b>Building- Wet Pipe, Building-</b>				
Control Valve	Basement East Mechanical	Quarterly	11:20:16 AM	09/25/2024
Control Valve	Basement East Mechanical	Quarterly	11:21:50 AM	09/25/2024
Control Valve	Basement East Mechanical	Quarterly	11:22:10 AM	09/25/2024
Drain	Basement East Mechanical	Quarterly	11:23:40 AM	09/25/2024
Fire Dep't Connection	Ground Southeast Outside	Quarterly	11:22:33 AM	09/25/2024
Waterflow Switch	Basement East Mechanical	Quarterly	11:20:26 AM	09/25/2024

# WET PIPE FIRE SPRINKLER SYSTEMS

Generated by: BuildingReports.com

This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.

**Building:** White Hall School #10

**Building-, Building-**

## ALARMS

### Waterflow Switch

Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID
Vane				2.0		<input checked="" type="checkbox"/>	59341130

## COMPONENTS

### Control Valve

Type	Location	Manufacturer	Model #	OK	ScanID
Ball	Basement East Mechanical			<input checked="" type="checkbox"/>	59341127
Position	Size	Status	Description		
Open	2"	Supervised	Main Control		

### Control Valve

Type	Location	Manufacturer	Model #	OK	ScanID
Ball	Basement East Mechanical			<input checked="" type="checkbox"/>	59341128
Position	Size	Status	Description		
Open	2"	Supervised	Main Control		

### Control Valve

Type	Location	Manufacturer	Model #	OK	ScanID
Ball	Basement East Mechanical			<input checked="" type="checkbox"/>	59341129
Position	Size	Status	Description		
Open	2"	Supervised	Main Control		



## DEVICES

### Fire Dep't Connection

Location	Type	Size	Qty	BallDrip	Rotating Swivels	5-Year Hydro	OK	ScanID
Ground Southeast Outside	Wall	2"	1	Yes	Yes	12/31/1969	<input checked="" type="checkbox"/>	59341131

### Drain

Type	Location	Size	Supply psi	Restored psi	Residual psi	Sec	OK	ScanID
Main	Basement East Mechanical	1.25"		85	78	1	<input checked="" type="checkbox"/>	59341132

# INVENTORY & WARRANTY REPORT

Generated by: [BuildingReports.com](https://BuildingReports.com)

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

**Building:** White Hall School #10

Device or Type	Category	% of Inventory	Quantity
Control Valve	Valve	50.00%	3
Drain	Device	16.67%	1
Fire Dep't Connection	Hose	16.67%	1
Waterflow Switch	Alarm	16.67%	1

Device Type	Qty	Model #	Description	Install Date
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## IN SERVICE - 3 YEARS TO 5 YEARS

**Building- Wet Pipe, Building-**

Control Valve	3		Ball	02/20/2020
Drain	1		Main	02/20/2020
Fire Dep't Connection	1		Wall	02/20/2020
Waterflow Switch	1		Vane	02/20/2020



LEAVE NO FIELD BLANK  
NEEDS N/A IF NOT USED

7402 L Street  
Omaha, NE 68127  
605-251-9415

N/A - NOT APPLICABLE ON THIS SERVICE  
CHANGED - FILTER OR PART WAS REPLACED  
PASSED - ITEM CHECKED OUT GOOD

ANNUAL

SEMI-ANNUAL INSPECTION

QUARTERLY INSPECTION

3E's GENERATOR (EPS) MAINTENANCE REPORT

CUSTOMER: Whitehall 60th St. - Lincoln MAKE GENERAC TYPE \_\_\_\_\_  
 CONTACT: SCOTT SERIAL 2058112 DATE 10/24/2023  
 PHONE: 402-405-3649 MODEL 20A 02942-S HRS 389.1  
 ADDRESS 2311 N. 60th St. TECH ELPERT BROWN JR  
 CITY LINCOLN

AUTOMATIC TRANSFER SWITCHES

MAKE GENERAC SERIAL 88115 MODEL 5208420100  
 MAKE \_\_\_\_\_ SERIAL \_\_\_\_\_ MODEL \_\_\_\_\_  
 MAKE \_\_\_\_\_ SERIAL \_\_\_\_\_ MODEL \_\_\_\_\_

(1) FUEL SYSTEM

CHECK (A) FUEL LEAKS OK NONE FOUND  
 \* (B) LINES/CONNECTIONS OK  
 \* (C) DAY TANK LEVEL N/A  
 \* (D) DAY TANK OPERATION N/A  
 \* (E) TRANSFER PUMP OK  
 \* (F) MAIN TANK LEVEL N/A  
 \* (G) VENT/OVERFLOW OK  
 \* (H) WATER IN FUEL N/A  
 \* (I) INJECTION PUMP OK  
 \* (J) SOLENOID VALVE OK  
 \* CHANGE (K) FUEL FILTER N/A  
 \* CHANGE (L) WATER SEPARATOR N/A  
 \* TEST (M) FUEL SAMPLE N/A

(6) ELECTRICAL SYSTEM

CHECK (A) WIRING CONNECTIONS OK  
 \* (B) INSTRUMENTATION OK  
 \* (C) SAFETIES SHUTDOWNS OK  
 \* (1) OVERCRANK OK  
 \* (2) HIGH WATER TEMP OK  
 \* (3) LOW OIL PRESSURE OK  
 \* (4) OVERSPEED OK  
 \* (D) ALARMS OK  
 \* (E) PREALARMS OK  
 \* (F) CIRCUIT BREAKERS OK  
 \* (G) FUSES OK  
 \* (H) INSULATION DAMAGE OK  
 \* (I) CABINETRY OK

(2) LUBRICATION

CHECK (A) LEAKS OK  
 \* (B) ENGINE OIL LEVEL OK  
 \* (C) OIL HEATER N/A  
 \* (D) GOVERNOR OIL LEVEL N/A  
 \* (E) CRANKCASE BREATHER OK  
 \* CHANGE (F) OIL FILTER N/A  
 \* CHANGE (G) ENGINE OIL N/A  
 \* CHANGE (H) GOVERNOR OIL N/A  
 \* TEST (I) OIL SAMPLE N/A

(7) PRIME MOVER

CHECK (A) GOVERNOR OPERATION OK  
 \* (B) VIBRATION OK  
 \* (C) TIMING OK  
 \* (D) INJECTORS OK  
 \* (E) MOUNTING HARDWARE OK  
 \* (F) AIR INTAKE OK  
 \* (G) OIL PRESSURE OK 51 PSI  
 \* (H) WATER TEMPERATURE OK 195 DEGREES F  
 \* (I) DC ALTERNATOR OK  
 \* (1) VOLTS OK 13.5 V  
 \* (2) AMPS OK 4 A  
 \* (J) AIR CLEANER OK  
 \* (K) BOLTS OK

(3) COOLING SYSTEM

CHECK (A) LEAKS OK NONE FOUND  
 \* (B) COOLANT LEVEL OK FULL  
 \* (C) FREEZE POINT OK -45  
 \* (D) RADIATOR AIR FLOW OK  
 \* (E) LOUVER SYSTEMS OK  
 \* (F) BLOCK HEATER OK OPERATIONAL  
 \* (G) WATER PUMP OK  
 \* (H) HOSES OK  
 \* (I) BELTS OK GOOD  
 \* (J) FAN HUB OK  
 \* (K) PULLEYS OK  
 \* (L) RADIATOR PSI OK  
 \* (M) RADIATOR CAP PSI OK 14 PSI  
 \* CHANGE (N) WATER FILTER N/A  
 \* CHANGE (O) ANTIFREEZE N/A

(8) GENERATOR

CHECK (A) ROTOR OK  
 \* (B) STATOR OK  
 \* (C) EXCITOR OK  
 \* (1) STATOR OK  
 \* (2) ROTOR OK  
 \* (D) BEARINGS (IR) OK  
 \* (E) DIODES OK  
 \* (F) AIR FLOW OK  
 \* (G) VOLTAGE REGULATOR OK  
 \* (H) FEED BREAKER OK  
 \* (I) VOLTAGE OK L-L 240 L-N 120  
 \* (J) HERTZ OK 60 HZ

(4) EXHAUST SYSTEM

CHECK (A) LEAKS OK NONE FOUND  
 \* (B) CONDENSATION TRAP OK  
 \* (C) INSULATION OK  
 \* (D) RESTRICTION OK  
 \* (E) RAINGAP OK  
 \* (F) HANGERS/SUPPORT OK  
 \* (G) FLEX SECTIONS OK

(9) AUTOMATIC TRANSFER SWITCHES

CHECK (A) ATS, CONTACTS N/A  
 \* LINEAR MOTORS ACTUATION N/A  
 \* ATS Battery Repacked Y or N N/A  
 \* (B) SIMULATE POWER N/A  
 \* FAILURE (C) TIME DELAYS N/A  
 \* (D) CLOCK EXERCISER OK WEDNESDAY 840-910 30 MINUTES

(5) BATTERY SYSTEMS

CHECK (A) CHARGER VOLTAGE OK 13.1 V  
 \* (1) FLOAT OK  
 \* (2) EQUALIZE N/A  
 \* (B) ELECTROLYTE LEVEL N/A  
 \* (C) TERMINALS/CABLES OK  
 \* (D) BLANKET HEATER N/A  
 \* (E) SPECIFIC GRAVITY N/A  
 \* (1) HIGH N/A  
 \* (2) LOW N/A  
 \* (F) LOAD TEST OK  
 \* CLEAN (G) CORROSION OK NONE FOUND

(10) GENERAL CONDITION - EPSS

CHECK (A) UNUSUAL/UNSAFE OK  
 \* (B) HOUSEKEEPING OK  
 \* (11) LOAD TEST  
 \* RECORD (A) AMPERAGE/LEG OK L1 20A L2 15A  
 \* (B) VOLTAGE/LEG OK L-L 240VAC L-N 120  
 \* (C) HERTZ 80-HZ  
 \* (D) CB CONNECTIONS OK  
 \* (E) UNIT LOADED OK YES

(12) EPSS

CHECK (A) EPS IN AUTO? OK  
 \* (B) BREAKER CLOSE? OK

\* As needed, specified on every annual inspection only  
\*\* Additional cost if needed or specified.

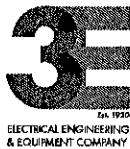
Comments:

60 MILES JOB #925162

Customer Signature \_\_\_\_\_

3E Signature \_\_\_\_\_

Date 10-24-2023



3E GENERATOR SHOP  
 953 73RD ST  
 WINDSOR HEIGHTS, IA 50324  
 (402) 3423050 FAX (402) 3426874

# INVOICE

INVOICE DATE	INVOICE NO.
11/09/23	925162-00
PO. NO.	PAGE #
WHITEHALL 60TH ST	1

TO VIEW AND PAY ONLINE	USE THIS ENROLLMENT TOKEN
<a href="http://3e-co.billtrust.com">http://3e-co.billtrust.com</a>	PQX WHM KVS

BILL TO:

STATE OF NE - BLDG DIVISION  
 1526 K ST SUITE 200  
 LINCOLN, NE 68508-2734

REMIT TO:  
 Consolidated Electrical Distributor  
 PO BOX 850365  
 MINNEAPOLIS, MN 55485-0365

SHIP TO:

STATE OF NE - BLDG DIVISION  
 WHITEHALL 60TH ST  
 GENERAL DELIVERY  
 LINCOLN, NE 68508-2734

PLACED BY		INSTRUCTIONS		REFERENCE			CASH DISCOUNT	
				QUARTERLY			0.00	
CUST #		SHIP POINT		SHIP VIA		SHIPPED		IF PAID BY
200310		3E GENERATOR SHOP				11/09/23		12/10/23
LINE NO.	PRODUCT AND DESCRIPTION	QUANTITY ORDERED	QUANTITY B.O.	QTY SHIPPED	QTY U/M	NET PRICE	AMOUNT (NET)	
1	8500GPM SERVICE:PM GENERATOR 10/24/23 QUARTERLY INSPECTION	1.00	0.00	1.00	E	160.00	160.00	
2	EEE LABOR LABOR Interchange Prod: LABOR	1.00	0.00	1.00	E	0.00	0.00	
3	7300MILEAGE MILEAGE	60.00	0.00	60.00	E	0.00	0.00	
3	Lines Total	Qty Shipped Total		62	Total	Invoice Total		160.00
							160.00	

Last Page

Cash Discount 0.00 If Paid By 12/10/23

THIS SALE IS SUBJECT TO OUR TERMS LOCATED AT  
 SALES.OUR-TERMS.COM, WHICH WE MAY CHANGE FROM  
 TIME TO TIME WITH PRIOR NOTICE.



CUSTOMER DETAILS											
CUSTOMER:					DATE:						
ADDRESS:					JOB ID:						
SITE NAME:					TECHNICIAN:						
CONTACT NAME:					CONTACT TEL:						
PRODUCT DETAILS											
GEN MAKE					GEN MODEL:						
GEN SERIAL:					GEN HOURS:						
AUTOMATIC TRANSFER SWITCH NOTES								Service Interval			
								Quarterly			
								Semi-Annual			
								Annual			
Nominal Voltage Source					Emergency Voltage Source						
A-B		B-C		C-A	A-B		B-C		C-A		
A-N		B-N		C-B	A-N		B-N		C-B		
A-Amps		B-Amps		C-Amps	A-Amps		B-Amps		C-Amps		
A-Temp		B-Temp		C-Temp	A-Temp		B-Temp		C-Temp		
PRE OPERATION CHECKS				Coolant temp	Battery Charging voltage						
OPERATION CHECKS											
PASS	N/A	NEEDS ATTN									
			CONTROL LIGHTS	Engine Run temp		W/ or W/O Load					
			CONTROL DISPLAY	Oil Pressure		Exercise Duration					
			EMERGENCY STOP	Oil Temp		Day					
			SWITCH/CONTROLS	Battery Voltage		Week					
			CB OPERATION	Frequency Rate		Start Time					
			AUTO OPERATION	RPM							
			COOLANT SYSTEM: Radiator cap, Coolant level, Coolant Condition, Coolant filter, Coolant Heater, All Hoses								
			EXHAUST SYSTEMS CONDITION								
			ENGINE: Ignition system, Belts, Turbo, Air intake system, Air filter, Oil Leaks, Oil level, Crankcase Breather								
			ALTERNATOR CONDITION								
			FULL SERVICE PERFORMED								
			FUEL SYSTEM: Fuel Plumbing, Fuel Filters, Fuel Condition				Fuel Level				
			ENCLOSURE CONDITION								
			BATTERY CONDITION								
			ATS: Housing Condition, Power and Control Cables, Main Connects, Operating Mechanism, Control Boards, Display, Battery Charger								
			OPERATION CHECKS: Engine Run Temp, Oil Pressure, Oil Temp, Battery Voltage, Control Lights, Control Guages, Emergency Stop, Switches/Controls, CB Operation, Auto Operation, Frequency rate, RPM								
			Before Leaving Site: Gen in Auto, Battery Charger ON, Block Heater ON, CB closed, Customer Logs								
Notes:											



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CUSTOMER:					DATE:						
ADDRESS:					JOB ID:						
SITE NAME:					TECHNICIAN:						
CONTACT NAME:					CONTACT TEL:						
PRODUCT DETAILS											
GEN MAKE					GEN MODEL:						
GEN SERIAL:					GEN HOURS:						
AUTOMATIC TRANSFER SWITCH NOTES								Service Interval			
								Quarterly			
								Semi-Annual			
								Annual			
Nominal Voltage Source					Emergency Voltage Source						
A-B		B-C		C-A	A-B		B-C		C-A		
A-N		B-N		C-B	A-N		B-N		C-B		
A-Amps		B-Amps		C-Amps	A-Amps		B-Amps		C-Amps		
A-Temp		B-Temp		C-Temp	A-Temp		B-Temp		C-Temp		
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OPERATION CHECKS											
PASS	N/A	NEEDS ATTN									
			CONTROL LIGHTS	Engine Run temp		W/ or W/O Load					
			CONTROL DISPLAY	Oil Pressure		Exercise Duration					
			EMERGENCY STOP	Oil Temp		Day					
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CUSTOMER:					DATE:						
ADDRESS:					JOB ID:						
SITE NAME:					TECHNICIAN:						
CONTACT NAME:					CONTACT TEL:						
PRODUCT DETAILS											
GEN MAKE					GEN MODEL:						
GEN SERIAL:					GEN HOURS:						
AUTOMATIC TRANSFER SWITCH NOTES							Service Interval				
							Quarterly				
							Semi-Annual				
							Annual				
Nominal Voltage Source					Emergency Voltage Source						
A-B		B-C		C-A	A-B		B-C		C-A		
A-N		B-N		C-B	A-N		B-N		C-B		
A-Amps		B-Amps		C-Amps	A-Amps		B-Amps		C-Amps		
A-Temp		B-Temp		C-Temp	A-Temp		B-Temp		C-Temp		
PRE OPERATION CHECKS				Coolant temp	Battery Charging voltage						
OPERATION CHECKS											
PASS	N/A	NEEDS ATTN									
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			EMERGENCY STOP	Oil Temp		Day					
			SWITCH/CONTROLS	Battery Voltage		Week					
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			FUEL SYSTEM: Fuel Plumbing, Fuel Filters, Fuel Condition					Fuel Level			
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			Before Leaving Site: Gen in Auto, Battery Charger ON, Block Heater ON, CB closed, Customer Logs								
Notes:											



**Customer:** State of NE  
**Address:** 2311 N 60th st. Lincoln NE 68507

**Generator Model:** 20A02942-S  
**Generator Serial:** 2058112

**Generator kW:** 35

Date	Time	Alternator L1-L2 Voltage (Volts)	Alternator L2-L3 Voltage (Volts)	Alternator L1-L3 Voltage (Volts)	Alternator L1 Current (Amps)	Alternator L2 Current (Amps)	Alternator L3 Current (Amps)	Generator Frequency (Hz)	Alternator Total kW (kW)	Coolant Temperature (degF)	Engine oil PSI	Battery Voltage (Volts)	Engine Running Time (ERT) (hours)
6/11/24	12:35 PM	240	240	240	56	56	56	60	23	170	60	14.1	395.7
	12:50 PM	240	240	240	56	56	56	60	23	170	60	14.1	396.0
	1:05 PM	240	240	240	56	56	56	60	23	170	55	14.1	396.2
	1:20 PM	240	240	240	56	56	56	60	23	170	55	14.1	396.5
	1:35 PM	240	240	240	56	56	56	60	23	170	50	14.1	396.7
	1:50 PM	240	240	240	56	56	56	60	23	180	50	14.1	397.0
	2:05 PM	240	240	240	56	56	56	60	23	180	50	14.1	397.2
	2:20 PM	240	240	240	56	56	56	60	23	180	50	14.1	397.5
	2:35 PM	240	240	240	56	56	56	60	23	180	50	14.1	397.7



**ENGINE NATURAL GAS**

EQUIP NUM: A050739643

SERIAL NUMBER: A050739643

E330-54068-0014

LABEL#: 0014

SHOP JOB NUM : 9050

SAMPLE SHIP TIME (days) : 7

STATE OF NEBRASKA

RECEIVED DATE: 08-Mar-24

ONAN FORD\_ONAN

**No Action Required**

NORMAL READINGS NO PROBLEMS PRESENTLY ASSOCIATED WITH THIS SAMPLE. CONTINUE SAMPLING AT THE NORMAL INTERVAL.

Interp By: Mary E Churchill

Interpreted On: 12-Mar-24

**SAMPLE INFORMATION**

	01-Mar-24	21-Jun-17
Sampled Date	01-Mar-24	21-Jun-17
Sample Id	E330-54068-0014	E330-47177-0020
Lab Date	08-Mar-24	26-Jun-17
Meter [Hr]	633	422
Comp Meter [Hr]		422
Meter On Fluid		30
Fluid Brand	VALVOLINE	VALVOLINE
Fluid Weight	5W-20	5W-20
Fluid Type		
Fluid Change	Y	Y
Filter Change	Y	Y
Kidney Loop	U	U
	0	

**PREVIOUS SAMPLE**

SODIUM APPEARS ELEVATED. NEGATIVE GLYCOL OTHER READINGS APPEAR NORMAL. POSSIBLE BURNING OF COOLANT. IS COOLANT BEING ADDED TO UNIT? RESAMPLE IN 50 HOURS TO MONITOR INTERPRETATION BY RACHEL S - FLUIDS TECH

For additional sample history, go to: [S.O.S WEB](#)

**CONDITION / CONTAMINATION**

		01-Mar-24	21-Jun-17
<b>VISCOSITY (CENTISTOKES) ASTM D445</b>			
V100	Viscosity at 100 C	9.600	8.4

**INFRARED (UFM) ASTM E2412**

ST	Soot	0	0
OXI	Oxidation	8	13
SUL	Sulfur Products	15	18
NIT	Nitration	5	7

**WATER**

W	Water	N	N
---	-------	---	---

**ANTIFREEZE**

A	Antifreeze	N	N
---	------------	---	---

**WEAR LEVELS / ADDITIVES**

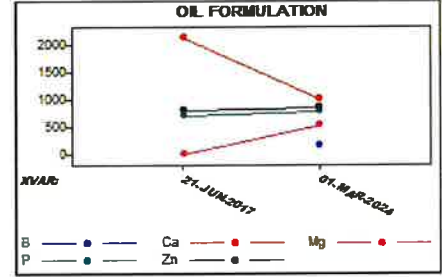
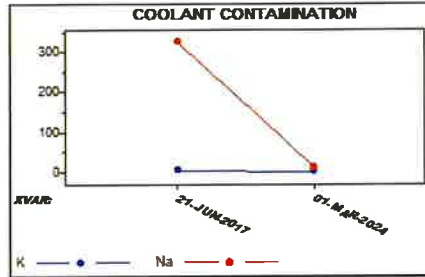
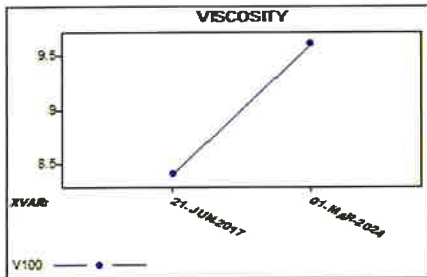
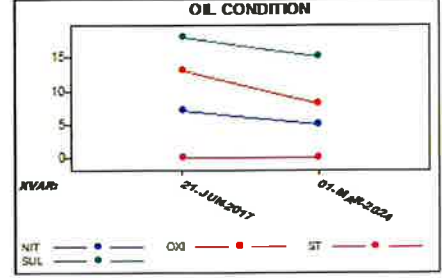
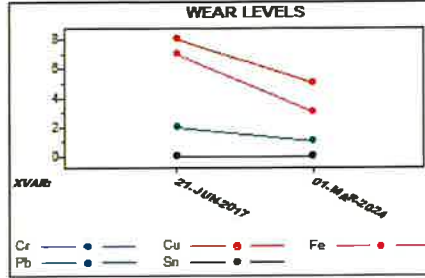
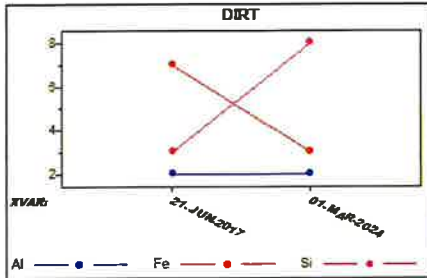
01-Mar-24 21-Jun-17

**ELEMENTAL ANALYSIS (PPM) ASTM D5185 [OIL] / ASTM D6130 [COOLANT]**

	01-Mar-24	21-Jun-17	
Cu	Copper	5	8
Fe	Iron	3	7
Cr	Chromium	0	0
Al	Aluminum	2	2
Pb	Lead	1	2
Sn	Tin	0	0
Si	Silicon	8	3
Na	Sodium	9	324
K	Potassium	0	3
Mo	Molybdenum	70	8
Ni	Nickel	5	
Ag	Silver	0	0
Ti	Titanium	0	
V	Vanadium	0	
Cd	Cadmium	1	
Ca	Calcium	999	2124
P	Phosphorus	791	700
Zn	Zinc	855	812
Mg	Magnesium	529	12
Ba	Barium	0	
B	Boron	155	

PM4:18 MAR 27 '24

STBLDG DIV RCVD



**Report Comment**

Our sample reports has been updated! For more information on the new report, go to - <https://www.youtube.com/watch?v=4h8bREJUVrs>

STATE OF NEBRASKA  
 BUILDING DIVISION-TOM ARMSTRONG  
 LINCOLN, NE 68508  
 USA

Notice: This analysis is intended as an aid in predicting mechanical wear. No guarantee, expressed or implied, is made against failure of this piece of equipment or component thereof.



CUSTOMER DETAILS											
CUSTOMER:					DATE:						
ADDRESS:					JOB ID:						
SITE NAME:					TECHNICIAN:						
CONTACT NAME:					CONTACT TEL:						
PRODUCT DETAILS											
GEN MAKE					GEN MODEL:						
GEN SERIAL:					GEN HOURS:						
AUTOMATIC TRANSFER SWITCH NOTES								Service Interval			
								Quarterly			
								Semi-Annual			
								Annual			
Nominal Voltage Source					Emergency Voltage Source						
A-B		B-C		C-A	A-B		B-C		C-A		
A-N		B-N		C-B	A-N		B-N		C-B		
A-Amps		B-Amps		C-Amps	A-Amps		B-Amps		C-Amps		
A-Temp		B-Temp		C-Temp	A-Temp		B-Temp		C-Temp		
PRE OPERATION CHECKS				Coolant temp	Battery Charging voltage						
OPERATION CHECKS											
PASS	N/A	NEEDS ATTN									
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			CONTROL DISPLAY	Oil Pressure		Exercise Duration					
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			CB OPERATION	Frequency Rate		Start Time					
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			EXHAUST SYSTEMS CONDITION								
			ENGINE: Ignition system, Belts, Turbo, Air intake system, Air filter, Oil Leaks, Oil level, Crankcase Breather								
			ALTERNATOR CONDITION								
			FULL SERVICE PERFORMED								
			FUEL SYSTEM: Fuel Plumbing, Fuel Filters, Fuel Condition				Fuel Level				
			ENCLOSURE CONDITION								
			BATTERY CONDITION								
			ATS: Housing Condition, Power and Control Cables, Main Connects, Operating Mechanism, Control Boards, Display, Battery Charger								
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			Before Leaving Site: Gen in Auto, Battery Charger ON, Block Heater ON, CB closed, Customer Logs								
Notes:											

## Kinney-Brown, Carleen

---

**From:** Popple, Mitchell  
**Sent:** Monday, February 5, 2024 11:43 AM  
**To:** LaBouchardiere, Mark  
**Cc:** Kinney-Brown, Carleen; Kinney, JoAnn; Fortner, Shaylee  
**Subject:** Whitehall NDEE Audit and Response  
**Attachments:** Food Establishment Evaluation (WH24).pdf; Food Evaluation Corrective Action Reply Form (WH24).pdf; 20240205114145904.pdf

Mark,

on 1.24.24 Suzanne Polzkill came and completed our annual Food Establishment Evaluation. We had a total of 3 deficiencies. I have attached the evaluation, corrective action reply form, and the HACCP recordkeeping requirements. The first deficiency was due to the dishwashing machine needing to be replaced in the kitchen. Due to having no dishwasher, all utensils used have to be sanitized at the end of the day and cannot be done so in the Whitehall kitchen because they sinks do not have an air gap. To fix we will be using plastic utensils and clam shells to serve the youth with. Utensils and pitchers used in the making of each meal will be taken to LRC and sanitized daily. The second deficiency was due to the contact paper in the cabinets being damaged. I have placed a work order to have all contact paper replaced in the kitchen. The third deficiency was due to the milk fridge and sharps drawer not being clean. Anne sent me when those items should be cleaned on a weekly basis and will retrain her staff to ensure compliance with the cleaning schedule. Over all I believe this is our best NDEE audit yet.

Thank you,

**Mitchell Popple** | Facility Administrator

BEHAVIORAL HEALTH - WHITEHALL

**Nebraska Department of Health and Human Services**

OFFICE: 402-471-6969 | CELL: 402-525-3130

[DHHS.ne.gov](https://dohhs.ne.gov) | [Facebook](#) | [Twitter](#) | [LinkedIn](#)

**Whitehall Vision Statement:** *We change communities by changing the youth we serve. We change the lives of the youth we serve using passionate care and individualized treatment. We make futures brighter. We make lives better. We are Whitehall, and we make a difference.*

**CONFIDENTIALITY NOTICE:** This e-mail message, including any attachments, is for the sole use of the intended recipient(s) and may contain confidential and privileged information. Any unauthorized review, use, disclosure, or distribution is prohibited. If you are not the intended recipient, please contact the sender by reply e-mail and destroy all copies of the original message.

**FOOD ESTABLISHMENT EVALUATION**

CAR 2-7-24  
 HACCP

Firm: Whitehall  
Address: 5845 Huntington Ave  
City: Lincoln County: Lancaster

Firm ID: 55-24 Inspector Code: 21  
Facility Codes: \_\_\_\_\_ Inspection Date: 1-24-24

Unless otherwise stated, violations cited in this report shall be corrected within the period noted: Priority (P) items within 3 days, Priority Foundation (PF) items within 10 days (§8-405.11) or 90 days for core items (§8-406.11).

Priority / Priority Foundation Violations: 1 Core Violations: 2

Purpose	
Regular: <u>1</u>	Investigation: 4
Follow-up: 2	Other: 5
Complaint: 3	

Temperature Observations					
Food Product	Product Temp.	Location	Food Product	Product Temp.	Location
<u>None observed</u>			<u>milk</u>	<u>40°F</u>	<u>milk fridge</u>
<u>Food arrives @</u>					

**Foodborne Illness Risk Factors and Public Health Interventions**

Compliance Status				C	R	Compliance Status				C	R			
<b>Demonstration of Knowledge</b>						<b>Time/Temperature Control for Safety (TCS Food)</b>								
1	IN	OUT	Certification by accredited program, compliance with code, or correct responses			16	IN	OUT	N/A	N/O	Proper cooking time & temperature			
<b>Employee Health</b>						<b>Highly Susceptible Populations</b>								
2	IN	OUT	Management awareness; policy present			17	IN	OUT	N/A	N/O	Proper reheating procedures for hot holding			
3	IN	OUT	Proper use of reporting, restriction & exclusion			18	IN	OUT	N/A	N/O	Proper cooling time and temperatures			
<b>Good Hygienic Practices</b>						<b>Consumer Advisory</b>								
4	IN	OUT	N/O	Proper eating, tasting, drinking, or tobacco use			20	IN	OUT	N/A	Proper hot holding temperatures			
5	IN	OUT	N/O	No discharge from eyes, nose & mouth			21	IN	OUT	N/A	Proper cold holding temperatures			
<b>Preventing Contamination by Hands</b>						<b>Chemical</b>								
6	IN	OUT	N/O	Hands clean & properly washed			23	IN	OUT	N/A	Proper date marking and disposition			
7	IN	OUT	N/A	N/O	No bare hand contact with RTE foods			<b>Consumer Advisory</b>						
8	IN	OUT		Adequate handwashing facilities supplied & accessible			24	IN	OUT	N/A	Consumer advisory provided for raw or under cooked foods			
<b>Approved Source</b>						<b>Conformance with Approved Procedures</b>								
9	IN	OUT		Food obtained from approved source			25	IN	OUT	N/A	Highly Susceptible Populations			
10	IN	OUT	N/A	N/O	Food received at proper temperature			26	IN	OUT	Chemical			
11	IN	OUT		Food in good condition, safe & unadulterated			<b>Conformance with Approved Procedures</b>							
12	IN	OUT	N/A	N/O	Required records available; shellstock tags, parasite destruction			27	IN	OUT	N/A	Compliance with variance, specialized process, & HACCP plan		
<b>Protection from Contamination</b>						<b>Conformance with Approved Procedures</b>								
13	IN	OUT	N/A	Food separated & protected			IN	OUT	N/A		Ventilation adequate in dry storage to maintain ideal temperatures			
14	IN	OUT	N/A	Food-contact surfaces; cleaned & sanitized			IN	OUT	N/A		Thermometer in dry storage areas			
15	IN	OUT		Proper disposition of returned, previously served, recondition, unsafe food			IN	OUT	N/A		Locks on all storage areas to prevent pilferage			

P or PF	Item #	Code Reference	Violation Description/Remarks/Corrections
		Note:	Dishwasher was replaced w/ commercial model (great!) but unit is currently non-operational & awaiting repair.
			3-Comp sink is designated for hand-washing in 1 basin; No air gaps.
P	14	4-702.11	Facility does not have capacity to sanitize utensils. All utensils

Follow-up Yes 1 No 2

Received by: [Signature]

Inspected by: [Signature]

**Nebraska Department of Environment and Energy**

PO Box 98922, Lincoln, NE 68509 | 402-471-0903

Distribution: WHITE – Lincoln; YELLOW – Local Office; PINK - Customer

21-012 06/2021



# NIR

## Nebraska Industrial Refrigeration

6921 West Remington Drive  
Lincoln, NE 68532

P: (402) 499-4700 F: (402) 477-3066

- Heating
- Air Conditioning
- Refrigeration
- Automatic Doors
- Cooking Equipment
- Residential

www.nirlincoln.com  
We repair all makes  
and models of equipment!

Acct. # \_\_\_\_\_ Work Order/PO # \_\_\_\_\_  
Date Started 1 / 1 Completed 2 / 14 / 24

**TERMS: NET 10 DAYS • PLEASE PAY FROM THIS INVOICE**  
A FINANCE CHARGE OF 1-12% PER MONTH (18% PER ANNUM) WILL BE ADDED TO ALL ACCOUNTS PAST DUE.

BILL TO: \_\_\_\_\_ JOB LOCATION: WHITEHALL  
 \_\_\_\_\_ 5900 WALKER TWP  
 \_\_\_\_\_ LINCOLN, NE.

Maintenance Agreement     Complete    Equipment Make \_\_\_\_\_ Model \_\_\_\_\_  
 Warranty     Incomplete    Unit # \_\_\_\_\_ Serial # \_\_\_\_\_

SERVICE REQUESTED: ICE MACHINE Administration Building BY: \_\_\_\_\_

Work Done: RAW MACHINE THAN CLEANING  
Cycle - Pulled off all parts - cleaned  
and sanitized - Reassembled machine  
Raw than we making cycle making  
ICE CR.

Qty.	Material Description	Amount
	Refrigerant Recovery Unit	
	Vacuum Pump	
	Freight	
	Welder	
<u>1</u>	<u>CLEANER AND SANITIZER</u>	
REFRIGERANT WEIGHT VERIFIED		
	Type	Drum #
	In	Out
	Total	Initial

MILEAGE CHARGE \_\_\_\_\_  
 MATERIAL SUB TOTAL \_\_\_\_\_  
 MATERIAL SALES TAX \_\_\_\_\_

Hours	Labor	Reg. Time
Hours	Labor	Over Time
Hours	Labor	Helper
Hours	Labor	Travel
LABOR SALES TAX		

INVOICE **No. 41857** TOTAL \_\_\_\_\_

Technician: [Signature]  
 Technician Comments: [Signature]  
 Reg.  O.T.

Nebraska Industrial Refrigeration (NIR) assumes no product liability. If buyer fails to make payment for the equipment within 30 days, NIR in addition to other remedies may repossess the equipment without notice and the buyer agrees to pay the cost and expenses of collection and/or repossession.  
 Work authorized by: [Signature] 2/13/24

PRICES SHOWN SUBJECT TO CORRECTION *Thank You!*

**FOOD ESTABLISHMENT EVALUATION**

Firm: Whitehall  
 Address: 5845 Huntington Ave  
 City: Lincoln County: Lancaster

Firm ID: 55-24 Inspector Code: 21  
 Facility Codes: \_\_\_\_\_ Inspection Date: 1-24-24

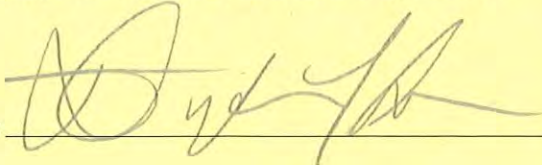
**Good Retail Practices**

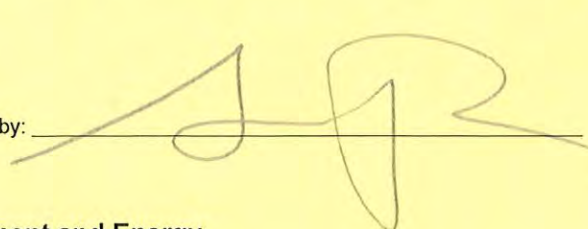
Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

Safe Food and Water		C	R	Proper Use of Utensils		C	R
28	Pasteurized eggs used where required			41	In-use utensils; properly stored		
29	Water & ice from approved source			42	Utensils, equipment, & linens; properly stored, dried & handled		
30	Variance obtained for specialized processing methods			43	Single-use & single-service articles; properly stored & used		
Food Temperature Control				44	Gloves used properly		
31	Proper cooling methods used; adequate equipment for temperature control			Utensils, Equipment, and Vending			
32	Plant food properly cooked for hot holding			45	Food & non-food contact surfaces cleanable, properly designed, constructed & used		X
33	Approved thawing methods used			46	Warewashing facilities; installed, maintained, & used; test strips		
34	Thermometers provided & accurate			47	Non-food contact surfaces clean		
Food Identification				Physical Facilities			
35	Food properly labeled; original container			48	Hot & cold water available; adequate pressure		
Prevention of Food Contamination				49	Plumbing installed, proper backflow devices		
36	Insects, rodents, & animals not present; no unauthorized persons			50	Sewage & waste water properly disposed		
37	Contamination prevented during food preparation, storage, & display			51	Toilet facilities; properly constructed, supplied & cleaned		
38	Personal cleanliness; hair restraints			52	Garbage & refuse properly disposed, facilities maintained		
39	Wiping cloths; stored in sanitizing solution and properly used			53	Physical facilities installed, maintained, & clean		
40	Washing fruits & vegetables washed prior to use			54	Adequate ventilation & lighting; designated areas used		

P or PF	Item #	Code Reference	Violation Description/Remarks/Corrections
			(pitchers, serving spoons) must be sent back to LRC to sanitize until dishwasher is repaired.
			Discussion: If 3-comp sink is to be used for prep/utensil cleaning, an additional sink must be installed for handwashing & 3-Comp must have air gap drains (excluding garbage grinder basin).
	45	4-101.19	Repair/replace cabinet interiors to be smooth & cleansable, nonabsorbent. Paint, seal, or contact paper.
	47	4-601.11(i)	Clean interior of milk fridge, bottom of sharps drawer.
			Provided HACCP Recordkeeping Requirements Contact me w/ any questions!

Unless otherwise stated, violations cited in this report shall be corrected within the period noted: Priority (P) items within 3 days, Priority Foundation (PF) items within 10 days (§8-405.11) or 90 days for core items (§8-406.11).

Received by: 

Inspected by: 

Nebraska Department of Environment and Energy

PO Box 98922, Lincoln, NE 68509 | 402-471-0903

Distribution: WHITE – Lincoln; YELLOW – Local Office; PINK - Customer

21-012 06/2021

DR. BRIAN L. MAHER, COMMISSIONER



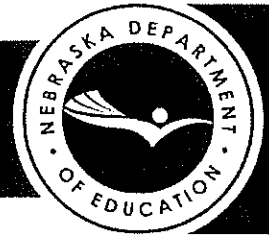
TEL 402.471.2295  
FAX 402.471.0117



P.O. Box 94987  
Lincoln, NE 68509-4987



[education.ne.gov](http://education.ne.gov)



June 11, 2024

Administrator  
Morton School  
2311 N 60th St Bldg 4  
Lincoln, NE 68507

Dear Administrator,

On June 7, 2024, the State Board of Education voted to grant approval to Morton School for the school year 2024-25. The decision was based upon a review of the Assurance Statement and other information indicating compliance with Title 92, Nebraska Administrative Code, Chapter 18 (Rule 18), *Interim-Program Schools in County Detention Homes, Institutions, and Juvenile Emergency Shelters*.

We thank you for the cooperation you have extended to us and wish you well as you continue to provide educational opportunities for the young people in your school.

Sincerely,

Decua Jean-Baptiste Ed. D.  
Director of Accreditation  
Office of Accreditation, Certification, & Approval  
Nebraska Department of Education



DR. BRIAN L. MAHER, COMMISSIONER



TEL 402.471.2295  
FAX 402.471.0117



P.O. Box 94987  
Lincoln, NE 68509-4987



[education.ne.gov](http://education.ne.gov)



June 11, 2024

Administrator  
Nebraska Youth Academy  
5900 Walker Ave  
Lincoln, NE 68507

Dear Administrator,

On June 7, 2024, the State Board of Education voted to grant approval to Nebraska Youth Academy for the school year 2024-25. The decision was based upon a review of the Assurance Statement and other information indicating compliance with Title 92, Nebraska Administrative Code, Chapter 18 (Rule 18), *Interim-Program Schools in County Detention Homes, Institutions, and Juvenile Emergency Shelters*.

We thank you for the cooperation you have extended to us and wish you well as you continue to provide educational opportunities for the young people in your school.

Sincerely,

Decua Jean-Baptiste Ed. D.  
Director of Accreditation  
Office of Accreditation, Certification, & Approval  
Nebraska Department of Education

**CHILD CARE FACILITY EVALUATION**

PO Box 98922 • Lincoln, NE 68509 • (402) 471-0903

Facility: Whitchell

Person Interviewed: Mitchell Popple

Address: 5845 Huntington Ave

Title: Facility Administrator

Facility ID: \_\_\_\_\_

Number of children at time of inspection: 12

Type of Inspection:  Initial  Routine  Follow up  Amendment  Consultation

**Unsatisfactory items are circled and must be corrected**

**General Facility**

- 1) Floors, walls, ceiling and attached equipment are in good repair.
2. Facility is clean and sanitary.
- 3) Furniture and toys are in good repair and clean.
4. Windows are screened if used for ventilation.
5. Maintained to prevent entrance/harborage of pests.
6. Adequate heating, ventilation and lighting in all rooms.
7. Electrical outlets capped or safety outlets installed/used.
8. Indoor/outdoor garbage storage is covered, clean and emptied at suitable intervals.
9. Personal items (blankets, toothbrushes, hair brushes, drinking containers) are adequately labeled and stored for children/staff.
10. Chemicals used:
  - a. Sanitizer bleach
  - b. Disinfectant bleach
11. Locked storage for chemicals/cleaning supplies/poisons.
12. Chemicals/poisons/cleaning supplies are properly labeled.
13. Locked storage for medications.

- e. Handwashing sink within close proximity to changing area.
- f. Proper handwashing done after diapering for child and adult.

**Restrooms**

- 18) Restrooms are clean and in good repair, well lighted and ventilated, fully enclosed. Doors that open into a food service or cafeteria eating area must be tight-fitting and self-closing.
19. Toilets
  - a. One toilet per 15 children (two years and over) – Child Care Center (CCC).
  - b. One toilet per six children – Residential Child Caring Agency (RCCA).
  - c. Clean, operable and in good repair.
  - d. Toilet paper must be in holder and tissue available. Must be easily accessible/reachable.
20. Sinks
  - a. One handwashing sink per 15 children – CCC
  - b. One handwashing sink per 6 children – RCCA
  - c. Soap, hot and cold water available.
  - d. Hot water temperature is 100-120 degrees F.
  - e. Single service towels accessible to children.
  - f. Suitable height or steady platform/steps provided.
21. Children and adults wash hands after toileting.

**Infant/Toddler Care**

14. Separate water source for handwashing and food/bottle preparation.
15. Cribs are sanitized daily if used by different children or weekly if individual use.
16. Breast milk properly labeled and stored.
17. Diapering:
  - a. Designated diaper changing surface.
  - b. Changing surface clean, in good repair and a non-absorbant material with no cracks or tears.
  - c. Cleaned and disinfected between each use.
  - d. Soiled diaper storage and disposal is covered and waterproof.

**Water Supply and Plumbing**

22. Water supply source
  - a. Municipal/Public Water Supply
  - b. OR Private; meets State Public Water Supply Standards.  
Last tested: \_\_\_\_\_
23. Drinking water fountains have mouth guards and sufficient pressure OR individual or disposable cups with sanitary dispensing and disposal units.
24. Local plumbing codes followed with proper backflow protection and no cross-connections.
25. Adequate hot water: 100-120 degrees F 101-118°F.

**Continued on page 2**

**CHILD CARE FACILITY EVALUATION**

PO Box 98922 • Lincoln, NE 68509 • (402) 471-0903

Facility: Whitehall

Facility ID: \_\_\_\_\_

**Unsatisfactory items are circled and must be corrected**

**Continued from page 1**

**Sewage/Wastewater**

- 26. When a municipal sewage system is not available, the licensee must:
  - a. Collect, treat and dispose of sewage and all liquid waste with a sewage system that conforms to local ordinances; or
  - b. Where local ordinances do not exist, sewage disposal systems must comply with the regulations.

**Grounds**

- 30. Outdoor play area fenced for under school age children.
- 31. Fence in good condition.
- 32. Grounds clean, hazard- and rodent-free, free of animal waste and properly drained, no standing water.
- 33. Indoor/outdoor play equipment is safe and in good repair.
- 34. Wading pools must be drained and disinfected between each use. Inaccessible to children when not in use.

**Napping/Sleeping**

- 27. Cots/mats are waterproof, at least one inch thick and 45 inches long and in good repair. No tears, etc.
- 28. Three feet of space between cots/mats.
- 29. Cots/mats must be disinfected daily if used by different children or weekly if individual use.

**Remarks and recommendations**

1- Throughout facility, patch/paint any spots where paint has chipped & wall is exposed. Must be smooth & cleanable! Several windows throughout facility have cracks and need to be re-sealed. (where window meets wall)

18- All doors opening into food prep or service areas must be self-closing.

3- Torn couches (are in process of replacement).

27- Repair/replace torn mattresses.

Generally, floors beneath eating areas in CCCs must be smooth & non-absorbent (not carpeted) - inspector did not observe cleanliness issues in dining areas. When renovations are planned, contact NDEE for plan review!

Approved     Disapproved     Pending reinspection, correct by: \_\_\_\_\_

Director/staff signature: [Signature] FA

Inspector: [Signature] Polzkill

Date: 2-21-23

**FOOD ESTABLISHMENT INSPECTION REPORT**

CAR 3-7-23  
 HACCP

Firm: Whitehall  
Address: 5845 Huntington Ave  
City: Lincoln County: Lancaster

Firm ID: \_\_\_\_\_ Inspector Code: 21  
Facility Codes: \_\_\_\_\_ Inspection Date: 2-21-23

Unless otherwise stated, violations cited in this report shall be corrected within the period noted: Priority (P) items within 3 days, Priority Foundation (PF) items within 10 days (§8-405.11) or 90 days for core items (§8-406.11).

Purpose	
Regular: <u>1</u>	Investigation: 4
Follow-up: 2	Other: 5
Complaint: 3	

Priority / Priority Foundation Violations: 4 Core Violations: 2

Temperature Observations					
Food Product	Product Temp.	Location	Food Product	Product Temp.	Location
potato sal	45 °F	counter			
sandwich	60 °F	counter			

**Foodborne Illness Risk Factors and Public Health Interventions**

Compliance Status				C	R	Compliance Status				C	R				
Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item IN=in compliance OUT=not in compliance N/O=not observed N/A=not applicable						Mark "X" in appropriate box for C and/or R C=corrected on site during inspection R=repeat violation									
<b>Demonstration of Knowledge</b>						<b>Time/Temperature Control for Safety (TCS Food)</b>									
1	IN	OUT	Certification by accredited program, compliance with code, or correct responses			16	IN	OUT	N/A	N/O	Proper cooking time & temperature				
<b>Employee Health</b>						<b>Highly Susceptible Populations</b>									
2	IN	OUT	Management awareness; policy present			17	IN	OUT	N/A	N/O	Proper reheating procedures for hot holding				
3	IN	OUT	Proper use of reporting, restriction & exclusion			18	IN	OUT	N/A	N/O	Proper cooling time and temperatures				
<b>Good Hygienic Practices</b>						<b>Consumer Advisory</b>									
4	IN	OUT	N/O	Proper eating, tasting, drinking, or tobacco use			19	IN	OUT	N/A	N/O	Proper hot holding temperatures			
5	IN	OUT	N/O	No discharge from eyes, nose & mouth			20	IN	OUT	N/A	Proper cold holding temperatures				
<b>Preventing Contamination by Hands</b>						<b>Chemical</b>									
6	IN	OUT	N/O	Hands clean & properly washed			21	IN	OUT	N/A	N/O	Proper date marking and disposition			
7	IN	OUT	N/A	N/O	No bare hand contact with RTE foods			22	IN	OUT	N/A	N/O	Time as a public health control; procedures & record		
8	IN	OUT		Adequate handwashing facilities supplied & accessible			23	IN	OUT	N/A	Consumer advisory provided for raw or under cooked foods				
<b>Approved Source</b>						<b>Conformance with Approved Procedures</b>									
9	IN	OUT		Food obtained from approved source			24	IN	OUT	N/A	Pasteurized foods used; prohibited foods not offered				
10	IN	OUT	N/A	N/O	Food received at proper temperature			25	IN	OUT	N/A	Food additives; approved & properly used			
11	IN	OUT		Food in good condition, safe & unadulterated			26	IN	OUT		Toxic substances properly identified, stored & used				
12	IN	OUT	N/A	N/O	Required records available; shellstock tags, parasite destruction			<b>Protection from Contamination</b>							
<b>Protection from Contamination</b>						<b>Compliance with Variance, Specialized Process, &amp; HACCP Plan</b>									
13	IN	OUT	N/A	Food separated & protected			27	IN	OUT	N/A	Compliance with variance, specialized process, & HACCP plan				
14	IN	OUT	N/A	Food-contact surfaces; cleaned & sanitized				IN	OUT	N/A	Ventilation adequate in dry storage to maintain ideal temperatures				
15	IN	OUT		Proper disposition of returned, previously served, recondition, unsafe food				IN	OUT	N/A	Thermometer in dry storage areas				
								IN	OUT	N/A	Locks on all storage areas to prevent pilferage				

P or PF	Item #	Code Reference	Violation Description/Remarks/Corrections
P	50	5-402.11	A direct connection between a prep sink and a sewage line may not exist - provide an air gap drain for prep sinks. Handwashing sinks & garbage disposal do not need air gap. Do not submerge in sinks w/o air gap.
P	20	81-2,272.01	Cold foods must be kept below 41°F.

Follow-up Yes 1 No 2

Discussion: Provide SOP for Time without Temp as Control.

Received by: John Popol FH

Inspected by: [Signature]

Nebraska Department of Environment and Energy

PO Box 98922, Lincoln, NE 68509 | 402-471-0903

Distribution: WHITE - Lincoln; YELLOW - Local Office; PINK - Customer

21-012 06/2021

**FOOD ESTABLISHMENT INSPECTION REPORT**

Firm: Whitehall  
 Address: 5845 Huntington Ave  
 City: Lincoln County: Lancaster

Firm ID: \_\_\_\_\_ Inspector Code: 21  
 Facility Codes: \_\_\_\_\_ Inspection Date: 2-21-23

**Good Retail Practices**

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

Safe Food and Water		C	R	Proper Use of Utensils		C	R
28	Pasteurized eggs used where required			41	In-use utensils; properly stored		
29	Water & ice from approved source			42	Utensils, equipment, & linens; properly stored, dried & handled		
30	Variance obtained for specialized processing methods			43	Single-use & single-service articles; properly stored & used		
<b>Food Temperature Control</b>				44	Gloves used properly		
31	Proper cooling methods used; adequate equipment for temperature control			<b>Utensils, Equipment, and Vending</b>			
32	Plant food properly cooked for hot holding			45	Food & non-food contact surfaces cleanable, properly designed, constructed & used		
33	Approved thawing methods used			46	Warewashing facilities; installed, maintained, & used; test strips		
34	Thermometers provided & accurate			47	Non-food contact surfaces clean		
<b>Food Identification</b>				<b>Physical Facilities</b>			
35	Food properly labeled; original container			48	Hot & cold water available; adequate pressure		
<b>Prevention of Food Contamination</b>				49	Plumbing installed, proper backflow devices		
36	Insects, rodents, & animals not present; no unauthorized persons			50	Sewage & waste water properly disposed		
37	Contamination prevented during food preparation, storage, & display			51	Toilet facilities; properly constructed, supplied & cleaned		
38	Personal cleanliness; hair restraints			52	Garbage & refuse properly disposed, facilities maintained		
39	Wiping cloths; stored in sanitizing solution and properly used			53	Physical facilities installed, maintained, & clean		
40	Washing fruits & vegetables washed prior to use			54	Adequate ventilation & lighting; designated areas used		

P or PF	Item #	Code Reference	Violation Description/Remarks/Corrections
	45	4-101.19	Repair/replace cabinets and drawers to be smooth and easily cleanable. Contact paper OK until torn/worn; alternatively paint/seal.
PF	46	4-302.13	Provide an irreversible registering temperature indicator for dishwashers - must reach 160°F
	45	4-501.11	Replace damaged microwave (CIC #2)
PF	46	4-501.116	Test hot expired. Provide iodine kit for chlorine.
		Discussion:	Dishwashers must be capable of achieving 160°F surface temp to sanitize effectively. Child care centers replacing residential units must have commercial unit installed OR sanitize all utensils in 3-Comp sink. Sanitize manually until older units replaced.

Unless otherwise stated, violations cited in this report shall be corrected within the period noted: Priority (P) items within 3 days, Priority Foundation (PF) items within 10 days (§8-405.11) or 90 days for core items (§8-406.11).

Received by: AL Porro FA Inspected by: [Signature] Porzkill

ATTN: Suzanne Polzk:ll

**FOOD EVALUATION CORRECTIVE ACTION REPLY FORM**

Return 3/7/23

In the facility you operate, critical violations were identified that were not corrected at the time of the inspection. To protect the health and safety of the public, the Nebraska Department of Health and Human Services requests immediate attention to all critical violations. You must: make the corrective actions, document the corrective actions on this form, and return this form, along with any supporting documentation to the Department.

Please Type or Print Clearly

Facility Name: <u>Whitehall</u>	Permit Number:
Facility Address: Street/PO/Route: <u>5845 Huntington Ave</u>	
City: <u>Lincoln</u>	State: <u>NE</u> ZIP: <u>68507</u>

Food Facility Manager	Contact Number
<u>Anne Regelean</u>	<u>402.479.5445</u>
Facility Manager/Director/Superintendent (print and sign name)	Contact Number
<u>Mitchell Popple</u> <u>ML Popple</u>	<u>402.525.3130</u>

Description of corrective action to critical violations that place the facility into compliance must be provided (use additional pages if necessary and provide any and all supporting documentation):

Item #50 - Spoke with maintenance and confirmed that the cottages do have sewage back fill prevention systems in place.

Item #20 - Attached to this response form is the policy provided by Anne Regelean pertaining to food temps.

Item #46 - Anne Regelean has ordered a irreversible registering temperature indicator and new chlorine testing strips. They will be delivered to the kitchen as soon as she receives them.

Work orders have been placed to paint cabinets in cottages 1 and 2. Touch up paint in all cottages. Fix doors to be self-closing in pantry areas.

Report Made By (Print/Type Name): Mitchell Popple, Facility Administrator

ML Popple 2/28/23

Signature Date

## IX.

### INFECTION CONTROL

#### D. Food Preparations and Service.

##### STANDARD:

Food preparation and serving procedures shall comply with standard health regulations, including the Nebraska Food Code.

##### PROCEDURES:

1. Raw, unprocessed fruits and vegetables are thoroughly washed under running water before use.
2. Food from broken packages, swollen or leaking cans or food with an abnormal appearance or odor is not served.
3. Food is served with sanitized tongs, scoops, forks, spoons, spatulas or other suitable implements so as to avoid manual contact of unpackaged foods.
4. Plastic gloves are worn when handling foods or wrapping dinnerware.
5. Individual portions of food once served are not served again.
6. Prepared food is transported to other areas in covered containers.
7. Thermometers are used to check temperatures of foods on the serving lines. Hot foods are held at a minimum of 140 degrees F. Cold foods are kept below 40 degrees F
8. All foods will be temped before meal service begins.
9. Food items will be disposed of or placed in the refrigerator immediately following meal service.  
No perishable items will sit out longer than 2 hours.
8. Single service articles are discarded after one use.
9. Patients on isolation shall have all food delivered on disposable utensils and dishes. Disposable dishes should be discarded on the nursing unit.
10. Plasticware that has lost its glaze or is shipped or cracked is disposed of immediately.
11. Cooked foods should not be cut on the same boards used for preparing raw foods.
12. Separate cutting boards are provided for meat, poultry, fish and raw fruits and vegetables, except said board is made of nonabsorbent material that can be cleaned and sanitized.



## Nebraska State Fire Marshal Existing Small Residential Inspection Report

Facility Name	Whitehall-Community Life
Portion of Facility Inspected	
Address	5801 Walker Ave, Lincoln, NE
ZIP	
Facility Phone Number	
Inspector Name	Monica Ellis
Inspector Badge Number	8702
Inspector Agency	Nebraska State Fire Marshal
Inspector Email	monica.ellis@nebraska.gov
Inspector Phone Number	402-326-2830
Number of Visits	
Inspection Type	Initial
Occupant Load	
Fee Card	Y
Fee Sheet/Facility ID Number	14861
Code Reviews	
Date of Inspection	2024-03-13
Status	Pass
Complete Corrections By	N/A

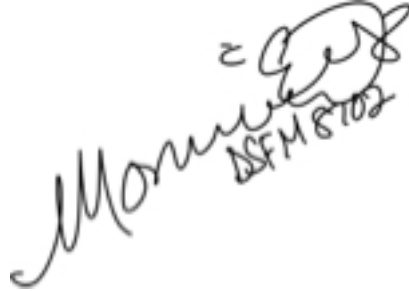


Inspectors and Operator Staff Involved			
Lead Inspector	Badge #	Agency	Phone Number
Monica Ellis	8702	Nebraska State Fire Marshal	402-326-2830

This facility was inspected and found to meet applicable requirements of the Fire and Life Safety Code and/or Fire Systems Installation Standards at the time of inspection; the facility is approved for occupancy.

Any modifications or changes made to this facility after the date of approval may void this approval

If you have questions on this Order, contact Monica Ellis by phone at 402-326-2830 or by Email at [monica.ellis@nebraska.gov](mailto:monica.ellis@nebraska.gov).

Inspector Comments / Notes	
Report completed by Deputy	Monica Ellis DSFM 8702
Date Signed	2024-03-13
Signature	

Summary	
Passed Item	Status
<b>EXISTING SMALL RESIDENTIAL BOARD AND CARE</b>	
1. Were plans submitted to the plans division and physical address meets requirements?	N/A
2. Facility management has furnished, upon request, an evacuation capability determination?	Pass
3. If facility is considered slow evacuation capable, is approved construction provided?	N/A
4. Impractical evacuation capable facilities have approved construction?	Pass
5. Approved means of egress are provided?	Pass
6. Approved number of means of egress have been provided?	Pass
7. Interior stairs, if provided, are provided?	Pass
8. Doors and Locks are approved?	Pass
9. Hazardous areas are protected and separated from the remainder of the building?	Pass
10. Interior wall and ceiling finishes are in compliance and approved?	Pass
11. If required, is there an approved fire alarm system provided?	Pass
12. Smoke alarms are provided and approved?	Pass

Summary	
Passed Item	Status
13. If required, Automatic Sprinkler System is provided and approved?	Pass
14. Corridor walls are of approved construction?	Pass
15. Building services, heating, ventilating and air conditioning is approved?	Pass
16. Do all electrical components meet compliance?	Pass
17. Do the parking spaces meet the ADA requirements?	Pass
18. Do the bathrooms meet the ADA requirements in compliance, if applicable?	Pass
19. Does Fire Department access meet requirements?	Pass
Additional NFPA1/NFPA101 Violations	Pass
General Violations	Pass

03.05.24

State Fire Marshal Agency  
246 South 14th Street  
Lincoln, Ne 68508-1804



District: District A  
Referral Number: 14861

Facility Type: Mental Health Center

Facility Name: Whitehall-Community Life  
Street Address: 5801 Walker Ave  
Mailing Address: \_\_\_\_\_  
Lincoln, NE 68509

Owner/Administrator  
E-Mail Address: carleen.kinney-brown@nebraska.gov

24

Inspection Fee: \$50.00

Revisit Fee: \_\_\_\_\_

Total Due: \$50

3.13.24

Inspection Date

Signature of Inspecting official: Monica Ellis  
1st Inspection: Monica Ellis  
Contact: \_\_\_\_\_  
2nd Inspection: \_\_\_\_\_  
Contact: \_\_\_\_\_  
3rd Inspection: \_\_\_\_\_  
Contact: \_\_\_\_\_  
4th Inspection: \_\_\_\_\_  
Contact: \_\_\_\_\_

**Payment Options:** Online remittance of fees is preferred. Online payments can be remitted via the website at <https://sfm.nebraska.gov/fees>. A convenience fee of \$1.75 for e-checks and 2.49% for credit card payments will apply. For the transaction item, select "**Code Inspection Fees.**"

If paying by check or money order, send payment along with this fee sheet to the State Fire Marshal, 246 S. 14th Street Lincoln, NE 68508.

**Certificate of Occupancy:** Upon receipt of payment of inspection fees and issuance of an Order of Approval, a Certificate of Occupancy will be sent to the email address provided on this form or as listed on the online payment request. If no e-mail address is provided, the certificate will be mailed to the facility address noted above.

**If fees have not been received within 30 days of approval, an order of disapproval may be issued. If an order of disapproval is issued, another inspection will be required and an additional fee will be assessed.**



## Nebraska State Fire Marshal Existing Small Residential Inspection Report


Facility Name	Whitehall-Family Life
Portion of Facility Inspected	
Address	5819 Huntington Avenue, Lincoln, NE
ZIP	
Facility Phone Number	
Inspector Name	Monica Ellis
Inspector Badge Number	8702
Inspector Agency	Nebraska State Fire Marshal
Inspector Email	monica.ellis@nebraska.gov
Inspector Phone Number	402-326-2830
Number of Visits	
Inspection Type	Initial
Occupant Load	
Fee Card	Y
Fee Sheet/Facility ID Number	14864
Code Reviews	
Date of Inspection	2024-03-13
Status	Pass
Complete Corrections By	N/A

Inspectors and Operator Staff Involved			
Lead Inspector	Badge #	Agency	Phone Number
Monica Ellis	8702	Nebraska State Fire Marshal	402-326-2830

This facility was inspected and found to meet applicable requirements of the Fire and Life Safety Code and/or Fire Systems Installation Standards at the time of inspection; the facility is approved for occupancy.

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Inspector Comments / Notes	
Report completed by Deputy	Monica Ellis DSFM 8702
Date Signed	2024-03-13
Signature	

Summary	
Passed Item	Status
<b>EXISTING SMALL RESIDENTIAL BOARD AND CARE</b>	
1. Were plans submitted to the plans division and physical address meets requirements?	N/A
2. Facility management has furnished, upon request, an evacuation capability determination?	Pass
3. If facility is considered slow evacuation capable, is approved construction provided?	N/A
4. Impractical evacuation capable facilities have approved construction?	Pass
5. Approved means of egress are provided?	Pass
6. Approved number of means of egress have been provided?	Pass
7. Interior stairs, if provided, are provided?	Pass
8. Doors and Locks are approved?	Pass
9. Hazardous areas are protected and separated from the remainder of the building?	Pass
10. Interior wall and ceiling finishes are in compliance and approved?	Pass
11. If required, is there an approved fire alarm system provided?	Pass
12. Smoke alarms are provided and approved?	Pass
13. If required, Automatic Sprinkler System is provided and approved?	Pass

Summary	
Passed Item	Status
14. Corridor walls are of approved construction?	Pass
15. Building services, heating, ventilating and air conditioning is approved?	Pass
16. Do all electrical components meet compliance?	Pass
17. Do the parking spaces meet the ADA requirements?	Pass
18. Do the bathrooms meet the ADA requirements in compliance, if applicable?	Pass
19. Does Fire Department access meet requirements?	Pass
Additional NFPA1/NFPA101 Violations	Pass
General Violations	Pass

03.05.24

State Fire Marshal Agency  
246 South 14th Street  
Lincoln, Ne 68508-1804



District: District A  
Referral Number: 14864

Facility Type: Mental Health Center

Facility Name: Whitehall-Family Life  
Street Address: 5819 Huntington Ave  
Mailing Address: \_\_\_\_\_  
Lincoln, NE 68507

Owner/Administrator  
E-Mail Address: carleen.kinney-brown@nebraska.gov

24

Inspection Fee: \$50.00

Revisit Fee: \_\_\_\_\_

Total Due: \$50

3.13.24  
Inspection Date

Signature of Inspecting official: Monica Ellis  
1st Inspection: [Signature]  
Contact: \_\_\_\_\_  
2nd Inspection: \_\_\_\_\_  
Contact: \_\_\_\_\_  
3rd Inspection: \_\_\_\_\_  
Contact: \_\_\_\_\_  
4th Inspection: \_\_\_\_\_  
Contact: \_\_\_\_\_

**Payment Options:** Online remittance of fees is preferred. Online payments can be remitted via the website at <https://sfm.nebraska.gov/fees>. A convenience fee of \$1.75 for e-checks and 2.49% for credit card payments will apply. For the transaction item, select "Code Inspection Fees."

If paying by check or money order, send payment along with this fee sheet to the State Fire Marshal, 246 S. 14th Street Lincoln, NE 68508.

**Certificate of Occupancy:** Upon receipt of payment of inspection fees and issuance of an Order of Approval, a Certificate of Occupancy will be sent to the email address provided on this form or as listed on the online payment request. If no e-mail address is provided, the certificate will be mailed to the facility address noted above.

**If fees have not been received within 30 days of approval, an order of disapproval may be issued. If an order of disapproval is issued, another inspection will be required and an additional fee will be assessed.**

03.05.24

State Fire Marshal Agency  
246 South 14th Street  
Lincoln, Ne 68508-1804



District: District A  
Referral Number: 14863

Facility Type: Mental Health Center

Facility Name: Whitehall Campus ~~Treatment Center~~ *Knighthouse* *2A*

Street Address: 5845 Huntington Ave

Mailing Address: \_\_\_\_\_  
Lincoln, NE 68507

Owner/Administrator

E-Mail Address: Carleen.Kinney-Brown@nebraska.gov

Inspection Fee: \$50.00

Revisit Fee: \_\_\_\_\_

Total Due: \$150

3.13.24

Inspection Date

Signature of Inspecting official: Monica Ellis

1st Inspection: *Monica Ellis*

Contact: \_\_\_\_\_

2nd Inspection: \_\_\_\_\_

Contact: \_\_\_\_\_

3rd Inspection: \_\_\_\_\_

Contact: \_\_\_\_\_

4th Inspection: \_\_\_\_\_

Contact: \_\_\_\_\_

**Payment Options:** Online remittance of fees is preferred. Online payments can be remitted via the website at <https://sfm.nebraska.gov/fees>. A convenience fee of \$1.75 for e-checks and 2.49% for credit card payments will apply. For the transaction item, select "Code Inspection Fees."

If paying by check or money order, send payment along with this fee sheet to the State Fire Marshal, 246 S. 14th Street Lincoln, NE 68508.

**Certificate of Occupancy:** Upon receipt of payment of inspection fees and issuance of an Order of Approval, a Certificate of Occupancy will be sent to the email address provided on this form or as listed on the online payment request. If no e-mail address is provided, the certificate will be mailed to the facility address noted above.

**If fees have not been received within 30 days of approval, an order of disapproval may be issued. If an order of disapproval is issued, another inspection will be required and an additional fee will be assessed.**





## Nebraska State Fire Marshal Existing Small Residential Inspection Report


Facility Name	Whitehall PRTF-Nighthouse
Portion of Facility Inspected	
Address	5845 Huntington Avenue, Lincoln, NE
ZIP	
Facility Phone Number	
Inspector Name	Monica Ellis
Inspector Badge Number	8702
Inspector Agency	Nebraska State Fire Marshal
Inspector Email	monica.ellis@nebraska.gov
Inspector Phone Number	402-326-2830
Number of Visits	
Inspection Type	Initial
Occupant Load	24
Fee Card	N/A
Fee Sheet/Facility ID Number	14863
Code Reviews	
Date of Inspection	2024-03-13
Status	Pass
Complete Corrections By	N/A

Inspectors and Operator Staff Involved			
Lead Inspector	Badge #	Agency	Phone Number
Monica Ellis	8702	Nebraska State Fire Marshal	402-326-2830

This facility was inspected and found to meet applicable requirements of the Fire and Life Safety Code and/or Fire Systems Installation Standards at the time of inspection; the facility is approved for occupancy.

Any modifications or changes made to this facility after the date of approval may void this approval

If you have questions on this Order, contact Monica Ellis by phone at 402-326-2830 or by Email at [monica.ellis@nebraska.gov](mailto:monica.ellis@nebraska.gov).

Inspector Comments / Notes	
Report completed by Deputy	Monica Ellis
Date Signed	2024-03-13
Signature	

Summary	
Passed Item	Status
<b>EXISTING SMALL RESIDENTIAL BOARD AND CARE</b>	
1. Were plans submitted to the plans division and physical address meets requirements?	N/A
2. Facility management has furnished, upon request, an evacuation capability determination?	Pass
3. If facility is considered slow evacuation capable, is approved construction provided?	N/A
4. Impractical evacuation capable facilities have approved construction?	N/A
5. Approved means of egress are provided?	Pass
6. Approved number of means of egress have been provided?	Pass
7. Interior stairs, if provided, are provided?	Pass
8. Doors and Locks are approved?	Pass
9. Hazardous areas are protected and separated from the remainder of the building?	Pass
10. Interior wall and ceiling finishes are in compliance and approved?	Pass

Summary	
Passed Item	Status
11. If required, is there an approved fire alarm system provided?	Pass
12. Smoke alarms are provided and approved?	Pass
13. If required, Automatic Sprinkler System is provided and approved?	N/A
14. Corridor walls are of approved construction?	Pass
15. Building services, heating, ventilating and air conditioning is approved?	Pass
16. Do all electrical components meet compliance?	Pass
17. Do the parking spaces meet the ADA requirements?	Pass
18. Do the bathrooms meet the ADA requirements in compliance, if applicable?	Pass
19. Does Fire Department access meet requirements?	Pass
Additional NFPA1/NFPA101 Violations	Pass
General Violations	Pass



## Nebraska State Fire Marshal Existing Business Inspection Report


Facility Name	Whitehall-TAB
Portion of Facility Inspected	Entire
Address	5800 Leighton Ave, Lincoln, NE
ZIP	
Facility Phone Number	
Inspector Name	Monica Ellis
Inspector Badge Number	8702
Inspector Agency	Nebraska State Fire Marshal
Inspector Email	monica.ellis@nebraska.gov
Inspector Phone Number	402-326-2830
Number of Visits	
Inspection Type	Initial
Occupant Load	
Fee Card	Y
Fee Sheet/Facility ID Number	14862
Code Reviews	
Date of Inspection	2024-03-13
Status	<b>Failed</b>
Complete Corrections By	2024-06-13

\*The Fire Panel and all devices were replaced, inspected by Fire Marshall on Oct 30th.11.22.2024 DB\*

Inspectors and Operator Staff Involved			
Lead Inspector	Badge #	Agency	Phone Number
Monica Ellis	8702	Nebraska State Fire Marshal	402-326-2830

All items must be corrected to comply with the laws of the State of Nebraska and with rules and regulations adopted by the State Fire Marshal as mandated by section 81-502 to 81-541.01. It is the duty of the owner or person in charge of the above-named facility to immediately take measures to bring the facility into compliance with state regulations. ALL CORRECTIONS SHALL BE MADE AND ALL ITEMS CORRECTED ON OR BEFORE 2024-06-13.

If you have questions on this Order, contact Monica Ellis by phone at 402-326-2830 or by Email at monica.ellis@nebraska.gov.

Inspector Comments / Notes	
Report completed by Deputy	Monica Ellis DSFM 8702
Date Signed	2024-03-13
Signature	

Inspection Violations		
Failed Item	Status	Code
EXISTING BUSINESS		
Additional NFPA1/NFPA101 Violations	Fail	
No visual notification devices		See below code NFPA 101; 4.5.4

Summary	
Passed Item	Status
EXISTING BUSINESS	
1. Were plans submitted to the plans division and physical address meets requirements?	N/A
2. If a parking structure is attached to the Business Occupancy, is 2 hour fire separation provided?	N/A
3. The means of egress is accessible and approved?	Pass
4. Doors and locks are in compliance with egress requirements?	Pass
5. Stair, if provided, are approved?	N/A

Summary	
Passed Item	Status
6. The capacity of the means of egress is approved?	Pass
7. The number of exits and exit arrangement is approved?	Pass
8. Emergency lighting, if required is approved?	Pass
9. Means of egress and exits are provided with approved exit signs?	Pass
10. All hazardous areas are protected by approved fire rated construction?	Pass
11. Interior wall, floor and ceiling finishes are an approved type?	Pass
12. Fire Alarm system are tested and approved?	Pass
13. Are portable fire extinguishers provided?	Pass
14. Do all electrical components meet compliance?	Pass
15. Are the parking spaces meet the ADA requirements?	Pass
16. Do the bathrooms meet the ADA requirements in compliance, if applicable?	Pass
17. Does Fire Department access meet requirements?	Pass
General Violations	Pass

## Inspection Code Reference

- (NFPA 101; 4.5.4) --- NFPA 101; 4.5.4: NFPA 101; 4.5.4 - \* Occupant Notification. In every building or structure of such size, arrangement, or occupancy that a fire itself might not provide adequate occupant warning, fire alarm systems shall be provided where necessary to warn occupants of the existence of fire.

03.05.24

State Fire Marshal Agency  
246 South 14th Street  
Lincoln, Ne 68508-1804



District: District A

Referral Number: 14862

Facility Type: Mental Health Center

Facility Name: LRC Whitehall ~~Psychiatric Residence~~ TAB

Street Address: 5800 Leighton Ave

Mailing Address: \_\_\_\_\_

Lincoln, NE 68516

Owner/Administrator

E-Mail Address: Carleen Kinney-Brown

Inspection Fee: \$50.00 \_\_\_\_\_

Revisit Fee: \_\_\_\_\_

Total Due: \$50

3.13.24

Inspection Date

Signature of Inspecting official: Monica Ellis

1st Inspection: \_\_\_\_\_

Contact: \_\_\_\_\_

2nd Inspection: \_\_\_\_\_

Contact: \_\_\_\_\_

3rd Inspection: \_\_\_\_\_

Contact: \_\_\_\_\_

4th Inspection: \_\_\_\_\_

Contact: \_\_\_\_\_

**Payment Options:** Online remittance of fees is preferred. Online payments can be remitted via the website at <https://sfm.nebraska.gov/fees>. A convenience fee of \$1.75 for e-checks and 2.49% for credit card payments will apply. For the transaction item, select "**Code Inspection Fees.**"

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## Nebraska State Fire Marshal Existing Small Residential Inspection Report


Facility Name	Whitehall-Warner House
Portion of Facility Inspected	
Address	5800 Leighton Ave, Lincoln, NE
ZIP	
Facility Phone Number	
Inspector Name	Monica Ellis
Inspector Badge Number	8702
Inspector Agency	Nebraska State Fire Marshal
Inspector Email	monica.ellis@nebraska.gov
Inspector Phone Number	402-326-2830
Number of Visits	
Inspection Type	Initial
Occupant Load	
Fee Card	Y
Fee Sheet/Facility ID Number	14866
Code Reviews	
Date of Inspection	2024-03-13
Status	Pass
Complete Corrections By	N/A

Inspectors and Operator Staff Involved			
Lead Inspector	Badge #	Agency	Phone Number
Monica Ellis	8702	Nebraska State Fire Marshal	402-326-2830

This facility was inspected and found to meet applicable requirements of the Fire and Life Safety Code and/or Fire Systems Installation Standards at the time of inspection; the facility is approved for occupancy.

Any modifications or changes made to this facility after the date of approval may void this approval

If you have questions on this Order, contact Monica Ellis by phone at 402-326-2830 or by Email at monica.ellis@nebraska.gov.

Inspector Comments / Notes	
Report completed by Deputy	Monica Ellis DSFM 8702
Date Signed	2024-03-13
Signature	

Summary	
Passed Item	Status
<b>EXISTING SMALL RESIDENTIAL BOARD AND CARE</b>	
1. Were plans submitted to the plans division and physical address meets requirements?	N/A
2. Facility management has furnished, upon request, an evacuation capability determination?	Pass
3. If facility is considered slow evacuation capable, is approved construction provided?	N/A
4. Impractical evacuation capable facilities have approved construction?	Pass
5. Approved means of egress are provided?	Pass
6. Approved number of means of egress have been provided?	Pass
7. Interior stairs, if provided, are provided?	Pass
8. Doors and Locks are approved?	Pass
9. Hazardous areas are protected and separated from the remainder of the building?	Pass
10. Interior wall and ceiling finishes are in compliance and approved?	Pass
11. If required, is there an approved fire alarm system provided?	Pass

Summary	
Passed Item	Status
12. Smoke alarms are provided and approved?	Pass
13. If required, Automatic Sprinkler System is provided and approved?	Pass
14. Corridor walls are of approved construction?	Pass
15. Building services, heating, ventilating and air conditioning is approved?	Pass
16. Do all electrical components meet compliance?	Pass
17. Do the parking spaces meet the ADA requirements?	Pass
18. Do the bathrooms meet the ADA requirements in compliance, if applicable?	Pass
19. Does Fire Department access meet requirements?	Pass
Additional NFPA1/NFPA101 Violations	Pass
General Violations	Pass

03.05.24

State Fire Marshal Agency  
246 South 14th Street  
Lincoln, Ne 68508-1804



District: District A  
Referral Number: 14866

Facility Type: Mental Health Center

Facility Name: Whitehall-Warner House  
Street Address: 5800 Leighton Ave  
Mailing Address: \_\_\_\_\_  
Lincoln, NE 68507

Owner/Administrator  
E-Mail Address: carleen.kinney-brown@nebraska.gov

N/A

Inspection Fee: \$50.00 \_\_\_\_\_

Revisit Fee: \_\_\_\_\_

Total Due: \$50.00

Inspection Date \_\_\_\_\_

Signature of Inspecting official: Monica Ellis  
1st Inspection: Monica Ellis  
Contact: \_\_\_\_\_  
2nd Inspection: \_\_\_\_\_  
Contact: \_\_\_\_\_  
3rd Inspection: \_\_\_\_\_  
Contact: \_\_\_\_\_  
4th Inspection: \_\_\_\_\_  
Contact: \_\_\_\_\_

**Payment Options:** Online remittance of fees is preferred. Online payments can be remitted via the website at <https://sfm.nebraska.gov/fees>. A convenience fee of \$1.75 for e-checks and 2.49% for credit card payments will apply. For the transaction item, select "Code Inspection Fees."

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# NEBRASKA STATE FIRE MARSHAL

## OCCUPANCY PERMIT

Certificate Number: 16430

Name of Facility: **Whitehall PRTF - Warner House**

Type of Facility: **Mental Health Center**

Location: **5800 Leighton Ave, Lincoln**

Maximum  
Occupancy: **NA**

Date Issued: **3/13/2024**

Inspected By: **Monica Ellis**  
**Deputy State Fire Marshal**

Approved By:   
**State Fire Marshal**



### POST IN PROMINENT PLACE



Change in occupancy classification or failure to meet State Fire Marshal codes  
shall invalidate this occupancy permit.

# NEBRASKA STATE FIRE MARSHAL

## OCCUPANCY PERMIT

Certificate Number: 16433

Name of Facility: **Whitehall PRTF - Community Life**

Type of Facility: **Mental Health Center**

Location: **5801 Walker Ave, Lincoln**

Maximum  
Occupancy: **24 Persons**

Date Issued: **3/13/2024**

Inspected By: **Monica Ellis**  
**Deputy State Fire Marshal**

Approved By: *Scott Corder*  
**State Fire Marshal**



**POST IN PROMINENT PLACE**



Change in occupancy classification or failure to meet State Fire Marshal codes  
shall invalidate this occupancy permit.

# NEBRASKA STATE FIRE MARSHAL

## OCCUPANCY PERMIT

Certificate Number: 16432

Name of Facility: **Whitehall PRTF - Family Life**  
Type of Facility: **Mental Health Center**  
Location: **5819 Huntington Ave, Lincoln**  
Maximum Occupancy: **24 Persons**  
Date Issued: **3/13/2024**

Inspected By: **Monica Ellis**  
**Deputy State Fire Marshal**

Approved By: *Scott Cooper*  
**State Fire Marshal**



**POST IN PROMINENT PLACE**



Change in occupancy classification or failure to meet State Fire Marshal codes shall invalidate this occupancy permit.

# NEBRASKA STATE FIRE MARSHAL

## OCCUPANCY PERMIT

Certificate Number: 16431

Name of Facility: **Whitehall PRTF - Nighthouse**

Type of Facility: **Mental Health Center**

Location: **5845 Huntington Ave, Lincoln**

Maximum  
Occupancy: **24 Persons**

Date Issued: **3/13/2024**

Inspected By: **Monica Ellis**  
**Deputy State Fire Marshal**

Approved By:   
**State Fire Marshal**



### POST IN PROMINENT PLACE



Change in occupancy classification or failure to meet State Fire Marshal codes  
shall invalidate this occupancy permit.



Your application for Nebraska Residential Child-Caring Agency has been approved and your licensure document is attached. You will receive a new licensure document each time you amend your license.

**This license shall be kept available in the establishment and such proof of credentialing shall be shown upon request.**

# State of Nebraska

Department of Health and Human Services  
Division of Public Health

**Nebraska Department of Health and Human Services, State of Nebraska**  
Is hereby authorized in compliance with laws of the State of Nebraska to establish and conduct a  
**Residential Child-Caring Agency**  
located at: **5845 Huntington Ave. Lincoln NE 68509**

A maximum of **24** children in ages **13 YRS** to **19 YRS** may be in attendance at any one time.

**Lincoln Regional Center Whitehall Program** is hereby issued License No. **RCCA022** which is effective from **03/29/2023** and will expire on **03/31/2025**

Given under the name and Seal of the Department of Health and Human Services Division of Public Health of the State of Nebraska at Lincoln on **March 26, 2024.**



**Regulations Compliance Review Licensing**

**Residential Child Caring Agency Cover Sheet 391 NAC Chapter 7**

Name of Program: <i>Lincoln Regional Center - Whitehall</i>		Street Address: <i>5900 Walker Ave.</i>	
City: <i>Lincoln</i>	County: <i>Lincoln</i>	Zip Code: <i>68509</i>	Phone Number: <i>(402) 471-6969</i>
Business Office/Name: <i>Lincoln Regional Center</i>		Street Address: <i>P.O. Box 94949</i>	
Email Address:		Phone Number: <i>(402) 479-5490</i>	
Date and Time of Visit: <i>10-19-23</i>		Dates and Times of Follow-Up Visits: <i>2-28-24</i> <i>Doc. review 3-6-24</i> <i>3-18-24</i>	

License Number: *RCCA022* License Capacity: *24*

Ages of Children Served: *13y* to *19y*

Alternative Compliance Requested:  Yes  No

Type of Inspection:  Initial  Renewal  Monitoring  Complaint  Amendment

Description: *Operating RCCA - Includes MH/SU licensing for SA and SO  
 males only*

**Licensee's / Director's Statement:**

I certify that all information I provided to the Department of Health and Human Services, Division of Public Health is, to the best of my knowledge, true and correct.

Date

*10-19-2023*

Date

Director / Licensee

*Joni Oliver*

Child Care Inspection Specialist

Inspection Complete:

*3-18-2024*

Date

*Joni Oliver*

Child Care Inspection Specialist

**Regulations Compliance Review Licensing**

**Residential Child Caring Agency Cover Sheet 391 NAC Chapter 7**

	In Compliance	Not In Compliance	Not Applicable	Not Observed
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**005. Standards of Operation and Care**

The following requirements are applicable to all licenses

**005.01 Responsibilities of the Licensee**

Each license holder is responsible for the total operation of his or her or its agency or agencies. The responsibilities under the license include:

(A) Monitoring and implementing policies to assure the appropriate administration and management of the residential child-caring agency including a written policy mandating zero tolerance toward all forms of physical abuse, sexual abuse and sexual harassment and outlining the residential child-caring agency's approach to preventing, detecting, and responding to such conduct;

(B) Ensuring the residential child-caring agency's compliance with all applicable state statutes and regulations;

(C) Notifying the Department immediately of any issue of financial instability;

(D) Designating an executive director who is responsible for the day to day management and defining the responsibilities of the executive director;

(E) Ensuring the physical, mental, and psychosocial needs of all children cared for by the residential child-caring agency are met in accordance with each child's individualized needs; and

(F) Ensuring the reporting of suspected abuse or neglect as required by Neb. Rev. Stat. §§ 28-372 and 28-711.

**005.02 Employee and Volunteer Requirements**

The licensee must maintain a sufficient number of staff with the required training and skills necessary to supervise and meet the needs of children in the care of the licensee. The licensee must verify the credentials, education, experience, and training of staff prior to staff assuming job responsibilities and caring for children and must have procedures for verifying that such requirements are met on an ongoing basis.

**005.02(A) Employee Qualifications**

All staff and volunteers must be of good moral character and not engage in or have a history of behaviors injurious to or which may endanger the health or morals of children and meet the required qualifications. Staff employed as an executive director, program director, direct care staff supervisor, or direct care staff prior to the effective date of this chapter are deemed to be in compliance with education and experience requirements for initial qualifications.

**005.02(B) Executive Director** - *Nash*

The executive director must meet one of the following education and experience requirements:

(i) Have a master's degree in social work, counseling, business, public administration, education, or a related human service; or

(ii) Have a bachelor's degree and five years of experience in social work, counseling, business, public administration, education, or a related human service.

# Regulations Compliance Review Licensing

## Residential Child Caring Agency Cover Sheet 391 NAC Chapter 7

### 005.02(C) Program Director - *Popple*

If the executive director is not on site or is on site but not providing direct oversight of the day to day operations of the program then the licensee must employ a program director who:

(i) Has a master's degree in social work, counseling, business, public administration, education, or a related human service; or

(ii) Has a bachelor's degree and three years of experience in social work, counseling, business, public administration, education, or a related human service.

### 005.02(D) Direct Care Staff Supervisor -

A direct care staff supervisor, if other than the executive director or program director, must:

(i) Have a master's degree in social work, counseling, or a related human service; or

(ii) Have a bachelor's degree in social work, counseling, or a related human service with two years of experience in a human service related field;

### 005.02(E) Direct Care Staff

Each direct care staff must:

(i) Be at least 21 years of age; and

(ii) Have a high school diploma or a high school equivalency diploma.

### 005.02(F) Criminal History Record Checks

Prior to having any contact with children or families, and not less than once during each five year period, the applicant must complete a fingerprint based national criminal history record check for each staff member and volunteer age 18 or older. If the residential child-caring agency is located in a private home a fingerprint based national criminal history record check must also be completed for each household member age 18 and older. The criminal history record check must be conducted through the Nebraska State Patrol. If an individual has lived outside the state of Nebraska during the preceding five years, the must also obtain documentation of a criminal history record check from the United States jurisdictions of residence. Except for minor traffic violations, the applicant or licensee must notify the Department and request a criminal history record check within five working days any time applicant or licensee becomes aware of convictions, regarding applicant or licensee, staff, or volunteers. If the residential child-caring agency is located in a private home such notification must also be made for household members. Licensees and individuals employed prior to the effective date of this chapter will not be disqualified based upon previous criminal history. Such persons can be disqualified based on criminal history occurring after the effective date of this chapter. Applicants and licensees may not have owners that have convictions that would disqualify them to be a licensee, staff member or household member.

*Turner - 3/11/24*  
*Baldridge -*  
*Starks -*  
*Dale -*  
*Molzer -*

### 005.02(G) Registry Checks

The applicant or licensee must complete a pre-employment registry check, and not less than once during each five year period, on each staff member, volunteer, and each household member who resides at a location where the licensee will provide services, appropriate to the age of the individual. If an individual has lived outside the state of Nebraska as an adult then the applicant or licensee must obtain pre-employment registry check from the United States jurisdictions where the individual resided in the preceding five years. Any individual who is listed as a perpetrator on any of the registries must not be a staff, volunteer, or household member. The following registries must be checked:

*Sixelo - 5/6/21*  
*Miles - ED*

(i) Nebraska Child Abuse and Neglect Central Registry, if the individual is age 13 or older;

(ii) Nebraska Adult Protective Services (APS) Central Registry if the individual is age 18 or older; and

(iii) State Patrol Sex Offender Registry, if the individual is age 18 or older.

Regulations Compliance Review Licensing

Residential Child Caring Agency Cover Sheet 391 NAC Chapter 7

(iv) Equivalent registries in (i) through (iii) in other states and United States jurisdictions must be checked for individuals who have lived outside of the state of Nebraska as an adult.

**005.02(H) Individual Under Investigation for Child Abuse or Neglect of a Child or Vulnerable Adult**

Any individual who is under investigation for abuse, neglect, or sexual abuse of a child or vulnerable adult must not be left alone with children until the investigation is completed and the findings are determined.

**005.03 Records**

Records of all employees, volunteers, and household members must be kept during the period an individual is employed, used, or by the residential child-caring agency or resides at the residential child-caring agency and for a minimum of two years after the separation of the employee or volunteer or the household member leaves the residential child-caring agency. A current record for each staff person, volunteer, or household member must be maintained at the facility where the employee or volunteer is assigned or resides or be made available upon request by the Department.

**005.03(A) Employee Records**

Each record for an employee must include documentation of all of the following:

- (i) Name;
- (ii) Address and telephone number;
- (iii) Results of registry checks;
- (iv) Results of criminal history record check;
- (v) Date of assuming job responsibilities;
- (vi) Pre-service training;
- (vii) Statement that the employee has read and understands this chapter;
- (viii) Education;
- (ix) Social security number;
- (x) Date of hire and termination;
- (xi) Job title and job description;
- (xii) In-service training;
- (xiii) Annual performance evaluation; *APB, JB, MM, JT, ES SC-None review*
- (xiv) Any disciplinary action taken or work improvement plans;
- (xv) Current driver's license if employee transports children; and
- (xvi) Vehicle insurance if employee transports children in own vehicle.

**005.03(B) Volunteer Records**

Each record for a volunteer must include the documentation required in 391 NAC 7-005.03(A)(i) through (iv) and of the following:

- (i) Start date;
- (ii) A written schedule that includes the hours and days of the week the individual serves as a volunteer; and
- (iii) Training completed on the residential child-caring agency's policies and procedures.

**005.03(C) Household Member Records**

Each record for a household member must the documentation required in 391 NAC 7-005.03(A)(i) through (iv).

**Regulations Compliance Review Licensing**

**Residential Child Caring Agency Cover Sheet 391 NAC Chapter 7**

**005.04 Employee Training**

Written documentation of the completion of all training must be available at the facility where the staff is working for the Department to review and must include:

- (1) Name of the employee;
- (2) Name of the training;
- (3) Date the training was completed; and
- (4) Number of hours each training took to complete.

**005.04(A) Pre-Service Training**

Staff must have completed 30 hours of pre-service training prior to having direct responsibility for care and services to children which must include:

- (i) Job duties and responsibilities;
- (ii) Policies and procedures specific to job duties;
- (iii) Residential child-caring agency policies and procedures;
- (iv) Child rights;
- (v) The residential child-caring agency's policy mandating zero tolerance toward all forms of abuse including sexual abuse and sexual harassment;
- (vi) How to establish appropriate boundaries and avoid inappropriate relationships with children;
- (vii) Confidentiality of children's records and children's medical information;
- (viii) Child service plans;
- (ix) Universal precautions for infection control practices including hand washing techniques, personal hygiene, and disposal of infectious material;
- (x) Information on any physical and mental special care needs of the children;
- (xi) Information on statutes regarding abuse and neglect reporting procedures;
- (xii) Disaster preparedness plans including fire evacuation and tornado shelter plans;
- (xiii) Crisis management; and
- (xiv) Trauma informed care.

**005.04(B) Ongoing Training**

Each direct care staff must obtain 20 clock hours of training annually directly related to the skills necessary to care for children in out-of-home placement.

**005.04(C) Activities Counted as Training**

Training activities must be directly related to the skills necessary to care for children and may be counted on an hour-for-hour basis. Study of written material may be counted as one training hour per 50 pages of written material.

**005.04(D) Cardiopulmonary Resuscitation and First Aid Training**

To qualify as acceptable cardiopulmonary resuscitation and first aid training the training must be obtained from an entity that has been approved by the Nebraska Board of Emergency Services. The cardiopulmonary resuscitation card and documentation of first aid training must be available upon request.

**005.04(E) Training of Volunteers**

Prior to assuming their duties, all volunteers must be trained on the policies and procedures of the residential child-caring agency.

**Regulations Compliance Review Licensing**

**Residential Child Caring Agency Cover Sheet 391 NAC Chapter 7**

**005.05 Staff-to-Child Ratio**

The Department will only consider staff who are in the same room or within reasonable hearing distance of children when determining if staff-to-child ratio is met. At least one direct care staff person must be on duty for every six children in care at all times. At least one staff member with current cardiopulmonary resuscitation certification and first aid training must be on duty at all times.

**005.05(A) Volunteer**

A volunteer must be directly supervised by staff when working with children and cannot be counted in ratio.

**005.05(B) Alternative Compliance**

The Department, may in its discretion, approve such request for an alternative compliance to allow one direct care staff person on duty for every 10 children in care between the hours of 12:00 a.m. until 6:00 a.m. for a period not to exceed one year. A licensee may request renewal of an approved request by submitting updated information. A licensee wanting to have such alternative compliance must submit a request for this alternative compliance to the Department which must include:

- (i) A detailed description of the licensee's plan to meet the physical, behavioral, and emotional needs of all children and to ensure the safety of all children and staff; and
- (ii) A detailed plan to provide additional staff in the event of escalated behavior on the part of a child(ren) in placement or any emergency situation.

**005.05(C) Supervision**

Adequate supervision must be provided to children at all times. The licensee must have and implement written policies and procedures to ensure adequate supervision is provided. Such policies and procedures must include:

- (i) Anticipating and planning for behaviors and conflicts among the child population;
- (ii) Knowing the whereabouts of all children at all times when children are in care, on or off the premises;
- (iii) Being alert, attentive, and responsive to the needs of all children;
- (iv) Protecting and ensuring the safety of all children in care; and
- (v) Reporting all incidents to of violence toward staff or children in placement to the Department within one working day.

**005.06 The Child's Rights**

The licensee must establish and implement a Bill of Rights that will be equally applicable to all children. The licensee must protect and promote these rights and afford children the opportunity to exercise their rights. The child and parent or legal guardian must be given a copy of the Bill of Rights before the licensee provides services to the child. The Bill of Rights must address that each child has the right to:

- (A) Receive services provided by the licensee;
- (B) Participate in the planning of the child's care and receive instruction and education regarding the plan;
- (C) Request information regarding the child's care;
- (D) Receive services without discrimination as to race, color, creed, age, or national origin;
- (E) Have contact with family, friends, and other persons significant to the child;
- (F) Exercise religious beliefs or cultural traditions;

**Regulations Compliance Review Licensing**

**Residential Child Caring Agency Cover Sheet 391 NAC Chapter 7**

(G) Access educational services;	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(H) Be accepted for services only if the licensee has the ability to provide safe and professional care;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(I) Personal privacy and confidentiality of all records, communications, personal information, grievances and complaints, except as otherwise provided by law;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(J) Receive policies and procedures for admission, discharge, and termination of services at the time of admission;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(K) Voice complaints or grievances, including to outside agencies, and suggest changes in services or staff without fear of reprisal or discrimination and be informed of the resolution;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(L) Be free from verbal, physical, psychological, sexual abuse or harassment and to be treated with dignity;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(M) Expect all efforts will be made to ensure continuity and quality of care;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(N) Have the child's person and property treated with respect;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(O) Be informed, in advance, about the care to be furnished, and any changes in the care to be furnished;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(P) Be free from chemical and mechanical restraints except as part of the child's individual treatment plan; and	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Q) Have the opportunity to participate in community activities appropriate to age and cultural heritage, and interests.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**005.07 Complaint Process**

The licensee must allow staff, children, parents, guardians, and others to submit complaints or grievances to the licensee. Written policies and procedures must be established and implemented by licensee to address and document complaints or grievances received and include:

(A) A procedure for submission of complaints that is made available to staff, children, parents, guardians, and others;	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(B) Time frames and procedures for review, investigation of complaints and provision of responses to address complaints. Children must be provided multiple internal ways to privately report sexual abuse, retaliation by other children or staff, and staff neglect which may have contributed to such incidents;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(C) A description of how information from complaints and responses is used to improve the quality of care and services for children; and	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(D) A method to ensure that the telephone number of the Nebraska Child Abuse and Neglect Hotline and the child's parent, guardian, or other legal custodian is readily available to children, employees and others who wish to lodge complaints.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**005.08 Program Description**

The licensee must ensure that a written description of the facility and type of services provided is available to staff, children, parents, guardians or their designees, and members of the public and includes:

(A) Ownership;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(B) The goals and objectives of the licensee;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(C) The description of the children to be served, including age, gender, care needs, and any other relevant characteristics;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(D) The composition of staff and their qualifications;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**Regulations Compliance Review Licensing**

**Residential Child Caring Agency Cover Sheet 391 NAC Chapter 7**

(E) The job responsibilities of staff;	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(F) The discipline model for children in care; and	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(G) How the program will address:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(i) Academic and vocational education;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(ii) Use of a library;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(iii) Money management training;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(iv) Religious instruction, according to the child's own faith or that of the child's parents;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(v) Nutrition and dietary education;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(vi) Recreation; and	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(vii) Community contacts.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**005.09 Quality Assurance and Improvement**

The licensee must develop and implement a written quality assurance and improvement plan with input from staff, children, parents, guardians and other community partners. The plan must be reviewed and updated annually and describe:

(A) How feedback will be utilized to improve services; and	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(B) Methodology for monitoring, evaluating, and improving services.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**005.10 Admission Policy and Procedure Requirements**

Acceptance of a child must be based on the licensee's assessment of the licensee's ability to meet the identified needs of the child. The licensee must establish and implement written policies and procedures for admission of a child to the facility. The policies must address how the licensee will:

(A) Assess and address the immediate needs of a child including the severity of the needs and the need for supervision of the child;	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(B) Review admission information and makes admission decisions, including which staff are responsible;	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(C) Assess its ability to meet the needs of the child based upon staff, facility, service, program structure, and available community services;	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(D) Identify special health care needs which the licensee is not able to meet;	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(E) Obtain written information for a child's record to include:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(i) Full name;	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(ii) Date of birth;	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(iii) Date of admission;	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(iv) A referral from the licensed child-placing agency, when applicable;	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(v) Legal custodian;	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(vi) Consent of the legal custodian for placement or a copy of the approved Interstate Compact on the Placement of Children (ICPC) agreement;	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(vii) Written documentation of complete medical and dental examinations current within the past year;	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(viii) Consent from the legal custodian for medical, dental, vision and emergency treatment;	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(ix) Medical needs, medications, and allergies, including food allergies and dietary restrictions;	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Regulations Compliance Review Licensing**

**Residential Child Caring Agency Cover Sheet 391 NAC Chapter 7**

(x) A list of persons with whom the child may have contact; and	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(xi) An inventory of personal items to be updated as the inventory changes; and	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(F) Orient the child to the facility which includes: <i>(3 of 6 hrwe)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(i) A tour;	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(ii) Introduction to staff;	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(iii) Description of rules and discipline policies;	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(iv) Discussion of tasks and behaviors the child is expected to perform;	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(v) Discussion regarding personal possessions the child is permitted to have; and	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(vi) Providing information which describes the licensee's zero tolerance policy of sexual abuse and sexual harassment and how to report incidents or suspicions.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**005.11 Child Record**

The licensee must maintain a record for each child in care. Each record must contain the information required by 391 NAC 7-005.10(E) and the following:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(A) Current educational information including: grade reports, scholastic achievement, and social adjustment;	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(B) Medical, dental, and vision records including: examinations, immunizations, illnesses, and follow-up treatments;	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(C) Psychological or psychiatric testing, examination, and follow-up treatment, if obtained;	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(D) Visits to the child and contacts with child's own family and services provided or arranged; and	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(E) Written service delivery or case plan for the child which must include documentation that meets the requirements in 391 NAC 7-005.12(F).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**005.12 Child's Care**

All children receiving care must have:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(A) Complete medical and dental examinations annually;	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(B) Complete vision exam every other year;	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(C) Immediate medical, dental, and vision care when an emergency arises;	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(D) All required immunizations;	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(E) Necessary treatment for any physical or mental health care needs; and	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(F) A written service delivery or case plan for each child which must:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(i) Be completed within thirty (30) days of admission; and	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(ii) Be updated quarterly while the child is in care and address:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(1) Health care;	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) Education or vocational planning;	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) Permanency objective;	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(4) Discharge planning; and	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(5) Have written reports of the child's progress toward achieving the goals sent at least monthly to the child's parent or guardian.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**005.13 Toiletries**

Each child in care must be provided individual:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**Regulations Compliance Review Licensing**

**Residential Child Caring Agency Cover Sheet 391 NAC Chapter 7**

(A) Body soap;	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(B) Shampoo;	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(C) Towels; and	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(D) Washcloths.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**005.14 Discipline**

The licensee must have written policies and procedure that establish how and when the licensee will discipline children. The licensee must:

(A) Use discipline only as a learning process in which certain specified consequences are the result of unacceptable behavior;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(B) Use discipline models which encourage children to achieve service plan goals;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(C) Incorporate discipline in the child's daily programming model;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(D) Apply discipline in a consistent manner;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(E) Provide positive reinforcement and reward; and	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(F) Allow natural consequences to occur.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**005.15 Child Behavior that Cannot be Disciplined**

Children must not be disciplined for:

(A) Toileting accidents, including bed wetting;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(B) Refusal to take medication; or	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(C) Refusal to eat.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**005.16 Prohibited Actions**

Children must not be subjected to:

(A) Spanking;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(B) Slapping;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(C) Pinching;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(D) Punching;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(E) Shaking;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(F) Striking with any object;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(G) Placing soap, hot sauce, or other unpleasant food or non-food items in a child's mouth;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(H) Handling roughly;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(I) Biting;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(J) Denial of food;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(K) Extensive time-out;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(L) Derogatory remarks about the child or the child's family;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(M) Abusive or profane language;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(N) Yelling or screaming;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(O) Threats of physical punishment;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(P) Mechanical or chemical restraints except as a physician ordered part of the child's individual treatment plan;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Q) Denial or reduction of family contact or visitation; or	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Regulations Compliance Review Licensing**

**Residential Child Caring Agency Cover Sheet 391 NAC Chapter 7**

(R) Imposition of discipline by one child upon another.

**005.17 Prohibited Language, Materials, and Actions**

Children must not be exposed to:

(A) Profanity;

(B) Sexually explicit material;

(C) Acts of violence toward a person or animal; or

(D) Acts of discrimination.

**005.18 Transportation**

When transportation is provided by the licensee the following requirements must be met:

(A) Any individual who transports children must possess a current and valid driver's license;

(B) Smoking is not permitted in any vehicle used to transport children;

(C) No vehicle may be used to transport more passengers than the seating capacity of the vehicle, as indicated by the manufacturer, allows;

(D) Staff-to-child ratio must be maintained;

(E) Any vehicle used to transport children must:

(i) Be operable and properly maintained;

(ii) Be clean and free of hazards;

(iii) Be registered;

(iv) Be insured;

(v) Be equipped with a first aid kit; and

(vi) Have doors locked at all times when in motion;

(F) Children being transported must:

(i) Not be left alone in a vehicle at any time if under 14 years of age;

(ii) Be adequately supervised at all times;

(iii) Be properly secured in an appropriate restraint system;

(iv) When required by law, be in car seats that:

(1) Meet federal standards;

(2) Are the correct type for the child's age and developmental level; and

(3) Are properly secured; and

(v) Be school age or older when transported in buses over 10,000 pounds that are not equipped with restraint systems.

**005.19 Transportation Policies and Procedures**

The licensee must have written policies and procedures that establish and implement how children will be transported in compliance with this chapter and must include:

(A) Emergency procedures in the event a child becomes ill, the vehicle breaks down or is involved in an accident, or other emergencies; and

(B) How it will address the presence or absence of other passengers besides staff and children in the vehicle.

**Regulations Compliance Review Licensing**

**Residential Child Caring Agency Cover Sheet 391 NAC Chapter 7**

**005.20 Medication**

When the licensee utilizes licensed health care professionals for whom medication administration is included in the scope of practice, the licensee must ensure the medications are properly administered in accordance with prevailing professional standards. When the licensee utilizes persons other than a licensed health care professional to provide medications the licensee must follow the requirements of the Medication Aide Act and 172 NAC 95 and 96. Only staff authorized by the executive director of the residential child-caring agency may have access to medications. Children must receive prescription medication only as legally prescribed by a healthcare practitioner and in accordance with the prescription.

**005.20(A) Medication Record Keeping**

A written record of medication administration must kept separately for each child and be available for review by the Department. For any prescription or non-prescription medication provided to a child the record must include the:

- (i) Name of the child;
- (ii) Name of the medication;
- (iii) Name of prescriber;
- (iv) Amount or dosage;
- (v) Route the medication is provided;
- (vi) Time medication is provided;
- (vii) Name of staff person responsible for providing the medication;
- (viii) Any drug allergies; and
- (ix) If the medication is not administered, the reason for the lack of administration.

**005.20(B) Medication Errors**

Medication errors must be clearly documented and reported to the child's parent or legal guardian and any individual responsible for monitoring medication administration for the child.

**005.20(C) Storage of Medication**

Prescription and non-prescription medications must be stored in the following manner:

- (i) All non-emergency prescription and non-prescription medications must be kept in locked storage at all times children are in care;
- (ii) All emergency prescription and non-prescription medications must be inaccessible to children and supervision must be provided to ensure children do not have access;
- (iii) Separate locked storage must be provided for medications requiring refrigeration;
- (iv) All medications must be kept in the original container and all prescription medication must have a prescription label; and
- (v) All prescription medications must be returned to the parent or guardian or a dispensing pharmacy when no longer needed. All non-prescription medication must be returned to the parent or guardian or disposed of when no longer needed.

**005.20(D) Expired and Unused Medication**

Expired and unused medications must be handled in the following manner:

- (i) Any expired medication must not be given to the child and must be disposed of properly and a written record kept of the date the medication was disposed, by what method, and by whom;

Regulations Compliance Review Licensing

Residential Child Caring Agency Cover Sheet 391 NAC Chapter 7

(ii) Any unused medication, provided directly by the parent or guardian, which has not expired must be returned to the parent or guardian or disposed of in an appropriate manner as directed by the parent or guardian. A record must be kept of the date the medication was disposed, by what method, and by whom; and [checkboxes]

(iii) Any unused medication, not provided directly by the parent or guardian, must be disposed of properly and a record kept of the date the medication was disposed, by what method, and by whom. [checkboxes]

005.21 Food Service

Meals and snacks must be appropriate for the age and development of the child, address children's food allergies and intolerance; and meet established United States Department of Agriculture requirements regarding food groups and serving sizes. [checkboxes]

005.21(A) Menus

Menus must be approved by a registered dietician. Menus must be: [checkboxes]

(i) Modified to accommodate special diets and texture adaptations as needed by the child; and [checkboxes]

(ii) Available to child, parent or legal guardian, and the Department. [checkboxes]

005.21(B) Food Safety

The licensee must meet and maintain sanitation and environmental requirements at all times and be in compliance with the Nebraska Food Code. [checkboxes]

005.22 Emergency Preparedness

The licensee must meet and maintain the following emergency preparedness requirements. [checkboxes]

005.22(A) Telephone

A working, non-coin operated telephone must be available at the facility at all times. Emergency telephone numbers, including fire, rescue, police (or 911) and Poison Control, must be prominently posted. [checkboxes]

005.22(B) Fire and Tornado Drills

Fire and tornado drills must be practiced with the children and staff. Written documentation of drills, including dates conducted, must be kept and available for review by the Department: [checkboxes]

(i) Fire drills must be completed a minimum of once per month. At least one fire drill per year must be practiced during sleeping hours. [checkboxes]

(ii) Tornado drills must be completed a minimum of four times per year during the months of March through September. At least one tornado drill per year must be practiced during sleeping hours. [checkboxes]

005.22(C) Fire and Tornado Safety Diagrams

Fire and tornado safety diagrams must: [checkboxes]

(i) Show the layout of the facility and the surrounding area; [checkboxes]

(ii) Be prominently posted and visible in each room where care is provided; Knight/PLC [checkboxes]

(iii) Include how the evacuation of children with special needs will be conducted; [checkboxes]

(iv) Include fire evacuation routes; and [checkboxes]

(v) Include tornado safety locations.

**005.22(D) Disaster Preparedness**

The licensee must have and implement written plans and procedures which must address and delineate how, during a disaster, the licensee will:

(i) Maintain the proper identification of each child to ensure that care coincides with the child's needs;

(ii) Move children to points of safety or provide other means of protection when all or part of the building is damaged or uninhabitable due to natural or other disaster;

(iii) Protect children during the threat of exposure to the ingestion, absorption, or inhalation of hazardous substances or chemicals;

(iv) Provide food, water, medicine, medical supplies and other necessary items for care; and

(v) Provide comfort, safety, and well-being of children in the event of 24 or more consecutive hours of:

(1) Electrical or gas outage;

(2) Heating, cooling, or sewer system failure; or

(3) Loss or contamination of water supply.

**005.22(E) Notification to the Department of Emergencies**

The licensee must document and notify the Department of Health and Human Services, Division of Public Health, Office of Children's Services Licensing or its successor within 24 hours or next business day of the following occurrences:

(i) The death of a child;

(ii) Any incident that involves staff assaulting a child;

(iii) Any incident that involves children assaulting staff that requires medical treatment by a licensed health care facility;

(iv) Any allegation of sexual abuse involving a child; and

(v) An emergency or disaster that results in significant damage which impacts the ability to provide care for children at the licensed location.

**005.22(F) First Aid Kit**

A first aid kit must be available at the facility and inaccessible to children. If any poisons or medications are stored in the kit, the kit must be kept in locked storage.

**005.23 Environmental Maintenance and Safety**

The licensee must provide a safe and hazard-free environment to protect the health and safety of children in care, including:

(1) Any building and area where children are present must be kept free of exposed lead-based paint surfaces that are flaking, peeling, or chipped;

\* (2) Rooms, walls, floors, and ceilings must be kept clean, dry, in good repair, and free of odor resulting from sewage, mold, mildew, or other environmental or biological hazards or unsanitary conditions; *(Basements have mildew - not used)*

(3) Heating, ventilation, and lighting in all rooms used for children must be operable and suitable;

(4) The entrance, harborage, or breeding of rodents, flies and all other insects and vermin must be prevented. All doors opening to the outside must be self-closing (except sliding doors) and all windows used for ventilation and all opening to the outside must be screened;

**Regulations Compliance Review Licensing**

**Residential Child Caring Agency Cover Sheet 391 NAC Chapter 7**

- (5) All garbage and rubbish must be disposed of in a manner that minimizes odor and the transmission of infectious diseases, and prevents the attraction of rodents, flies, and all other insects and vermin. This includes:
 

	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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- (i) All outdoor and indoor containers used for disposal of food, bodily fluids, or other odorous materials must be watertight, have tight fitting covers, and be insect and vermin proof; *(Killing)*

	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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- (ii) Keeping all garbage and rubbish containers clean; and
 

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- (iii) Not burning garbage at the facility;
 

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- (6) Carpeting is prohibited in a bathroom, except for removable, washable, and non shag throw rugs;
 

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- (7) Carpeting is prohibited in the food preparation or storage area;
 

	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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- (8) Walls must be smooth and made of easily cleanable construction;
 

	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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- (9) A process for routine and preventative maintenance of equipment, fixtures, furnishings, and toys so they are kept clean, safe, in good repair, and available to meet the intended use must be developed and followed. This includes ensuring no sharp edges, rust, or loose parts;
 

	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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- (10) Furniture and equipment must be arranged so as not to interfere with exits;
 

	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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- (11) All poisonous or toxic materials must be kept in locked storage at all times;
 

	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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- (12) Cleaning agents must be inaccessible to children under age ten;
 

	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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- (13) All firearms, other potentially hazardous weapons, weapon accessories, and ammunition must not be at the facility;
 

	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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- (14) Electrical outlets within reach of children under age six must be covered with safety caps, ground fault interrupters, or have safety outlets installed;
 

	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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- (15) Shared use of the following items is prohibited:
 

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  - (a) Disposable towelettes;
 

	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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  - (b) Drinking containers, cups, or glasses;
 

	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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  - (c) Personal care items such as toothbrushes, shampoo, conditioner, deodorant, and razors;
 

	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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  - (d) Hair brushes and combs; and
 

	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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  - (e) Towels and washcloths; and
 

	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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- (16) Deep freezers that cannot be opened from the inside must be locked or stored in a locked room.
 

	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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**005.23(A) Smoking and Use of Electronic Cigarettes**

Smoking anywhere indoors is prohibited at all times. Use of electronic cigarettes anywhere indoors is prohibited at all times.
 

	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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**005.23(B) Alcohol and Controlled Substances**

The unlawful use or possession of alcohol is prohibited. The unlawful use or possession of controlled substances, as defined by the Uniform Controlled Substance Act, is prohibited.
 

	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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**005.23(C) Animals and Pets**

Any animal or pet at the facility must not negatively affect the children. The licensee must:
 

	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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- (i) Complete all vaccinations as recommended by the licensed veterinarian that include, at a minimum, current vaccination for rabies for dogs, cats and ferrets;
 

	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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**Regulations Compliance Review Licensing**

**Residential Child Caring Agency Cover Sheet 391 NAC Chapter 7**

- (ii) Have provision of pet care necessary to prevent the acquisition and spread of fleas, ticks and other parasites;
- (iii) Ensure that no animals are allowed in the food preparation, food storage, or serving areas during food preparation and serving times; and
- (iv) Comply with any state or local law or ordinance relating to the care and ownership responsibilities of pets or specific breeds identified by those laws or ordinances.

**005.24 Specific Service Requirements and Provisions**

In addition to the requirements in 391 NAC 7-005.01 to 005.23(S) the licensee must establish and implement written policies and procedures to meet the requirements listed for each service it provides as prescribed in 391 NAC 7-005.24.

**005.24(A) Pregnant and Parenting Child Service**

If services are provided to pregnant and parenting children the following requirements must be met:

**005.24(A)(i) General Requirements**

The licensee must:

- (1) Have a written plan for infant and toddler safety including a plan for an infant or toddler whose mother is unable or unwilling to provide care;
- (2) Provide a complete written description of its program to the child, parent, guardian or legal custodian, and the Department;
- (3) Develop a training plan to ensure that staff working with pregnant and parenting children develop skills and knowledge regarding pregnancy, infant and child care;
- (4) Provide bedrooms separate from children in other programs; and
- (5) Have at least two direct-care staff providing care to children at all times and count infants and toddlers in ratio and capacity as follows:
  - (a) An infant or toddler is not counted in the ratio when the licensee is not responsible for care of the infant or toddler;
  - (b) An infant or toddler must be counted in the ratio when the licensee is responsible for the care of the infant or toddler; and
  - (c) An infant or toddler must always be counted in the capacity number.

**005.24(A)(ii) Health Care Services**

The licensee must have the following:

- (1) There must be a written plan for all deliveries to take place in a licensed hospital;
- (2) Medical care and services:
  - (a) Each child must receive the services of a healthcare practitioner on a regular and continuing basis throughout pregnancy, delivery, and post-delivery checkups; and
  - (b) The program must provide for consultation from a physician who must be available in an emergency; and
- (3) Medical record for a pregnant or parenting child must include:
  - (a) A completed medical consent form;
  - (b) The name of the health care provider;
  - (c) A schedule of appointments;

**Regulations Compliance Review Licensing**

**Residential Child Caring Agency Cover Sheet 391 NAC Chapter 7**

- (d) The expected date of delivery; and
- (e) Documentation of any special needs or problems related to pregnancy.

**005.24(A)(iii) Case Service Plan**

A written case service plan for each child in care must be developed within one month after the child's admission and involve the child, staff, and other individuals who must legally be involved in the planning for the child and include:

- (1) Preparation for delivery of the infant;
- (2) Plans regarding postnatal after discharge from the hospital;
- (3) Decision making in relation to the day to day care of the infant;
- (4) Counseling for the father when appropriate;
- (5) Counseling for the families of the child;
- (6) Employment or education planning;
- (7) Counseling regarding legal rights and obligations in relation to parenthood;
- (8) Preparation for parenthood and family life for mothers choosing to parent their infants;
- (9) Adoption counseling provided by a licensed child-placing agency approved to provide adoption services for those mothers interested in or planning to relinquish parental rights to their infants;
- (10) Socialization and support opportunities for single parents; and
- (11) Discharge plans that include information regarding postnatal care.

**005.24(A)(iv) Relinquishment of an Infant**

At the request of the child, staff must arrange for referral to a licensed child-placing agency which provides adoption services.

**005.24(B) Serving Both Children and Adults**

When a licensee provides care to both adults and children the children must be separated from adults by sight and sound at all times care is being provided. Licensee must have and implement written policies and procedures to ensure such separation is maintained at all times.

**005.24(C) Independent and Transitional Living Service**

A licensee providing independent and transitional living services to children must:

- (i) Within 30 days of placement develop a written service delivery or case plan which meets the requirements in 391 NAC 7-005.10(E) and the following documentation:
- (1) Money management and consumer awareness;
- (2) Food management;
- (3) Personal appearance;
- (4) Health;
- (5) Housekeeping;
- (6) Job seeking skills;
- (7) Job maintenance skills;
- (8) Emergency and safety skills;
- (9) Interpersonal skills;
- (10) Legal resources;

Regulations Compliance Review Licensing

Residential Child Caring Agency Cover Sheet 391 NAC Chapter 7

(11) Leisure activities; and	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(12) Housing;	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(ii) Supervise the child. Supervision must include the following:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(1) Ensuring participation in an educational, vocational, or work program;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) Establishing a curfew based upon the individual needs of the child;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) Protecting the child from harm while at the facility; and	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(4) Having daily face-to-face contact with the child; and	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(iii) Maintain staffing to ensure the safety and supervision needs of all children are met at all times.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**005.25 Drug Testing**

Written permission from the child's legal guardian must be obtained prior to testing a child. The licensee must have and implement written policies and procedures which must include:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(A) Circumstances under which drug testing will occur;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(B) The types of materials and "kits" to be used;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(C) Who will be authorized to perform any part of the testing process;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(D) How the process will be initiated with the child;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(E) How the child will be observed;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(F) How the sample will be obtained;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(G) When the sample will be obtained;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(H) How the sample will be tested;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(I) How the licensee will prevent tampering or manipulation through each of the following means:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(i) Substitution;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(ii) Use of additives; and	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(iii) Cleansing or detoxification procedures;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(J) What will be the response to a positive test;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(K) The documentation that will be completed; and	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(L) Who will be notified of the test and the results.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**005.26 Search of a Child and Possessions**

Written permission from the child's legal guardian must be obtained prior to staff performing a search. The licensee must have and implement written policies and procedures which must include:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(A) Circumstances under which a search of the child and their possessions will be conducted;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(B) Searches must never be done to punish or harass a child;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(C) Who will be conducting the search. At least one staff must observe the search conducted by another staff;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(D) How the search process will be initiated with the child. The child must be given the opportunity to hand over any contraband in their possession prior to a search being initiated;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(E) The response to finding a child in possession of contraband;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Regulations Compliance Review Licensing**

**Residential Child Caring Agency Cover Sheet 391 NAC Chapter 7**

- (F) Who will be notified of the search and the result;
- (G) Arrangements for transfer or disposition of any contraband found on the child or the child's possessions;
- (H) The requirements for searches of children and possessions as found in 391 NAC 7-005.27 and 005.28; and
- (I) Documentation that will be completed.

**005.27 Person Searches**

- Strip searches and body cavity searches are prohibited. A search of a child's person must be conducted in the following manner:
- (A) A child may be asked to remove their exterior garments such as sweaters, sweatshirts, jackets, belts, and shoes;
  - (B) The physical contact part of any search must be done through the child's clothing and only by staff of the same gender as the child;
  - (C) The staff shall make no skin to skin contact with the child;
  - (D) The staff shall make no contact with the erogenous zones of the child's body. Erogenous zones include the genital and buttocks areas of both genders and the chest area of females; and
  - (E) Only a reasonable amount of pressure may be applied to any area of the body.

**005.28 Search of Child's Possessions**

- A search of a child's possessions must be done in the following manner:
- (A) The possessions of a child must be handled with care and respect; and
  - (B) Upon the conclusion of a search the child's items must be restored to their original place and order.

**005.29 Physical Restraint and Room Confinement**

- If the licensee uses physical restraint or room confinement the licensee must:
- (1) Use a Department approved crisis intervention model;
  - (2) Comply with all state and federal laws and regulations;
  - (3) Use physical restraint or room confinement only as part of the child's individual treatment plan;
  - (4) Use physical restraint or room confinement only in emergency circumstances to ensure the immediate physical safety of the child, staff member, or others;
  - (5) Use physical restraint or room confinement only after less restrictive deceleration and de-escalation interventions have been determined to be ineffective;
  - (6) Be limited to the least amount of time necessary to address the situation and restore safety;
  - (7) Ensure the behavioral conditions for removal of disciplinary restrictions are specified each time that restraint or room confinement is imposed;
  - (8) Ensure that the child is notified, in terms the child can understand, of the criteria to be met before restraint or room confinement can end;
  - (9) Use only staff trained in the implementation of the crisis intervention model;
  - (10) Not allow children to restrain or impose room confinement on another child; and
  - (11) Have, maintain, and implement written policies and procedures to ensure compliance with.

**005.29(A) Use Prohibited**

The following restraint and room confinement practices are prohibited and include use:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(i) As a form of punishment or discipline;	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(ii) For the convenience of staff;	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(iii) As a substitute for care and treatment;	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(iv) Of pain compliance techniques;	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(v) Of chemical and mechanical restraints, except for a drug or medication ordered by a physician as part of the child's individual treatment plan;	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(vi) Of techniques which cause hyperextension of any part of the body (pushing or pulling of any part of the body beyond normal limits);	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(vii) Of joint or skin torsion;	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(viii) Of pressure or intensity of pressure on any part of the body not authorized by the physical restraint model;	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(ix) Of any type of choke hold; and	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(x) Of any maneuver that involves choking, punching, hitting, poking, pinching, scratching or shoving.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**005.29(B) Notification**

The licensee must notify the Department whenever any staff engages in prohibited restraint or room confinement practices.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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**005.29(C) Written Authorization Required**

The licensee using restraint or room confinement must obtain prior written authorization from the child's guardian giving informed consent related to its potential use.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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**005.29(D) Child's Multi-Disciplinary Team Convened**

The child's multi-disciplinary team must be convened within 24 hours of the imposition of the restraint or room confinement to develop alternative effective deceleration and de-escalation techniques.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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**005.29(E) Incident Report**

A written incident report must be completed within 24 hours from the time the restraint or room confinement began and made available to all multi-disciplinary team members and the Department and include:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(i) The name of the child placed in restraint or room confinement;	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(ii) Description of less restrictive intervention techniques used and why they were ineffective;	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(iii) The reason for the restraint or room confinement;	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(iv) Type of restraint used;	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(v) The date and times the restraint or room confinement began and ended;	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(vi) The name(s) of staff who restrained the child or assigned the child to room confinement;	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(vii) The assessments and monitoring provided while the child was in restraint or room confinement and immediately after the child was released from restraint or removed from room confinement;	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(viii) A statement of the behavioral conditions that the child was required to meet in order to be released from restraint or removed from room confinement;	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Regulations Compliance Review Licensing**

**Residential Child Caring Agency Cover Sheet 391 NAC Chapter 7**

(ix) A summary of the debriefing that was conducted;	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(x) The frequency and types of restraints or room confinement used, over time, for the individual;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(xi) Any injuries sustained by the staff or child;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(xii) Any medical care needed by the child or staff as a result of the use of restraint or room confinement;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(xiii) Documentation of internal review; and	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(xiv) Any other actual or planned follow-up actions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**005.29(F) Staff Training** - *Staff are trained in crisis management*

Staff may not use restraints or room confinement until the staff has successfully completed training in the use of such. Training on the use of restraints and room confinement must:

(1) Be comprehensive and competency based meeting all requirements of the crisis intervention model being implemented by the licensee. Comprehensive based training in the use of physical restraint or room confinement must involve repeated and on-going skill development, conditioned learned responses, rehearsals and practices;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) Provide physical restraint or room confinement training only by certified trainers from the organization that developed the crisis intervention model selected by the licensee;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) Be provided regularly and include safe and appropriate use of restraints or room confinement as well as refresher courses in alternative non-intrusive behavior modification techniques; and	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(4) Not combine components of various models for use as a licensee's identified single model except required competency in cardiopulmonary resuscitation and first aid.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**005.29(F)(i) Training Record**

Written documentation of certification and re-certification training for each staff which must be available to the multi-disciplinary team members and Department staff and include:

(1) The name of the person trained;	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) Date(s) of training;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) Source;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(4) Content; and	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(5) Length of each training.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**005.29(G) Internal Review**

Any licensee using room confinement or physical restraint must have a performance improvement program designed to continuously investigate, analyze, monitor, assess, and track the licensee's use of room confinement and restraint practices and to specifically address injuries or death related to the use of room confinement and restraints and must include the review of:

(i) Training proficiency;	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(ii) Environmental triggers;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(iii) Systems issues;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(iv) Each use of restraint or room confinement;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(v) Notification of family and need for medical care;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(vi) Administrative and program policy and procedure;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(vii) Incident debriefing and follow up; and	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(viii) Aggregate data.

**006. Physical Plant Standards**

All buildings, including all detached buildings, for the purpose of providing care to children must meet the following physical plant standards.

**006.01 Water Supply**

Have an accessible, adequate, safe, and potable supply of water for drinking, food preparation, hand washing, bathing, and laundry which is maintained and meets the following requirements:

(A) If drinking water is obtained from a source other than a public water supply system, the water must not contain contaminants that exceed the maximum contaminant levels set for nitrate, or total coliform for public water supply systems in 179 NAC 2-002, and 179 NAC 3 or the lead action level set in 179 NAC 12. The licensee must report to the Department the results of all tests that show the water contains contaminants that exceed a maximum contaminant or action level. The water supply must be tested annually and the tests results must be available for review upon request. If the water supply does not meet nitrate, total coliform bacteria and lead standards until the contaminants are lowered to acceptable levels the licensee must:

(i) Obtain water from a source approved by the Department; or

(ii) Purchase water from a commercial source.

(B) Provide drinking water by sanitary drinking fountains or individual or disposable cups;

(C) Drinking fountains must have mouth guards with water issuing under sufficient pressure;

(D) Provide sanitary dispensing and disposal unit for paper cups;

(E) Provide running water under pressure;

(F) Each hot water storage tank must have a working pressure and temperature relief valve;

(G) Provide adequate cold water and adequate water heating facilities so that a sufficient amount of hot water, maintained between 100 and 120 degrees of Fahrenheit, is available for general cleaning bathing, bathing, as well as washing and sanitizing utensils; and

(H) Provide soap for hand washing.

**006.02 Sewer Requirements**

A sanitary and functioning sewage system must be maintained and either connect to a municipal sewage system or comply with the requirements set by the Nebraska Department of Environmental Quality for the operation and maintenance of an onsite wastewater system.

**006.03 Ventilation**

Kitchen, bathrooms, and services rooms must have ventilation by window or mechanical means through a vent leading directly to the outside.

**006.04 Heating and Cooling System**

All occupied buildings must have a functioning heating and cooling system with clean filters which maintains building temperature at not less than 65 degrees Fahrenheit and not more than 85 degrees Fahrenheit.

**006.05 Lighting**

All occupied buildings must have adequate lighting in every room, hallway, interior and exterior stairway, interior and exterior doorway, porch, ramp, and fire escape.

**Regulations Compliance Review Licensing**

**Residential Child Caring Agency Cover Sheet 391 NAC Chapter 7**

**006.06 Laundry**

There must be separate areas for storage of soiled linen and clean linen. Laundry services may be provided by contract or on-site. Areas dedicated to laundry must include:

(A) An operable non-coin washer and dryer at a ratio of one washer and one dryer per every six children, and *(Alt. Comp.)*

(B) Laundry detergent, including specific detergent for children with allergies.

**006.07 Child Living Areas**

A garage, barn, shed, travel trailer, fifth wheel trailer, recreational vehicle, portable classrooms, or similar structure must not be used as a child living area. Living areas must be:

(1) Furnished with beds, chairs, sofas, tables, and storage items that are comfortable and reflective of individual needs and intended use of the area; and

(2) Have Fire Marshal approval for use.

**006.07(A) Privacy Rooms**

Rooms must be available to allow privacy for interviewing a child or parents and for a child to visit relatives or guests.

**006.07(B) Activity Rooms**

There must be a minimum of 50 square feet of space for each child for individual or group activities.

**006.07(C) Leisure and Recreation**

Space used for leisure and recreation must be separate from the child's bedroom and dining, meeting, and studying areas.

**006.07(D) Bedrooms**

Bedrooms must:

(i) Be designated to provide separation of males and females;

(ii) Allow for sleeping;

(iii) Afford privacy;

(iv) Provide access to belongings;

(v) Provide adequate storage for belongings;

(vi) Accommodate the care provided to the child;

(vii) Be approved by the Fire Marshal;

(viii) Not be shared by more than four children;

(ix) Contain:

(1) A minimum of 100 square feet of usable floor space for a private room; or

(2) A minimum of 70 square feet per child if the room is shared or 40 square feet per child of bedroom space for shared bedrooms in emergency shelter care; and

(3) A ceiling height of at least seven feet.

**006.07(E) Bed Requirements**

Each child must have his or her own separate bed frame that is at least two inches off the floor and which has a mattress and bedding. The licensee must ensure a complete change of bedding is provided at least once a week or more frequently when soiled. The bed must:



Regulations Compliance Review Licensing

Residential Child Caring Agency Cover Sheet 391 NAC Chapter 7

- (i) Be adequate in width and length for the child's height and weight;
- (ii) Be in good condition; and
- (iii) Be spaced no closer to another bed than 36 inches laterally or end-to-end.

006.07(F) Bunk Beds

Bunk beds may be used, if age and developmentally appropriate to the child, and must be constructed of safe, stable materials and have a sturdy ladder for access to the top bunk.

006.07(G) Bathrooms

One operable toilet, sink, tub, or shower for every six children in care must be available. Toilets must be on the same floor as children's sleeping areas and sinks must be on a one to one ratio with toilets. Bathrooms must:

- (i) Be able to be unlocked from the outside;
- (ii) Not be accessed through another child's or staff's bedroom;
- (iii) Not open directly into a room which food, drink, or utensils are handled or stored;
- (iv) Be kept clean, in good repair, well lighted and well ventilated; *Caulk, deep cleaning*
- (v) Be located in an area that is enclosed and provides for privacy;
- (vi) Be adequately supplied with toilet paper; and
- (vii) Have slip-resistant surfaces in tubs and showers.

006.08 Staff Bedroom and Bathroom

When staff live in or sleep at the residential child-caring agency, there must be at least one room adequately furnished and a private bath area reserved for staff. Staff rooms must be located in the same building as the children's sleeping rooms when counted in the staff-to-child ratio.

006.09 Outdoor Areas

Any outdoor area used by children must be equipped and situated in such a manner as to encourage activity and assure the safety of children and must:

- (A) Have 50 square feet of area per child;
- (B) Be equipped with age and developmentally appropriate play equipment; and
- (C) Have no standing or stagnant water or sewage present.

006.10 Educational Services

If the licensee maintains a school at the residential child-caring agency, the buildings and equipment must meet the requirements of the Nebraska Department of Education for an approved or accredited school. *Rule 18*

006.11 Fire Safety

The licensee must maintain fire safety approval at all times. *6/15/22*

006.12 Sanitation and Environmental Safety

The licensee must maintain sanitation and environmental requirements at all times. *1/24/24*

# Fire Alarm and Life Safety System Inspection Certificate

*For*

White Hall Bldg 1  
5800 Leighton Ave  
Lincoln, NE 68507

Tested to NFPA 72 Standards

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

*Semi-Annual Inspection  
Inspection Date  
Mar 31, 2023*

Building: White Hall Bldg 1  
Contact: Bevan Flynn  
Title: Maintenance

Company: Electronic Contracting Company  
Contact: Corey Herrmann  
Title: Inspector

# Executive Summary

Generated by: *BuildingReports.com*

Building Information	
<b>Building:</b> White Hall Bldg 1	<b>Contact:</b> Bevan Flynn
<b>Address:</b> 5800 Leighton Ave	<b>Phone:</b> 402-499-3596
<b>Address:</b>	<b>Fax:</b>
<b>City/State/ZIP Code:</b> Lincoln, NE 68507	<b>Mobile:</b>
<b>Country:</b> United States of America	<b>Email:</b>
Inspection Performed By	
<b>Company:</b> Electronic Contracting Company	<b>Inspector:</b> Corey Herrmann
<b>Address:</b> 6501 N 70TH St	<b>Phone:</b> (402) 466-8274
<b>Address:</b>	<b>Fax:</b>
<b>City/State/ZIP Code:</b> Lincoln, NE 68507-3248	<b>Mobile:</b>
<b>Country:</b> United States of America	<b>Email:</b> cherrmann@eccoinc.com

Inspection Summary								
Category	Total Items		Serviced		Passed		Failed/Other	
	Qty	%	Qty	%	Qty	%	Qty	%
Control	1	3.33%	1	100.00%	1	100.00%	0	0.00%
Initiating	25	83.33%	0	0.00%	0	0.00%	0	0.00%
Supervisory	4	13.33%	4	100.00%	4	100.00%	0	0.00%
<b>Totals</b>	<b>30</b>	<b>100%</b>	<b>5</b>	<b>16.67%</b>	<b>5</b>	<b>100.00%</b>	<b>0</b>	<b>0.00%</b>

Certification	
<b>Company:</b> Electronic Contracting Company <b>Inspector:</b> Corey Herrmann  <b>Signed:</b> Mar 31, 2023	<b>Building:</b> White Hall Bldg 1 <b>Contact:</b> Bevan Flynn  <b>Signed:</b>

# Notes & Recommendations

Generated by: BuildingReports.com

Building: White Hall Bldg 1

*The Notes & Recommendations Report details additional inspection notes made by the Inspectors during the course of the building inspection. Notes are grouped by Category.*

## ***General Note***

Shorted High Pressure, failed to report. NIFCO for service

# Inspection & Testing

Generated by: [BuildingReports.com](http://BuildingReports.com)

Building: White Hall Bldg 1		Control Panel: 1		
<p><i>The Inspection &amp; Testing section lists all of the items inspected in your building. Items are grouped by Passed or Failed/Other. Items are listed by Category. Each item includes the services performed, and the time &amp; date at which testing occurred.</i></p>				
Device Type	Location	Service	Time	Date
<b><i>Passed</i></b>				
<b>Control</b>				
Battery	FACP	Tested	9:53:17 AM	03/31/2023
<b>Supervisory</b>				
Tamper Switch	Laundry Room	Tested	9:55:45 AM	03/31/2023
Tamper Switch	Laundry Room	Tested	9:55:59 AM	03/31/2023
Water Pressure Switch	Laundry Room	Tested	9:58:28 AM	03/31/2023
Water Pressure Switch	Laundry Room	Tested	9:58:32 AM	03/31/2023
Device Type	Location	Service	Time	Date
<b><i>Untested</i></b>				
<b>Initiating</b>				
Pull Station	Basement Exit			
Pull Station	Dining Room			
Pull Station	Door 8 Exit			
Pull Station	FACP			
Smoke Detector	Basement North			
Smoke Detector	Basement South			
Smoke Detector	Dining Room			
Smoke Detector	FACP			
Smoke Detector	Hallway			
Smoke Detector	Hallway			
Smoke Detector	Hallway			
Smoke Detector	Living Room			
Smoke Detector	Living Room			
Smoke Detector	Nurses Office			
Smoke Detector	Office			
Smoke Detector	Room 1 Office			
Smoke Detector	Room 10			
Smoke Detector	Room 11			
Smoke Detector	Room 13			
Smoke Detector	Room 14			
Smoke Detector	Room 15			
Smoke Detector	Room 16			
Smoke Detector	Room 6			
Smoke Detector	Room 7			
Smoke Detector	Room 9			

# Service Summary

Generated by: BuildingReports.com

Building: White Hall Bldg 1		
<i>The Service Summary section provides an overview of the services performed in this report.</i>		
Device Type	Service	Quantity
<b><i>Passed</i></b>		
Battery	Tested	1
Tamper Switch	Tested	2
Water Pressure Switch	Tested	2
<b>Total</b>		<b>5</b>
<b><i>Untested</i></b>		
Pull Station		4
Smoke Detector		21
<b>Total</b>		<b>25</b>
<b>Grand Total</b>		<b>30</b>

# Battery & Power Supply Testing

Generated by: BuildingReports.com

Building: White Hall Bldg 1				Control Panel: 1			
<i>The Battery &amp; Power Supply Testing section details the readings and measurements of batteries and power supplies used to provide power to the fire alarm and life safety systems. Items are grouped by Passed or Failed/Other.</i>							
<b>Battery</b>							
Type	Location	Rated Ah	Rated Volts	Pre Test	Post Test	Min Ah	Tested Ah
<i>Passed</i>							
Sealed Lead Acid	FACP	5	12				



# Inventory & Warranty Report

Generated by: *BuildingReports.com*

Building: White Hall Bldg 1			Control Panel: 1	
<p><i>The Inventory &amp; Warranty Report lists each of the devices and items that are included in your Inspection Report. A complete inventory count by device type and category is provided. Items installed within the last 90 days, within the last year, and devices installed for two years or more are grouped together for easy reference.</i></p>				
Device or Type	Category	% of Inventory	Quantity	
Battery	Control	3.33%	1	
Pull Station	Initiating	13.33%	4	
Smoke Detector	Initiating	70.00%	21	
Tamper Switch	Supervisory	6.67%	2	
Water Pressure Switch	Supervisory	6.67%	2	
Type	Qty	Model #	Description	Install Date
<b><i>In Service - 5 Years to 10 Years</i></b>				
Smoke Detector	21			09/18/2018
<b>Notifier</b>				
Pull Station	4	NBG-12L		09/18/2018
<b>Potter Electric</b>				
Water Pressure Switch	1	PS10-2A	Low	09/18/2018
Water Pressure Switch	1	PS40-2A	High	09/18/2018
<b>Power Patrol</b>				
Battery	1	1055	Sealed Lead Acid	09/18/2018
<b>Victaulic</b>				
Tamper Switch	2	702		09/18/2018

# Fire Alarm and Life Safety System Inspection Certificate

*For*

White Hall Bldg 2  
5801 Walker Ave  
Lincoln, NE 68507

Tested to NFPA 72 Standards

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

*Semi-Annual Inspection  
Inspection Date  
Mar 31, 2023*

Building: White Hall Bldg 2  
Contact: Bevan Flynn  
Title: Maintenance

Company: Electronic Contracting Company  
Contact: Corey Herrmann  
Title: Inspector

# Executive Summary

Generated by: *BuildingReports.com*

Building Information	
<b>Building:</b> White Hall Bldg 2	<b>Contact:</b> Bevan Flynn
<b>Address:</b> 5801 Walker Ave	<b>Phone:</b> 4024993596
<b>Address:</b>	<b>Fax:</b>
<b>City/State/ZIP Code:</b> Lincoln, NE 68507	<b>Mobile:</b>
<b>Country:</b> United States of America	<b>Email:</b>
Inspection Performed By	
<b>Company:</b> Electronic Contracting Company	<b>Inspector:</b> Corey Herrmann
<b>Address:</b> 6501 N 70TH St	<b>Phone:</b> (402) 466-8274
<b>Address:</b>	<b>Fax:</b>
<b>City/State/ZIP Code:</b> Lincoln, NE 68507-3248	<b>Mobile:</b>
<b>Country:</b> United States of America	<b>Email:</b> cherrmann@eccoinc.com

Inspection Summary								
Category	Total Items		Serviced		Passed		Failed/Other	
	Qty	%	Qty	%	Qty	%	Qty	%
Control	1	3.45%	1	100.00%	1	100.00%	0	0.00%
Initiating	24	82.76%	0	0.00%	0	0.00%	0	0.00%
Supervisory	4	13.79%	4	100.00%	4	100.00%	0	0.00%
<b>Totals</b>	<b>29</b>	<b>100%</b>	<b>5</b>	<b>17.24%</b>	<b>5</b>	<b>100.00%</b>	<b>0</b>	<b>0.00%</b>

Certification	
<b>Company:</b> Electronic Contracting Company <b>Inspector:</b> Corey Herrmann  <b>Signed:</b> Mar 31, 2023	<b>Building:</b> White Hall Bldg 2 <b>Contact:</b> Bevan Flynn  <b>Signed:</b>

# Inspection & Testing

Generated by: BuildingReports.com

Building: White Hall Bldg 2		Control Panel: 1		
<p><i>The Inspection &amp; Testing section lists all of the items inspected in your building. Items are grouped by Passed or Failed/Other. Items are listed by Category. Each item includes the services performed, and the time &amp; date at which testing occurred.</i></p>				
Device Type	Location	Service	Time	Date
<b><i>Passed</i></b>				
<b>Control</b>				
Battery	FACP	Tested	9:40:34 AM	03/31/2023
<b>Supervisory</b>				
Tamper Switch	Laundry Room	Tested	9:45:18 AM	03/31/2023
Tamper Switch	Laundry Room	Tested	9:45:34 AM	03/31/2023
Water Pressure Switch	Laundry Room	Tested	9:46:23 AM	03/31/2023
Water Pressure Switch	Laundry Room	Tested	9:47:47 AM	03/31/2023
Device Type	Location	Service	Time	Date
<b><i>Untested</i></b>				
<b>Initiating</b>				
Pull Station	Basement Exit			
Pull Station	Dining Room			
Pull Station	Door 8 Exit			
Pull Station	FACP Exit			
Smoke Detector	Dining Room			
Smoke Detector	Hallway			
Smoke Detector	Hallway			
Smoke Detector	Janitors Closet			
Smoke Detector	Living Room			
Smoke Detector	Living Room			
Smoke Detector	North Basement			
Smoke Detector	Nurses Office			
Smoke Detector	Room 1 Office			
Smoke Detector	Room 10			
Smoke Detector	Room 11			
Smoke Detector	Room 14			
Smoke Detector	Room 15			
Smoke Detector	Room 16			
Smoke Detector	Room 3 Office			
Smoke Detector	Room 6			
Smoke Detector	Room 7			
Smoke Detector	Room 9			
Smoke Detector	South Basement			
Smoke Detector	Stairs			

# Service Summary

Generated by: BuildingReports.com

Building: White Hall Bldg 2		
<i>The Service Summary section provides an overview of the services performed in this report.</i>		
Device Type	Service	Quantity
<b><i>Passed</i></b>		
Battery	Tested	1
Tamper Switch	Tested	2
Water Pressure Switch	Tested	2
<b>Total</b>		<b>5</b>
<b><i>Untested</i></b>		
Pull Station		4
Smoke Detector		20
<b>Total</b>		<b>24</b>
<b>Grand Total</b>		<b>29</b>

# Battery & Power Supply Testing

Generated by: BuildingReports.com

Building: White Hall Bldg 2		Control Panel: 1					
<i>The Battery &amp; Power Supply Testing section details the readings and measurements of batteries and power supplies used to provide power to the fire alarm and life safety systems. Items are grouped by Passed or Failed/Other.</i>							
Battery							
Type	Location	Rated Ah	Rated Volts	Pre Test	Post Test	Min Ah	Tested Ah
<i>Passed</i>							
Sealed Lead Acid	FACP	5	12				

# Inventory & Warranty Report

Generated by: [BuildingReports.com](http://BuildingReports.com)

Building: White Hall Bldg 2			Control Panel: 1	
<p><i>The Inventory &amp; Warranty Report lists each of the devices and items that are included in your Inspection Report. A complete inventory count by device type and category is provided. Items installed within the last 90 days, within the last year, and devices installed for two years or more are grouped together for easy reference.</i></p>				
Device or Type	Category	% of Inventory	Quantity	
Battery	Control	3.45%	1	
Pull Station	Initiating	13.79%	4	
Smoke Detector	Initiating	68.97%	20	
Tamper Switch	Supervisory	6.90%	2	
Water Pressure Switch	Supervisory	6.90%	2	
Type	Qty	Model #	Description	Install Date
<b><i>In Service - 1 Year to 2 Years</i></b>				
<b>Interstate</b>				
Battery	1	1055	Sealed Lead Acid	03/18/2022
<b><i>In Service - 5 Years to 10 Years</i></b>				
Pull Station	4	NBG-12L		04/18/2018
Smoke Detector	20			04/18/2018
<b>Potter Electric</b>				
Water Pressure Switch	1	PS40-2A	High	04/18/2018
Water Pressure Switch	1	PS40-2A	Low	04/18/2018
<b>Victaulic</b>				
Tamper Switch	2	702		04/18/2018



Department of Health and Human Services  
Division of Public Health  
Health Facilities Licensure Unit  
301 Centennial Mall South, P O Box 94669  
Lincoln, NE 68509-4669

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC HEALTH  
CERTIFIES THAT

**LRC Whitehall Psychiatric Residential Treatment Facility**

MEETS STATUTORY REQUIREMENTS AS  
MENTAL HEALTH SUBSTANCE USE TREATMENT CENTER  
Lic # MHSU031



EXPIRES  
9/30/2025

Cut on heavy line and place on license.

LRC Whitehall Psychiatric Residential Treatment Facility  
ADDRESS: 5845 HUNTINGTON AVENUE, LINCOLN, NE 68507

This is to verify that your MENTAL HEALTH SUBSTANCE USE TREATMENT CENTER is licensed through the date indicated on the above renewal card. Place the renewal card in the lower left hand corner of your original license.

Please notify this office at the address listed above of any change in name, address, or ownership.

# NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES



Pete Ricketts, Governor

## LINCOLN REGIONAL CENTER - WHITEHALL

State of Nebraska  
Department of Health & Human Services  
5900 Walker Ave.  
Lincoln, NE 68507  
Business Number: 402-471-6969  
Fax Number: 402-471-6980

### FAX COVER SHEET

PLEASE DELIVER THE FOLLOWING PAGES TO:

NAME: WHSU

FAX NUMBER: \_\_\_\_\_

FROM: Whitehall PRTE

TOTAL NUMBER OF PAGES (including this page): 9pgs

SPECIFIC INFORMATION INCLUDED: \_\_\_\_\_

DATE: 9/27/04

SPECIAL INSTRUCTIONS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

This transmission is intended only for the use of the person or office to whom it is addressed and may contain information that is privileged, confidential, or protected by the Health Insurance Portability and Accountability Act of 1996 (Federal law) and NE Rev. Statute, Section 68.313. All others are hereby notified that receipt of this message does not waive any applicable privilege or exemption from disclosure and that any dissemination, distribution, or copying of this communication is prohibited. Failure to do so may lead to civil or criminal penalties. If you receive this communication in error, please notify the sender at the phone number above immediately. Thank you.

Department of Health and Human Services

#Better Together

LRC: An Organization of Excellence Good Life. Great Mission.

NEBRASKA

September 27, 2024

DHHS Division of Public Health  
Licensure Unit  
Attention: Mental Health and Substance Abuse (MHSU) Renewals  
301 Centennial Mall South, PO Box 94986  
Lincoln, NE 68509-4986

Dear Ms. Esquivel-Olivares:

Enclosed please find the Whitehall's PRTF's application for renewal of our license number MHSU031. Also enclosed is the Occupancy Certificate for 5845 Huntington Ave; 5819 Huntington Ave; 5801 Walker Ave; and 5800 Leighton Ave. Please bill the Lincoln Regional Center \$275.00 to license 24 inpatient beds.

Thank you in advance for your assistance in this process. Please let me know if you have any questions.

Respectfully,



Mitchell Popple  
Facility Administrator

Attachments

Section 1: PROVIDER INFORMATION

- |  |  |
|--|--|
| <b>1. FACILITY NAME AND ADDRESS:</b><br>WHITEHALL PSYCHIATRIC RESIDENTIAL TREATMENT FACILITY<br>5900 WALKER AVE<br>LINCOLN, NE 68507 | <b>2. PREFERRED NAME AND MAILING ADDRESS FOR RECEIPT<br/>OF OFFICAL NOTICES FROM THE DEPARTMENT:</b><br><br>C/O: MITCHELL POPPLE, FACILITY ADMINSTATOR<br>5900 WALKER AVE<br>LINCOLN, NE 68507 |
|--|--|

3. FACILITY TELEPHONE NUMBER: 402-471-6969 FAX NUMBER: 402-471-6980.

1. ADMINISTRATOR:

- 2. NAME: MITCHELL POPPLE
- 3. Email Address: Mitchell.popple@nebraska.gov

- 4. IF YOU CHOOSE TO PARTICIPATE IN RECEIVING ELECTRONIC RENEWAL NOTICES IN THE FUTURE, PLEASE PROVIDE ONE EMAIL ADDRESS ACCESSIBLE TO MORE THAN ONE PERSON IN THE ORGANIZATION TO ENSURE INFORMATION IS RECEIVED AND PROCESSED PROMPTLY IN THE EVENT ONE PERSON IS NOT AVAILABLE. DHHS.LRCL.licensure@nebraska.gov.
- 5. CONTACT PERSON: NAME, TELEPHONE NUMBER, AND EMAIL ADDRESS OF DESIGNATED PERSON FOR QUESTIONS RELATED TO PROCESSING THIS RENEWAL APPLICATION: Mitchell Popple 402-525-3130 mitchell.popple@nebraska.gov

- 6. IS THIS FACILITY LOCATED ON A CAMPUS OR IN A BUILDING WITH ANOTHER HEALTHCARE FACILITY OR ANOTHER LICENSEE?  NO  YES IF YES, LIST THE NAME OF THE OTHER HEALTHCARE FACILITY: Click or tap here to enter text.

- 7. NUMBER OF LICENSED BEDS: 24  
TYPES OF SERVICES:  MENTAL HEALTH  SUBSTANCE USE

8. Section 2: OWNERSHIP INFORMATION

- 9. LEGAL NAME OF THE OWNER: A) IF A CORPORATION OR LLC OR PARTNERSHIP, ENTER THE COMPANY NAME; OR B) IF AN INDIVIDUAL, ENTER THE OWNER'S PERSONAL NAME: State of Nebraska; Department of Health and Human Services
- 10. MAILING ADDRESS OF THE OWNER IDENTIFIED IN SECTION 2, #1: PO Box 695044
- 11. FINANCIAL CATEGORY: NON PROFIT
- 12. OWNERSHIP TYPE: GOVERNMENTAL
- 13. PERSONS IN CONTROL OF FACILITY (see instructions for completing application for further information):
- 14. FEDERAL EMPLOYER IDENTIFICATION NUMBER: 470491233
- 15. IF IDENTIFIED AS CORPORATION IN SECTION 2, #4, SPECIFY THE NAMES OF THE CORPORATE OFFICERS (NOT BOARD OFFICERS):

CORPORATE PRESIDENT [Click or tap here to enter text.](#) CORPORATE VICE PRESIDENT [Click or tap here to enter text.](#)  
CORPORATE SECRETARY [Click or tap here to enter text.](#) CORPORATE TREASURE [Click or tap here to enter text.](#)

**Section 3: RENEWAL LICENSURE FEES**

- a. 1 to 16 Beds  \$250.00
- b. 17 to 50  \$275.00
- c. 51 or More  \$300.00

**Section 4: SUBMIT THE FOLLOWING INFORMATION WITH THE APPLICATION**

THE FOLLOWING INFORMATION IS REQUIRED TO BE SUBMITTED WITH THIS COMPLETED APPLICATION FORM IN ORDER TO BE CONSIDERED A COMPLETE APPLICATION:

LICENSURE FEE SPECIFIED IN SECTION 3, PAYABLE TO DHHS, LICENSURE UNIT.

LIST OF PERSONS IN CONTROL OF THE FACILITY.

REQUIRE SUBMISSION OF A CURRENT FIRE INSPECTION CERTIFICATE (WITHIN 18 MONTHS PRIOR TO LICENSE EXPIRATION DATE)?  YES  NO

**Section 5: REQUIRED SIGNATURES ON RENEWAL APPLICATION**

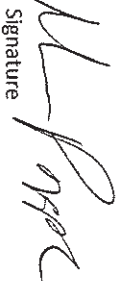
NEB. REV. STAT. SECTION 71-433 REQUIRES THE APPLICATION TO BE SIGNED BY:  
TWO OF ITS CORPORATE OFFICERS, IF THE APPLICANT IS A CORPORATION

**Section 6: ACCEPTANCE/SIGNATURE OF OWNER(S) AS THE LICENSEE**

I/WE HAVE READ THE RULES AND REGULATIONS TITLE 175 CHAPTER 18 and 1, ISSUED BY THE DEPARTMENT OF HEALTH AND HUMAN SERVICES AND ACCEPT LEGAL RESPONSIBILITY FOR COMPLIANCE WITH TITLE 175 CHAPTER 19 SHOULD A LICENSE BE ISSUED. I/WE CERTIFY THAT TO THE BEST OF MY/OUR KNOWLEDGE, ALL INFORMATION AND STATEMENTS ON THE APPLICATION AND THE ATTACHED DOCUMENTS ARE TRUE AND CORRECT AND I/WE HEREBY APPLY FOR A RENEWAL LICENSE.

MITCHELL POPPLE

Print Name/Title of Authorized Person Shown in Section 2, #7



Signature

9/27/2024

Date

Click or tap here to enter text.

Click or tap here to enter text.

Print Name/Title of Authorized Person Shown in Section 2, #7

Signature

Click or tap to enter a date.

Date



# Backflow Preventer Test Form

402.441.5912 • e-mail: [Backflow@lincoln.ne.gov](mailto:Backflow@lincoln.ne.gov) • FAX: 402.441.8003

Return to: Lincoln Water System Backflow 2021 North 27th Street, Lincoln, NE 68503

Business/Building \_\_\_\_\_ Contact Person \_\_\_\_\_

Service Address \_\_\_\_\_ Suite# \_\_\_\_\_

Phone# \_\_\_\_\_ e-mail: \_\_\_\_\_

Device Location \_\_\_\_\_

<input type="checkbox"/> Annual Test	<input type="checkbox"/> Repair	<input type="checkbox"/> New Installation
<input type="checkbox"/> DC	<input type="checkbox"/> RPP	Serial #: _____ Size: _____ Manufacturer: _____ Model#: _____
<input type="checkbox"/> Replacement		
<input type="checkbox"/> DC	<input type="checkbox"/> RPP	Serial #: _____ Size: _____ Manufacturer: _____ Model#: _____

<input type="checkbox"/> Domestic Containment	<input type="checkbox"/> Irrigation	<input type="checkbox"/> Fire Service	<input type="checkbox"/> Boiler	<input type="checkbox"/> Carbonator
<input type="checkbox"/> Swimming Pool	<input type="checkbox"/> Cooling Tower	<input type="checkbox"/> Water Cooled Ice Maker	<input type="checkbox"/> Other (Desc): _____	

Reduced Pressure-Double Check Valve	Pressure Vacuum Breaker
Shut off #2 Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #1 Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #1 _____ PSID Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #2 Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #2 _____ PSID Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Check Valve Held at _____ PSID
Relief Valve (RP only) Opened at _____ PSID	Air vent opened at _____ PSID

Final Test: Check Valve #1	Check Valve #2	Pressure Relief	PVB/SVB
	Closed Tight <input type="checkbox"/> Yes <input type="checkbox"/> No		Check Valve PSID
PSID	PSID	Replaced PSID	Air Inlet PSID

I hereby certify the above backflow preventer has been tested in accordance with all rules and regulations of the State of Nebraska Health and Human Services, Department of Regulation and Licensure, Title 179, and the Lincoln Water System Title 17, and that all readings are true and accurate to the best of my ability. **Must be returned to LWS within 30 days of performing test.**

State Certified Technician (Please Print) \_\_\_\_\_ Company \_\_\_\_\_ Grade 6 Certificate# \_\_\_\_\_ Cell/Phone# \_\_\_\_\_

State Certified Technician (Signature) \_\_\_\_\_ Customer (Signature) \_\_\_\_\_ Date of Test \_\_\_\_\_

Test Gauge Manufacturer \_\_\_\_\_ Test Gauge Serial # \_\_\_\_\_ Date of Calibration \_\_\_\_\_

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

PLEASE TYPE OR PRINT LEGIBLY

# Fire Alarm and Life Safety System Inspection Certificate

*For*

White Hall Bldg 3  
2345 N 60th  
Lincoln, NE 68507

Tested to NFPA 72 Standards

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

*Inspection Date*  
*Mar 31, 2023*

Building: White Hall Bldg 3  
Contact: Bevan Flynn  
Title: Maintenance

Company: Electronic Contracting Company  
Contact: Corey Herrmann  
Title: Inspector



# Executive Summary

Generated by: *BuildingReports.com*

Building Information	
<b>Building:</b> White Hall Bldg 3	<b>Contact:</b> Bevan Flynn
<b>Address:</b> 2345 N 60th	<b>Phone:</b> 4024993596
<b>Address:</b>	<b>Fax:</b>
<b>City/State/ZIP Code:</b> Lincoln, NE 68507	<b>Mobile:</b>
<b>Country:</b> United States of America	<b>Email:</b>
Inspection Performed By	
<b>Company:</b> Electronic Contracting Company	<b>Inspector:</b> Corey Herrmann
<b>Address:</b> 6501 N 70TH St	<b>Phone:</b> (402) 466-8274
<b>Address:</b>	<b>Fax:</b>
<b>City/State/ZIP Code:</b> Lincoln, NE 68507-3248	<b>Mobile:</b>
<b>Country:</b> United States of America	<b>Email:</b> cherrmann@eccoinc.com

Inspection Summary								
Category	Total Items		Serviced		Passed		Failed/Other	
	Qty	%	Qty	%	Qty	%	Qty	%
Control	1	5.26%	1	100.00%	1	100.00%	0	0.00%
Initiating	18	94.74%	0	0.00%	0	0.00%	0	0.00%
<b>Totals</b>	<b>19</b>	<b>100%</b>	<b>1</b>	<b>5.26%</b>	<b>1</b>	<b>100.00%</b>	<b>0</b>	<b>0.00%</b>

### Certification

<b>Company:</b> Electronic Contracting Company	<b>Building:</b> White Hall Bldg 3
<b>Inspector:</b> Corey Herrmann	<b>Contact:</b> Bevan Flynn
	<b>Signed:</b>
<b>Signed:</b> Mar 31, 2023	

# Inspection & Testing

Generated by: *BuildingReports.com*

Building: White Hall Bldg 3		Control Panel: 1		
<p><i>The Inspection &amp; Testing section lists all of the items inspected in your building. Items are grouped by Passed or Failed/Other. Items are listed by Category. Each item includes the services performed, and the time &amp; date at which testing occurred.</i></p>				
Device Type	Location	Service	Time	Date
<b><i>Passed</i></b>				
<b>Control</b>				
Battery	FACP	Tested	10:27:16 AM	03/31/2023
Device Type	Location	Service	Time	Date
<b><i>Untested</i></b>				
<b>Initiating</b>				
Pull Station	Basement Exit			
Pull Station	Dining Room Exit			
Pull Station	FACP Exit			
Pull Station	Training Room Exit			
Smoke Detector	Data Room			
Smoke Detector	Dining Room			
Smoke Detector	FACP			
Smoke Detector	Hallway			
Smoke Detector	Hallway			
Smoke Detector	North Basement			
Smoke Detector	North Living Room			
Smoke Detector	Office			
Smoke Detector	Office			
Smoke Detector	South Basement			
Smoke Detector	South Living Room			
Smoke Detector	South Office			
Smoke Detector	South Office			
Smoke Detector	Training Room			

# Service Summary

Generated by: BuildingReports.com

**Building: White Hall Bldg 3**

*The Service Summary section provides an overview of the services performed in this report.*

Device Type	Service	Quantity
<b><i>Passed</i></b>		
Battery	Tested	1
<b>Total</b>		<b>1</b>
<b><i>Untested</i></b>		
Pull Station		4
Smoke Detector		14
<b>Total</b>		<b>18</b>
<b>Grand Total</b>		<b>19</b>

# Battery & Power Supply Testing

Generated by: BuildingReports.com

Building: White Hall Bldg 3		Control Panel: 1					
<i>The Battery &amp; Power Supply Testing section details the readings and measurements of batteries and power supplies used to provide power to the fire alarm and life safety systems. Items are grouped by Passed or Failed/Other.</i>							
Battery							
Type	Location	Rated Ah	Rated Volts	Pre Test	Post Test	Min Ah	Tested Ah
<i>Passed</i>							
Sealed Lead Acid	FACP	5	12				

# Inventory & Warranty Report

Generated by: [BuildingReports.com](http://BuildingReports.com)

Building: White Hall Bldg 3			Control Panel: 1	
<p><i>The Inventory &amp; Warranty Report lists each of the devices and items that are included in your Inspection Report. A complete inventory count by device type and category is provided. Items installed within the last 90 days, within the last year, and devices installed for two years or more are grouped together for easy reference.</i></p>				
Device or Type	Category	% of Inventory	Quantity	
Battery	Control	5.26%	1	
Pull Station	Initiating	21.05%	4	
Smoke Detector	Initiating	73.68%	14	
Type	Qty	Model #	Description	Install Date
<b><i>In Service - 5 Years to 10 Years</i></b>				
Smoke Detector	14			09/18/2017
<b>Notifier</b>				
Pull Station	4			09/18/2017
<b>Power Patrol</b>				
Battery	1	SLA1055	Sealed Lead Acid	09/18/2017



# Backflow Preventer Test Form

402.441.5912 • e-mail: [Backflow@lincoln.ne.gov](mailto:Backflow@lincoln.ne.gov) • FAX: 402.441.8003

**Return to: Lincoln Water System Backflow 2021 North 27th Street, Lincoln, NE 68503**

Business/Building \_\_\_\_\_ Contact Person \_\_\_\_\_

Service Address \_\_\_\_\_ Suite# \_\_\_\_\_

Phone# \_\_\_\_\_ e-mail: \_\_\_\_\_

Device Location \_\_\_\_\_

<input type="checkbox"/> Annual Test	<input type="checkbox"/> Repair	<input type="checkbox"/> New Installation
<input type="checkbox"/> DC	<input type="checkbox"/> RPP	Serial #: _____ Size: _____ Manufacturer: _____ Model#: _____
<input type="checkbox"/> Replacement		
<input type="checkbox"/> DC	<input type="checkbox"/> RPP	Serial #: _____ Size: _____ Manufacturer: _____ Model#: _____

<input type="checkbox"/> Domestic Containment	<input type="checkbox"/> Irrigation	<input type="checkbox"/> Fire Service	<input type="checkbox"/> Boiler	<input type="checkbox"/> Carbonator
<input type="checkbox"/> Swimming Pool	<input type="checkbox"/> Cooling Tower	<input type="checkbox"/> Water Cooled Ice Maker	<input type="checkbox"/> Other (Desc): _____	

Reduced Pressure-Double Check Valve	Pressure Vacuum Breaker
Shut off #2 Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #1 Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #1 _____ PSID Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #2 Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #2 _____ PSID Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Check Valve Held at _____ PSID
Relief Valve (RP only) Opened at _____ PSID	Air vent opened at _____ PSID

Final Test: Check Valve #1	Check Valve #2	Pressure Relief	PVB/SVB
	Closed Tight <input type="checkbox"/> Yes <input type="checkbox"/> No		Check Valve PSID
PSID	PSID	Replaced PSID	Air Inlet PSID

I hereby certify the above backflow preventer has been tested in accordance with all rules and regulations of the State of Nebraska Health and Human Services, Department of Regulation and Licensure, Title 179, and the Lincoln Water System Title 17, and that all readings are true and accurate to the best of my ability. **Must be returned to LWS within 30 days of performing test.**

State Certified Technician (Please Print) \_\_\_\_\_ Company \_\_\_\_\_ Grade 6 Certificate# \_\_\_\_\_ Cell/Phone# \_\_\_\_\_

State Certified Technician (Signature) \_\_\_\_\_ Customer (Signature) \_\_\_\_\_ Date of Test \_\_\_\_\_

Test Gauge Manufacturer \_\_\_\_\_ Test Gauge Serial # \_\_\_\_\_ Date of Calibration \_\_\_\_\_

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

PLEASE TYPE OR PRINT LEGIBLY

# Fire Alarm and Life Safety System Inspection Certificate

*For*

White Hall Bldg 4  
2311 N 60th  
Lincoln, NE 68507

Tested to NFPA 72 Standards

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

*Inspection Date*  
Mar 31, 2023

Building: White Hall Bldg 4  
Contact: Bevan Flynn  
Title: Maintenance

Company: Electronic Contracting Company  
Contact: Corey Herrmann  
Title: Inspector



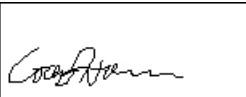
# Executive Summary

Generated by: *BuildingReports.com*

Building Information	
<b>Building:</b> White Hall Bldg 4	<b>Contact:</b> Bevan Flynn
<b>Address:</b> 2311 N 60th	<b>Phone:</b> 4024993596
<b>Address:</b>	<b>Fax:</b>
<b>City/State/ZIP Code:</b> Lincoln, NE 68507	<b>Mobile:</b>
<b>Country:</b> United States of America	<b>Email:</b>
Inspection Performed By	
<b>Company:</b> Electronic Contracting Company	<b>Inspector:</b> Corey Herrmann
<b>Address:</b> 6501 N 70TH St	<b>Phone:</b> (402) 466-8274
<b>Address:</b>	<b>Fax:</b>
<b>City/State/ZIP Code:</b> Lincoln, NE 68507-3248	<b>Mobile:</b>
<b>Country:</b> United States of America	<b>Email:</b> cherrmann@eccoinc.com

Inspection Summary								
Category	Total Items		Serviced		Passed		Failed/Other	
	Qty	%	Qty	%	Qty	%	Qty	%
Control	1	8.33%	1	100.00%	1	100.00%	0	0.00%
Initiating	11	91.67%	0	0.00%	0	0.00%	0	0.00%
<b>Totals</b>	<b>12</b>	<b>100%</b>	<b>1</b>	<b>8.33%</b>	<b>1</b>	<b>100.00%</b>	<b>0</b>	<b>0.00%</b>

### Certification

<b>Company:</b> Electronic Contracting Company	<b>Building:</b> White Hall Bldg 4
<b>Inspector:</b> Corey Herrmann	<b>Contact:</b> Bevan Flynn
	<b>Signed:</b>
<b>Signed:</b> Mar 31, 2023	

# Inspection & Testing

Generated by: *BuildingReports.com*

Building: White Hall Bldg 4		Control Panel: 1		
<p><i>The Inspection &amp; Testing section lists all of the items inspected in your building. Items are grouped by Passed or Failed/Other. Items are listed by Category. Each item includes the services performed, and the time &amp; date at which testing occurred.</i></p>				
Device Type	Location	Service	Time	Date
<b><i>Passed</i></b>				
<b>Control</b>				
Battery	FACP	Tested	10:25:04 AM	03/31/2023
Device Type	Location	Service	Time	Date
<b><i>Untested</i></b>				
<b>Initiating</b>				
Pull Station	Basement Exit			
Pull Station	Classroom Exit			
Pull Station	Dining Exit			
Pull Station	FACP Exit			
Smoke Detector	Classroom			
Smoke Detector	Dining Room			
Smoke Detector	FACP			
Smoke Detector	Hallway			
Smoke Detector	Living Room			
Smoke Detector	North Basement			
Smoke Detector	South Basement			

# Service Summary

Generated by: BuildingReports.com

**Building: White Hall Bldg 4**

*The Service Summary section provides an overview of the services performed in this report.*

Device Type	Service	Quantity
<b><i>Passed</i></b>		
Battery	Tested	1
<b>Total</b>		<b>1</b>
<b><i>Untested</i></b>		
Pull Station		4
Smoke Detector		7
<b>Total</b>		<b>11</b>
<b>Grand Total</b>		<b>12</b>

# Battery & Power Supply Testing

Generated by: BuildingReports.com

Building: White Hall Bldg 4				Control Panel: 1			
<i>The Battery &amp; Power Supply Testing section details the readings and measurements of batteries and power supplies used to provide power to the fire alarm and life safety systems. Items are grouped by Passed or Failed/Other.</i>							
Battery							
Type	Location	Rated Ah	Rated Volts	Pre Test	Post Test	Min Ah	Tested Ah
<i>Passed</i>							
Sealed Lead Acid	FACP	7	12				

# Inventory & Warranty Report

Generated by: [BuildingReports.com](http://BuildingReports.com)

Building: White Hall Bldg 4			Control Panel: 1	
<p><i>The Inventory &amp; Warranty Report lists each of the devices and items that are included in your Inspection Report. A complete inventory count by device type and category is provided. Items installed within the last 90 days, within the last year, and devices installed for two years or more are grouped together for easy reference.</i></p>				
Device or Type	Category	% of Inventory	Quantity	
Battery	Control	8.33%	1	
Pull Station	Initiating	33.33%	4	
Smoke Detector	Initiating	58.33%	7	
Type	Qty	Model #	Description	Install Date
<b><i>In Service - 3 Years to 5 Years</i></b>				
Smoke Detector	7			02/28/2020
<b>Notifier</b>				
Pull Station	4			02/28/2020
<b>Power Patrol</b>				
Battery	1	1075	Sealed Lead Acid	02/28/2020

# Fire Alarm and Life Safety System Inspection Certificate

*For*

White Hall Bldg 5 Knight House  
5845 Huntington Ave  
Lincoln, NE 68507

Tested to NFPA 72 Standards

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

*Semi-Annual Inspection  
Inspection Date  
Mar 31, 2023*

Building: White Hall Bldg 5 Knight House  
Contact: Bevan Flynn  
Title: Maintenance

Company: Electronic Contracting Company  
Contact: Corey Herrmann  
Title: Inspector

# Executive Summary

Generated by: *BuildingReports.com*

Building Information	
<b>Building:</b> White Hall Bldg 5 Knight House	<b>Contact:</b> Bevan Flynn
<b>Address:</b> 5845 Huntington Ave	<b>Phone:</b> 4024993596
<b>Address:</b>	<b>Fax:</b>
<b>City/State/ZIP Code:</b> Lincoln, NE 68507	<b>Mobile:</b>
<b>Country:</b> United States of America	<b>Email:</b>
Inspection Performed By	
<b>Company:</b> Electronic Contracting Company	<b>Inspector:</b> Corey Herrmann
<b>Address:</b> 6501 N 70TH St	<b>Phone:</b> (402) 466-8274
<b>Address:</b>	<b>Fax:</b>
<b>City/State/ZIP Code:</b> Lincoln, NE 68507-3248	<b>Mobile:</b>
<b>Country:</b> United States of America	<b>Email:</b> cherrmann@eccoinc.com



Inspection Summary								
Category	Total Items		Serviced		Passed		Failed/Other	
	Qty	%	Qty	%	Qty	%	Qty	%
Control	1	8.33%	1	100.00%	1	100.00%	0	0.00%
Initiating	11	91.67%	0	0.00%	0	0.00%	0	0.00%
<b>Totals</b>	<b>12</b>	<b>100%</b>	<b>1</b>	<b>8.33%</b>	<b>1</b>	<b>100.00%</b>	<b>0</b>	<b>0.00%</b>

### Certification

<b>Company:</b> Electronic Contracting Company	<b>Building:</b> White Hall Bldg 5 Knight House
<b>Inspector:</b> Corey Herrmann	<b>Contact:</b> Bevan Flynn
	<b>Signed:</b>
<b>Signed:</b> Mar 31, 2023	

# Inspection & Testing

Generated by: BuildingReports.com

Building: White Hall Bldg 5 Knight House		Control Panel: 1		
<p><i>The Inspection &amp; Testing section lists all of the items inspected in your building. Items are grouped by Passed or Failed/Other. Items are listed by Category. Each item includes the services performed, and the time &amp; date at which testing occurred.</i></p>				
Device Type	Location	Service	Time	Date
<b><i>Passed</i></b>				
<b>Control</b>				
Battery	FACP	Tested	9:12:35 AM	03/31/2023
Device Type	Location	Service	Time	Date
<b><i>Untested</i></b>				
<b>Initiating</b>				
Pull Station	Basement Exit			
Pull Station	Dining Room			
Pull Station	Hallway Exit			
Smoke Detector	Dining Room			
Smoke Detector	FACP			
Smoke Detector	Hallway			
Smoke Detector	Hallway			
Smoke Detector	Hallway			
Smoke Detector	Living Room			
Smoke Detector	North Basement			
Smoke Detector	South Basement			

# Service Summary

Generated by: BuildingReports.com

Building: White Hall Bldg 5 Knight House		
<i>The Service Summary section provides an overview of the services performed in this report.</i>		
Device Type	Service	Quantity
<b><i>Passed</i></b>		
Battery	Tested	1
<b>Total</b>		<b>1</b>
<b><i>Untested</i></b>		
Pull Station		3
Smoke Detector		8
<b>Total</b>		<b>11</b>
<b>Grand Total</b>		<b>12</b>

# Battery & Power Supply Testing

Generated by: BuildingReports.com

Building: White Hall Bldg 5 Knight House		Control Panel: 1					
<i>The Battery &amp; Power Supply Testing section details the readings and measurements of batteries and power supplies used to provide power to the fire alarm and life safety systems. Items are grouped by Passed or Failed/Other.</i>							
Battery							
Type	Location	Rated Ah	Rated Volts	Pre Test	Post Test	Min Ah	Tested Ah
<i>Passed</i>							
Sealed Lead Acid	FACP	5	12				

# Inventory & Warranty Report

Generated by: [BuildingReports.com](http://BuildingReports.com)

<b>Building:</b> White Hall Bldg 5 Knight House	<b>Control Panel:</b> 1
---	-------------------------

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

Device or Type	Category	% of Inventory	Quantity
Battery	Control	8.33%	1
Pull Station	Initiating	25.00%	3
Smoke Detector	Initiating	66.67%	8

Type	Qty	Model #	Description	Install Date
<b><i>In Service - 3 Years to 5 Years</i></b>				
Smoke Detector	8			05/18/2019
<b>EST</b>				
Pull Station	1	CAV-1		05/18/2019
<b>Interstate</b>				
Battery	1	1055	Sealed Lead Acid	05/18/2019
<b>Notifier</b>				
Pull Station	2			05/18/2019

# Fire Alarm and Life Safety System Inspection Certificate

*For*

White Hall Bldg 6  
5819 Huntington Ave  
Lincoln, NE 68507

Tested to NFPA 72 Standards

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

*Semi-Annual Inspection  
Inspection Date  
Mar 31, 2023*

Building: White Hall Bldg 6  
Contact: Bevan Flynn  
Title: Maintenance

Company: Electronic Contracting Company  
Contact: Corey Herrmann  
Title: Inspector

# Executive Summary

Generated by: *BuildingReports.com*

Building Information	
<b>Building:</b> White Hall Bldg 6	<b>Contact:</b> Bevan Flynn
<b>Address:</b> 5819 Huntington Ave	<b>Phone:</b> 4024993596
<b>Address:</b>	<b>Fax:</b>
<b>City/State/ZIP Code:</b> Lincoln, NE 68507	<b>Mobile:</b>
<b>Country:</b> United States of America	<b>Email:</b>
Inspection Performed By	
<b>Company:</b> Electronic Contracting Company	<b>Inspector:</b> Corey Herrmann
<b>Address:</b> 6501 N 70TH St	<b>Phone:</b> (402) 466-8274
<b>Address:</b>	<b>Fax:</b>
<b>City/State/ZIP Code:</b> Lincoln, NE 68507-3248	<b>Mobile:</b>
<b>Country:</b> United States of America	<b>Email:</b> cherrmann@eccoinc.com

Inspection Summary								
Category	Total Items		Serviced		Passed		Failed/Other	
	Qty	%	Qty	%	Qty	%	Qty	%
Control	1	3.23%	1	100.00%	1	100.00%	0	0.00%
Initiating	27	87.10%	1	3.70%	1	100.00%	0	0.00%
Supervisory	3	9.68%	3	100.00%	3	100.00%	0	0.00%
<b>Totals</b>	<b>31</b>	<b>100%</b>	<b>5</b>	<b>16.13%</b>	<b>5</b>	<b>100.00%</b>	<b>0</b>	<b>0.00%</b>

Certification	
<b>Company:</b> Electronic Contracting Company <b>Inspector:</b> Corey Herrmann  <b>Signed:</b> Mar 31, 2023	<b>Building:</b> White Hall Bldg 6 <b>Contact:</b> Bevan Flynn  <b>Signed:</b>



# Inspection & Testing

Generated by: BuildingReports.com

Building: White Hall Bldg 6		Control Panel: 1		
<p><i>The Inspection &amp; Testing section lists all of the items inspected in your building. Items are grouped by Passed or Failed/Other. Items are listed by Category. Each item includes the services performed, and the time &amp; date at which testing occurred.</i></p>				
Device Type	Location	Service	Time	Date
<b><i>Passed</i></b>				
<b>Control</b>				
Battery	FACP	Tested	9:15:04 AM	03/31/2023
<b>Initiating</b>				
Waterflow Switch	Laundry Room	Tested	9:29:28 AM	03/31/2023
<b>Supervisory</b>				
Tamper Switch	Laundry Room	Tested	9:26:31 AM	03/31/2023
Tamper Switch	Laundry Room	Tested	9:26:50 AM	03/31/2023
Tamper Switch	Laundry Room	Tested	9:27:32 AM	03/31/2023
Device Type	Location	Service	Time	Date
<b><i>Untested</i></b>				
<b>Initiating</b>				
Pull Station	Basement Exit			
Pull Station	Dining Room			
Pull Station	Door 8 Exit			
Pull Station	FACP Exit			
Smoke Detector	Dining Room			
Smoke Detector	Door 4 Bathroom Hall			
Smoke Detector	Door 5/Nurse Office			
Smoke Detector	FACP			
Smoke Detector	Hallway			
Smoke Detector	Hallway			
Smoke Detector	Janitors Closet			
Smoke Detector	Living Room			
Smoke Detector	Living Room			
Smoke Detector	Main Hall			
Smoke Detector	North Basement			
Smoke Detector	Office			
Smoke Detector	Room 10			
Smoke Detector	Room 11			
Smoke Detector	Room 14			
Smoke Detector	Room 15			
Smoke Detector	Room 16			
Smoke Detector	Room 6			
Smoke Detector	Room 7			
Smoke Detector	Room 9			
Smoke Detector	Security Office			
Smoke Detector	South Basement			

# Service Summary

Generated by: BuildingReports.com

Building: White Hall Bldg 6		
<i>The Service Summary section provides an overview of the services performed in this report.</i>		
Device Type	Service	Quantity
<b><i>Passed</i></b>		
Battery	Tested	1
Tamper Switch	Tested	3
Waterflow Switch	Tested	1
<b>Total</b>		<b>5</b>
<b><i>Untested</i></b>		
Pull Station		4
Smoke Detector		22
<b>Total</b>		<b>26</b>
<b>Grand Total</b>		<b>31</b>

# Time, Temperature & Level Testing

Generated by: BuildingReports.com

Building: White Hall Bldg 6		Control Panel: 1				
<i>The Time, Temperature, &amp; Level Testing section details the measurements taken from various devices that are designed to respond in a certain amount of time, respond at a certain temperature, or respond within the acceptable range of volume or level. Items are grouped by Passed or Failed/Other.</i>						
Type	Location	Comment	Sec	Deg	Lvl	ScanID
<b><i>Passed</i></b>						
<b>Waterflow Switch</b>						
	Laundry Room	Passed	43	n/a	n/a	59341106

# Battery & Power Supply Testing

Generated by: BuildingReports.com

Building: White Hall Bldg 6				Control Panel: 1			
<i>The Battery &amp; Power Supply Testing section details the readings and measurements of batteries and power supplies used to provide power to the fire alarm and life safety systems. Items are grouped by Passed or Failed/Other.</i>							
Battery							
Type	Location	Rated Ah	Rated Volts	Pre Test	Post Test	Min Ah	Tested Ah
<i>Passed</i>							
Sealed Lead Acid	FACP	5	12				

# Inventory & Warranty Report

Generated by: [BuildingReports.com](http://BuildingReports.com)

Building: White Hall Bldg 6			Control Panel: 1	
<p><i>The Inventory &amp; Warranty Report lists each of the devices and items that are included in your Inspection Report. A complete inventory count by device type and category is provided. Items installed within the last 90 days, within the last year, and devices installed for two years or more are grouped together for easy reference.</i></p>				
Device or Type	Category	% of Inventory	Quantity	
Battery	Control	3.23%	1	
Pull Station	Initiating	12.90%	4	
Smoke Detector	Initiating	70.97%	22	
Tamper Switch	Supervisory	9.68%	3	
Waterflow Switch	Initiating	3.23%	1	
Type	Qty	Model #	Description	Install Date
<b><i>In Service - 5 Years to 10 Years</i></b>				
Smoke Detector	22			08/18/2017
<b>Interstate</b>				
Battery	1	1055	Sealed Lead Acid	08/18/2017
<b>Spectronics</b>				
Pull Station	4	SG-32SK2		08/18/2017
<b>System Sensor</b>				
Waterflow Switch	1	WFD-20		08/18/2017
<b>Victaulic</b>				
Tamper Switch	2	702		08/18/2017
Tamper Switch	1	728		08/18/2017



# Backflow Preventer Test Form

402.441.5912 • e-mail: [Backflow@lincoln.ne.gov](mailto:Backflow@lincoln.ne.gov) • FAX: 402.441.8003

**Return to: Lincoln Water System Backflow 2021 North 27th Street, Lincoln, NE 68503**

Business/Building \_\_\_\_\_ Contact Person \_\_\_\_\_

Service Address \_\_\_\_\_ Suite# \_\_\_\_\_

Phone# \_\_\_\_\_ e-mail: \_\_\_\_\_

Device Location \_\_\_\_\_

<input type="checkbox"/> Annual Test	<input type="checkbox"/> Repair	<input type="checkbox"/> New Installation
<input type="checkbox"/> DC	<input type="checkbox"/> RPP	Serial #: _____ Size: _____ Manufacturer: _____ Model#: _____
<input type="checkbox"/> Replacement		
<input type="checkbox"/> DC	<input type="checkbox"/> RPP	Serial #: _____ Size: _____ Manufacturer: _____ Model#: _____

<input type="checkbox"/> Domestic Containment	<input type="checkbox"/> Irrigation	<input type="checkbox"/> Fire Service	<input type="checkbox"/> Boiler	<input type="checkbox"/> Carbonator
<input type="checkbox"/> Swimming Pool	<input type="checkbox"/> Cooling Tower	<input type="checkbox"/> Water Cooled Ice Maker	<input type="checkbox"/> Other (Desc): _____	

Reduced Pressure-Double Check Valve	Pressure Vacuum Breaker
Shut off #2 Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #1 Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #1 _____ PSID Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #2 Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #2 _____ PSID Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Check Valve Held at _____ PSID
Relief Valve (RP only) Opened at _____ PSID	Air vent opened at _____ PSID

Final Test: Check Valve #1	Check Valve #2	Pressure Relief	PVB/SVB
	Closed Tight <input type="checkbox"/> Yes <input type="checkbox"/> No		Check Valve PSID
PSID	PSID	Replaced PSID	Air Inlet PSID

I hereby certify the above backflow preventer has been tested in accordance with all rules and regulations of the State of Nebraska Health and Human Services, Department of Regulation and Licensure, Title 179, and the Lincoln Water System Title 17, and that all readings are true and accurate to the best of my ability. **Must be returned to LWS within 30 days of performing test.**

State Certified Technician (Please Print) \_\_\_\_\_ Company \_\_\_\_\_ Grade 6 Certificate# \_\_\_\_\_ Cell/Phone# \_\_\_\_\_

State Certified Technician (Signature) \_\_\_\_\_ Customer (Signature) \_\_\_\_\_ Date of Test \_\_\_\_\_

Test Gauge Manufacturer \_\_\_\_\_ Test Gauge Serial # \_\_\_\_\_ Date of Calibration \_\_\_\_\_

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

PLEASE TYPE OR PRINT LEGIBLY

# Fire Alarm and Life Safety System Inspection Certificate

*For*

White Hall Bldg 7  
5800 Walker Ave  
Lincoln, NE 68507

Tested to NFPA 72 Standards

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

*Semi-Annual Inspection  
Inspection Date  
Mar 31, 2023*

Building: White Hall Bldg 7  
Contact: Bevan Flynn  
Title: Maintenance

Company: Electronic Contracting Company  
Contact: Corey Herrmann  
Title: Inspector

# Executive Summary

Generated by: *BuildingReports.com*

Building Information		
<b>Building:</b> White Hall Bldg 7	<b>Contact:</b> Bevan Flynn	
<b>Address:</b> 5800 Walker Ave	<b>Phone:</b> 4024993596	
<b>Address:</b>	<b>Fax:</b>	
<b>City/State/ZIP Code:</b> Lincoln, NE 68507	<b>Mobile:</b>	
<b>Country:</b> United States of America	<b>Email:</b>	
Inspection Performed By		
<b>Company:</b> Electronic Contracting Company	<b>Inspector:</b> Corey Herrmann	
<b>Address:</b> 6501 N 70TH St	<b>Phone:</b> (402) 466-8274	
<b>Address:</b>	<b>Fax:</b>	
<b>City/State/ZIP Code:</b> Lincoln, NE 68507-3248	<b>Mobile:</b>	
<b>Country:</b> United States of America	<b>Email:</b> cherrmann@eccoinc.com	
System Control Unit		
<b>Manufacturer:</b> Notifier	<b>Inspection Date:</b> 03/31/2023	<b>IDC Style:</b>
<b>Model Number:</b> Noti-Pack "A"	<b>Install Date:</b> 03/18/2021	<b>SLC Style:</b>
<b>Software Version:</b>	<b>Version Date:</b> 09/19/2022	<b>NAC Style:</b>
<b>Location:</b> FACP Room	<b>Current Protection:</b>	
Central Station Signal Verification		
<b>Type:</b>	<b>Mfg:</b>	<b>Model #:</b>
<b>Test Time/Date:</b> 3/31/23 9:35:15 AM	<b>Restore Time:</b>	<b>Note:</b> Midwest is working on phone lines



Inspection Summary								
Category	Total Items		Serviced		Passed		Failed/Other	
	Qty	%	Qty	%	Qty	%	Qty	%
Control	3	25.00%	3	100.00%	2	66.67%	1	33.33%
Initiating	9	75.00%	0	0.00%	0	0.00%	0	0.00%
<b>Totals</b>	<b>12</b>	<b>100%</b>	<b>3</b>	<b>25.00%</b>	<b>2</b>	<b>66.67%</b>	<b>1</b>	<b>33.33%</b>

### Certification

<b>Company:</b> Electronic Contracting Company	<b>Building:</b> White Hall Bldg 7
<b>Inspector:</b> Corey Herrmann	<b>Contact:</b> Bevan Flynn
	
<b>Signed:</b> Mar 31, 2023	<b>Signed:</b>

# Discrepancy Report

Generated by: [BuildingReports.com](http://BuildingReports.com)

Building: White Hall Bldg 7		Control Panel: 1 - Notifier Noti-Pack "A"		
<p><i>The Discrepancy Report consolidates each discrepancy listed within the various Testing sections of your Inspection. Discrepancies are listed by Category, and grouped by device type. The description of the problem is provided and where appropriate, code references are listed for your convenience. Any item that was inspected that is subject to a recall or part of a manufacturer's replacement/upgrade program is included.</i></p>				
Device Type	Manufacturer	ModelNumber	Date	Qty
<b><i>Items listed for Recall or Replacement/Upgrade</i></b>				
No items found during this inspection.				
ScanID	Location	Problem	Address	Reference
<b><i>Control</i></b>				
<b>Communicator</b>				
69119421	Basement			1

# *Proposed Solutions Report*

*Generated by: BuildingReports.com*

<b>Building: White Hall Bldg 7</b>		<b>Control Panel: 1 - Notifier Noti-Pack "A"</b>			
<p><i>The Proposed Solution Report provides a solution for each discrepancy listed on the Discrepancy Report. Provide a check mark where indicated to approve repairs listed within the report. Items listed as T/M are available for repair on a Time and Materials basis.</i></p>					
ScanID	Location	Solution	Model #	Cost	Fix
<b><i>Control</i></b>					
<b>Communicator</b>					
69119421	Basement			T/M	<input type="checkbox"/>
				PO #: (none)	T/M

# Notes & Recommendations

Generated by: BuildingReports.com

Building: White Hall Bldg 7			Control Panel: 1 - Notifier Noti-Pack "A"	
ScanID	Note	Device Type	Location	Comment
<i>Control</i>				
69119421	1	Communicator	Basement	
	Midwest is working on phone lines			
69119420	2	Control Panel	FACP Room	Passed
	Does not show alarms or set off NAC			

# Inspection & Testing

Generated by: [BuildingReports.com](http://BuildingReports.com)

Building: White Hall Bldg 7	Control Panel: 1 - Notifier Noti-Pack "A"			
<p><i>The Inspection &amp; Testing section lists all of the items inspected in your building. Items are grouped by Passed or Failed/Other. Items are listed by Category. Each item includes the services performed, and the time &amp; date at which testing occurred.</i></p>				
Device Type	Location	Service	Time	Date
<b><i>Passed</i></b>				
<b>Control</b>				
Battery	FACP	Tested	9:34:47 AM	03/31/2023
Control Panel	FACP Room	Tested	9:34:58 AM	03/31/2023
Device Type	Location	Service	Time	Date
<b><i>Failed/Other</i></b>				
<b>Control</b>				
Communicator	Basement	Tested	9:35:15 AM	03/31/2023
Device Type	Location	Service	Time	Date
<b><i>Untested</i></b>				
<b>Initiating</b>				
Heat Detector	Basement Exit Door			
Heat Detector	Basement Mech Room			
Heat Detector	Basement Room			
Heat Detector	FACP Room			
Pull Station	Basement Exit			
Pull Station	Main Entrance			
Pull Station	Stairs			
Smoke Detector	Basement Living Room			
Smoke Detector	Living Room			

# Service Summary

Generated by: BuildingReports.com

Building: White Hall Bldg 7		
<i>The Service Summary section provides an overview of the services performed in this report.</i>		
Device Type	Service	Quantity
<b><i>Failed/Other</i></b>		
Communicator	Tested	1
<b>Total</b>		<b>1</b>
<b><i>Passed</i></b>		
Battery	Tested	1
Control Panel	Tested	1
<b>Total</b>		<b>2</b>
<b><i>Untested</i></b>		
Heat Detector		4
Pull Station		3
Smoke Detector		2
<b>Total</b>		<b>9</b>
<b>Grand Total</b>		<b>12</b>

# Battery & Power Supply Testing

Generated by: BuildingReports.com

Building: White Hall Bldg 7				Control Panel: 1 - Notifier Noti-Pack "A"			
<i>The Battery &amp; Power Supply Testing section details the readings and measurements of batteries and power supplies used to provide power to the fire alarm and life safety systems. Items are grouped by Passed or Failed/Other.</i>							
<b>Battery</b>							
Type	Location	Rated Ah	Rated Volts	Pre Test	Post Test	Min Ah	Tested Ah
<i>Passed</i>							
Sealed Lead Acid	FACP	7	12				

# Inventory & Warranty Report

Generated by: [BuildingReports.com](http://BuildingReports.com)

Building: White Hall Bldg 7		Control Panel: 1 - Notifier Noti-Pack "A"		
<p><i>The Inventory &amp; Warranty Report lists each of the devices and items that are included in your Inspection Report. A complete inventory count by device type and category is provided. Items installed within the last 90 days, within the last year, and devices installed for two years or more are grouped together for easy reference.</i></p>				
Device or Type	Category	% of Inventory	Quantity	
Battery	Control	8.33%	1	
Communicator	Control	8.33%	1	
Control Panel	Control	8.33%	1	
Heat Detector	Initiating	33.33%	4	
Pull Station	Initiating	25.00%	3	
Smoke Detector	Initiating	16.67%	2	
Type	Qty	Model #	Description	Install Date
<b><i>In Service - 2 Years to 3 Years</i></b>				
Communicator	1			03/18/2021
Heat Detector	4		Rate-of-Rise	03/18/2021
Smoke Detector	2			03/18/2021
<b>Notifier</b>				
Control Panel	1	Noti-Pack "A"	Conventional	03/18/2021
Pull Station	3			03/18/2021
<b>Power Patrol</b>				
Battery	1	1075	Sealed Lead Acid	03/18/2021





# Backflow Preventer Test Form

402.441.5912 • e-mail: [Backflow@lincoln.ne.gov](mailto:Backflow@lincoln.ne.gov) • FAX: 402.441.8003

Return to: Lincoln Water System Backflow 2021 North 27th Street, Lincoln, NE 68503

Business/Building \_\_\_\_\_ Contact Person \_\_\_\_\_

Service Address \_\_\_\_\_ Suite# \_\_\_\_\_

Phone# \_\_\_\_\_ e-mail: \_\_\_\_\_

Device Location \_\_\_\_\_

<input type="checkbox"/> Annual Test	<input type="checkbox"/> Repair	<input type="checkbox"/> New Installation
<input type="checkbox"/> DC	<input type="checkbox"/> RPP	Serial #: _____ Size: _____ Manufacturer: _____ Model#: _____
<input type="checkbox"/> Replacement		
<input type="checkbox"/> DC	<input type="checkbox"/> RPP	Serial #: _____ Size: _____ Manufacturer: _____ Model#: _____

<input type="checkbox"/> Domestic Containment	<input type="checkbox"/> Irrigation	<input type="checkbox"/> Fire Service	<input type="checkbox"/> Boiler	<input type="checkbox"/> Carbonator
<input type="checkbox"/> Swimming Pool	<input type="checkbox"/> Cooling Tower	<input type="checkbox"/> Water Cooled Ice Maker	<input type="checkbox"/> Other (Desc): _____	

Reduced Pressure-Double Check Valve		Pressure Vacuum Breaker	
Shut off #2	Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #1	Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #1 _____ PSID	Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #2	Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #2 _____ PSID	Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Check Valve Held at _____ PSID	
Relief Valve (RP only) Opened at _____ PSID		Air vent opened at _____ PSID	

Final Test: Check Valve #1	Check Valve #2	Pressure Relief	PVB/SVB
	Closed Tight <input type="checkbox"/> Yes <input type="checkbox"/> No		Check Valve PSID
PSID	PSID	Replaced PSID	Air Inlet PSID

I hereby certify the above backflow preventer has been tested in accordance with all rules and regulations of the State of Nebraska Health and Human Services, Department of Regulation and Licensure, Title 179, and the Lincoln Water System Title 17, and that all readings are true and accurate to the best of my ability. **Must be returned to LWS within 30 days of performing test.**

State Certified Technician (Please Print) \_\_\_\_\_ Company \_\_\_\_\_ Grade 6 Certificate# \_\_\_\_\_ Cell/Phone# \_\_\_\_\_

State Certified Technician (Signature) \_\_\_\_\_ Customer (Signature) \_\_\_\_\_ Date of Test \_\_\_\_\_

Test Gauge Manufacturer \_\_\_\_\_ Test Gauge Serial # \_\_\_\_\_ Date of Calibration \_\_\_\_\_

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

PLEASE TYPE OR PRINT LEGIBLY

# Fire Alarm and Life Safety System Inspection Certificate

*For*

White Hall Bldg 8 Mansion  
5903 Walker Ave  
Lincoln, NE 68507

Tested to NFPA 72 Standards

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

*Semi-Annual Inspection  
Inspection Date  
Mar 31, 2023*

Building: White Hall Bldg 8 Mansion  
Contact: Bevan Flynn  
Title: Maintenance

Company: Electronic Contracting Company  
Contact: Corey Herrmann  
Title: Inspector

# *Executive Summary*

Generated by: *BuildingReports.com*

Building Information	
<b>Building:</b> White Hall Bldg 8 Mansion	<b>Contact:</b> Bevan Flynn
<b>Address:</b> 5903 Walker Ave	<b>Phone:</b> 4024993596
<b>Address:</b>	<b>Fax:</b>
<b>City/State/ZIP Code:</b> Lincoln, NE 68507	<b>Mobile:</b>
<b>Country:</b> United States of America	<b>Email:</b>
Inspection Performed By	
<b>Company:</b> Electronic Contracting Company	<b>Inspector:</b> Corey Herrmann
<b>Address:</b> 6501 N 70TH St	<b>Phone:</b> (402) 466-8274
<b>Address:</b>	<b>Fax:</b>
<b>City/State/ZIP Code:</b> Lincoln, NE 68507-3248	<b>Mobile:</b>
<b>Country:</b> United States of America	<b>Email:</b> cherrmann@eccoinc.com

Inspection Summary								
Category	Total Items		Serviced		Passed		Failed/Other	
	Qty	%	Qty	%	Qty	%	Qty	%
Control	1	1.52%	1	100.00%	1	100.00%	0	0.00%
Initiating	65	98.48%	0	0.00%	0	0.00%	0	0.00%
<b>Totals</b>	<b>66</b>	<b>100%</b>	<b>1</b>	<b>1.52%</b>	<b>1</b>	<b>100.00%</b>	<b>0</b>	<b>0.00%</b>

**Certification**

<b>Company:</b> Electronic Contracting Company	<b>Building:</b> White Hall Bldg 8 Mansion
<b>Inspector:</b> Corey Herrmann	<b>Contact:</b> Bevan Flynn
	<b>Signed:</b>
<b>Signed:</b> Mar 31, 2023	

# Inspection & Testing

Generated by: [BuildingReports.com](http://BuildingReports.com)

Building: White Hall Bldg 8 Mansion		Control Panel: 1		
<p><i>The Inspection &amp; Testing section lists all of the items inspected in your building. Items are grouped by Passed or Failed/Other. Items are listed by Category. Each item includes the services performed, and the time &amp; date at which testing occurred.</i></p>				
Device Type	Location	Service	Time	Date
<b><i>Passed</i></b>				
<b>Control</b>				
Battery	FACP	Tested	10:30:46 AM	03/31/2023
Device Type	Location	Service	Time	Date
<b><i>Untested</i></b>				
<b>Initiating</b>				
Pull Station	FACP			
Pull Station	First Floor Elevator Lobby			
Pull Station	Front Exit			
Pull Station	Second Floor Elevator Lobby			
Pull Station	Second Floor Stair Landing			
Pull Station	Third Floor Banquet			
Pull Station	Third Floor Landing			
Smoke Detector	Basement Data Room			
Smoke Detector	Basement Elevator Lobby			
Smoke Detector	Basement Hall			
Smoke Detector	Basement Mech			
Smoke Detector	Basement Mech			
Smoke Detector	Basement Mech Room			
Smoke Detector	Basement Mech Side Room			
Smoke Detector	Basement Planning Room			
Smoke Detector	Basement Room after Elevator Lobby			
Smoke Detector	Basement Stairs			
Smoke Detector	Basement Storage			
Smoke Detector	Data Room Vault			
Smoke Detector	Dining Room			
Smoke Detector	Electrical Side Room			
Smoke Detector	Elevator Equipment Room			
Smoke Detector	FACP			
Smoke Detector	First Elevator Lobby			
Smoke Detector	First Floor Bathroom			
Smoke Detector	First Floor Bathroom Hall			
Smoke Detector	Front Entrance			
Smoke Detector	Front Foyer			
Smoke Detector	Front Room			
Smoke Detector	Front Room			
Smoke Detector	Kitchen			
Smoke Detector	Kitchen Hall			
Smoke Detector	Laundry Room			

Device Type	Location	Service	Time	Date
<i>Untested</i>				
Smoke Detector	Left Stairwell up			
Smoke Detector	Right Stairwell up			
Smoke Detector	Room across from Laundry Room			
Smoke Detector	Second Floor Bathroom			
Smoke Detector	Second Floor Bedroom			
Smoke Detector	Second Floor Bedroom			
Smoke Detector	Second Floor Elevator Hall			
Smoke Detector	Second Floor Elevator Lobby			
Smoke Detector	Second Floor Hall			
Smoke Detector	Second Floor Landing			
Smoke Detector	Second Floor North Rooms			
Smoke Detector	Second Floor North Rooms			
Smoke Detector	Second Floor Northeast Room			
Smoke Detector	Second Floor SE Conference Room			
Smoke Detector	Second Floor SE Hall			
Smoke Detector	Second Floor SE Office			
Smoke Detector	Second Floor SE Office Bathroom			
Smoke Detector	Second Floor South Office			
Smoke Detector	Second Floor Stair Landing			
Smoke Detector	Smaller Dining Room			
Smoke Detector	Stairwell to Basement			
Smoke Detector	Third Elevator Lobby			
Smoke Detector	Third Floor Banquet Closet			
Smoke Detector	Third Floor Banquet Room			
Smoke Detector	Third Floor Banquet Room			
Smoke Detector	Third Floor Banquet Room Closet			
Smoke Detector	Third Floor Banquet Side Room			
Smoke Detector	Third Floor Banquet Stairs			
Smoke Detector	Third Floor Bath Room			
Smoke Detector	Third Floor Furnace Room			
Smoke Detector	Third Floor Hallway			
Smoke Detector	Third Floor Landing			

# Service Summary

Generated by: BuildingReports.com

Building: White Hall Bldg 8 Mansion		
<i>The Service Summary section provides an overview of the services performed in this report.</i>		
Device Type	Service	Quantity
<i>Passed</i>		
Battery	Tested	1
<b>Total</b>		<b>1</b>
<i>Untested</i>		
Pull Station		7
Smoke Detector		58
<b>Total</b>		<b>65</b>
<b>Grand Total</b>		<b>66</b>

# Battery & Power Supply Testing

Generated by: BuildingReports.com

Building: White Hall Bldg 8 Mansion				Control Panel: 1			
<i>The Battery &amp; Power Supply Testing section details the readings and measurements of batteries and power supplies used to provide power to the fire alarm and life safety systems. Items are grouped by Passed or Failed/Other.</i>							
<b>Battery</b>							
Type	Location	Rated Ah	Rated Volts	Pre Test	Post Test	Min Ah	Tested Ah
<i>Passed</i>							
Sealed Lead Acid	FACP	5	12				



# Inventory & Warranty Report

Generated by: [BuildingReports.com](http://BuildingReports.com)

Building: White Hall Bldg 8 Mansion			Control Panel: 1	
<p><i>The Inventory &amp; Warranty Report lists each of the devices and items that are included in your Inspection Report. A complete inventory count by device type and category is provided. Items installed within the last 90 days, within the last year, and devices installed for two years or more are grouped together for easy reference.</i></p>				
Device or Type	Category	% of Inventory	Quantity	
Battery	Control	1.52%	1	
Pull Station	Initiating	10.61%	7	
Smoke Detector	Initiating	87.88%	58	
Type	Qty	Model #	Description	Install Date
<b><i>In Service - 5 Years to 10 Years</i></b>				
Smoke Detector	58			02/23/2018
<b>Interstate</b>				
Battery	1	1055	Sealed Lead Acid	02/23/2018
<b>Notifier</b>				
Pull Station	7	NBG-12LX		02/23/2018

# Fire Alarm and Life Safety System Inspection Certificate

*For*

White Hall Bldg 9 Maintenance  
2401 N 60th  
Lincoln, NE 68507

Tested to NFPA 72 Standards

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

*Inspection Date*  
Mar 31, 2023

Building: White Hall Bldg 9 Maintenance  
Contact: Bevan Flynn  
Title: Maintenance

Company: Electronic Contracting Company  
Contact: Corey Herrmann  
Title: Inspector

# Executive Summary

Generated by: *BuildingReports.com*

Building Information	
<b>Building:</b> White Hall Bldg 9 Maintenance	<b>Contact:</b> Bevan Flynn
<b>Address:</b> 2401 N 60th	<b>Phone:</b> 4024993596
<b>Address:</b>	<b>Fax:</b>
<b>City/State/ZIP Code:</b> Lincoln, NE 68507	<b>Mobile:</b>
<b>Country:</b> United States of America	<b>Email:</b>
Inspection Performed By	
<b>Company:</b> Electronic Contracting Company	<b>Inspector:</b> Corey Herrmann
<b>Address:</b> 6501 N 70TH St	<b>Phone:</b> (402) 466-8274
<b>Address:</b>	<b>Fax:</b>
<b>City/State/ZIP Code:</b> Lincoln, NE 68507-3248	<b>Mobile:</b>
<b>Country:</b> United States of America	<b>Email:</b> cherrmann@eccoinc.com

Inspection Summary								
Category	Total Items		Serviced		Passed		Failed/Other	
	Qty	%	Qty	%	Qty	%	Qty	%
Control	1	3.45%	1	100.00%	1	100.00%	0	0.00%
Initiating	28	96.55%	0	0.00%	0	0.00%	0	0.00%
<b>Totals</b>	<b>29</b>	<b>100%</b>	<b>1</b>	<b>3.45%</b>	<b>1</b>	<b>100.00%</b>	<b>0</b>	<b>0.00%</b>

### Certification

<b>Company:</b> Electronic Contracting Company	<b>Building:</b> White Hall Bldg 9 Maintenance
<b>Inspector:</b> Corey Herrmann	<b>Contact:</b> Bevan Flynn
	<b>Signed:</b>
<b>Signed:</b> Mar 31, 2023	

# Inspection & Testing

Generated by: *BuildingReports.com*

Building: White Hall Bldg 9 Maintenance		Control Panel: 1		
<p><i>The Inspection &amp; Testing section lists all of the items inspected in your building. Items are grouped by Passed or Failed/Other. Items are listed by Category. Each item includes the services performed, and the time &amp; date at which testing occurred.</i></p>				
Device Type	Location	Service	Time	Date
<b><i>Passed</i></b>				
<b>Control</b>				
Battery	FACP	Tested	9:05:41 AM	03/31/2023
Device Type	Location	Service	Time	Date
<b><i>Untested</i></b>				
<b>Initiating</b>				
Heat Detector	Break Room			
Heat Detector	East Garage			
Heat Detector	FACP			
Heat Detector	Garage			
Heat Detector	Garage by Mech Room			
Heat Detector	Hall Storage			
Heat Detector	Mech Room			
Heat Detector	North Garage			
Heat Detector	North Garage			
Heat Detector	North Garage with Furnace			
Heat Detector	North North Garage			
Heat Detector	North North Garage			
Heat Detector	Office			
Heat Detector	Paint Room			
Heat Detector	Restroom			
Heat Detector	Restroom Hallway			
Heat Detector	Tool Room			
Heat Detector	West Garage			
Pull Station	Custodial Exit			
Pull Station	FACP			
Pull Station	FACP Room Exit			
Pull Station	North Garage Exit			
Pull Station	North North Garage Exit			
Pull Station	North North Garage Exit			
Pull Station	North North Garage Exit			
Pull Station	SE Garage Exit			
Pull Station	Tool Room Exit			
Pull Station	West Garage			

# Service Summary

Generated by: BuildingReports.com

**Building: White Hall Bldg 9 Maintenance**

*The Service Summary section provides an overview of the services performed in this report.*

Device Type	Service	Quantity
<b><i>Passed</i></b>		
Battery	Tested	1
<b>Total</b>		<b>1</b>
<b><i>Untested</i></b>		
Heat Detector		18
Pull Station		10
<b>Total</b>		<b>28</b>
<b>Grand Total</b>		<b>29</b>

# Battery & Power Supply Testing

Generated by: BuildingReports.com

Building: White Hall Bldg 9 Maintenance				Control Panel: 1			
<i>The Battery &amp; Power Supply Testing section details the readings and measurements of batteries and power supplies used to provide power to the fire alarm and life safety systems. Items are grouped by Passed or Failed/Other.</i>							
Battery							
Type	Location	Rated Ah	Rated Volts	Pre Test	Post Test	Min Ah	Tested Ah
<i>Passed</i>							
Sealed Lead Acid	FACP	8	12				

# Inventory & Warranty Report

Generated by: [BuildingReports.com](http://BuildingReports.com)

<b>Building: White Hall Bldg 9 Maintenance</b>	<b>Control Panel: 1</b>
--	-------------------------

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

Device or Type	Category	% of Inventory	Quantity
Battery	Control	3.45%	1
Heat Detector	Initiating	62.07%	18
Pull Station	Initiating	34.48%	10

Type	Qty	Model #	Description	Install Date
<b><i>In Service - 3 Years to 5 Years</i></b>				
<b>Energy Power</b>				
Battery	1	1075	Sealed Lead Acid	06/18/2020
<b>Notifier</b>				
Heat Detector	18	NH200		06/18/2020
Pull Station	3	NOT-BG12LX		06/18/2020
Pull Station	7	NOT-BG12LX	Dual Action	06/18/2020



# Zone Address Report

Generated by: *BuildingReports.com*

Building: White Hall Bldg 9 Maintenance		Control Panel: 1		
<p><i>The Zone Address Report lists all of the devices and items that have an individual address, or are grouped together under a common zone. The device type, location, and description are included for your reference.</i></p>				
Address	Device Type	Location	Type	ScanID
<b>Zone/Circuit: 01</b>				
	Pull Station	FACP	Dual Action	69117937
<b>Zone/Circuit: 02</b>				
	Pull Station	SE Garage Exit	Dual Action	69119410
<b>Zone/Circuit: 03</b>				
	Pull Station	West Garage	Dual Action	69117939
<b>Zone/Circuit: 04</b>				
	Pull Station	North Garage Exit	Dual Action	69117945
<b>Zone/Circuit: 05</b>				
	Pull Station	Custodial Exit	Dual Action	69117954
<b>Zone/Circuit: 06</b>				
	Pull Station	North North Garage Exit	Dual Action	69117946
<b>Zone/Circuit: 07</b>				
	Pull Station	North North Garage Exit		69117951
<b>Zone/Circuit: 08</b>				
	Pull Station	North North Garage Exit	Dual Action	69117952
<b>Zone/Circuit: 09</b>				
	Pull Station	FACP Room Exit		69117959
<b>Zone/Circuit: 10</b>				
	Pull Station	Tool Room Exit		69117958
<b>Zone/Circuit: 12</b>				
	Heat Detector	Restroom Hallway		69119411
<b>Zone/Circuit: 13</b>				
	Heat Detector	Restroom		69119412
<b>Zone/Circuit: 16</b>				
	Heat Detector	Hall Storage		69117941
<b>Zone/Circuit: 17</b>				
	Heat Detector	East Garage		69117938
<b>Zone/Circuit: 18</b>				
	Heat Detector	West Garage		69117936
<b>Zone/Circuit: 19</b>				
	Heat Detector	Paint Room		69117940

<b>Zone/Circuit: 20</b>		
Heat Detector	Break Room	69117960
<b>Zone/Circuit: 21</b>		
Heat Detector	Garage	69117944
<b>Zone/Circuit: 22</b>		
Heat Detector	North Garage	69117953
<b>Zone/Circuit: 23</b>		
Heat Detector	North Garage with Furnace	69117949
<b>Zone/Circuit: 24</b>		
Heat Detector	North North Garage	69117947
<b>Zone/Circuit: 25</b>		
Heat Detector	North North Garage	69117948
<b>Zone/Circuit: 26</b>		
Heat Detector	North Garage	69117950
<b>Zone/Circuit: 28</b>		
Heat Detector	Garage by Mech Room	69117943
<b>Zone/Circuit: 29</b>		
Heat Detector	Mech Room	69117942
<b>Zone/Circuit: 30</b>		
Heat Detector	FACP	69117955
<b>Zone/Circuit: 31</b>		
Heat Detector	Tool Room	69117957
<b>Zone/Circuit: 32</b>		
Heat Detector	Office	69117956



# Backflow Preventer Test Form

402.441.5912 • e-mail: [Backflow@lincoln.ne.gov](mailto:Backflow@lincoln.ne.gov) • FAX: 402.441.8003

Return to: Lincoln Water System Backflow 2021 North 27th Street, Lincoln, NE 68503

Business/Building \_\_\_\_\_ Contact Person \_\_\_\_\_

Service Address \_\_\_\_\_ Suite# \_\_\_\_\_

Phone# \_\_\_\_\_ e-mail: \_\_\_\_\_

Device Location \_\_\_\_\_

<input type="checkbox"/> Annual Test	<input type="checkbox"/> Repair	<input type="checkbox"/> New Installation
<input type="checkbox"/> DC	<input type="checkbox"/> RPP	Serial #: _____ Size: _____ Manufacturer: _____ Model#: _____
<input type="checkbox"/> Replacement		
<input type="checkbox"/> DC	<input type="checkbox"/> RPP	Serial #: _____ Size: _____ Manufacturer: _____ Model#: _____

<input type="checkbox"/> Domestic Containment	<input type="checkbox"/> Irrigation	<input type="checkbox"/> Fire Service	<input type="checkbox"/> Boiler	<input type="checkbox"/> Carbonator
<input type="checkbox"/> Swimming Pool	<input type="checkbox"/> Cooling Tower	<input type="checkbox"/> Water Cooled Ice Maker	<input type="checkbox"/> Other (Desc): _____	

Reduced Pressure-Double Check Valve		Pressure Vacuum Breaker	
Shut off #2	Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #1	Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #1 _____ PSID	Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #2	Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #2 _____ PSID	Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Check Valve Held at _____ PSID	
Relief Valve (RP only) Opened at _____ PSID		Air vent opened at _____ PSID	

Final Test: Check Valve #1	Check Valve #2	Pressure Relief	PVB/SVB
	Closed Tight <input type="checkbox"/> Yes <input type="checkbox"/> No		Check Valve PSID
PSID	PSID	Replaced PSID	Air Inlet PSID

I hereby certify the above backflow preventer has been tested in accordance with all rules and regulations of the State of Nebraska Health and Human Services, Department of Regulation and Licensure, Title 179, and the Lincoln Water System Title 17, and that all readings are true and accurate to the best of my ability. **Must be returned to LWS within 30 days of performing test.**

State Certified Technician (Please Print) \_\_\_\_\_ Company \_\_\_\_\_ Grade 6 Certificate# \_\_\_\_\_ Cell/Phone# \_\_\_\_\_

State Certified Technician (Signature) \_\_\_\_\_ Customer (Signature) \_\_\_\_\_ Date of Test \_\_\_\_\_

Test Gauge Manufacturer \_\_\_\_\_ Test Gauge Serial # \_\_\_\_\_ Date of Calibration \_\_\_\_\_

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

PLEASE TYPE OR PRINT LEGIBLY

# Fire Alarm and Life Safety System Inspection Certificate

*For*

White Hall Bldg 10 School  
2320 N 57th  
Lincoln, NE 68507

Tested to NFPA 72 Standards

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

*Semi-Annual Inspection  
Inspection Date  
Mar 31, 2023*

Building: White Hall Bldg 10 School  
Contact: Bevan Flynn  
Title: Maintenance

Company: Electronic Contracting Company  
Contact: Corey Herrmann  
Title: Inspector

# Executive Summary

Generated by: *BuildingReports.com*

Building Information	
<b>Building:</b> White Hall Bldg 10 School	<b>Contact:</b> Bevan Flynn
<b>Address:</b> 2320 N 57th	<b>Phone:</b> 4024993596
<b>Address:</b>	<b>Fax:</b>
<b>City/State/ZIP Code:</b> Lincoln, NE 68507	<b>Mobile:</b>
<b>Country:</b> United States of America	<b>Email:</b>
Inspection Performed By	
<b>Company:</b> Electronic Contracting Company	<b>Inspector:</b> Corey Herrmann
<b>Address:</b> 6501 N 70TH St	<b>Phone:</b> (402) 466-8274
<b>Address:</b>	<b>Fax:</b>
<b>City/State/ZIP Code:</b> Lincoln, NE 68507-3248	<b>Mobile:</b>
<b>Country:</b> United States of America	<b>Email:</b> cherrmann@eccoinc.com

Inspection Summary								
Category	Total Items		Serviced		Passed		Failed/Other	
	Qty	%	Qty	%	Qty	%	Qty	%
Control	1	1.75%	1	100.00%	1	100.00%	0	0.00%
Indicating	1	1.75%	0	0.00%	0	0.00%	0	0.00%
Initiating	53	92.98%	1	1.89%	1	100.00%	0	0.00%
Supervisory	2	3.51%	2	100.00%	2	100.00%	0	0.00%
<b>Totals</b>	<b>57</b>	<b>100%</b>	<b>4</b>	<b>7.02%</b>	<b>4</b>	<b>100.00%</b>	<b>0</b>	<b>0.00%</b>

Certification	
<b>Company:</b> Electronic Contracting Company <b>Inspector:</b> Corey Herrmann  <b>Signed:</b> Mar 31, 2023	<b>Building:</b> White Hall Bldg 10 School <b>Contact:</b> Bevan Flynn  <b>Signed:</b>

# Notes & Recommendations

Generated by: BuildingReports.com

Building: White Hall Bldg 10 School		Control Panel: 1		
ScanID	Note	Device Type	Location	Comment
<b>Indicating</b>				
1000000	1	Horn/Strobe	FACP	Failed to indicate

# Inspection & Testing

Generated by: *BuildingReports.com*

<b>Building:</b> White Hall Bldg 10 School	<b>Control Panel:</b> 1
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*The Inspection & Testing section lists all of the items inspected in your building. Items are grouped by Passed or Failed/Other. Items are listed by Category. Each item includes the services performed, and the time & date at which testing occurred.*

Device Type	Location	Service	Time	Date
<b><i>Passed</i></b>				
<b>Control</b>				
Battery	FACP	Tested	10:08:02 AM	03/31/2023
<b>Initiating</b>				
Waterflow Switch	Boiler Room	Tested	10:12:37 AM	03/31/2023
<b>Supervisory</b>				
Tamper Switch	Boiler Room	Tested	10:10:07 AM	03/31/2023
Tamper Switch	Boiler Room	Tested	10:10:10 AM	03/31/2023

Device Type	Location	Service	Time	Date
<b><i>Untested</i></b>				
<b>Indicating</b>				
Horn/Strobe	FACP			
<b>Initiating</b>				
Heat Detector	Second Floor Break Room			
Heat Detector	Second Floor Break Room			
Heat Detector	Second Floor Four Person Room			
Heat Detector	Second Floor Mens RR			
Heat Detector	Second Floor Multipurpose Room			
Heat Detector	Second Floor Museum			
Heat Detector	Second Floor Resource Room			
Heat Detector	Second Floor Resource Storage			
Heat Detector	Second Floor Two Person Room			
Heat Detector	Second Floor Womens RR			
Pull Station	FACP			
Pull Station	Northwest Exit			
Pull Station	Second Floor Gym South Exit			
Pull Station	Second Floor Old Gym			
Pull Station	Second Floor West Exit			
Pull Station	Second floor Exit by Old Gym			
Pull Station	Southwest Exit by Conference Rooms			
Smoke Detector	Conference Rooms Hallway			
Smoke Detector	FACP			
Smoke Detector	Hallway left of FACP			
Smoke Detector	Hallway left of FACP			
Smoke Detector	Hallway to Gym			
Smoke Detector	Hallway to Gym			
Smoke Detector	Hallway to Gym			



Device Type	Location	Service	Time	Date
<i>Untested</i>				
Smoke Detector	Office Hallway			
Smoke Detector	Old Gym			
Smoke Detector	Old Gym			
Smoke Detector	Old Gym			
Smoke Detector	Old Gym			
Smoke Detector	Old Gym			
Smoke Detector	Old Gym			
Smoke Detector	Second Floor Break Room			
Smoke Detector	Second Floor Break Room			
Smoke Detector	Second Floor Classroom 1			
Smoke Detector	Second Floor Classroom 1			
Smoke Detector	Second Floor Classroom 2			
Smoke Detector	Second Floor Classroom 2			
Smoke Detector	Second Floor Classroom 3			
Smoke Detector	Second Floor Gym South Exit			
Smoke Detector	Second Floor Hall			
Smoke Detector	Second Floor Hall			
Smoke Detector	Second Floor Hall			
Smoke Detector	Second Floor Hall			
Smoke Detector	Second Floor Hall			
Smoke Detector	Second Floor Hall			
Smoke Detector	Second Floor Hall to Resource Room			
Smoke Detector	Second Floor New Gym			
Smoke Detector	Second Floor New Gym			
Smoke Detector	Second Floor New Gym			
Smoke Detector	Second Floor New Gym			
Smoke Detector	Second Floor by New Gym			

# Service Summary

Generated by: BuildingReports.com

Building: White Hall Bldg 10 School

The Service Summary section provides an overview of the services performed in this report.

Device Type	Service	Quantity
<i>Passed</i>		
Battery	Tested	1
Tamper Switch	Tested	2
Waterflow Switch	Tested	1
<b>Total</b>		<b>4</b>
<i>Untested</i>		
Heat Detector		10
Horn/Strobe		1
Pull Station		7
Smoke Detector		35
<b>Total</b>		<b>53</b>
<b>Grand Total</b>		<b>57</b>

# Time, Temperature & Level Testing

Generated by: BuildingReports.com

Building: White Hall Bldg 10 School		Control Panel: 1				
<i>The Time, Temperature, &amp; Level Testing section details the measurements taken from various devices that are designed to respond in a certain amount of time, respond at a certain temperature, or respond within the acceptable range of volume or level. Items are grouped by Passed or Failed/Other.</i>						
Type	Location	Comment	Sec	Deg	Lvl	ScanID
<b><i>Passed</i></b>						
<b>Waterflow Switch</b>						
	Boiler Room	Passed	32	n/a	n/a	59341130

# Battery & Power Supply Testing

Generated by: BuildingReports.com

Building: White Hall Bldg 10 School				Control Panel: 1			
<i>The Battery &amp; Power Supply Testing section details the readings and measurements of batteries and power supplies used to provide power to the fire alarm and life safety systems. Items are grouped by Passed or Failed/Other.</i>							
Battery							
Type	Location	Rated Ah	Rated Volts	Pre Test	Post Test	Min Ah	Tested Ah
<i>Passed</i>							
Sealed Lead Acid	FACP	5	12				

# Inventory & Warranty Report

Generated by: [BuildingReports.com](http://BuildingReports.com)

Building: White Hall Bldg 10 School			Control Panel: 1	
<p><i>The Inventory &amp; Warranty Report lists each of the devices and items that are included in your Inspection Report. A complete inventory count by device type and category is provided. Items installed within the last 90 days, within the last year, and devices installed for two years or more are grouped together for easy reference.</i></p>				
Device or Type	Category	% of Inventory	Quantity	
Battery	Control	1.75%	1	
Heat Detector	Initiating	17.54%	10	
Horn/Strobe	Indicating	1.75%	1	
Pull Station	Initiating	12.28%	7	
Smoke Detector	Initiating	61.40%	35	
Tamper Switch	Supervisory	3.51%	2	
Waterflow Switch	Initiating	1.75%	1	
Type	Qty	Model #	Description	Install Date
<b><i>In Service - 3 Years to 5 Years</i></b>				
<b>Interstate</b>				
Battery	1	1055	Sealed Lead Acid	09/15/2020
<b><i>In Service - 25 Years or Older</i></b>				
Heat Detector	10			09/15/1980
Horn/Strobe	1			09/15/1980
Smoke Detector	27			09/15/1980
<b>Fire-Lite</b>				
Pull Station	3			09/15/1980
<b>Notifier</b>				
Pull Station	3			09/15/1980
Smoke Detector	8			09/15/1980
<b>Potter Electric</b>				
Tamper Switch	2	PTS-B		09/15/1980
<b>Spectronics</b>				
Pull Station	1			09/15/1980
<b>Victaulic</b>				
Waterflow Switch	1	736		09/15/1980

# Fire Alarm and Life Safety System Inspection Certificate

*For*

White Hall Bldg 11 Admin  
Training  
5900 Walker Ave  
Lincoln, NE 68507

Tested to NFPA 72 Standards

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

*Semi-Annual Inspection*

*Inspection Date*

*Mar 31, 2023*

Building: White Hall Bldg 11 Admin Training  
Contact: Bevan Flynn  
Title: Maintenance

Company: Electronic Contracting Company  
Contact: Corey Herrmann  
Title: Inspector

# *Executive Summary*

Generated by: *BuildingReports.com*

Building Information	
<b>Building:</b> White Hall Bldg 11 Admin Training	<b>Contact:</b> Bevan Flynn
<b>Address:</b> 5900 Walker Ave	<b>Phone:</b> 4024993596
<b>Address:</b>	<b>Fax:</b>
<b>City/State/ZIP Code:</b> Lincoln, NE 68507	<b>Mobile:</b>
<b>Country:</b> United States of America	<b>Email:</b>
Inspection Performed By	
<b>Company:</b> Electronic Contracting Company	<b>Inspector:</b> Corey Herrmann
<b>Address:</b> 6501 N 70TH St	<b>Phone:</b> (402) 466-8274
<b>Address:</b>	<b>Fax:</b>
<b>City/State/ZIP Code:</b> Lincoln, NE 68507-3248	<b>Mobile:</b>
<b>Country:</b> United States of America	<b>Email:</b> cherrmann@eccoinc.com

Inspection Summary								
Category	Total Items		Serviced		Passed		Failed/Other	
	Qty	%	Qty	%	Qty	%	Qty	%
Control	1	12.50%	1	100.00%	1	100.00%	0	0.00%
Initiating	7	87.50%	0	0.00%	0	0.00%	0	0.00%
<b>Totals</b>	<b>8</b>	<b>100%</b>	<b>1</b>	<b>12.50%</b>	<b>1</b>	<b>100.00%</b>	<b>0</b>	<b>0.00%</b>

### Certification

<b>Company:</b> Electronic Contracting Company	<b>Building:</b> White Hall Bldg 11 Admin Training
<b>Inspector:</b> Corey Herrmann	<b>Contact:</b> Bevan Flynn
	<b>Signed:</b>
<b>Signed:</b> Mar 31, 2023	



# Notes & Recommendations

Generated by: BuildingReports.com

Building: White Hall Bldg 11 Admin Training    Control Panel: 1				
<i>The Notes &amp; Recommendations Report details additional inspection notes made by the Inspectors during the course of the building inspection. Notes are grouped by Category.</i>				
ScanID	Note	Device Type	Location	Comment
<b><i>Initiating</i></b>				
69117934	1	Pull Station	Green Room Exit	
Poorly secured to wall				

# Inspection & Testing

Generated by: *BuildingReports.com*

Building: White Hall Bldg 11 Admin Training    Control Panel: 1				
<p><i>The Inspection &amp; Testing section lists all of the items inspected in your building. Items are grouped by Passed or Failed/Other. Items are listed by Category. Each item includes the services performed, and the time &amp; date at which testing occurred.</i></p>				
Device Type	Location	Service	Time	Date
<b><i>Passed</i></b>				
<b>Control</b>				
Battery	FACP	Tested	9:10:33 AM	03/31/2023
Device Type	Location	Service	Time	Date
<b><i>Untested</i></b>				
<b>Initiating</b>				
Pull Station	East Courtyard Exit			
Pull Station	East Exit			
Pull Station	FACP			
Pull Station	Green Room Exit			
Pull Station	South Courtyard Exit			
Pull Station	West Courtyard Exit			
Pull Station	West Hall Exit			

# Service Summary

Generated by: BuildingReports.com

Building: White Hall Bldg 11 Admin Training		
<i>The Service Summary section provides an overview of the services performed in this report.</i>		
Device Type	Service	Quantity
<b><i>Passed</i></b>		
Battery	Tested	1
<b>Total</b>		<b>1</b>
<b><i>Untested</i></b>		
Pull Station		7
<b>Total</b>		<b>7</b>
<b>Grand Total</b>		<b>8</b>

# Battery & Power Supply Testing

Generated by: BuildingReports.com

Building: White Hall Bldg 11 Admin Training    Control Panel: 1							
<i>The Battery &amp; Power Supply Testing section details the readings and measurements of batteries and power supplies used to provide power to the fire alarm and life safety systems. Items are grouped by Passed or Failed/Other.</i>							
Battery							
Type	Location	Rated Ah	Rated Volts	Pre Test	Post Test	Min Ah	Tested Ah
<i>Passed</i>							
Sealed Lead Acid	FACP	8	12				

# Inventory & Warranty Report

Generated by: [BuildingReports.com](http://BuildingReports.com)

Building: White Hall Bldg 11 Admin Training	Control Panel: 1
---	------------------

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

Device or Type	Category	% of Inventory	Quantity
Battery	Control	12.50%	1
Pull Station	Initiating	87.50%	7

Type	Qty	Model #	Description	Install Date
<b><i>In Service - 3 Years to 5 Years</i></b>				
<b>Fire-Lite</b>				
Pull Station	5	BG6	Single Action	02/27/2020
<b>Interstate</b>				
Battery	1	1075	Sealed Lead Acid	02/27/2020
<b>Notifier</b>				
Pull Station	1	NBG-12L		02/27/2020
<b>Pre-Lite</b>				
Pull Station	1			02/27/2020



**Nebraska State Fire Marshal Agency**

**Boiler Inspection Division**

246 S. 14th Street, Suite 1

Lincoln, NE 68508

Phone: (402) 471-9902, Email: sfm.boilers@nebraska.gov

Levi Nelson

Chief Boiler Inspector

Scott Cordes

State Fire Marshal

**Lincoln Regional Center**  
**ATTN: Tiffany Fitzpatrick-Gutierrez**  
**801 W Prospector Pl**  
**Lincoln, NE 68522-1970**

**04/21/2023**

If you sell, transfer, scrap, disconnect, or relocate this boiler, please notify our office @ (402) 471-9902 or sfm.boilers@nebraska.gov. This certificate shall be posted on or near the unit described. If this unit is exposed to the weather or other possible damage, the certificate may be kept in a central location but shall be available to the inspector or any other legal authority.



**Nebraska State Fire Marshal Agency**

**Boiler Inspection Division**

246 S. 14th Street, Suite 1

Lincoln, NE 68508

Phone: (402) 471-9902, Email: sfm.boilers@nebraska.gov

Owner **5885614**

Location **1703641**

**Lincoln Regional Center**  
**ATTN: Tiffany Fitzpatrick-Gutierrez**  
**801 W Prospector Pl**  
**Lincoln, NE 68522-1970**

**Whitehall Campus**  
**2320 N 57th St**  
**Lincoln, NE 68507-2301**

**State ID Number: NE30760**

**Type: CI - Cast Iron**

**Last External Inspection: 02/22/2023**

**Expiration Date: 03/31/2024**

**Inspected By: Michael Hamer**

**Inspecting Agency: BVI&I**

**Last Internal Inspection:**

**National Board Number: N/A**

**Pressure Allowed: 50 PSI**

**Safety-Relief Valves Setting: 50 PSI**

**Manufacturer: Peerless**

**Year Built: 1995**

**Print Date: 04/21/2023**

**Next Internal Due Date:**

**Serial Number: 7FDA87510795**

**Owner's Equip ID:**

This is to certify that the described unit may be operated at a pressure not to exceed the "Pressure Allowed" as shown. This certificate is valid until the expiration date, another inspection is made, or is withdrawn for cause. Issuance of this certificate does not create liability nor guarantee personal safety. If you have any questions regarding the operation or safety of this unit, contact the owner or the State Chief Boiler Inspector.

Chief Boiler Inspector

Levi Nelson

# Sprinkler Inspection Certificate

*For*

Community Life #2  
5801 Walker Ave.  
LINCOLN, NE 68507

Tested to NFPA 25 Standards

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

*Quarterly Inspection*

*Inspection Date*

*Sep 29, 2023*

Building: Community Life #2  
Contact: Tiffany F  
Title: Maint. Supervisor

Company: NIFCO Mechanical Systems  
Contact: Clint Coonrod  
Title: Inspector

# Executive Summary

Generated by: *BuildingReports.com*

Building Information			
<b>Building:</b> Community Life #2			<b>Contact:</b> Tiffany F
<b>Address:</b> 5801 Walker Ave.			<b>Phone:</b> 402-479-5452
<b>Address:</b>			<b>Fax:</b>
<b>City/State/ZIP Code:</b> LINCOLN, NE 68507			<b>Mobile:</b>
<b>Country:</b> United States of America			<b>Email:</b>
Inspection Performed By			
<b>Company:</b> NIFCO Mechanical Systems			<b>Inspector:</b> Clint Coonrod
<b>Address:</b> 500 Blue Heron Dr			<b>Phone:</b> 402-477-0666
<b>Address:</b>			<b>Fax:</b>
<b>City/State/ZIP Code:</b> Lincoln, NE 68522-1701			<b>Mobile:</b> 531-220-1703
<b>Country:</b> United States of America			<b>Email:</b> ccoonrod@nifcomechanical.com
System Control Unit			
System Type	System Location	Protected Area	Devices
Dry Pipe	Building-	Building-	8



Inspection Summary								
Category	Total Items		Serviced		Passed		Failed/Other	
	Qty	%	Qty	%	Qty	%	Qty	%
Alarm	2	25.00%	2	100.00%	2	100.00%	0	0.00%
Device	1	12.50%	1	100.00%	1	100.00%	0	0.00%
Hose	1	12.50%	1	100.00%	1	100.00%	0	0.00%
Valve	4	50.00%	4	100.00%	4	100.00%	0	0.00%
<b>Totals</b>	<b>8</b>	<b>100%</b>	<b>8</b>	<b>100.00%</b>	<b>8</b>	<b>100.00%</b>	<b>0</b>	<b>0.00%</b>

Certification	
<b>Company:</b> NIFCO Mechanical Systems	<b>Building:</b> Community Life #2
<b>Inspector:</b> Clint Coonrod	<b>Contact:</b> Tiffany F

Clint Coonrod Certifications	
Certification Type	Number
NICET Inspection and Testing of Water-Based Systems Level I	147096
Nebraska Grade VI Water Operator	8889

# Inspection & Testing

Generated by: BuildingReports.com

## Building: Community Life #2

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

Device Type	Location	Service	Time	Date
<b><i>Passed</i></b>				
<b>Building- Dry Pipe, Building-</b>				
Pressure Switch	Basement East Mechanical Laundry	Quarterly	10:23:01 AM	09/29/2023
Pressure Switch	Basement East Mechanical Laundry	Quarterly	10:23:13 AM	09/29/2023
Drain	Basement East Mechanical Laundry	Quarterly	10:25:01 AM	09/29/2023
Fire Dep't Connection	Ground East Outside	Quarterly	10:24:43 AM	09/29/2023
Control Valve	Basement East Mechanical Laundry	Quarterly	10:23:29 AM	09/29/2023
Control Valve	Basement East Mechanical Laundry	Quarterly	10:24:35 AM	09/29/2023
Dry Pipe Valve	Basement East Mechanical Laundry	Quarterly	9:43:43 AM	09/29/2023
Post Indicator Valve	Ground East Outside	Quarterly	9:42:19 AM	09/29/2023

# Dry Pipe Fire Sprinkler Systems

Generated by: *BuildingReports.com*

Building: Community Life #2						Building-, Building-		
<p><i>This section lists out all the devices and components that have been associated with a Dry Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.</i></p>								
<b>Alarms</b>								
<b>Pressure Switch</b>								
Type	Description	Manufacturer	Low	High	Zone/Address	OK	ScanID	
High	Alarm				1	<input checked="" type="checkbox"/>	59341110	
Low	Supervisory				1	<input checked="" type="checkbox"/>	59341111	
<b>Components</b>								
<b>Control Valve</b>								
Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			Basement East Mechanical Laundry	4"	Open	Supervised	<input checked="" type="checkbox"/>	59341118
<b>Description</b>								
Main Control								
<b>Control Valve</b>								
Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			Basement East Mechanical Laundry	4"	Open	Supervised	<input checked="" type="checkbox"/>	59341117
<b>Description</b>								
Main Control								
<b>Dry Pipe Valve</b>								
Manufacturer	Model #	Location		Internal Date		OK	ScanID	
Viking	F-2	Basement East Mechanical Laundry		02/20/2020		<input checked="" type="checkbox"/>	59341112	
Type		Status	Position		Size	Serial #		
Grooved					3"			
Water psi	Air Pressure	Trip Air	Trip Time	Total Timing (sec)		Partial Trip Date	Full Trip Date	
81	32					06/22/2023	05/10/2022	
<b>Post Indicator Valve</b>								
Manufacturer		Model	Location			OK	ScanID	
			Ground East Outside			<input checked="" type="checkbox"/>	5Q114	
Type	Size	Position	Status		Number of Turns			
Ground	6"	Open	Locked & Supervised					
<b>Devices</b>								

Drain								
Current Inspection								
Type	Location	Size	Supply psi	Restored psi	Residual psi	Sec	OK	ScanID
Main	Basement East Mechanical Laundry	1.25"	86	81	70	1	<input checked="" type="checkbox"/>	59341113
Previous Inspections								
June 22, 2023								
Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	Basement East Mechanical Laundry	1.25"	85	81	69	1	<input checked="" type="checkbox"/>	59341113
November 15, 2022								
Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	Basement East Mechanical Laundry	1.25"	83	80	67		<input checked="" type="checkbox"/>	59341113
Fire Dep't Connection								
Location	Type	BallDrip	Rotating Swivels	Size	OK	ScanID		
Ground East Outside	Freestanding	Yes	Yes	4"	<input checked="" type="checkbox"/>	59341115		

# Inventory & Warranty Report

Generated by: [BuildingReports.com](http://BuildingReports.com)

**Building: Community Life #2**

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

Device or Type	Category	% of Inventory	Quantity
Control Valve	Valve	25.00%	2
Drain	Device	12.50%	1
Dry Pipe Valve	Valve	12.50%	1
Fire Dep't Connection	Hose	12.50%	1
Post Indicator Valve	Valve	12.50%	1
Pressure Switch	Alarm	25.00%	2

Device Type	Qty	Model #	Type	Description	Install Date
<b><i>In Service - 3 Years to 5 Years</i></b>					
<b>Building– Dry Pipe, Building–</b>					
Control Valve	2		Butterfly	Main Control	02/20/2020
Drain	1		Main		02/20/2020
Fire Dep't Connection	1		Freestanding		02/20/2020
Post Indicator Valve	1		Ground		02/20/2020
Pressure Switch	1		High	Alarm	02/20/2020
Pressure Switch	1		Low	Supervisory	02/20/2020
Dry Pipe Valve	1	F-2	Grooved		02/20/2020



# Backflow Preventer Test Form

402.441.5912 • e-mail: [Backflow@lincoln.ne.gov](mailto:Backflow@lincoln.ne.gov) • FAX: 402.441.8003

**Return to: Lincoln Water System Backflow 2021 North 27th Street, Lincoln, NE 68503**

Business/Building \_\_\_\_\_ Contact Person \_\_\_\_\_

Service Address \_\_\_\_\_ Suite# \_\_\_\_\_

Phone# \_\_\_\_\_ e-mail: \_\_\_\_\_

Device Location \_\_\_\_\_

<input type="checkbox"/> Annual Test	<input type="checkbox"/> Repair	<input type="checkbox"/> New Installation
<input type="checkbox"/> DC	<input type="checkbox"/> RPP	Serial #: _____ Size: _____ Manufacturer: _____ Model#: _____
<input type="checkbox"/> Replacement		
<input type="checkbox"/> DC	<input type="checkbox"/> RPP	Serial #: _____ Size: _____ Manufacturer: _____ Model#: _____

<input type="checkbox"/> Domestic Containment	<input type="checkbox"/> Irrigation	<input type="checkbox"/> Fire Service	<input type="checkbox"/> Boiler	<input type="checkbox"/> Carbonator
<input type="checkbox"/> Swimming Pool	<input type="checkbox"/> Cooling Tower	<input type="checkbox"/> Water Cooled Ice Maker	<input type="checkbox"/> Other (Desc): _____	

Reduced Pressure-Double Check Valve	Pressure Vacuum Breaker
Shut off #2 Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #1 Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #1 _____ PSID Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #2 Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #2 _____ PSID Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Check Valve Held at _____ PSID
Relief Valve (RP only) Opened at _____ PSID	Air vent opened at _____ PSID

Final Test: Check Valve #1	Check Valve #2	Pressure Relief	PVB/SVB
	Closed Tight <input type="checkbox"/> Yes <input type="checkbox"/> No		Check Valve PSID
PSID	PSID	Replaced PSID	Air Inlet PSID

I hereby certify the above backflow preventer has been tested in accordance with all rules and regulations of the State of Nebraska Health and Human Services, Department of Regulation and Licensure, Title 179, and the Lincoln Water System Title 17, and that all readings are true and accurate to the best of my ability. **Must be returned to LWS within 30 days of performing test.**

State Certified Technician (Please Print) \_\_\_\_\_ Company \_\_\_\_\_ Grade 6 Certificate# \_\_\_\_\_ Cell/Phone# \_\_\_\_\_

State Certified Technician (Signature) \_\_\_\_\_ Customer (Signature) \_\_\_\_\_ Date of Test \_\_\_\_\_

Test Gauge Manufacturer \_\_\_\_\_ Test Gauge Serial # \_\_\_\_\_ Date of Calibration \_\_\_\_\_

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

PLEASE TYPE OR PRINT LEGIBLY

# Sprinkler Inspection Certificate

*For*

Community Life #2  
5801 Walker Ave.  
LINCOLN, NE 68507

Tested to NFPA 25 Standards

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

*Annual Inspection*

*Inspection Date*

*Jun 22, 2023*

Building: Community Life #2  
Contact: Tiffany F  
Title: Maint. Supervisor

Company: NIFCO Mechanical Systems  
Contact: Clint Coonrod  
Title: Inspector

# Executive Summary

Generated by: *BuildingReports.com*

Building Information			
<b>Building:</b> Community Life #2			<b>Contact:</b> Tiffany F
<b>Address:</b> 5801 Walker Ave.			<b>Phone:</b> 402-479-5452
<b>Address:</b>			<b>Fax:</b>
<b>City/State/ZIP Code:</b> LINCOLN, NE 68507			<b>Mobile:</b>
<b>Country:</b> United States of America			<b>Email:</b>
Inspection Performed By			
<b>Company:</b> NIFCO Mechanical Systems			<b>Inspector:</b> Clint Coonrod
<b>Address:</b> 500 Blue Heron Dr			<b>Phone:</b> 402-477-0666
<b>Address:</b>			<b>Fax:</b>
<b>City/State/ZIP Code:</b> Lincoln, NE 68522-1701			<b>Mobile:</b> 531-220-1703
<b>Country:</b> United States of America			<b>Email:</b> ccoonrod@nifcomechanical.com
System Control Unit			
System Type	System Location	Protected Area	Devices
Dry Pipe	Building-	Building-	8



Inspection Summary								
Category	Total Items		Serviced		Passed		Failed/Other	
	Qty	%	Qty	%	Qty	%	Qty	%
Alarm	2	25.00%	2	100.00%	2	100.00%	0	0.00%
Device	1	12.50%	1	100.00%	1	100.00%	0	0.00%
Hose	1	12.50%	1	100.00%	1	100.00%	0	0.00%
Valve	4	50.00%	4	100.00%	4	100.00%	0	0.00%
<b>Totals</b>	<b>8</b>	<b>100%</b>	<b>8</b>	<b>100.00%</b>	<b>8</b>	<b>100.00%</b>	<b>0</b>	<b>0.00%</b>

Certification	
<b>Company:</b> NIFCO Mechanical Systems	<b>Building:</b> Community Life #2
<b>Inspector:</b> Clint Coonrod	<b>Contact:</b> Tiffany F

Clint Coonrod Certifications	
Certification Type	Number
NICET Inspection and Testing of Water-Based Systems Level I	147096
Nebraska Grade VI Water Operator	8889

# Inspection & Testing

Generated by: BuildingReports.com

## Building: Community Life #2

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

Device Type	Location	Service	Time	Date
<i>Passed</i>				
<b>Building- Dry Pipe, Building-</b>				
Pressure Switch	Basement East Mechanical Laundry	Annual	10:23:17 AM	06/22/2023
Pressure Switch	Basement East Mechanical Laundry	Annual	10:23:38 AM	06/22/2023
Drain	Basement East Mechanical Laundry	Annual	10:55:32 AM	06/22/2023
Fire Dep't Connection	Ground East Outside	Annual	10:49:51 AM	06/22/2023
Control Valve	Basement East Mechanical Laundry	Annual	10:22:24 AM	06/22/2023
Control Valve	Basement East Mechanical Laundry	Annual	10:22:53 AM	06/22/2023
Dry Pipe Valve	Basement East Mechanical Laundry	Annual	10:49:19 AM	06/22/2023
Post Indicator Valve	Ground East Outside	Annual	10:59:55 AM	06/22/2023

# Dry Pipe Fire Sprinkler Systems

Generated by: *BuildingReports.com*

Building: Community Life #2						Building-, Building-		
<p><i>This section lists out all the devices and components that have been associated with a Dry Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.</i></p>								
<b>Alarms</b>								
<b>Pressure Switch</b>								
Type	Description	Manufacturer	Low	High	Zone/Address	OK	ScanID	
Low	Supervisory				1	<input checked="" type="checkbox"/>	59341111	
High	Alarm				1	<input checked="" type="checkbox"/>	59341110	
<b>Components</b>								
<b>Control Valve</b>								
Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			Basement East Mechanical Laundry	4"	Open	Supervised	<input checked="" type="checkbox"/>	59341118
<b>Description</b>								
Main Control								
<b>Control Valve</b>								
Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			Basement East Mechanical Laundry	4"	Open	Supervised	<input checked="" type="checkbox"/>	59341117
<b>Description</b>								
Main Control								
<b>Dry Pipe Valve</b>								
Manufacturer	Model #	Location			Internal Date		OK	ScanID
Viking	F-2	Basement East Mechanical Laundry			02/20/2020		<input checked="" type="checkbox"/>	59341112
Type		Status	Position		Size	Serial #		
Grooved		Supervised	Trim Open		3"			
Water psi	Air Pressure	Trip Air	Trip Time	Total Timing (sec)		Partial Trip Date	Full Trip Date	
81	36	11				06/22/2023	05/10/2022	
<b>Post Indicator Valve</b>								
Manufacturer		Model	Location			OK	ScanID	
			Ground East Outside			<input checked="" type="checkbox"/>	5Q114	
Type	Size	Position	Status		Number of Turns			
Ground	6"	Open	Locked & Supervised					
<b>Devices</b>								

Drain								
Current Inspection								
Type	Location	Size	Supply psi	Restored psi	Residual psi	Sec	OK	ScanID
Main	Basement East Mechanical Laundry	1.25"	85	81	69	1	<input checked="" type="checkbox"/>	59341113
Previous Inspections								
November 15, 2022								
Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	Basement East Mechanical Laundry	1.25"	83	80	67		<input checked="" type="checkbox"/>	59341113
August 16, 2022								
Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	Basement East Mechanical Laundry	1.25"	94	88	69	1	<input checked="" type="checkbox"/>	59341113
Fire Dep't Connection								
Location		Type	BallDrip	Rotating Swivels	Size	OK	ScanID	
Ground East Outside		Freestanding	Yes	Yes	4"	<input checked="" type="checkbox"/>	59341115	

# Inventory & Warranty Report

Generated by: [BuildingReports.com](http://BuildingReports.com)

## Building: Community Life #2

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

Device or Type	Category	% of Inventory	Quantity
Control Valve	Valve	25.00%	2
Drain	Device	12.50%	1
Dry Pipe Valve	Valve	12.50%	1
Fire Dep't Connection	Hose	12.50%	1
Post Indicator Valve	Valve	12.50%	1
Pressure Switch	Alarm	25.00%	2

Device Type	Qty	Model #	Type	Description	Install Date
<b><i>In Service - 3 Years to 5 Years</i></b>					
<b>Building– Dry Pipe, Building–</b>					
Control Valve	2		Butterfly	Main Control	02/20/2020
Drain	1		Main		02/20/2020
Fire Dep't Connection	1		Freestanding		02/20/2020
Post Indicator Valve	1		Ground		02/20/2020
Pressure Switch	1		High	Alarm	02/20/2020
Pressure Switch	1		Low	Supervisory	02/20/2020
Dry Pipe Valve	1	F-2	Grooved		02/20/2020



# Backflow Preventer Test Form

402.441.5912 • e-mail: [Backflow@lincoln.ne.gov](mailto:Backflow@lincoln.ne.gov) • FAX: 402.441.8003

**Return to: Lincoln Water System Backflow 2021 North 27th Street, Lincoln, NE 68503**

Business/Building \_\_\_\_\_ Contact Person \_\_\_\_\_

Service Address \_\_\_\_\_ Suite# \_\_\_\_\_

Phone# \_\_\_\_\_ e-mail: \_\_\_\_\_

Device Location \_\_\_\_\_

<input type="checkbox"/> Annual Test	<input type="checkbox"/> Repair	<input type="checkbox"/> New Installation
<input type="checkbox"/> DC	<input type="checkbox"/> RPP	Serial #: _____ Size: _____ Manufacturer: _____ Model#: _____
<input type="checkbox"/> Replacement		
<input type="checkbox"/> DC	<input type="checkbox"/> RPP	Serial #: _____ Size: _____ Manufacturer: _____ Model#: _____

<input type="checkbox"/> Domestic Containment	<input type="checkbox"/> Irrigation	<input type="checkbox"/> Fire Service	<input type="checkbox"/> Boiler	<input type="checkbox"/> Carbonator
<input type="checkbox"/> Swimming Pool	<input type="checkbox"/> Cooling Tower	<input type="checkbox"/> Water Cooled Ice Maker	<input type="checkbox"/> Other (Desc): _____	

Reduced Pressure-Double Check Valve	Pressure Vacuum Breaker
Shut off #2 Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #1 Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #1 _____ PSID Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #2 Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #2 _____ PSID Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Check Valve Held at _____ PSID
Relief Valve (RP only) Opened at _____ PSID	Air vent opened at _____ PSID

Final Test: Check Valve #1	Check Valve #2	Pressure Relief	PVB/SVB
	Closed Tight <input type="checkbox"/> Yes <input type="checkbox"/> No		Check Valve PSID
PSID	PSID	Replaced PSID	Air Inlet PSID

I hereby certify the above backflow preventer has been tested in accordance with all rules and regulations of the State of Nebraska Health and Human Services, Department of Regulation and Licensure, Title 179, and the Lincoln Water System Title 17, and that all readings are true and accurate to the best of my ability. **Must be returned to LWS within 30 days of performing test.**

State Certified Technician (Please Print) \_\_\_\_\_ Company \_\_\_\_\_ Grade 6 Certificate# \_\_\_\_\_ Cell/Phone# \_\_\_\_\_

State Certified Technician (Signature) \_\_\_\_\_ Customer (Signature) \_\_\_\_\_ Date of Test \_\_\_\_\_

Test Gauge Manufacturer \_\_\_\_\_ Test Gauge Serial # \_\_\_\_\_ Date of Calibration \_\_\_\_\_

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

PLEASE TYPE OR PRINT LEGIBLY

**Regulations Compliance Review Licensing**

Residential Child Caring Agency Cover Sheet 391 NAC Chapter 7

Name of Program: <i>Lincoln Regional Center - Whitehall</i>		Street Address: <i>.5900 Walker Ave.</i>	
City: <i>Lincoln</i>	County: <i>Lincoln</i>	Zip Code: <i>68509</i>	Phone Number: <i>(402) 471-6969</i>
Business Office/Name: <i>Lincoln Regional Center</i>		Street Address: <i>P.O. Box 94949</i>	
Email Address:		Phone Number: <i>(402) 479-5490</i>	
Date and Time of Visit: <i>10-19-23</i>		Dates and Times of Follow-Up Visits: <i>Doc. review 2-28-24 3-6-24 3-18-24</i>	

License Number: *RCCA022* License Capacity: *24*

Ages of Children Served: *13y* to *19y*

Alternative Compliance Requested:  Yes  No

Type of Inspection:  Initial  Renewal  Monitoring  Complaint  Amendment

Description: *Operating RCCA - Includes NH/SU licensing for SA and SO makes only*

**Licensee's / Director's Statement:**

I certify that all information I provided to the Department of Health and Human Services, Division of Public Health is, to the best of my knowledge, true and correct.

*3-27-2024*  
Date

*[Signature]*  
Director / Licensee

*10-19-2023*  
Date

*[Signature]*  
Child Care Inspection Specialist

**Inspection Complete:**

*3-18-2024*  
Date

*[Signature]*  
Child Care Inspection Specialist







Hydraulic and Ammonia Risk Division  
 13131 Research, Rm. 233 Columbia, MD 21046 Office: 410-326-2104 Fax:  
 410-326-1340

ASME Certified Individuals are:

# Hydraulic Elevator Safety Test and Inspector Witness Report

## General Information

Building Name: <b>Whitehall Mansion</b>	Manufacturer: <b>TKE</b>	Issue ID #:	<b>9468</b>
Address: <b>2401 N 60th St</b>	City: <b>Lincoln</b>	Building ID #:	
Inspector's Full Name: <b>Scott</b>	Phone: <b>402-365-3659</b>	Email:	
Install Date: <b>2004</b>	Stops from: <b>4</b> (incl. D)	Capacity: <b>2100</b> lbs	Job/Contract # <b>ET3388</b>
Rated Speed: <b>125</b> fpm	Drive: <input checked="" type="checkbox"/> Passenger <input type="checkbox"/> Freight	Freight Class: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E	
Test Date: <b>10-11-23</b>	Test Type: <input type="checkbox"/> Acceptance & Witness Inspection <input checked="" type="checkbox"/> Category I <input type="checkbox"/> 5-year inspection		
Inspector Present? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	# Yes, Inspector Signed Report		

## Testing and Inspection Components

\*\* - TCO (total) of shutdown can be recommended (Category I & 5-year tests or inspection; NOT allowed in acceptance)

Ballast Valve		Door	
OK/No	OK/No	OK/No	OK/No
Working Pressure - 150% load <input checked="" type="checkbox"/> OK	Annual Valve Set (± 150% of WPI) <input checked="" type="checkbox"/> OK	<input checked="" type="checkbox"/> Closing force (max 200 <sup>lbs</sup> )	<input type="checkbox"/> Guides (girth)
Acceptance only: <input type="checkbox"/> OK	Valve adjustment needed <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Racc edge/safety edge	<input type="checkbox"/> Lockers
Working Pressure - 110% <input checked="" type="checkbox"/> OK	Valve adjustment needed <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Interlocks - gate switches	<input checked="" type="checkbox"/> Restrictors
Plunger Gasket <input checked="" type="checkbox"/> OK	Over-Speed Valve <input checked="" type="checkbox"/> OK	<b>Emergency Operations</b>	
<b>Power-Down Static Test</b>		<input type="checkbox"/> Phase I Recall	<input type="checkbox"/> Phase II Operation
Time Started: <b>3:30</b>	Time Ended: <b>3:45</b>	<input checked="" type="checkbox"/> Tagging - Phase I and II	<input checked="" type="checkbox"/> Alarm Bell
Elapsed Time: <b>15</b> minutes		<input checked="" type="checkbox"/> 2-way communication	<input type="checkbox"/> Emergency Lights
Change in Car position? Distance: <b>3/6</b> inches		<input checked="" type="checkbox"/> Standby-to-Power (100% rated load - acceptance only)	
<b>Safety Devices</b>		<b>Other Items</b>	
<input checked="" type="checkbox"/> Stop Switches - car/got car/MP-control space	<input checked="" type="checkbox"/> Test tags required	<input checked="" type="checkbox"/> Keys available	
<input checked="" type="checkbox"/> Escape hatch contact	<input checked="" type="checkbox"/> Low-oil pressure switch	<input checked="" type="checkbox"/> MCP complete	<input checked="" type="checkbox"/> Maint. logs updated
<input checked="" type="checkbox"/> Emergency - terminal stop	<input checked="" type="checkbox"/> Low-of protection	<input checked="" type="checkbox"/> Proper lasso used	<input checked="" type="checkbox"/> Wire connections tight
<input checked="" type="checkbox"/> Oil & fluid levels up & down	<input checked="" type="checkbox"/> Re-level starting/man lowering	<input checked="" type="checkbox"/> MR-car-top-control clean	<input checked="" type="checkbox"/> Jambets removed

Inspector's Violation Description and/or Mechanic's Test Result Comment

Shut Down	TCO (90 days)	Correction Date (Inspector only)
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	

## Certifications

By signing below, I certify that all statements are true to the best of my knowledge and that all testing and test witnessing was performed according to current Conveyance Regulations and the appropriate edition of ASME A17.1 Sections 8.8, 8.10 and 8.11.

Mechanic Name: <b>Kevin Rice</b>	Contractor Company Name: <b>TKE</b>		
Mechanic Signature: <b>Kevin Rice</b>	Date: <b>10-11-23</b>	State License #: <b>10111</b>	
Inspector Name:	Inspection Company Name:		
Inspector Signature:	Date:	QID #:	



# E-DOCKET

## Maintenance

NO. e-docket :US389928

page 1

**US serial number :** USV1018446      **Customer Name :** STATE OF NEBRASKA BUILDING  
**Lift Number :** 9468      **Supervisor Name :** James Laverne Geer  
**Unit Type :** Hydraulic      **Branch Name :** OMAHA  
**Building Address :** 2401 N 60TH ST  
    CASS  
    68407-2318 LINCOLN  
**IVR WO Number :**

### MAINTENANCE

Task Set : PREVENTATIVE MAINTENANCE

Operating Upon Departure the technician : Yes

#### Elevator

Unit Type	Hydraulic	
Unit Nickname	9468	
Unit	USV1018446	
PERFORMED PREVENTATIVE MAINTENANCE	<input checked="" type="checkbox"/>	
Material Used/Spare Parts Used	9468 USV1018446-Hydraulic:	

#### Technician's comments and recommendations :

P/m  
Update mtr  
Fire service

#### Material Used :

### CLIENT COMMENTS

N/A



# E-DOCKET

## Maintenance

NO. e-docket :US389928

page 2

### Time And Expense Detail

Line Type	Labor Type				Date	Start Time	End Time	Expense Amount
	0	1.5	1.7	2				
Labor	0.5				11-Oct-2023	03:30 PM	04:00 PM	

### TECHNICIAN SIGNATURE

Technician : Kevin Fredrick Rice

### CLIENT SIGNATURE

For the client : Scott

Date : 11-10-2023

Called customer



# E-DOCKET

## Maintenance

NO. e-docket :US389926

page 1

**US serial number :** USV1018446      **Customer Name :** STATE OF NEBRASKA BUILDING  
**Lift Number :** 9468      **Supervisor Name :** James Laverne Geer  
**Unit Type :** Hydraulic      **Branch Name :** OMAHA  
**Building Address :** 2401 N 60TH ST  
    CASS  
    68407-2318 LINCOLN  
**IVR WO Number :**

### MAINTENANCE

Task Set : PREVENTATIVE MAINTENANCE

Operating Upon Departure the technician : Yes

#### Elevator

Unit Type	Hydraulic	
Unit Nickname	9468	
Unit	USV1018446	
PERFORMED PREVENTATIVE MAINTENANCE	<input checked="" type="checkbox"/>	
Material Used/Spare Parts Used	9468 USV1018446-Hydraulic:	

#### Technician's comments and recommendations :

Test  
Update mtr

#### Material Used :

### CLIENT COMMENTS

N/A



# E-DOCKET

## Maintenance

NO. e-docket :US389926


page 2

### Time And Expense Detail

Line Type	Labor Type				Date	Start Time	End Time	Expense Amount
	0	1.5	1.7	2				
Labor	0.5				11-Oct-2023	03:00 PM	03:30 PM	

### TECHNICIAN SIGNATURE

Technician : Kevin Fredrick Rice



### CLIENT SIGNATURE

For the client :

Date : 11-10-2023

Collect signature at a later time

# Fire Alarm and Life Safety System Inspection Certificate

*For*

White Hall Bldg 11 Admin  
Training  
5900 Walker Ave  
Lincoln, NE 68507

Tested to NFPA 72 Standards

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

*Semi-Annual Inspection  
Inspection Date  
Mar 31, 2023*

Building: White Hall Bldg 11 Admin Training  
Contact: Bevan Flynn  
Title: Maintenance

Company: Electronic Contracting Company  
Contact: Corey Herrmann  
Title: Inspector

# Executive Summary

Generated by: *BuildingReports.com*

Building Information	
<b>Building:</b> White Hall Bldg 11 Admin Training	<b>Contact:</b> Bevan Flynn
<b>Address:</b> 5900 Walker Ave	<b>Phone:</b> 4024993596
<b>Address:</b>	<b>Fax:</b>
<b>City/State/ZIP Code:</b> Lincoln, NE 68507	<b>Mobile:</b>
<b>Country:</b> United States of America	<b>Email:</b>
Inspection Performed By	
<b>Company:</b> Electronic Contracting Company	<b>Inspector:</b> Corey Herrmann
<b>Address:</b> 6501 N 70TH St	<b>Phone:</b> (402) 466-8274
<b>Address:</b>	<b>Fax:</b>
<b>City/State/ZIP Code:</b> Lincoln, NE 68507-3248	<b>Mobile:</b>
<b>Country:</b> United States of America	<b>Email:</b> cherrmann@eccoinc.com

Inspection Summary								
Category	Total Items		Serviced		Passed		Failed/Other	
	Qty	%	Qty	%	Qty	%	Qty	%
Control	1	12.50%	1	100.00%	1	100.00%	0	0.00%
Initiating	7	87.50%	0	0.00%	0	0.00%	0	0.00%
<b>Totals</b>	<b>8</b>	<b>100%</b>	<b>1</b>	<b>12.50%</b>	<b>1</b>	<b>100.00%</b>	<b>0</b>	<b>0.00%</b>

Certification	
<b>Company:</b> Electronic Contracting Company <b>Inspector:</b> Corey Herrmann  <b>Signed:</b> Mar 31, 2023	<b>Building:</b> White Hall Bldg 11 Admin Training <b>Contact:</b> Bevan Flynn  <b>Signed:</b>



# Notes & Recommendations

Generated by: BuildingReports.com

Building: White Hall Bldg 11 Admin Training Control Panel: 1

*The Notes & Recommendations Report details additional inspection notes made by the Inspectors during the course of the building inspection. Notes are grouped by Category.*

ScanID	Note	Device Type	Location	Comment
<b><i>Initiating</i></b>				
69117934	1	Pull Station	Green Room Exit	
		Poorly secured to wall		

# *Inspection & Testing*

*Generated by: BuildingReports.com*

**Building: White Hall Bldg 11 Admin Training      Control Panel: 1**

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

Device Type	Location	Service	Time	Date
<b><i>Passed</i></b>				
<b>Control</b>				
Battery	FACP	Tested	9:10:33 AM	03/31/2023
Device Type	Location	Service	Time	Date
<b><i>Untested</i></b>				
<b>Initiating</b>				
Pull Station	East Courtyard Exit			
Pull Station	East Exit			
Pull Station	FACP			
Pull Station	Green Room Exit			
Pull Station	South Courtyard Exit			
Pull Station	West Courtyard Exit			
Pull Station	West Hall Exit			

# Service Summary

Generated by: BuildingReports.com

**Building: White Hall Bldg 11 Admin Training**

*The Service Summary section provides an overview of the services performed in this report.*

Device Type	Service	Quantity
<b><i>Passed</i></b>		
Battery	Tested	1
<b>Total</b>		<b>1</b>
<b><i>Untested</i></b>		
Pull Station		7
<b>Total</b>		<b>7</b>
<b>Grand Total</b>		<b>8</b>

# Battery & Power Supply Testing

Generated by: BuildingReports.com

Building: White Hall Bldg 11 Admin Training Control Panel: 1

The Battery & Power Supply Testing section details the readings and measurements of batteries and power supplies used to provide power to the fire alarm and life safety systems. Items are grouped by Passed or Failed/Other.

## Battery

Type	Location	Rated Ah	Rated Volts	Pre Test	Post Test	Min Ah	Tested Ah
<i>Passed</i>							
Sealed Lead Acid	FACP	8	12				

# Inventory & Warranty Report

Generated by: [BuildingReports.com](http://BuildingReports.com)

Building: White Hall Bldg 11 Admin Training	Control Panel: 1
--	------------------

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

Device or Type	Category	% of Inventory	Quantity	
Battery	Control	12.50%	1	
Pull Station	Initiating	87.50%	7	
Type	Qty	Model #	Description	Install Date
<b><i>In Service - 3 Years to 5 Years</i></b>				
<b>Fire-Lite</b>				
Pull Station	5	BG6	Single Action	02/27/2020
<b>Interstate</b>				
Battery	1	1075	Sealed Lead Acid	02/27/2020
<b>Notifier</b>				
Pull Station	1	NBG-12L		02/27/2020
<b>Pre-Lite</b>				
Pull Station	1			02/27/2020



# CITY DESK SERVICE FORM

2431 FAIRFIELD STREET, #A  
LINCOLN, NE 68521  
402.476.4646

575 MINNEHAHA AVE. W.  
ST. PAUL, MN 55103  
651.251.1880  
FAX 651.251.1879

Work Order \_\_\_\_\_

BILLING \_\_\_\_\_  
SITE White Hall Campus  
5900 Walker Ave.  
Lincoln, NE

DATE 10/10/13 PURCHASE ORDER \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_ SHIPPED VIA \_\_\_\_\_ AUTHORIZED BY \_\_\_\_\_

RE-CHG.	HYDRO	6 YR.	SERV.	DESCRIPTION	UNIT PRICE	AMOUNT
7	1			PRESSURIZE <input type="checkbox"/> WATER <input type="checkbox"/> NON-FREEZE <input type="checkbox"/> FOAM		
		5		LB DRY CHEM <input type="checkbox"/> REG <input checked="" type="checkbox"/> ABC <input type="checkbox"/> PK/SK		
		5		LB DRY CHEM <input type="checkbox"/> REG <input checked="" type="checkbox"/> ABC <input type="checkbox"/> PK/SK		
		10		LB DRY CHEM <input type="checkbox"/> REG <input checked="" type="checkbox"/> ABC <input type="checkbox"/> PK/SK		
				LB DRY CHEM <input type="checkbox"/> REG <input type="checkbox"/> ABC <input type="checkbox"/> PK/SK		
				LB DRY CHEM <input type="checkbox"/> REG <input type="checkbox"/> ABC <input type="checkbox"/> PK/SK		
				LB DRY CHEM <input type="checkbox"/> REG <input type="checkbox"/> ABC <input type="checkbox"/> PK/SK		
				LB DRY CHEM <input type="checkbox"/> REG <input type="checkbox"/> ABC <input type="checkbox"/> PK/SK		
				LB DRY CHEM <input type="checkbox"/> REG <input type="checkbox"/> ABC <input type="checkbox"/> PK/SK <input type="checkbox"/> CLASS D		
				LB CARBON DIOXIDE (CO2)		
				LB CARBON DIOXIDE (CO2)		
				LB CARBON DIOXIDE (CO2)		
				LB CARBON DIOXIDE (CO2)		
				WATER MIST		
				LB CLEAN AGENT: <input type="checkbox"/> HALON <input type="checkbox"/> HALOTRON <input type="checkbox"/> FE-36		
				LB CLEAN AGENT: <input type="checkbox"/> HALON <input type="checkbox"/> HALOTRON <input type="checkbox"/> FE-36		
				LB CLEAN AGENT: <input type="checkbox"/> HALON <input type="checkbox"/> HALOTRON <input type="checkbox"/> FE-36		
				LB CLEAN AGENT: <input type="checkbox"/> HALON <input type="checkbox"/> HALOTRON <input type="checkbox"/> FE-36		
				KITCHEN: <input type="checkbox"/> WET CHEM <input type="checkbox"/> DRY CHEM		

ANNUAL  SEMI-ANNUAL  MONTHLY  SERVICE CALL  TRUCK CHARGE

ORDERED	SHIPPED	BACK ORDERED	DESCRIPTION	UNIT PRICE
			DRY CHEM	
			DRY CHEM	
			50/735 Valves	
			DRY CHEM	

SERVICEMAN'S SIGNATURE ZME

CUSTOMER'S SIGNATURE [Signature]

RECOMMENDATIONS: \_\_\_\_\_

TOTAL SERVICE	
TOTAL MATERIALS	
SHIPPING AND HANDLING	
STATE SALES TAX	
GRAND TOTAL	

TERMS:  NET 10 DAYS  C.O.D.

CUSTOMER COPY

DO NOT PAY!  
INVOICE TO FOLLOW



# Sprinkler Inspection Certificate

*For*

Family Life  
5819 Huntington  
LINCOLN, NE 68507

Tested to NFPA 25 Standards

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

*Quarterly Inspection*

*Inspection Date*

*Sep 29, 2023*

Building: Family Life  
Contact: Tiffany F  
Title: Maint. Supervisor

Company: NIFCO Mechanical Systems  
Contact: Clint Coonrod  
Title: Inspector

# Executive Summary

Generated by: *BuildingReports.com*

Building Information			
<b>Building:</b> Family Life		<b>Contact:</b> Tiffany F	
<b>Address:</b> 5819 Huntington		<b>Phone:</b> 402-479-5452	
<b>Address:</b>		<b>Fax:</b>	
<b>City/State/ZIP Code:</b> LINCOLN, NE 68507		<b>Mobile:</b>	
<b>Country:</b> United States of America		<b>Email:</b>	
Inspection Performed By			
<b>Company:</b> NIFCO Mechanical Systems		<b>Inspector:</b> Clint Coonrod	
<b>Address:</b> 500 Blue Heron Dr		<b>Phone:</b> 402-477-0666	
<b>Address:</b>		<b>Fax:</b>	
<b>City/State/ZIP Code:</b> Lincoln, NE 68522-1701		<b>Mobile:</b> 531-220-1703	
<b>Country:</b> United States of America		<b>Email:</b> ccoonrod@nifcomechanical.com	
System Control Unit			
System Type	System Location	Protected Area	Devices
Dry Pipe	Building-	Area-Attic	5
Service Main	Building-	Building-	4
Wet Pipe	Building-	Building-basement 1st	1
Wet Pipe	Building-	Floors-basement and 1	1



Inspection Summary								
Category	Total Items		Serviced		Passed		Failed/Other	
	Qty	%	Qty	%	Qty	%	Qty	%
Alarm	3	27.27%	3	100.00%	3	100.00%	0	0.00%
Device	1	9.09%	1	100.00%	1	100.00%	0	0.00%
Hose	1	9.09%	1	100.00%	1	100.00%	0	0.00%
Valve	6	54.55%	6	100.00%	6	100.00%	0	0.00%
<b>Totals</b>	<b>11</b>	<b>100%</b>	<b>11</b>	<b>100.00%</b>	<b>11</b>	<b>100.00%</b>	<b>0</b>	<b>0.00%</b>

Certification	
<b>Company:</b> NIFCO Mechanical Systems	<b>Building:</b> Family Life
<b>Inspector:</b> Clint Coonrod	<b>Contact:</b> Tiffany F

Clint Coonrod Certifications	
Certification Type	Number
NICET Inspection and Testing of Water-Based Systems Level I	147096
Nebraska Grade VI Water Operator	8889

# Inspection & Testing

Generated by: *BuildingReports.com*

Building: Family Life				
<p><i>The Inspection &amp; Testing section lists all of the items inspected in your building. Items are grouped by Passed or Failed/Other. Items are listed by Category. Each item includes the services performed, and the time &amp; date at which testing occurred.</i></p>				
Device Type	Location	Service	Time	Date
<b><i>Passed</i></b>				
<b>Building– Dry Pipe, Area–Attic</b>				
Pressure Switch	Basement East Mechanical Laundry	Quarterly	9:19:08 AM	09/29/2023
Pressure Switch	Basement East Mechanical Laundry	Quarterly	9:22:22 AM	09/29/2023
Drain	Basement East Mechanical Laundry	Quarterly	9:14:37 AM	09/29/2023
Control Valve	Basement East Mechanical Laundry	Quarterly	9:22:57 AM	09/29/2023
Dry Pipe Valve	Basement East Mechanical Laundry	Quarterly	9:23:40 AM	09/29/2023
<b>Building– Service Main, Building–</b>				
Fire Dep't Connection	Ground West	Quarterly	9:22:44 AM	09/29/2023
Control Valve	Basement East Mechanical Laundry	Quarterly	9:21:41 AM	09/29/2023
Control Valve	Basement East Mechanical Laundry	Quarterly	9:22:01 AM	09/29/2023
Post Indicator Valve	Ground Southeast	Quarterly	9:13:18 AM	09/29/2023
<b>Building– Wet Pipe, Building–basement 1st</b>				
Waterflow Switch	Basement East Mechanical Laundry	Quarterly	9:17:34 AM	09/29/2023
<b>Building– Wet Pipe, Floors–basement and 1</b>				
Control Valve	Basement East Mechanical Laundry	Quarterly	9:22:36 AM	09/29/2023

# Wet Pipe Fire Sprinkler Systems

Generated by: BuildingReports.com

Building: Family Life		Building-, Building-basement 1st					
<i>This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.</i>							
<b>Alarms</b>							
<b>Waterflow Switch</b>							
Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID
Vane			41.873	2.0	1	<input checked="" type="checkbox"/>	59341106

*This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.*

***Components***

**Control Valve**

Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			Basement East Mechanical Laundry	3"	Open	Supervised	<input checked="" type="checkbox"/>	54622412

**Description**

Isolation

# Dry Pipe Fire Sprinkler Systems

Generated by: BuildingReports.com

Building: Family Life						Building-, Area-Attic		
<p><i>This section lists out all the devices and components that have been associated with a Dry Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.</i></p>								
<b>Alarms</b>								
<b>Pressure Switch</b>								
Type	Description	Manufacturer	Low	High	Zone/Address	OK	ScanID	
High	Alarm				1	<input checked="" type="checkbox"/>	59341102	
Low	Supervisory				1	<input checked="" type="checkbox"/>	59341103	
<b>Components</b>								
<b>Control Valve</b>								
Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			Basement East Mechanical Laundry	3"	Open	Supervised	<input checked="" type="checkbox"/>	59341109
<b>Description</b>								
Isolation								
<b>Dry Pipe Valve</b>								
Manufacturer	Model #	Location	Internal Date	OK	ScanID			
Viking	F-2	Basement East Mechanical Laundry	06/22/2023	<input checked="" type="checkbox"/>	59341100			
Type	Status	Position	Size	Serial #				
Grooved	Supervised	Trim Open	3"					
Water psi	Air Pressure	Trip Air	Trip Time	Total Timing (sec)	Partial Trip Date	Full Trip Date		
81	35				06/22/2023	05/10/2022		
<b>Devices</b>								
<b>Drain</b>								
<b>Current Inspection</b>								
Type	Location	Size	Supply psi	Restored psi	Residual psi	Sec	OK	ScanID
Main	Basement East Mechanical Laundry	1.25"	84	81	62	1	<input checked="" type="checkbox"/>	59341101
<b>Previous Inspections</b>								
<b>June 22, 2023</b>								
Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	Basement East Mechanical Laundry	1.25"	86	79	58	1	<input checked="" type="checkbox"/>	59341101
<b>November 15, 2022</b>								
Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID

Main	Basement East Mechanical Laundry	1.25"	85	82	55		<input checked="" type="checkbox"/>	59341101
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# Private Fire Service Mains

Generated by: *BuildingReports.com*

<b>Building: Family Life</b>						<b>Building-, Building-</b>		
<p><i>This section lists out all the devices and components that have been associated with a Private Fire Service Main and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.</i></p>								
<b>Components</b>								
<b>Control Valve</b>								
Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			Basement East Mechanical Laundry	4"	Open	Supervised	<input checked="" type="checkbox"/>	59341105
<b>Description</b>								
Main Control								
<b>Control Valve</b>								
Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			Basement East Mechanical Laundry	4"	Open	Supervised	<input checked="" type="checkbox"/>	59341104
<b>Description</b>								
Main Control								
<b>Post Indicator Valve</b>								
Manufacturer	Model	Location				OK	ScanID	
		Ground Southeast				<input checked="" type="checkbox"/>	59341107	
Type	Size	Position	Status	Number of Turns				
Ground	6"	Open	Supervised					
<b>Devices</b>								
<b>Fire Dep't Connection</b>								
Location	Type	BallDrip	Rotating Swivels	Size	OK	ScanID		
Ground West	Freestanding	Yes	Yes	4"	<input checked="" type="checkbox"/>	59341108		

# Inventory & Warranty Report

Generated by: [BuildingReports.com](http://BuildingReports.com)

Building: Family Life					
<p><i>The Inventory &amp; Warranty Report lists each of the devices and items that are included in your Inspection Report. A complete inventory count by device type and category is provided. Items installed within the last 90 days, within the last year, and devices installed for two years or more are grouped together for easy reference.</i></p>					
Device or Type	Category	% of Inventory	Quantity		
Control Valve	Valve	36.36%	4		
Drain	Device	9.09%	1		
Dry Pipe Valve	Valve	9.09%	1		
Fire Dep't Connection	Hose	9.09%	1		
Post Indicator Valve	Valve	9.09%	1		
Pressure Switch	Alarm	18.18%	2		
Waterflow Switch	Alarm	9.09%	1		
Device Type	Qty	Model #	Type	Description	Install Date
<i><b>In Service - 3 Years to 5 Years</b></i>					
<b>Building– Dry Pipe, Area–Attic</b>					
Control Valve	1		Butterfly	Isolation	02/20/2020
Drain	1		Main		02/20/2020
Pressure Switch	1		High	Alarm	02/20/2020
Pressure Switch	1		Low	Supervisory	02/20/2020
Dry Pipe Valve	1	F-2	Grooved		02/20/2020
<b>Building– Service Main, Building–</b>					
Control Valve	2		Butterfly	Main Control	02/20/2020
Fire Dep't Connection	1		Freestanding		02/20/2020
Post Indicator Valve	1		Ground		02/20/2020
<b>Building– Wet Pipe, Building–basement 1st</b>					
Waterflow Switch	1		Vane	Alarm	02/20/2020
<b>Building– Wet Pipe, Floors–basement and 1</b>					
Control Valve	1		Butterfly	Isolation	02/20/2020



# Sprinkler Inspection Certificate

*For*

Family Life  
5819 Huntington  
LINCOLN, NE 68507

Tested to NFPA 25 Standards

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

*Annual Inspection*

*Inspection Date*

*Jun 22, 2023*

Building: Family Life  
Contact: Tiffany F  
Title: Maint. Supervisor

Company: NIFCO Mechanical Systems  
Contact: Clint Coonrod  
Title: Inspector

# Executive Summary

Generated by: BuildingReports.com

Building Information			
<b>Building:</b> Family Life		<b>Contact:</b> Tiffany F	
<b>Address:</b> 5819 Huntington		<b>Phone:</b> 402-479-5452	
<b>Address:</b>		<b>Fax:</b>	
<b>City/State/ZIP Code:</b> LINCOLN, NE 68507		<b>Mobile:</b>	
<b>Country:</b> United States of America		<b>Email:</b>	
Inspection Performed By			
<b>Company:</b> NIFCO Mechanical Systems		<b>Inspector:</b> Clint Coonrod	
<b>Address:</b> 500 Blue Heron Dr		<b>Phone:</b> 402-477-0666	
<b>Address:</b>		<b>Fax:</b>	
<b>City/State/ZIP Code:</b> Lincoln, NE 68522-1701		<b>Mobile:</b> 531-220-1703	
<b>Country:</b> United States of America		<b>Email:</b> ccoonrod@nifcomechanical.com	
System Control Unit			
System Type	System Location	Protected Area	Devices
Dry Pipe	Building-	Area-Attic	5
Service Main	Building-	Building-	4
Wet Pipe	Building-	Building-basement 1st	1
Wet Pipe	Building-	Floors-basement and 1	1

Inspection Summary								
Category	Total Items		Serviced		Passed		Failed/Other	
	Qty	%	Qty	%	Qty	%	Qty	%
Alarm	3	27.27%	3	100.00%	3	100.00%	0	0.00%
Device	1	9.09%	1	100.00%	1	100.00%	0	0.00%
Hose	1	9.09%	1	100.00%	1	100.00%	0	0.00%
Valve	6	54.55%	6	100.00%	6	100.00%	0	0.00%
<b>Totals</b>	<b>11</b>	<b>100%</b>	<b>11</b>	<b>100.00%</b>	<b>11</b>	<b>100.00%</b>	<b>0</b>	<b>0.00%</b>

Certification	
<b>Company:</b> NIFCO Mechanical Systems	<b>Building:</b> Family Life
<b>Inspector:</b> Clint Coonrod	<b>Contact:</b> Tiffany F

Clint Coonrod Certifications	
Certification Type	Number
NICET Inspection and Testing of Water-Based Systems Level I	147096
Nebraska Grade VI Water Operator	8889

# Inspection & Testing

Generated by: [BuildingReports.com](http://BuildingReports.com)

Building: Family Life					
<p><i>The Inspection &amp; Testing section lists all of the items inspected in your building. Items are grouped by Passed or Failed/Other. Items are listed by Category. Each item includes the services performed, and the time &amp; date at which testing occurred.</i></p>					
Device Type	Location	Service	Time	Date	
<b><i>Passed</i></b>					
<b>Building– Dry Pipe, Area–Attic</b>					
Pressure Switch	Basement East Mechanical Laundry	Annual	8:21:34 AM	06/22/2023	
Pressure Switch	Basement East Mechanical Laundry	Annual	8:23:15 AM	06/22/2023	
Drain	Basement East Mechanical Laundry	Annual	8:58:07 AM	06/22/2023	
Control Valve	Basement East Mechanical Laundry	Annual	8:34:03 AM	06/22/2023	
Dry Pipe Valve	Basement East Mechanical Laundry	Annual	8:54:19 AM	06/22/2023	
<b>Building– Service Main, Building–</b>					
Fire Dep't Connection	Ground West	Annual	8:15:05 AM	06/22/2023	
Control Valve	Basement East Mechanical Laundry	Annual	8:24:05 AM	06/22/2023	
Control Valve	Basement East Mechanical Laundry	Annual	8:24:22 AM	06/22/2023	
Post Indicator Valve	Ground Southeast	Annual	8:14:56 AM	06/22/2023	
<b>Building– Wet Pipe, Building–basement 1st</b>					
Waterflow Switch	Basement East Mechanical Laundry	Annual	8:20:30 AM	06/22/2023	
<b>Building– Wet Pipe, Floors–basement and 1</b>					
Control Valve	Basement East Mechanical Laundry	Annual	8:34:20 AM	06/22/2023	

# Wet Pipe Fire Sprinkler Systems

Generated by: BuildingReports.com

Building: Family Life		Building-, Building-basement 1st					
<i>This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.</i>							
<b>Alarms</b>							
<b>Waterflow Switch</b>							
Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID
Vane			40.725	2.0	1	<input checked="" type="checkbox"/>	59341106

*This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.*

***Components***

**Control Valve**

Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			Basement East Mechanical Laundry	3"	Open	Supervised	<input checked="" type="checkbox"/>	54622412

**Description**

Isolation

# Dry Pipe Fire Sprinkler Systems

Generated by: BuildingReports.com

Building: Family Life						Building-, Area-Attic		
<p><i>This section lists out all the devices and components that have been associated with a Dry Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.</i></p>								
<b>Alarms</b>								
<b>Pressure Switch</b>								
Type	Description	Manufacturer	Low	High	Zone/Address	OK	ScanID	
High	Alarm				1	<input checked="" type="checkbox"/>	59341102	
Low	Supervisory				1	<input checked="" type="checkbox"/>	59341103	
<b>Components</b>								
<b>Control Valve</b>								
Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			Basement East Mechanical Laundry	3"	Open	Supervised	<input checked="" type="checkbox"/>	59341109
<b>Description</b>								
Isolation								
<b>Dry Pipe Valve</b>								
Manufacturer	Model #	Location			Internal Date	OK	ScanID	
Viking	F-2	Basement East Mechanical Laundry			06/22/2023	<input checked="" type="checkbox"/>	59341100	
Type	Status	Position		Size	Serial #			
Grooved	Locked & Supervised	Trim Open		3"				
Water psi	Air Pressure	Trip Air	Trip Time	Total Timing (sec)	Partial Trip Date	Full Trip Date		
79	34	11			06/22/2023	05/10/2022		
<b>Devices</b>								
<b>Drain</b>								
<b>Current Inspection</b>								
Type	Location	Size	Supply psi	Restored psi	Residual psi	Sec	OK	ScanID
Main	Basement East Mechanical Laundry	1.25"	86	79	58	1	<input checked="" type="checkbox"/>	59341101
<b>Previous Inspections</b>								
<b>November 15, 2022</b>								
Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	Basement East Mechanical Laundry	1.25"	85	82	55		<input checked="" type="checkbox"/>	59341101
<b>August 16, 2022</b>								

Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	Basement East Mechanical Laundry	1.25"	86	83	57	1	<input checked="" type="checkbox"/>	59341101



# Private Fire Service Mains

Generated by: *BuildingReports.com*

<b>Building: Family Life</b>						<b>Building-, Building-</b>		
<i>This section lists out all the devices and components that have been associated with a Private Fire Service Main and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.</i>								
<b>Components</b>								
<b>Control Valve</b>								
Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			Basement East Mechanical Laundry	4"	Open	Supervised	<input checked="" type="checkbox"/>	59341105
<b>Description</b>								
Main Control								
<b>Control Valve</b>								
Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			Basement East Mechanical Laundry	4"	Open	Supervised	<input checked="" type="checkbox"/>	59341104
<b>Description</b>								
Main Control								
<b>Post Indicator Valve</b>								
Manufacturer	Model	Location				OK	ScanID	
		Ground Southeast				<input checked="" type="checkbox"/>	59341107	
Type	Size	Position	Status	Number of Turns				
Ground	6"	Open	Locked & Supervised					
<b>Devices</b>								
<b>Fire Dep't Connection</b>								
Location	Type	BallDrip	Rotating Swivels	Size	OK	ScanID		
Ground West	Freestanding	Yes	Yes	4"	<input checked="" type="checkbox"/>	59341108		

# Inventory & Warranty Report

Generated by: [BuildingReports.com](http://BuildingReports.com)

Building: Family Life					
<p><i>The Inventory &amp; Warranty Report lists each of the devices and items that are included in your Inspection Report. A complete inventory count by device type and category is provided. Items installed within the last 90 days, within the last year, and devices installed for two years or more are grouped together for easy reference.</i></p>					
Device or Type	Category	% of Inventory	Quantity		
Control Valve	Valve	36.36%	4		
Drain	Device	9.09%	1		
Dry Pipe Valve	Valve	9.09%	1		
Fire Dep't Connection	Hose	9.09%	1		
Post Indicator Valve	Valve	9.09%	1		
Pressure Switch	Alarm	18.18%	2		
Waterflow Switch	Alarm	9.09%	1		
Device Type	Qty	Model #	Type	Description	Install Date
In Service - 3 Years to 5 Years					
Building– Dry Pipe, Area–Attic					
Control Valve	1		Butterfly	Isolation	02/20/2020
Drain	1		Main		02/20/2020
Pressure Switch	1		High	Alarm	02/20/2020
Pressure Switch	1		Low	Supervisory	02/20/2020
Dry Pipe Valve	1	F-2	Grooved		02/20/2020
Building– Service Main, Building–					
Control Valve	2		Butterfly	Main Control	02/20/2020
Fire Dep't Connection	1		Freestanding		02/20/2020
Post Indicator Valve	1		Ground		02/20/2020
Building– Wet Pipe, Building–basement 1st					
Waterflow Switch	1		Vane	Alarm	02/20/2020
Building– Wet Pipe, Floors–basement and 1					
Control Valve	1		Butterfly	Isolation	02/20/2020



# Backflow Preventer Test Form

402.441.5912 • e-mail: [Backflow@lincoln.ne.gov](mailto:Backflow@lincoln.ne.gov) • FAX: 402.441.8003

**Return to: Lincoln Water System Backflow 2021 North 27th Street, Lincoln, NE 68503**

Business/Building \_\_\_\_\_ Contact Person \_\_\_\_\_

Service Address \_\_\_\_\_ Suite# \_\_\_\_\_

Phone# \_\_\_\_\_ e-mail: \_\_\_\_\_

Device Location \_\_\_\_\_

<input type="checkbox"/> Annual Test	<input type="checkbox"/> Repair	<input type="checkbox"/> New Installation
<input type="checkbox"/> DC	<input type="checkbox"/> RPP	Serial #: _____ Size: _____ Manufacturer: _____ Model#: _____
<input type="checkbox"/> Replacement		
<input type="checkbox"/> DC	<input type="checkbox"/> RPP	Serial #: _____ Size: _____ Manufacturer: _____ Model#: _____

<input type="checkbox"/> Domestic Containment	<input type="checkbox"/> Irrigation	<input type="checkbox"/> Fire Service	<input type="checkbox"/> Boiler	<input type="checkbox"/> Carbonator
<input type="checkbox"/> Swimming Pool	<input type="checkbox"/> Cooling Tower	<input type="checkbox"/> Water Cooled Ice Maker	<input type="checkbox"/> Other (Desc): _____	

Reduced Pressure-Double Check Valve	Pressure Vacuum Breaker
Shut off #2 Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #1 Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #1 _____ PSID Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #2 Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #2 _____ PSID Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Check Valve Held at _____ PSID
Relief Valve (RP only) Opened at _____ PSID	Air vent opened at _____ PSID

Final Test: Check Valve #1	Check Valve #2	Pressure Relief	PVB/SVB
	Closed Tight <input type="checkbox"/> Yes <input type="checkbox"/> No		Check Valve PSID
PSID	PSID	Replaced PSID	Air Inlet PSID

I hereby certify the above backflow preventer has been tested in accordance with all rules and regulations of the State of Nebraska Health and Human Services, Department of Regulation and Licensure, Title 179, and the Lincoln Water System Title 17, and that all readings are true and accurate to the best of my ability. **Must be returned to LWS within 30 days of performing test.**

State Certified Technician (Please Print) \_\_\_\_\_ Company \_\_\_\_\_ Grade 6 Certificate# \_\_\_\_\_ Cell/Phone# \_\_\_\_\_

State Certified Technician (Signature) \_\_\_\_\_ Customer (Signature) \_\_\_\_\_ Date of Test \_\_\_\_\_

Test Gauge Manufacturer \_\_\_\_\_ Test Gauge Serial # \_\_\_\_\_ Date of Calibration \_\_\_\_\_

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

PLEASE TYPE OR PRINT LEGIBLY



LEAVE NO FIELD BLANK  
NEEDS N/A IF NOT USED

7402 L Street  
Omaha, NE 68127  
605-251-9415

N/A - NOT APPLICABLE ON THIS SERVICE  
CHANGED - FILTER OR PART WAS REPLACED  
PASSED - ITEM CHECKED OUT GOOD

ANNUAL

SEMI-ANNUAL INSPECTION

QUARTERLY INSPECTION

3E's GENERATOR (EPS) MAINTENANCE REPORT

CUSTOMER: STATE OF NEBRASKA MAKE GENERAC TYPE Quarterly 9899  
CONTACT: WHITEHALL SERIAL 2058112 DATE 12/7/2022  
PHONE: MODEL 20A 02942-S HRS 366  
ADDRESS 2311 N. 60th St. TECH WES  
CITY LINCOLN

AUTOMATIC TRANSFER SWITCHES

MAKE GENERAC SERIAL 88115 MODEL 5208420100  
MAKE SERIAL MODEL  
MAKE SERIAL MODEL

(1) FUEL SYSTEM

CHECK (A) FUEL LEAKS None  
\* (B) LINES/CONNECTIONS Pass  
\* (C) DAY TANK LEVEL N/A  
\* (D) DAY TANK OPERATION N/A  
\* (E) TRANSFER PUMP N/A  
\* (F) MAIN TANK LEVEL N/A  
\* (G) VENT/OVERFLOW N/A  
\* (H) WATER IN FUEL N/A  
\* (I) INJECTION PUMP N/A  
\* (J) SOLENOID VALVE Pass  
\* CHANGE (K) FUEL FILTER N/A  
\* CHANGE (L) WATER SEPARATOR N/A  
\* TEST (M) FUEL SAMPLE N/A

(6) ELECTRICAL SYSTEM

CHECK (A) WIRING CONNECTIONS Pass  
\* (B) INSTRUMENTATION Pass  
\* (C) SAFETIES SHUTDOWNS Pass  
\* (1) OVERCRANK Pass  
\* (2) HIGH WATER TEMP. Pass  
\* (3) LOW OIL PRESSURE Pass  
\* (4) OVERSPEED Pass  
\* (D) ALARMS Pass  
\* (E) PREALARMS Pass  
\* (F) CIRCUIT BREAKERS Pass  
\* (G) FUSES Pass  
\* (H) INSULATION DAMAGE None  
\* CHECK CLEAN (I) CABINTRY Pass

(2) LUBRICATION

CHECK (A) LEAKS None  
\* (B) ENGINE OIL LEVEL Pass  
\* (C) OIL HEATER N/A  
\* (D) GOVERNOR OIL LEVEL N/A  
\* (E) CRANKCASE BREATHER Pass  
\* CHANGE (F) OIL FILTER N/A  
\* CHANGE (G) ENGINE OIL N/A  
\* CHANGE (H) GOVERNOR OIL N/A  
\* TEST (I) OIL SAMPLE N/A

(7) PRIME MOVER

CHECK (A) GOVERNOR OPERATION Pass  
\* (B) VIBRATION Pass  
\* (C) TIMING Pass  
\* (D) INJECTORS Pass  
\* (E) MOUNTING HARDWARE Pass  
\* (F) AIR INTAKE Pass  
\* (G) OIL PRESSURE N/A  
\* (H) WATER TEMPERATURE N/A  
\* (I) DC ALTERNATOR Pass  
\* (1) VOLTS 14  
\* (2) AMPS N/A  
\*\* CHANGE (J) AIR CLEANER Pass  
\*\* TORQUE (K) BOLTS Pass

(3) COOLING SYSTEM

CHECK (A) LEAKS None  
\* (B) COOLANT LEVEL N/A  
\* (C) FREEZE POINT N/A  
\* (D) RADIATOR AIR FLOW N/A  
\* (E) LOUVER SYSTEMS N/A  
\* (F) BLOCK HEATER N/A  
\* (G) WATER PUMP N/A  
\* (H) HOSES Pass  
\* (I) BELTS Pass  
\* (J) FAN HUB Pass  
\* (K) PULLEYS Pass  
\* (L) RADIATOR PSI N/A  
\* (M) RADIATOR CAP PSI N/A  
\* CHANGE (N) WATER FILTER N/A  
\*\* CHANGE (O) ANTIFREEZE N/A

(8) GENERATOR

CHECK (A) ROTOR Pass  
\* (B) STATOR Pass  
\* (C) EXCITOR Pass  
\* (1) STATOR Pass  
\* (2) ROTOR Pass  
\* (D) BEARINGS (IR) Pass  
\* (E) DIODES Pass  
\* (F) AIR FLOW Pass  
\* (G) VOLTAGE REGULATOR Pass  
\* TEST (H) FEED BREAKER Pass  
RECORD (I) VOLTAGE 240  
\* (J) HERTZ 60

(4) EXHAUST SYSTEM

CHECK (A) LEAKS None  
\* (B) CONDENSATION TRAP N/A  
\* (C) INSULATION N/A  
\* (D) RESTRICTION Pass  
\* (E) RAINCAP Pass  
CHECK (F) HANGERS/SUPPORT Pass  
\* (G) FLEX SECTIONS Pass

(9) AUTOMATIC TRANSFER SWITCHES

CHECK (A) ATS CONTACTS Pass  
\* LINEAR MOTORS ACTUATION Pass  
\* MOVING PARTS Pass  
\* (B) SIMULATE POWER FAILURE N/A  
\* (C) TIME DELAYS Pass  
\* (D) CLOCK EXERCISER Pass

(5) BATTERY SYSTEMS

CHECK (A) CHARGER VOLTAGE 13  
\* (1) FLOAT Pass  
\* (2) EQUALIZE N/A  
\* (B) ELECTROLYTE LEVEL N/A  
\* (C) TERMINAL SPACABLES Pass  
\* (D) BLANKET HEATER N/A  
\* (E) SPECIFIC GRAVITY N/A  
\* (1) HIGH N/A  
\* (2) LOW N/A  
\* (F) LOAD TEST Pass  
CLEAN (G) CORROSION None

(10) GENERAL CONDITION - EPSS

CHECK (A) UNUSUAL/UNSAFE None  
\* (B) HOUSEKEEPING Pass

(11) LOAD TEST

RECORD (A) AMPERAGE/EG N/A  
\* (B) VOLTAGE/EG N/A  
\* (C) HERTZ N/A  
\* (D) CB CONNECTIONS N/A  
\* (E) UNIT LOADED N/A

(12) EPSS

CHECK (A) EPS IN AUTO? Pass  
\* (B) BREAKER CLOSED? Pass

\* As needed, specified or during annual inspection only  
\*\* Additional cost if needed or specified.

Comments:

Inspection complete. No issues found

3.5 hrs 88 miles

Customer Signature \_\_\_\_\_ 3E Signature \_\_\_\_\_ Date 10/25/2022



# Backflow Preventer Test Form

402.441.5912 • e-mail: [Backflow@lincoln.ne.gov](mailto:Backflow@lincoln.ne.gov) • FAX: 402.441.8003

**Return to: Lincoln Water System Backflow 2021 North 27th Street, Lincoln, NE 68503**

Business/Building \_\_\_\_\_ Contact Person \_\_\_\_\_

Service Address \_\_\_\_\_ Suite# \_\_\_\_\_

Phone# \_\_\_\_\_ e-mail: \_\_\_\_\_

Device Location \_\_\_\_\_

<input type="checkbox"/> Annual Test	<input type="checkbox"/> Repair	<input type="checkbox"/> New Installation
<input type="checkbox"/> DC	<input type="checkbox"/> RPP	Serial #: _____ Size: _____ Manufacturer: _____ Model#: _____
<input type="checkbox"/> Replacement		
<input type="checkbox"/> DC	<input type="checkbox"/> RPP	Serial #: _____ Size: _____ Manufacturer: _____ Model#: _____

<input type="checkbox"/> Domestic Containment	<input type="checkbox"/> Irrigation	<input type="checkbox"/> Fire Service	<input type="checkbox"/> Boiler	<input type="checkbox"/> Carbonator
<input type="checkbox"/> Swimming Pool	<input type="checkbox"/> Cooling Tower	<input type="checkbox"/> Water Cooled Ice Maker	<input type="checkbox"/> Other (Desc): _____	

Reduced Pressure-Double Check Valve	Pressure Vacuum Breaker
Shut off #2 Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #1 Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #1 _____ PSID Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #2 Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #2 _____ PSID Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Check Valve Held at _____ PSID
Relief Valve (RP only) Opened at _____ PSID	Air vent opened at _____ PSID

Final Test: Check Valve #1	Check Valve #2	Pressure Relief	PVB/SVB
	Closed Tight <input type="checkbox"/> Yes <input type="checkbox"/> No		Check Valve PSID
PSID	PSID	Replaced PSID	Air Inlet PSID

I hereby certify the above backflow preventer has been tested in accordance with all rules and regulations of the State of Nebraska Health and Human Services, Department of Regulation and Licensure, Title 179, and the Lincoln Water System Title 17, and that all readings are true and accurate to the best of my ability. **Must be returned to LWS within 30 days of performing test.**

State Certified Technician (Please Print) \_\_\_\_\_ Company \_\_\_\_\_ Grade 6 Certificate# \_\_\_\_\_ Cell/Phone# \_\_\_\_\_

State Certified Technician (Signature) \_\_\_\_\_ Customer (Signature) \_\_\_\_\_ Date of Test \_\_\_\_\_

Test Gauge Manufacturer \_\_\_\_\_ Test Gauge Serial # \_\_\_\_\_ Date of Calibration \_\_\_\_\_

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

PLEASE TYPE OR PRINT LEGIBLY

Department of Health and Human Services  
Division of Public Health  
Health Facilities Licensure Unit  
301 Centennial Mall South, P O Box 94669  
Lincoln, NE 68509-4669

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC HEALTH  
CERTIFIES THAT

**LRC Whitehall Psychiatric Residential Treatment Facility**

MEETS STATUTORY REQUIREMENTS AS  
MENTAL HEALTH SUBSTANCE USE TREATMENT CENTER

Lic # MHSU031



**EXPIRES**  
9/30/2024

Cut on heavy line and place on license.

LRC Whitehall Psychiatric Residential Treatment Facility  
ADDRESS: 5845 HUNTINGTON AVENUE, LINCOLN, NE 68507

This is to verify that your MENTAL HEALTH SUBSTANCE USE TREATMENT CENTER is licensed through the date indicated on the above renewal card. Place the renewal card in the lower left hand corner of your original license.

Please notify this office at the address listed above of any change in name, address, or ownership.

Your application for Nebraska Residential Child-Caring Agency has been approved and your licensure document is attached. You will receive a new licensure document each time you amend your license.

**This license shall be kept available in the establishment and such proof of credentialing shall be shown upon request.**

# State of Nebraska

Department of Health and Human Services  
Division of Public Health

**Nebraska Department of Health and Human Services, State of Nebraska**  
Is hereby authorized in compliance with laws of the State of Nebraska to establish and conduct a  
**Residential Child-Caring Agency**  
located at: **5845 Huntington Ave. Lincoln NE 68509**

A maximum of **24** children in ages **13 YRS to 19 YRS** may be in attendance at any one time.

**Lincoln Regional Center Whitehall Program** is hereby issued License No. **RCCA022** which is effective from **03/29/2023** and will expire on **03/31/2025**

Given under the name and Seal of the Department of Health and Human Services Division of Public Health of the State of Nebraska at Lincoln on **March 26, 2024.**





# Backflow Preventer Test Form

402.441.5912 • e-mail: [Backflow@lincoln.ne.gov](mailto:Backflow@lincoln.ne.gov) • FAX: 402.441.8003

**Return to: Lincoln Water System Backflow 2021 North 27th Street, Lincoln, NE 68503**

Business/Building \_\_\_\_\_ Contact Person \_\_\_\_\_

Service Address \_\_\_\_\_ Suite# \_\_\_\_\_

Phone# \_\_\_\_\_ e-mail: \_\_\_\_\_

Device Location \_\_\_\_\_

<input type="checkbox"/> Annual Test	<input type="checkbox"/> Repair	<input type="checkbox"/> New Installation
<input type="checkbox"/> DC	<input type="checkbox"/> RPP	Serial #: _____ Size: _____ Manufacturer: _____ Model#: _____
<input type="checkbox"/> Replacement		
<input type="checkbox"/> DC	<input type="checkbox"/> RPP	Serial #: _____ Size: _____ Manufacturer: _____ Model#: _____

<input type="checkbox"/> Domestic Containment	<input type="checkbox"/> Irrigation	<input type="checkbox"/> Fire Service	<input type="checkbox"/> Boiler	<input type="checkbox"/> Carbonator
<input type="checkbox"/> Swimming Pool	<input type="checkbox"/> Cooling Tower	<input type="checkbox"/> Water Cooled Ice Maker	<input type="checkbox"/> Other (Desc): _____	

Reduced Pressure-Double Check Valve	Pressure Vacuum Breaker
Shut off #2 Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #1 Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #1 _____ PSID Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #2 Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #2 _____ PSID Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Check Valve Held at _____ PSID
Relief Valve (RP only) Opened at _____ PSID	Air vent opened at _____ PSID

Final Test: Check Valve #1	Check Valve #2	Pressure Relief	PVB/SVB
	Closed Tight <input type="checkbox"/> Yes <input type="checkbox"/> No		Check Valve PSID
PSID	PSID	Replaced PSID	Air Inlet PSID

I hereby certify the above backflow preventer has been tested in accordance with all rules and regulations of the State of Nebraska Health and Human Services, Department of Regulation and Licensure, Title 179, and the Lincoln Water System Title 17, and that all readings are true and accurate to the best of my ability. **Must be returned to LWS within 30 days of performing test.**

State Certified Technician (Please Print) \_\_\_\_\_ Company \_\_\_\_\_ Grade 6 Certificate# \_\_\_\_\_ Cell/Phone# \_\_\_\_\_

State Certified Technician (Signature) \_\_\_\_\_ Customer (Signature) \_\_\_\_\_ Date of Test \_\_\_\_\_

Test Gauge Manufacturer \_\_\_\_\_ Test Gauge Serial # \_\_\_\_\_ Date of Calibration \_\_\_\_\_

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

PLEASE TYPE OR PRINT LEGIBLY





# Backflow Preventer Test Form

402.441.5912 • e-mail: [Backflow@lincoln.ne.gov](mailto:Backflow@lincoln.ne.gov) • FAX: 402.441.8003

**Return to: Lincoln Water System Backflow 2021 North 27th Street, Lincoln, NE 68503**

Business/Building \_\_\_\_\_ Contact Person \_\_\_\_\_

Service Address \_\_\_\_\_ Suite# \_\_\_\_\_

Phone# \_\_\_\_\_ e-mail: \_\_\_\_\_

Device Location \_\_\_\_\_

<input type="checkbox"/> Annual Test	<input type="checkbox"/> Repair	<input type="checkbox"/> New Installation
<input type="checkbox"/> DC	<input type="checkbox"/> RPP	Serial #: _____ Size: _____ Manufacturer: _____ Model#: _____
<input type="checkbox"/> Replacement		
<input type="checkbox"/> DC	<input type="checkbox"/> RPP	Serial #: _____ Size: _____ Manufacturer: _____ Model#: _____

<input type="checkbox"/> Domestic Containment	<input type="checkbox"/> Irrigation	<input type="checkbox"/> Fire Service	<input type="checkbox"/> Boiler	<input type="checkbox"/> Carbonator
<input type="checkbox"/> Swimming Pool	<input type="checkbox"/> Cooling Tower	<input type="checkbox"/> Water Cooled Ice Maker	<input type="checkbox"/> Other (Desc): _____	

Reduced Pressure-Double Check Valve	Pressure Vacuum Breaker
Shut off #2 Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #1 Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #1 _____ PSID Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #2 Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #2 _____ PSID Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Check Valve Held at _____ PSID
Relief Valve (RP only) Opened at _____ PSID	Air vent opened at _____ PSID

Final Test: Check Valve #1	Check Valve #2	Pressure Relief	PVB/SVB
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PSID	PSID	Replaced PSID	Air Inlet PSID

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State Certified Technician (Signature) \_\_\_\_\_ Customer (Signature) \_\_\_\_\_ Date of Test \_\_\_\_\_

Test Gauge Manufacturer \_\_\_\_\_ Test Gauge Serial # \_\_\_\_\_ Date of Calibration \_\_\_\_\_

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

PLEASE TYPE OR PRINT LEGIBLY



LEAVE NO FIELD BLANK  
NEEDS N/A IF NOT USED

7402 L Street  
Omaha, NE 68127  
605-251-9415

N/A - NOT APPLICABLE ON THIS SERVICE  
CHANGED - FILTER OR PART WAS REPLACED  
PASSED - ITEM CHECKED OUT GOOD

ANNUAL

SEMI-ANNUAL INSPECTION

QUARTERLY INSPECTION

3E's GENERATOR (EPS) MAINTENANCE REPORT

CUSTOMER: STATE OF NEBRASKA MAKE GENERAC TYPE QUARTERLY INSP 9926  
CONTACT: WHITEHALL SERIAL 2058112 DATE 2-22-23  
PHONE: \_\_\_\_\_ MODEL 20A 02942-S HRS 369  
ADDRESS 2311 N. 60th St. TECH WES  
CITY LINCOLN

AUTOMATIC TRANSFER SWITCHES

MAKE GENERAC SERIAL 88115 MODEL 5208420100  
MAKE \_\_\_\_\_ SERIAL \_\_\_\_\_ MODEL \_\_\_\_\_  
MAKE \_\_\_\_\_ SERIAL \_\_\_\_\_ MODEL \_\_\_\_\_

(1) FUEL SYSTEM

CHECK (A) FUEL LEAKS None  
\* (B) LINES/CONNECTIONS Pass  
\* (C) DAYTANK LEVEL N/A  
\* (D) DAYTANK OPERATION N/A  
\* (E) TRANSFER PUMP N/A  
\* (F) MAIN TANK LEVEL N/A  
\* (G) VENT/OVERFLOW N/A  
\* (H) WATER IN FUEL N/A  
\* (I) INJECTION PUMP N/A  
\* (J) SOLENOID VALVE Pass  
\* CHANGE (K) FUEL FILTER N/A  
\* CHANGE (L) WATER SEPARATOR N/A  
\* TEST (M) FUEL SAMPLE N/A

(8) ELECTRICAL SYSTEM

CHECK (A) WIRING CONNECTIONS Pass  
\* (B) INSTRUMENTATION Pass  
\* (C) SAFETIES SHUTDOWNS Pass  
\* (1) OVERCRANK Pass  
\* (2) HIGH WATER TEMP. Pass  
\* (3) LOW OIL PRESSURE Pass  
\* (4) OVERSPEED Pass  
\* (D) ALARMS Pass  
\* (E) PREALARMS Pass  
\* (F) CIRCUIT BREAKERS Pass  
\* (G) FUSES Pass  
\* CHECK (H) INSULATION DAMAGE None  
CLEAN (I) CABINETY Pass

(2) LUBRICATION

CHECK (A) LEAKS None  
\* (B) ENGINE OIL LEVEL Pass  
\* (C) OIL HEATER N/A  
\* (D) GOVERNOR OIL LEVEL N/A  
\* (E) CRANKCASE BREATHER Pass  
\* CHANGE (F) OIL FILTER NA  
\* CHANGE (G) ENGINE OIL NA  
\* CHANGE (H) GOVERNOR OIL N/A  
\* TEST (I) OIL SAMPLE N/A

(7) PRIME MOVER

CHECK (A) GOVERNOR OPERATION Pass  
\* (B) VIBRATION Pass  
\* (C) TIMING Pass  
\* (D) INJECTORS Pass  
\* (E) MOUNTING HARDWARE Pass  
\* (F) AIR INTAKE Pass  
\* (G) OIL PRESSURE NA  
\* (H) WATER TEMPERATURE NA  
\* (I) DC ALTERNATOR Pass  
\* (1) VOLTS 14  
\* (2) AMPS N/A  
\* CHANGE (J) AIR CLEANER Pass  
\*\* TORQUE (K) BOLTS Pass

(3) COOLING SYSTEM

CHECK (A) LEAKS None  
\* (B) COOLANT LEVEL N/A  
\* (C) FREEZE POINT N/A  
\* (D) RADIATOR AIR FLOW N/A  
\* (E) LOUVER SYSTEMS N/A  
\* (F) BLOCK HEATER N/A  
\* (G) WATER PUMP N/A  
\* (H) HOSES Pass  
\* (I) BELTS Pass  
\* (J) FAN HUB Pass  
\* (K) PULLEYS Pass  
\* (L) RADIATOR PSI N/A  
\* (M) RADIATOR CAP PSI N/A  
\* CHANGE (N) WATER FILTER N/A  
\*\* CHANGE (O) ANTIFREEZE N/A

(8) GENERATOR

CHECK (A) ROTOR Pass  
\* (B) STATOR Pass  
\* (C) EXCITOR Pass  
\* (1) STATOR Pass  
\* (2) MOTOR Pass  
\* (D) BEARINGS (IR) Pass  
\* (E) DIODES Pass  
\* (F) AIR FLOW Pass  
\* (G) VOLTAGE REGULATOR Pass  
\* TEST (H) FEED BREAKER Pass  
RECORD (I) VOLTAGE 240  
\* (J) HERTZ 60

(4) EXHAUST SYSTEM

CHECK (A) LEAKS None  
\* (B) CONDENSATION TRAP N/A  
\* (C) INSULATION N/A  
\* (D) RESTRICTION Pass  
\* (E) RAINCAP Pass  
CHECK (F) HANGERS/SUPPORT Pass  
\* (G) FLEX SECTIONS Pass

(9) AUTOMATIC TRANSFER SWITCHES

CHECK (A) ATS, CONTACTS Pass  
\* LINEAR MOTORS ACTUATION Pass  
\* MOVING PARTS Pass  
\* (B) SIMULATE POWER FAILURE N/A  
\* (C) TIME DELAYS Pass  
\* (D) CLOCK EXERCISER Pass

(5) BATTERY SYSTEMS

CHECK (A) CHARGER VOLTAGE 13  
\* (1) FLOAT Pass  
\* (2) EQUALIZE N/A  
\* (B) ELECTROLYTE LEVEL N/A  
\* (C) TERMINALS/CABLES Pass  
\* (D) BLANKET HEATER N/A  
\* (E) SPECIFIC GRAVITY N/A  
\* (1) HIGH N/A  
\* (2) LOW N/A  
\* (F) LOAD TEST Pass  
CLEAN (G) CORROSION None

(10) GENERAL CONDITION - EPSS

CHECK (A) UNUSUAL/UNSAFE None  
\* (B) HOUSEKEEPING Pass

(11) LOAD TEST

RECORD (A) AMPERAGE/LEG N/A  
\* (B) VOLTAGE/LEG N/A  
\* (C) HERTZ N/A  
\* (D) CB CONNECTIONS N/A  
\* (E) UNIT LOADED N/A

(12) EPSS

CHECK (A) EPS IN AUTO? Pass  
\* (B) BREAKER CLOSED? Pass

\* As needed, specified or during annual inspection only  
\*\* Additional cost if needed or specified.

Comments:

Inspection complete. No issues found

3.5 hrs 88 miles

Customer Signature \_\_\_\_\_

3E Signature \_\_\_\_\_

Date 2-22-23

# NEBRASKA STATE FIRE MARSHAL

## OCCUPANCY PERMIT

Certificate Number: 13317

Name of Facility: **Whitehall-Warner House**  
Type of Facility: **Mental Health Center**  
Location: **5800 Leighton Ave, Lincoln**  
Maximum Occupancy: **N/A Persons**  
Date Issued: **6/15/2022**

Inspected By: **Monica Ellis**  
**Deputy State Fire Marshal**

Approved By:   
**State Fire Marshal**



POST IN PROMINENT PLACE



Change in occupancy classification or failure to meet State Fire Marshal codes shall invalidate this occupancy permit.

# NEBRASKA STATE FIRE MARSHAL

## OCCUPANCY PERMIT

Certificate Number: 13316

Name of Facility: **Whitehall-Community Life**

Type of Facility: **Mental Health Center**

Location: **5801 Walker Ave, Lincoln**

Maximum  
Occupancy: **24 Persons**

Date Issued: **6/15/2022**

Inspected By: **Monica Ellis**  
**Deputy State Fire Marshal**

Approved By:   
**State Fire Marshal**



### POST IN PROMINENT PLACE



Change in occupancy classification or failure to meet State Fire Marshal codes  
shall invalidate this occupancy permit.

# NEBRASKA STATE FIRE MARSHAL

## OCCUPANCY PERMIT

Certificate Number: 13319

Name of Facility: **Whitehall-Family Life**  
Type of Facility: **Mental Health Center**  
Location: **5819 Huntington Ave, Lincoln**  
Maximum Occupancy: **24 Persons**  
Date Issued: **6/8/2022**

Inspected By: **Monica Ellis**  
**Deputy State Fire Marshal**

Approved By:   
**State Fire Marshal**



POST IN PROMINENT PLACE



Change in occupancy classification or failure to meet State Fire Marshal codes shall invalidate this occupancy permit.

# NEBRASKA STATE FIRE MARSHAL

## OCCUPANCY PERMIT

Certificate Number: 13318

Name of Facility: **Whitehall Campus Treatment Center**

Type of Facility: **Mental Health Center**

Location: **5845 Huntington Ave, Lincoln**

Maximum  
Occupancy: **24 Persons**

Date Issued: **6/15/2022**

Inspected By: **Monica Ellis**  
**Deputy State Fire Marshal**

Approved By:   
**State Fire Marshal**



POST IN PROMINENT PLACE



Change in occupancy classification or failure to meet State Fire Marshal codes  
shall invalidate this occupancy permit.



# Backflow Preventer Test Form

402.441.5912 • e-mail: [Backflow@lincoln.ne.gov](mailto:Backflow@lincoln.ne.gov) • FAX: 402.441.8003

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Business/Building \_\_\_\_\_ Contact Person \_\_\_\_\_

Service Address \_\_\_\_\_ Suite# \_\_\_\_\_

Phone# \_\_\_\_\_ e-mail: \_\_\_\_\_

Device Location \_\_\_\_\_

<input type="checkbox"/> Annual Test	<input type="checkbox"/> Repair	<input type="checkbox"/> New Installation
<input type="checkbox"/> DC	<input type="checkbox"/> RPP	Serial #: _____ Size: _____ Manufacturer: _____ Model#: _____
<input type="checkbox"/> Replacement		
<input type="checkbox"/> DC	<input type="checkbox"/> RPP	Serial #: _____ Size: _____ Manufacturer: _____ Model#: _____

<input type="checkbox"/> Domestic Containment	<input type="checkbox"/> Irrigation	<input type="checkbox"/> Fire Service	<input type="checkbox"/> Boiler	<input type="checkbox"/> Carbonator
<input type="checkbox"/> Swimming Pool	<input type="checkbox"/> Cooling Tower	<input type="checkbox"/> Water Cooled Ice Maker	<input type="checkbox"/> Other (Desc): _____	

Reduced Pressure-Double Check Valve	Pressure Vacuum Breaker
Shut off #2 Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #1 Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #1 _____ PSID Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #2 Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #2 _____ PSID Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Check Valve Held at _____ PSID
Relief Valve (RP only) Opened at _____ PSID	Air vent opened at _____ PSID

Final Test: Check Valve #1	Check Valve #2	Pressure Relief	PVB/SVB
	Closed Tight <input type="checkbox"/> Yes <input type="checkbox"/> No		Check Valve PSID
PSID	PSID	Replaced PSID	Air Inlet PSID

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State Certified Technician (Signature) \_\_\_\_\_ Customer (Signature) \_\_\_\_\_ Date of Test \_\_\_\_\_

Test Gauge Manufacturer \_\_\_\_\_ Test Gauge Serial # \_\_\_\_\_ Date of Calibration \_\_\_\_\_

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

PLEASE TYPE OR PRINT LEGIBLY



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Service Address \_\_\_\_\_ Suite# \_\_\_\_\_

Phone# \_\_\_\_\_ e-mail: \_\_\_\_\_

Device Location \_\_\_\_\_

<input type="checkbox"/> Annual Test	<input type="checkbox"/> Repair	<input type="checkbox"/> New Installation
<input type="checkbox"/> DC	<input type="checkbox"/> RPP	Serial #: _____ Size: _____ Manufacturer: _____ Model#: _____
<input type="checkbox"/> Replacement		
<input type="checkbox"/> DC	<input type="checkbox"/> RPP	Serial #: _____ Size: _____ Manufacturer: _____ Model#: _____

<input type="checkbox"/> Domestic Containment	<input type="checkbox"/> Irrigation	<input type="checkbox"/> Fire Service	<input type="checkbox"/> Boiler	<input type="checkbox"/> Carbonator
<input type="checkbox"/> Swimming Pool	<input type="checkbox"/> Cooling Tower	<input type="checkbox"/> Water Cooled Ice Maker	<input type="checkbox"/> Other (Desc): _____	

Reduced Pressure-Double Check Valve	Pressure Vacuum Breaker
Shut off #2 Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #1 Held <input type="checkbox"/> Yes <input type="checkbox"/> No
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State Certified Technician (Signature) \_\_\_\_\_ Customer (Signature) \_\_\_\_\_ Date of Test \_\_\_\_\_

Test Gauge Manufacturer \_\_\_\_\_ Test Gauge Serial # \_\_\_\_\_ Date of Calibration \_\_\_\_\_

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

PLEASE TYPE OR PRINT LEGIBLY



# Sprinkler Inspection Certificate

*For*

White Hall School #10  
2320 North 57th  
LINCOLN, NE 68507

Tested to NFPA 25 Standards

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

*Annual Inspection  
Inspection Date  
Jun 22, 2023*

Building: White Hall School #10  
Contact: kris Hoover  
Title: Maint. Supervisor

Company: NIFCO Mechanical Systems  
Contact: Clint Coonrod  
Title: Inspector

# Executive Summary

Generated by: *BuildingReports.com*

Building Information			
<b>Building:</b> White Hall School #10			<b>Contact:</b> kris Hoover
<b>Address:</b> 2320 North 57th			<b>Phone:</b> 402-479-5452
<b>Address:</b>			<b>Fax:</b>
<b>City/State/ZIP Code:</b> LINCOLN, NE 68507			<b>Mobile:</b>
<b>Country:</b> United States of America			<b>Email:</b> kris.hoover@nebraska.gov
Inspection Performed By			
<b>Company:</b> NIFCO Mechanical Systems			<b>Inspector:</b> Clint Coonrod
<b>Address:</b> 500 Blue Heron Dr			<b>Phone:</b> 402-477-0666
<b>Address:</b>			<b>Fax:</b>
<b>City/State/ZIP Code:</b> Lincoln, NE 68522-1701			<b>Mobile:</b> 531-220-1703
<b>Country:</b> United States of America			<b>Email:</b> ccoonrod@nifcomechanical.com
System Control Unit			
System Type	System Location	Protected Area	Devices
Wet Pipe	Building-	Building-	6
Monitoring			
<b>Company:</b> PERMAR			<b>Phone:</b> 1-800-227-9805 <b>Account #:</b>

Inspection Summary								
Category	Total Items		Serviced		Passed		Failed/Other	
	Qty	%	Qty	%	Qty	%	Qty	%
Alarm	1	16.67%	1	100.00%	1	100.00%	0	0.00%
Device	1	16.67%	1	100.00%	1	100.00%	0	0.00%
Hose	1	16.67%	1	100.00%	1	100.00%	0	0.00%
Valve	3	50.00%	3	100.00%	3	100.00%	0	0.00%
<b>Totals</b>	<b>6</b>	<b>100%</b>	<b>6</b>	<b>100.00%</b>	<b>6</b>	<b>100.00%</b>	<b>0</b>	<b>0.00%</b>

Certification	
<b>Company:</b> NIFCO Mechanical Systems	<b>Building:</b> White Hall School #10
<b>Inspector:</b> Clint Coonrod	<b>Contact:</b> kris Hoover

Clint Coonrod Certifications	
Certification Type	Number
NICET Inspection and Testing of Water-Based Systems Level I	147096
Nebraska Grade VI Water Operator	8889

# Inspection & Testing

Generated by: BuildingReports.com

Building: White Hall School #10

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

Device Type	Location	Service	Time	Date
<i>Passed</i>				
<b>Building- Wet Pipe, Building-</b>				
Waterflow Switch	Basement East Mechanical	Annual	1:23:11 PM	06/22/2023
Drain	Basement East Mechanical	Annual	1:24:03 PM	06/22/2023
Fire Dep't Connection	Ground Southeast Outside	Annual	1:21:41 PM	06/22/2023
Control Valve	Basement East Mechanical	Annual	1:22:51 PM	06/22/2023
Control Valve	Basement East Mechanical	Annual	1:23:22 PM	06/22/2023
Control Valve	Basement East Mechanical	Annual	1:23:46 PM	06/22/2023

# Wet Pipe Fire Sprinkler Systems

Generated by: *BuildingReports.com*

Building: White Hall School #10						Building-, Building-		
<p><i>This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.</i></p>								
<b>Alarms</b>								
<b>Waterflow Switch</b>								
Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID	
Vane			28.745	2.0	1	<input checked="" type="checkbox"/>	59341130	
<b>Components</b>								
<b>Control Valve</b>								
Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Ball			Basement East Mechanical	2"	Open	Supervised	<input checked="" type="checkbox"/>	59341129
<b>Description</b>								
Main Control								
<b>Control Valve</b>								
Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Ball			Basement East Mechanical	2"	Open	Supervised	<input checked="" type="checkbox"/>	59341128
<b>Description</b>								
Main Control								
<b>Control Valve</b>								
Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Ball			Basement East Mechanical	2"	Open	Supervised	<input checked="" type="checkbox"/>	59341127
<b>Description</b>								
Main Control								
<b>Devices</b>								
<b>Drain</b>								
<b>Current Inspection</b>								
Type	Location	Size	Supply psi	Restored psi	Residual psi	Sec	OK	ScanID
Main	Basement East Mechanical	1.25"		86	78	1	<input checked="" type="checkbox"/>	59341132
<b>Previous Inspections</b>								
<b>November 15, 2022</b>								
Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	Basement East Mechanical	1.25"		85	75		<input checked="" type="checkbox"/>	59341132
<b>August 16, 2022</b>								

Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	Basement East Mechanical	1.25"		88	76	1	<input checked="" type="checkbox"/>	59341132
<b>Fire Dep't Connection</b>								
Location	Type	BallDrip	Rotating Swivels	Size	OK	ScanID		
Ground Southeast Outside	Wall	Yes	Yes	2"	<input checked="" type="checkbox"/>	59341131		

# Inventory & Warranty Report

Generated by: *BuildingReports.com*

<b>Building: White Hall School #10</b>
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*The Inventory & Warranty Report lists each of the devices and items that are included in your Inspection Report. A complete inventory count by device type and category is provided. Items installed within the last 90 days, within the last year, and devices installed for two years or more are grouped together for easy reference.*

Device or Type	Category	% of Inventory	Quantity
Control Valve	Valve	50.00%	3
Drain	Device	16.67%	1
Fire Dep't Connection	Hose	16.67%	1
Waterflow Switch	Alarm	16.67%	1

Device Type	Qty	Model #	Type	Description	Install Date
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***In Service - 3 Years to 5 Years***

**Building– Wet Pipe, Building–**

Control Valve	3		Ball	Main Control	02/20/2020
Drain	1		Main		02/20/2020
Fire Dep't Connection	1		Wall		02/20/2020
Waterflow Switch	1		Vane	Alarm	02/20/2020

# Sprinkler Inspection Certificate

*For*

White Hall School #10  
2320 North 57th  
LINCOLN, NE 68507

Tested to NFPA 25 Standards

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

*Quarterly Inspection*

*Inspection Date*

*Sep 29, 2023*

Building: White Hall School #10  
Contact: kris Hoover  
Title: Maint. Supervisor

Company: NIFCO Mechanical Systems  
Contact: Clint Coonrod  
Title: Inspector



# Executive Summary

Generated by: *BuildingReports.com*

Building Information			
<b>Building:</b> White Hall School #10			<b>Contact:</b> kris Hoover
<b>Address:</b> 2320 North 57th			<b>Phone:</b> 402-479-5452
<b>Address:</b>			<b>Fax:</b>
<b>City/State/ZIP Code:</b> LINCOLN, NE 68507			<b>Mobile:</b>
<b>Country:</b> United States of America			<b>Email:</b> kris.hoover@nebraska.gov
Inspection Performed By			
<b>Company:</b> NIFCO Mechanical Systems			<b>Inspector:</b> Clint Coonrod
<b>Address:</b> 500 Blue Heron Dr			<b>Phone:</b> 402-477-0666
<b>Address:</b>			<b>Fax:</b>
<b>City/State/ZIP Code:</b> Lincoln, NE 68522-1701			<b>Mobile:</b> 531-220-1703
<b>Country:</b> United States of America			<b>Email:</b> ccoonrod@nifcomechanical.com
System Control Unit			
System Type	System Location	Protected Area	Devices
Wet Pipe	Building-	Building-	6
Monitoring			
<b>Company:</b> PERMAR			<b>Phone:</b> 1-800-227-9805 <b>Account #:</b>

Inspection Summary								
Category	Total Items		Serviced		Passed		Failed/Other	
	Qty	%	Qty	%	Qty	%	Qty	%
Alarm	1	16.67%	1	100.00%	1	100.00%	0	0.00%
Device	1	16.67%	1	100.00%	1	100.00%	0	0.00%
Hose	1	16.67%	1	100.00%	1	100.00%	0	0.00%
Valve	3	50.00%	3	100.00%	3	100.00%	0	0.00%
<b>Totals</b>	<b>6</b>	<b>100%</b>	<b>6</b>	<b>100.00%</b>	<b>6</b>	<b>100.00%</b>	<b>0</b>	<b>0.00%</b>

Certification	
<b>Company:</b> NIFCO Mechanical Systems	<b>Building:</b> White Hall School #10
<b>Inspector:</b> Clint Coonrod	<b>Contact:</b> kris Hoover

Clint Coonrod Certifications	
Certification Type	Number
NICET Inspection and Testing of Water-Based Systems Level I	147096
Nebraska Grade VI Water Operator	8889

# Inspection & Testing

Generated by: BuildingReports.com

Building: White Hall School #10

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

Device Type	Location	Service	Time	Date
<i>Passed</i>				
<b>Building- Wet Pipe, Building-</b>				
Waterflow Switch	Basement East Mechanical	Quarterly	11:33:06 AM	09/29/2023
Drain	Basement East Mechanical	Quarterly	11:43:32 AM	09/29/2023
Fire Dep't Connection	Ground Southeast Outside	Quarterly	11:41:35 AM	09/29/2023
Control Valve	Basement East Mechanical	Quarterly	11:39:07 AM	09/29/2023
Control Valve	Basement East Mechanical	Quarterly	11:41:17 AM	09/29/2023
Control Valve	Basement East Mechanical	Quarterly	11:41:28 AM	09/29/2023

# Wet Pipe Fire Sprinkler Systems

Generated by: *BuildingReports.com*

Building: White Hall School #10						Building-, Building-		
<p><i>This section lists out all the devices and components that have been associated with a Wet Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.</i></p>								
<b>Alarms</b>								
<b>Waterflow Switch</b>								
Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID	
Vane			31.09	2.0	1	<input checked="" type="checkbox"/>	59341130	
<b>Components</b>								
<b>Control Valve</b>								
Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Ball			Basement East Mechanical	2"	Open	Supervised	<input checked="" type="checkbox"/>	59341129
<b>Description</b>								
Main Control								
<b>Control Valve</b>								
Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Ball			Basement East Mechanical	2"	Open	Supervised	<input checked="" type="checkbox"/>	59341128
<b>Description</b>								
Main Control								
<b>Control Valve</b>								
Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Ball			Basement East Mechanical	2"	Open	Supervised	<input checked="" type="checkbox"/>	59341127
<b>Description</b>								
Main Control								
<b>Devices</b>								
<b>Drain</b>								
<b>Current Inspection</b>								
Type	Location	Size	Supply psi	Restored psi	Residual psi	Sec	OK	ScanID
Main	Basement East Mechanical	1.25"		84	77		<input checked="" type="checkbox"/>	59341132
<b>Previous Inspections</b>								
<b>June 22, 2023</b>								
Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	Basement East Mechanical	1.25"		86	78	1	<input checked="" type="checkbox"/>	59341132
<b>November 15, 2022</b>								

Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	Basement East Mechanical	1.25"		85	75		<input checked="" type="checkbox"/>	59341132
<b>Fire Dep't Connection</b>								
Location	Type	BallDrip	Rotating Swivels	Size	OK	ScanID		
Ground Southeast Outside	Wall	Yes	Yes	2"	<input checked="" type="checkbox"/>	59341131		

# Inventory & Warranty Report

Generated by: [BuildingReports.com](http://BuildingReports.com)

<b>Building: White Hall School #10</b>
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*The Inventory & Warranty Report lists each of the devices and items that are included in your Inspection Report. A complete inventory count by device type and category is provided. Items installed within the last 90 days, within the last year, and devices installed for two years or more are grouped together for easy reference.*

Device or Type	Category	% of Inventory	Quantity
Control Valve	Valve	50.00%	3
Drain	Device	16.67%	1
Fire Dep't Connection	Hose	16.67%	1
Waterflow Switch	Alarm	16.67%	1

Device Type	Qty	Model #	Type	Description	Install Date
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***In Service - 3 Years to 5 Years***

**Building– Wet Pipe, Building–**

Control Valve	3		Ball	Main Control	02/20/2020
Drain	1		Main		02/20/2020
Fire Dep't Connection	1		Wall		02/20/2020
Waterflow Switch	1		Vane	Alarm	02/20/2020

B# 6727254  
D# 1321571



State Fire Marshal Agency 5/19/22  
246 South 14th Street  
Lincoln, Ne 68508-1804  
557755

District: District A  
Referral Number: 9118

Facility Type: Mental Health Center

Facility Name: Whitehall-Family Life  
Street Address: 5819 Huntington Ave  
Mailing Address: \_\_\_\_\_  
Lincoln, NE 68509  
Owner/Administrator  
E-Mail Address: carleen.kinney-brown@nebraska.gov

Inspection Fee: \$50  
Revisit Fee: \_\_\_\_\_  
Total Due: \_\_\_\_\_

\_\_\_\_\_  
Inspection Date

Signature of Inspecting official: Monica Ellis

1st Inspection: \_\_\_\_\_  
Contact: \_\_\_\_\_  
2nd Inspection: \_\_\_\_\_  
Contact: \_\_\_\_\_  
3rd Inspection: \_\_\_\_\_  
Contact: \_\_\_\_\_  
4th Inspection: \_\_\_\_\_  
Contact: \_\_\_\_\_

**Payment Options:** Online remittance of fees is preferred. Online payments can be remitted via the website at <https://sfm.nebraska.gov/fees>. A convenience fee of \$1.75 for e-checks and 2.49% for credit card payments will apply. For the transaction item, select "**Code Inspection Fees.**"

If paying by check or money order, send payment along with this fee sheet to the State Fire Marshal, 246 S. 14th Street Lincoln, NE 68508.

**Certificate of Occupancy:** Upon receipt of payment of inspection fees and issuance of an Order of Approval, a Certificate of Occupancy will be sent to the email address provided on this form or as listed on the online payment request. If no e-mail address is provided, the certificate will be mailed to the facility address noted above.

**If fees have not been received within 30 days of approval, an order of disapproval may be issued. If an order of disapproval is issued, another inspection will be required and an additional fee will be assessed.**



State Fire Marshal Agency *5/19/22*  
 246 South 14th Street  
 Lincoln, Ne 68508-1804

District: District A  
 Referral Number: 9119

Facility Type: Mental Health Center

Facility Name: Whitehall-Community Life  
 Street Address: 5801 Walker Ave  
 Mailing Address: \_\_\_\_\_  
Lincoln, NE 68509

Inspection Fee: \$50

Revisit Fee: \_\_\_\_\_

Owner/Administrator

Total Due: \_\_\_\_\_

E-Mail Address: carleen.kinney-brown@nebraska.gov

\_\_\_\_\_  
 Inspection Date

Signature of Inspecting official: Monica Ellis

1st Inspection: \_\_\_\_\_

Contact: \_\_\_\_\_

2nd Inspection: \_\_\_\_\_

Contact: \_\_\_\_\_

3rd Inspection: \_\_\_\_\_

Contact: \_\_\_\_\_

4th Inspection: \_\_\_\_\_

Contact: \_\_\_\_\_

**Payment Options:** Online remittance of fees is preferred. Online payments can be remitted via the website at <https://sfm.nebraska.gov/fees>. A convenience fee of \$1.75 for e-checks and 2.49% for credit card payments will apply. For the transaction item, select "**Code Inspection Fees.**"

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**If fees have not been received within 30 days of approval, an order of disapproval may be issued. If an order of disapproval is issued, another inspection will be required and an additional fee will be assessed.**





State Fire Marshal Agency  
246 South 14th Street  
Lincoln, Ne 68508-1804

District: District A  
Referral Number: 9120

Facility Type: Mental Health Center

Facility Name: Whitehall-Warner House  
Street Address: 5800 Leighton Ave  
Mailing Address: \_\_\_\_\_  
Lincoln, NE 68509

Owner/Administrator

E-Mail Address: carleen.kinney-brown@nebraska.gov

Inspection Fee: \$50

Revisit Fee: \_\_\_\_\_

Total Due: \_\_\_\_\_

\_\_\_\_\_  
Inspection Date

Signature of Inspecting official: Monica Ellis

1st Inspection: \_\_\_\_\_

Contact: \_\_\_\_\_

2nd Inspection: \_\_\_\_\_

Contact: \_\_\_\_\_

3rd Inspection: \_\_\_\_\_

Contact: \_\_\_\_\_

4th Inspection: \_\_\_\_\_

Contact: \_\_\_\_\_

**Payment Options:** Online remittance of fees is preferred. Online payments can be remitted via the website at <https://sfm.nebraska.gov/fees>. A convenience fee of \$1.75 for e-checks and 2.49% for credit card payments will apply. For the transaction item, select "**Code Inspection Fees.**"

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**Certificate of Occupancy:** Upon receipt of payment of inspection fees and issuance of an Order of Approval, a Certificate of Occupancy will be sent to the email address provided on this form or as listed on the online payment request. If no e-mail address is provided, the certificate will be mailed to the facility address noted above.

**If fees have not been received within 30 days of approval, an order of disapproval may be issued. If an order of disapproval is issued, another inspection will be required and an additional fee will be assessed.**



State Fire Marshal Agency  
246 South 14th Street  
Lincoln, Ne 68508-1804

District: District A  
Referral Number: 9027

Facility Type:

Facility Name: Whitehall Campus

Street Address: 5845 Huntington Ave

Mailing Address: 5845 Huntington Ave

Lincoln, NE 68509

Owner/Administrator

E-Mail Address: carleen.kinney-brown@nebraska.gov

Inspection Fee: \$50

Revisit Fee: \_\_\_\_\_

Total Due: \_\_\_\_\_

\_\_\_\_\_  
Inspection Date

Signature of Inspecting official: Monica Ellis

1st Inspection: \_\_\_\_\_

Contact: \_\_\_\_\_

2nd Inspection: \_\_\_\_\_

Contact: \_\_\_\_\_

3rd Inspection: \_\_\_\_\_

Contact: \_\_\_\_\_

4th Inspection: \_\_\_\_\_

Contact: \_\_\_\_\_

**Payment Options:** Online remittance of fees is preferred. Online payments can be remitted via the website at <https://sfm.nebraska.gov/fees>. A convenience fee of \$1.75 for e-checks and 2.49% for credit card payments will apply. For the transaction item, select "**Code Inspection Fees.**"

If paying by check or money order, send payment along with this fee sheet to the State Fire Marshal, 246 S. 14th Street Lincoln, NE 68508.

**Certificate of Occupancy:** Upon receipt of payment of inspection fees and issuance of an Order of Approval, a Certificate of Occupancy will be sent to the email address provided on this form or as listed on the online payment request. If no e-mail address is provided, the certificate will be mailed to the facility address noted above.

**If fees have not been received within 30 days of approval, an order of disapproval may be issued. If an order of disapproval is issued, another inspection will be required and an additional fee will be assessed.**



# Backflow Preventer Test Form

402.441.5912 • e-mail: [Backflow@lincoln.ne.gov](mailto:Backflow@lincoln.ne.gov) • FAX: 402.441.8003

**Return to: Lincoln Water System Backflow 2021 North 27th Street, Lincoln, NE 68503**

Business/Building \_\_\_\_\_ Contact Person \_\_\_\_\_

Service Address \_\_\_\_\_ Suite# \_\_\_\_\_

Phone# \_\_\_\_\_ e-mail: \_\_\_\_\_

Device Location \_\_\_\_\_

<input type="checkbox"/> Annual Test	<input type="checkbox"/> Repair	<input type="checkbox"/> New Installation
<input type="checkbox"/> DC	<input type="checkbox"/> RPP	Serial #: _____ Size: _____ Manufacturer: _____ Model#: _____
<input type="checkbox"/> Replacement		
<input type="checkbox"/> DC	<input type="checkbox"/> RPP	Serial #: _____ Size: _____ Manufacturer: _____ Model#: _____

<input type="checkbox"/> Domestic Containment	<input type="checkbox"/> Irrigation	<input type="checkbox"/> Fire Service	<input type="checkbox"/> Boiler	<input type="checkbox"/> Carbonator
<input type="checkbox"/> Swimming Pool	<input type="checkbox"/> Cooling Tower	<input type="checkbox"/> Water Cooled Ice Maker	<input type="checkbox"/> Other (Desc): _____	

Reduced Pressure-Double Check Valve	Pressure Vacuum Breaker
Shut off #2 Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #1 Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #1 _____ PSID Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #2 Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #2 _____ PSID Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Check Valve Held at _____ PSID
Relief Valve (RP only) Opened at _____ PSID	Air vent opened at _____ PSID

Final Test: Check Valve #1	Check Valve #2	Pressure Relief	PVB/SVB
	Closed Tight <input type="checkbox"/> Yes <input type="checkbox"/> No		Check Valve PSID
PSID	PSID	Replaced PSID	Air Inlet PSID

I hereby certify the above backflow preventer has been tested in accordance with all rules and regulations of the State of Nebraska Health and Human Services, Department of Regulation and Licensure, Title 179, and the Lincoln Water System Title 17, and that all readings are true and accurate to the best of my ability. **Must be returned to LWS within 30 days of performing test.**

State Certified Technician (Please Print) \_\_\_\_\_ Company \_\_\_\_\_ Grade 6 Certificate# \_\_\_\_\_ Cell/Phone# \_\_\_\_\_

State Certified Technician (Signature) \_\_\_\_\_ Customer (Signature) \_\_\_\_\_ Date of Test \_\_\_\_\_

Test Gauge Manufacturer \_\_\_\_\_ Test Gauge Serial # \_\_\_\_\_ Date of Calibration \_\_\_\_\_

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

PLEASE TYPE OR PRINT LEGIBLY

# Sprinkler Inspection Certificate

*For*

Warner House #1  
5800 Leighton  
LINCOLN, NE 68507

Tested to NFPA 25 Standards

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

*Quarterly Inspection*

*Inspection Date*

*Sep 29, 2023*

Building: Warner House #1  
Contact: Tiffany F  
Title: Maint. Supervisor

Company: NIFCO Mechanical Systems  
Contact: Clint Coonrod  
Title: Inspector

# Executive Summary

Generated by: *BuildingReports.com*

Building Information			
<b>Building:</b> Warner House #1			<b>Contact:</b> Tiffany F
<b>Address:</b> 5800 Leighton			<b>Phone:</b> 402-479-5452
<b>Address:</b>			<b>Fax:</b>
<b>City/State/ZIP Code:</b> LINCOLN, NE 68507			<b>Mobile:</b>
<b>Country:</b> United States of America			<b>Email:</b>
Inspection Performed By			
<b>Company:</b> NIFCO Mechanical Systems			<b>Inspector:</b> Clint Coonrod
<b>Address:</b> 500 Blue Heron Dr			<b>Phone:</b> 402-477-0666
<b>Address:</b>			<b>Fax:</b>
<b>City/State/ZIP Code:</b> Lincoln, NE 68522-1701			<b>Mobile:</b> 531-220-1703
<b>Country:</b> United States of America			<b>Email:</b> ccoonrod@nifcomechanical.com
System Control Unit			
System Type	System Location	Protected Area	Devices
Dry Pipe	Building-	Building-	8

Inspection Summary								
Category	Total Items		Serviced		Passed		Failed/Other	
	Qty	%	Qty	%	Qty	%	Qty	%
Alarm	2	25.00%	2	100.00%	2	100.00%	0	0.00%
Device	1	12.50%	1	100.00%	1	100.00%	0	0.00%
Hose	1	12.50%	1	100.00%	1	100.00%	0	0.00%
Valve	4	50.00%	4	100.00%	4	100.00%	0	0.00%
<b>Totals</b>	<b>8</b>	<b>100%</b>	<b>8</b>	<b>100.00%</b>	<b>8</b>	<b>100.00%</b>	<b>0</b>	<b>0.00%</b>

Certification	
<b>Company:</b> NIFCO Mechanical Systems	<b>Building:</b> Warner House #1
<b>Inspector:</b> Clint Coonrod	<b>Contact:</b> Tiffany F

Clint Coonrod Certifications	
Certification Type	Number
NICET Inspection and Testing of Water-Based Systems Level I	147096
Nebraska Grade VI Water Operator	8889

# Inspection & Testing

Generated by: BuildingReports.com

## Building: Warner House #1

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

Device Type	Location	Service	Time	Date
<i>Passed</i>				
<b>Building- Dry Pipe, Building-</b>				
Pressure Switch	Basement East Mechanical Laundry	Quarterly	11:10:43 AM	09/29/2023
Pressure Switch	Basement East Mechanical Laundry	Quarterly	11:12:12 AM	09/29/2023
Drain	Basement East Mechanical Laundry	Quarterly	11:15:17 AM	09/29/2023
Fire Dep't Connection	Ground East Outside	Quarterly	10:54:03 AM	09/29/2023
Control Valve	Basement East Mechanical Laundry	Quarterly	11:11:17 AM	09/29/2023
Control Valve	Basement East Mechanical Laundry	Quarterly	11:11:57 AM	09/29/2023
Dry Pipe Valve	Basement East Mechanical Laundry	Quarterly	11:12:59 AM	09/29/2023
Post Indicator Valve	Ground East Outside	Quarterly	10:53:56 AM	09/29/2023

# Dry Pipe Fire Sprinkler Systems

Generated by: *BuildingReports.com*

Building: Warner House #1					Building-, Building-			
<p><i>This section lists out all the devices and components that have been associated with a Dry Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.</i></p>								
<b>Alarms</b>								
<b>Pressure Switch</b>								
Type	Description	Manufacturer	Low	High	Zone/Address	OK	ScanID	
High	Alarm				1	<input checked="" type="checkbox"/>	59341120	
Low	Supervisory				1	<input checked="" type="checkbox"/>	59341119	
<b>Components</b>								
<b>Control Valve</b>								
Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			Basement East Mechanical Laundry	4"	Open	Supervised	<input checked="" type="checkbox"/>	59341123
<b>Description</b>								
Main Control								
<b>Control Valve</b>								
Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			Basement East Mechanical Laundry	4"	Open	Supervised	<input checked="" type="checkbox"/>	59341124
<b>Description</b>								
Main Control								
<b>Dry Pipe Valve</b>								
Manufacturer	Model #	Location			Internal Date		OK	ScanID
Viking	f-2	Basement East Mechanical Laundry			06/22/2023		<input checked="" type="checkbox"/>	59341121
Type		Status	Position		Size	Serial #		
Grooved					3"			
Water psi	Air Pressure	Trip Air	Trip Time	Total Timing (sec)		Partial Trip Date	Full Trip Date	
80	32					06/22/2023	05/10/2022	
<b>Post Indicator Valve</b>								
Manufacturer		Model	Location			OK	ScanID	
			Ground East Outside			<input checked="" type="checkbox"/>	59341125	
Type	Size	Position	Status		Number of Turns			
Ground		Open	Locked & Supervised					
<b>Devices</b>								



Drain								
Current Inspection								
Type	Location	Size	Supply psi	Restored psi	Residual psi	Sec	OK	ScanID
Main	Basement East Mechanical Laundry	1.25"	85	80	73	1	<input checked="" type="checkbox"/>	59341122
Previous Inspections								
June 22, 2023								
Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	Basement East Mechanical Laundry	1.25"	84	80	71	1	<input checked="" type="checkbox"/>	59341122
November 15, 2022								
Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	Basement East Mechanical Laundry	1.25"	86	83	75		<input checked="" type="checkbox"/>	59341122
Fire Dep't Connection								
Location		Type	BallDrip	Rotating Swivels	Size	OK	ScanID	
Ground East Outside		Freestanding	Yes	Yes	4"	<input checked="" type="checkbox"/>	59341126	

# Inventory & Warranty Report

Generated by: *BuildingReports.com*

**Building: Warner House #1**

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

Device or Type	Category	% of Inventory	Quantity
Control Valve	Valve	25.00%	2
Drain	Device	12.50%	1
Dry Pipe Valve	Valve	12.50%	1
Fire Dep't Connection	Hose	12.50%	1
Post Indicator Valve	Valve	12.50%	1
Pressure Switch	Alarm	25.00%	2

Device Type	Qty	Model #	Type	Description	Install Date
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***In Service - 3 Years to 5 Years***

**Building– Dry Pipe, Building–**

Control Valve	2		Butterfly	Main Control	02/20/2020
Drain	1		Main		02/20/2020
Fire Dep't Connection	1		Freestanding		02/20/2020
Post Indicator Valve	1		Ground		02/20/2020
Pressure Switch	1		High	Alarm	02/20/2020
Pressure Switch	1		Low	Supervisory	02/20/2020
Dry Pipe Valve	1	f-2	Grooved		02/20/2020

# Sprinkler Inspection Certificate

*For*

Warner House #1  
5800 Leighton  
LINCOLN, NE 68507

Tested to NFPA 25 Standards

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

*Annual Inspection*

*Inspection Date*

*Jun 22, 2023*

Building: Warner House #1  
Contact: Tiffany F  
Title: Maint. Supervisor

Company: NIFCO Mechanical Systems  
Contact: Clint Coonrod  
Title: Inspector

# Executive Summary

Generated by: *BuildingReports.com*

Building Information			
<b>Building:</b> Warner House #1		<b>Contact:</b> Tiffany F	
<b>Address:</b> 5800 Leighton		<b>Phone:</b> 402-479-5452	
<b>Address:</b>		<b>Fax:</b>	
<b>City/State/ZIP Code:</b> LINCOLN, NE 68507		<b>Mobile:</b>	
<b>Country:</b> United States of America		<b>Email:</b>	
Inspection Performed By			
<b>Company:</b> NIFCO Mechanical Systems		<b>Inspector:</b> Clint Coonrod	
<b>Address:</b> 500 Blue Heron Dr		<b>Phone:</b> 402-477-0666	
<b>Address:</b>		<b>Fax:</b>	
<b>City/State/ZIP Code:</b> Lincoln, NE 68522-1701		<b>Mobile:</b> 531-220-1703	
<b>Country:</b> United States of America		<b>Email:</b> ccoonrod@nifcomechanical.com	
System Control Unit			
System Type	System Location	Protected Area	Devices
Dry Pipe	Building-	Building-	8

Inspection Summary								
Category	Total Items		Serviced		Passed		Failed/Other	
	Qty	%	Qty	%	Qty	%	Qty	%
Alarm	2	25.00%	2	100.00%	2	100.00%	0	0.00%
Device	1	12.50%	1	100.00%	1	100.00%	0	0.00%
Hose	1	12.50%	1	100.00%	1	100.00%	0	0.00%
Valve	4	50.00%	4	100.00%	4	100.00%	0	0.00%
<b>Totals</b>	<b>8</b>	<b>100%</b>	<b>8</b>	<b>100.00%</b>	<b>8</b>	<b>100.00%</b>	<b>0</b>	<b>0.00%</b>

Certification	
<b>Company:</b> NIFCO Mechanical Systems	<b>Building:</b> Warner House #1
<b>Inspector:</b> Clint Coonrod	<b>Contact:</b> Tiffany F

Clint Coonrod Certifications	
Certification Type	Number
NICET Inspection and Testing of Water-Based Systems Level I	147096
Nebraska Grade VI Water Operator	8889

# Inspection & Testing

Generated by: BuildingReports.com

Building: Warner House #1

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

Device Type	Location	Service	Time	Date
<i>Passed</i>				
<b>Building- Dry Pipe, Building-</b>				
Pressure Switch	Basement East Mechanical Laundry	Annual	11:10:44 AM	06/22/2023
Pressure Switch	Basement East Mechanical Laundry	Annual	11:10:58 AM	06/22/2023
Drain	Basement East Mechanical Laundry	Annual	11:39:26 AM	06/22/2023
Fire Dep't Connection	Ground East Outside	Annual	11:12:35 AM	06/22/2023
Control Valve	Basement East Mechanical Laundry	Annual	11:11:39 AM	06/22/2023
Control Valve	Basement East Mechanical Laundry	Annual	11:12:00 AM	06/22/2023
Dry Pipe Valve	Basement East Mechanical Laundry	Annual	11:48:27 AM	06/22/2023
Post Indicator Valve	Ground East Outside	Annual	2:08:48 PM	06/22/2023

# Dry Pipe Fire Sprinkler Systems

Generated by: *BuildingReports.com*

Building: Warner House #1						Building-, Building-		
<p><i>This section lists out all the devices and components that have been associated with a Dry Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.</i></p>								
<b>Alarms</b>								
<b>Pressure Switch</b>								
Type	Description	Manufacturer	Low	High	Zone/Address	OK	ScanID	
Low	Supervisory				1	<input checked="" type="checkbox"/>	59341119	
High	Alarm				1	<input checked="" type="checkbox"/>	59341120	
<b>Components</b>								
<b>Control Valve</b>								
Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			Basement East Mechanical Laundry	4"	Open	Supervised	<input checked="" type="checkbox"/>	59341123
<b>Description</b>								
Main Control								
<b>Control Valve</b>								
Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly			Basement East Mechanical Laundry	4"	Open	Supervised	<input checked="" type="checkbox"/>	59341124
<b>Description</b>								
Main Control								
<b>Dry Pipe Valve</b>								
Manufacturer	Model #	Location			Internal Date		OK	ScanID
Viking	f-2	Basement East Mechanical Laundry			06/22/2023		<input checked="" type="checkbox"/>	59341121
Type		Status	Position		Size	Serial #		
Grooved		Supervised	Trim Closed		3"			
Water psi	Air Pressure	Trip Air	Trip Time	Total Timing (sec)		Partial Trip Date	Full Trip Date	
80	36	11				06/22/2023	05/10/2022	
<b>Post Indicator Valve</b>								
Manufacturer		Model	Location			OK	ScanID	
			Ground East Outside			<input checked="" type="checkbox"/>	59341125	
Type	Size	Position	Status		Number of Turns			
Ground		Open	Locked & Supervised					
<b>Devices</b>								

Drain								
Current Inspection								
Type	Location	Size	Supply psi	Restored psi	Residual psi	Sec	OK	ScanID
Main	Basement East Mechanical Laundry	1.25"	84	80	71	1	<input checked="" type="checkbox"/>	59341122
Previous Inspections								
November 15, 2022								
Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	Basement East Mechanical Laundry	1.25"	86	83	75		<input checked="" type="checkbox"/>	59341122
August 16, 2022								
Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	Basement East Mechanical Laundry	1.25"	90	84	75	1	<input checked="" type="checkbox"/>	59341122
Fire Dep't Connection								
Location	Type	BallDrip	Rotating Swivels	Size	OK	ScanID		
Ground East Outside	Freestanding	Yes	Yes	4"	<input checked="" type="checkbox"/>	59341126		



# Inventory & Warranty Report

Generated by: [BuildingReports.com](http://BuildingReports.com)

**Building: Warner House #1**

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

Device or Type	Category	% of Inventory	Quantity
Control Valve	Valve	25.00%	2
Drain	Device	12.50%	1
Dry Pipe Valve	Valve	12.50%	1
Fire Dep't Connection	Hose	12.50%	1
Post Indicator Valve	Valve	12.50%	1
Pressure Switch	Alarm	25.00%	2

Device Type	Qty	Model #	Type	Description	Install Date
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***In Service - 3 Years to 5 Years***

**Building– Dry Pipe, Building–**

Control Valve	2		Butterfly	Main Control	02/20/2020
Drain	1		Main		02/20/2020
Fire Dep't Connection	1		Freestanding		02/20/2020
Post Indicator Valve	1		Ground		02/20/2020
Pressure Switch	1		High	Alarm	02/20/2020
Pressure Switch	1		Low	Supervisory	02/20/2020
Dry Pipe Valve	1	f-2	Grooved		02/20/2020



# Backflow Preventer Test Form

402.441.5912 • e-mail: [Backflow@lincoln.ne.gov](mailto:Backflow@lincoln.ne.gov) • FAX: 402.441.8003

**Return to: Lincoln Water System Backflow 2021 North 27th Street, Lincoln, NE 68503**

Business/Building \_\_\_\_\_ Contact Person \_\_\_\_\_

Service Address \_\_\_\_\_ Suite# \_\_\_\_\_

Phone# \_\_\_\_\_ e-mail: \_\_\_\_\_

Device Location \_\_\_\_\_

<input type="checkbox"/> Annual Test	<input type="checkbox"/> Repair	<input type="checkbox"/> New Installation
<input type="checkbox"/> DC	<input type="checkbox"/> RPP	Serial #: _____ Size: _____ Manufacturer: _____ Model#: _____
<input type="checkbox"/> Replacement		
<input type="checkbox"/> DC	<input type="checkbox"/> RPP	Serial #: _____ Size: _____ Manufacturer: _____ Model#: _____

<input type="checkbox"/> Domestic Containment	<input type="checkbox"/> Irrigation	<input type="checkbox"/> Fire Service	<input type="checkbox"/> Boiler	<input type="checkbox"/> Carbonator
<input type="checkbox"/> Swimming Pool	<input type="checkbox"/> Cooling Tower	<input type="checkbox"/> Water Cooled Ice Maker	<input type="checkbox"/> Other (Desc): _____	

Reduced Pressure-Double Check Valve	Pressure Vacuum Breaker
Shut off #2 Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #1 Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #1 _____ PSID Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #2 Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #2 _____ PSID Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Check Valve Held at _____ PSID
Relief Valve (RP only) Opened at _____ PSID	Air vent opened at _____ PSID

Final Test: Check Valve #1	Check Valve #2	Pressure Relief	PVB/SVB
	Closed Tight <input type="checkbox"/> Yes <input type="checkbox"/> No		Check Valve PSID
PSID	PSID	Replaced PSID	Air Inlet PSID

I hereby certify the above backflow preventer has been tested in accordance with all rules and regulations of the State of Nebraska Health and Human Services, Department of Regulation and Licensure, Title 179, and the Lincoln Water System Title 17, and that all readings are true and accurate to the best of my ability. **Must be returned to LWS within 30 days of performing test.**

State Certified Technician (Please Print) \_\_\_\_\_ Company \_\_\_\_\_ Grade 6 Certificate# \_\_\_\_\_ Cell/Phone# \_\_\_\_\_

State Certified Technician (Signature) \_\_\_\_\_ Customer (Signature) \_\_\_\_\_ Date of Test \_\_\_\_\_

Test Gauge Manufacturer \_\_\_\_\_ Test Gauge Serial # \_\_\_\_\_ Date of Calibration \_\_\_\_\_

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

PLEASE TYPE OR PRINT LEGIBLY



# Backflow Preventer Test Form

402.441.5912 • e-mail: [Backflow@lincoln.ne.gov](mailto:Backflow@lincoln.ne.gov) • FAX: 402.441.8003

**Return to: Lincoln Water System Backflow 2021 North 27th Street, Lincoln, NE 68503**

Business/Building \_\_\_\_\_ Contact Person \_\_\_\_\_

Service Address \_\_\_\_\_ Suite# \_\_\_\_\_

Phone# \_\_\_\_\_ e-mail: \_\_\_\_\_

Device Location \_\_\_\_\_

<input type="checkbox"/> Annual Test	<input type="checkbox"/> Repair	<input type="checkbox"/> New Installation
<input type="checkbox"/> DC	<input type="checkbox"/> RPP	Serial #: _____ Size: _____ Manufacturer: _____ Model#: _____
<input type="checkbox"/> Replacement		
<input type="checkbox"/> DC	<input type="checkbox"/> RPP	Serial #: _____ Size: _____ Manufacturer: _____ Model#: _____

<input type="checkbox"/> Domestic Containment	<input type="checkbox"/> Irrigation	<input type="checkbox"/> Fire Service	<input type="checkbox"/> Boiler	<input type="checkbox"/> Carbonator
<input type="checkbox"/> Swimming Pool	<input type="checkbox"/> Cooling Tower	<input type="checkbox"/> Water Cooled Ice Maker	<input type="checkbox"/> Other (Desc): _____	

Reduced Pressure-Double Check Valve	Pressure Vacuum Breaker
Shut off #2 Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #1 Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #1 _____ PSID Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Shut off #2 Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #2 _____ PSID Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Check Valve Held at _____ PSID
Relief Valve (RP only) Opened at _____ PSID	Air vent opened at _____ PSID

Final Test: Check Valve #1	Check Valve #2	Pressure Relief	PVB/SVB
	Closed Tight <input type="checkbox"/> Yes <input type="checkbox"/> No		Check Valve PSID
PSID	PSID	Replaced PSID	Air Inlet PSID

I hereby certify the above backflow preventer has been tested in accordance with all rules and regulations of the State of Nebraska Health and Human Services, Department of Regulation and Licensure, Title 179, and the Lincoln Water System Title 17, and that all readings are true and accurate to the best of my ability. **Must be returned to LWS within 30 days of performing test.**

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State Certified Technician (Signature) \_\_\_\_\_ Customer (Signature) \_\_\_\_\_ Date of Test \_\_\_\_\_

Test Gauge Manufacturer \_\_\_\_\_ Test Gauge Serial # \_\_\_\_\_ Date of Calibration \_\_\_\_\_

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

PLEASE TYPE OR PRINT LEGIBLY