



YOUR FIRE AND SECURITY SOLUTION

170 EILEEN WAY
SYOSSET, NY 11791

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INSPECTION REPORT

DATE 5/6/21
TIME IN _____
TIME OUT _____

SUBSCRIBER: 534 W 42nd LLC
ADDRESS: 534 W 42nd
CITY: NYC STATE: NY INSPECTION TYPE: FIRE
ACCOUNT #: _____ PASS: _____
CENTRAL STATION #: AFA TICKET #: 564037

SPRINKLER SYSTEM: WET ☒
DRY _____
LOW AIR _____
GATE VLV. ☒
DEVICES TESTED: SMOKE ☒
HEAT ☒
DUCT _____
MANUAL ☒
DOOR HOLD _____
ROOM TEMP. _____
A/C SHUNT _____

ALARM OUTPUT: BELL ☒
HORN _____
STROBE _____
LOCAL F.A.: ALARM ☒
TROUBLE ☒
C.O. CONNECTION: PRIMARY ☒
SECONDARY ☒
SUPERVISION ☒

BATTERY VOLTAGE: 2/12v12ah

LOCATION OF EQUIPMENT: MS - GROUND FLS

INSPECTOR: GABY

REMARKS: NORMAL UPON ARRIVAL/DEPARTURE, ALL SIGNALS
RECEIVED/RESTORED. SYSTEM OPERATIONAL.

SUBSCRIBER SIGNATURE: Chick Smith DATE: 5/6/21