



**STATE OF INDIANA SOLICITATION FOR QUOTATION  
 WORK ESTIMATED TO BE LESS THAN \$150,000 BY  
 THE DEPARTMENT OF ADMINISTRATION  
 PUBLIC WORKS DIVISION**

State Form 21234 (R15/9-15) / DAPW 35

**SEALED BIDS FOR:**

PREVENTATIVE MAINTENANCE FOR FIRE ALARM and SUPPRESSION SYSTEMS / NORTH REGION
Indiana State Police / North Region
8500 EAST 21ST STREET
Indianapolis, Indiana 46219
Project No: 100-24-59256 FAS North
Requisition No: 59256

**Will be received at the Department of Administration, Public Works Division Email Bid Box (note, do not cc: any other party) publicworksbids@idoa.in.gov  
 Subject line MUST contain "Bid-PW xxxxxxxx-xx-xxx-xx; - (Project Name)**

(Indianapolis time) 4:01 PM	(Date) August 16, 2023
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**Megan Kennemore 317-233-3758 8/2/2023**

(Contact person and phone number)

Date

Bids will be opened via a public Teams Meeting on August 17th at 10am. Here is the link for the bid opening presentation:

[https://teams.microsoft.com/l/meetup-join/19%3ameeting\\_MjhkYzQ4NDYtNDhiNC00ZTU5LWJIMGMtYjIjNTMzYTJmYWY3%40thread.v2/0?context=%7B%22Tid%22%3A%222199bfba-a409-4f13-b0c4-18b45933d88d%22%2C%22Oid%22%3A%22de32e95b-c3ef-4648-9175-9e46fdf30a4d%22%2C%22IsBroadcastMeeting%22%3Atrue%2C%22role%22%3A%22a%22%7D&btype=a&role=a](https://teams.microsoft.com/l/meetup-join/19%3ameeting_MjhkYzQ4NDYtNDhiNC00ZTU5LWJIMGMtYjIjNTMzYTJmYWY3%40thread.v2/0?context=%7B%22Tid%22%3A%222199bfba-a409-4f13-b0c4-18b45933d88d%22%2C%22Oid%22%3A%22de32e95b-c3ef-4648-9175-9e46fdf30a4d%22%2C%22IsBroadcastMeeting%22%3Atrue%2C%22role%22%3A%22a%22%7D&btype=a&role=a)

INSTRUCTIONS FOR QUOTATIONS  
ESTIMATED TO BE LESS THAN ONE HUNDRED FIFTY THOUSAND DOLLARS

Submit your quotation for furnishing all labor, and materiel to repair, replace and/or install the work called for in accompanying instructions for quotations, general conditions, specifications and/or drawings.

1. GENERAL

a. This work is estimated by the Department of Administration, Public Works Division to be less than \$150,000.00. Bid must comply with the below listed requirements and utilize DAPW Form 35.

b. Prequalification is not required.

2. TITLE AND DEFINITIONS

a. Said building and/or the land upon which it stands are the property of State of Indiana, and the making of the contract for this project is the duty of the Commissioner, Department of Administration, acting with the approval of the Governor and through the Director, Public Works as required by IC 4-13.6. All references to the title owner of said property hereinafter will be by the term "State" and all references to the person, firm, or corporation awarded the contract for the project will be by the term "Contractor".

b. The terms bid and quotation as used in these instructions is synonymous.

3. PRE-QUOTATION, QUOTATION AND POST QUOTATION REQUIREMENTS

a. Prior to preparing and submitting a quotation, the Contractor is encouraged to visit the project and thoroughly familiarize himself with the work to be done and with existing conditions to be met. The successful Contractor will not be allowed any extra compensation for any matter or thing which the Contractor could have observed prior to the preparation and submitting of his quotation.

b. Should any question arise during the preparation of the quotation concerning the true meaning of any part of the plans, specifications or other documents, the Contractor shall, if time permits, submit a written request to the Public Works Division for interpretation. The Public Works Division will make an interpretation and it will be mailed to each interested party. Issuance of all clarifications or addenda shall be by the Designer and/or Public Works Division no later than seven (7) calendar days prior to the scheduled date for quotation.

c. All correspondence pertaining to this contract shall carry both the project description and requisition number.

d. The Contractor shall use the enclosed contract as his quotation form. **Quotation form DAPW 35 (Last Page) must be enclosed in a sealed envelope. The sealed envelope must be marked as described in paragraph g.**

e. Quotations must have original hand written signatures of authorized representatives of the bidder. The bidder shall print or type his company's name and give his price in words and figures, sign his name, print his name, and print his title and company name on the quotation form. No items involved in the bid may be changed or corrected after the bid opening.

f. Alternate amount(s) shall be listed where indicated. Add Alternates are not to be included in the Base Quotation Scope of Work. Deduct Alternates are to be included in the Base Bid Scope of Work. Unit prices and/or Equipment List shall be included with quotation as required and signed. Note that signing this document is acknowledgment of procurement of all addenda and certification by bidder that the quote recognized all items in all addenda.

g. The quotation form, and any other forms which may be required by the specifications, **must be submitted in a single sealed envelope. The envelope must be plainly marked with the name of bidder, project description, requisition number, bid time, and bid date.** Quotation shall be **rejected if all required documents are not in the single sealed envelope, or if the envelope does not identify the material as a quotation.**

h. There will be no purchase order issued for this work until a W-9 Form is completed and returned to Public Works. The W-9 form may be submitted with your bid.

i. If the contractor (bidder) is not currently registered and does not have a Bidder ID number with the Department of Administration, the contractor is to register online at <http://www.in.gov/idoa/2464.htm> to obtain a Bidder ID number.

j. The Contractor shall perform a minimum of 15% of the value of work (measured in dollars of the total contract price) with his own forces, and not more than 85% of the value of work is to be subcontracted.

4. INDIVIDUAL QUOTATIONS SHALL BE REJECTED BY THE DIRECTOR OF PUBLIC WORKS FOR THE FOLLOWING REASONS (IC 4-13.6-5-2; IC 4-13.6-6-1; 25 IAC 2-6-5)

- a. If the envelope is not sealed at the time of submission; if the envelope does not clearly identify the requisition number and description of work; if the name of the bidder is not clearly indicated on the outside of the envelope and/or if the envelope is not date and time stamped by Public Works Division prior to the stated time for receipt of bids.
- b. If the bidding contractor is under suspension by the Director of Public Works or by the Public Works Certification Board.
- c. If the bidding contractor is a trust and does not identify all beneficiaries and empowered settlors of the trust.

5. INDIVIDUAL QUOTATIONS MAY BE REJECTED BY THE DIRECTOR OF PUBLIC WORKS FOR THE FOLLOWING REASONS (25 IAC 2-6-5)

- a. If the Contractor's Bid/Contract (DAPW 35 Last Page) is not signed as required by these instructions.
- b. If all required bid or alternate(s) amounts, or unit prices are not submitted with the bid when specifically called for by the specifications issued for the project.
- c. When the bidder adds any provision reserving the right to accept or reject the award, or if the bidder adds conditions or alternates to his bid not requested (voluntary alternates), or if there are unauthorized additions or irregularities of any kind which tend to make the proposal incomplete, indefinite or ambiguous as to its meaning or amount.
- d. When no bids received are under or within funds that can be appropriated, or when situations develop which make it impossible or not practical to proceed with the proposed work.
- e. If, subsequent to the opening of the bids, facts exist which would disqualify the bidder, or that such bidder is not deemed by the Director of Public Works to be responsive or responsible.

6. NOTICE OF AWARD

- a. Prior to execution of the Contract, the State of Indiana will issue to the successful Bidder a letter stating that his bid was the lowest responsible and responsive bid and that the enclosed contract document is submitted to him for his consideration. If he finds it in accordance with the bid documents, it is to be returned to Public Works Division by certified mail or in person within ten (10) calendar days after receipt for further execution and with the caution that a contract will not exist until it is signed by all signatories required.

GENERAL CONDITIONS  
FOR CONTRACTS ESTIMATED AT LESS THAN \$150,000  
AND BASED UPON QUOTATIONS

**1. General Conditions.**

A. Control and possession of the premises shall remain with the Owner (State) and the Contractor shall respect the State's rights therein. The Contractor shall be responsible for and make good any and all damage to the Owner's property due directly or indirectly to his operations.

B. The Contractor shall be required to conform to the rules and regulations of the Owner, pertaining to receiving materials, equipment, and the conduct of its employees while on the premises. The Contractor shall be held responsible for the actions of its employees, together with their conformance with the rules and regulations of the Owner.

C. The premises shall be kept in a clean and orderly condition by the Contractor. At no time shall any great accumulation of debris be allowed on the site. The Contractor shall keep all debris hauled away from the site and properly dispose of same. At no time shall any material, equipment or tools be placed in such manner as to prevent the usual usage of the premises by the Owner. At the conclusion of the work, the premises shall be restored as originally found by the Contractor.

D. All building construction work, alterations, repairs, mechanical installations, electrical installations, and appliances connected therewith shall comply with all State Building Rules and Regulations, Local ordinances and Federal laws or other statutory provisions, as if they are a part of these contract conditions.

E. The Contractor shall employ only competent employees skilled in the work and shall enforce good order among them. The Contractor shall be called upon to dismiss any employee when, in the opinion of the Owner, the employee is disobedient, incompetent, unfaithful, disrespectful, or otherwise exhibits conduct inappropriate to this state property.

F. Any item not specifically described, but necessary for a complete and satisfactory installation shall be considered as implied and it shall be required. The plans and specifications are incorporated into these documents by reference.

G. All excavation creating a trench of five (5) or more feet in depth shall strictly adhere to the shoring and other safety requirements called for and described under OSHA Regulation 29 CFR- J.1926, subpart 'P': for trench safety systems.

H. The Contractor shall guarantee that all materials are new and that all work, workmanship and materials shall be free of defects for one year from date of acceptance by Director, Public Works. Any such defects that appear within said one year guarantee period shall be repaired or replaced by the Contractor as quickly as practicable at no charge to the Owner.

I. The contract amount and the term of the contract can be adjusted only by written change orders signed by Director, Public Works. Verbal authorizations are not binding upon the State.

J. The State may retain ten percent (10%) of the partial payments requested by the Contractor until the work is complete.

K. The Contractor shall do everything required by this agreement, the General Conditions of the contract, specifications and/or the drawings attached as Appendix "A".

L. The Contractor must perform at least fifteen (15) percent of the total Contract Sum of the Work with his own forces.

**2. Conflict of Interest.** As used in this section:

"Immediate family" means the spouse, partner, housemate or the unemancipated children of an individual, as defined by 42 Indiana Administrative Code 1-3-13.

"Interested party," means:

1. The individual executing this Contract;
2. An individual who has an ownership interest of three percent (3%) or more of the Contractor, if the Contractor is not an individual; or
3. Any member of the immediate family of an individual specified under Subdivision 1 or 2.

"State" means the Indiana Department of Administration.

"State employee" means a state employee, a special state appointee or a state officer, as defined by IC 4-2-6-1(a) (9), (a) (18) and (a) (19), respectively.

A. The Contractor covenants that it neither has, nor will it have, a direct or indirect financial interest by way of an interested party in any other contract connected or associated with this Contract. The Contractor further represents and warrants that no state employee, who is an interested party of the Contractor as sole proprietor, or who serves as an officer, director, trustee, partner or employee of the Contractor as a legal business entity, participated in any decision or vote of any kind in the award of this Contract. As such and by the execution of this Contract, the Contractor represents and warrants that the result of this Contract does not and will not create a conflict of interest under IC 4-2-6-9 or IC 4-2-6-10.5.

B. The State may cancel this Contract, without recourse by the Contractor, if an interested party is a state employee and a violation of IC 4-2-6-9 or IC 4-2-6-10.5 has occurred.

C. The State will not exercise its right of cancellation under Section B above, if the Contractor provides the State an opinion from the State Ethics Commission indicating that the existence of this Contract and the employment by the State of the interested party does not violate any statute or rule relating to ethical conduct of state employees. The State may take action, including cancellation of this Contract, consistent with an opinion of the State Ethics Commission obtained under this Section.

D. The Contractor has an affirmative obligation under this Contract to disclose to the State when an interested party is or becomes a state employee. The obligation under this section extends only to those facts that the Contractor knows or reasonably should know.

**3. Licensing Standards.** The Contractor and its employees and subcontractors shall comply with all applicable licensing standards, certification standards, accrediting standards and any other laws, rules or regulations governing services to be provided by the Contractor pursuant to this Contract. The State shall not be required to pay the Contractor for any services performed when the Contractor, its employees or subcontractors are not in compliance with such applicable standards, laws, rules or regulations. If licensure, certification or accreditation expires or is revoked, or if disciplinary action is taken against the applicable licensure, certification or accreditation, the Contractor shall notify the State immediately and the State, at its option, may immediately terminate this Contract.

**4. Contractor's Certification.** The Contractor certifies that all information and documentation submitted by it in its Application for Prequalification Certification, the Contractor's Proposal and submitted in response to the Project, is true, accurate and complete as of the date of this Contract's effectiveness. The Contractor shall immediately notify the State of any material change to such information. The Contractor shall immediately notify the State if, during the course of performance of this Contract, it or any of its principals are proposed for debarment or ineligibility, or become debarred or declared ineligible, from entering into contracts with the federal government or any department, agency or political subdivision of the State.

**5. Contractor Employee Drug Testing.** Pursuant to IC 4-13-18, the Contractor shall implement the employee drug testing program submitted as part of its Contractor's Proposal. The State may cancel this Contract if it determines that the Contractor:

- A. Has failed to implement its employee drug testing program during the term of this Contract;
- B. Has failed to provide information regarding implementation of the Contractor's employee drug testing program at the request of the State; or
- C. Has provided to the State false information regarding the Contractor's employee drug testing program.

**6. Access to Records.** The Contractor and its subcontractors, if any, shall maintain all books, documents, papers, accounting records, and other evidence pertaining to all costs incurred under this Contract. They shall make such materials available at their respective offices at all reasonable times during this Contract, and for three (3) years from the date of final payment under this Contract, for inspection by the State or its authorized designees. Copies shall be furnished at no cost to the State if requested.

**7. Assignment; Successors.** The Contractor binds its successors and assignees to all the terms and conditions of this Contract. The Contractor shall not assign or subcontract the whole or any part of this Contract without the State's prior written consent. The Contractor may assign its right to receive payments to such third parties as the Contractor may desire without the prior written consent of the State, provided that the Contractor gives written notice (including evidence of such assignment) to the State thirty (30) days in advance of any payment so assigned. The assignment shall cover all unpaid amounts under this Contract and shall not be made to more than one party.

**8. Assignment of Antitrust Claims.** As part of the consideration for the award of this Contract, the Contractor assigns to the State all right, title and interest in and to any claims the Contractor now has, or may acquire, under state or federal antitrust laws relating to the products or services which are the subject of this Contract.

**9. Audits.** The Contractor acknowledges that it may be required to submit to an audit of funds paid through this Contract. Any such audit shall be conducted in accordance with IC 5-11-1, et. seq. and audit guidelines specified by the State.

Following the expiration of this Contract, the Contractor shall arrange for a financial and compliance audit of funds provided by State pursuant to this Contract. Such audit is to be conducted by an independent public or certified public accountant (or as applicable, the Indiana State Board of Accounts), and performed in accordance with Indiana State Board of Accounts publication entitled "Uniform Compliance Guidelines for Examination of Entities Receiving Financial Assistance from Governmental Sources," and applicable provisions of the Office of Management and Budget Circulars A-133 (Audits of States, Local Governments, and Non-Profit Organizations). The Contractor is responsible for ensuring that the audit and any management letters are completed and forwarded to the State in accordance with the terms of this Contract. Audits conducted pursuant to this paragraph must be submitted no later than nine (9) months following the close of the Contractor's fiscal year. Contractor agrees to provide the Indiana State Board of Accounts and the State an original of all financial and compliance audits. The audit shall be an audit of the actual entity, or distinct portion thereof that is the Contractor, and not of a parent, member, or subsidiary corporation of the Contractor, except to the extent such an expanded audit may be determined by the Indiana State Board of Accounts or the State to be in the best interests of the State. The audit shall include a statement from the Auditor that the Auditor has reviewed this Contract and that the Contractor is not out of compliance with the financial aspects of this Contract.

If there are Federal funds involved in this contract, the State also considers the Contractor to be a "Contractor" under 2 C.F.R. 200.330 for purposes of this Contract. However, if required by applicable provisions of 2 C.F.R. 200 (Uniform Administrative Requirements, Cost Principles, and Audit Requirements), Contractor shall arrange for a financial and compliance audit, which complies with 2 C.F.R. 200.500 et seq.

**10. Authority to Bind Contractor.** The signatory for the Contractor represents that he/she has been duly authorized to execute this Contract on behalf of the Contractor and has obtained all necessary or applicable approvals to make this Contract fully binding upon the Contractor when his/her signature is affixed, and accepted by the State.

**11. Changes in Work.** The Contractor shall not commence any additional work or change the scope of the work until authorized in writing by the State. Contractor shall make no claim for additional compensation in the absence of a prior written approval and amendment executed by all signatories hereto. This Contract may only be amended, supplemented or modified by a written document executed in the same manner as this Contract.

**12. Compliance with Laws.**

A. The Contractor shall comply with all applicable federal, state, and local laws, rules, regulations, and ordinances, and all provisions required thereby to be included herein are hereby incorporated by reference. The enactment or modification of any applicable state or federal statute or the promulgation of rules or regulations thereunder after execution of this Contract shall be reviewed by the State and the Contractor to determine whether the provisions of this Contract require formal modification.

B. The Contractor and its agents shall abide by all ethical requirements that apply to persons who have a business relationship with the State as set forth in IC §4-2-6, et seq., IC §4-2-7, et seq., the regulations promulgated thereunder, and Executive Order 04-08, dated April 27, 2004. If the Contractor has knowledge, or would have acquired knowledge with reasonable inquiry, that a state officer, employee, or special state appointee, as those terms are defined in IC 4-2-6-1, has a financial interest in the Contract, the Contractor shall ensure compliance with the disclosure requirements in IC 4-2-6 10.5 prior to the execution

of this contract. If the Contractor is not familiar with these ethical requirements, the Contractor should refer any questions to the Indiana State Ethics Commission, or visit the Inspector General's website at <http://www.in.gov/ig/>. If the Contractor or its agents violate any applicable ethical standards, the State may, in its sole discretion, terminate this Contract immediately upon notice to the Contractor. In addition, the Contractor may be subject to penalties under IC §§4-2-6, 4-2-7, 35-44-1-3, and under any other applicable laws.

C. The Contractor certifies by entering into this Contract that neither it nor its principal(s) is presently in arrears in payment of taxes, permit fees or other statutory, regulatory or judicially required payments to the State of Indiana. The Contractor agrees that any payments currently due to the State of Indiana may be withheld from payments due to the Contractor. Additionally, further work or payments may be withheld, delayed, or denied and/or this Contract suspended until the Contractor is current in its payments and has submitted proof of such payment to the State.

D. The Contractor warrants that it has no current, pending or outstanding criminal, civil, or enforcement actions initiated by the State, and agrees that it will immediately notify the State of any such actions. During the term of such actions, the Contractor agrees that the State may delay, withhold, or deny work under any supplement, amendment, change order or other contractual device issued pursuant to this Contract.

E. If a valid dispute exists as to the Contractor's liability or guilt in any action initiated by the State or its agencies, and the State decides to delay, withhold, or deny work to the Contractor, the Contractor may request that it be allowed to continue, or receive work, without delay. The Contractor must submit, in writing, a request for review to the Indiana Department of Administration (IDOA) following the procedures for disputes outlined herein. A determination by IDOA shall be binding on the parties. Any payments that the State may delay, withhold, deny, or apply under this section shall not be subject to penalty or interest, except as permitted by IC §5-17-5.

F. The Contractor warrants that the Contractor and its subcontractors, if any, shall obtain and maintain all required permits, licenses, registrations, and approvals, and shall comply with all health, safety, and environmental statutes, rules, or regulations in the performance of work activities for the State. Failure to do so may be deemed a material breach of this Contract and grounds for immediate termination and denial of further work with the State.

G. The Contractor affirms that, if it is an entity described in IC Title 23, it is properly registered and owes no outstanding reports to the Indiana Secretary of State.

H. As required by IC §5-22-3-7:

(1) The Contractor and any principals of the Contractor certify that:

(A) The Contractor, except for de minimis and nonsystematic violations, has not violated the terms of:

- (i) IC §24-4.7 [Telephone Solicitation Of Consumers];
- (ii) IC §24-5-12 [Telephone Solicitations]; or
- (iii) IC §24-5-14 [Regulation of Automatic Dialing Machines];

in the previous three hundred sixty-five (365) days, even if IC §24-4.7 is preempted by federal law; and

(B) The Contractor will not violate the terms of IC §24-4.7 for the duration of the Contract, even if IC §24-4.7 is preempted by federal law.

(2) The Contractor and any principals of the Contractor certify that an affiliate or principal of the Contractor and any agent acting on behalf of the Contractor or on behalf of an affiliate or principal of the Contractor, except for de minimis and nonsystematic violations,

(A) Has not violated the terms of IC §24-4.7 in the previous three hundred sixty-five (365) days, even if IC §24-4.7 is preempted by federal law; and

(B) Will not violate the terms of IC §24-4.7 for the duration of the Contract, even if IC §24-4.7 is preempted by federal law.

**13. Condition of Payment.** All services provided by the Contractor under this Contract must be performed to the State's reasonable satisfaction, as determined at the discretion of the undersigned State representative and in accordance with all applicable federal, state, local laws, ordinances, rules and regulations. The State shall not be required to pay for work found to be unsatisfactory, inconsistent with this Contract or performed in violation of and federal, state or local statute, ordinance, rule or regulation.

**14. Confidentiality of State Information.** The Contractor understands and agrees that data, materials, and information disclosed to the Contractor may contain confidential and protected information. The Contractor covenants that data, material and information gathered, based upon or disclosed to the Contractor for the purpose of this Contract, will not be disclosed to or discussed with third parties without the prior written consent of the State.

The parties acknowledge that the services to be performed by Contractor for the State under this contract may require or allow access to data, materials, and information containing Social Security numbers maintained by the State in its computer system or other records. In addition to the covenant made above in this section and pursuant to 10 IAC 5-3-1(4), the Contractor and the State agree to comply with the provisions of IC 4-1-10 and IC 4-1-11. If any Social Security number(s) is/are disclosed by Contractor, Contractor agrees to pay the cost of the notice of disclosure of a breach of the security of the system in addition to any other claims and expenses for which it is liable under the terms of this contract.

**15. Continuity of Services.**

- A. The Contractor recognizes that the service(s) to be performed under this Contract are vital to the State and must be continued without interruption and that, upon Contract expiration, a successor, either the State or another contractor, may continue them. The Contractor agrees to:
  - 1. Furnish phase-in training; and
  - 2. Exercise its best efforts and cooperation to effect an orderly and efficient transition to a successor.
  
- B. The Contractor shall, upon the State's written notice:
  - 1. Furnish phase-in, phase-out services for up to sixty (60) days after this Contract expires; and
  - 2. Negotiate in good faith a plan with a successor to determine the nature and extent of phase-in, phase-out services required. The plan shall specify a training program and a date for transferring responsibilities for each division of work described in the plan, and shall be subject to the State's approval. The Contractor shall provide sufficient experienced personnel during the phase-in, phase-out period to ensure that the services called for by this Contract are maintained at the required level of proficiency.
  
- C. The Contractor shall allow as many personnel as practicable to remain on the job to help the successor maintain the continuity and consistency of the services required by this Contract. The Contractor also shall disclose necessary personnel records and allow the successor to conduct on-site interviews with these employees. If selected employees are agreeable to the change, the Contractor shall release them at a mutually agreeable date and negotiate transfer of their earned fringe benefits to the successor.
  
- D. The Contractor shall be reimbursed for all reasonable phase-in, phase-out costs (i.e., costs incurred within the agreed period after contract expiration that result from phase-in, phase-out operations).

**16. Debarment and Suspension.**

- A. The Contractor certifies by entering into this Contract that neither it nor its principals nor any of its subcontractors are presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from entering into this Contract by any federal agency or by any department, agency or political subdivision of the State of Indiana. The term "principal" for purposes of this Contract means an officer, director, owner, partner, key employee or other person with primary management or supervisory responsibilities, or a person who has a critical influence on or substantive control over the operations of the Contractor.
  
- B. The Contractor certifies that it has verified the state and federal suspension and debarment status for all subcontractors receiving funds under this Contract and shall be solely responsible for any recoupment, penalties or costs that might arise from use of a suspended or debarred subcontractor. The Contractor shall immediately notify the State if any subcontractor becomes



debarred or suspended, and shall, at the State's request, take all steps required by the State to terminate its contractual relationship with the subcontractor for work to be performed under this Contract.

**17. Default by State.** If the State, sixty (60) days after receipt of written notice, fails to correct or cure any material breach of this Contract, the Contractor may cancel and terminate this Contract and institute the appropriate measures to collect monies due up to and including the date of termination.

**18. Disputes.**

- A. Should any disputes arise with respect to this Contract, the Contractor and the State agree to act immediately to resolve such disputes. Time is of the essence in the resolution of disputes.
- B. The Contractor agrees that, the existence of a dispute notwithstanding, it will continue without delay to carry out all of its responsibilities under this Contract that are not affected by the dispute. Should the Contractor fail to continue to perform its responsibilities regarding all non-disputed work, without delay, any additional costs incurred by the State or the Contractor as a result of such failure to proceed shall be borne by the Contractor, and the Contractor shall make no claim against the State for such costs.
- C. If the parties are unable to resolve a contract dispute between them after good faith attempts to do so, a dissatisfied party shall submit the dispute to the Commissioner of the Indiana Department of Administration for resolution. The dissatisfied party shall give written notice to the Commissioner and the other party. The notice shall include (1) a description of the disputed issues, (2) the efforts made to resolve the dispute, and (3) a proposed resolution. The Commissioner shall promptly issue a Notice setting out documents and materials to be submitted to the Commissioner in order to resolve the dispute; the Notice may also afford the parties the opportunity to make presentations and enter into further negotiations. Within 30 business days of the conclusion of the final presentations, the Commissioner shall issue a written decision and furnish it to both parties. The Commissioner's decision shall be the final and conclusive administrative decision unless either party serves on the Commissioner and the other party, within ten business days after receipt of the Commissioner's decision, a written request for reconsideration and modification of the written decision. If the Commissioner does not modify the written decision within 30 business days, either party may take such other action helpful to resolving the dispute, including submitting the dispute to an Indiana court of competent jurisdiction. If the parties accept the Commissioner's decision, it may be memorialized as a written Amendment to this Contract if appropriate.
- D. The State may withhold payments on disputed items pending resolution of the dispute. The unintentional nonpayment by the State to the Contractor of one or more invoices not in dispute in accordance with the terms of this Contract will not be cause for the Contractor to terminate this Contract, and the Contractor may bring suit to collect these amounts without following the disputes procedure contained herein.
- E. With the written approval of the Commissioner of the Indiana Department of Administration, the parties may agree to forego the process described in subdivision C. relating to submission of the dispute to the Commissioner.
- F. This paragraph shall not be construed to abrogate provisions of Ind. Code 4-6-2-11 in situations where dispute resolution efforts lead to a compromise of claims in favor of the State as described in that statute. In particular, releases or settlement agreements involving releases of legal claims or potential legal claims of the state should be processed consistent with Ind. Code 4-6-2-11, which requires approval of the Governor and Attorney General.

**19. Drug-Free Workplace Certification.** As required by Executive Order No. 90-5 dated April 12, 1990, issued by the Governor of Indiana, the Contractor hereby covenants and agrees to make a good faith effort to provide and maintain a drug-free workplace. The Contractor will give written notice to the State within ten (10) days after receiving actual notice that the Contractor, or an employee of the Contractor in the State of Indiana, has been convicted of a criminal drug violation occurring in the workplace. False certification or violation of this certification may result in sanctions including, but not limited to, suspension of contract payments, termination of this Contract and/or debarment of contracting opportunities with the State for up to three (3) years.

In addition to the provisions of the above paragraph, if the total amount set forth in this Contract is in excess of \$25,000.00, the Contractor certifies and agrees that it will provide a drug-free workplace by:

- A. Publishing and providing to all of its employees a statement notifying them that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the Contractor's workplace, and specifying the actions that will be taken against employees for violations of such prohibition;
- B. Establishing a drug-free awareness program to inform its employees of (1) the dangers of drug abuse in the workplace; (2) the Contractor's policy of maintaining a drug-free workplace; (3) any available drug counseling, rehabilitation and employee assistance programs; and (4) the penalties that may be imposed upon an employee for drug abuse violations occurring in the workplace;
- C. Notifying all employees in the statement required by subparagraph (A) above that as a condition of continued employment, the employee will (1) abide by the terms of the statement; and (2) notify the Contractor of any criminal drug statute conviction for a violation occurring in the workplace no later than five (5) days after such conviction;
- D. Notifying the State in writing within ten (10) days after receiving notice from an employee under subdivision (C)(2) above, or otherwise receiving actual notice of such conviction;
- E. Within thirty (30) days after receiving notice under subdivision (C)(2) above of a conviction, imposing the following sanctions or remedial measures on any employee who is convicted of drug abuse violations occurring in the workplace: (1) taking appropriate personnel action against the employee, up to and including termination; or (2) requiring such employee to satisfactorily participate in a drug abuse assistance or rehabilitation program approved for such purposes by a federal, state or local health, law enforcement, or other appropriate agency; and
- F. Making a good faith effort to maintain a drug-free workplace through the implementation of subparagraphs (A) through (E) above.

**20. Employment Eligibility Verification.** As required by IC §22-5-1.7, the Contractor swears or affirms under the penalties of perjury that:

- A. The Contractor does not knowingly employ an unauthorized alien.
- B. The Contractor shall enroll in and verify the work eligibility status of all his/her/its newly hired employees through the E-Verify program as defined in IC §22-5-1.7-3. The Contractor is not required to participate should the E-Verify program cease to exist. Additionally, the Contractor is not required to participate if the Contractor is self-employed and does not employ any employees.
- C. The Contractor shall not knowingly employ or contract with an unauthorized alien. The Contractor shall not retain an employee or contract with a person that the Contractor subsequently learns is an unauthorized alien.
- D. The Contractor shall require his/her/its subcontractors who perform work under this Contract to certify to the Contractor that the subcontractor does not knowingly employ or contract with an unauthorized alien and that the subcontractor has enrolled and is participating in the E-Verify program. The Contractor agrees to maintain this certification throughout the duration of the term of a contract with a subcontractor.

The State may terminate for default if the Contractor fails to cure a breach of this provision no later than thirty (30) days after being notified by the State.

Pursuant to IC 5-16-13: The contractor shall submit, before work begins the E-Verify case verification number for each individual who is required to be verified under IC 22-5-1.7. An individual who is required to be verified under IC 22-5-17 whose final case result is final nonconfirmation may not be employed on the public works project.

A contractor may not pay cash to any individual employed by the contractor for work done by the individual on the public works project.

A contractor must be in compliance with the federal Fair Labor Standards Act of 1938, as amended (29 U.S.C. 201-209) and IC 22-2-2-1 through IC 22-2-2-8. A contractor must be in compliance with IC 22-3-5-1 and IC 22-3-7-34. A contractor must be in compliance with IC 22-4-1 through IC 22-4-395. A contractor must be in compliance with IC 4-13-18-1 through IC 4-13-18-7.

**21. Employment Option.** If the State determines that it would be in the State's best interest to hire an employee of the Contractor, the Contractor will release the selected employee from any non-compete agreements that may be in effect. This release will be at no cost to the State or the employee.

**22. Force Majeure.** In the event that either party is unable to perform any of its obligations under this Contract or to enjoy any of its benefits because of natural disaster or decrees of governmental bodies not the fault of the affected party (hereinafter referred to as a "Force Majeure Event"), the party who has been so affected shall immediately give notice to the other party and shall do everything possible to resume performance. Upon receipt of such notice, all obligations under this Contract shall be immediately suspended. If the period of nonperformance exceeds thirty (30) days from the receipt of notice of the Force Majeure Event, the party whose ability to perform has not been so affected may, by giving written notice, terminate this Contract.

**23. Funding Cancellation.** When the Director of the State Budget Agency makes a written determination that funds are not appropriated or otherwise available to support continuation of performance of this Contract, this Contract shall be canceled. A determination by the Director of SBA that funds are not appropriated or otherwise available to support continuation of performance shall be final and conclusive.

**24. Governing Laws.** This Contract shall be construed in accordance with and governed by the laws of the State of Indiana and suit, if any, must be brought in the State of Indiana.

**25. HIPAA Compliance.** If this Contract involves services, activities or products subject to the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the Contractor covenants that it will appropriately safeguard Protected Health Information (defined in 45 CFR 160.103), and agrees that it is subject to, and shall comply with, the provisions of 45 CFR 164 Subpart E regarding use and disclosure of Protected Health Information.

**26. Indemnification.** The Contractor agrees to indemnify, defend, and hold harmless the State, its agents, officials, and employees from all claims and suits including court costs, attorney's fees, and other expenses caused by any act or omission of the Contractor and/or its subcontractors, if any, in the performance of this Contract. The State shall **not** provide such indemnification to the Contractor.

**27. Independent Contractor.** Both parties hereto, in the performance of this Contract, shall act in an individual capacity and not as agents, employees, partners, joint ventures or associates of one another. The employees or agents of one party shall not be deemed or construed to be the employees or agents of the other party for any purposes whatsoever. Neither party will assume liability for any injury (including death) to any persons, or damage to any property, arising out of the acts or omissions of the agents, employees or subcontractors of the other party. The Contractor shall be responsible for providing all necessary unemployment and workers' compensation insurance for the Contractor's employees.

**28. Information Technology Enterprise Architecture Requirements.** If the Contractor provides any information technology related products or services to the State, the Contractor shall comply with all IOT standards, policies and guidelines, which are online at <http://iot.in.gov/architecture/>. The Contractor specifically agrees that all hardware, software and services provided to or purchased by the State shall be compatible with the principles and goals contained in the electronic and information technology accessibility standards adopted under Section 508 of the Federal Rehabilitation Act of 1973 (29 U.S.C. 794d) and IC 4-13.1-3. Any deviation from these architecture requirements must be approved in writing by IOT in advance. The State may terminate this Contract for default if the Contractor fails to cure a breach of this provision within a reasonable time.

## **29. Insurance.**

A. The Contractor and their subcontractors ( if any) shall secure and keep in force during the term of this Contract the following insurance coverage's (if applicable) covering the Contractor for any and all claims of any nature which may in any manner arise out of or result from Contractor's performance under this Contract:

1. Commercial general liability, including contractual coverage, and products or completed operations coverage (if applicable), with minimum liability limits not less than \$500,000 per person and \$2,000,000 per occurrence unless additional coverage is required by the State. The State is to be named as an additional insured on a primary, non-contributory basis for any liability arising directly or indirectly under or in connection with this Contract.
2. Automobile liability for owned, non-owned and hired autos with minimum liability limits of \$500,000 per person and \$2,000,000 per occurrence. The State is to be named as an additional insured on a primary, non-contributory basis.
3. The Contractor shall provide proof of such insurance coverage by tendering to the undersigned State representative a certificate of insurance prior to the commencement of this Contract and proof of workers' compensation coverage meeting all statutory requirements of IC §22-3-2. In addition, proof of an "all states endorsement" covering claims occurring outside the State is required if any of the services provided under this Contract involve work outside of Indiana.

- B. The Contractor's insurance coverage must meet the following additional requirements:
  1. The insurer must have a certificate of authority or other appropriate authorization to operate in the state in which the policy was issued.
  2. Any deductible or self-insured retention amount or other similar obligation under the insurance policies shall be the sole obligation of the Contractor.
  3. The State will be defended, indemnified and held harmless to the full extent of any coverage actually secured by the Contractor in excess of the minimum requirements set forth above. The duty to indemnify the State under this Contract shall not be limited by the insurance required in this Contract.
  4. The insurance required in this Contract, through a policy or endorsement(s), shall include a provision that the policy and endorsements may not be canceled or modified without thirty (30) days' prior written notice to the undersigned State agency.
  5. The Contractor waives and agrees to require their insurer to waive their rights of subrogation against the State of Indiana.
- C. Failure to provide insurance as required in this Contract may be deemed a material breach of contract entitling the State to immediately terminate this Contract. The Contractor shall furnish a certificate of insurance and all endorsements to the State before the commencement of this Contract.
- D. After June 30, 2015, this entire Article will apply to any contractor that will be on the construction site pursuant to IC 5-16-13 and an acceptable certificate of insurance will be provided by each and every contractor.

**30. Key Person(s).**

- A. If both parties have designated that certain individual(s) are essential to the services offered, the parties agree that should such individual(s) leave their employment during the term of this Contract for whatever reason, the State shall have the right to terminate this Contract upon thirty (30) days' prior written notice.
- B. In the event that the Contractor is an individual, that individual shall be considered a key person and, as such, essential to this Contract. Substitution of another for the Contractor shall not be permitted without express written consent of the State.

Nothing in Sections A and B, above shall be construed to prevent the Contractor from using the services of others to perform tasks ancillary to those tasks which directly require the expertise of the key person. Examples of such ancillary tasks include secretarial, clerical, and common labor duties. The Contractor shall, at all times, remain responsible for the performance of all necessary tasks, whether performed by a key person or others.

Key person(s) to this Contract is/are: N/A

**31. Merger & Modification.** This Contract constitutes the entire agreement between the parties. No understandings, agreements, or representations, oral or written, not specified within this Contract will be valid provisions of this Contract. This Contract may not be modified, supplemented or amended, except by written agreement signed by all necessary parties.

**32. Minority and Women's Business Enterprises Compliance.** Award of this Contract was based, in part, on the Minority and/or Women's Business Enterprise ("MBE" and/or "WBE") participation plan. The following certified MBE or WBE subcontractors will be participating in this Contract:

<u>MBE/WBE</u>	<u>PHONE</u>	<u>COMPANY NAME</u>	<u>SCOPE OF PRODUCTS and/or SERVICES</u>	<u>UTILIZATION DATE</u>	<u>PERCENT</u>
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*Terms for participation are as provided in the Contractor's Proposal to the State's request for participation, which are described and captured in the Contract Documents.*

A copy of each subcontractor agreement must be submitted to IDOA's MBE/WBE Division within thirty (30) days of the effective date of this Contract. Failure to provide a copy of any subcontractor agreement will be deemed a violation of the rules governing MBE/WBE procurement, and may result in sanctions allowable under 25 IAC 5-7-8. Failure to provide any subcontractor agreement may also be considered a material breach of this Contract. The Contractor must obtain approval from IDOA's MBE/WBE Division before changing the participation plan submitted in connection with this Contract.

The Contractor shall report payments made to MBE/WBE Division subcontractors under this Contract on a monthly basis. Monthly reports shall be made using the online audit tool, commonly referred to as "Pay Audit." MBE/WBE Division subcontractor payments shall also be reported to the Division as reasonably requested and in a format to be determined by Division.

### 33. Nondiscrimination

Pursuant to the Indiana Civil Rights Law, specifically including IC §22-9-1-10, and in keeping with the purposes of the federal Civil Rights Act of 1964, the Age Discrimination in Employment Act, and the Americans with Disabilities Act, the Contractor covenants that it shall not discriminate against any employee or applicant for employment relating to this Contract with respect to the hire, tenure, terms, conditions or privileges of employment or any matter directly or indirectly related to employment, because of the employee's or applicant's race, color, national origin, religion, sex, age, disability, ancestry, status as a veteran, or any other characteristic protected by federal, state, or local law ("Protected Characteristics"). Contractor certifies compliance with applicable federal laws, regulations, and executive orders prohibiting discrimination based on the Protected Characteristics in the provision of services. Breach of this paragraph may be regarded as a material breach of this Contract, but nothing in this paragraph shall be construed to imply or establish an employment relationship between the State and any applicant or employee of the Contractor or any subcontractor.

The State is a recipient of federal funds, and therefore, where applicable, Contractor and any subcontractors shall comply with requisite affirmative action requirements, including reporting, pursuant to 41 CFR Chapter 60, as amended, and Section 202 of Executive Order 11246 as amended by Executive Order 13672.

**34. Notice to Parties.** Whenever any notice, statement or other communication is required under this Contract, it shall be sent to the following addresses, unless otherwise specifically advised.

- A. Notices to the State shall be sent to: Public Works Divisions, Director  
Indiana Department of Administration 402 W  
Washington St Room W467  
Indianapolis, IN 46204
- B. Notices to the Contractor shall be sent to: **[INSERT CONTRACTOR NAME]**  
**[INSERT CONTRACTOR ADDRESS]**
- C. As required by IC 4-13-2-14.8, payments to the Contractor shall be made via electronic funds transfer in accordance with instructions filed by the Contractor with the Indiana Auditor of State.

**35. Order of Precedence; Incorporation by Reference.** Any inconsistency or ambiguity in this Contract shall be resolved by giving precedence in the following order: (1) this Contract, (2) the Project Bid Package, (3) attachments prepared by the State; (4) Contractor's Proposal; and (5) attachments prepared by the Contractor. All of the foregoing are incorporated fully by reference. All attachments, and all documents referred to in this paragraph are hereby incorporated fully by reference.

**36. Ownership of Documents and Materials.** All documents, records, programs, data, film, tape, articles, memoranda, and other materials not developed or licensed by the Contractor prior to execution of this Contract, but specifically developed under this Contract shall be considered "work for hire" and the Contractor transfers any ownership claim to the State and all such materials will be the property of the State. Use of these materials, other than related to contract performance by the Contractor, without the prior written consent of the State, is prohibited. During the performance of this Contract, the Contractor shall be responsible for any loss of or damage to these materials developed for or supplied by the State and used to develop or assist in the services provided while the materials are in the possession of the Contractor. Any loss or damage thereto shall be restored at the Contractor's expense. The Contractor shall provide the State full, immediate, and unrestricted access to the work product during the term of this Contract.

### 37. Payments.

- A. All payments shall be made 35 days in arrears in conformance with State fiscal policies and procedures and, as required by IC §4-13-2-14.8, by electronic funds transfer to the financial institution designated by the Contractor in writing unless a specific waiver has been obtained from the Indiana Auditor of State. No payments will be made in advance of receipt of the goods or services that are the subject of this Contract except as permitted by IC §4-13-2-20.
- B. The State Budget Agency and the Contractor acknowledge that Contractor is being paid in advance for the maintenance of equipment and / or software. Pursuant to IC §4-13-2-

20(b)(14), Contractor agrees that if it fails to perform the maintenance required under this Contract, upon receipt of written notice from the State, it shall promptly refund the consideration paid, pro-rated through the date of non-performance.

**38. Penalties/Interest/Attorney's Fees.** The State will in good faith perform its required obligations hereunder and does not agree to pay any penalties, liquidated damages, interest or attorney's fees, except as permitted by Indiana law, in part, IC §5-17-5, IC §34-54-8, IC §34-13-1 and IC § 34-52-2-3.

Notwithstanding the provisions contained in IC §5-17-5, any liability resulting from the State's failure to make prompt payment shall be based solely on the amount of funding originating from the State and shall not be based on funding from federal or other sources.

**39. Progress Reports.** The Contractor shall submit progress reports to the State upon request. The report shall be oral, unless the State, upon receipt of the oral report, should deem it necessary to have it in written form. The progress reports shall serve the purpose of assuring the State that work is progressing in line with the schedule, and that completion can be reasonably assured on the scheduled date.

**40. Public Record.** The Contractor acknowledges that the State will not treat this Contract as containing confidential information, and will post this Contract on its website as required by Executive Order 05-07. Use by the public of the information contained in this Contract shall not be considered an act of the State.

**41. Renewal Option.** This Contract may be renewed under the same terms and conditions, subject to the approval of the Commissioner of the Department of Administration and the State Budget Director in compliance with IC §5-22-17-4. The term of the renewed contract may not be longer than the term of the original contract.

**42. Severability.** The invalidity of any section, subsection, clause or provision of this Contract shall not affect the validity of the remaining sections, subsections, clauses or provisions of this Contract.

**43. Substantial Performance.** This Contract shall be deemed to be substantially performed only when fully performed according to its terms and conditions and any written amendments or supplements.

**44. Taxes.** The State is exempt from most state and local taxes and many federal taxes. The State will not be responsible for any taxes levied on the Contractor as a result of this Contract.

**45. Termination for Convenience.** This Contract may be terminated, in whole or in part, by the State, which shall include and is not limited to the Indiana Department of Administration and the State Budget Agency whenever, for any reason, the State determines that such termination is in its best interest. Termination of services shall be effected by delivery to the Contractor of a Termination Notice at least thirty (30) days prior to the termination effective date, specifying the extent to which performance of services under such termination becomes effective. The Contractor shall be compensated for services properly rendered prior to the effective date of termination. The State will not be liable for services performed after the effective date of termination. The Contractor shall be compensated for services herein provided but in no case shall total payment made to the Contractor exceed the original contract price or shall any price increase be allowed on individual line items if canceled only in part prior to the original termination date. For the purposes of this paragraph, the parties stipulate and agree that the Indiana Department of Administration shall be deemed to be a party to this agreement with authority to terminate the same for convenience when such termination is determined by the Commissioner of IDOA to be in the best interests of the State.

**46. Termination for Default.**

- A. With the provision of thirty (30) days notice to the Contractor, the State may terminate this Contract in whole or in part if the Contractor fails to:
  - 1. Correct or cure any breach of this Contract; the time to correct or cure the breach may be extended beyond thirty (30) days if the State determines progress is being made and the extension is agreed to by the parties;
  - 2. Deliver the supplies or perform the services within the time specified in this Contract or any extension;
  - 3. Make progress so as to endanger performance of this Contract; or
  - 4. Perform any of the other provisions of this Contract.
  
- B. If the State terminates this Contract in whole or in part, it may acquire, under the terms and in the manner the State considers appropriate, supplies or services similar to those terminated, and the Contractor will be liable to the State for any excess costs for those supplies or services. However, the Contractor shall continue the work not terminated.

- C. The State shall pay the contract price for completed supplies delivered and services accepted. The Contractor and the State shall agree on the amount of payment for manufacturing materials delivered and accepted and for the protection and preservation of the property. Failure to agree will be a dispute under the Disputes clause. The State may withhold from these amounts any sum the State determines to be necessary to protect the State against loss because of outstanding liens or claims of former lien holders.
- D. The rights and remedies of the State in this clause are in addition to any other rights and remedies provided by law or equity or under this Contract.

**47. Travel.** No expenses for travel will be reimbursed unless specifically permitted under the scope of services or consideration provisions. Expenditures made by the Contractor for travel will be reimbursed at the current rate paid by the State and in accordance with the State Travel Policies and Procedures as specified in the current Financial Management Circular. Out-of-state travel requests must be reviewed by the State for availability of funds and for appropriateness per Circular guidelines.

**48. Indiana Veteran’s Business Enterprise Compliance.** Award of this Contract was based, in part, on the Indiana Veteran’s Business Enterprise (“IVBE”) participation plan. The following IVBE subcontractors will be participating in this Contract:

VBE	PHONE	COMPANY NAME	SCOPE OF PRODUCTS and/or SERVICES UTILIZATION	DATE	PERCENT
N/A					

A copy of each subcontractor agreement must be submitted to IDOA within thirty (30) days of the effective date of this Contract. Failure to provide any subcontractor agreement may also be considered a material breach of this Contract. The Contractor must obtain approval from IDOA’s MBE/WBE Division before changing the participation plan submitted in connection with this Contract.

The Contractor shall report payments made to IVBE subcontractors under this Contract on a monthly basis. Monthly reports shall be made using the online audit tool, commonly referred to as “Pay Audit.” IVBE subcontractor payments shall also be reported to IDOA as reasonably requested and in a format to be determined by IDOA.

**49. Waiver of Rights.** No right conferred on either party under this Contract shall be deemed waived, and no breach of this Contract excused, unless such waiver is in writing and signed by the party claimed to have waived such right. Neither the State’s review, approval or acceptance of, nor payment for, the services required under this Contract shall be construed to operate as a waiver of any rights under this Contract or of any cause of action arising out of the performance of this Contract, and the Contractor shall be and remain liable to the State in accordance with applicable law for all damages to the State caused by the Contractor’s negligent performance of any of the services furnished under this Contract.

**50. Work Standards.** The Contractor shall execute its responsibilities by following and applying at all times the highest professional and technical guidelines and standards. If the State becomes dissatisfied with the work product of or the working relationship with those individuals assigned to work on this Contract, the State may request in writing the replacement of any or all such individuals, and the Contractor shall grant such request.

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**CONTRACTOR'S BID DOCUMENT**  
 STATE OF INDIANA BID  
 ON SERVICE/MAINTENANCE OR REPAIRS/ALTERATIONS  
 ESTIMATED AT LESS THAN \$150,000

Requisition/Project No.: 100-24-59352 FAS North
Title: PREVENTATIVE MAINTENANCE FOR FIRE ALARM AND SUPPRESSION SYSTEMS / SOUTH REGION
Institution: Indiana State Police

Contractor hereby agrees to furnish all labor and material to complete the work described in the bid documents all of which are incorporated herein by reference. The work to be performed under this Contract shall be started within ten (10) days after the last signatory to this Contract. The work shall be completed in 365 calendar days. If no days are indicated then the completion time will be 90 days.

	Amount In Numbers	Amount In Words	
BASE BID	\$		
Alternate Bid 1 (+/-/none)	\$		

By signing this bid the bidder hereby affirms, under penalty of perjury, the acceptance of all terms set out in these bid documents including terms of the Solicitation for Bids, the Instructions for Bidding and the General Conditions including terms of Non-Discrimination, Drug Free Work Place, Employment Eligibility Verification and Non-Collusion.

The undersigned attests, subject to the penalties for perjury, that he/she is the Contractor, or that he/she is the properly authorized representative, agent, member or officer of the Contractor, that he/she has not, nor has any other member, employee, representative, agent or officer of the Contractor, directly or indirectly, to the best of the undersigned's knowledge, entered into or offered to enter into any combination, collusion or agreement to receive or pay, and that he/she has not received or paid any sum of money or other consideration for the execution of this Contract other than that which appears upon the face of this Contract. Furthermore, if the undersigned has knowledge that a state officer, employee, or special state appointee, as those terms are defined in IC 4-2-6-1, has a financial interest in the Contract, the Contractor attests to compliance with the disclosure requirements in IC 4-2-6-10.5.

Firm Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_

MBE: \_\_\_\_\_ YES \_\_\_\_\_ NO  
 WBE: \_\_\_\_\_ YES \_\_\_\_\_ NO  
 IVBE: \_\_\_\_\_ YES \_\_\_\_\_ NO

Signature: \_\_\_\_\_

Email address: \* \_\_\_\_\_

\* Must be the person who signs and receives the contract and purchase order

Printed Name: \_\_\_\_\_

Mobile Phone Number:\*\* \_\_\_\_\_

\*\* This must be a cell phone number

Printed Title: \_\_\_\_\_

Federal ID Number: \_\_\_\_\_

Bidder ID Number \_\_\_\_\_

(If you do not have an Indiana Department of Administration Bidder ID Number, please obtain one online at: <http://www.in.gov/idoa/2464.htm> )



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SUPPLEMENTARY GENERAL CONDITIONS  
RENEWABLE PREVENTATIVE MAINTENANCE CONTRACTS

A. GENERAL

1. Site Access

The Institution will provide reasonable means of access to all equipment covered by this agreement. The Maintenance Contractor will be free to start and stop all primary equipment incidentals to the operation of the system as arranged with the Institution's Physical Plant Director or Representative.

2. Site Security

Contractor shall perform the work to accommodate the Institution's Security and Occupancy requirements and coordinate the schedule and operations with the Physical Plant Director or Agency Representative.

3. Codes

The Work shall be performed in accordance with local or national codes which may govern the requirements of the Agreement.

4. Qualified Personnel

The Contractor shall directly employ trained mechanics qualified to keep all building equipment or systems covered by this Agreement operating properly.

5. Device Definition

Where a device or part of the equipment is herein referred to in the singular number, it is intended that such reference shall apply to as many such devices or parts as are required to completely service the equipment.

6. Entity Definition

The terms Contractor, Owner, Subcontractor, etc are referred to throughout this document in singular form and masculine gender and means that entity or an authorize representative.

7. Warranty Administration

a. The Contractor shall, through coordination with the Institution personnel, identify equipment and components covered in this agreement that are under warranty. Preventative maintenance on equipment or components that are under warranty will be performed under this contract.

- b. The Contractor shall administer all warranties in force and all preventative maintenance work shall be performed in a manner which will not void the warranty provisions.

B. WORK NOT COVERED IN THIS AGREEMENT

1. Listed Systems

The specification covers only that equipment or systems as listed herein and in the event the system is altered, changed, or added to, then that portion shall be exempt from this work. Such changes may be added or deleted from the Work of the Agreement by Change Order, which requires the consent of the Contractor.

2. Change of Scope

The Contractor shall not be required to make additional safety tests, install new devices or make modifications to any equipment to comply with the recommendations or directives of insurance companies, governmental bodies or for other reasons unless required in the specifications.

4. Cutting and Patching

Cutting and patching of walls when required to make repairs on concealed piping or wiring is not within the scope of work.

C. RENEWING THE AGREEMENT

1. Terms

The State of Indiana may, but is not obligated to, offer this contract with the same terms and conditions except price each year for an additional three (3) years upon mutual agreement of all parties. An adjustment of the annual contract amount may be made at the end of each year this agreement is in force.

2. Notice of Renewal

When funds are made available, a Renewal Notice will be sent to the Contractor for completion. Execution of the Renewal Notice and the implementation of a Purchase Order shall cause continuation of the Agreement.

D. CONTRACT TERMINATION

This contract shall be automatically terminated on the end date indicated unless renewed as stated in Article C.

E. CONTRACT CLOSEOUT

The Agency or Institution will conduct a contract closeout inspection ninety (90) days prior to the contract end or renewal date and provide the Contractor with an "Existing Deficiency List" sixty (60) days prior to the contract end or renewal date. The Contractor will have until thirty (30) days prior to the contract end or renewal date to correct all deficiencies.

F. PAYMENT

1. Arrears

The contract price, as bid, shall be payable in arrears, in equal increments or as prescribed by the specifications or Purchase Order.

2. Notice to Proceed

Upon execution of the contract, the Contractor will be notified to proceed. Forms and instructions for submitting payment will be sent to the Contractor upon execution of the Purchase Order. The Contractor may not bill for work completed until the Purchase Order is received.

**INSPECTION & TESTING SPECIFICATION  
FIRE ALARM SYSTEM(S)**

1.01 Scope of Work

- A. The Contractor shall provide, on a semiannual basis, all labor and material and supervision for an Inspection & Testing service as specified herein for Fire Alarm System. **Work shall be bid as an annual lump sum amount invoiced in arrears in two (2) equal payments.** Work shall include providing Emergency Services at an additional charge to the contract.
  
- B. Site Location and Representation  
  
Randy Hodge, Supervisor II  
Northern Region / Indiana State Police  
8500 E. 21<sup>st</sup> Street  
Indianapolis, Indiana 46219  
Telephone: 317-501-8785
  
- C. The Contractor shall furnish all labor, materials, any batteries, and supervision required to determine the operational status of each device of the existing Fire Alarm System(s). Inspection & Testing service procedures provided by contractor shall conform to NFPA standards as adopted by 675 of the Indiana Administrative Code.
  
- D. The minimum number of planned inspection cycles shall be two (2) times per fiscal year spaced approximately 180 days apart and shall conform to required testing frequencies as tabulated within NFPA 72 for each fire alarm component type. The first Inspection & Test cycle shall be performed upon successfully being awarded the contract.
  
- E. Each Inspection & Test site visit shall be prescheduled and directed from a maintenance management program initiated and maintained by the Contractor. The program shall be either computer directed or manually operated. A copy of this schedule shall be in the hands of the Physical Plant Director prior to the start of any work.
  
- F. All work shall be performed in the presence of an Agency Representative who shall sign the job ticket documenting that the work is complete. The signatures of those performing the work shall appear on all work orders or job tickets.
  
- G. Inspections & Testing shall be performed using an **electronic inspection system** that records the date, time, space/location name, each device (Pass/Fail) status, and assigned unique ID number. A sticker/label shall be affixed to each device throughout the facility with the unique identification number assigned by the electronic system.

- F. Final Inspection & Testing Report: In addition to the information recorded above, the contractor shall search the consumer product safety commission at [www.cpsc.gov](http://www.cpsc.gov) and report any such device(s) with an outstanding product recall status. This date/time/space-location name/device ID number/product recall status information shall be included in the final inspection report and shall serve as evidence of device(s) as having been inspected and tested. The report shall be furnished to the Agency Representative after each Inspection & Testing cycle with the following sections as formatted:
- An executive summary section, indicating the scope of work performed,
  - An immediate action summary section, that lists each device/component requiring attention (repair/replacement/product recall),
  - This section shall provide a complete printout of all devices with date/time/device ID number/space-location name/device (Pass-Fail) status/product recall information (if any), and
  - This last section shall include the name of the Agency representative present during the Inspection & Testing procedures.
- Failure to provide report may result in lack of payment by owner to contractor for this Period of time.

- G. Final reports shall be sent to the Agency's designation representative or PPD within 14 calendar days from the date of visual inspection/test.

## 1.02 Emergency Services

- A. Contractor shall be available to provide Emergency Service including repair labor, parts or adjustments that may be required to maintain proper operation of the system which are not a part of the Scope of Work. Contractor shall comply with any request for Emergency Services as follows:
1. Respond immediately where circumstances may endanger life or property, or
  2. Respond within three (3) hours where equipment operational performance has become compromised, or
  3. Respond within alternate pre-arranged time frame as determined and mutually agreed to between this contractor and Physical Plant Director.
- B. Emergency Services are additional to the Scope of Work of the Contract and are payable from additional funds provided by the Agency.
- C. Upon arrival, at the site, the Contractor shall determine services required and shall quote to the representative, the expected cost of the repair and shall receive **prior authorization by the Agency's designated representative before proceeding with the work**. Any Work not preauthorized is at the risk of the Contractor.
- D. The Owner reserves the right to solicit additional quotations for Emergency Services by others.
- E. Final Emergency Service(s) Report: Upon completion of any Emergency Service(s)

contractor shall furnished a report to the Agency Representative with the following sections as formatted:

- An executive summary section, indicating the scope of work performed,
- This section shall provide a partial printout of only the device(s) involved with the Emergency Service(s). Printout to include device(s) with date/time/device ID number/space-location name/device (Pass-Fail) status, and
- This last section shall include the name of the Agency representative present during the Inspection & Testing procedures.

Failure to provide report may result in lack of payment by owner to contractor for this Period of time.

#### 1.03 Parts

- A. Parts, components, or devices, provided under Emergency Services, that are worn or not in proper operational condition shall be repaired or replaced with new parts, components or devices as **manufactured by the original manufacturer**. If a newer design is available and is functionally equivalent and compatible, the newer design shall be used as the replacement.
- B. Parts shall include all items necessary for the proper operation of the system. No additional charges will be accepted for additional trips and time required supplying and installing small parts.
- C. If parts cannot be replaced with the original manufacturer's product, due to no fault of the Contractor, parts may be substituted upon approval of the Physical Plant Director.

#### 1.04 Equipment List

- A. The following equipment list of components/devices requiring Visual Inspections, Testing, and Maintenance. Contractor shall field verify that all FA components/devices conform with NFPA 72 as tabulated for Frequencies of Visual Inspections, Frequencies of Testing, and Testing Method used.
- B. **SEE ATTACHED EQUIPMENT LIST!**
  - This list is provided on an as is basis for reference ONLY! Contractor shall field verify all quantities and types of FA components/devices inspected/tested.

#### 1.07 Surge Protective Device (SPD) Survey

- A. Contractor shall field verify that a **Surge Protective Device** is connected on line side of the FACP and include in his final report the status of its condition per unit manufacture instructions manual.

1.08 Terms of the Agreement

- A. The first year of the Agreement shall begin as stated in the contract.
- B. The length of the agreement is three hundred and sixty-five (365) days and is renewal upon concurrence of all parties for an additional three (3) contract years
- C. All invoices must have the State of Indiana PO number and the Project number clearly printed on them. Failure to provide this information may result in lack delay of payment for that invoice.
- A. Payment will be made on completion of inspections in arrears and upon proper billing of authorized Emergency Work that has been completed.

**END**



# Indiana State Police Post

#24 Bremen

## Equipment List

- (1) IFP-100 CONTROL PANEL
- (1) RA-1000R ANNUNCIATOR
- (9) SD500PS PULL STATION
- (22) SD505APS SMOKE DETECTOR HEADS
- (1) SD505AHS HEAT DETECTOR
- (2) SD505ADHR DUCT SMOKE DETECTOR
- (4) STS2.5 AIR SAMPLING TUBES
- (2) CM-15 CARBON MONOXIDE DETECTORS
- (13) GEC3-24WR GENTEX HORN/STROBE
- (12) GES3-24WR GENTEX STROBE
- (2) PS-12180 POWERSONIC 12V 17AH BATTERY
- (2) SD500AIM ADDRESSABLE INPUT MODULE (SPRINKLER)
- (2) SD500AIM ADDRESSABLE INPUT MODULE (CARBON MONX. DET)

# Indiana State Police Post

#22 Fort Wayne

## Equipment List

(1) IFP-100 CONTROL PANEL

Including changing batteries as needed

(1) RA-1000R ANNUNCIATOR

(6) SD500PS PULL STATION

(25) SD505APS SMOKE DETECTOR HEADS

(2) SD505AHS HEAT DETECTOR

(2) SD505ADHR DUCT SMOKE DETECTOR

(4) STS2.5 AIR SAMPLING TUBES

(2) CM-15 CARBON MONOXIDE DETECTORS

(15) GEC3-24WR GENTEX HORN/STROBE

(15) GES3-24WR GENTEX STROBE

(2) PS-12180 POWERSONIC 12V 17AH BATTERY

(2) SD500AIM ADDRESSABLE INPUT MODULE

(SPRINKLER)

(2) SD500AIM ADDRESSABLE INPUT MODULE

(CARBON MONX. DET)

# Indiana State Police Post

#14 Lafayette

## Equipment List

(1) IFP-100 CONTROL PANEL

Including changing batteries as needed

(1) RA-1000R ANNUNCIATOR

(9) SD500PS PULL STATION

(26) SD505APS SMOKE DETECTOR HEADS

(1) SD505AHS HEAT DETECTOR

(2) SD505ADHR DUCT SMOKE DETECTOR

(4) STS2.5 AIR SAMPLING TUBES

(2) CM-15 CARBON MONOXIDE DETECTORS

(13) GEC3-24WR GENTEX HORN/STROBE

(9) GES3-24WR GENTEX STROBE

(2) PS-12180 POWERSONIC 12V 17AH BATTERY

(2) SD500AIM ADDRESSABLE INPUT MODULE  
(SPRINKLER)

(2) SD500AIM ADDRESSABLE INPUT MODULE  
(CARBON MONX. DET)

# Indiana State Police Post

#13 Lowell

## Equipment List

(1) IFP-100 CONTROL PANEL

Including changing batteries as needed

(1) RA-1000R ANNUNCIATOR

(7) SD500PS PULL STATION

(30) SD505APS SMOKE DETECTOR HEADS

(2) SD505AHS HEAT DETECTOR

(2) SD505ADHR DUCT SMOKE DETECTOR

(4) STS2.5 AIR SAMPLING TUBES

(2) CM-15 CARBON MONOXIDE DETECTORS

(21) GEC3-24WR GENTEX HORN/STROBE

(15) GES3-24WR GENTEX STROBE

(2) PS-12180 POWERSONIC 12V 17AH BATTERY

(2) SD500AIM ADDRESSABLE INPUT MODULE  
(SPRINKLER)

(2) SD500AIM ADDRESSABLE INPUT MODULE  
(CARBON MONX. DET)

# Indiana State Police Post

#16 Peru

## Equipment List

(1) IFP-100 CONTROL PANEL

Including changing batteries as needed

(1) RA-1000R ANNUNCIATOR

(9) SD500PS PULL STATION

(26) SD505APS SMOKE DETECTOR HEADS

(1) SD505AHS HEAT DETECTOR

(2) SD505ADHR DUCT SMOKE DETECTOR

(4) STS2.5 AIR SAMPLING TUBES

(2) CM-15 CARBON MONOXIDE DETECTORS

(12) GEC3-24WR GENTEX HORN/STROBE

(11) GES3-24WR GENTEX STROBE

(2) PS-12180 POWERSONIC 12V 17AH BATTERY

(2) SD500AIM ADDRESSABLE INPUT MODULE  
(SPRINKLER)

(2) SD500AIM ADDRESSABLE INPUT MODULE  
(CARBON MONX. DET)

## Toll Road Post

- (1) FS-100/250 Control Panel  
Including changing batteries as needed
- (7) Smoke Detector Heads
- (24) Addressable Pull Stations
- (1) Horn
- (1) Tamper Switch Monitor Module
- (1) Water Switch Monitor Module
- (35) Strobe/Horn
- (10) Smoke Detectors
- (2) FM-200 Pre Alarm Bell
- (5) FM-200 Discharge Alarm/Strobe
- (2) Heat Detector
- (1) Vern Wilkens 350AFize4 backflow  
Preventer
- (1) AT-2002 Suppression System

# Fire Alarm Supplementary Form



**Location Code:** PJKXSIZ

**Contact:** Randy Hodge

**Contact Address:** 100 North Senate Avenue N340  
Indianapolis, IN 46204

**Phone:** 317 501-8785 - cell

**Email:** rhodge@isp.in.gov

**Property Evaluated:** Indiana State Police Toll Road Post (Not Specified)  
52422 County Road 17  
Bristol, IN 46507

**Description:** Fire Alarm Supplement (Dispatch Room devices )

**Job Number:** 28990227

**Company:** Ryan Fireprotection Inc.

**Address:** 9740 E. 148th St.  
Noblesville, IN 46060

**Company Phone:** 800-409-7606

**Inspector:** James Strejc

**Date of Work:** 4/10/2023

**Frequency:** Annual

---

## Deficiency Summary

**Status:** Open

**Severity:** Critical

Deficiency for Device Type: SD, Address: 2, Location: Dispatch room ceiling .  
System Sensor 1451 replace with System Sensor 2WB.

\*See attachment below



---

**Status:** Open

**Severity:** Critical

Deficiency for Device Type: SD, Address: 3, Location: Dispatch room sub-floor .

System Sensor 1451 replace with System Sensor 2WB.

---

**Status:** Open

**Severity:** Critical

Deficiency for Device Type: BATT, Address: FACP , Location: Inside FACP .

Replace with (2) 7ah Batteries.

---

**Status:** Open

**Severity:** Critical

Deficiency for Device Type: SD, Address: 2, Location: Dispatch room office .

System Sensor 1451 replace with System Sensor 2WB.

---

**Status:** Open

**Severity:** Critical

Deficiency for Device Type: SD, Address: 3, Location: Server Room.

System Sensor 1451 replace with System Sensor 2WB.

---

## General Comments

There are no general comments for this submission





**Ryan Fireprotection Inc.**  
 9740 E. 148th St.  
 Noblesville, IN 46060  
 Phone: 800-409-7606

## Fire Alarm Supplementary Form

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

Semi-Annual

Date of Work

4/10/2023

Account Information		
Facility Name: Indiana State Police Toll Road Post	Property Type: Not Specified	Location Code: PJKXSIZ
Service Address: 52422 County Road 17, Bristol, IN, 46507		
Owner: Randy Hodge	Owner's Phone: 317 501-8785 - cell	
Owner's Address: 100 North Senate Avenue N340, Indianapolis, IN, 46204		

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
STROBE - Strobes	TS - Tamper Switch	WF - Waterflow		

Type	Total	Tested	Not Tested	Passed	Failed
AS	3	3	0	3	0
Bell	2	2	0	2	0
MR	3	3	0	3	0
STROBE	3	3	0	3	0

Type	Total	Tested	Not Tested	Passed	Failed
BATT	1	1	0	0	1
HORN	2	2	0	2	0
SD	10	10	0	6	4

Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
MR	1	1 - Dispatch room		Annual	4/10/2023	Pass	
MR	1	1 - Dispatch room		Annual	4/10/2023	Pass	
MR	1	1 - Server room		Annual	4/10/2023	Pass	
SD	2	1 - Dispatch room ceiling		Annual	4/10/2023	Pass	
SD	2	1 - Dispatch room ceiling		Annual	4/10/2023	Pass	
SD	2	1 - Dispatch room ceiling		Annual	4/10/2023	Pass	
SD	2	1 - Dispatch room ceiling		Annual	4/10/2023	Fail	Critical, System Sensor 1451 replace with System Sensor 2WB.



**Ryan Fireprotection Inc.**  
 9740 E. 148th St.  
 Noblesville, IN 46060  
 Phone: 800-409-7606

Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
SD	2	1 - Dispatch room office		Annual	4/10/2023	Pass	
SD	2	1 - Dispatch room office		Annual	4/10/2023	Fail	Critical, System Sensor 1451 replace with System Sensor 2WB.
SD	3	1 - Dispatch room sub-floor		Annual	4/10/2023	Pass	
SD	3	1 - Dispatch room sub-floor		Annual	4/10/2023	Fail	Critical, System Sensor 1451 replace with System Sensor 2WB.
SD	3	1 - Server Room		Annual	4/10/2023	Pass	
SD	3	1 - Server Room		Annual	4/10/2023	Fail	Critical, System Sensor 1451 replace with System Sensor 2WB.
AS	4	1 - Dispatch room		Annual	4/10/2023	Pass	
AS	4	1 - Dispatch room		Annual	4/10/2023	Pass	
AS	4	1 - Server room		Annual	4/10/2023	Pass	
BATT	FACP	1 - Inside FACP	2-12v7amp New6/19	Annual	4/10/2023	Fail	Critical, Replace with (2) 7ah Batteries.
Bell	N/A	1 - Dispatch room office		Annual	4/10/2023	Pass	
HORN	N/A	1 - Dispatch room office		Annual	4/10/2023	Pass	
HORN	NAC	1 - Inside Dispatch room		Annual	4/10/2023	Pass	
STROBE	NAC	1 - Inside dispatch room		Annual	4/10/2023	Pass	
Bell	NAC	1 - Inside dispatch room		Annual	4/10/2023	Pass	
STROBE	NAC	1 - Outside dispatch room		Annual	4/10/2023	Pass	
STROBE	NAC	1 - Outside dispatch room		Annual	4/10/2023	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**

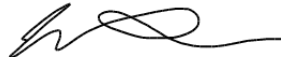
Inspected By

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

\_\_\_\_\_  
 James Strejc  
 \_\_\_\_\_  
 Not Specified  
 \_\_\_\_\_  
  
 \_\_\_\_\_  
 4/10/2023

# Form for Inspection, Testing and Maintenance of Wet Pipe Fire Sprinkler Systems



**Location Code:** PJKXSIZ

**Contact:** Randy Hodge

**Contact Address:** 100 North Senate Avenue N340  
Indianapolis, IN 46204

**Phone:** 317 501-8785 - cell

**Email:** rhodge@isp.in.gov

**Property Evaluated:** Indiana State Police Toll Road Post (Not  
Specified)  
52422 County Road 17  
Bristol, IN 46507

**Description:** Wet (4" Wet Riser)

**Job Number:** 28990227

**Company:** Ryan Fireprotection Inc.

**Address:** 9740 E. 148th St.  
Noblesville, IN 46060

**Company Phone:** 800-409-7606

**Inspector:** Pete Fecteau  
UA-1198744

**Date of Work:** 4/10/2023

**Frequency:** Annual

---

## Deficiency Summary

**Status:** Open

**Severity:** Non-Critical

II.A.2.a.5

a. Control valves and valves on backflow preventers with locks or electrical supervision:

5. Provided with appropriate identification?

Missing signs

---

**Status:** Open

**Severity:** Non-Critical

II.A.4.b.2

b. Visible sprinklers:

2. Free of leaks, corrosion and damage?

Missing sprinkler escutcheons conference room/training room west end

---

**Status:** Open

**Severity:** Non-Critical

II.B.3.a.3

a. Main drain test for systems not tested quarterly:

3. Are results comparable to previous tests?

Investigation was done on the previous test, and was noted that the sectional valve outside the building was in a partially closed position. A new flow test was conducted after the valve was opened, and a good flow was observed and it passed the test.

---

## General Comments

There are no general comments for this submission



**Ryan Fireprotection Inc.**  
 9740 E. 148th St.  
 Noblesville, IN 46060  
 Phone: 800-409-7606

## Form for Inspection, Testing and Maintenance of Wet Pipe Fire Sprinkler Systems

This form covers the minimum requirements of **NFPA 25-2011** for wet pipe fire sprinkler systems connected to water supplies without tanks or fire pumps. Separate forms are available for fire pumps, tanks, hose connections, and other fire protection systems. More frequent inspection, testing, and maintenance may be necessary depending on the conditions of the occupancy and the water supply.

Notes:

- All questions are to be answered *Yes, No, or Not Applicable*. All "No" answers are to be explained in the *Comments* for this form.
- Inspection, Testing and Maintenance are to be performed with water supplies (including fire pumps) in service, unless the impairment procedures of Chapter 15 of NFPA 25 are followed.

The work covered on this form is (select one): \_\_\_\_\_ **Annual**  
 Date of Work \_\_\_\_\_ 4/10/2023

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

Owner:

Randy Hodge

Owner's Phone Number:

317 501-8785 - cell

Owner's Address:

100 North Senate Avenue N340, Indianapolis, IN, 46204

Property Being Evaluated:

Indiana State Police Toll Road Post (Not Specified)

Property Address:

52422 County Road 17, Bristol, IN, 46507

System(s):

Wet (4" Wet Riser)

### Part I - Owner's Section

- A. Is the building occupied?  Yes  No
- B. Has the occupancy and hazard of contents remained the same since the last inspection?  Yes  No
- C. Are all fire protection systems in service?  Yes  No
- D. Has the system remained in service without modification since the last inspection?  Yes  No
- E. Was the system free of actuation of devices or alarms since the last inspection?  Yes  No

Owner or Representative

Hugh Masterman

Signature

*Hugh Masterman 4/10/23*

Date

4/10/2023

### Part II - Inspector's Section

#### A. Inspections

##### 1. Weekly Items

a. Control valves (including backflow preventer isolation valves) supervised with seals passed inspection in accordance with II.A.2.a below?  Yes  No  N/A

b. Relief port on RPZ not continuously discharging?  Yes  No  N/A

##### 2. Monthly Inspection Items (in addition to above items)

a. Control valves and valves on backflow preventers with locks or electrical supervision:

1. In correct (open or closed) position?  Yes  No  N/A

2. Lock or supervision in place?  Yes  No  N/A

3. Accessible and free from external leaks?  Yes  No  N/A

4. Provided with appropriate wrenches?  Yes  No  N/A

5. Provided with appropriate identification?  Yes  No  N/A

b. Gauges on system in good condition and showing normal water supply pressure?  Yes  No  N/A

c. Alarm valve free from physical damage, trim in correct (open or closed) position and no leakage from retarding chamber or drains?  Yes  No  N/A

##### 3. Quarterly Inspection Items (in addition to above items)

a. Fire department connections visible, accessible, couplings and swivels not damaged, gaskets in place and in good condition, plugs and caps are okay, identification sign(s) in place, check valve is not leaking, clapper in place and operating properly and automatic drain valve in place and operating properly?  Yes  No  N/A

*(If plugs or caps are not in place, inspect interior for obstructions)*

b. Hydraulic nameplate (calculated systems) securely attached to riser and legible?  Yes  No  N/A

c. Alarm & supervisory devices not damaged?  Yes  No  N/A

d. Pressure reducing valves in open position, not leaking, with downstream pressure per design criteria, and in good condition with handwheels not broken?  Yes  No  N/A



**Ryan Fireprotection Inc.**  
 9740 E. 148th St.  
 Noblesville, IN 46060  
 Phone: 800-409-7606

**4. Annual Inspection Items (in addition to above items)**

- a. Proper number and type of spare sprinklers?  Yes  No  N/A
- b. Visible sprinklers:
  - 1. Proper position: upright, pendent, sidewall?  Yes  No  N/A
  - 2. Free of leaks, corrosion and damage?  Yes  No  N/A
  - 3. Proper clearance below sprinklers?  Yes  No  N/A
  - 4. Free of foreign materials including paint?  Yes  No  N/A
  - 5. Liquid in all glass bulb sprinklers?  Yes  No  N/A
- c. Visible pipe:
  - 1. In good condition/no external corrosion?  Yes  No  N/A
  - 2. No mechanical damage or leaks?  Yes  No  N/A
  - 3. No external loads?  Yes  No  N/A
- d. Visible pipe hangers and seismic braces not damaged or loose?  Yes  No  N/A
- e. Sprinkler wrench with spare sprinklers?  Yes  No  N/A
- f. Information sign is attached and legible?  Yes  No  N/A
- g. Internal inspection of the pipe performed in the last 5 years (remove a flushing connection and one sprinkler near the end of a branch line)?  Yes  No  N/A  
*(If "No", conduct internal inspection)*

**5. Fifth Year Inspection Items (in addition to above items)**

Not applicable

**B. Testing - Report any failures in the Comments for this form**

**1. Quarterly Tests**

- a. Mechanical waterflow alarm devices passed tests (alarms actuated and flow observed)?  Yes  No  N/A
- b. Main drain test for system downstream of backflow device or pressure reducing valve:

1. Record static pressure (psi) and residual pressure(psi):

System	Test Pipe Size	Static (psi)	Residual (psi)	Time to Stabilize (sec)	Pressure After (psi)	Comments	Results
1	2"	71	30	2	37		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A

- 2. Was flow observed?  Yes  No  N/A
- 3. Are results comparable to previous tests?  Yes  No  N/A

**2. Semiannual Tests (in addition to previous items)**

- a. Valve supervisory switches indicate movement?  Yes  No  N/A
- b. Electrical waterflow alarm devices passed tests (alarms actuated and flow observed)?  Yes  No  N/A

**3. Annual Tests (in addition to previous items)**

a. Main drain test for systems not tested quarterly:

1. Record static pressure (psi) and residual pressure(psi):

System	Test Pipe Size	Static (psi)	Residual (psi)	Time to Stabilize (sec)	Pressure After (psi)	Comments	Results
4" Wet Riser	2"	71	30	2	37		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A



**Ryan Fireprotection Inc.**  
 9740 E. 148th St.  
 Noblesville, IN 46060  
 Phone: 800-409-7606

- 2. Was flow observed?  Yes  No  N/A
- 3. Are results comparable to previous tests?  Yes  No  N/A
- b. Post indicating valves opened until spring or torsion felt in the rod then closed back ¼ turn?  Yes  No  N/A
- c. Are all sprinklers dated 1920 or later?  Yes  No  N/A
- d. Sprinklers with fast response elements 20 years old or more replaced or successfully sample tested in last 10 years?  Yes  No  N/A
- e. Standard response sprinklers 50 years old or more replaced or successfully sample tested in last 10 years?  Yes  No  N/A
- f. Standard response sprinklers 75 years old or more replaced or successfully sample tested in last 5 years?  Yes  No  N/A
- g. Dry-type sprinklers replaced or successfully sample tested in last 10 years?  Yes  No  N/A
- h. Sprinklers subject to harsh environments replaced or successfully sample tested in last 5 years?  Yes  No  N/A
- i. Antifreeze solution specific gravity:
  - 1. Correct at most remote point?  Yes  No  N/A
  - 2. Correct at interface with wet system?  Yes  No  N/A
  - 3. Correct at other test points (over 150 gal)?  Yes  No  N/A
  - 4. Correct type of antifreeze?  Yes  No  N/A
  - 5. Antifreeze results?  Yes  No  N/A
- j. All control valves operated through full range and returned to normal position?  Yes  No  N/A
- k. Backflow devices passed forward flow test?  Yes  No  N/A
- l. Pressure reducing valves passed partial flow?  Yes  No  N/A

**4. Tests for every fifth year (in addition to appropriate items)**

Not applicable

**C. Maintenance**

**1. Regular Maintenance Items**

- a. If any sprinkler failed the sampling testing of Parts II.B.3.d, e, f, g or h of this form, were all sprinklers represented by that sample replaced?  Yes  No  N/A
- b. If sprinklers have been replaced, were they proper replacements?  Yes  No  N/A
- c. Marine systems normally having fresh water were drained and refilled twice if raw water got into the system?  Yes  No  N/A
- d. Heat tape inspected per manufacturer's instructions?  Yes  No  N/A
- e. If any of the following were discovered, was an obstruction investigation conducted?  
*Explain reason(s) and obstruction investigation findings in the Comments*  Yes  No  N/A
  - 1. Defective intake screen on pump supplied from open sources
  - 2. Obstructive material discharged during flow tests
  - 3. Foreign material in dry-pipe valves, check valves or pumps
  - 4. Foreign material in water during drain test or plugging of inspector's test connection
  - 5. Plugging of pipe or sprinklers found during activation or work
  - 6. Record of broken mains in the vicinity
  - 7. Abnormally frequent false-tripping of dry-pipe valves
  - 8. Failure to flush yard piping or surrounding mains following new installation or repairs
  - 9. System is returned to service after an extended period of time out of service (more than one year)
  - 10. There is reason to believe the system contains sodium silicate or its derivatives or highly corrosive fluxes in copper pipe
  - 11. Raw water was pumped into the fire department connection
  - 12. Pinhole leaks
- f. If conditions were found that required flushing, was flushing of the system conducted?  Yes  No  N/A
- g. Was a drain test conducted after opening any closed valves?  Yes  No  N/A
- h. Adjusted, repaired, reconditioned or replaced components had the associated tests and/or inspections performed?  Yes  No  N/A

**2. Annual Maintenance Items (in addition to previous items)**

- a. Operating stem of all OS&Y valves lubricated, completely closed, and reopened?  Yes  No  N/A
- b. Sprinklers and spray nozzles protecting commercial cooking equipment and ventilating systems replaced except for bulb-type which show no signs of grease build up?  Yes  No  N/A

**Part III - Comments**

Any "No" answers, test failures or other problems found with the sprinkler 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.

**Part IV - Inspector's Information**

Inspected By \_\_\_\_\_  
 Inspector License: \_\_\_\_\_ Pete Fecteau  
UA-1198744

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 \_\_\_\_\_



**Ryan Fireprotection Inc.**  
9740 E. 148th St.  
Noblesville, IN 46060  
Phone: 800-409-7606

Date

*[Handwritten Signature]*

4/10/2023

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



**Location Code:** NWHHYJQ

**Contact:** Mike Dirr

**Contact Address:** 100 North Senate Avenue N340  
Indianapolis, IN 46204

**Phone:** 317-358-3230

**Email:** mdirr@isp.in.gov

**Property Evaluated:** Indiana State Police Post #24 (Not  
Specified)  
1425 Miami Trail  
Bremen, IN 46506

**Description:** Fire Alarm (Fire Alarm )

**Job Number:** 28474929

**Company:** Ryan Fireprotection Inc.

**Address:** 9740 E. 148th St.  
Noblesville, IN 46060

**Company Phone:** 800-409-7606

**Inspector:** James Strejc

**Date of Work:** 4/11/2023

**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





**Ryan Fireprotection Inc.**  
 9740 E. 148th St.  
 Noblesville, IN 46060  
 Phone: 800-409-7606

## 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:

- All questions are to be answered *Yes, No, or Not Applicable*. All "No" answers are to be explained in the *Comments* for this form.
- 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 4/11/2023

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

### 1. Property Information

Owner: Mike Dirr

Owner's Phone Number: 317-358-3230

Owner's Address: 100 North Senate Avenue N340, Indianapolis, IN, 46204

Property Being Evaluated: Indiana State Police Post #24 (Not Specified)

Property Address: 1425 Miami Trail, Bremen, IN, 46506

Assembly Description: Fire Alarm (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

Owner or Representative Signature: Hugh Masterman  
[Signature]

Date: 4/11/2023

### 3. Monitoring Information

Monitoring organization: Not monitored

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: Silent Knight

Model number: IFP-100

4.2 Software and Firmware Revision number: 8.7

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

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

Nominal voltage: 120VAC

Amps: 20

Location: EM CKT 29

Overcurrent protection type: Breaker

Amps: 20

Disconnecting means location: EM CKT 29

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

Type: 12V 18Ah

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:	N/A	N/A
Building management:	Hugh Masterman	6:00
Building occupants:	N/A	N/A
Authority Having Jurisdiction:	N/A	N/A
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 checked="" type="checkbox"/> Yes <input 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 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 checked="" type="checkbox"/> Yes <input 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 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 checked="" type="checkbox"/> Yes <input 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 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 checked="" type="checkbox"/> Yes <input 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 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 checked="" type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> Yes <input 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 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

**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:	N/A	N/A
Building management:	Hugh Masterman	9:00
Building occupants:	N/A	N/A
Authority Having Jurisdiction:	N/A	N/A
Other, if required:		

**8. System Restored To Normal Operation**

Date: 4/11/2023

Time: 9:00

**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: James Strejc  
 Inspector License: Not Specified

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.



**Ryan Fireprotection Inc.**  
9740 E. 148th St.  
Noblesville, IN 46060  
Phone: 800-409-7606

---

Signature of Inspector

A handwritten signature in black ink, appearing to be "R. Ryan", written over a horizontal line.

Date

4/11/2023

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



**Location Code:** GEKLESX

**Contact:** Randy Hodge

**Contact Address:** 100 North Senate Avenue N340  
Indianapolis, IN 46204

**Phone:**

**Email:** Rhodge@isp.in.gov

**Property Evaluated:** Indiana State Police Post #22 (Not  
Specified)  
5811 Ellison Road  
Fort Wayne, IN 46804

**Description:** Fire Alarm (Mechanical Room Closet)

**Job Number:** 28474948

**Company:** Ryan Fireprotection Inc.

**Address:** 9740 E. 148th St.  
Noblesville, IN 46060

**Company Phone:** 800-409-7606

**Inspector:** Ty Palmer

**Date of Work:** 5/11/2023

**Frequency:** Annual

---

## Deficiency Summary

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

---

## General Comments

Moduel 37 did not report to panel. CoD detector was tested with push button.  
Duct detector not tested due to access



**Ryan Fireprotection Inc.**  
 9740 E. 148th St.  
 Noblesville, IN 46060  
 Phone: 800-409-7606

## 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 \_\_\_\_\_ 5/11/2023

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

### 1. Property Information

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

Randy Hodge

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

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

100 North Senate Avenue N340, Indianapolis, IN, 46204

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

Indiana State Police Post #22 (Not Specified)

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

5811 Ellison Road, Fort Wayne, IN, 46804

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

Fire Alarm (Mechanical Room Closet)

### 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

Owner or Representative \_\_\_\_\_

Signature Terry Karst

Date \_\_\_\_\_ 5/11/2023

### 3. Monitoring Information

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

Police Dispatch

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

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

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

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

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

N/A

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

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

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

N/A

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

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

### 4. System Information

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

Manufacturer: Silent Knight

Model number: IFP 300

4.2 Software and Firmware Revision number: 6.02.61

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

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

Nominal voltage: 120 VAC

Amps: 3.6 Amps

Location: Panel LPE (Left of FACP)

Overcurrent protection type: Breaker

Amps: 20 Amps

Disconnecting means location: Circuit #2

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

Type: Batteries

Location: Panel

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): \_\_\_\_\_

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

### 5. Notifications Made Prior To Testing

	Contact	Time
Monitoring organization:	Post Command	0800
Building management:	Post Command	0800
Building occupants:	N/A	N/A
Authority Having Jurisdiction:	N/A	N/A
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 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 checked="" type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> Yes <input 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 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 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 checked="" type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> Yes <input 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 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 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 checked="" type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> Yes <input 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 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 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:	Post Command	1030
Building management:	Post Command	1030
Building occupants:	N/A	N/A
Authority Having Jurisdiction:	N/A	N/A
Other, if required:		

**8. System Restored To Normal Operation**

Date: 5/11/2023  
 Time: 1030

**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: Ty Palmer  
 Inspector License: Not Specified

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.



**Ryan Fireprotection Inc.**  
9740 E. 148th St.  
Noblesville, IN 46060  
Phone: 800-409-7606

---

Signature of Inspector

A handwritten signature in black ink, consisting of several loops and a long horizontal stroke.

Date

5/11/2023

## 5 Testing

The CM-E1 should be tested monthly by pushing the TEST/RESET switch; see TEST/RESET switch section. This is the recommended way to test the unit or units after installation. Though there is no field calibration procedure for this unit, there is a field test procedure. The CM-E1 should be tested annually by using the CME1-FTG aerosol carbon monoxide field test gas; see FIELD TEST section. All CM-E1 units are factory calibrated and 100% tested for proper operation. The unit also has the ability to automatically self-test and does so every 2 1/2-minute cycle. If the unit detects an improper voltage or inoperable component it will default into Trouble mode. See TROUBLE INDICATOR section. Check that the CM-E1 status indicator light is illuminated, (Green) continuously. If not, do not proceed with the tests.

### 5.1 Field Test

The Macurco CME1-FTG is an aerosol carbon monoxide field test gas that can be used with the CM-E1 carbon monoxide detectors. This field test gas allows users and installers to do a quick functionality test of the CO sensor. The CME1-FTG is an 11liter (L), 500ppm CO/Air mixture in an aerosol can. The flow rate of the CME1-FTG is 10 liters per minute (LPM) so there is enough gas to test 20-30 sensors.

1. To enter in Field Test Mode, start from Normal Mode (LED is steady Green) and quickly press the TEST/RESET button 5 times within 4 seconds. When the Field Test Mode is started the buzzer will double beep once and the LED will flash Amber

NOTE: If the button press does not follow the pattern required to enter Field Test Mode, the CM-E1 will simply enter the 2 ½ minute Self-Test Mode as if the test button was pressed once for less than 5 seconds. If anytime during Field Test Mode there is a trouble, the LED flashes Red and buzzer double beeps every 15 seconds.

2. With the LED flashing Amber, aim the nozzle of the aerosol can at the buzzer grate area. Direct the gas into the housing by placing the nozzle of the aerosol can into one of the buzzer grate holes and pull the trigger to spray the gas into the housing for 2-3 seconds.

NOTE: The detector waits to pass the Field Test for a maximum of 5 minutes. If after 5 minutes Field Test is not passed detector enters in trouble mode when the LED flashes Red and buzzer double beeps every 15 seconds. If Field Test is passed the LED displays flashing Green and buzzer double beeps every 15 seconds indicating that the test was successful.

3. Wait for a few seconds. The LED should begin to flash Green rapidly and the buzzer should double beep every 15 seconds indicating a pass of the field test.
4. Press the button once to return to Normal Mode.

NOTE: If the LED does not change within 10 seconds indicating a pass of the field test, there are four possibilities:

- a. The gas cylinder is empty, replace the gas cylinder.
- b. The gas was not directed into the housing. Direct the gas into the housing by placing the nozzle of the aerosol can into one of the buzzer grate holes and pull the trigger to spray the gas into the housing for 2-3 seconds.
- c. The gas is expired or degraded. Replace the gas cylinder.
- d. Detector is in need of servicing. Return unit to factory for servicing.



Transient CO situations (continued)

- 4) Car idling in an open or closed attached garage, or near a home.

The CM-15/15A will automatically reset once the air clears.

#### **RESET/TEST SWITCH**

The switch on the front of the CM-15/15A's, labeled "PUSH HERE TO TEST OR RESET" performs a dual function. During normal operation, one push will place the unit into a test mode, where it will perform various tests, including switching the alarm relay and turning the status light RED for five seconds, and the CM-15A buzzer will cycle twice during the 5 seconds. When the alarm relay switches, the Normally Open contact becomes closed, and vice versa.

If the CM-15/15A is in an alarm condition due to detection of carbon monoxide, one push of the switch will cause the alarm buzzer to turn off, the status light to turn GREEN and the alarm relay to switch, *after the five second test*. If CO is still present, the status light will again switch to RED and the alarm relay will close; and the buzzer will sound after a one-minute delay.

#### **TROUBLE SIGNAL**

The Trouble signal is determined by the configuration of the alarm panel. The CM-15/15A trouble relay provides an open circuit for actuation of the control panel circuits. See ERRORS below. Various parameters are continuously monitored by the CM-15/15A computer, and will open the Trouble relay when such a condition occurs. Failure of power supplies in the CM-15/15A or a lack of power to the detector will result in the Trouble relay opening, and the status light will be OFF (blank). The most common expected trouble would be a break in the wiring between the control panel and the CM-15/15A.

#### **ERRORS**

The computer in the CM-15/15A continuously monitors various operating parameters. If a problem is found, the unit will switch to an Error mode. The status light will flash AMBER, and the trouble relay will open. Turn off the power to the unit, wait a few seconds, then turn power back on to reset the unit. If this problem persists, your detector requires repair.

#### **WHEN A TROUBLE SIGNAL OCCURS**

Call the alarm panel installer for advice. The CM-15/15A does not require periodic maintenance, and there is no field calibration procedure. The unit should be returned to Macurco in order to comply with your Warranty.

#### **SENSOR POISONS**

The gas sensor in the detector is designed with extreme sensitivity to the environment. As a result, the sensing function of the tip may be deteriorated if it is exposed to a direct spray from aerosols such as paints, silicone vapors, etc., or to a high density of corrosive gases (such as hydrogen sulfide or sulfur dioxide) for an extended period of time.

#### **LIMITED WARRANTY**

The CM-15 and CM-15A CO detectors are warranted to be free from defective material and workmanship for a period of two (2) years from the date of manufacture (stamped on the unit). If any component becomes defective during the warranty period, it will be replaced or repaired free of charge, if the unit is returned in accordance with the instructions below. This warranty does not apply to units that have been altered or had repair attempted, or that have been subjected to abuse, accidental or otherwise. The above warranty is in lieu of all other express warranties, obligations or liabilities. THE IMPLIED WARRANTIES OF MERCHANTABILITY AND FITNESS FOR PARTICULAR PURPOSE ARE LIMITED TO A PERIOD OF TWO (2) YEARS FROM THE DATE OF MANUFACTURE. Macurco shall not be liable for any incidental or consequential damages for breach of this or any other warranty express or implied arising out of or related to the use of said CO detector. Manufacturer or its agents liability shall be limited to replacement or repair as set forth above. Buyer's sole and exclusive remedies are return of the goods and repayment of the price, or repair and replacement of non-conforming goods or parts. (The Uniform Commercial Code applicable in the State of Colorado shall govern.)

#### **RETURN INSTRUCTIONS**

Call (303) 781-4062 for a Return Authorization number. Then carefully pack the detector with a written description of the nature of the return. Send the unit to the following address:

**Macurco Inc.  
3946 South Mariposa Street  
Englewood, Colorado 80110**

# Fire Alarm Supplementary Form



**Location Code:** GEKLESX

**Contact:** Randy Hodge

**Contact Address:** 100 North Senate Avenue N340  
Indianapolis, IN 46204

**Phone:**

**Email:** Rhodge@isp.in.gov

**Property Evaluated:** Indiana State Police Post #22 (Not Specified)  
5811 Ellison Road  
Fort Wayne, IN 46804

**Description:** Fire Alarm Supplement (Devices)

**Job Number:** 28474948

**Company:** Ryan Fireprotection Inc.

**Address:** 9740 E. 148th St.  
Noblesville, IN 46060

**Company Phone:** 800-409-7606

**Inspector:** Ty Palmer

**Date of Work:** 5/11/2023

**Frequency:** Annual

---

## Deficiency Summary

**Status:** Open

**Severity:** Critical

Deficiency for Device Type: CoD, Address: 037, Location: Garage Co2 West.

CoD was tested with push button. Moduel did not report to panel. Honeywell SD-500MIM.

---

## General Comments

Moduel 37 did not report to panel. CoD detector was tested with push button.

Duct detector not tested due to access



**Ryan Fireprotection Inc.**  
 9740 E. 148th St.  
 Noblesville, IN 46060  
 Phone: 800-409-7606

## Fire Alarm Supplementary Form

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

Annual

Date of Work

5/11/2023

Account Information		
Facility Name: Indiana State Police Post #22	Property Type: Not Specified	Location Code: GEKLESX
Service Address: 5811 Ellison Road, Fort Wayne, IN, 46804		
Owner: Randy Hodge	Owner's Phone:	
Owner's Address: 100 North Senate Avenue N340, Indianapolis, IN, 46204		

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
STROBE - Strobes	TS - Tamper Switch	WF - Waterflow		

Type	Total	Tested	Not Tested	Passed	Failed
BATT	1	1	0	1	0
DD	2	1	1	1	0
Horn Strobe	1	1	0	1	0
Relay Module	1	1	0	1	0
STROBE	1	1	0	1	0

Type	Total	Tested	Not Tested	Passed	Failed
CoD	2	2	0	1	1
HD	2	2	0	2	0
PS	7	7	0	7	0
SD-Photo	26	26	0	26	0

Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
PS	001	1 - Main Lobby		Annual	5/11/2023	Pass	
PS	002	1 - Rear Exit		Annual	5/11/2023	Pass	
PS	003	1 - Lab Exit		Annual	5/11/2023	Pass	
PS	004	1 - Mech Rm		Annual	5/11/2023	Pass	
PS	005	1 - Garage		Annual	5/11/2023	Pass	
PS	006	1 - Mezzanine		Annual	5/11/2023	Pass	



**Ryan Fireprotection Inc.**  
 9740 E. 148th St.  
 Noblesville, IN 46060  
 Phone: 800-409-7606

Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
SD-Photo	007	1 - Lobby		Annual	5/11/2023	Pass	
SD-Photo	008	1 - WFC Hallway		Annual	5/11/2023	Pass	
SD-Photo	009	1 - Communication Rm		Annual	5/11/2023	Pass	
SD-Photo	010	1 - North Hallway		Annual	5/11/2023	Pass	
SD-Photo	011	1 - CID Hallway		Annual	5/11/2023	Pass	
SD-Photo	012	1 - CID South Hallway		Annual	5/11/2023	Pass	
SD-Photo	013	1 - Storage Rm		Annual	5/11/2023	Pass	
SD-Photo	014	1 - East Hallway		Annual	5/11/2023	Pass	
SD-Photo	015	1 - IBIS/DNA Hallway		Annual	5/11/2023	Pass	
SD-Photo	016	1 - Lab Tech Hall		Annual	5/11/2023	Pass	
SD-Photo	017	1 - Serology		Annual	5/11/2023	Pass	
SD-Photo	018	1 - South Hallway		Annual	5/11/2023	Pass	
SD-Photo	019	1 - Ballistics Hallway		Annual	5/11/2023	Pass	
SD-Photo	020	1 - Staff Secretary		Annual	5/11/2023	Pass	
SD-Photo	021	1 - Radio Equipment		Annual	5/11/2023	Pass	
SD-Photo	022	1 - Garage Evidence Rm		Annual	5/11/2023	Pass	
SD-Photo	023	1 - Mezzanine Stairway		Annual	5/11/2023	Pass	
SD-Photo	024	1 - Mechanical Rm West		Annual	5/11/2023	Pass	
SD-Photo	025	1 - Mechanical Room East		Annual	5/11/2023	Pass	
SD-Photo	026	1 - Garage Storage		Annual	5/11/2023	Pass	
SD-Photo	027	1 - Garage Shower Room		Annual	5/11/2023	Pass	
SD-Photo	028	1 - Mezzanine West		Annual	5/11/2023	Pass	
SD-Photo	029	1 - Mezzanine East		Annual	5/11/2023	Pass	
SD-Photo	030	1 - Mezzanine North		Annual	5/11/2023	Pass	
SD-Photo	031	1 - Mezzanine Evidence		Annual	5/11/2023	Pass	
DD	032	1 - Duct Return	Unable to access duento duct being right above		9/22/2022	N/A	
PS	033	1 - Training Rm		Annual	5/11/2023	Pass	
HD	034	1 - Kitchen		Annual	5/11/2023	Pass	
HD	035	1 - Generator Rm		Annual	5/11/2023	Pass	
CoD	036	1 - Garage Co2 East	Tested with test switch On West Wall	Annual	5/11/2023	Pass	
CoD	037	1 - Garage Co2 West	Tested with test switch On East Wall	Annual	5/11/2023	Fail	Critical, CoD was tested with push button. Moduel did not report to panel. Honeywell SD-500MIM.
DD	038	1 - Duct Supply	Not tested with Monometer	Annual	5/11/2023	Pass	
SD-Photo	039	1 - Vault		Annual	5/11/2023	Pass	



**Ryan Fireprotection Inc.**  
 9740 E. 148th St.  
 Noblesville, IN 46060  
 Phone: 800-409-7606

Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
Relay Module	077	1 - Small IT closet	Access control	Annual	5/11/2023	Pass	
Horn Strobe	N/A	1 - All in building		Annual	5/11/2023	Pass	
STROBE	N/A	1 - All in building		Annual	5/11/2023	Pass	
BATT	N/A	1 - Inside FACP	Date: 9/22/22 2-12v18amp x2 100%	Annual	5/11/2023	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

\_\_\_\_\_  
 Ty Palmer  
 Not Specified

  
 \_\_\_\_\_  
 5/11/2023

## 5 Testing

The CM-E1 should be tested monthly by pushing the TEST/RESET switch; see TEST/RESET switch section. This is the recommended way to test the unit or units after installation. Though there is no field calibration procedure for this unit, there is a field test procedure. The CM-E1 should be tested annually by using the CME1-FTG aerosol carbon monoxide field test gas; see FIELD TEST section. All CM-E1 units are factory calibrated and 100% tested for proper operation. The unit also has the ability to automatically self-test and does so every 2 1/2-minute cycle. If the unit detects an improper voltage or inoperable component it will default into Trouble mode. See TROUBLE INDICATOR section. Check that the CM-E1 status indicator light is illuminated, (Green) continuously. If not, do not proceed with the tests.

### 5.1 Field Test

The Macurco CME1-FTG is an aerosol carbon monoxide field test gas that can be used with the CM-E1 carbon monoxide detectors. This field test gas allows users and installers to do a quick functionality test of the CO sensor. The CME1-FTG is an 11liter (L), 500ppm CO/Air mixture in an aerosol can. The flow rate of the CME1-FTG is 10 liters per minute (LPM) so there is enough gas to test 20-30 sensors.

1. To enter in Field Test Mode, start from Normal Mode (LED is steady Green) and quickly press the TEST/RESET button 5 times within 4 seconds. When the Field Test Mode is started the buzzer will double beep once and the LED will flash Amber

NOTE: If the button press does not follow the pattern required to enter Field Test Mode, the CM-E1 will simply enter the 2 ½ minute Self-Test Mode as if the test button was pressed once for less than 5 seconds. If anytime during Field Test Mode there is a trouble, the LED flashes Red and buzzer double beeps every 15 seconds.

2. With the LED flashing Amber, aim the nozzle of the aerosol can at the buzzer grate area. Direct the gas into the housing by placing the nozzle of the aerosol can into one of the buzzer grate holes and pull the trigger to spray the gas into the housing for 2-3 seconds.

NOTE: The detector waits to pass the Field Test for a maximum of 5 minutes. If after 5 minutes Field Test is not passed detector enters in trouble mode when the LED flashes Red and buzzer double beeps every 15 seconds. If Field Test is passed the LED displays flashing Green and buzzer double beeps every 15 seconds indicating that the test was successful.

3. Wait for a few seconds. The LED should begin to flash Green rapidly and the buzzer should double beep every 15 seconds indicating a pass of the field test.
4. Press the button once to return to Normal Mode.

NOTE: If the LED does not change within 10 seconds indicating a pass of the field test, there are four possibilities:

- a. The gas cylinder is empty, replace the gas cylinder.
- b. The gas was not directed into the housing. Direct the gas into the housing by placing the nozzle of the aerosol can into one of the buzzer grate holes and pull the trigger to spray the gas into the housing for 2-3 seconds.
- c. The gas is expired or degraded. Replace the gas cylinder.
- d. Detector is in need of servicing. Return unit to factory for servicing.



Transient CO situations (continued)

- 4) Car idling in an open or closed attached garage, or near a home.

The CM-15/15A will automatically reset once the air clears.

#### RESET/TEST SWITCH

The switch on the front of the CM-15/15A's, labeled "PUSH HERE TO TEST OR RESET" performs a dual function. During normal operation, one push will place the unit into a test mode, where it will perform various tests, including switching the alarm relay and turning the status light RED for five seconds, and the CM-15A buzzer will cycle twice during the 5 seconds. When the alarm relay switches, the Normally Open contact becomes closed, and vice versa.

If the CM-15/15A is in an alarm condition due to detection of carbon monoxide, one push of the switch will cause the alarm buzzer to turn off, the status light to turn GREEN and the alarm relay to switch, *after the five second test*. If CO is still present, the status light will again switch to RED and the alarm relay will close; and the buzzer will sound after a one-minute delay.

#### TROUBLE SIGNAL

The Trouble signal is determined by the configuration of the alarm panel. The CM-15/15A trouble relay provides an open circuit for actuation of the control panel circuits. See ERRORS below. Various parameters are continuously monitored by the CM-15/15A computer, and will open the Trouble relay when such a condition occurs. Failure of power supplies in the CM-15/15A or a lack of power to the detector will result in the Trouble relay opening, and the status light will be OFF (blank). The most common expected trouble would be a break in the wiring between the control panel and the CM-15/15A.

#### ERRORS

The computer in the CM-15/15A continuously monitors various operating parameters. If a problem is found, the unit will switch to an Error mode. The status light will flash AMBER, and the trouble relay will open. Turn off the power to the unit, wait a few seconds, then turn power back on to reset the unit. If this problem persists, your detector requires repair.

#### WHEN A TROUBLE SIGNAL OCCURS

Call the alarm panel installer for advice. The CM-15/15A does not require periodic maintenance, and there is no field calibration procedure. The unit should be returned to Macurco in order to comply with your Warranty.

#### SENSOR POISONS

The gas sensor in the detector is designed with extreme sensitivity to the environment. As a result, the sensing function of the tip may be deteriorated if it is exposed to a direct spray from aerosols such as paints, silicone vapors, etc., or to a high density of corrosive gases (such as hydrogen sulfide or sulfur dioxide) for an extended period of time.

#### LIMITED WARRANTY

The CM-15 and CM-15A CO detectors are warranted to be free from defective material and workmanship for a period of two (2) years from the date of manufacture (stamped on the unit). If any component becomes defective during the warranty period, it will be replaced or repaired free of charge, if the unit is returned in accordance with the instructions below. This warranty does not apply to units that have been altered or had repair attempted, or that have been subjected to abuse, accidental or otherwise. The above warranty is in lieu of all other express warranties, obligations or liabilities. THE IMPLIED WARRANTIES OF MERCHANTABILITY AND FITNESS FOR PARTICULAR PURPOSE ARE LIMITED TO A PERIOD OF TWO (2) YEARS FROM THE DATE OF MANUFACTURE. Macurco shall not be liable for any incidental or consequential damages for breach of this or any other warranty express or implied arising out of or related to the use of said CO detector. Manufacturer or its agents liability shall be limited to replacement or repair as set forth above. Buyer's sole and exclusive remedies are return of the goods and repayment of the price, or repair and replacement of non-conforming goods or parts. (The Uniform Commercial Code applicable in the State of Colorado shall govern.)

#### RETURN INSTRUCTIONS

Call (303) 781-4062 for a Return Authorization number. Then carefully pack the detector with a written description of the nature of the return. Send the unit to the following address:

Macurco Inc.  
3946 South Mariposa Street  
Englewood, Colorado 80110

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



**Location Code:** UBVXVSC

**Contact:** Gary Fuller

**Contact Address:** 8500 East 21st Street  
Indianapolis, IN 46219

**Phone:** 317-694-8572

**Email:** gfuller@isp.IN.gov

**Property Evaluated:** Indiana State Police Post #14 (Not Specified)  
5921 Indiana 43  
West Lafayette, IN 47906

**Description:** Fire Alarm (Main building )

**Job Number:** 18191401

**Company:** Ryan Fireprotection Inc.

**Address:** 9740 E. 148th St.  
Noblesville, IN 46060

**Company Phone:** 800-409-7606

**Inspector:** Shaun Whitus

**Date of Work:** 4/22/2020

**Frequency:** Annual

---

## Attached Files

There are no attachments for this submission

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## Deficiency Summary

**Status:** Open

**Severity:** Critical

6.2 Secondary Power

Discharge test - Visual Inspection: Yes, Functional Test: Yes

Need replaced

---

## General Comments

There are no general comments for this submission





**Ryan Fireprotection Inc.**  
 9740 E. 148th St.  
 Noblesville, IN 46060  
 Phone: 800-409-7606

## 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:

- All questions are to be answered *Yes, No, or Not Applicable*. All "No" answers are to be explained in the *Comments* for this form.
- 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 4/22/2020

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

### 1. Property Information

Owner: Gary Fuller

Owner's Phone Number: 317-694-8572

Owner's Address: 8500 East 21st Street, Indianapolis, IN, 46219

Property Being Evaluated: Indiana State Police Post #14 (Not Specified)

Property Address: 5921 Indiana 43, West Lafayette, IN, 47906

Assembly Description: Fire Alarm (Main building )

### 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

Owner or Representative Signature Randy

Date 4/22/2020

### 3. Monitoring Information

Monitoring organization: Police dispatch

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

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

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

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

Account number: N/A

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

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

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

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

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

### 4. System Information

4.1 Control Unit:

Manufacturer: Silent Knight

Model number: IFP-100

4.2 Software and Firmware Revision number: Unknown

4.3 System Power:

4.3.1 Primary (Main) Power:

Nominal voltage: 120

Amps: 20

Location: Inside FACP

Overcurrent protection type: Breaker

Amps: 20

Disconnecting means location: Panel EAP #14

4.3.2 Secondary Power:

Type: Batteries

Location: Inside 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): \_\_\_\_\_

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

### 5. Notifications Made Prior To Testing

	Contact	Time
Monitoring organization:	Police Dispatch	8:00
Building management:	Yes	8:00
Building occupants:	Yes	8:00
Authority Having Jurisdiction:	N/A	N/A
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 checked="" type="checkbox"/> Yes <input 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 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 checked="" type="checkbox"/> Yes <input 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 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 checked="" type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> Yes <input 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 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 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 checked="" type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pass <input checked="" type="checkbox"/> Fail <input type="checkbox"/> N/A
Charger test	<input checked="" type="checkbox"/> Yes <input 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 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

**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:	Police dispatch	N/A
Building management:	Yes	12:00
Building occupants:	Yes	12:00
Authority Having Jurisdiction:	N/A	N/A
Other, if required:		

**8. System Restored To Normal Operation**

Date: 4/22/2020  
 Time: 12:00

**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: Shaun Whitus  
 Inspector License: Not Specified

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



**Ryan Fireprotection Inc.**  
9740 E. 148th St.  
Noblesville, IN 46060  
Phone: 800-409-7606

---

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.

Signature of Inspector

A handwritten signature in black ink, appearing to be "R. Ryan", written over a horizontal line.

Date

4/22/2020

# Fire Alarm Supplementary Form



**Location Code:** KKZXNEH

**Contact:** Randy Hodge

**Contact Address:** 100 North Senate Avenue N340  
Indianapolis, IN 46204

**Phone:**

**Email:** Rhodge@isp.in.gov

**Property Evaluated:** Indiana State Police Post #16 (Not Specified)  
1451 East Eel River Cemetery Road  
Peru, IN 46970

**Description:** Fire Alarm Supplement (Devices )

**Job Number:** 28474937

**Company:** Ryan Fireprotection Inc.

**Address:** 9740 E. 148th St.  
Noblesville, IN 46060

**Company Phone:** 800-409-7606

**Inspector:** Nelson Nieves

**Date of Work:** 4/11/2023

**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



**Ryan Fireprotection Inc.**  
 9740 E. 148th St.  
 Noblesville, IN 46060  
 Phone: 800-409-7606

## Fire Alarm Supplementary Form

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

Annual

Date of Work

4/11/2023

Account Information		
Facility Name: Indiana State Police Post #16	Property Type: Not Specified	Location Code: KKZXNEH
Service Address: 1451 East Eel River Cemetery Road, Peru, IN, 46970		
Owner: Randy Hodge	Owner's Phone:	
Owner's Address: 100 North Senate Avenue N340, Indianapolis, IN, 46204		

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
STROBE - Strobes	TS - Tamper Switch	WF - Waterflow		

Type	Total	Tested	Not Tested	Passed	Failed
BATT	1	1	0	1	0
DD	6	6	0	6	0
HD	1	1	0	1	0
SD	26	26	0	26	0

Type	Total	Tested	Not Tested	Passed	Failed
CoD	2	2	0	2	0
H/S	1	1	0	1	0
PS	9	9	0	9	0

Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
PS	001	1 - Main entry		Annual	4/11/2023	Pass	
PS	002	1 - Training room E exit		Annual	4/11/2023	Pass	
PS	003	1 - Training room West exit		Annual	4/11/2023	Pass	
PS	004	1 - West exit		Annual	4/11/2023	Pass	
PS	005	1 - Mechanical room exit		Annual	4/11/2023	Pass	
PS	006	1 - Evidence area exit	Need to verify that person in charge is there for inspection. Prior to.	Annual	4/11/2023	Pass	



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 Phone: 800-409-7606

Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
PS	007	1 - Evidence room exit	Need to verify that person in charge is there for inspection. Prior to.	Annual	4/11/2023	Pass	
PS	008	1 - Garage exit		Annual	4/11/2023	Pass	
PS	009	1 - Garage mezzanine exit		Annual	4/11/2023	Pass	
SD	010	1 - Main lobby		Annual	4/11/2023	Pass	
SD	011	1 - By records room		Annual	4/11/2023	Pass	
SD	012	1 - By phone room		Annual	4/11/2023	Pass	
SD	013	1 - Phone room		Annual	4/11/2023	Pass	
SD	014	1 - Lab		Annual	4/11/2023	Pass	
SD	015	1 - By room 107		Annual	4/11/2023	Pass	
SD	016	1 - By radio room		Annual	4/11/2023	Pass	
SD	017	1 - South control hallway		Annual	4/11/2023	Pass	
SD	018	1 - By PIO room		Annual	4/11/2023	Pass	
SD	019	1 - Office MAT store room		Annual	4/11/2023	Pass	
SD	020	1 - Training room storage		Annual	4/11/2023	Pass	
SD	021	1 - Investigation room 110		Annual	4/11/2023	Pass	
SD	022	1 - By Investigation room 110		Annual	4/11/2023	Pass	
SD	023	1 - Old cell room		Annual	4/11/2023	Pass	
SD	024	1 - Radio room		Annual	4/11/2023	Pass	
SD	025	1 - Mechanical room East		Annual	4/11/2023	Pass	
SD	026	1 - Mechanical room West		Annual	4/11/2023	Pass	
SD	027	1 - Garage mechanical room		Annual	4/11/2023	Pass	
SD	028	1 - Garage lawn storage room		Annual	4/11/2023	Pass	
SD	029	1 - Evidence room exit	Need to verify that person in charge is there for inspection. Prior to.	Annual	4/11/2023	Pass	
DD	030	1 - Training room AHU	Shuts down all building air handlers	Annual	4/11/2023	Pass	
SD	031	1 - Garage mezzanine oil drum		Annual	4/11/2023	Pass	
SD	032	1 - Garage mezzanine SW		Annual	4/11/2023	Pass	
SD	033	1 - Garage mezzanine NW		Annual	4/11/2023	Pass	
SD	034	1 - Vault	Need to verify that person in charge is there for inspection. Prior to.	Annual	4/11/2023	Pass	
DD	035	1 - Training room AHU	Shuts down all building air handlers	Annual	4/11/2023	Pass	
DD	036	1 - Building AHU Supply	Shuts down all building air handlers	Annual	4/11/2023	Pass	
HD	037	1 - Generator room		Annual	4/11/2023	Pass	
DD	038	1 - Building AHU Return	Shuts down all building air handlers. Need 12ft ladder to reach.	Annual	4/11/2023	Pass	
DD	039	1 - Garage AHU Supply	Shuts down all building air handlers. Tested by button due to reach.	Annual	4/11/2023	Pass	



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 Noblesville, IN 46060  
 Phone: 800-409-7606

Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
DD	040	1 - Garage AHU Return	Shuts down all building air handlers. Tested by button due to accessibility of detector.	Annual	4/11/2023	Pass	
SD	041	1 - Garage mezzanine stairs		Annual	4/11/2023	Pass	
SD	042	1 - By evidence room		Annual	4/11/2023	Pass	
CoD	050	1 - Garage	Test button only, no function test.	Annual	4/11/2023	Pass	
CoD	051	1 - Garage		Annual	4/11/2023	Pass	
BATT	FACP	1 - Inside FACP	Two 12V/18Ah Dated 2018 Tested @ 90%	Annual	4/11/2023	Pass	
H/S	NAC	1 - All in building		Annual	4/11/2023	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**

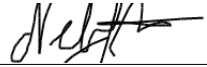
Inspected By

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

\_\_\_\_\_  
 Nelson Nieves  
 \_\_\_\_\_  
 Not Specified  
 \_\_\_\_\_  
  
 \_\_\_\_\_  
 4/11/2023

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



**Location Code:** HOBLJMY

**Contact:** Randy briolette

**Contact Address:** 100 North Senate Avenue N340  
Indianapolis, IN 46204

**Phone:** 317-273-3217

**Email:** rbriolette@isp.in.gov

**Property Evaluated:** Indiana State Police Post #13 (Not  
Specified)  
1550 East 181st Avenue  
Lowell, IN 46356

**Description:** Fire Alarm (Main building )

**Job Number:** 28998317

**Company:** Ryan Fireprotection Inc.

**Address:** 9740 E. 148th St.  
Noblesville, IN 46060

**Company Phone:** 800-409-7606

**Inspector:** Connor Jones

**Date of Work:** 4/10/2023

**Frequency:** Annual

---

## Deficiency Summary

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

---

## General Comments

No deficiencies found during this inspection.

In 2024 they should be moved into new building next door. Existing building will still be occupied. However the existing building will most likely not be staffed 24/7 like it now. Recommended that the existing building ties into the new building for monitoring, or existing building receives its own monitoring account. System normal upon departure.





**Ryan Fireprotection Inc.**  
 9740 E. 148th St.  
 Noblesville, IN 46060  
 Phone: 800-409-7606

## 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:

- All questions are to be answered *Yes, No, or Not Applicable*. All "No" answers are to be explained in the *Comments* for this form.
- 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 4/10/2023

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

### 1. Property Information

Owner: Randy briolette

Owner's Phone Number: 317-273-3217

Owner's Address: 100 North Senate Avenue N340, Indianapolis, IN, 46204

Property Being Evaluated: Indiana State Police Post #13 (Not Specified)

Property Address: 1550 East 181st Avenue, Lowell, IN, 46356

Assembly Description: Fire Alarm (Main building )

**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

Owner or Representative Signature: Randy

Date: 4/10/2023

**3. Monitoring Information**

Monitoring organization: Police dispatch

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

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

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

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

Account number: Local Only

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

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

Means of transmission: Annunciator in Dispatch Office

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

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

### 4. System Information

4.1 Control Unit: Manufacturer: Silent Knight

Model number: IFP-100

4.2 Software and Firmware Revision number: Unknown

4.3 System Power:

4.3.1 Primary (Main) Power: Nominal voltage: 120

Amps: 20

Location: Inside FACP

Overcurrent protection type: Breaker

Amps: 20

Disconnecting means location: Panel LPE #33

4.3.2 Secondary Power: Type: Batteries

Location: Inside 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): \_\_\_\_\_

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

### 5. Notifications Made Prior To Testing

\_\_\_\_\_

\_\_\_\_\_

	Contact	Time
Monitoring organization:	Local alarm	8:30
Building management:	Randy	8:30
Building occupants:	N/a	8:30
Authority Having Jurisdiction:	N/a	8:30
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 checked="" type="checkbox"/> Yes <input 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 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 checked="" type="checkbox"/> Yes <input 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 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 checked="" type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> Yes <input 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 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 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 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 checked="" type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> Yes <input 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 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

**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:	Local alarm only	11:00
Building management:	Randy	11:00
Building occupants:	N/a	11:00
Authority Having Jurisdiction:	N/a	11:00
Other, if required:		

**8. System Restored To Normal Operation**

Date: 4/10/2023

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: Connor Jones

Inspector License: Not Specified

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.



**Ryan Fireprotection Inc.**  
9740 E. 148th St.  
Noblesville, IN 46060  
Phone: 800-409-7606

---

Signature of Inspector

A handwritten signature in black ink, appearing to be "WJF", written over a horizontal line.

Date

4/10/2023

# Clean Agent Suppression System Inspection Report



**Location Code:** PJKXSIZ

**Contact:** Randy Hodge

**Contact Address:** 100 North Senate Avenue N340  
Indianapolis, IN 46204

**Phone:** 317 501-8785 - cell

**Email:** rhodge@isp.in.gov

**Property Evaluated:** Indiana State Police Toll Road Post (Not Specified)  
52422 County Road 17  
Bristol, IN 46507

**Description:** Clean Agent (Dispatch room)

**Job Number:** 28990227

**Company:** Ryan Fireprotection Inc.

**Address:** 9740 E. 148th St.  
Noblesville, IN 46060

**Company Phone:** 800-409-7606

**Inspector:** James Strejc

**Date of Work:** 4/10/2023

**Frequency:** Semi-Annual

---

## Deficiency Summary

**Status:** Open

**Severity:** Critical

Question-26

26. All tanks within proper date?

Hoses Need replaced. Part# 6210260303000 & Part# 6210260267000

\*See attachment below



---

## General Comments

There are no general comments for this submission



**Ryan Fireprotection Inc.**  
 9740 E. 148th St.  
 Noblesville, IN 46060  
 Phone: 800-409-7606

## Clean Agent Suppression System Inspection Report

Account Information		
Facility Name: Indiana State Police Toll Road Post	Property Type: Not Specified	Assembly Description: Clean Agent (Dispatch room)
Service Address: 52422 County Road 17, Bristol, IN, 46507		
Mailing Name: Randy Hodge	Phone: 317 501-8785 - cell	
Mailing Address: 100 North Senate Avenue N340, Indianapolis, IN, 46204		

System Information			
Manufacturer: Notifier	Alarm Panel Model: RP-2002	Tank Style: FM-200	
System Location: Dispatch and server rooms	# of Nozzles: 4	# of Detectors: 8	
<input type="checkbox"/> None	<input checked="" type="checkbox"/> Building Fire Alarm	<input type="checkbox"/> Monitored	<input checked="" type="checkbox"/> Local

Tanks							
Size	Year,	Size	Year,	Size	Year,	Size	Year
590.2	2010						

Detectors					
Qty	Type,	Qty	Type,	Qty	Type,
5	Photo Smoke detector	3	Pull station	3	Abort switch
1	Pressure switch	5	Ion Smoke Detectors		

Electrical Shutdown Bypass:		
<input type="checkbox"/> Equipment	<input checked="" type="checkbox"/> HVAC	<input checked="" type="checkbox"/> Alarms
Points to Disable: Nac1-4 at main panel		
Main Breaker Location: ELS #18		
Notes: 17 1/4" 365psi		
Last Hydro 2010		
Battery : need replaced with (2) 12v 7ah.		

Tester Information		
Frequency: Semi-Annual	Inspected By: James Strejc	Date of Test: 4/10/2023
Tester Signature: 	Certification Number: Not Specified	

Tester Information	
Customer Signature: 	Customer Name: Hugh Masterman

1. Notify AHJ/Monitoring company prior to testing?  Yes  No  N/A
  2. System tamper seals intact upon arrival?  Yes  No  N/A
  3. Gauges in proper range?  Yes  No  N/A
  4. System tripped immediately from terminal link/pull?  Yes  No  N/A
  5. Alarm actuated?  Yes  No  N/A
  6. HVAC damper closed?  Yes  No  N/A
  7. System abort switch tested?  Yes  No  N/A
  8. All smoke detectors tested?  Yes  No  N/A
  9. All pull stations tested?  Yes  No  N/A
  10. Did system solenoids activate?  Yes  No  N/A
  11. Cylinders and mounts ok?  Yes  No  N/A
  12. No obstructions to nozzle spray pattern?  Yes  No  N/A
  13. Owner's manual in place?  Yes  No  N/A
  14. Piping is properly supported?  Yes  No  N/A
  15. Smoke detectors cleaned  Yes  No  N/A
  16. Plenum(s), filters & duct(s) are clean?  Yes  No  N/A
  17. No abandoned pipe or visible holes in room or enclosure?  Yes  No  N/A
  18. System tested from remote manual pull station?  Yes  No  N/A
  19. System valve Actuator(s) tested?  Yes  No  N/A
  20. Warning signs in place?  Yes  No  N/A
  21. Manual trip device present?  Yes  No  N/A
  22. All alarms reset?  Yes  No  N/A
  23. Verify signals reported to central station properly?  Yes  No  N/A
  24. All tanks within proper pressure or chemical level?  Yes  No  N/A
  25. All tanks and actuators reconnected?  Yes  No  N/A
  26. All tanks within proper date?  Yes  No  N/A
  27. All cartridges within proper weight & date?  Yes  No  N/A
  28. System cartridge installed?  Yes  No  N/A
  29. System in service with tamper seals & tags in place?  Yes  No  N/A
  30. System panel in normal operation?  Yes  No  N/A
  31. Appropriate fire extinguishers present?  Yes  No  N/A
- Next service date: 10/10/23

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



**Location Code:** PJKXSIZ

**Contact:** Randy Hodge

**Contact Address:** 100 North Senate Avenue N340  
Indianapolis, IN 46204

**Phone:** 317 501-8785 - cell

**Email:** rhodge@isp.in.gov

**Property Evaluated:** Indiana State Police Toll Road Post (Not  
Specified)  
52422 County Road 17  
Bristol, IN 46507

**Description:** Fire Alarm (Main building )

**Job Number:** 28990227

**Company:** Ryan Fireprotection Inc.

**Address:** 9740 E. 148th St.  
Noblesville, IN 46060

**Company Phone:** 800-409-7606

**Inspector:** James Strejc

**Date of Work:** 4/11/2023

**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



**Ryan Fireprotection Inc.**  
 9740 E. 148th St.  
 Noblesville, IN 46060  
 Phone: 800-409-7606

## 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 4/11/2023

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

### 1. Property Information

Owner: Randy Hodge

Owner's Phone Number: 317 501-8785 - cell

Owner's Address: 100 North Senate Avenue N340, Indianapolis, IN, 46204

Property Being Evaluated: Indiana State Police Toll Road Post (Not Specified)

Property Address: 52422 County Road 17, Bristol, IN, 46507

Assembly Description: Fire Alarm (Main building )

### 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

Owner or Representative Signature: Hugh Mastermen  
*Hugh Mastermen 4/11*

Date: 4/11/2023

### 3. Monitoring Information

Monitoring organization: Police dispatch

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

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

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

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

Account number: N/A

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

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

Means of transmission: N/A

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

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

### 4. System Information

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

Manufacturer: Notifier

Model number: RP2002

4.2 Software and Firmware Revision number: Unknown

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

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

Nominal voltage: 120

Amps: 20

Location: Inside FACP

Overcurrent protection type: Breaker

Amps: 20

Disconnecting means location: Unknown

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

Type: Batteries

Location: Inside 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): \_\_\_\_\_

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

### 5. Notifications Made Prior To Testing

	Contact	Time
Monitoring organization:	N/A	N/A
Building management:	Hugh Mastermen	8:00
Building occupants:	N/A	N/A
Authority Having Jurisdiction:	N/A	N/A
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 checked="" type="checkbox"/> Yes <input 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 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 checked="" type="checkbox"/> Yes <input 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 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 checked="" type="checkbox"/> Yes <input 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 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 checked="" type="checkbox"/> Yes <input 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 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 checked="" type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> Yes <input 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 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

**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:	N/A	N/A
Building management:	Hugh Mastermen	10:00
Building occupants:	N/A	N/A
Authority Having Jurisdiction:	N/A	N/A
Other, if required:		

**8. System Restored To Normal Operation**

Date: 4/11/2023  
 Time: 10:00

**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: James Strejc  
 Inspector License: Not Specified

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.





**Ryan Fireprotection Inc.**  
9740 E. 148th St.  
Noblesville, IN 46060  
Phone: 800-409-7606

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Signature of Inspector

A handwritten signature in black ink, consisting of a stylized 'R' followed by a loop and a horizontal line.

Date

4/11/2023

# Control Valves Form



**Location Code:** PJKXSIZ

**Contact:** Randy Hodge

**Contact Address:** 100 North Senate Avenue N340  
Indianapolis, IN 46204

**Phone:** 317 501-8785 - cell

**Email:** rhodge@isp.in.gov

**Property Evaluated:** Indiana State Police Toll Road Post (Not Specified)  
52422 County Road 17  
Bristol, IN 46507

**Description:** Control Valves (Valve Chart)

**Job Number:** 28990227

**Company:** Ryan Fireprotection Inc.

**Address:** 9740 E. 148th St.  
Noblesville, IN 46060

**Company Phone:** 800-409-7606

**Inspector:** Pete Fecteau  
UA-1198744

**Date of Work:** 4/10/2023

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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



**Ryan Fireprotection Inc.**  
 9740 E. 148th St.  
 Noblesville, IN 46060  
 Phone: 800-409-7606

## Control Valves Form

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

Annual

Date of Work

4/10/2023

Account Information		
Facility Name: Indiana State Police Toll Road Post	Property Type: Not Specified	Location Code: PJKXSIZ
Service Address: 52422 County Road 17, Bristol, IN, 46507		
Owner: Randy Hodge	Owner's Phone: 317 501-8785 - cell	
Owner's Address: 100 North Senate Avenue N340, Indianapolis, IN, 46204		

Styles Legend			
OS&Y - Outside Stem and Yoke Valve	BFLY - Butterfly Valve	BFV - Backflow Valve	BBV - Butterball Valve
PIV - Post Indicator Valve	PRV - Pressure Regulating Valve	Wall PIV - Wall Post Indicator Valve	

Type	Total	Tested	Not Tested	Passed	Failed
Backflow	2	2	0	2	0

Type	Total	Tested	Not Tested	Passed	Failed

Ref #	Location	Valve Type	Details	Style	Access ible	Signs	Proper Position	Secured	Super vision	Last Tested	Results
1	1 - Maintenance office	● Backflow	4", Wilkins, 350 A Notes: BF #1 Shutoff	BFLY	Yes	No	Yes	N/A	Yes	4/10/2023	Pass Supply (PSI): 37 System (PSI): 37 Tank (PSI): NA Seal #: NA
2	1 - Maintenance office	● Backflow	4", Wilkins, 350A Notes: # 2 Shutoff	BFLY	Yes	No	Yes	N/A	Yes	4/10/2023	Pass Supply (PSI): 37 System (PSI): 37 Tank (PSI): NA Seal #: NA

### 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

Pete Fecteau

Inspector License:

UA-1198744

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*.



**Ryan Fireprotection Inc.**  
 9740 E. 148th St.  
 Noblesville, IN 46060  
 Phone: 800-409-7606

Signature of Inspector

*Peter Wood*

Date

4/10/2023

**Owner or Owner's Representative**

Owner or Owner's Representative Name

Hugh Masterman

Owner or Owner's Representative Signature

*H Masterman 4/10/23*

Date

4/10/2023

## Fire Alarm Supplementary Form



**Location Code:** PJKXSIZ

**Contact:** Randy Hodge

**Contact Address:** 100 North Senate Avenue N340  
Indianapolis, IN 46204

**Phone:** 317 501-8785 - cell

**Email:** rhodge@isp.in.gov

**Property Evaluated:** Indiana State Police Toll Road Post (Not Specified)  
52422 County Road 17  
Bristol, IN 46507

**Description:** Fire Alarm Supplement (Devices )

**Job Number:** 28990227

**Company:** Ryan Fireprotection Inc.

**Address:** 9740 E. 148th St.  
Noblesville, IN 46060

**Company Phone:** 800-409-7606

**Inspector:** James Strejc

**Date of Work:** 4/10/2023

**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



**Ryan Fireprotection Inc.**  
 9740 E. 148th St.  
 Noblesville, IN 46060  
 Phone: 800-409-7606

## Fire Alarm Supplementary Form

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

Annual

Date of Work

4/10/2023

Account Information		
Facility Name: Indiana State Police Toll Road Post	Property Type: Not Specified	Location Code: PJKXSIZ
Service Address: 52422 County Road 17, Bristol, IN, 46507		
Owner: Randy Hodge	Owner's Phone: 317 501-8785 - cell	
Owner's Address: 100 North Senate Avenue N340, Indianapolis, IN, 46204		

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
STROBE - Strobes	TS - Tamper Switch	WF - Waterflow		

Type	Total	Tested	Not Tested	Passed	Failed
BATT	1	1	0	1	0
PS	1	1	0	1	0
STROBE	1	1	0	1	0

Type	Total	Tested	Not Tested	Passed	Failed
HORN	1	1	0	1	0
SD	11	11	0	11	0

Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
SD	1001	1 - Telecom room		Annual	4/10/2023	Pass	
SD	1002	1 - Telecom room		Annual	4/10/2023	Pass	
SD	1003	1 - Tele Data room		Annual	4/10/2023	Pass	
SD	1004	1 - ISP Evidence		Annual	4/11/2023	Pass	
SD	1005	1 - Evidence Tech		Annual	4/11/2023	Pass	
SD	1006	1 - DHS DNR Evidence		Annual	4/11/2023	Pass	
SD	1007	1 - Excise Evidence		Annual	4/10/2023	Pass	
SD	1008	1 - Electrical room		Annual	4/10/2023	Pass	



**Ryan Fireprotection Inc.**  
 9740 E. 148th St.  
 Noblesville, IN 46060  
 Phone: 800-409-7606

Type	Address	Location	Notes	Frequency	Last Tested	Test Results	Comments
SD	1009	1 - Storage		Annual	4/10/2023	Pass	
SD	1010	1 - Janitor room		Annual	4/10/2023	Pass	
SD	1011	1 - Maintenance		Annual	4/10/2023	Pass	
PS	1019	1 - Electrical room		Annual	4/10/2023	Pass	
BATT	FACP	1 - Inside FACP	2-12v12amp New 12/6/21	Annual	4/10/2023	Pass	
STROBE	N/A	1 - All in building		Annual	4/10/2023	Pass	
HORN	NAC	1 - All in building		Annual	4/10/2023	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

\_\_\_\_\_  
 James Strejc  
 Not Specified  
 \_\_\_\_\_  
  
 \_\_\_\_\_  
 4/10/2023



**Ryan Fireprotection Inc.**  
9740 E. 148th St.  
Noblesville, IN 46060  
Phone: 800-409-7606

Account Information			
Facility Name: Indiana State Police Toll Road Post		Property Type: Not Specified	Location Code: PJKXSIZ
Service Address: 52422 County Road 17, Bristol, IN, 46507			
Mailing Name: Indiana State Police - North Region - 100 North Senate Avenue N340			Phone:
Mailing Address: 100 North Senate Avenue N340, Indianapolis, IN, 46204			
Assembly Information			
Type: DCV	Assembly Description: Backflow (4" Sprinkler DCA)		
Manufacturer: WILKINS	Model: 350 A	Serial Number: U17007	Size: 4"
Type of Service: Fire	Type of Protection: Containment	Meter #: -	
Check Valve #1			
Initial Test: <input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	Held at (PSID): 4.1	<input checked="" type="checkbox"/> Closed Tight	<input type="checkbox"/> Leaked
Check Valve #2			
Initial Test: <input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	Held at (PSID): 4.0	<input checked="" type="checkbox"/> Closed Tight	<input type="checkbox"/> Leaked
Tester Information			
Comments:			
The above is certified to be true at the time of testing			Service Restored: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Company Name: Ryan Fireprotection Inc.		Company Address: 9740 E. 148th St., Noblesville, IN, 46060	
Test Gauge: Jason Angel - Mid-West 845-5 (05200384, Last: 8/23/2022, Next: 8/23/2023)			
Inspected By: Pete Fecteau	Date of Test: 4/10/2023	Phone #: 800-409-7606	
Tester Signature: 		Certification License: BF-13-4780	