



CITY OF LONG BEACH FIRE DEPARTMENT FIRE PROTECTION & LIFE SAFETY EQUIPMENT PERFORMANCE CERTIFICATE

Inspection Hours 3 hrs
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RESPONSIBLE PARTY/BUILDING OWNER

NAME (Last, First, MI) Lab Learning Space		Title		Firm or D.B.A.	
MAILING ADDRESS: (Street) 927 Pine Avenue		(City) Long Beach	(State) CA	(Zip) 90813	PHONE (562) 760-7126 ext.
TEST SITE ADDRESS: (Street) 927 Pine Avenue		(City) Long Beach	(State) CA	(Zip) 90813	TEST SITE PHONE: (562) 760-7126 ext.
OCCUPANCY TYPE: Group E	NUMBER OF STORIES: 1	YEAR BUILT: 1930	CONSTRUCTION TYPE II		SQUARE FOOTAGE: 5000

INITIAL TEST (FIRE DEPARTMENT SHALL BE NOTIFIED 72 HOURS PRIOR TO TEST)

DATE(S) OF TESTING: 6/30/2017	TESTING AGENCY: CINTAS FIRE PROTECTION	LICENCE NO. 914328	PHONE: (714) 646-2550 ext.
ADDRESS OF TESTING AGENCY: (Street) 4320 Miraloma Ave		(City) Anaheim	(State) (Zip) CA 92807

SYSTEM TESTED AND DESCRIPTION:	CERTIFIED:		SYSTEM TESTED AND DESCRIPTION:	CERTIFIED:	
	YES	NO		YES	NO
1. FIRE ALARM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	4	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	5.	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	6.	<input type="checkbox"/>	<input type="checkbox"/>

NOTEWORTHY CHARACTERISTICS, BUILDING DESCRIPTION, SYSTEM DESCRIPTION, PROCEDURES PERFORMED, AND DEFECTS FOUND IN EQUIPMENT TESTED (IF NONE, SO NOTE):

THIS BUILDING IS A SINGLE STORY OCCUPANCY USED AS A LEARNING CENTER. THE FIRE ALARM SYSTEM CONSISTS OF A FIRE LITE MS-4 MAIN CONTROL UNIT. THERE ARE A TOTAL OF 2 MANUAL PULL STATIONS, 1 SMOKE DETECTOR, 3 HORN STROBES AND 5 STROBE LIGHT DEVICES. ALL DEVICES TESTED IN ACCORDANCE WITH NFPA 72. NO DEFECTS FOUND.

ADDITIONAL INFORMATION ON ATTACHED SHEET(S)

I HEREBY CERTIFY THAT THE FIRE PROTECTION EQUIPMENT LISTED ABOVE HAS BEEN FULLY TESTED IN ACCORDANCE WITH THE CALIFORNIA FIRE CODE AND THAT THE RESULTS ARE ACCURATELY LISTED ABOVE AND THE EQUIPMENT IS FULLY OPERABLE EXCEPT AS NOTED.

TESTER'S NAME KEVIN OGAWA	DATE 6/30/2017	TESTER'S SIGNATURE <i>Kevin Ogawa</i>	FIRE DEPARTMENT WITNESS (Signature & Assignment)
**REPAIR AND RETEST: IF DEFECTS ARE FOUND IN EQUIPMENT TESTED, CORRECTION ON SUCH DEFECTS SHALL COMMENCE FORTHWITH AND SHALL BE COMPLETED AS SOON AS POSSIBLE BUT IN EVERY CASE WITHIN 30 DAYS OF INITIAL TEST. AT THE COMPLETION OF REPAIR, THE SYSTEM OR DEVICE SHALL BE RETESTED AS NECESSARY TO DETERMINE THAT IT IS FULLY OPERABLE			

RETEST IF NEEDED (FIRE DEPARTMENT SHALL BE NOTIFIED 72 HOURS PRIOR TO TEST)

DATE OF RETEST: / /	TESTING AGENCY: LICENSE NO.	PHONE: () - ext.
ADDRESS OF TESTING AGENCY: (Street) () ()		(City) (State) (Zip)

EQUIPMENT RETESTED AND DESCRIPTION:

I HEREBY CERTIFY THAT ALL NECESSARY MAINTENANCE AND REPAIRS HAVE BEEN MADE TO THE EQUIPMENT LISTED ABOVE IN COMPLIANCE WITH THE CALIFORNIA FIRE CODE AND THE EQUIPMENT IS FULLY OPERABLE

TESTER'S NAME	DATE / /	TESTER'S SIGNATURE	FIRE DEPT WITNESS (SIGNATURE & ASSIGNMENT)
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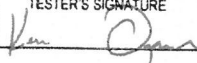
ACKNOWLEDGEMENTS

FIRE DEPARTMENT REPRESENTATIVE NAME	RANK	ASSIGNMENT	PHONE #	DATE
			() - ext.	/ /

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DATE(S) OF TESTING 6/30/2017	TEST SITE ADDRESS (Street) 927 Pine Avenue	(City) Long Beach	(State) CA	(Zip) 90813	FIRM OR D.B.A.
EQUIPMENT TESTED AND DESCRIPTION: Fire Alarm					
NOTEWORTHY CHARACTERISTICS, BUILDING DESCRIPTION, SYSTEM DESCRIPTION, PROCEDURES PERFORMED, AND DEFECTS FOUND IN EQUIPMENT TESTED (IF NONE, SO NOTE).					

TESTER'S NAME Kevin Ogawa	DATE 6/30/2017	TESTER'S SIGNATURE 	TESTING AGENCY Cintas Fire Protection
ADDRESS OF TESTING AGENCY: 4320 E Miraloma Ave Anaheim, CA 92807			