STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL079053	A. BUILDING: **01** B. WING _____	**02/02/2023**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NORTH POINTE OF MAYODAN	**6970 NC HWY 135** **MAYODAN, NC 27027**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 000	Initial Comments Report of a Construction Section Biennial Survey by Ed Miller, conducted on February 2, 2023. Records indicate that this facility was licensed on 07/19/1997. Facility is currently licensed for Seventy (70) Beds including a Thirty-one (31) Bed SCU. Based on this information, we are requiring that this facility meet the 1996 Homes for the Aged and Disabled - Minimum Standards and Regulations, the applicable portions of the 2005 Rules for Adult Care Homes of seven or more beds, and the 1996 Edition of the North Carolina State Building Code (1997 Rev), Section 409.1, Group I Unrestrained. Deficiencies were cited that require a Plan of Correction.	C 000		
C 101	Existing Licensed Fac- No less than '71 Rules SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each adult care home shall be applied as follows: (2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation, or alteration; however in no case shall the requirements for any licensed facility where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Homes for the Aged and Infirm", copies of which are available at the Division of Health Service Regulation at no cost;	C 101		

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	HAL079053	A. BUILDING: **01** B. WING _____	**02/02/2023**

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C 101	Continued From page 1 This Rule is not met as evidenced by: 1. Based on observation and interview with Administrator and Local & Regional Maintenance, the facility failed to meet the Code requirements in effect at the time of construction or alteration by not having the doors release on activation of the fire or sprinkler flow alarms. Findings on February 2, 2023: a. Left Side, MCU - the electromagnetic locked exit doors did not unlock on activation of the fire alarm. The local on/off emergency release switches, and the central on/off emergency release switch did release the electromagnetic locked exit doors. Provider's plan of protection was to immediately provide each shift with staff training on how use the alternate means (local and central switches) to exit through the doors.	C 101	Alarm company repaired doors to release when fire alarm was activated.	2/6/2023
C 111	Must Have Current San. & Fire Safety Reports SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION(f) The facility shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review. This Rule is not met as evidenced by: 1. Based on record review, and interviews with the Executive Director, Regional & Local Maintenance the facility failed to maintain in the facility, current (completed within the last twelve months) fire and building safety inspection reports available for review. Findings on February 2, 2023: a. The most current National Fire Alarm and Signaling Code (NFPA 72) report is dated July 30,	C 111	Fire alarm inspection was completed on 2/8/2023. Please see attached a copy.	2/8/2023

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	HAL079053	A. BUILDING: **01** B. WING _____	**02/02/2023**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NORTH POINTE OF MAYODAN	**6970 NC HWY 135** **MAYODAN, NC 27027**

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C 111	Continued From page 2 2021	C 111		
C 154	Entrances/Exits-Wanderer Alarms SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (h) The requirements for outside entrances and exits are: (4) In homes with at least one resident who is determined by a physician or is otherwise known to be disoriented or a wanderer, each exit door accessible by residents shall be equipped with a sounding device that is activated when the door is opened. The sound shall be of sufficient volume that it can be heard by staff. If a central system of remote sounding devices is provided, the control panel for the system shall be located in the office of the administrator or in a location accessible only to staff authorized by the administrator to operate the control panel. This Rule is not met as evidenced by: 1. Based on Observation, the facility failed to provide exit doors that are accessible by residents, with sounding devices that activate when the door opens to prevent wanderers from exiting the building unnoticed. Findings on February 2, 2023: a. Left Side, Corridor near Nourishment - this door, part of a "Special Locking System," had a non-working alarmed protective cover enclosing the emergency release switch. Without the notification alarm working, residents can open the cover and have unrestricted access to the switch that unlocks the exit. In addition, the exit had no other notification device. b. Left Side, MCU Courtyard - the gate, part of a "Special Locking System," had a non-alarmed	C 154	Protective cover enclosing emergency release switch on left side, corridor near nourishment has been repaired. Protective cover enclosing emergency release switch in MCU Courtyard has been ordered and will be installed upon receipt.	2/6/2023 5/12/2023

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL079053	A. BUILDING: **01** B. WING _____	**02/02/2023**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NORTH POINTE OF MAYODAN	**6970 NC HWY 135 MAYODAN, NC 27027**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 154	Continued From page 3 protective cover enclosing the emergency release switch. Without the notification alarm, residents can open the cover and have unrestricted access to the switch that unlocks the exit. In addition, the exit had no other notification device.	C 154		
C 164	Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on observation, the mechanical systems were not kept clean and in good repair. Findings on February 2, 2023: a. Right Side, Whirlpool - the exhaust ventilation system grille has an excessive accumulation of dust/lint. Staff corrected the deficiency before Construction Surveyor left the site. b. Right Side, Employee Laundry - the exhaust ventilation system grille with its radiation damper has an excessive accumulation of dust/lint.	C 164	Exhaust ventilation grill has been cleaned and free from dust.	2/2/2023
C 166	Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and	C 166		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL079053	A. BUILDING: **01** B. WING _____	**02/02/2023**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NORTH POINTE OF MAYODAN	**6970 NC HWY 135** **MAYODAN, NC 27027**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 166	Continued From page 4 orderly manner, free of all obstructions and hazards; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on Observation, the Building is not maintained free of hazards, if compressed gas cylinders are not properly secured, they may fall and break their valves off. This would turn the compressed gas cylinder into a dangerous projectile. Findings on February 2, 2023: a. Right Side, Storage near Bedroom 25 - a portable medical oxygen cylinder with regulator extending beyond its collar guard is standing up on the floor not properly chained or supported in a proper cylinder stan or cart. b. Right Side, Bedroom 21 - one portable oxygen cylinder was standing up on the floor in a plastic crate not properly chained or supported in a proper cylinder stan or cart. c. Central Hall, Conference Room - one portable oxygen cylinder was standing up on the floor not properly chained or supported in a proper cylinder stan or cart. Staff corrected the deficiency before Construction Surveyor left the site.	C 166	Oxygen cylinder has been placed in proper storage cart. Plastic crate was replaced with proper storage crates.	3/15/2023 3/15/2023
C 189	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition.	C 189		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL079053	A. BUILDING: **01** B. WING _____	**02/02/2023**

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NORTH POINTE OF MAYODAN	**6970 NC HWY 135** **MAYODAN, NC 27027**

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C 189	Continued From page 5 (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Based on observation, the building is not maintained in a safe and operating condition, because the door(s) protecting the opening in the smoke barrier do not close completely to restrict fire and smoke. This could affect all residents, staff, and visitors by not containing the smoke of the fire in the compartment of origin. Findings on February 2, 2023: a. Left Side, Smoke Barrier near Dining - the leaves of the double-egress cross-corridor doors, did not close together to form a smoke tight seal the top. 2. Based on observations, the fire-resistance-rated enclosures protecting the Incidental areas were not maintained in a safe and operating condition by not providing 1-hour rated construction, and 45-minute rated self-closing doors. This could affect all if smoke/flames are not contained to the room of origin. This could affect all if smoke/flames are not contained to the room of origin. Findings on February 2, 2023: a. Right Side, Residents Laundry (100+ SF) - the corridor door (45 min rated, self-closing) did not close and latch into its frame, on its own power. b. Right Side, Janitor Closet - the corridor door (45 min rated, self-closing) did not close and latch into its frame, on its own power. 3. Based on observation, the building was not maintained in a safe and operating condition, because the commercial kitchen hood's fire	C 189	Door will be adjusted/repaired to seal at the top when closed. Doors have been adjusted for proper latching.	5/25/2023 2/2/2023

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL079053	A. BUILDING: **01** B. WING _____	**02/02/2023**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NORTH POINTE OF MAYODAN	**6970 NC HWY 135 MAYODAN, NC 27027**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 189	Continued From page 6 suppression system lacks the inspections, maintenance, and documentation needed to ensure a properly working system. This could affect residents, staff, and visitors if the commercial kitchen hood's suppression system does not work properly when needed. Findings on February 2, 2023: a. Kitchen - per the attached maintenance tag, the commercial kitchen hood's fire suppression system had its last semi-annual maintenance performed in March 2021, exceeding the requirement to have the fire suppression system inspected and tested at least semi-annually. In addition, there is no documentation of the monthly in-house/owner inspections since that time. 4. Based on observation, the smoke tight corridor doors are not maintained in a safe and operating condition. Findings on February 2, 2023: a. Right Side, Physician Office - the corridor door hits its frame and will not close without lifting. Staff corrected the deficiency before Construction Surveyor left the site. b. Right Side, Beauty Shop - the corridor door had a wreath with an over the door hanger that was interfering with the closing and latching of the door to its frame. Staff corrected the deficiency before Construction Surveyor left the site. c. Left Side, Employee Lounge - the corridor door hits its frame and will not close without lifting. Staff corrected the deficiency before Construction Surveyor left the site. 5. Based on Observation, corridor doors are not maintained in a safe and operating condition. Doors are blocked open or held open by unapproved devices or methods. All occupants in the facility could be affected if doors cannot be	C 189	Hood fire suppression system inspection was completed on 3/27/2023	3/27/2023

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL079053	A. BUILDING: **01** B. WING _____	**02/02/2023**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NORTH POINTE OF MAYODAN	**6970 NC HWY 135** **MAYODAN, NC 27027**

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C 189	Continued From page 7 closed or closed rapidly with a light push or pull of the door to limit the spread of smoke and fire from the area of origin. Findings on February 2, 2023: a. Right Side, Copy Room - the corridor door had a heavy table holding the door open. Staff corrected the deficiency before Construction Surveyor left the site. b. Left Side, MCU Dining Room - the corridor door had a bathroom scale holding the door open. 6. Based on observation, the Building Sprinkler System was not maintained in a safe and operating condition. This would affect all if fire was not contained in the room of origin. Findings on February 2, 2023: a. Center Hall, Business office - the fire sprinkler is missing its escutcheon plate, exposing an opening through the fire-resistance-rated ceiling that allows the spread of fire and smoke. 7. Based on observation, the fire safety equipment is not being maintained to ensure safety. This could hamper staff's ability to extinguish a small fire, permitting it to grow. Findings on February 2, 2023: a. Right Side, Exterior Mech Room - per the portable fire extinguisher's maintenance tag, the portable fire extinguisher has not received its annual maintenance as required. 8. Based on observation, the Facility failed to maintain the electrical system in a safe and operating condition. Findings on February 2, 2023: a. Right Side, Physician Office - the lens on the fluorescent light fixture was missing. b. Right Side, Bedroom 25 - an oxygen	C 189	All objects were removed that were preventing doors from self closing. Escutcheon plate has been replaced Fire Extinguisher has been inspected. Light fixture lens was replaced	2/22023 3/22/2023 3/16/2023 2/6/2023

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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C 189	Continued From page 8 concentrator was plugged into a power tap. Staff corrected the deficiency before Construction Surveyor left the site.	C 189		
C 199	Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (g) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces: (1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Based on observation and testing with a thin plastic sheet, the facility does not provide working exhaust ventilation in required spaces. Findings on February 2, 2023: a. Right Side, Janitor Closet - the exhaust ventilation system is not working. b. Right Side, Hopper Room - the exhaust ventilation system is not working. c. Right Side, Men Room - the exhaust ventilation system is not working. d. Right Side, Women Room - the exhaust ventilation system is not working. e. Left Side, Spa - the exhaust ventilation system is not working.	C 199	Replaced belt on exhaust ventilation system	2/23/2023

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	HAL079053	A. BUILDING: **01** B. WING _____	**02/02/2023**

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE

50015

INSPECTION AND TESTING FORM

DATE: 2-8-2023

TIME: 8:00 am

SERVICE ORGANIZATION

Name: Patriot Systems, LLC

Address: 7339 F W. Friendly Ave, Greensboro, NC 27410

Representative: Nem Nuy

License No.:

Telephone: 336.297.2171

PROPERTY NAME (USER)

Name: North Point Mayodan

Address: 6970 Highway 135 Mayodan NC 27027

Owner Contact: Mitchell

Telephone: 336-548-5500

MONITORING ENTITY

Contact: Security Central

Telephone: 800-286-5699

Monitoring Account Ref. No.: A2030-7717

APPROVING AGENCY

Contact:

Telephone:

FILE

TYPE TRANSMISSION

- ❑ McCulloh
- ❑ Multiplex
- ☑ Digital
- ❑ Reverse Priority
- ❑ RF
- ❑ Other (Specify)

SERVICE

- ❑ Weekly
- ❑ Monthly
- ❑ Quarterly
- ❑ Semiannually
- ❑ Annually
- ❑ Other (Specify)

Control Unit Manufacturer: Fire Lite 200X

Model No.: ES 200X

Circuit Styles: Y

Number of Circuits: 5

Software Rev.:

Last Date System Had Any Service Performed:

Last Date That Any Software or Configuration Was Revised:

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity of Devices Installed	Circuit Style	Quantity of Devices Tested	
13	Y	13	Manual Fire Alarm Boxes
			Ion Detectors
124		124	Photo Detectors
5		5	Duct Detectors
1		1	Heat Detectors
			Waterflow Switches
			Supervisory Switches
			Other (Specify):

Alarm verification feature is disabled _____ enabled _____.

FIGURE 10.6.2.3 Example of an Inspection and Testing Form.

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Quantity of Appliances Installed	Circuit Style	Quantity of Appliances Tested	
			Bells
20	Y	20	Horns
			Chimes
17		17	Strobes
			Speakers
			Other (Specify):

No. of alarm notification appliance circuits: _____
Are circuits monitored for integrity? ☑ Yes ☐ No

SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity of Devices Installed	Circuit Style	Quantity of Devices Tested	
NA	N/A	N/A	Building Temp.
			Site Water Temp.
			Site Water Level
			Fire Pump Power
			Fire Pump Running
			Fire Pump Auto Position
			Fire Pump or Pump Controller Trouble
			Fire Pump Running
			Generator in Auto Position
			Generator or Controller Trouble
			Switch Transfer
			Generator Engine Running
			Other:

SIGNALING LINE CIRCUITS

Quantity and style of signaling line circuits connected to system *(see NFPA 72, Table 6.6.1)*:
Quantity 1 Style(s) Y

SYSTEM POWER SUPPLIES

(a) Primary (Main): Nominal Voltage 120 v. Amps 20
Overcurrent Protection: Type Breaker Amps 20
Location (of Primary Supply Panelboard): Electrical RM
Disconnecting Means Location: Emergency Panel Breaker 11
(b) Secondary (Standby):
2 12 v Storage Battery: Amp-Hr Rating 74
Calculated capacity in _____ Amp-Hrs to operate system for 24 hours
Engine-driven generator dedicated to fire alarm system: _____
Location of fuel storage: _____

TYPE BATTERY

☐ Dry Cell ☐ Lead-Acid
☐ Nickel-Cadmium ☐ Other (Specify):
☑ Sealed Lead-Acid

(c) Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:
✓ Emergency system described in NFPA 70, Article 700
✓ Legally required standby described in NFPA 70, Article 701
✓ Optional standby system described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701

FIGURE 10.6.2.3 *Continued*

PRIOR TO ANY TESTING

NOTIFICATIONS ARE MADE	Yes	No	Who	Time
Monitoring Entity	☑	☐	Sectral Central	9:00
Building Occupants	☑	☐		
Building Management	☑	☐		
Other (Specify)	☐	☐		
AHJ Notified of Any Impairments	☐	☐		

SYSTEM TESTS AND INSPECTIONS

TYPE	Visual	Functional	Comments
Control Unit	☑	☑	
Interface Equipment	☑	☑	
Lamps/LEDs	☑	☑	
Fuses	☑	☑	
Primary Power Supply	☑	☑	
Trouble Signals	☑	☑	
Disconnect Switches	☑	☑	
Ground-Fault Monitoring	☑	☑	

SECONDARY POWER TYPE	Visual	Functional	Comments
Battery Condition	☑		
Load Voltage		☑	
Discharge Test		☑	
Charger Test		☑	
Specific Gravity		☑	
TRANSIENT SUPPRESSORS	☐		
REMOTE ANNUNCIATORS	☐	☐	
NOTIFICATION APPLIANCES			
Audible	☐	☐	
Visible	☐	☐	
Speakers	☐	☐	
Voice Clarity		☐	

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

Loc. & S/N	Device Type	Visual Check	Functional Test	Factory Setting	Measured Setting	Pass	Fail
		☐	☐			☐	☐
		☐	☐			☐	☐
		☐	☐			☐	☐
		☐	☐			☐	☐
		☐	☐			☐	☐
		☐	☐			☐	☐

Comments: _____

FIGURE 10.6.2.3 *Continued*

EMERGENCY COMMUNICATIONS EQUIPMENT	Visual	Functional	Comments
Phone Set	☑	☑	
Phone Jacks	☑	☑	
Off-Hook Indicator	☑	☑	
Amplifier(s)	☐	☐	
Tone Generator(s)	☐	☐	
Call-in Signal	☑	☑	
System Performance	☑	☑	

	Visual	Device Operation	Simulated Operation
COMBINATION SYSTEMS			
Fire Extinguisher Monitoring Device/System	☐	☐	☐
Carbon Monoxide Detector/System	☐	☐	☐
(Specify) _____	☐	☐	☐
INTERFACE EQUIPMENT			
(Specify) Door holders	☑	☑	☑
(Specify) _____	☐	☐	☐
(Specify) _____	☐	☐	☐
SPECIAL HAZARD SYSTEMS			
(Specify) _____	☐	☐	☐
(Specify) _____	☐	☐	☐
(Specify) _____	☐	☐	☐

Special Procedures: _____

Comments: _____

SUPERVISING STATION MONITORING	Yes	No	Time	Comments
Alarm Signal	☑	☐	9:00	
Alarm Restoration	☑	☐		
Trouble Signal	☑	☐		
Trouble Signal Restoration	☑	☐		
Supervisory Signal	☑	☐		
Supervisory Restoration	☑	☐		

NOTIFICATIONS THAT TESTING IS COMPLETE	Yes	No	Who	Time
Building Management	☑	☐	All	9:00
Monitoring Agency	☑	☐	Sec Control	
Building Occupants	☑	☐	All	
Other (Specify)	☐	☐		

The following did not operate correctly: _____

System restored to normal operation: Date: 2/8/23 Time: 1:30

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.

Name of Inspector: Mem Nov Date: 2/8/23 Time: 1:50

Signature: _____

Name of Owner or Representative: Mitchel Date: 2/8/2023 Time: 12:37 pm

Signature: Kathy R. Potts

FIGURE 10.6.2.3 *Continued*