

FIRE ALARM SYSTEM ANNUAL TEST AND INSPECTION REPORT

<i>Building Name</i>	<i>Building Address</i>	<i>Building Number</i>	<i>Person Contacted</i>	<i>Date</i>
	Altona, Manitoba			November 26, 2013
<i>System Manufacturer</i>	<i>Model number</i>	<i>Single Stage</i>	<i>Two Stage</i>	
Mircom	FA-1008K	Yes		

TEST RESULTS: (Every line must have the appropriate marking in the space provided.)

- 1. The Fire Alarm System functioned correctly under General Alarm condition. YES X NO

- 2. Location of the electrically furthest manual stations with main AC power off.
 - 1. Main Entrance
 - 2. Office by FACP
 - 3. Office rear exit
 - 4. Office Side Entrance
 - 5.
 - 6.

The Fire Alarm functioned correctly during the above test. YES X NO

- 3. Each manual alarm-initiating device has been individually tested. YES X NO
 Number of devices 4

- 4. Each automatic alarm-initiating device has been tested. YES X NO
 Number of devices 14

- 5. Each audible and visual signalling device has been tested. YES X NO
 Number of devices 5

- 6. Correct annunciation has been confirmed for each device tested. YES X NO

SUMMARY

- 1. The Fire Alarm System is now fully functional. YES X NO

- 2. The Fire Alarm System has minor deficiencies noted on report. YES NO X

- 3. The Fire Alarm System has major deficiencies noted on report. YES NO X

- 4. A copy of this report has been given to the owner or owner's representative. YES X NO
 Owners Representative

THIS IS TO CERTIFY THAT THE FIRE ALARM SYSTEM HAS BEEN TESTED IN ACCORDANCE WITH SECTION 5, PERIODIC INSPECTIONS AND TESTS, OF CAN/ULC-S536-M04 AND THESE RECORDS DOCUMENT THE RESULTS OF TESTING PERFORMED.



SIGNATURE OF TECHNICIAN:

FIRE PROTECTION PLUS PH. 204-888-1922

FIRE PROTECTION PLUS

ANNUAL TEST AND INSPECTION REPORT

BUILDING NAME: Government of Canada

BUILDING ADDRESS: Altona, Manitoba

LOCATION	DEVICE	ALARM OPERATION CONFIRMED	ZONE NUMBER	ANNUNCIATION INDICATION CONFIRMED	SMOKE DETECTOR SUPERVISION	SUPERVISION CIRCUIT CONFIRMED	REMARKS
<i>Main Floor and Basement</i>			<i>Zone 1</i>				
<i>Main Entrance</i>	M	YES	1	YES			
<i>By FACP</i>	M	YES	1	YES			
<i>Room 1</i>	RHT	YES	1	YES			
<i>Room 2</i>	S	YES	1	YES	2.4		<i>Replaced device</i>
<i>Rear Exit by R3</i>	M	YES	1	YES			
<i>Rear Storage</i>	RHT	YES	1	YES			
<i>By Rear Storage</i>	S	YES	1	YES	2.4		
<i>R4</i>							<i>No device</i>
<i>General Office Area</i>	S	YES	1	YES	2.4		
<i>Side Entrance by Stairs</i>	M	YES	1	YES			
<i>Janitor Room</i>	RHT	YES	1	YES			
<i>Furnace Room</i>	RHT	YES	1	YES			<i>Replaced damaged device</i>
<i>Top of Stairs</i>	S	YES	1	YES	2.4		<i>Replaced device</i>
<i>By Rear Storage</i>	EOL	N/A	1	YES			
<i>Basement</i>							
<i>Electrical Room</i>	RHT	YES	1	YES			
<i>Mech. Room</i>	RHT	YES	1	YES			
<i>R6</i>	RHT	YES	1	YES			
<i>R7</i>	S	YES	1	YES	2.4		
<i>R8</i>	S	YES	1	YES	1.04		

TECHNICIAN: C. Kyle

DATE: November 26, 2013

FIRE PROTECTION PLUS

ANNUAL TEST AND INSPECTION REPORT (EMERGENCY LIGHTING)

BUILDING NAME: Government of Canada

BUILDING ADDRESS: Amaranth, Manitoba

LOCATION	DEVICE	MAKE	MODEL #	VOLTAGE	WATTAGE	NUMBER OF HEADS	OPERATION	REMARKS
Rm 1	BU	Dual-Lite	C12AS-160-BCI	12	160	2	YES	Replaced batteries
Halfway	RL					1	YES	
Rm 1 by Exit	RL					1	YES	
Rm 2 by Exit	RL					1	YES	
Rm 1 Exit	EXIT					1	YES	Replaced AC LED lamps
Rm 1 Exit	EXIT					1	YES	Replaced AC LED lamps
Rm 1 to Exit	EXIT					1	YES	Replaced AC LED lamps
Garage 1	EXIT					1	YES	Replaced AC LED lamps
Admin. Janitor Room	BU	Dual-Lite	C12AS-160-BCI	12	160	0	YES	2011
by Janitor Room	RL					1	YES	
Lobby	RL					1	YES	
General Office	RL					1	YES	
General Office	EXIT					1	YES	Replaced AC LED lamps
Office	EXIT					1	YES	Replaced AC LED lamps
Office by Stair	EXIT					1	YES	
Basement Mech. Room	BU	Dual-Lite	C12AS-160-BCI	12	160	2	YES	Replaced batteries
Rm 2	RL					2	YES	
Stair	RL					2	YES	
Stair	EXIT					1	YES	
Rm 3	BU	Beghelli	NV6-40-2	6	40	2	YES	
Rm 4	RL					2	YES	
Rm 5	BU	ReadyLite	LXD12SG0LDR29	12	360	2	YES	

TECHNICIAN: C. Kyle

DATE: January 23, 2014

FIRE ALARM SYSTEM ANNUAL TEST AND INSPECTION REPORT

Building Name	Building Address	Building Number	Person Contacted	Date
Government of Canada	Amaranth, Manitoba			January 23, 2014
System Manufacturer	Model number	Single Stage	Two Stage	
Edwards	FireShield/FA-101A	Yes		

TEST RESULTS: (Every line must have the appropriate marking in the space provided.)

1. The Fire Alarm System functioned correctly under General Alarm condition. YES X NO
2. Location of the electrically furthest manual stations with main AC power off.
 1. Garage 2
 2. Garage 1
 3. by Back Room
 4. Basement
 5. Entrance
 6. by Washrooms
 The Fire Alarm functioned correctly during the above test. YES X NO
3. Each manual alarm-initiating device has been individually tested. YES X NO
 Number of devices 7
4. Each automatic alarm-initiating device has been tested. YES X NO
 Number of devices 36
5. Each audible and visual signalling device has been tested. YES X NO
 Number of devices 8
6. Correct annunciation has been confirmed for each device tested. YES X NO

SUMMARY

1. The Fire Alarm System is now fully functional. YES X NO
2. The Fire Alarm System has minor deficiencies noted on report. YES NO X
3. The Fire Alarm System has major deficiencies noted on report. YES NO X
4. A copy of this report has been given to the owner or owner's representative. YES X NO
 Owners Representative

THIS IS TO CERTIFY THAT THE FIRE ALARM SYSTEM HAS BEEN TESTED IN ACCORDANCE WITH SECTION 5, PERIODIC INSPECTIONS AND TESTS, OF CAN/ULC-S536-M04 AND THESE RECORDS DOCUMENT THE RESULTS OF TESTING PERFORMED.



SIGNATURE OF TECHNICIAN:

FIRE PROTECTION PLUS PH. 204-888-1922

FIRE PROTECTION PLUS

ANNUAL TEST AND INSPECTION REPORT

BUILDING NAME: Government of Canada

BUILDING ADDRESS: Amaranth, Manitoba

LOCATION	DEVICE	ALARM OPERATION CONFIRMED	ZONE NUMBER	ANNUNCIATION INDICATION CONFIRMED	SMOKE DETECTOR SENSITIVITY	SUPERVISION CIRCUIT CONFIRMED	REMARKS
<i>Attic</i>			<i>Zone 2</i>				<i>Lights out Access from Garage</i>
<i>Attic</i>	<i>HT</i>	<i>YES</i>	<i>2</i>	<i>YES</i>			
<i>Attic</i>	<i>HT</i>	<i>YES</i>	<i>2</i>	<i>YES</i>			
<i>Attic</i>	<i>HT</i>	<i>YES</i>	<i>2</i>	<i>YES</i>			
<i>Attic</i>	<i>EOL</i>	<i>N/A</i>	<i>1</i>	<i>YES</i>			
<i>Office Area</i>			<i>Zone 3</i>				
<i>by Front Entrance</i>	<i>M</i>	<i>YES</i>	<i>3</i>	<i>YES</i>			
<i>by Side Exit</i>	<i>M</i>	<i>YES</i>	<i>3</i>	<i>YES</i>			
<i>Janitor Room</i>	<i>HT</i>	<i>YES</i>	<i>3</i>	<i>YES</i>			
<i>Rm 1</i>	<i>S</i>	<i>YES</i>	<i>3</i>	<i>YES</i>	<i>1.57</i>		
<i>Rm 2</i>	<i>S</i>	<i>YES</i>	<i>3</i>	<i>YES</i>	<i>1.65</i>		
<i>Rm 3</i>	<i>S</i>	<i>YES</i>	<i>3</i>	<i>YES</i>	<i>1.38</i>		
<i>General Office Area 1</i>	<i>S</i>	<i>YES</i>	<i>3</i>	<i>YES</i>	<i>1.26</i>		
<i>General office Area 2</i>	<i>S</i>	<i>YES</i>	<i>3</i>	<i>YES</i>	<i>1.41</i>		
<i>By Men's Washroom</i>	<i>M</i>	<i>YES</i>	<i>3</i>	<i>YES</i>			
<i>Stair</i>	<i>S</i>	<i>YES</i>	<i>3</i>	<i>YES</i>	<i>1.65</i>		
<i>By Side Exit</i>	<i>EOL</i>	<i>N/A</i>	<i>3</i>	<i>YES</i>			

TECHNICIAN: C. Kyle

DATE: January 23, 2014

ANNUAL TEST AND INSPECTION REPORT

BUILDING NAME: Government of Canada

BUILDING ADDRESS: Amaranth, Manitoba

LOCATION	DEVICE	ALARM OPERATION CONFIRMED	ZONE NUMBER	ANNUNCIATION INDICATION CONFIRMED	SMOKE DETECTOR SENSITIVITY	SUPERVISION CIRCUIT CONFIRMED	REMARKS
<i>Rm 4</i>			<i>Zone 5</i>				
<i>Hallway</i>	<i>S</i>	<i>YES</i>	<i>5</i>	<i>YES</i>	<i>1.58</i>		
<i>Hallway</i>	<i>S</i>	<i>YES</i>	<i>5</i>	<i>YES</i>	<i>1.73</i>		
<i>Hallway</i>	<i>S</i>	<i>YES</i>	<i>5</i>	<i>YES</i>	<i>1.55</i>		
<i>Storage</i>	<i>S</i>	<i>YES</i>	<i>5</i>	<i>YES</i>	<i>1.82</i>		
<i>Admin Desk</i>	<i>M</i>	<i>YES</i>	<i>5</i>	<i>YES</i>			
<i>Rm 5</i>	<i>S</i>	<i>YES</i>	<i>5</i>	<i>YES</i>	<i>1.70</i>		
<i>Rm 6</i>	<i>S</i>	<i>YES</i>	<i>5</i>	<i>YES</i>	<i>1.81</i>		
<i>Garage 2</i>	<i>M</i>	<i>YES</i>	<i>5</i>	<i>YES</i>			
<i>Storage</i>	<i>HT</i>	<i>YES</i>	<i>5</i>	<i>YES</i>			
<i>Garage 2</i>	<i>HT</i>	<i>YES</i>	<i>5</i>	<i>YES</i>			
<i>Garage 1</i>	<i>M</i>	<i>YES</i>	<i>5</i>	<i>YES</i>			
<i>Garage 1</i>	<i>HT</i>	<i>YES</i>	<i>5</i>	<i>YES</i>			
<i>Rm 7</i>	<i>S</i>	<i>YES</i>	<i>5</i>	<i>YES</i>	<i>1.75</i>		
<i>Rm 8</i>	<i>S</i>	<i>YES</i>	<i>5</i>	<i>YES</i>	<i>1.76</i>		
<i>Garage 2</i>	<i>EOL</i>	<i>N/A</i>	<i>5</i>	<i>YES</i>			
<i>Basement</i>			<i>Zone 8</i>				
<i>Bottom of Stairs</i>	<i>M</i>	<i>YES</i>	<i>8</i>	<i>YES</i>			
<i>Rm 9</i>	<i>RHT</i>	<i>YES</i>	<i>8</i>	<i>YES</i>			
<i>Rm 9</i>	<i>RHT</i>	<i>YES</i>	<i>8</i>	<i>YES</i>			
<i>Rm 9</i>	<i>RHT</i>	<i>YES</i>	<i>8</i>	<i>YES</i>			
<i>Rm 9</i>	<i>RHT</i>	<i>YES</i>	<i>8</i>	<i>YES</i>			
<i>Crawlspace</i>	<i>HT</i>	<i>YES</i>	<i>8</i>	<i>YES</i>			
<i>Crawlspace</i>	<i>HT</i>	<i>YES</i>	<i>8</i>	<i>YES</i>			
<i>Crawlspace</i>	<i>RHT</i>	<i>YES</i>	<i>8</i>	<i>YES</i>			
<i>Mech. Room</i>	<i>RHT</i>	<i>YES</i>	<i>8</i>	<i>YES</i>			
<i>Mech. Room (by door)</i>	<i>RHT</i>	<i>YES</i>	<i>8</i>	<i>YES</i>			
<i>Crawlspace</i>	<i>EOL</i>	<i>N/A</i>	<i>8</i>	<i>YES</i>			

TECHNICIAN: C. Kyle

DATE: January 23, 2014

FIRE PROTECTION PLUS

ANNUAL TEST AND INSPECTION REPORT

BUILDING NAME: Government of Canada

BUILDING ADDRESS: Amaranth, Manitoba

LOCATION	DEVICE	ALARM OPERATION CONFIRMED	ZONE NUMBER	ANNUNCIATION INDICATION CONFIRMED	SMOKE DETECTOR SENSITIVITY	SUPERVISION CIRCUIT CONFIRMED	REMARKS
Return Duct 1	DS	YES	Zone 1	YES			.01" H2O RL OK
Mech. Room	EOL	N/A	1	YES			
Return Duct 2	DS	YES	Zone 7	YES			.04" H2O RL OK
Mech. Room	EOL	N/A	7	YES			
Supply Duct			Zone 6				
Supply Duct S1	DS	YES	6	YES			RL OK
Supply Duct S2	DS	YES	6	YES			.05" H2O RL OK
Supply Duct S3	DS	YES	6	YES			.18" H2O RL OK
Mech. Room	EOL	N/A	6	YES			
Rm 10 Smoke Detectors	AD	YES	Zone 4	YES		YES	EOL in FACP Via FA-101A panel
Rm 10	S	YES	4	YES			Guard sealed to ceiling RL OK
Rm 11	S	YES	4	YES	1.75		RL OK
Rm 12	S	YES	4	YES			Guard sealed to ceiling RL OK
Rm 13	S	YES	4	YES			Guard sealed to ceiling RL OK
Rm 14	S	YES	4	YES	1.62		RL OK
Rm 15	S	YES	4	YES	1.83		RL OK

TECHNICIAN: C. Kyle

DATE: January 23, 2014

FIRE ALARM SYSTEM ANNUAL TEST AND INSPECTION REPORT

Building Name	Building Address	Building Number	Person Contacted	Date
Government of Canada	Arborg, Manitoba			March 10, 2014
System Manufacturer	Model number	Single Stage	Two Stage	
Edwards	EST1-2Z6	YES		

TEST RESULTS: (Every line must have the appropriate marking in the space provided.)

- 1. The Fire Alarm System functioned correctly under General Alarm condition. YES X NO

- 2. Location of the electrically furthest manual stations with main AC power off.
 - 1. Main Entrance
 - 2. Rear Exit
 - 3. Rm Area
 - 4. by Lunch Room
 - 5. Basement
 - 6.The Fire Alarm functioned correctly during the above test. YES X NO

- 3. Each manual alarm-initiating device has been individually tested. YES X NO
 Number of devices 5

- 4. Each automatic alarm-initiating device has been tested. YES X NO
 Number of devices 24

- 5. Each audible and visual signalling device has been tested. YES X NO
 Number of devices 4

- 6. Correct annunciation has been confirmed for each device tested. YES X NO

SUMMARY

- 1. The Fire Alarm System is now fully functional. YES X NO

- 2. The Fire Alarm System has minor deficiencies noted on report. YES NO X

- 3. The Fire Alarm System has major deficiencies noted on report. YES NO X

- 4. A copy of this report has been given to the owner or owner's representative. YES X NO
 Owners Representative

THIS IS TO CERTIFY THAT THE FIRE ALARM SYSTEM HAS BEEN TESTED IN ACCORDANCE WITH SECTION 5, PERIODIC INSPECTIONS AND TESTS, OF CAN/ULC-S536-M04 AND THESE RECORDS DOCUMENT THE RESULTS OF TESTING PERFORMED.



SIGNATURE OF TECHNICIAN:

FIRE PROTECTION PLUS PH. 204-888-1922

ANNUAL TEST AND INSPECTION REPORT

Building Name: Government of Canada

Building Address: Arborg, Manitoba

LOCATION	DEVICE	ALARM OPERATION CONFIRMED	ZONE NUMBER	ANNUNCIATION INDICATION CONFIRMED	SMOKE DETECTOR SENSITIVITY	SUPERVISION CIRCUIT CONFIRMED	REMARKS
Main Floor & Stair			Zone 1				
Main Entrance	M	YES	1	YES			
Main Entrance	RHT	YES	1	YES			
General Office	S	YES	1	YES	1.88		
General Office by Reception	RHT	YES	1	YES			
Rear Exit	M	YES	1	YES			
By Rear exit	RHT	YES	1	YES			
Rm 3	RHT	YES	1	YES			Recommend change to a smoke detector
By Washroom	RHT	YES	1	YES			
Men's Washroom	RHT	YES	1	YES			
Women's Washroom	RHT	YES	1	YES			
Rm 1	S	YES	1	YES	1.51		RL OK
Rm 2	S	YES	1	YES	1.78		RL OK
Rm Area	M	YES	1	YES			
Rm Area Hallway	S	YES	1	YES	1.64		
Rm 2 Room	S	YES	1	YES	1.73		
Basement Stair	S	YES	1	YES			Recommend rewiring to new zone
By File Room	S	YES	1	YES	1.66		Replaced device
File Room	RHT	YES	1	YES			
Washroom	RHT	YES	1	YES			
Office 1	RHT	YES	1	YES			
Office 2	RHT	YES	1	YES			
Rm 3 Room	RHT	YES	1	YES			Recommend change to a smoke detector
Locker Room	S	YES	1	Yes	1.87		
By Lunch Room	M	YES	1	YES			
Lunch Room	RHT	YES	1	YES			
Front Reception	RHT	YES	1	YES			
Office	EOL	N/A	1	YES			

Technician: C. Kyle

Date: March 10, 2014

FIRE ALARM SYSTEM ANNUAL TEST AND INSPECTION REPORT

Building Name	Building Address	Building Number	Person Contacted	Date
Government of Canada	Ashern, Manitoba		e	January 22, 2014
System Manufacturer	Model number	Single Stage	Two Stage	
Mircom	FX-2003-6A	Yes		

TEST RESULTS: (Every line must have the appropriate marking in the space provided.)

- 1. The Fire Alarm System functioned correctly under General Alarm condition. YES X NO

- 2. Location of the electrically furthest manual stations with main AC power off.
 - 1. Main Entrance
 - 2. by Admin
 - 3. 2nd Floor by Stair
 - 4. Main Floor by Basement Stair
 - 5. Main Floor to Rm 2
 - 6. _____

The Fire Alarm functioned correctly during the above test. YES X NO

- 3. Each manual alarm-initiating device has been individually tested. YES X NO
 Number of devices 5

- 4. Each automatic alarm-initiating device has been tested. YES X NO
 Number of devices 27

- 5. Each audible and visual signalling device has been tested. YES X NO
 Number of devices 4

- 6. Correct annunciation has been confirmed for each device tested. YES X NO

SUMMARY

- 1. The Fire Alarm System is now fully functional. YES X NO

- 2. The Fire Alarm System has minor deficiencies noted on report. YES NO X

- 3. The Fire Alarm System has major deficiencies noted on report. YES NO X

- 4. A copy of this report has been given to the owner or owner's representative. YES X NO
 Owners Representative

THIS IS TO CERTIFY THAT THE FIRE ALARM SYSTEM HAS BEEN TESTED IN ACCORDANCE WITH SECTION 5, PERIODIC INSPECTIONS AND TESTS, OF CAN/ULC-S536-M04 AND THESE RECORDS DOCUMENT THE RESULTS OF TESTING PERFORMED.



SIGNATURE OF TECHNICIAN:

FIRE PROTECTION PLUS PH. 204-888-1922

ANNUAL TEST AND INSPECTION REPORT

Building Name: Government of Canada

Building Address: Ashern, Manitoba

LOCATION	DEVICE	ALARM OPERATION CONFIRMED	DEVICE ADDRESS CONFIRMED	ANNUNCIATION INDICATION CONFIRMED	SMOKE DETECTOR SENSITIVITY	REMARKS
Basement				Zone 1		
Fan Room 1	HT	YES	1-017	Zone 1		
Fan Room 2	HT	YES	1-018	Zone 1		
Storage Room	HT	YES	1-019	Zone 1		Isolator base
Storage Room	HT	YES	1-020	Zone 1		
Basement (east side)	RHT	YES	1-021	Zone 1		
Basement (west side)	RHT	YES	1-022	Zone 1		
Administration Area				Zone 2		
General Office Area 1	S	YES	1-012	Zone 2	900 4%	
General Office Area 2	S	YES	1-013	Zone 2	899 5%	Isolator Base
Kitchen / File Room	RHT	YES	1-026	Zone 2		
Main Entrance	M	YES	1-101	Zone 2		
General Office Area 2	M	YES	1-102	Zone 2		
By Basement Stairs	M	YES	1-103	Zone 2		
Rm 3Area				Zone 3		
By Admin Area	S	YES	1-011	Zone 3	897 4%	
By Print Room	S	YES	1-014	Zone 3	900 5%	
Rm 5	S	YES	1-010	Zone 3	900 4%	Isolator Base
By Rm 4	M	YES	1-105	Zone 3		
Rm 6				Zone 4		
Rm 7	S		1-004	Zone 4	899 4%	No access
Rm 8	S		1-005	Zone 4	900 5%	No access

Technician: C. Kyle

Date: January 22, 2014

ANNUAL TEST AND INSPECTION REPORT

Building Name: Government of Canada

Building Address: Ashern, Manitoba

LOCATION	DEVICE	ALARM OPERATION CONFIRMED	DEVICE ADDRESS CONFIRMED	ANNUNCIATION INDICATION CONFIRMED	SMOKE DETECTOR SENSITIVITY	REMARKS
Rm 1	S	YES	1-007	Zone 5	902 5%	
Rm 2	S	YES	1-006	Zone 6	904 5%	
Rm 3	S	YES	1-008	Zone 7	899 4%	Isolator Base
Rm 4	S	YES	1-009	Zone 8	899 4%	
Rm 5	S	YES	1-015	Zone 9	900 4%	
2 nd Floor				Zone 10		
Office	RHT	YES	1-023	Zone 10		
Rm 6	RHT	YES	1-024	Zone 10		
Hallway	S	YES	1-025	Zone 10	900 4%	Isolator Base
By Stair	M	YES	1-104	Zone 10		
2 nd Floor Stairs	S	YES	1-016	Zone 11	900 5%	
Basement Stairs	S	YES	1-001	Zone 12	899 4%	Isolator base
Duct Detectors				Zone 13		
Fan 1	DS	YES	1-002	Zone 13	897 4%	
Fan 2	DS	YES	1-003	Zone 13	897 4%	
Fan Shut Down	AD	YES	1-140			Shuts down fans 1 & 2
Between Cell area & Office Area	AD	YES	FACP			Door holder

Technician: C. Kyle

Date: January 22, 2014

FIRE PROTECTION PLUS

ANNUAL TEST AND INSPECTION REPORT (EMERGENCY LIGHTING)

BUILDING NAME: Government of Canada

BUILDING ADDRESS: Beausejour, Manitoba

LOCATION	DEVICE	MAKE	MODEL #	VOLTAGE	WATTAGE	NUMBER OF HEADS	OPERATION	REMARKS
Basement	BU	Beghelli	NV6-100-2	6	100	2	YES	2012
2nd Floor Stairs	RL					2	YES	
Conference Room	RL					1	YES	
by Basement Stairs	BU/EXIT	Lumacell	RG36/LMC	6	36	3	YES	#1 kitchen Replaced battery
by Board Room	BU/EXIT	Lumacell	RG36/LMC	6	36	3	YES	2011 #5 kitchen
Rm 1	BU	Dual-Lite	CI2AS-160-BCI	12	160	0	YES	#15 2012
Rm 2	EXIT					1	YES	
Rm 3	RL					1	YES	
by Washroom	RL					2	YES	
by Washroom	EXIT					1	YES	
General Office	RL					2	YES	
General Office	EXIT					1	YES	
Main Exit	EXIT					1	YES	
Reception Area	RL					1	YES	

TECHNICIAN: C. Kyle

DATE: November 19, 2013

FIRE ALARM SYSTEM ANNUAL TEST AND INSPECTION REPORT

Building Name	Building Address	Building Number	Person Contacted	Date
Government of Canada	Beausejour, Manitoba			November 19, 2013
System Manufacturer	Model number	Single Stage	Two Stage	
Mircom	FA-1008K	Yes		

TEST RESULTS: (Every line must have the appropriate marking in the space provided.)

- 1. The Fire Alarm System functioned correctly under General Alarm condition. YES X NO

- 2. Location of the electrically furthest manual stations with main AC power off.
 - 1. by Main Entrance
 - 2. by Weight Room
 - 3. Rm 1
 - 4. by Washroom
 - 5. Kitchen
 - 6. YES X NO

The Fire Alarm functioned correctly during the above test. YES X NO

- 3. Each ~~Number of devices~~ Number of devices ~~initiating device~~ has been individually tested. YES X NO

- 4. Each automatic alarm-initiating device has been tested. YES X NO
 Number of devices 20

- 5. Each audible and visual signalling device has been tested. YES X NO
 Number of devices 5

- 6. Correct annunciation has been confirmed for each device tested. YES X NO

SUMMARY

- 1. The Fire Alarm System is now fully functional. YES X NO

- 2. The Fire Alarm System has minor deficiencies noted on report. YES NO X

- 3. The Fire Alarm System has major deficiencies noted on report. YES NO X

- 4. A copy of this report has been given to the owner or owner's representative. YES X NO

THIS IS TO CERTIFY THAT THE FIRE ALARM SYSTEM HAS BEEN TESTED IN ACCORDANCE WITH SECTION 5, PERIODIC INSPECTIONS AND TESTS, OF CAN/ULC-S536-M04 AND THESE RECORDS DOCUMENT THE RESULTS OF TESTING PERFORMED.



SIGNATURE OF TECHNICIAN:

FIRE PROTECTION PLUS PH. 204-888-1922

FIRE PROTECTION PLUS

ANNUAL TEST AND INSPECTION REPORT

BUILDING NAME: Government of Canada

BUILDING ADDRESS: Beausejour, Manitoba

LOCATION	DEVICE	ALARM OPERATION CONFIRMED	ZONE NUMBER	ANNUNCIATION INDICATION CONFIRMED	SMOKE DETECTOR SENSITIVITY	SUPERVISION CIRCUIT CONFIRMED	REMARKS
<i>Basement</i>			<i>Zone 1</i>				
<i>Basement</i>	<i>RHT</i>	<i>YES</i>	<i>1</i>	<i>YES</i>			
<i>Basement Storage</i>	<i>RHT</i>	<i>YES</i>	<i>1</i>	<i>YES</i>			
<i>Basement Cold Storage</i>	<i>RHT</i>	<i>YES</i>	<i>1</i>	<i>YES</i>			
<i>Top of Basement Stairs</i>	<i>S</i>	<i>YES</i>	<i>1</i>	<i>YES</i>	<i>2.4</i>		
<i>Main Floor</i>			<i>Zone 1</i>				
<i>Rm 1</i>	<i>S</i>	<i>YES</i>	<i>1</i>	<i>YES</i>	<i>2.4</i>		
<i>Rm 2</i>	<i>M</i>	<i>YES</i>	<i>1</i>	<i>YES</i>			
<i>R,m 3</i>	<i>S</i>	<i>YES</i>	<i>1</i>	<i>YES</i>	<i>1.19</i>		<i>RL OK</i>
<i>Rm 4</i>	<i>S</i>	<i>YES</i>	<i>1</i>	<i>YES</i>	<i>1.12</i>		<i>RL OK</i>
<i>Rm 5</i>	<i>S</i>	<i>YES</i>	<i>1</i>	<i>YES</i>	<i>2.6</i>		
<i>Janitor Room</i>	<i>RHT</i>	<i>YES</i>	<i>1</i>	<i>YES</i>			
<i>by Washroom</i>	<i>M</i>	<i>YES</i>	<i>1</i>	<i>YES</i>			
<i>General Office</i>	<i>S</i>	<i>YES</i>	<i>1</i>	<i>YES</i>	<i>1.62</i>		
<i>Rm 6</i>	<i>S</i>	<i>YES</i>	<i>1</i>	<i>YES</i>	<i>1.53</i>		
<i>Rm 7</i>	<i>S</i>		<i>1</i>				<i>No access</i>
<i>by Front Entrance</i>	<i>M</i>	<i>YES</i>	<i>1</i>	<i>YES</i>			
<i>by Board Room</i>	<i>S</i>	<i>YES</i>	<i>1</i>	<i>YES</i>	<i>2.6</i>		
<i>by Board Room</i>	<i>M</i>	<i>YES</i>	<i>1</i>	<i>YES</i>			
<i>Board Room</i>	<i>RHT</i>	<i>YES</i>	<i>1</i>	<i>YES</i>			
<i>Office</i>	<i>RHT</i>	<i>YES</i>	<i>1</i>	<i>YES</i>			
<i>Rm 8</i>	<i>S</i>	<i>YES</i>	<i>1</i>	<i>YES</i>	<i>2.4</i>		
<i>Rm 9</i>	<i>S</i>	<i>YES</i>	<i>1</i>	<i>YES</i>	<i>2.6</i>		
<i>Kitchen</i>	<i>RHT</i>	<i>YES</i>	<i>1</i>	<i>YES</i>			
<i>Kitchen</i>	<i>M</i>	<i>YES</i>	<i>1</i>	<i>YES</i>			
<i>by Stairs to Basement</i>	<i>S</i>	<i>YES</i>	<i>1</i>	<i>YES</i>	<i>1.04</i>		
<i>Rm 10</i>	<i>EOL</i>	<i>N/A</i>	<i>1</i>	<i>YES</i>			

TECHNICIAN: C. Kyle

DATE: November 19, 2013

ANNUAL TEST AND INSPECTION REPORT

Building Name: Government of Canada

Building Address: Beausejour, Manitoba

LOCATION	DEVICE	ALARM OPERATION CONFIRMED	ZONE NUMBER	ANNUNCIATION INDICATION CONFIRMED	SMOKE DETECTOR SENSITIVITY	SUPERVISION CIRCUIT CONFIRMED	REMARKS
2nd Floor			Zone 1				
Top of Stairs	S	YES	1	YES	L11		
Rm 12	RHT	YES	1	YES			
Rm 11	RHT	YES	1	YES			
Crawlspace			Zone 2				
Crawlspace	RHT	YES	2	YES			
Crawlspace	RHT	YES	2	YES			
Crawlspace	RHT	YES	2	YES			
Crawlspace	EOL	N/A	2	YES			
Signals							
Basement	B6	YES	NAC 1	YES			
Rm 13	B6	YES	NAC 1	YES			
by Washrooms	B6	YES	NAC 1	YES			
by Board Room	B6	YES	NAC 1	YES			
2nd Floor	B6	YES	NAC 1	YES			
2nd Floor	EOL	N/A	NAC 1	YES			

FIRE ALARM SYSTEM ANNUAL TEST AND INSPECTION REPORT

<i>Building Name</i>	<i>Building Address</i>	<i>Building Number</i>	<i>Person Contacted</i>	<i>Date</i>
Government of Canada	Beren's River, Manitoba			February 23, 2014
<i>System Manufacturer</i>	<i>Model number</i>	<i>Single Stage</i>	<i>Two Stage</i>	
Mircom	FA-101A	YES		

TEST RESULTS: (Every line must have the appropriate marking in the space provided.)

- 1. The Fire Alarm System functioned correctly under General Alarm condition. YES X NO

- 2. Location of the electrically furthest manual stations with main AC power off.
 - 1. No manual stations
 - 2.
 - 3.
 - 4.
 - 5.
 - 6.

The Fire Alarm functioned correctly during the above test. YES X NO

- 3. Each manual alarm-initiating device has been individually tested. YES X NO
 Number of devices 0

- 4. Each automatic alarm-initiating device has been tested. YES X NO
 Number of devices 6

- 5. Each audible and visual signalling device has been tested. YES X NO
 Number of devices 1

- 6. Correct annunciation has been confirmed for each device tested. YES X NO

SUMMARY

- 1. The Fire Alarm System is now fully functional. YES X NO

- 2. The Fire Alarm System has minor deficiencies noted on report. YES NO X

- 3. The Fire Alarm System has major deficiencies noted on report. YES NO X

- 4. A copy of this report has been given to the owner or owner's representative. YES X NO

THIS IS TO CERTIFY THAT THE FIRE ALARM SYSTEM HAS BEEN TESTED IN ACCORDANCE WITH SECTION 5, PERIODIC INSPECTIONS AND TESTS, OF CAN/ULC-S536-M04 AND THESE RECORDS DOCUMENT THE RESULTS OF TESTING PERFORMED.



SIGNATURE OF TECHNICIAN:

FIRE PROTECTION PLUS PH. 204-888-1922

FIRE ALARM SYSTEM ANNUAL TEST AND INSPECTION REPORT

Building Name	Building Address	Building Number	Person Contacted	Date
Government of Canada	Bloodvein, Manitoba			February 21, 2014
System Manufacturer	Model number	Single Stage	Two Stage	
Simplex	4008		Yes	

TEST RESULTS: (Every line must have the appropriate marking in the space provided.)

1. The Fire Alarm System functioned correctly under General Alarm condition. YES X NO

2. Location of the electrically furthest manual stations with main AC power off.
 1. Garage Exit
 2. Rm Area Outside Exit
 3. Main Entrance
 - 4.
 - 5.
 - 6.

The Fire Alarm functioned correctly during the above test. YES X NO

3. Each manual alarm-initiating device has been individually tested. YES X NO
 Number of devices 3

4. Each automatic alarm-initiating device has been tested. YES X NO
 Number of devices 12

5. Each audible and visual signalling device has been tested. YES X NO
 Number of devices 3

6. Correct annunciation has been confirmed for each device tested. YES X NO

SUMMARY

1. The Fire Alarm System is now fully functional. YES X NO

2. The Fire Alarm System has minor deficiencies noted on report. YES NO X

3. The Fire Alarm System has major deficiencies noted on report. YES NO X

4. A copy of this report has been given to the owner or owner's representative. YES X NO

THIS IS TO CERTIFY THAT THE FIRE ALARM SYSTEM HAS BEEN TESTED IN ACCORDANCE WITH SECTION 5, PERIODIC INSPECTIONS AND TESTS, OF CAN/ULC-S536-M04 AND THESE RECORDS DOCUMENT THE RESULTS OF TESTING PERFORMED.



SIGNATURE OF TECHNICIAN:

FIRE PROTECTION PLUS PH. 204-888-1922

ANNUAL TEST AND INSPECTION REPORT

Building Name: Government of Canada

Building Address: Bloodvein, Manitoba

LOCATION	DEVICE	ALARM OPERATION CONFIRMED	DEVICE ADDRESS CONFIRMED	ANNUNCIATION INDICATION CONFIRMED	SMOKE DETECTOR SENSITIVITY	REMARKS
Main Floor						
Main Entrance	M	YES	M1-001	Zone 1		
Main Entrance	S	YES	M1-002	Zone 1	2.5%	
Room 4	S		M1-004	Zone 4	2.5%	No access
Room 5	S	YES	M1-003	Zone 4	2.5%	
Hall by Admin	S	YES	M1-006	Zone 6	2.5%	
Hall by Rm 1	S	YES	M1-007	Zone 6	2.5%	
Rm Area Exit	M	YES	M1-011	Zone 6		
Rm 1	S	YES	M1-008	Zone 3	2.5%	
Rm 2	S	YES	M1-009	Zone 3	2.5%	
Rm 3	S	YES	M1-010	Zone 3	2.5%	
Rm 6	S	YES	M1-005	Zone 5		
Garage	M	YES	M1-012	Zone 2		
Sprinkler Shut Off Valve	TS	YES	M1-016	Zone 8		
Sprinkler Back Flow Shut Off (left)	TS	YES	M1-013	Zone 9		
Sprinkler Back Flow Shut Off (right)	TS	YES	M1-014	Zone 9		
Sprinkler Flow Switch	FS	YES	M1-015	Zone 7		
Rm 6						No device

Technician: C. Kyle

Date: February 21, 2014

FIRE PROTECTION PLUS

ANNUAL EMERGENCY LIGHTING TEST AND INSPECTION REPORT

BUILDING NAME: Government of Canada

BUILDING ADDRESS: Brandon, Manitoba

LOCATION	DEVICE	MAKE	MODEL #	VOLTAGE	WATTAGE	NUMBER OF HEADS	OPERATION	REMARKS
Gen. Office	BU	Lumacell	RG12-S200	12	200	2	YES	2012
By FACP	RL					2	YES	
By FACP	EXIT					LED	YES	
Office	RL					2	YES	
Office	EXIT					LED	YES	
Office	RL					2	YES	
Office	EXIT					LED	YES	
By Storage Room	EXIT					LED	YES	
Garage	BU	Lumacell	RG36/LMC	6	36	2	YES	2010
Garage	EXIT					LED	YES	
By Rear Exit	BU	Lumacell	RG50	6	50	2	YES	Replaced battery
By Stair	RL					2	YES	
By Rear Exit	EXIT					LED	YES	
Basement	BU	Lumacell	RG50	6	50	2	YES	2011
Stair	RL					2	YES	
Kitchen	RL					2	YES	
Room 2	RL					2	YES	
Rm 3	RL/EXIT	Lumacell				2/LED	YES	

TECHNICIAN: C. Kyle

DATE: March 13, 2014

ANNUAL EMERGENCY LIGHTING TEST AND INSPECTION REPORT

BUILDING NAME: R.C.M.P. Blue Hills Detachment

BUILDING ADDRESS: Brandon, Manitoba

REMARKS

Note 1: Replaced battery as noted.

TECHNICIAN: C. Kyle

DATE: March 13, 2014

FIRE ALARM SYSTEM ANNUAL TEST AND INSPECTION REPORT

Building Name	Building Address	Building Number	Person Contacted	Date
Government of Canada	Brandon, Manitoba	Hwy 457 east of 1 st St.		March 13, 2014
System Manufacturer	Model number	Single Stage	Two Stage	
Edwards	FS-305	Yes		

TEST RESULTS: (Every line must have the appropriate marking in the space provided.)

1. The Fire Alarm System functioned correctly under General Alarm condition. YES X NO

2. Location of the electrically furthest manual stations with main AC power off.
 1. Garage
 2. Basement by Rear Stair
 3. Basement by Front Stair
 4. Office Exit
 5. Exit by Garage
 6. Boardroom Exit

The Fire Alarm functioned correctly during the above test. YES X NO

3. Each manual alarm-initiating device has been individually tested. YES X NO
 Number of devices 7

4. Each automatic alarm-initiating device has been tested. YES X NO
 Number of devices 21

5. Each audible and visual signalling device has been tested. YES X NO
 Number of devices 8

6. Correct annunciation has been confirmed for each device tested. YES X NO

SUMMARY

1. The Fire Alarm System is now fully functional. YES X NO

2. The Fire Alarm System has minor deficiencies noted on report. YES NO X

3. The Fire Alarm System has major deficiencies noted on report. YES NO X

4. A copy of this report has been given to the owner or owner's representative. YES X NO

THIS IS TO CERTIFY THAT THE FIRE ALARM SYSTEM HAS BEEN TESTED IN ACCORDANCE WITH SECTION 5, PERIODIC INSPECTIONS AND TESTS, OF CAN/ULC-S536-M04 AND THESE RECORDS DOCUMENT THE RESULTS OF TESTING PERFORMED.



SIGNATURE OF TECHNICIAN:

FIRE PROTECTION PLUS PH. 204-888-1922

ANNUAL TEST AND INSPECTION REPORT

Building Name: Government of Canada

Building Address: Brandon, Manitoba

LOCATION	DEVICE	ALARM OPERATION CONFIRMED	ZONE NUMBER	ANNUNCIATION INDICATION CONFIRMED	SMOKE DETECTOR SENSITIVITY	SUPERVISION CIRCUIT CONFIRMED	REMARKS
Main Floor			Zone 1				
By FACP	M	YES	1	YES			
Wheel Chair Washroom	RHT	YES	1	YES			
General Office	S	YES	1	YES	1.48		
Rm 1							No device
Public Washroom	RHT	YES	1	YES			
Rm 2	S	YES	1	YES	1.71		
General storage	S	YES	1	YES	1.61		
By Basement Stair	S	YES	1	YES	1.44		
By Rear Exit	M	YES	1	YES			
Rm 3							No device
Rm 4							No device
Boardroom	S	YES	1	YES	1.17		
Boardroom	M	YES	1	YES			
Rm 5							No device
Rm 6	S	YES	1	YES	1.35		
Rm 7	M	YES	1	YES			
Garage			Zone 2				
Garage	M	YES	2	YES			
Garage	HT	YES	2	YES			
Garage	EOL	N/A	2				

ANNUAL TEST AND INSPECTION REPORT

Building Name: Government of Canada

Building Address: Brandon, Manitoba

LOCATION	DEVICE	ALARM OPERATION CONFIRMED	ZONE NUMBER	ANNUNCIATION INDICATION CONFIRMED	SMOKE DETECTOR SENSITIVITY	SUPERVISION CIRCUIT CONFIRMED	REMARKS
Basement			Zone 3				
Rm 8	S	YES	3	YES	1.65		
Rm 9	RHT	YES	3	YES			Recommend change to smoke detector
Kitchen	RHT	YES	3	YES			
Rm 10	S	YES	3	YES	1.36		
Men's Washroom	RHT	YES	3	YES			
Ladies Washroom	RHT	YES	3	YES			
Rm 11	M	YES	3	YES			
Rm 11	S	YES	3	YES	1.49		
Storage Area	S	YES	3	YES	1.46		
Mech. Room	HT	YES	3	YES			
By Kitchen	S	YES	3	YES	1.30		
By Front Stair	M	YES	3	YES			
Rm 12	RHT	YES	3	YES			
Janitor Room	RHT	YES	3	YES			Replaced device
West Stair	S	YES	Zone 4	YES	1.53		
West Stair	EOL	N/A	4				
East Stair (rear)	S	YES	Zone 5	YES	1.52		
East Stair	EOL	N/A	5				

FIRE ALARM SYSTEM ANNUAL TEST AND INSPECTION REPORT

Building Name	Building Address	Building Number	Person Contacted	Date
Government of Canada	Boissevain, Manitoba			March 13, 2014
System Manufacturer	Model number	Single Stage	Two Stage	
Edwards	6601	Yes		

TEST RESULTS: (Every line must have the appropriate marking in the space provided.)

1. The Fire Alarm System functioned correctly under General Alarm condition. YES X NO

2. Location of the electrically furthest manual stations with main AC power off.
 1. by Front Entrance
 2. Cell Area
 3. Cell Area
 4. Residence, Front Exit
 5. Residence, Rear Exit
 - 6

The Fire Alarm functioned correctly during the above test. YES X NO

3. Each manual alarm-initiating device has been individually tested. YES X NO
 Number of devices 5

4. Each automatic alarm-initiating device has been tested. YES X NO
 Number of devices 14

5. Each audible and visual signalling device has been tested. YES X NO
 Number of devices 4

6. Correct annunciation has been confirmed for each device tested. YES X NO

SUMMARY

1. The Fire Alarm System is now fully functional. YES X NO

2. The Fire Alarm System has minor deficiencies noted on report. YES NO X

3. The Fire Alarm System has major deficiencies noted on report. YES NO X

4. A copy of this report has been given to the owner or owner's representative. YES X NO

THIS IS TO CERTIFY THAT THE FIRE ALARM SYSTEM HAS BEEN TESTED IN ACCORDANCE WITH SECTION 5, PERIODIC INSPECTIONS AND TESTS, OF CAN/ULC-S536-M04 AND THESE RECORDS DOCUMENT THE RESULTS OF TESTING PERFORMED.



SIGNATURE OF TECHNICIAN:

FIRE PROTECTION PLUS PH. 204-888-1922

ANNUAL TEST AND INSPECTION REPORT

Building Name: Government of Canada

Building Address: Boissevain, Manitoba

LOCATION	DEVICE	ALARM OPERATION CONFIRMED	ZONE NUMBER	ANNUNCIATION INDICATION CONFIRMED	SMOKE DETECTOR SENSITIVITY	SUPERVISION CIRCUIT CONFIRMED	REMARKS
Rm 1							
Rm 2	S	YES	Zone 1	YES	1.43		
Rm 3	S	YES	1	YES	1.66		RL OK
Rm 4	S	YES	1	YES	1.30		RL OK
Area 1	M	YES	1	YES			
Area 2	M	YES	1	YES			
Area 3	EOL	N/A	1	YES			
Rm 5	S	YES	1	YES	1.48		
Area 4	RHT	YES	1	YES			
Pipe Chase	HT	YES	1	YES			Wall access
Rm 6	S	YES	1	YES	1.25		
Office Area							
Front Entrance	M	YES	1	YES			
Hall by Mech. Room	S	YES	1	YES	1.49		
Mech. Room	S	YES	1	YES	1.72		
Lunch Room	HT	YES	1	YES			
Rm 7	RHT	YES	1	YES			
Rm 8	S		1				No access
Rm 9	S	YES	1	YES	1.63		
Hall by Lunch Room	S	YES	1	YES	1.64		
Rm 10	RHT	YES	1	YES			
Rm 11	S	YES	1	YES	1.62		
Residence							
Residence, Front Entrance	M	YES	1	YES			
Residence, Rear Exit	M	YES	1	YES			
Residence, Basement Stairs	S	YES	1	YES			On wall
Residence, Upper Hallway	ISA	YES	N/A	N/A			
Residence Living Room	ISA	YES	N/A	N/A			

Technician: C. Kyle

Date: March 13, 2014

FIRE ALARM SYSTEM ANNUAL TEST AND INSPECTION REPORT

Building Name	Building Address	Building Number	Person Contacted	Date
Government of Canada	Brochet			January 6, 2014
System Manufacturer	Model number	Single Stage	Two Stage	
Mircom	FA-204	YES		

TEST RESULTS: (Every line must have the appropriate marking in the space provided.)

1. The Fire Alarm System functioned correctly under General Alarm condition. YES X NO

2. Location of the electrically furthest manual stations with main AC power off.
 1. by Rm 1
 2. by Rm 2
 3. Office Area
 - 4.
 - 5.
 - 6.

The Fire Alarm functioned correctly during the above test. YES X NO

3. Each manual alarm-initiating device has been individually tested. YES X NO
 Number of devices 3

4. Each automatic alarm-initiating device has been tested. YES X NO
 Number of devices 9

5. Each audible and visual signalling device has been tested. YES X NO
 Number of devices 1

6. Correct annunciation has been confirmed for each device tested. YES X NO

SUMMARY

1. The Fire Alarm System is now fully functional. YES X NO

2. The Fire Alarm System has minor deficiencies noted on report. YES X NO

3. The Fire Alarm System has major deficiencies noted on report. YES NO X

4. A copy of this report has been given to the owner or owner's representative. YES X NO

THIS IS TO CERTIFY THAT THE FIRE ALARM SYSTEM HAS BEEN TESTED IN ACCORDANCE WITH SECTION 5, PERIODIC INSPECTIONS AND TESTS, OF CAN/ULC-S536-M04 AND THESE RECORDS DOCUMENT THE RESULTS OF TESTING PERFORMED.



SIGNATURE OF TECHNICIAN:

FIRE PROTECTION PLUS PH. 204-888-1922

ANNUAL TEST AND INSPECTION REPORT

Building Name: Government of Canada

Building Address: Brochet, Manitoba

LOCATION	DEVICE	ALARM OPERATION CONFIRMED	ZONE NUMBER	ANNUNCIATION INDICATION CONFIRMED	SMOKE DETECTOR SENSITIVITY	SUPERVISION CIRCUIT CONFIRMED	REMARKS
Rm 1	S	YES	Zone 1	YES	1.72		Closest to guard's station
By Rm 1	EOL	N/A	1				
Rm 2	S	YES	Zone 2	YES	1.64		
By Rm 2	EOL	N/A	1				
Rm 3	S	YES	Zone 3	YES	1.49		
By Rm 3	EOL	N/A	1				
Main Building			Zone 4				
Furnace Room	HT	YES	4	YES			
Furnace Room	DS	YES	4	YES			
Office Area	RHT	YES	4	YES			Recommend replacing with a smoke detector
Office Area	M	YES	4	YES			
Room 4	RHT	YES	4	YES			Recommend replacing with a smoke detector
Storage Room	RHT	YES	4	YES			
Washroom	RHT	YES	4	YES			
Admin Area	M	YES	4	YES			
Corridor	S	YES	4	YES	1.52		
Rm Area	M	YES	4	YES			
Rm Area	EOL	N/A	4				
SIGNALS							
Office Area	B6	YES	NAC 1	YES			
Office Area	EOL	N/A	NAC 1	YES			

Technician: C. Kyle

Date: January 6, 2014

FIRE ALARM SYSTEM ANNUAL TEST AND INSPECTION REPORT

Building Name	Building Address	Building Number	Person Contacted	Date
Government of Canada	Carberry, Manitoba			March 11, 2014
System Manufacturer	Model number	Single Stage	Two Stage	
Mircom	FA-1008K	Yes		

TEST RESULTS: (Every line must have the appropriate marking in the space provided.)

1. The Fire Alarm System functioned correctly under General Alarm condition. YES X NO

2. Location of the electrically furthest manual stations with main AC power off.
 1. Front Entrance
 2. Back Entrance
 3. 2nd Floor Stairs
 4. by Rear Exit
 5. Basement Stairs
 - 6.

The Fire Alarm functioned correctly during the above test. YES X NO

3. Each manual alarm-initiating device has been individually tested. YES X NO
 Number of devices 5

4. Each automatic alarm-initiating device has been tested. YES X NO
 Number of devices 12

5. Each audible and visual signalling device has been tested. YES X NO
 Number of devices 4

6. Correct annunciation has been confirmed for each device tested. YES X NO

SUMMARY

1. The Fire Alarm System is now fully functional. YES X NO
2. The Fire Alarm System has minor deficiencies noted on report. YES NO X
3. The Fire Alarm System has major deficiencies noted on report. YES NO X
4. A copy of this report has been given to the owner or owner's representative. YES X NO

THIS IS TO CERTIFY THAT THE FIRE ALARM SYSTEM HAS BEEN TESTED IN ACCORDANCE WITH SECTION 5, PERIODIC INSPECTIONS AND TESTS, OF CAN/ULC-S536-M04 AND THESE RECORDS DOCUMENT THE RESULTS OF TESTING PERFORMED.



SIGNATURE OF TECHNICIAN:

FIRE PROTECTION PLUS PH. 204-888-1922

ANNUAL TEST AND INSPECTION REPORT

Building Name: Government of Canada

Building Address: Carberry, Manitoba

LOCATION	DEVICE	ALARM OPERATION CONFIRMED	ZONE NUMBER	ANNUNCIATION INDICATION CONFIRMED	SMOKE DETECTOR SENSITIVITY	SUPERVISION CIRCUIT CONFIRMED	REMARKS
<i>Main Floor</i>							
Front Entrance	M	YES	Zone 1	YES			
Rear Entrance	M	YES	1	YES			
Area 1	S	YES	1	YES	1.49		
Area 2	S	YES	1	YES	1.50		
Rm 1	S	YES	1	YES	1.54		
Rm 2	S	YES	1	YES	1.58		
Rm 3	S	YES	1	YES	1.32		
Rm 4	S	YES	1	YES	1.30		
General Office Area	S	YES	1	YES	1.53		
Main Floor Storage Room	RHT	YES	1	YES			
Main Floor By Rear Exit	M	YES	1	YES			
Main Floor by Rear exit	S	YES	1	YES	2.4		
Rear Exit	M	YES	1	YES			
2 Story Office Area Front Exit	M	YES	1	YES			
<i>Basement é Crawlspace</i>							
By Basement Stairs	M	YES	1	YES			
Furnace Room	HT	YES	1	YES			
Rm 5	S	YES	1	YES	2.6		
Crawlspace	RHT	YES	1	YES			
Crawlspace	RHT	YES	1	YES			
Storage Room (cold)	RHT	YES	1	YES			
Storage Room	RHT	YES	1	YES			
By Storage Rooms	RHT	YES	1	YES			
Rm 6	RHT	YES	1	YES			
Electrical Hall	RHT	YES	1	YES			

Technician: C. Kyle

Date: March 11, 2014

ANNUAL TEST AND INSPECTION REPORT

Building Name: Government of Canada

Building Address: Carberry, Manitoba

LOCATION	DEVICE	ALARM OPERATION CONFIRMED	ZONE NUMBER	ANNUNCIATION INDICATION CONFIRMED	SMOKE DETECTOR SENSITIVITY	SUPERVISION CIRCUIT CONFIRMED	REMARKS
2 nd Floor							
By Washroom	EOL	N/A	1	YES			
Top of Stairs	S	YES	1	YES	1.58		
By Stairs	M	YES	1	YES			
Storage Room	RHT	YES	1	YES			
Locker Room	RHT	YES	1	YES			
Lunch Room	RHT	YES	1	YES			
Basement Stairs	S	YES	Zone 2	YES	2.6		
In Device	EOL	N/A	2	YES			
Signals							
By Open Area	B6	YES	NAC 1	YES			
2 nd Floor	B6	YES	NAC 1	YES			
By Rear Exit	B6	YES	NAC 1	YES			
Basement	B6	YES	NAC 1	YES			Adjusted operation
By Front Entrance	B6	YES	NAC 1	YES			
2 nd Floor by Stair	EOL	N/A	NAC 1	YES			

Technician: C. Kyle

Date: March 11, 2014

FIRE ALARM SYSTEM ANNUAL TEST AND INSPECTION REPORT

Building Name	Building Address	Building Number	Person Contacted	Date
Government of Canada	Carman, Manitoba			March 11, 2014
System Manufacturer	Model number	Single Stage	Two Stage	
Edwards/Mircom	6616 / FA-102A	Yes		

TEST RESULTS: (Every line must have the appropriate marking in the space provided.)

- | | | |
|--|--------------|----|
| 1. The Fire Alarm System functioned correctly under General Alarm condition. | YES <u>X</u> | NO |
| 2. Location of the electrically furthest manual stations with main AC power off. | | |
| 1. <u>2nd Floor South Wing</u> | | |
| 2. <u>Main Floor South Wing Exit</u> | | |
| 3. <u>Garage 1</u> | | |
| 4. <u>Garage 2</u> | | |
| 5. <u>by Admin</u> | | |
| 6. <u>by Men's Washroom</u> | | |
| The Fire Alarm functioned correctly during the above test. | | |
| 3. Each manual alarm-initiating device has been individually tested.
Number of devices <u>8</u> | YES <u>X</u> | NO |
| 4. Each automatic alarm-initiating device has been tested.
Number of devices <u>36</u> | YES <u>X</u> | NO |
| 5. Each audible and visual signalling device has been tested.
Number of devices <u>8</u> | YES <u>X</u> | NO |
| 6. Correct annunciation has been confirmed for each device tested. | YES <u>X</u> | NO |

SUMMARY

- | | | |
|---|---------------|-------------|
| 1. The Fire Alarm System is now fully functional. | YES <u>X</u> | NO |
| 2. The Fire Alarm System has minor deficiencies noted on report. | YES <u> </u> | NO <u>X</u> |
| 3. The Fire Alarm System has major deficiencies noted on report. | YES <u> </u> | NO <u>X</u> |
| 4. A copy of this report has been given to the owner or owner's representative. | YES <u>X</u> | NO |

THIS IS TO CERTIFY THAT THE FIRE ALARM SYSTEM HAS BEEN TESTED IN ACCORDANCE WITH SECTION 5, PERIODIC INSPECTIONS AND TESTS, OF CAN/ULC-S536-M04 AND THESE RECORDS DOCUMENT THE RESULTS OF TESTING PERFORMED.



SIGNATURE OF TECHNICIAN:

FIRE PROTECTION PLUS PH. 204-888-1922

ANNUAL TEST AND INSPECTION REPORT

Building Name: Government of Canada

Building Address: Carman, Manitoba

LOCATION	DEVICE	ALARM OPERATION CONFIRMED	ZONE NUMBER	ANNUNCIATION INDICATION CONFIRMED	SMOKE DETECTOR SUPERVISION	SUPERVISION CIRCUIT CONFIRMED	REMARKS
Crawlspace			Zone 1				Janitor room access
Crawlspace	RHT	YES	1	YES			
Crawlspace	RHT	YES	1	YES			
Crawlspace	RHT	YES	1	YES			
Crawlspace	RHT	YES	1	YES			
Crawlspace	RHT	YES	1	YES			
Crawlspace	EOL	N/A	1				
Administration			Zone 2				
By Front Reception	M	YES	2	YES			
By Men's Washroom	M	YES	2	YES			
Janitor Room	RHT	YES	2	YES			
General Office by Reception	S	YES	2	YES	1.52		
File Room	S	YES	2	YES	2.13		
South Area Exit	M	YES	2	YES			
South Office Area by Office	S	YES	2	YES	1.19		
South Office Area by Exit	S	YES	2	YES	1.02		
Men's Washroom (under stair)	RHT	YES	2	YES			
South Area Exit	EOL	N/A	2	YES			
Rm 1	S	YES	2	YES	1.29		
Staff Room	RHT	YES	2	YES			
Office Storage	S	YES	2	YES	1.49		
General Office Area	S	YES	2	YES	1.73		

Technician: C. Kyle

Date: March 11, 2014

ANNUAL TEST AND INSPECTION REPORT

Building Name: Government of Canada

Building Address: Carman, Manitoba

LOCATION	DEVICE	ALARM OPERATION CONFIRMED	ZONE NUMBER	ANNUNCIATION INDICATION CONFIRMED	SMOKE DETECTOR SENSITIVITY	SUPERVISION CIRCUIT CONFIRMED	REMARKS
Open Area			Zone 3				
Rm 2	S	YES	3	YES	1.75		
Rm 3	S	YES	3	YES	1.92		
Rm 4	S	YES	3	YES	1.66		
Rm 5	M	YES	3	YES			
Rm 6	S	YES	3	YES	1.61		
Rm 7	S	YES	3	YES	1.55		
Rm 8	S	YES	3	YES	1.63		
Rm 9	S	YES	3	YES	1.69		
Garage 1	M	YES	3	YES			
Garage 1	RHT	YES	3	YES			
Garage 2	M	YES	3	YES			
Garage 2 Exit	M	YES	3	YES			
Garage 2	RHT	YES	3	YES			
Garage 1 Storage	RHT	YES	3	YES			
Garage 2	EOL	N/A	3	YES			
Attic & Mezzanine North			Zone 4				
Top of Stairs	S	YES	4	YES	1.54		
Top of Stairs	M	YES	4	YES			
Storage	RHT	YES	4	YES			
Mech. Area	HT	YES	4	YES			
Mech. Storage	RHT	YES	4	YES			
Attic	RHT	YES	4	YES			
Attic	RHT	YES	4	YES			
Attic	RHT	YES	4	YES			
Top of Stairs	EOL	N/A	4	YES			

Technician: C. Kyle

Date: March 11, 2014

ANNUAL TEST AND INSPECTION REPORT

Building Name: Government of Canada

Building Address: Carman, Manitoba

LOCATION	DEVICE	ALARM OPERATION CONFIRMED	ZONE NUMBER	ANNUNCIATION INDICATION CONFIRMED	SMOKE DETECTOR SENSITIVITY	SUPERVISION CIRCUIT CONFIRMED	REMARKS
2 nd Floor South			Zone 9				
Rm 15	M	YES	9	YES			
Rm 16	RHT	YES	9	YES			
Mech. Room	HT	YES	9	YES			
Top of Stairs	S	YES	9	YES	.92		
Supply Smoke South	DS	YES	Zone 10	YES			RL OK
S. Mech. Room	EOL	N/A	10	YES			
Return Air South	DS	YES	Zone 11	YES			RL OK
S. Mech. Room	EOL	N/A	11	YES			
Signals							
Rm 17	B6	YES	NAC 1				
Rm 18	B6	YES	NAC 1				
General Office	B6	YES	NAC 1				
Main Floor South	B6	YES	NAC 1				
2 nd Floor South	EOL	N/A	NAC 2				
2 nd Floor South	B6	YES	NAC 2				
Mech. Mezzanine	B6	YES	NAC 1				
Mech. Mezzanine	EOL	N/A	NAC 1				
Attic	B6	YES	NAC 1				
Rm 19	H	YES					
Fan 1	AD	YES					Fan Shut Down
Fan 2	AD	YES					Fan Shut down
Fan 3	AD	YES					Fan Shut Down

Technician: C. Kyle

Date: March 11, 2014

FIRE PROTECTION PLUS

ANNUAL EMERGENCY LIGHTING TEST AND INSPECTION REPORT

BUILDING NAME: Government of Canada

BUILDING ADDRESS: Churchill, Manitoba

LOCATION	DEVICE	MAKE	MODEL #	VOLTAGE	WATTAGE	NUMBER OF HEADS	OPERATION	REMARKS
Men's Washroom	BU	Emerge-Lite	12ESL-72	12	72	2	YES	Panel A #22
Ladies Washroom	BU	Emerge-Lite	12ESL-72	12	72	2	YES	Panel A #22
Rm 1	BU	Emerge-Lite	12ESL-72	12	72	2	YES	Panel A #15
Rm 2	BU	Emerge-Lite	12ESL-72	12	72	2	YES	Panel A #15
Mech. Room	BU	Emerge-Lite	24ESL-550	24	550	2	YES	2012 Panel EMA #9
By Ladies Washroom	RL					2	YES	
By Office	RL					2	YES	
By Mech. Room	RL					2	YES	
By Reception	RL					2	YES	
Main Foyer	RL					2	YES	
Foyer by Mech. Room	RL					2	YES	
By Mech. Room	EXIT					LED	YES	
By Reception	EXIT					LED	YES	
By Lunch Room	EXIT					LED	YES	
Lunch Room	BU	Emerge-Lite	12ESL-72	12	72	2	YES	Panel A #21

TECHNICIAN: C. KYLE

DATE: February 8, 2014

FIRE PROTECTION PLUS

ANNUAL EMERGENCY LIGHTING TEST AND INSPECTION REPORT

BUILDING NAME: Government of Canada

BUILDING ADDRESS: Churchill, Manitoba

LOCATION	DEVICE	MAKE	MODEL #	VOLTAGE	WATTAGE	NUMBER OF HEADS	OPERATION	REMARKS
Garage	BU	Emergi-Lite	24ESL-550-2	24	550	2	YES	2013
Rm 3	RL					2	YES	
Rm 3	EXIT					LED	YES	
Rm 3	RL					2	YES	
Rm 3	EXIT					LED	YES	
Attic	RL					2	YES	
Rm 4	RL					2	YES	
washroom	RL					2	YES	
Rm 5	RL					2	YES	
Exit by Rm 5	EXIT					LED	YES	
Rm 6	RL					2	YES	
Exit by R 6	EXIT					LED	YES	
Crawlspace								
By Access Hatch	BU/EXIT	Emergi-Lite	LPEX52-P	12	26	2/LED	YES	Panel B #5
Section 1A	BU/EXIT	Emergi-Lite	LPEX52-P	12	26	2/LED	YES	Panel B #5
Section 4	BU/EXIT	Emergi-Lite	LPEX52-P	12	26	2/LED	YES	Panel B #5
Section 4A	BU/EXIT	Emergi-Lite	LPEX52-P	12	26	2/LED	YES	Panel B #5

TECHNICIAN: C. KYLE

DATE: February 8, 2014

FIRE ALARM SYSTEM ANNUAL TEST AND INSPECTION REPORT

Building Name	Building Address	Building Number	Person Contacted	Date
Government of Canada	Churchill, Manitoba			February 8, 2014
System Manufacturer	Model number	Single Stage	Two Stage	
General Electric	EST-3	Yes		

TEST RESULTS: (Every line must have the appropriate marking in the space provided.)

1. The Fire Alarm System functioned correctly under General Alarm condition. YES X NO

2. Location of the electrically furthest manual stations with main AC power off.

1. Crawlspace
2. Cell Area Exit
3. Garage Exit
4. Secure Bay Exit
5. Rear Exit North
6. Main entrance

The Fire Alarm functioned correctly during the above test. YES X NO

3. Each manual alarm-initiating device has been individually tested. YES X NO

Number of devices 6

4. Each automatic alarm-initiating device has been tested. YES X NO

Number of devices 46

5. Each audible and visual signalling device has been tested. YES X NO

Number of devices 11

6. Correct annunciation has been confirmed for each device tested. YES X NO

SUMMARY

1. The Fire Alarm System is now fully functional. YES X NO

2. The Fire Alarm System has minor deficiencies noted on report. YES NO X

3. The Fire Alarm System has major deficiencies noted on report. YES NO X

4. A copy of this report has been given to the owner or owner's representative. YES X NO

Owners Representative

THIS IS TO CERTIFY THAT THE FIRE ALARM SYSTEM HAS BEEN TESTED IN ACCORDANCE WITH SECTION 5, PERIODIC INSPECTIONS AND TESTS, OF CAN/ULC-S536-M04 AND THESE RECORDS DOCUMENT THE RESULTS OF TESTING PERFORMED.



SIGNATURE OF TECHNICIAN:

FIRE PROTECTION PLUS PH. 204-888-1922

ANNUAL TEST AND INSPECTION REPORT

Building Name: Government of Canada

Building Address: Churchill, Manitoba

LOCATION	DEVICE	ALARM OPERATION CONFIRMED	DEVICE ADDRESS CONFIRMED	ANNUNCIATION INDICATION CONFIRMED	SMOKE DETECTOR SENSITIVITY	REMARKS
Administration Area (Zone 1)						
Main entrance	M	YES	P01-C03-D0148	YES		
Main entrance	S	YES	P01-C03-D0044	YES	2.5%	
Public washroom	S	YES	P01-C03-D0045	YES	2.5%	
Rm 1	S	YES	P01-C03-D0046	YES	2.5%	
Rm 2	S	YES	P01-C03-D0048	YES	2.5% 8%	
Reception area (by landing)	S	YES	P01-C03-D0047	YES	2.5% 16%	On wall
General Office Area (high ceiling)	S	YES	P01-C03-D0005	YES	2.5% 12%	
RM 3	S	YES	P01-C03-D0055	YES	2.5% 12%	
Rm 4	S	YES	P01-C03-D0050	YES	2.5% 4%	
Rm 5	S	YES	P01-C03-D0051	YES	2.5%	
Rm 6	S	YES	P01-C03-D0052	YES	2.5%	
Rm 7	RHT	YES	P01-C03-D0002	YES		
Rm 8	RHT	YES	P01-C03-D0003	YES		
Rm 9	RHT	YES	P01-C03-D0053	YES		
Rm 10	RHT	YES	P01-C03-D0054	YES		
Rm 11	RHT	YES	P01-C03-D0001	YES		
General Storage room	S	YES	P01-C03-D0049	YES	3.5%	
Hall by Mech. Room	RHT	YES	P01-C03-D0056	YES		
Rear exit (north)	M	YES	P01-C03-D0127	YES		
Mech. Room	RHT	YES	P01-C03-D0057	YES		Isolator base
Rm 12						
Rm 13	S	YES	P01-C03-D0058	YES	2.5%	Isolator base
Rm 14	S	YES	P01-C03-D0059	YES	2.5%	Isolator base

Technician: C. Kyle

Date: February 8, 2014

ANNUAL TEST AND INSPECTION REPORT

Building Name: Government of Canada

Building Address: Churchill, Manitoba

LOCATION	DEVICE	ALARM OPERATION CONFIRMED	DEVICE ADDRESS CONFIRMED	ANNUNCIATION INDICATION CONFIRMED	SMOKE DETECTOR SENSITIVITY	REMARKS
Rm 15						
Rm 16	S	YES	P01-C03-D0004	YES	2.5% 4%	Isolator base
RM 18	S	YES	P01-C03-D0062	YES	2.5%	
Rm 19	S	YES	P01-C03-D0064	YES	2.5%	
Janitor room	RHT	YES	P01-C03-D0065	YES		
Rm 20	S	YES	P01-C03-D0061	YES	2.5% 4%	
Rm 21	S	YES	P01-C03-D0063	YES	2.5%	
Rm 22	M	YES	P01-C03-D0153	YES		
Rm 23	S	YES	P01-C03-D0069	YES	2.5%	
Rm 24	S	YES	P01-C03-D0068	YES	2.5%	
Rm 25	S	YES	P01-C03-D0067	YES	2.5%	
Rm 26	HTemp	YES	P01-C03-D0152	YES		EOL in device
Attic	SFD	YES	P01-C03-D0152	YES		Garage Bay Access
Rm 27	S	YES	P01-C03-D0066	YES	2.5%	
Garage Bay Area (zone 5)						
Rm 28	M	YES	P01-C03-D0155	YES		
Rm 29	HTemp	YES	P01-C03-D0150	YES		
Attic	SFD	YES	P01-C03-D0149	YES		
Garage Bay Exit	M	YES	P01-C03-D0154	YES		
Garage Bay	HTemp	YES	P01-C03-D0150	YES		

Technician: C. Kyle

Date: February 8, 2014

ANNUAL TEST AND INSPECTION REPORT

Building Name: Government of Canada

Building Address: Churchill, Manitoba

LOCATION	DEVICE	ALARM OPERATION CONFIRMED	DEVICE ADDRESS CONFIRMED	ANNUNCIATION INDICATION CONFIRMED	SMOKE DETECTOR SENSITIVITY	REMARKS
Attic (zone 6)						Garage Bay access
Attic over garage bay	HTmp	YES	P01-C03-D0149	YES		
Rm 30s	HTmp	YES	P01-C03-D0149	YES		
Attic	SFD	YES	P01-C03-D0150	YES		
Attic	EOL	N/A	P01-C03-D0150	N/A		
Crawlspace (zone 4)						Mech. Room access
By Hatch	M	YES	P01-C03-D0126	YES		
Crawlspace	HTmp	YES	P01-C03-D0128	YES		
Crawlspace	HTmp	YES	P01-C03-D0128	YES		
Crawlspace	HTmp	YES	P01-C03-D0128	YES		
Crawlspace	HTmp	YES	P01-C03-D0128	YES		
Crawlspace	HTmp	YES	P01-C03-D0128	YES		
Crawlspace	HTmp	YES	P01-C03-D0128	YES		
Crawlspace	HTmp	YES	P01-C03-D0128	YES		
Crawlspace	HTmp	YES	P01-C03-D0128	YES		
Crawlspace	HTmp	YES	P01-C03-D0128	YES		
Crawlspace	HTmp	YES	P01-C03-D0128	YES		
Crawlspace	HTmp	YES	P01-C03-D0128	YES		
Crawlspace	HTmp	YES	P01-C03-D0128	YES		
Crawlspace	EOL	N/A	P01-C03-D0128	YES		
Mezzanine Attic	SFD	YES	P01-C03-D0128	YES		

Technician: C. Kyle

Date: February 8, 2014

ANNUAL TEST AND INSPECTION REPORT

Building Name: Government of Canada

Building Address: Churchill, Manitoba

LOCATION	DEVICE	ALARM OPERATION CONFIRMED	DEVICE ADDRESS CONFIRMED	ANNUNCIATION INDICATION CONFIRMED	SMOKE DETECTOR SENSITIVITY	REMARKS
Loop Isolators						Devices relocated from attic
Crawlspace	EM	YES	P01-C03-D0009	YES		
Multipurpose Room	EM	YES	P01-C03-D0006	YES		
Multipurpose Room	EM	YES	P01-C03-D0007	YES		
Rm 31	EM	YES	P01-C03-D0008	YES		
Signals						
Reception Area	SP	YES	NAC 1	YES		
Rm 32	SP	YES	NAC 1	YES		
Rm 33	SP	YES	NAC 1	YES		
Garage Bay	SP	YES	NAC 1	YES		
Rm 34	SP	YES	NAC 1	YES		
Rm 35	SP	YES	NAC 2	YES		
Centre Crawlspace	SP	YES	NAC 2	YES		
East Crawlspace	SP	YES	NAC 2	YES		
West Crawlspace	SP	YES	NAC 2	YES		
RM 36	SP	YES	NAC 2	YES		
Outside N.W.	SP	YES	NAC 2	YES		

Technician: C. Kyle

Date: February 8, 2014

FIRE PROTECTION PLUS

EMERGENCY LIGHTING ANNUAL TEST AND INSPECTION REPORT

BUILDING NAME: Government of Canada

BUILDING ADDRESS: Cranberry Portage, Manitoba

LOCATION	DEVICE	MAKE	MODEL #	VOLTAGE	WATTAGE	NUMBER OF HEADS	OPERATION	REMARKS
Lunch Room	BU	Ready-Lite	LDX12-200-2	12	200	2	YES	2009
by Main Entrance	EXIT					2	YES	
Front Foyer	RL					1	YES	
General Office	RL					2	YES	
Rear of General Office	EXIT					2	YES	
by Stair	EXIT					2	YES	
Stair	RL					1	YES	
by Washroom	EXIT					2	YES	
by Washroom	RL					2	YES	
Rm1	BU	Ready-Lite	LDX12-200-2	12	200	2	YES	2009
Rm2	EXIT					2	YES	
Rm3	RL					2	YES	
Rm4	EXIT					2	YES	
Garage	RL					2	YES	
Rm5	RL					1	YES	
Rm6	RL					1	YES	
Rm7	RL					2	YES	
Mech. Room	BU	Ready-Lite	LDX12-100-2	12	100	2	YES	2009
by Mech Room	RL					1	YES	
by Mech Room	EXIT					2	YES	
by Stair	RL					1	YES	
Rm8	RL					2	YES	

TECHNICIAN: C. Kyle

DATE: December 10, 2013

FIRE ALARM SYSTEM ANNUAL TEST AND INSPECTION REPORT

Building Name	Building Address	Building Number	Person Contacted	Date
Government of Canada	Cranberry Portage, Mb.			December 10, 2013
System Manufacturer	Model number	Single Stage	Two Stage	
Mircom	FA-1008K		Yes	

TEST RESULTS: (Every line must have the appropriate marking in the space provided.)

1. The Fire Alarm System functioned correctly under General Alarm condition. YES X NO

2. Location of the electrically furthest manual stations with main AC power off.
 1. by Main Entrance
 2. by Rear Exit
 3. Rm 1
 4. Rm 2
 5. by Mech. Room
 6. The Fire Alarm functioned correctly during the above test. YES X NO

3. Each manual alarm-initiating device has been individually tested. YES X NO
 Number of devices 5

4. Each automatic alarm-initiating device has been tested. YES X NO
 Number of devices 33

5. Each audible and visual signalling device has been tested. YES X NO
 Number of devices 4

6. Correct annunciation has been confirmed for each device tested. YES X NO

SUMMARY

1. The Fire Alarm System is now fully functional. YES X NO
2. The Fire Alarm System has minor deficiencies noted on report. YES NO X
3. The Fire Alarm System has major deficiencies noted on report. YES NO X
4. A copy of this report has been given to the owner or owner's representative. YES X NO

THIS IS TO CERTIFY THAT THE FIRE ALARM SYSTEM HAS BEEN TESTED IN ACCORDANCE WITH SECTION 5, PERIODIC INSPECTIONS AND TESTS, OF CAN/ULC-S536-M04 AND THESE RECORDS DOCUMENT THE RESULTS OF TESTING PERFORMED.



SIGNATURE OF TECHNICIAN:

FIRE PROTECTION PLUS PH. 204-888-1922

FIRE PROTECTION PLUS

ANNUAL TEST AND INSPECTION REPORT

BUILDING NAME: Government of Canada

BUILDING ADDRESS: Cranberry Portage, Manitoba

LOCATION	DEVICE	ALARM OPERATION CONFIRMED	ZONE NUMBER	ANNUNCIATION INDICATION CONFIRMED	SMOKE DETECTOR SENSITIVITY	SUPERVISION CIRCUIT CONFIRMED	REMARKS
<i>Basement & Crawlspace</i>			<i>Zone 1</i>				
<i>by Mech. Room</i>	<i>M</i>	<i>YES</i>	<i>1</i>	<i>YES</i>			
<i>Bottom of Stairs</i>	<i>S</i>	<i>YES</i>	<i>1</i>	<i>YES</i>	<i>2.6</i>		
<i>by Mech. Room</i>	<i>RHT</i>	<i>YES</i>	<i>1</i>	<i>YES</i>			
<i>Mech. Room</i>	<i>HT</i>	<i>YES</i>	<i>1</i>	<i>YES</i>			
<i>Mech. Room</i>	<i>HT</i>	<i>YES</i>	<i>1</i>	<i>YES</i>			
<i>Rm 1</i>	<i>RHT</i>	<i>YES</i>	<i>1</i>	<i>YES</i>			
<i>Rm 2</i>	<i>RHT</i>	<i>YES</i>	<i>1</i>	<i>YES</i>			
<i>Rm 3</i>	<i>RHT</i>	<i>YES</i>	<i>1</i>	<i>YES</i>			
<i>Crawlspace</i>	<i>RHT</i>	<i>YES</i>	<i>1</i>	<i>YES</i>			
<i>Crawlspace</i>	<i>RHT</i>	<i>YES</i>	<i>1</i>	<i>YES</i>			
<i>Crawlspace</i>	<i>RHT</i>	<i>YES</i>	<i>1</i>	<i>YES</i>			
<i>Mech. Room</i>	<i>EOL</i>	<i>N/A</i>	<i>1</i>				
<i>Rm 4</i>			<i>Zone 3</i>				
<i>by Admin / Garage</i>	<i>S</i>	<i>YES</i>	<i>3</i>	<i>YES</i>	<i>1.47</i>		
<i>Rm 5</i>	<i>M</i>	<i>YES</i>	<i>3</i>	<i>YES</i>			
<i>Rm 5</i>	<i>S</i>	<i>YES</i>	<i>3</i>	<i>YES</i>	<i>2.4</i>		
<i>Washroom</i>	<i>RHT</i>	<i>YES</i>	<i>3</i>	<i>YES</i>			
<i>Rm 6</i>	<i>S</i>	<i>YES</i>	<i>3</i>	<i>YES</i>	<i>2.8</i>		
<i>Rm 6</i>	<i>S</i>	<i>YES</i>	<i>3</i>	<i>YES</i>	<i>2.6</i>		
<i>Rm 7</i>	<i>S</i>	<i>YES</i>	<i>3</i>	<i>YES</i>	<i>2.6</i>		
<i>Rm 7</i>	<i>M</i>	<i>YES</i>	<i>3</i>	<i>YES</i>			
<i>Rm 8</i>	<i>S</i>	<i>YES</i>	<i>3</i>	<i>YES</i>	<i>2.4</i>		
<i>By FACP</i>	<i>EOL</i>	<i>N/A</i>	<i>3</i>	<i>YES</i>			

TECHNICIAN: C. Kyle

DATE: December 10, 2013

ANNUAL TEST AND INSPECTION REPORT

BUILDING NAME: Government of Canada

BUILDING ADDRESS: Cranberry Portage, Manitoba

LOCATION	DEVICE	ALARM OPERATION CONFIRMED	ZONE NUMBER	ANNUNCIATION INDICATION CONFIRMED	SMOKE DETECTOR SENSITIVITY	SUPERVISION CIRCUIT CONFIRMED	REMARKS
<i>Duct Smoke Detectors FR#1</i>			<i>Zone 4</i>				
<i>Mech Room FR#1 Supply</i>	<i>DS</i>	<i>YES</i>	<i>4</i>	<i>YES</i>	<i>2.6</i>		<i>.02" H20 RL OK</i>
<i>Mech Room FR#1 Return</i>	<i>DS</i>	<i>YES</i>	<i>4</i>	<i>YES</i>	<i>2.4</i>		<i>.04" H20 RL OK</i>
<i>Mech. room on Ceiling</i>	<i>EOL</i>	<i>N/A</i>	<i>4</i>	<i>YES</i>			
<i>Duct Smoke Detectors FR#2</i>			<i>Zone 5</i>				
<i>Mech. Room FR#2 Supply</i>	<i>DS</i>	<i>YES</i>	<i>5</i>	<i>YES</i>	<i>2.6</i>		<i>.01 " H20 RL OK</i>
<i>Mech. Room FR#2 Return</i>	<i>DS</i>	<i>YES</i>	<i>5</i>	<i>YES</i>	<i>2.6</i>		<i>.01" H20 RL OK</i>
<i>Mech. Room on Ceiling</i>	<i>EOL</i>	<i>N/A</i>	<i>5</i>	<i>YES</i>			
<i>Cell Smoke Detectors</i>			<i>Zone 6</i>				
<i>RM 11</i>	<i>S</i>	<i>YES</i>	<i>6</i>	<i>YES</i>			
<i>Rm 12</i>	<i>S</i>	<i>YES</i>	<i>6</i>	<i>YES</i>			
<i>Rm 13</i>	<i>S</i>	<i>YES</i>	<i>6</i>	<i>YES</i>	<i>1.14</i>		<i>RL OK</i>
<i>Rm 14</i>	<i>S</i>	<i>YES</i>	<i>6</i>	<i>YES</i>			
<i>Pipe chase 2</i>	<i>EOL</i>	<i>N/A</i>	<i>6</i>	<i>YES</i>			
<i>Signals</i>							
<i>by Mech. Room</i>	<i>B6</i>	<i>YES</i>	<i>NAC1</i>	<i>YES</i>			
<i>General Office</i>	<i>B6</i>	<i>YES</i>	<i>NAC1</i>	<i>YES</i>			
<i>by Men's Washroom</i>	<i>B6</i>	<i>YES</i>	<i>NAC1</i>	<i>YES</i>			
<i>RM 15</i>	<i>B6</i>	<i>YES</i>	<i>NAC1</i>	<i>YES</i>			
<i>FACP</i>	<i>EOL</i>	<i>N/A</i>	<i>NAC 1</i>	<i>YES</i>			

FIRE PROTECTION PLUS

ANNUAL EMERGENCY LIGHTING TEST AND INSPECTION REPORT

BUILDING NAME: Government of Canada

BUILDING ADDRESS: Cross Lake, Manitoba

LOCATION	DEVICE	MAKE	MODEL #	VOLTAGE	WATTAGE	NUMBER OF HEADS	OPERATION	REMARKS
<i>Basement</i>								
<i>By Stair</i>	FL			120	32	1	YES	
<i>Rm 1</i>	FL			120	32	1	YES	
<i>Mech. Room (front)</i>	FL			120	32	1	YES	
<i>Mech. Room (rear)</i>	FL			120	32	1	YES	
<i>Rm2</i>	FL			120	32	1	YES	
<i>Women's Washroom</i>	FL			120	32	1	YES	
<i>Rm 3</i>	FL			120	32	1	YES	
<i>Men's Washroom</i>	FL			120	32	1	YES	
<i>Stair</i>	FL			120	32	1	YES	
<i>Stair Top</i>	FL			120	32	1	YES	<i>Installed a new tube</i>
<i>Rm4</i>								
<i>Rm 5</i>	FL			120	32	1	YES	
<i>Rm 6</i>	FL			120	32	1	YES	
<i>Rm 7</i>	FL			120	32	1	YES	
<i>Rm 8</i>	FL			120	32	1	YES	
<i>Admin</i>	FL			120	32	1	YES	
<i>Admin</i>	FL			120	32	1	YES	
<i>Admin</i>	FL			120	32	1	YES	
<i>Admin</i>	FL			120	32	1	YES	

TECHNICIAN: C. KYLE

DATE: February 13, 2014

FIRE ALARM SYSTEM ANNUAL TEST AND INSPECTION REPORT

Building Name	Building Address	Building Number	Person Contacted	Date
Government of Canada	Cross Lake, Manitoba			February 13, 2014
System Manufacturer	Model number	Single Stage	Two Stage	
Mircom	FA-1008K	Yes		

TEST RESULTS: (Every line must have the appropriate marking in the space provided.)

1. The Fire Alarm System functioned correctly under General Alarm condition. YES X NO

2. Location of the electrically furthest manual stations with main AC power off.
 1. Basement Stair
 2. Area 1
 3. Garage 1
 4. Garage 2
 5. Area to Garage
 6. Area to Offices
 The Fire Alarm functioned correctly during the above test. YES X NO

3. Each manual alarm-initiating device has been individually tested. YES X NO
 Number of devices 7

4. Each automatic alarm-initiating device has been tested. YES NO X
 Number of devices 45

5. Each audible and visual signalling device has been tested. YES X NO
 Number of devices 18

6. Correct annunciation has been confirmed for each device tested. YES X NO

SUMMARY

1. The Fire Alarm System is now fully functional. YES NO X
2. The Fire Alarm System has minor deficiencies noted on report. YES X NO
3. The Fire Alarm System has major deficiencies noted on report. YES NO X
4. A copy of this report has been given to the owner or owner's representative. YES X NO

THIS IS TO CERTIFY THAT THE FIRE ALARM SYSTEM HAS BEEN TESTED IN ACCORDANCE WITH SECTION 5, PERIODIC INSPECTIONS AND TESTS, OF CAN/ULC-S536-M04 AND THESE RECORDS DOCUMENT THE RESULTS OF TESTING PERFORMED.



SIGNATURE OF TECHNICIAN:

FIRE PROTECTION PLUS PH. 204-888-1922

ANNUAL TEST AND INSPECTION REPORT

Building Name: Government of Canada

Building Address: Cross Lake, Manitoba

LOCATION	DEVICE	ALARM OPERATION CONFIRMED	ZONE NUMBER	ANNUNCIATION INDICATION CONFIRMED	SMOKE DETECTOR SENSITIVITY	SUPERVISION CIRCUIT CONFIRMED	REMARKS
Rm 1	S	YES	Zone 1	YES	1.14		RL OK
Rm 2	S	YES	Zone 2	YES	1.24		RL OK
Rm 3	S	YES	Zone 3	YES	1.22		RL OK
Rm 4	S	YES	Zone 4	YES	1.26		RL OK
Rm 5	S	YES	Zone 5	YES	1.19		RL OK
Rm 6	S	YES	Zone 6	YES	1.23		RL OK
Rm Area			Zone 7				
To Garage	M	YES	7	YES			
To Office	M	YES	7	YES			
By Laundry	M	YES	7	YES			
Rm 31	S	YES	7	YES	2.6		
Rm 32	S	YES	7	YES	2.6		
Rm 33	S	YES	7	YES	2.4		
Rm 34	S	YES	7	YES	2.6		
Washroom	RHT	YES	7	YES			
By Rm 2	S	YES	7	YES	2.4		
By Rm 5	S	YES	7	YES	2.4		
Rm 35	RHT	YES	7	YES			
Pipe chase 1 / 2	RHT	YES	7	YES			
Pipe chase 3 / 4	RHT	YES	7	YES			
Pipe chase 5 / 6	RHT	YES	7	YES			
Pipe chase 1 / 2	EOL	N/A	7				

Technician: C. Kyle

Date: February 13, 2014

ANNUAL TEST AND INSPECTION REPORT

Building Name: Government of Canada

Building Address: Cross Lake, Manitoba

LOCATION	DEVICE	ALARM OPERATION CONFIRMED	ZONE NUMBER	ANNUNCIATION INDICATION CONFIRMED	SMOKE DETECTOR SENSITIVITY	SUPERVISION CIRCUIT CONFIRMED	REMARKS
Garage			Zone 8				
Garage 1	M	YES	8	YES			
Garage 1	HT	YES	8	YES			
Garage 2	M	YES	8	YES			
Garage 2	HT	YES	8	YES			
Garage 2	EOL	N/A	8				
Main Floor			Zone 9				
Main Entrance	M	YES	9	YES			
Washroom	RHT	YES	9	YES			
Kitchen	S	YES	9	YES	2.6		
Rm 22	RHT	YES	9	YES			Recommend device be replace with a smoke detector
General Office (front)	S	YES	9	YES	2.4		
General Office (rear)	S	YES	9	YES	2.6		
Office 1	RHT	YES	9	YES			
Office 2	RHT	YES	9	YES			
Office 3	RHT	YES	9	YES			
Washroom	RHT	YES	9	YES			
Janitor Room	RHT	YES	9	YES			
Rm 21	S	YES	9	YES	2.4		
Rm 20	S	YES	9	YES	2.4		
By Washroom	S	YES	9	YES	1.17		
Rear Exit	M	YES	9	YES			
Rear Exit	S	YES	9	YES	.96		
Stair	S	YES	9	YES			On wall

Technician: C. Kyle

Date: February 13, 2014

ANNUAL TEST AND INSPECTION REPORT

Building Name: Government of Canada

Building Address: Cross Lake, Manitoba

LOCATION	DEVICE	ALARM OPERATION CONFIRMED	ZONE NUMBER	ANNUNCIATION INDICATION CONFIRMED	SMOKE DETECTOR SENSITIVITY	SUPERVISION CIRCUIT CONFIRMED	REMARKS
Basement			Zone 10				
Bottom Stair	M	YES	10	YES			
By Electrical Room	S	YES	10	YES	1.02		
Mech. Room	RHT	YES	10	YES			
Mech. Room	RHT	YES	10	YES			
Storage Room 1 (exhibits)	S	YES	10	YES	2.4		
Storage Room 2	RHT	YES	10	YES			
Storage Room 2	RHT	YES	10	YES			
Rm 14	RHT	YES	10	YES			
Rm 13	RHT	YES	10	YES			
Rm 12	RHT	YES	10	YES			
Rm 11	RHT	YES	10	YES			
Rm 10	RHT	YES	10	YES			
Crawlspace	RHT	YES	10	YES			Storage 1 access
Crawlspace	RHT	YES	10	YES			
Crawlspace	EOL	N/A	10	YES			
Gen Run	AD	YES	Zone 11	YES			Elec. Test
Gen Trouble	AD	YES	Zone 12	YES			Elec. Test

Technician: C. Kyle

Date: February 13, 2014

ANNUAL TEST AND INSPECTION REPORT

Building Name: Government of Canada

Building Address: Cross Lake, Manitoba

LOCATION	DEVICE	ALARM OPERATION CONFIRMED	ZONE NUMBER	ANNUNCIATION INDICATION CONFIRMED	SMOKE DETECTOR SENSITIVITY	SUPERVISION CIRCUIT CONFIRMED	REMARKS
Signals							
Basement	EOL	N/A	NAC 1				
Basement	B10	YES	NAC 1				
Mech. Room	V	YES	NAC 1				
Mech. Room	V	YES	NAC 4				
Rm 10	V	YES	NAC 4				
Rm 10	B10	YES	NAC 1				
Change Room	V	YES	NAC 4				
Men's Washroom	V	YES	NAC 4				
Women's Washroom	V	YES	NAC 4				
Change Room	V	YES	NAC 4				
Crawlspace	EOL	N/A	NAC 4				
Rm Area	B10	YES	NAC 1				
Rm Area	V	YES	NAC 4				
Rm Area	V	YES	NAC 4				
Garage 1	B10	NO	NAC 1				Device is damaged
Garage 2	B10	YES	NAC 1				
Office	B10	YES	NAC 1				
Office	V	YES	NAC 4				
Washroom	V	YES	NAC 4				

Technician: C. Kyle

Date: February 13, 2014

FIRE ALARM SYSTEM ANNUAL TEST AND INSPECTION REPORT

Building Name	Building Address	Building Number	Person Contacted	Date
Government of Canada	Crystal City, Manitoba			March 13, 2014
System Manufacturer	Model number	Single Stage	Two Stage	
Mircom	FA-101A	Yes		

TEST RESULTS: (Every line must have the appropriate marking in the space provided.)

1. The Fire Alarm System functioned correctly under General Alarm condition. YES X NO
2. Location of the electrically furthest manual stations with main AC power off.
 1. Residence front entrance
 2. Residence rear exit
 3.
 4.
 5.
 6.
- The Fire Alarm functioned correctly during the above test. YES X NO
3. Each manual alarm-initiating device has been individually tested. YES X NO
 Number of devices 2
4. Each automatic alarm-initiating device has been tested. YES X NO
 Number of devices 5
5. Each audible and visual signalling device has been tested. YES X NO
 Number of devices 2
6. Correct annunciation has been confirmed for each device tested. YES X NO

SUMMARY

1. The Fire Alarm System is now fully functional. YES X NO
2. The Fire Alarm System has minor deficiencies noted on report. YES NO X
3. The Fire Alarm System has major deficiencies noted on report. YES NO X
4. A copy of this report has been given to the owner or owner's representative. YES X NO

THIS IS TO CERTIFY THAT THE FIRE ALARM SYSTEM HAS BEEN TESTED IN ACCORDANCE WITH SECTION 5, PERIODIC INSPECTIONS AND TESTS, OF CAN/ULC-S536-M04 AND THESE RECORDS DOCUMENT THE RESULTS OF TESTING PERFORMED.



SIGNATURE OF TECHNICIAN:

FIRE PROTECTION PLUS PH. 204-888-1922

FIRE ALARM SYSTEM ANNUAL TEST AND INSPECTION REPORT

Building Name	Building Address	Building Number	Person Contacted	Date
Government of Canada	Dauphin, Manitoba			November 14, 2013
System Manufacturer	Model number	Single Stage	Two Stage	
Edwards	EST2	Yes		

TEST RESULTS: (Every line must have the appropriate marking in the space provided.)

1. The Fire Alarm System functioned correctly under General Alarm condition. YES X NO

2. Location of the electrically furthest manual stations with main AC power off.
 1. Basement by Elevator
 2. Basement East Hall
 3. Open Area
 4. Garage 1
 5. Garage
 6. Member Entrance

The Fire Alarm functioned correctly during the above test. YES X NO

3. Each manual alarm-initiating device has been individually tested. YES X NO
 Number of devices 15

4. Each automatic alarm-initiating device has been tested. YES X NO
 Number of devices 133

5. Each audible and visual signalling device has been tested. YES X NO
 Number of devices 34

6. Correct annunciation has been confirmed for each device tested. YES X NO

SUMMARY

1. The Fire Alarm System is now fully functional. YES X NO

2. The Fire Alarm System has minor deficiencies noted on report. YES NO X

3. The Fire Alarm System has major deficiencies noted on report. YES NO X

4. A copy of this report has been given to the owner or owner's representative. YES X NO

THIS IS TO CERTIFY THAT THE FIRE ALARM SYSTEM HAS BEEN TESTED IN ACCORDANCE WITH SECTION 5, PERIODIC INSPECTIONS AND TESTS, OF CAN/ULC-S536-M04 AND THESE RECORDS DOCUMENT THE RESULTS OF TESTING PERFORMED.



SIGNATURE OF TECHNICIAN:

FIRE PROTECTION PLUS PH. 204-888-1922

ANNUAL TEST AND INSPECTION REPORT

Building Name: Government of Canada

Building Address: Dauphin, Manitoba

LOCATION	DEVICE	ALARM OPERATION CONFIRMED	ZONE NUMBER	ANNUNCIATION INDICATION CONFIRMED	DEVICE ADDRESS CONFIRMED	REMARKS
Crawlspace			Zone 1			
Crawlspace	HT	YES	1	YES	03-01	
Crawlspace	HT	YES	1	YES	03-02	
Crawlspace	HT	YES	1	YES	03-03	
Crawlspace	HT	YES	1	YES	03-04	
Crawlspace	HT	YES	1	YES	03-05	
Basement			Zone 2			
By Stair	M	YES	2	YES	04-27	
By West Stair	HT	YES	2	YES	03-17	
By Elevator	HT	YES	2	YES	03-16	Recommend change to a smoke detector
Washroom	HT	YES	2	YES	03-15	
Storage Area	HT	YES	2	YES	03-19	
Rm 10	HT	YES	2	YES	03-20	
Rm 10	HT	YES	2	YES	03-21	
Rm 10	HT	YES	2	YES	03-22	
Rm 10	HT	YES	2	YES	03-23	
Rm 11	HT	YES	2	YES	03-25	Recommend change to a smoke detector
Rm 12	HT	YES	2	YES	03-24	
Rm 13	HT	YES	2	YES	03-26	
Janitor Room	HT	YES	2	YES	03-28	See notes
Rm 14	HT	YES	2	YES	03-27	
By East Stairs	M	YES	2	YES	04-28	

Technician: C. Kyle

Date: November 14, 2013

ANNUAL TEST AND INSPECTION REPORT

Building Name: Government of Canada

Building Address: Dauphin, Manitoba

LOCATION	DEVICE	ALARM OPERATION CONFIRMED	ZONE NUMBER	ANNUNCIATION INDICATION CONFIRMED	SMOKE DETECTOR SENSITIVITY	DEVICE ADDRESS CONFIRMED	REMARKS
Basement			Zone 2				
Elevator Machine Room	HT	YES	2	YES		03-18	
Range Observation Area	HT	YES	2	YES		03-06	
Range Maintenance	HT	YES	2	YES		03-08	
Rm 15	HT	YES	2	YES		03-07	
Rm 16	HT	YES	2	YES		03-09	
Rm 17	HT	YES	2	YES		03-11	
Rm 17	HT	YES	2	YES		03-10	Above ceiling
Rm 17	HT	YES	2	YES		03-12	
Rm 17	HT	YES	2	YES		03-13	
Rm 17	HT	Yes	2	YES			
Rm Area Duct Smoke	DS	YES	Zone 3	YES	2.5	03-14	24% maint.

Technician: C. Kyle

Date: November 14, 2013

ANNUAL TEST AND INSPECTION REPORT

Building Name: Government of Canada

Building Address: Dauphin, Manitoba

LOCATION	DEVICE	ALARM OPERATION CONFIRMED	ZONE NUMBER	ANNUNCIATION INDICATION CONFIRMED	SMOKE DETECTOR SENSITIVITY	DEVICE ADDRESS CONFIRMED	REMARKS
Open area			Zone 4				
Rm 18	HT	YES	4	YES		01-05	
Rm 19	S	YES	4	YES	2.5	01-06	
Rm 20	S	YES	4	YES	2.5	01-07	
RM 21	S	YES	4	YES		01-04	
By Garage	M	YES	4	YES		02-05	
Rm 22	S	YES	4	YES	2.5	01-09	
Rm 23	S	YES	4	YES		01-10	
Rm 7	S	YES	4	YES	2.5	01-11	
Rm 8	S	YES	4	YES	2.5	01-12	
Rm 9	S	YES	4	YES	2.5	01-14	
Rm 10	S	YES	4	YES	2.5	01-15	
Rm 11	S	YES	4	YES	2.5	01-17	
Rm Area Exit	M	YES	4	YES		02-04	
By Rm 10	S	YES	4	YES	2.5	01-18	16% maint.
Rm 24	S	YES	4	YES	2.5	01-08	12% maint.
Male Rm Pipe Chase	HT	YES	4	YES		01-13	
Female Rm Pipe Chase	HT	YES	4	YES		01-16	

Technician: C. Kyle

Date: November 14, 2013

ANNUAL TEST AND INSPECTION REPORT

Building Name: Government of Canada

Building Address: Dauphin, Manitoba

LOCATION	DEVICE	ALARM OPERATION CONFIRMED	ZONE NUMBER	ANNUNCIATION INDICATION CONFIRMED	SMOKE DETECTOR SENSITIVITY	DEVICE ADDRESS CONFIRMED	REMARKS
Main Floor Office Area			Zone 6				
By Elevator	HT	YES	6	YES		01-26	
By Elevator	M	YES	6	YES		02-08	
By Front Reception	S	YES	6	YES	2.5	01-22	40% maint.
Front Lobby	S	YES	6	YES	2.5	01-01	12% maint
Front Entrance	M	YES	6	YES		02-03	
Front Lobby (High Area)	HT	YES	6	YES		03-58	
Front Lobby (High Area)	HT	YES	6	YES		03-59	
Wheel Chair Washroom	HT	YES	6	YES		01-20	
Rm 31	HT	YES	6	YES		01-25	Recommend replace with smoke detector
Rm 32	HT	YES	6	YES		01-19	
Front Work Station	HT	YES	6	YES		01-23	
Hall by Rm Area	S	YES	6	YES	2.5	01-21	20% maint.
General Office	HT	YES	6	YES		01-24	
General Office	HT	YES	6	YES		01-29	
Office	HT	YES	6	YES		01-42	
Office	HT	YES	6	YES		01-31	
Office	HT	YES	6	YES		01-30	
RM 34	HT	YES	6	YES		01-43	Recommend replace with smoke detector
RM 33	HT	YES	6	YES		01-41	
Rm 35	HT	YES	6	YES		01-33	
Hall near Washrooms	HT	YES	6	YES		01-39	
By Ladies Washroom	HT	YES	6	YES		01-36	
Ladies Washroom	HT	YES	6	YES		01-35	
Men's Washroom	HT	YES	6	YES		01-34	

Technician: C. Kyle

Date: November 14, 2013

ANNUAL TEST AND INSPECTION REPORT

Building Name: Government of Canada

Building Address: Dauphin, Manitoba

LOCATION	DEVICE	ALARM OPERATION CONFIRMED	ZONE NUMBER	ANNUNCIATION INDICATION CONFIRMED	DEVICE ADDRESS CONFIRMED	REMARKS
<i>Main Floor Office Area</i>			<i>Zone 6</i>			
Janitor Room	HT	YES	6	YES	01-37	
Entrance	M	YES	6	YES	02-11	
Side entrance	HT	YES	6	YES	01-40	
Rm 36	HT	YES	6	YES	01-02	Recommend replace with smoke detector
Rm 37	HT	YES	6	YES	01-03	Recommend replace with smoke detector
RM 38	HT	YES	6	YES	01-32	Recommend replace with smoke detector
East Garage	HT	YES	6	YES	01-38	
RM 39	HT	YES	6	YES	01-27	
Rm 40	HT	YES	6	YES	01-28	
<i>2nd Floor Mech. & Electrical</i>			<i>Zone 7</i>			
Mech. Room exit	M	YES	7	YES	04-32	
Electrical Room	HT	YES	7	YES	03-36	
Generator Room	HT	YES	7	YES	03-35	
Mech. Room	HT	YES	7	YES	03-34	
Mech. Room	HT	YES	7	YES	03-33	
Mech. Room	HT	YES	7	YES	03-32	

Technician: C. Kyle

Date: November 14, 2013

ANNUAL TEST AND INSPECTION REPORT

Building Name: Government of Canada

Building Address: Dauphin, Manitoba

LOCATION	DEVICE	ALARM OPERATION CONFIRMED	ZONE NUMBER	ANNUNCIATION INDICATION CONFIRMED	SMOKE DETECTOR SENSITIVITY	DEVICE ADDRESS CONFIRMED	REMARKS
2 ND Floor Office Area			Zone 8				
Hall by Mech. Room	HT	YES	8	YES		03-60	Recommend replace with smoke detector
East Hallway	HT	YES	8	YES		03-61	Recommend replace with smoke detector
Men's Washroom	HT	YES	8	YES		03-40	
Ladies Washroom	HT	YES	8	YES		03-41	
By East Stair	M	YES	8	YES		04-30	
East Office	HT	YES	8	YES		03-65	
Rm 36	HT	YES	8	YES		03-64	
Rm 37	HT	YES	8	YES		03-62	
Rm 38	HT	YES	8	YES		03-63	Within 450 mm of air vent
Office 1	HT	YES	8	YES		03-39	
Office 2	HT	YES	8	YES		03-43	
General Office	HT	YES	8	YES		03-42	
Office by Mech. room	HT	YES	8	YES		03-52	
RM 39	HT	YES	8	YES		03-53	Recommend replace with smoke detector
General Office	HT	YES	8	YES		03-46	
Office 3	HT	YES	8	YES		03-44	
Office 4	HT	YES	8	YES		03-45	
Office 5	HT	YES	8	YES		03-49	
Rm 40	HT	YES	8	YES		03-56	
RM 41	HT	YES	8	YES		03-55	Recommend replace with smoke detector
Rm 42	HT	YES	8	YES		03-54	
Conference Room	HT	YES	8	YES		03-57	
Hall by W. Stair	HT	YES	8	YES		03-50	
RM 43							No device
By Elevator	S	YES	8	YES	2.5	03-47	
West Exit	M	YES	8	YES		04-29	

Technician: C. Kyle

Date: November 14, 2013

ANNUAL TEST AND INSPECTION REPORT

Building Name: Government of Canada

Building Address: Dauphin, Manitoba

LOCATION	DEVICE	ALARM OPERATION CONFIRMED	ZONE NUMBER	ANNUNCIATION INDICATION CONFIRMED	SMOKE DETECTOR SENSITIVITY	DEVICE ADDRESS CONFIRMED	REMARKS
RM 44			Zone 9				Activates Pre-action Solenoid
Server Room	S	YES	9	YES	2.5	03-68	
Rm 45	S	YES	9	YES	2.5	03-70	
RM 46	S	YES	9	YES	2.5	03-67	
Rm 47	S	YES	9	YES	2.5	03-66	
Rm 48	M	YES	9	YES		04-31	
West Stair			Zone 10				
West Stair	S	YES	10	YES	2.5	03-51	32% maint.
West Stair	M	YES	10	YES		02-10	
East Stair			Zone 11				
East Stair	S	YES	11	YES	2.5	03-69	44% maint.
East Stair	M	YES	11	YES		02-09	
Elevator Shaft			Zone 12				
Elevator Shaft	S		12		2.5	03-48	8% maint
Service Shaft	S	YES	Zone 13	YES	2.5	03-29	4% maint. Garage access hatch

Technician: C. Kyle

Date: November 14, 2013

ANNUAL TEST AND INSPECTION REPORT

Building Name: Government of Canada

Building Address: Dauphin, Manitoba

LOCATION	DEVICE	ALARM OPERATION CONFIRMED	ZONE NUMBER	ANNUNCIATION INDICATION CONFIRMED	DEVICE ADDRESS CONFIRMED	REMARKS
Attic			Zone 14			
Attic	HT	YES	14	YES	03-37	
Attic	HT	YES	14	YES	03-38	
Tel./Com. Sprinkler						Pre-Action System
Mech. Room Valve	TS	YES	25	YES	04-21	Vipond Aug. 16/13
Mech. Room Flow	PS	YES	15	YES	04-22	Vipond Aug. 16/13
Mech. Room	SFD	YES	15, 25	YES		
Main Sprinkler						Vipond Aug. 16/13
Mech. Room Flow	PS	YES	16	YES	04-20	
Mech. Room Valve	TS	YES	26	YES	04-23	
Low Pressure	PS	YES	29	YES	04-19	
Mech. Room Valve	TS	YES	26	YES	04-23	
Domestic Water Shutdown	TS	YES	30	YES	04-03	Crawlspace
Rm Block Sprinkler						Vipond Aug. 16/13
Mech. Room Flow	FS	YES	17	YES	04-18	
Mech. Room Valve	TS	YES	27	YES	04-17	
Mech. Room	SFD	YES	17, 27	YES		
Crawlspace Sprinkler						
Mech. Room Flow	FS	YES	18	YES	04-16	
Mech. Room Valve	TS	YES	28	YES	04-15	
Mech. Room	SFD	YES	18, 28	YES		

Technician: C. Kyle

Date: November 14, 2013

ANNUAL TEST AND INSPECTION REPORT

Building Name: Government of Canada

Building Address: Dauphin, Manitoba

LOCATION	DEVICE	ALARM OPERATION CONFIRMED	ZONE NUMBER	ANNUNCIATION INDICATION CONFIRMED	DEVICE ADDRESS CONFIRMED	REMARKS
Signals						
2 nd Floor						
Mech. Room	B6	YES	BZ6	N/A	04-08	
Mech. Room	V	YES	VZ6	N/A	04-10	
By West Stair	B6	YES	BZ6	N/A	04-08	
By West Stair	V	YES	VZ6	N/A	04-10	
General Office	B6	YES	BZ6	N/A	04-08	
General Office	V	YES	VZ6	N/A	04-10	
Generator Room	B6	YES	BZ5	N/A	04-07	
Generator Room	V	YES	VZ5	N/A	04-09	
1 Office	B6	YES	BZ5	N/A	04-07	
1 Office	V	YES	VZ5	N/A	04-09	
By East Stairs	B6	YES	BZ5	N/A	04-07	
By East Stairs	V	YES	VZ5	N/A	04-09	
2 Office	B6	YES	BZ5	N/A	04-07	
2 Office	V	YES	VZ5	N/A	04-09	

Technician: C. Kyle

Date: November 14, 2013

ANNUAL TEST AND INSPECTION REPORT

Building Name: Government of Canada

Building Address: Dauphin, Manitoba

LOCATION	DEVICE	ALARM OPERATION CONFIRMED	ZONE NUMBER	ANNUNCIATION INDICATION CONFIRMED	DEVICE ADDRESS CONFIRMED	REMARKS
Signals						
Main Floor						
By Elevator	B6	YES	BZ3	N/A	02-01	
By Elevator	V	YES	VZ3	N/A	04-01	
General Office	B6	YES	BZ4	N/A	02-02	
General Office	V	YES	VZ4	N/A	04-02	
By File Storage	B6	YES	BZ3	N/A	02-01	
By File Storage	V	YES	VZ3	N/A	04-01	
Garage	B6	YES	BZ4	N/A	02-02	
Garage	V	YES	VZ4	N/A	04-02	
Rm A	B6	YES	VZ4	N/A	02-02	
Rm A	V	YES	BZ4	N/A	04-02	
Garage 2	B6	YES	BZ3	N/A	02-01	
Garage 3	V	YES	VZ3	N/A	04-01	
Basement						
Rm 10	B6	YES	BZ1	N/A	04-11	
Rm 10	V	YES	VZ2	N/A	04-14	
C	B6	YES	BZ2	N/A	04-12	
C	V	YES	VZ1	N/A	04-13	
Open Area A	B6	YES	BZ1	N/A	04-11	
Open Area A	V	YES	VZ2	N/A	04-14	
Crawlspace	B6	YES	BZ1	N/A	04-11	
Crawlspace	B6	YES	BZ1	N/A	04-12	

Technician: C. Kyle

Date: November 14, 2013

FIRE PROTECTION PLUS

ANNUAL TEST AND INSPECTION REPORT (EMERGENCY LIGHTING)

BUILDING NAME: Government of Canada

BUILDING ADDRESS: Emerson, Manitoba

LOCATION	DEVICE	MAKE	MODEL #	VOLTAGE	WATTAGE	NUMBER OF HEADS	OPERATION	REMARKS
Basement Mech. Room	BU	Dual-Lite	C12AS-160-BCI	12	160	1	YES	Replaced batteries
Weight Room	RL					2	YES	
Basement	RL					1	YES	
Basement	RL					1	YES	
Basement	EXIT					2	YES	
Crawlspace	RL					2	YES	
Top of Stairs	EXIT					2	YES	
Top of Stairs	RL					2	YES	
Office Area, rear	EXIT					2	YES	
Office Area, rear	RL					1	YES	
Office Area, front	EXIT					2	YES	
Office Area, front	RL					1	YES	
Rm Area (to garage)	EXIT					2	YES	
Rm Area	RL					1	YES	
Rm Area (exit)	EXIT					2	YES	Replaced LED lamps
Rm Area	RL					1	YES	
Admin	RL					1	YES	
Basement Mech. Room	RL					1	YES	
Garage	RL					2	YES	
Garage	EXIT					2	YES	

TECHNICIAN: C. Kyle

DATE: October 24, 2013

FIRE ALARM SYSTEM ANNUAL TEST AND INSPECTION REPORT

Building Name	Building Address	Building Number	Person Contacted	Date
Government of Canada	Emerson, Manitoba			October 24, 2013
System Manufacturer	Model number	Single Stage	Two Stage	
Mircom	FA-204E	Yes		

TEST RESULTS: (Every line must have the appropriate marking in the space provided.)

1. The Fire Alarm System functioned correctly under General Alarm condition. YES X NO

2. Location of the electrically furthest manual stations with main AC power off.
 1. by Lunch Room
 2. by Stair to Basement
 3. Basement by Stairs
 4. by Admin
 - 5.
 - 6.

The Fire Alarm functioned correctly during the above test. YES X NO

3. Each manual alarm-initiating device has been individually tested. YES X NO
 Number of devices 4

4. Each automatic alarm-initiating device has been tested. YES X NO
 Number of devices 28

5. Each audible and visual signalling device has been tested. YES X NO
 Number of devices 4

6. Correct annunciation has been confirmed for each device tested. YES X NO

SUMMARY

1. The Fire Alarm System is now fully functional. YES X NO
2. The Fire Alarm System has minor deficiencies noted on report. YES NO X
3. The Fire Alarm System has major deficiencies noted on report. YES NO X
4. A copy of this report has been given to the owner or owner's representative. YES X NO

THIS IS TO CERTIFY THAT THE FIRE ALARM SYSTEM HAS BEEN TESTED IN ACCORDANCE WITH SECTION 5, PERIODIC INSPECTIONS AND TESTS, OF CAN/ULC-S536-M04 AND THESE RECORDS DOCUMENT THE RESULTS OF TESTING PERFORMED.



SIGNATURE OF TECHNICIAN:

FIRE PROTECTION PLUS PH. 204-888-1922

FIRE PROTECTION PLUS

ANNUAL TEST AND INSPECTION REPORT

BUILDING NAME: Government of Canada

BUILDING ADDRESS: Emerson, Manitoba

LOCATION	DEVICE	ALARM OPERATION CONFIRMED	ZONE NUMBER	ANNUNCIATION INDICATION CONFIRMED	SMOKE DETECTOR SENSITIVITY	SUPERVISION CIRCUIT CONFIRMED	REMARKS
<i>Office Area</i>			<i>Zone 1</i>				
<i>Lunch Room</i>	HT	YES	1	YES			
<i>by Lunch Room</i>	M	YES	1	YES			
<i>Office Area</i>	HT	YES	1	YES			
<i>Office 1</i>	HT	YES	1	YES			
<i>Office 2</i>	HT	YES	1	YES			
<i>Rm 15</i>	HT	YES	1	YES			<i>Recommend change to smoke detector</i>
<i>Men's Washroom Storage</i>	HT	YES	1	YES			
<i>by Stair</i>	M	YES	1	YES			
<i>Top of Stair</i>	S	YES	1	YES	1.66		
<i>Rm 14</i>	RHT	YES	1	YES			
<i>Janitor Room</i>	HT	YES	1	YES			
<i>By Stair</i>	EOL	N/A	1				
<i>Rm Area</i>			<i>Zone 2</i>				
<i>Hall by admin</i>	S	YES	2	YES	1.52		
<i>Hall</i>	S	YES	2	YES	1.44		
<i>Admin</i>	S	YES	2	YES	1.72		
<i>Admin</i>	M	YES	2	YES			
<i>Pipechase 1/2</i>	HT	YES	2	YES			
<i>Pipechase 3/4</i>	HT	YES	2	YES			
<i>Rm 10</i>	S	YES	2	YES	1.54		
<i>Rm 12</i>	S	YES	2	YES	1.59		
<i>Rm 11</i>	S	YES	2	YES	1.69		

TECHNICIAN: C. Kyle

DATE: October 24, 2013

FIRE PROTECTION PLUS

ANNUAL TEST AND INSPECTION REPORT

BUILDING NAME: Government of Canada

BUILDING ADDRESS: Emerson, Manitoba

LOCATION	DEVICE	ALARM OPERATION CONFIRMED	ZONE NUMBER	ANNUNCIATION INDICATION CONFIRMED	SMOKE DETECTOR SENSITIVITY	DUCT SMOKE AIR FLOW	REMARKS
<i>Basement</i>			<i>Zone 3</i>				
<i>by Stairs</i>	<i>M</i>	<i>YES</i>	<i>3</i>	<i>YES</i>			
<i>Weight Room</i>	<i>RHT</i>	<i>YES</i>	<i>3</i>	<i>YES</i>			
<i>Weight Room</i>	<i>RHT</i>	<i>YES</i>	<i>3</i>	<i>YES</i>			
<i>by Lockers</i>	<i>RHT</i>	<i>YES</i>	<i>3</i>	<i>YES</i>			
<i>Mech. Room</i>	<i>HT</i>	<i>YES</i>	<i>3</i>	<i>YES</i>			
<i>Mech. Room</i>	<i>HT</i>	<i>YES</i>	<i>3</i>	<i>YES</i>			
<i>By Stairs</i>	<i>EOL</i>	<i>N/A</i>	<i>3</i>				
<i>Crawlspace</i>			<i>Zone 4</i>				<i>Basement hall access</i>
<i>Crawlspace</i>	<i>HT</i>	<i>YES</i>	<i>4</i>	<i>YES</i>			
<i>Crawlspace</i>	<i>HT</i>	<i>YES</i>	<i>4</i>	<i>YES</i>			
<i>Crawlspace</i>	<i>HT</i>	<i>YES</i>	<i>4</i>	<i>YES</i>			
<i>Crawlspace</i>	<i>EOL</i>	<i>N/A</i>	<i>4</i>				
<i>Duct Detectors</i>			<i>Zone 5</i>				
<i>Mech. Room Return FR-1</i>	<i>DS</i>	<i>YES</i>	<i>5</i>	<i>YES</i>	<i>2.6</i>	<i>.015</i>	<i>RL OK</i>
<i>Mech. Room Supply FR-1</i>	<i>DS</i>	<i>YES</i>	<i>5</i>	<i>YES</i>	<i>2.6</i>	<i>.012</i>	<i>RL OK</i>
<i>Mech. Room Return FR-2</i>	<i>DS</i>	<i>YES</i>	<i>5</i>	<i>YES</i>	<i>.92</i>	<i>.03</i>	<i>RL OK</i>
<i>Mech. Room Supply FR-2</i>	<i>DS</i>	<i>YES</i>	<i>5</i>	<i>YES</i>	<i>2.6</i>	<i>.03</i>	<i>RL OK</i>
<i>Mech. Room</i>	<i>EOL</i>	<i>N/A</i>	<i>5</i>	<i>YES</i>			

TECHNICIAN: C. Kyle

DATE: October 24, 2013

ANNUAL TEST AND INSPECTION REPORT

BUILDING NAME: Government of Canada

BUILDING ADDRESS: Emerson, Manitoba

LOCATION	DEVICE	ALARM OPERATION CONFIRMED	ZONE NUMBER	ANNUNCIATION INDICATION CONFIRMED	SMOKE DETECTOR SENSITIVITY	SUPERVISION CIRCUIT CONFIRMED	REMARKS
<i>Rm Duct Detectors</i>			<i>Zone 6</i>				
<i>Rm 1</i>	<i>S</i>	<i>YES</i>	<i>6</i>	<i>YES</i>	<i>1.55</i>		<i>RL OK</i>
<i>Rm 2</i>	<i>S</i>	<i>YES</i>	<i>6</i>	<i>YES</i>	<i>1.60</i>		<i>RL OK</i>
<i>Rm 3</i>	<i>S</i>	<i>YES</i>	<i>6</i>	<i>YES</i>	<i>1.67</i>		<i>RL OK</i>
<i>Rm</i>	<i>S</i>	<i>YES</i>	<i>6</i>	<i>YES</i>	<i>1.72</i>		<i>RL OK</i>
<i>Crawlspace</i>	<i>EOL</i>	<i>N/A</i>	<i>6</i>	<i>YES</i>			
<i>Garage</i>	<i>M</i>	<i>YES</i>	<i>Zone 7</i>	<i>YES</i>			
<i>Garage</i>	<i>HT</i>	<i>YES</i>	<i>7</i>	<i>YES</i>			
<i>Garage</i>	<i>EOL</i>	<i>N/A</i>	<i>7</i>				
<i>Signals</i>							
<i>Room 1</i>	<i>B10</i>	<i>YES</i>	<i>NAC1</i>	<i>YES</i>			
<i>Room 2</i>	<i>B10</i>	<i>YES</i>	<i>NAC1</i>	<i>YES</i>			
<i>Office</i>	<i>B6</i>	<i>YES</i>	<i>NAC2</i>	<i>YES</i>			
<i>Rm Area</i>	<i>B6</i>	<i>YES</i>	<i>NAC2</i>	<i>YES</i>			
<i>Garage</i>	<i>B10</i>	<i>YES</i>	<i>NAC2</i>	<i>YES</i>			
<i>Room 2</i>	<i>EOL</i>	<i>N/A</i>	<i>NAC1</i>	<i>YES</i>			

FIRE PROTECTION PLUS

ANNUAL EMERGENCY LIGHTING TEST AND INSPECTION REPORT

BUILDING NAME: Government of Canada

BUILDING ADDRESS: Falcon Lake, Manitoba

LOCATION	DEVICE	MAKE	MODEL #	VOLTAGE	WATTAGE	NUMBER OF HEADS	OPERATION	REMARKS
By Front Entrance	BU	Lumacell	I2RG100	12	100	2	YES	2010
Front Entrance	RL					1	YES	
Front entrance	EXIT					2	YES	Replaced 3 LED lamps
Kitchen	EXIT					2	YES	Replaced 2 LED lamps
Kitchen	RL					1	YES	
Rm Area	BU	Lumacell	I2RG144	12	144	2	YES	2010
By Admin	EXIT					2	YES	
By Rm 1	EXIT					2	YES	Replaced 1 LED lamps
By Rm 2	RL					2	YES	
By Rm 2	EXIT					2	YES	
By Rm 3	EXIT					2	YES	
Entrance	EXIT					2	YES	
Basement Stairs	BU	Lumacell	I2RG144	12	144	2	YES	2010
General Office	RL					2	YES	
General Office	EXIT					2	YES	
Basement	BU	Lumacell	I2RG144	12	144	2	YES	2012
Basement	RL					2	YES	
Furnace Room	RL					1	YES	

TECHNICIAN: C. Kyle

DATE: November 22, 2013

FIRE ALARM SYSTEM ANNUAL TEST AND INSPECTION REPORT

Building Name	Building Address	Building Number	Person Contacted	Date
Government of Canada	Falcon Lake, Manitoba			November 22, 2013
System Manufacturer	Model number	Single Stage	Two Stage	
Edwards	EST1-2Z6	YES		

TEST RESULTS: (Every line must have the appropriate marking in the space provided.)

1. The Fire Alarm System functioned correctly under General Alarm condition. YES X NO

2. Location of the electrically furthest manual stations with main AC power off.
 1. Front Entrance
 2. Exit off of Kitchen
 3. open Area exit
 4. by open area
 - 5.
 - 6.

The Fire Alarm functioned correctly during the above test. YES X NO

3. Each manual alarm-initiating device has been individually tested. YES X NO
 Number of devices 4

4. Each automatic alarm-initiating device has been tested. YES X NO
 Number of devices 26

5. Each audible and visual signalling device has been tested. YES X NO
 Number of devices 6

6. Correct annunciation has been confirmed for each device tested. YES X NO

SUMMARY

1. The Fire Alarm System is now fully functional. YES X NO

2. The Fire Alarm System has minor deficiencies noted on report. YES NO X

3. The Fire Alarm System has major deficiencies noted on report. YES NO X

4. A copy of this report has been given to the owner or owner's representative. YES X NO

THIS IS TO CERTIFY THAT THE FIRE ALARM SYSTEM HAS BEEN TESTED IN ACCORDANCE WITH SECTION 5, PERIODIC INSPECTIONS AND TESTS, OF CAN/ULC-S536-M04 AND THESE RECORDS DOCUMENT THE RESULTS OF TESTING PERFORMED.



SIGNATURE OF TECHNICIAN:

FIRE PROTECTION PLUS PH. 204-888-1922

ANNUAL TEST AND INSPECTION REPORT

Building Name: Government of Canada

Building Address: Falcon Lake, Manitoba

LOCATION	DEVICE	ALARM OPERATION CONFIRMED	ZONE NUMBER	ANNUNCIATION INDICATION CONFIRMED	SMOKE DETECTOR SENSITIVITY	SUPERVISION CIRCUIT CONFIRMED	REMARKS
Main Floor & Basement Stair			Zone 1				
Office Area			Zone 1				
Front Entrance	M	YES	1	YES			
Front Entrance	S	YES	1	YES	1.12		
Rm 1	S	YES	1	YES	1.62		
Ladies Washroom	RHT	YES	1	YES			
Men's Washroom	RHT	YES	1	YES			
Janitor Room	RHT	YES	1	YES			
Rm 2	S	YES	1	YES	1.48		
Kitchen	RHT	YES	1	YES			
Rear Exit	M	YES	1	YES			
General Office	S	YES	1	YES	1.11		
Basement Stairs	S	YES	1	YES	1.18		Recommend rewiring to independent zone
Rm 3	RHT	YES	1	YES			
Rm 4	RHT	YES	1	YES			
Front Foyer	EOL	N/A	1	YES			
Rm Area							Recommend a new zone
Admin	S	YES	1	YES	1.20		
Rm Area Exit	M	YES	1	YES			
By Rm 3	M	YES	1	YES			
Rm Area Washroom	S	YES	1	YES	1.37		
Rm Area Janitor Room	RHT	YES	1	YES			
Open Area	S	YES	1	YES	1.46		
Furnace Room	HT	YES	1	YES			
Rm Area Phone Room	S	YES	1	YES	1.59		

Technician: C. Kyle

Date: November 22, 2013

ANNUAL TEST AND INSPECTION REPORT

Building Name: Government of Canada

Building Address: Falcon Lake, Manitoba

LOCATION	DEVICE	ALARM OPERATION CONFIRMED	ZONE NUMBER	ANNUNCIATION INDICATION CONFIRMED	SMOKE DETECTOR SENSITIVITY	SUPERVISION CIRCUIT CONFIRMED	REMARKS
Rm Area			Zone 1				
Rm 1	S	YES	1	YES	1.60		RL OK
Rm 2	S	YES	1	YES	1.55		RL OK
Rm 3	S	YES	1	YES	1.63		RL OK
Rm 5	S	YES	1	YES	1.48		
By Rm 2/3	S	YES	1	YES	1.52		
Rm 6	S	YES	1	YES	1.78		
Basement			Zone 2				
Rm 7	S	YES	2	YES	1.09		
Hall by Electrical	RHT	YES	2	YES			
Rm 8	S	YES	2	YES	1.67		
RM 9	S	YES	2	YES	1.16		
RM 10	RHT	YES	2	YES			
Rm 11	RHT	YES	2	YES			
Furnace Room	RHT	YES	2	YES			
RM 12	EOL	N/A	2				
Signals							
By Front Entrance	B10	YES	NAC 1				
By Men's Washroom	B10	YES	NAC 1				
Kitchen	B10	YES	NAC 1				
Rm 13	B10	YES	NAC 1				
Basement	B10	YES	NAC 1				
Basement Lounge	B6	YES	NAC 1				
Rm 14	EOL	N/A	NAC 1				

Technician: C. Kyle

Date: November 22, 2013

FIRE PROTECTION PLUS

ANNUAL TEST AND INSPECTION REPORT (EMERGENCY LIGHTING)

BUILDING NAME: Government of Canada

BUILDING ADDRESS: Fisher Branch, Manitoba

LOCATION	DEVICE	MAKE	MODEL #	VOLTAGE	WATTAGE	NUMBER OF HEADS	OPERATION	REMARKS
Lunch Room	BU	Lumacell	RG12-360	12	360	0	YES	2013
Office Exit	EXIT					2	YES	
General Office	RL					2	YES	
by Women's Washroom	EXIT					2	YES	
to Basement	EXIT					2	YES	
Basement Stair	EXIT					2	YES	
Basement Stair	RL					1	YES	
Front Foyer	RL					1	YES	
Rm 1	BU	Dual-Lite	CI2AS-160-BCI	12	160	0	YES	2012
Rm2	RL					2	YES	
Rm3	EXIT					2	YES	
Rm4	RL					2	YES	
Rm 5	RL					2	YES	
hallway	EXIT					2	YES	
Rm 6	RL					2	YES	
Office Area by Men's Washroom	RL					2	YES	
Garage	RL					2	YES	

TECHNICIAN: C. Kyle

DATE: January 28, 2014

FIRE ALARM SYSTEM ANNUAL TEST AND INSPECTION REPORT

Building Name	Building Address	Building Number	Person Contacted	Date
Government of Canada	Fisher Branch			January 28, 2014
System Manufacturer	Model number	Single Stage	Two Stage	
Mircom	FA-1008K	Yes		

TEST RESULTS: (Every line must have the appropriate marking in the space provided.)

1. The Fire Alarm System functioned correctly under General Alarm condition. YES X NO

2. Location of the electrically furthest manual stations with main AC power off.
 1. by Main Entrance
 2. by Basement Stairs
 3. Rm 1
 4. by Rm 3
 5. by Mech. Room
 - 6.

The Fire Alarm functioned correctly during the above test. YES X NO

3. Each manual alarm-initiating device has been individually tested. YES X NO
 Number of devices 5

4. Each automatic alarm-initiating device has been tested. YES X NO
 Number of devices 39

5. Each audible and visual signalling device has been tested. YES X NO
 Number of devices 4

6. Correct annunciation has been confirmed for each device tested. YES X NO

SUMMARY

1. The Fire Alarm System is now fully functional. YES X NO
2. The Fire Alarm System has minor deficiencies noted on report. YES NO X
3. The Fire Alarm System has major deficiencies noted on report. YES NO X
4. A copy of this report has been given to the owner or owner's representative. YES X NO

THIS IS TO CERTIFY THAT THE FIRE ALARM SYSTEM HAS BEEN TESTED IN ACCORDANCE WITH SECTION 5, PERIODIC INSPECTIONS AND TESTS, OF CAN/ULC-S536-M04 AND THESE RECORDS DOCUMENT THE RESULTS OF TESTING PERFORMED.



SIGNATURE OF TECHNICIAN:

FIRE PROTECTION PLUS PH. 204-888-1922

FIRE PROTECTION PLUS

ANNUAL TEST AND INSPECTION REPORT

BUILDING NAME: Government of Canada

BUILDING ADDRESS: Fisher Branch, Manitoba

LOCATION	DEVICE	ALARM OPERATION CONFIRMED	ZONE NUMBER	ANNUNCIATION INDICATION CONFIRMED	SMOKE DETECTOR SENSITIVITY	SUPERVISION CIRCUIT CONFIRMED	REMARKS
General Alarm	M	YES	Zone 1	YES			All manual stations confirmed
Duct Smoke Administration			Zone 2				
Mech. Room (#1)	DS	YES	2	YES			RL OK
Mech. Room (#2)	DS	YES	2	YES			RL OK
On Duct Smoke	EOL	N/A	2	YES			
Duct Smoke Rm Area			Zone 3				
Mech. Room (#3)	DS	YES	3	YES			RL OK
Mech. Room (#4)	DS	YES	3	YES			RL OK
On Duct Smoke	EOL	N/A	3	YES			
Rm 10	S	YES	Zone 6	YES	1.06		
Attic	EOL	N/A	6				
Print Room	S	YES	Zone 4	YES	2.6		
Attic	EOL	N/A	4	YES			
Rm #1	S	YES	Zone 5	YES	1.56		
Attic	EOL	N/A	5				
Rm #3	S	YES	Zone 7	YES	1.62		
Attic	EOL	N/A	7				
Rm #4	S	YES	Zone 8	YES	1.68		
Attic	EOL	N/A	8				

TECHNICIAN: C. Kyle

DATE: January 28, 2014

ANNUAL TEST AND INSPECTION REPORT

BUILDING NAME: Government of Canada

BUILDING ADDRESS: Fisher Branch, Manitoba

LOCATION	DEVICE	ALARM OPERATION CONFIRMED	ZONE NUMBER	ANNUNCIATION INDICATION CONFIRMED	SMOKE DETECTOR SENSITIVITY	SUPERVISION CIRCUIT CONFIRMED	REMARKS
<i>Administration</i>			<i>Zone 10</i>				
<i>Front Foyer</i>	<i>M</i>	<i>YES</i>	<i>10</i>	<i>YES</i>			
<i>Front Foyer</i>	<i>HT</i>	<i>YES</i>	<i>10</i>	<i>YES</i>			
<i>Lunch room</i>	<i>HT</i>	<i>YES</i>	<i>10</i>	<i>YES</i>			
<i>by Women's Washroom</i>	<i>HT</i>	<i>YES</i>	<i>10</i>	<i>YES</i>			
<i>Rm 6</i>	<i>S</i>	<i>YES</i>	<i>10</i>	<i>YES</i>	<i>1.40</i>		
<i>Rm 5</i>							<i>Recommend to add a smoke detector</i>
<i>Women's Washroom</i>	<i>HT</i>	<i>YES</i>	<i>10</i>	<i>YES</i>			
<i>Men's Washroom</i>	<i>HT</i>	<i>YES</i>	<i>10</i>	<i>YES</i>			
<i>by Men's Washroom</i>	<i>HT</i>	<i>YES</i>	<i>10</i>	<i>YES</i>			
<i>Rm 4</i>	<i>S</i>	<i>YES</i>	<i>10</i>	<i>YES</i>	<i>1.49</i>		
<i>Rm 3</i>	<i>S</i>	<i>YES</i>	<i>10</i>	<i>YES</i>	<i>1.65</i>		
<i>Janitor Room</i>	<i>HT</i>	<i>YES</i>	<i>10</i>	<i>YES</i>			
<i>Garage</i>	<i>HT</i>	<i>YES</i>	<i>10</i>	<i>YES</i>			
<i>Garage Exit</i>							<i>Recommend add manual station</i>
<i>General Office</i>	<i>S</i>	<i>YES</i>	<i>10</i>	<i>YES</i>	<i>1.67</i>		
<i>Office by Stairs</i>	<i>M</i>	<i>YES</i>	<i>10</i>	<i>YES</i>			
<i>Top of Stair to Basement</i>	<i>S</i>	<i>YES</i>	<i>10</i>	<i>YES</i>	<i>2.4</i>		
<i>Corridor</i>	<i>EOL</i>	<i>N/A</i>	<i>10</i>	<i>YES</i>			

FIRE PROTECTION PLUS

ANNUAL TEST AND INSPECTION REPORT

BUILDING NAME: Government of Canada

BUILDING ADDRESS: Fisher Branch, Manitoba

LOCATION	DEVICE	ALARM OPERATION CONFIRMED	ZONE NUMBER	ANNUNCIATION INDICATION CONFIRMED	SMOKE DETECTOR SENSITIVITY	REMARKS
<i>Basement & Crawlspace</i>			<i>Zone 11</i>			
<i>Bottom of Stairs</i>	<i>S</i>	<i>YES</i>	<i>11</i>	<i>YES</i>	<i>2.4</i>	
<i>by Mech. Room</i>	<i>M</i>	<i>YES</i>	<i>11</i>	<i>YES</i>		
<i>by Mech. Room</i>	<i>HT</i>	<i>YES</i>	<i>11</i>	<i>YES</i>		
<i>Mech. Room</i>	<i>HT</i>	<i>YES</i>	<i>11</i>	<i>YES</i>		
<i>Mech. Room</i>	<i>HT</i>	<i>YES</i>	<i>11</i>	<i>YES</i>		
<i>Rm 2</i>	<i>HT</i>	<i>YES</i>	<i>11</i>	<i>YES</i>		
<i>Rm 1</i>	<i>HT</i>	<i>YES</i>	<i>11</i>	<i>YES</i>		
<i>Under Stairs Storage</i>						<i>No device</i>
<i>File Rm</i>	<i>S</i>	<i>YES</i>	<i>11</i>	<i>YES</i>	<i>2.6</i>	
<i>Crawlspace</i>	<i>HT</i>	<i>YES</i>	<i>11</i>	<i>YES</i>		
<i>Crawlspace</i>	<i>HT</i>	<i>YES</i>	<i>11</i>	<i>YES</i>		
<i>Crawlspace</i>	<i>HT</i>	<i>YES</i>	<i>11</i>	<i>YES</i>		
<i>Crawlspace</i>	<i>HT</i>	<i>YES</i>	<i>11</i>	<i>YES</i>		
<i>By Mech. Room</i>	<i>EOL</i>	<i>N/A</i>	<i>11</i>	<i>YES</i>		
<i>Spare</i>			<i>Zones 12 - 16</i>			
<i>Signals</i>						
<i>General Office</i>	<i>B6</i>	<i>YES</i>	<i>NAC 1</i>			
<i>by Men's Washroom</i>	<i>B6</i>	<i>YES</i>	<i>NAC 1</i>			
<i>Rm Area</i>	<i>B6</i>	<i>YES</i>	<i>NAC 1</i>			
<i>Basement by Mech. Room</i>	<i>B6</i>	<i>YES</i>	<i>NAC 1</i>			
<i>By Mech. Room</i>	<i>EOL</i>	<i>N/A</i>	<i>NAC 1</i>			

TECHNICIAN: C. Kyle

DATE: January 28, 2014

FIRE ALARM SYSTEM ANNUAL TEST AND INSPECTION REPORT

Building Name	Building Address	Building Number	Person Contacted	Date
Government of Canada	Gimli, Manitoba			March 10, 2014
System Manufacturer	Model number	Single Stage	Two Stage	
GE Edwards	FSP-1004	Yes		

TEST RESULTS: (Every line must have the appropriate marking in the space provided.)

1. The Fire Alarm System functioned correctly under General Alarm condition. YES X NO

2. Location of the electrically furthest manual stations with main AC power off.

1. General Area Exit

2. 2nd Floor Stair

3. Basement by Stair

4. Main Entrance

5. Main Floor by Basement Stair

6. Main Floor Side Exit

The Fire Alarm functioned correctly during the above test.

YES X NO

3. Each manual alarm-initiating device has been individually tested.
Number of devices 6

YES X NO

4. Each automatic alarm-initiating device has been tested.
Number of devices 21

YES X NO

5. Each audible and visual signalling device has been tested.
Number of devices 5

YES X NO

6. Correct annunciation has been confirmed for each device tested.

YES X NO

SUMMARY

1. The Fire Alarm System is now fully functional.

YES X NO

2. The Fire Alarm System has minor deficiencies noted on report.

YES NO X

3. The Fire Alarm System has major deficiencies noted on report.

YES NO X

4. A copy of this report has been given to the owner or owner's representative.

YES X NO

THIS IS TO CERTIFY THAT THE FIRE ALARM SYSTEM HAS BEEN TESTED IN ACCORDANCE WITH SECTION 5, PERIODIC INSPECTIONS AND TESTS, OF CAN/ULC-S536-M04 AND THESE RECORDS DOCUMENT THE RESULTS OF TESTING PERFORMED.



SIGNATURE OF TECHNICIAN:

FIRE PROTECTION PLUS PH. 204-888-1922

ANNUAL TEST AND INSPECTION REPORT

Building Name: Government of Canada

Building Address: Gimli, Manitoba

LOCATION	DEVICE	ALARM OPERATION CONFIRMED	ZONE NUMBER	ANNUNCIATION INDICATION CONFIRMED	SMOKE DETECTOR SENSITIVITY	SUPERVISION CIRCUIT CONFIRMED	REMARKS
Top of Stairs	S	YES	Zone 1	YES	3.77		
By Stairs	EOL	N/A	1	YES			
2 nd Floor			Zone 2				
In the Stair	EOL	N/A	2	YES			
In the Stair	M	YES	2	YES			
Staff Room	S	YES	2	YES	3.37		
Office 1	S	YES	2	YES	3.19		
Rm 1	S	YES	2	YES	3.20		
Main Floor			Zone 3				
Main Entrance	M	YES	3	YES			
Rm 2	S	YES	3	YES	3.14		
Side Exit	M	YES	3	YES			
Janitor Room	RHT	YES	3	YES			
General Office Area 1	S	YES	3	YES	3.27		
Storage Room	RHT	YES	3	YES			
General Office Area 2	S	YES	3	YES			On wall
Office 1	S	YES	3	YES			On wall
Office 2	S	YES	3	YES			On wall
Office 2	EOL	N/A	3	YES			
By Basement Stair	S	YES	3	YES			On wall
By Basement Stair	M	YES	3	YES			

Technician: C. Kyle

Date: March 10, 2014

ANNUAL TEST AND INSPECTION REPORT

Building Name: Government of Canada

Building Address: Gimli, Manitoba

LOCATION	DEVICE	ALARM OPERATION CONFIRMED	ZONE NUMBER	ANNUNCIATION INDICATION CONFIRMED	SMOKE DETECTOR SENSITIVITY	SUPERVISION CIRCUIT CONFIRMED	REMARKS
Admin 1			Zone 4				
Rear Exit	EOL	N/A	4	YES			
Rear Exit	M	YES	4	YES			
Rm 1	S	YES	4	YES	1.56		RL OK
Rm 2	S	YES	4	YES	1.53		RL OK
Rm 3	S	YES	4	YES	3.29		
Rm4	S	YES	4	YES	1.49		
Basement			Zone 5				
By Stairs	M	YES	5	YES			
By Lockers	RHT	YES	5	YES			
Furnace Room	RHT	YES	5	YES			
Cold Storage	RHT	YES	5	YES			
Cold Storage	EOL	YES	5	YES			
Rm 6	RHT	YES	5	YES			
Rm 7	S	YES	5	YES	2.53		
Rm 8	S		5				
Crawlspace	RHTmp	YES	Zone 6	YES			
In device	EOL	N/A	6	YES			

Technician: C. Kyle

Date: March 10, 2014

ANNUAL TEST AND INSPECTION REPORT

Building Name: Government of Canada

Building Address: Gimli, Manitoba

LOCATION	DEVICE	ALARM OPERATION CONFIRMED	ZONE NUMBER	ANNUNCIATION INDICATION CONFIRMED	SMOKE DETECTOR SENSITIVITY	SUPERVISION CIRCUIT CONFIRMED	REMARKS
Duct Detectors			Zone 7				
Main Basement Area	EOL	N/A	7	YES			
Main Basement Area	DS	YES	7	YES			
Furnace Room	DS	YES	7	YES			
Spare			Zones 8-10				
Signals							
Basement	H/V	YES	NAC 2	YES			
General Office Area 1	H/V	YES	NAC 2	YES			
General Office Area 2	H/V	YES	NAC 2	YES			
2 nd Floor	H/V	YES	NAC 2	YES			
2 nd Floor	EOL	N/A	NAC 2	YES			
Rm 9	H/V	YES	NAC 1	YES			
Rm 9	EOL	N/a	NAC 1	YES			

Technician: C. Kyle

Date: March 10, 2014

FIRE ALARM SYSTEM ANNUAL TEST AND INSPECTION REPORT

<i>Building Name</i>	<i>Building Address</i>	<i>Building Number</i>	<i>Person Contacted</i>	<i>Date</i>
Government of Canada	Gladstone, Manitoba			January 23, 2014
<i>System Manufacturer</i>	<i>Model number</i>	<i>Single Stage</i>	<i>Two Stage</i>	
Mircom	FA-101T	Yes		

TEST RESULTS: (Every line must have the appropriate marking in the space provided.)

1. The Fire Alarm System functioned correctly under General Alarm condition. YES X NO

2. Location of the electrically furthest manual stations with main AC power off.
 1. Front Entrance
 2. General Area
 - 3.
 - 4.
 - 5.
 - 6.

The Fire Alarm functioned correctly during the above test. YES X NO

3. Each manual alarm-initiating device has been individually tested. YES X NO
 Number of devices 2

4. Each automatic alarm-initiating device has been tested. YES X NO
 Number of devices 6

5. Each audible and visual signalling device has been tested. YES X NO
 Number of devices 2

6. Correct annunciation has been confirmed for each device tested. YES X NO

SUMMARY

1. The Fire Alarm System is now fully functional. YES NO X

2. The Fire Alarm System has minor deficiencies noted on report. YES X NO

3. The Fire Alarm System has major deficiencies noted on report. YES NO X

4. A copy of this report has been given to the owner or owner's representative. YES X NO

THIS IS TO CERTIFY THAT THE FIRE ALARM SYSTEM HAS BEEN TESTED IN ACCORDANCE WITH SECTION 5, PERIODIC INSPECTIONS AND TESTS, OF CAN/ULC-S536-M04 AND THESE RECORDS DOCUMENT THE RESULTS OF TESTING PERFORMED.



SIGNATURE OF TECHNICIAN:

FIRE PROTECTION PLUS PH. 204-888-1922

ANNUAL TEST AND INSPECTION REPORT

Building Name: Government of Canada

Building Address: Gladstone, Manitoba

LOCATION	DEVICE	ALARM OPERATION CONFIRMED	ZONE NUMBER	ANNUNCIATION INDICATION CONFIRMED	SMOKE DETECTOR SENSITIVITY	SUPERVISION CIRCUIT CONFIRMED	REMARKS
Bx Room	HT	YES	Zone 1	YES			
Basement Storage 1							No device
Basement Storage 2							No device
Crawlspace							No devices
Top of Stairs							No device
Main Floor							
By Front Entrance	M	YES	1	YES			Recommend relocation
Janitor Room	RHT	YES	1	YES			
x Area Storage	M	YES	1	YES			Recommend relocation
x 1	S	YES	1	YES	2.4		RL OK
x 2	S	YES	1	YES	2.6		RL OK
Room 1	RHT	YES	1	YES			
Room 2	RHT	YES	1	YES			
x Area	EOL	N/A	1				
By Rear Exit							No device
Storage Room							No device
Janitor room by Basement Stairs							No device
Staff Room							No device
General Office Area 1							No device
General office Area 2							No device
2 nd Floor	S	YES	1	YES	1.10		
Signals							
x Area	B6	YES	NAC 1				
Office Area	B6	YES	NAC 1				
x Area	EOL	N/A	NAC 1				

Technician: C. Kyle

Date: January 24, 2014

FIRE PROTECTION PLUS

ANNUAL EMERGENCY LIGHTING TEST AND INSPECTION REPORT

BUILDING NAME: Government of Canada

BUILDING ADDRESS: God's Lake Narrows, Manitoba

LOCATION	DEVICE	MAKE	MODEL #	VOLTAGE	WATTAGE	NUMBER OF HEADS	OPERATION	REMARKS
Electrical Room	BU	Uni_Glo	24720CS-18T	24	720	2	YES	2008 (next year)
Electrical Room	RL					2	YES	
Crawlspace 1	RL					2	YES	
Crawlspace 2	RL					2	YES	
Room	RL					2	YES	
x	RL					2	YES	
Men's Washroom	RL					2	YES	
x	RL					2	YES	
Ladies Washroom	RL					2	YES	
Crawlspace	RL					2	YES	
Mech. Mezzanine	BU	Beghelli	NV12-100-2	12	100	2	YES	Replaced battery (Jan 14/14)
Generator Building	BU	Uni_Glo	24720CS-18T	24	720	2	YES	Replaced batteries

TECHNICIAN: C. KYLE

DATE: January 9, 2014

ANNUAL EMERGENCY LIGHTING TEST AND INSPECTION REPORT

BUILDING NAME: Government of Canada

BUILDING ADDRESS: God's Lake Narrows, Manitoba

REMARKS

Note 1: Recommend the battery for the emergency lighting unit in the electrical room be replaced during the next annual inspection. (2 x 12V 26AH)

Note 2: Replaced batteries as noted.

TECHNICIAN: C. KYLE

DATE: January 9, 2014

FIRE ALARM SYSTEM ANNUAL TEST AND INSPECTION REPORT

Building Name	Building Address	Building Number	Person Contacted	Date
Government of Canada	God's Lake Narrows, Manitoba.			January 9, 2014
System Manufacturer	Model number	Single Stage	Two Stage	
Edwards	QuickStart	Yes		

TEST RESULTS: (Every line must have the appropriate marking in the space provided.)

1. The Fire Alarm System functioned correctly under General Alarm condition. YES X NO
2. Location of the electrically furthest manual stations with main AC power off.
 1. Garage 1
 2. Garage 2
 3. Mezzanine
 4. Basement
 5. by area 5
 6. Area to Garage
 The Fire Alarm functioned correctly during the above test. YES X NO
3. Each manual alarm-initiating device has been individually tested. YES X NO
 Number of devices 10
4. Each automatic alarm-initiating device has been tested. YES X NO
 Number of devices 50
5. Each audible and visual signalling device has been tested. YES X NO
 Number of devices 20
6. Correct annunciation has been confirmed for each device tested. YES X NO

SUMMARY

1. The Fire Alarm System is now fully functional. YES X NO
2. The Fire Alarm System has minor deficiencies noted on report. YES NO X
3. The Fire Alarm System has major deficiencies noted on report. YES NO X
4. A copy of this report has been given to the owner or owner's representative. YES X NO

THIS IS TO CERTIFY THAT THE FIRE ALARM SYSTEM HAS BEEN TESTED IN ACCORDANCE WITH SECTION 5, PERIODIC INSPECTIONS AND TESTS, OF CAN/ULC-S536-M04 AND THESE RECORDS DOCUMENT THE RESULTS OF TESTING PERFORMED.



SIGNATURE OF TECHNICIAN:

FIRE PROTECTION PLUS PH. 204-888-1922

ANNUAL TEST AND INSPECTION REPORT

Building Name: Government of Canada

Building Address: God's Lake Narrows, Manitoba

LOCATION	DEVICE	ALARM OPERATION CONFIRMED	DEVICE ADDRESS CONFIRMED	ANNUNCIATION INDICATION CONFIRMED	SMOKE DETECTOR SENSITIVITY	REMARKS
Administration Area						
Front Entrance	M	YES	01-01-139	YES		
Front Entrance	GA	YES	01-01-140	YES		
Public Washroom	RHT	YES	01-01-016	YES		
Staff Kitchen	S	YES	01-01-040	YES	3.5	8%
General Office	S	YES	01-01-041	YES	3.5	10% (4D) (high device)
General Office	S	YES	01-01-042	YES	3.5	8% (4D) (high device)
General Office by Reception	S	YES	01-01-050	YES	3.5	(high device)
General Office	S	YES	01-01-051	YES	3.5	4% (high device)
x Room	S	YES	01-01-030	YES	3.5	
x Room	S	YES	01-01-024	YES	3.5	20%
x Room	RHT	YES	01-01-013	YES		
x Room	RHT	YES	01-01-028	YES		
Office 2	RHT	YES	01-01-045	YES		
Office 3	RHT	YES	01-01-014	YES		
Washroom	RHT	YES	01-01-046	YES		
Janitor Room	RHT	YES	01-01-012	YES		
By Rear Exit	S	YES	01-01-035	YES	3.5	
By Rear Exit	M	YES	01-01-137	YES		
By Rear Exit	GA	YES	01-01-138	YES		
Generator Building	HT	YES	01-01-048	YES		

Technician: C. Kyle

Date: January 9, 2014

ANNUAL TEST AND INSPECTION REPORT

Building Name: Government of Canada

Building Address: God's Lake Narrows, Manitoba

LOCATION	DEVICE	ALARM OPERATION CONFIRMED	DEVICE ADDRESS CONFIRMED	ANNUNCIATION INDICATION CONFIRMED	SMOKE DETECTOR SENSITIVITY	REMARKS
x Area						
x	S	YES	01-01-025	YES	3.5	28%
to Garage	M	YES	01-01-129	YES		
Print Room	RHT	YES	01-01-007	YES		Recommend change to a smoke detector
Washroom	RHT	YES	01-01-009	YES		
x Room	S	YES	01-01-038	YES	3.5	12%
x 1	S	YES	01-01-032	YES	3.5	32%
x 2	S	YES	01-01-029	YES	3.5	32%
x 3	S	YES	01-01-026	YES	3.5	24%
x 4	S	YES	01-01-039	YES	3.5	4%
x 5	S	YES	01-01-037	YES	3.5	36%
By x 2	S	YES	01-01-022	YES	3.5	
By x 5	S	YES	01-01-031	YES	3.5	
By x 5	M	YES	01-01-143	YES	3.5	
x Room	RHT	YES	01-01-008	YES		
Pipechase x 5	RHT	YES	01-01-010	YES		
Pipechase x 3 / 4	RHT	YES	01-01-006	YES		
Pipechase x 1 / 2	RHT	YES	01-01-017	YES		
By x 1	M	YES	01-01-128	YES		
x Room	S	YES	01-01-036	YES	3.5	4%

Technician: C. Kyle

Date: January 9, 2014

ANNUAL TEST AND INSPECTION REPORT

Building Name: Government of Canada

Building Address: God's Lake Narrows, Manitoba

LOCATION	DEVICE	ALARM OPERATION CONFIRMED	DEVICE ADDRESS CONFIRMED	ANNUNCIATION INDICATION CONFIRMED	SMOKE DETECTOR SENSITIVITY	REMARKS
Garage						
Garage 1	M	YES	01-01-130	YES		
Garage 1	RHT	YES	01-01-004	YES		
Garage 1	RHT	YES	01-01-055	YES		
Garage 2	M	YES	01-01-135	YES		
Garage 2	GA	YES	01-01-136	YES		
Garage 2 (high)	RHT	YES	01-01-044	YES		
Garage 2 (low)	RHT	YES	01-01-054	YES		
Mezzanine Stair	S	YES	01-01-049	YES	3.5	8%
Mezzanine	M	YES	01-01-131	YES		
Mezzanine	GA	YES	01-01-132	YES		
Mezzanine Mech. Room	S	YES	01-01-003	YES	3.5	
Attice	RHT	YES	01-01-002	YES		
Attic	RHT	YES	01-01-001	YES		
Generator Run	AD	YES	01-01-141	YES		Elec. Test
Generator Trouble	AD	YES	01-01-142	YES		Elec. Test
Fan Shut Down	AD	YES	01-01-126	YES		
Fan Shut Down	AD	YES	01-01-127	YES		

Technician: C. Kyle

Date: January 9, 2014

ANNUAL TEST AND INSPECTION REPORT

Building Name: Government of Canada

Building Address: God's Lake Narrows, Manitoba

LOCATION	DEVICE	ALARM OPERATION CONFIRMED	DEVICE ADDRESS CONFIRMED	ANNUNCIATION INDICATION CONFIRMED	SMOKE DETECTOR SENSITIVITY	REMARKS
Basement						
Basement Stair	S	YES	01-01-034	YES	3.5	12%
Foyer	S	YES	01-01-043	YES	3.5	
Foyer @ Stair	M	YES	01-01-133	YES		
Foyer @ Stair	GA	YES	01-01-134	YES		
Janitor Room	RHT	YES	01-01-033	YES		
x Room	RHT	YES	01-01-021	YES		
x Room	RHT	YES	01-01-027	YES		
xRoom S.	RHT	YES	01-01-023	YES		
Weightx Room N.	RHT	YES	01-01-047	YES		
Storage Room N.	RHT	YES	01-01-005	YES		
Storage Room S.	RHT	YES	01-01-011	YES		
Electrical Room	RHT	YES	01-01-019	YES		
Electrical Room	RHT	YES	01-01-020	YES		
Crawlspace #1	RHT	YES	01-01-015	YES		Storage Room Access
Crawlspace #1	RHT	YES	01-01-018	YES		Storage Room Access
Crawlspace #2	RHT	YES	01-01-052	YES		Elec. Room Access
Crawlspace #2	RHT	YES	01-01-053	YES		Elec. Room Access

Technician: C. Kyle

Date: January 9, 2014

ANNUAL TEST AND INSPECTION REPORT

Building Name: Government of Canada

Building Address: God's Lake Narrows, Manitoba

LOCATION	DEVICE	ALARM OPERATION CONFIRMED	DEVICE ADDRESS CONFIRMED	ANNUNCIATION INDICATION CONFIRMED	SMOKE DETECTOR SENSITIVITY	REMARKS
Signals						
General Office	B10	YES	NAC 1			
General Office	V	YES	NAC 2			
By x 5	V	YES	NAC 2			
By x	B10	YES	NAC 1			
By x	V	YES	NAC 2			
Garage 1	B10	YES	NAC 1			
Garage 2	B10	YES	NAC 1			
Mezzanine	B10	YES	NAC 1			
Mezzanine	V	YES	NAC 2			
Mezzanine Mech. Room	B10	YES	NAC 1			
Mezzanine Mech. Room	V	YES	NAC 2			
Basement Hall	B10	YES	NAC 1			
x Room	B10	YES	NAC 1			
x Room	V	YES	NAC 2			
xRoom	V	YES	NAC 2			
xRoom	V	YES	NAC 2			
Electrical Room	B10	YES	NAC 1			
Electrical Room	V	YES	NAC 2			
Crawlspace 1	V	YES	NAC 2			
Crawlspace 2	V	YES	NAC 2			

Technician: C. Kyle

Date: January 9, 2014

FIRE ALARM SYSTEM ANNUAL TEST AND INSPECTION REPORT

Building Name	Building Address	Building Number	Person Contacted	Date
Government of Canada	Grand Marais, Manitoba			November 21, 2013
System Manufacturer	Model number	Single Stage	Two Stage	
Edwards	EST1-2Z6	Yes		

TEST RESULTS: (Every line must have the appropriate marking in the space provided.)

1. The Fire Alarm System functioned correctly under General Alarm condition. YES X NO

2. Location of the electrically furthest manual stations with main AC power off.
 1. House, front entrance
 2. House rear exit
 3. front entrance
 4. by admin area
 - 5.
 - 6.

The Fire Alarm functioned correctly during the above test. YES X NO

3. Each manual alarm-initiating device has been individually tested. YES X NO
 Number of devices 4

4. Each automatic alarm-initiating device has been tested. YES X NO
 Number of devices 24

5. Each audible and visual signalling device has been tested. YES X NO
 Number of devices 3

6. Correct annunciation has been confirmed for each device tested. YES X NO

SUMMARY

1. The Fire Alarm System is now fully functional. YES X NO

2. The Fire Alarm System has minor deficiencies noted on report. YES NO X

3. The Fire Alarm System has major deficiencies noted on report. YES NO X

4. A copy of this report has been given to the owner or owner's representative. YES X NO

THIS IS TO CERTIFY THAT THE FIRE ALARM SYSTEM HAS BEEN TESTED IN ACCORDANCE WITH SECTION 5, PERIODIC INSPECTIONS AND TESTS, OF CAN/ULC-S536-M04 AND THESE RECORDS DOCUMENT THE RESULTS OF TESTING PERFORMED.



SIGNATURE OF TECHNICIAN:

FIRE PROTECTION PLUS PH. 204-888-1922

ANNUAL TEST AND INSPECTION REPORT

Building Name: Government of Canada Building

Address: Grand Marais, Manitoba

LOCATION	DEVICE	ALARM OPERATION CONFIRMED	ZONE NUMBER	ANNUNCIATION INDICATION CONFIRMED	SMOKE DETECTOR SENSITIVITY	SUPERVISION CIRCUIT CONFIRMED	REMARKS
Main Floor			Zone 1				
By x	S	YES	1	YES	1.20		
By x	M	YES	1	YES			
Hall	S	YES	1	YES	1.74		
x	S	YES	1	YES	1.53		
x Room	S	YES	1	YES	1.63		
Janitor Room	RHT	YES	1	YES			
Washroom	RHT	YES	1	YES			
Kitchen	RHT	YES	1	YES			
Front Entrance	M	YES	1	YES			
Front Entrance	S	YES	1	YES	1.83		
General Office	S	YES	1	YES	1.65		Replaced device
Office	RHT	YES	1	YES			
Storage Room	S	YES	1	YES	1.61		Replaced device
x	S	YES	1	YES	1.62		
x	S		1				No access
xx	S	YES	Zone 2	YES	1.24		RL OK
x 1	S	YES	Zone 3	YES	1.19		RL OK
x 2	S	YES	Zone 4	YES	1.17		RL OK

Technician: C. Kyle

Date: November 21, 2013

ANNUAL TEST AND INSPECTION REPORT

Building Name: Government of Canada

Building Address: Grand Marais, Manitoba

LOCATION	DEVICE	ALARM OPERATION CONFIRMED	ZONE NUMBER	ANNUNCIATION INDICATION CONFIRMED	SMOKE DETECTOR SENSITIVITY	SUPERVISION CIRCUIT CONFIRMED	REMARKS
Crawlspace			Zone 5				Residence Access
Crawlspace	RHT	YES	5	YES			
Crawlspace	RHT	YES	5	YES			
Crawlspace	RHT	YES	5	YES			
Crawlspace	RHT	YES	5	YES			
Crawlspace	EOL	N/A	5				
Residence			Zone 6				
2 nd Floor (1400A)	S	YES	6	YES	1.45		
Main Floor Entrance	M	YES	6	YES			
Kitchen	RHT	YES	6	YES			
Pantry	RHT	YES	6	YES			
Rear Exit	M	YES	6	YES			
Basement	S	YES	6	YES	1.09		
Basement	RHT	YES	6	YES			
Basement Laundry	RHT	YES	6	YES			
Basement Storage	RHT	YES	6	YES			
2 nd Floor	EOL	N/A	6				
Signals							
Residence	B10	YES	NAC 1	YES			
2 nd Floor residence Hallway	B6	YES	NAC 1	YES			
xArea	B10	YES	NAC 1	YES			
Office	B10	YES	NAC 1	YES			
Office	EOL	N/A	NAC 1	YES			

Technician: C. Kyle

Date: November 21, 2013

FIRE PROTECTION PLUS

EMERGENCY LIGHTING ANNUAL TEST AND INSPECTION REPORT

BUILDING NAME: Government of Canada

BUILDING ADDRESS: Grand Rapids, Manitoba

LOCATION	DEVICE	MAKE	MODEL #	VOLTAGE	WATTAGE	NUMBER OF HEADS	OPERATION	REMARKS
Mech. Room	BU	Beghelli	NV12-360-2	12	360	2	YES	2008
General Office Main Entrance	RL					1	YES	
General Office Main Entrance	EXIT					2	YES	
General Office Rear Exit	RL					1	YES	
General Office rear Exit	EXIT					2	YES	
Basement Stairs	RL					2	YES	
Basement Stair	EXIT					2	YES	
x Area	RL					1	YES	
Area to Garage	EXIT					2	YES	
x Area	RL					1	YES	
x Area	EXIT					2	YES	
Basement by Crawlspace Entrance	RL					1	YES	
Basement by Crawlspace Entrance	EXIT					2	YES	
by Mech. Room	RL					1	YES	
Mech. Room	RL					1	YES	
x Room	RL					2	YES	
Garage	EXIT					2	YES	
Garage	RL					2	YES	
x	RL					1	YES	
Crawlspace	RL					2	YES	

TECHNICIAN: C. KYLE

DATE: February 1, 2014

FIRE ALARM SYSTEM ANNUAL TEST AND INSPECTION REPORT

Building Name	Building Address	Building Number	Person Contacted	Date
Government of Canada	Grand Rapids, Manitoba			February 1, 2014
System Manufacturer	Model number	Single Stage	Two Stage	
Mircom	FA-1008K		YES	

TEST RESULTS: (Every line must have the appropriate marking in the space provided.)

1. The Fire Alarm System functioned correctly under General Alarm condition. YES X NO

2. Location of the electrically furthest manual stations with main AC power off.
 1. by Main Entrance
 2. Basement
 3. Admin
 4. Garage
 5. Rear Office Exit
 - 6.

The Fire Alarm functioned correctly during the above test. YES X NO

3. Each manual alarm-initiating device has been individually tested. YES X NO
 Number of devices 5

4. Each automatic alarm-initiating device has been tested. YES X NO
 Number of devices 33

5. Each audible and visual signalling device has been tested. YES X NO
 Number of devices 4

6. Correct annunciation has been confirmed for each device tested. YES X NO

SUMMARY

1. The Fire Alarm System is now fully functional. YES X NO

2. The Fire Alarm System has minor deficiencies noted on report. YES NO X

3. The Fire Alarm System has major deficiencies noted on report. YES NO X

4. A copy of this report has been given to the owner or owner's representative. YES X NO

THIS IS TO CERTIFY THAT THE FIRE ALARM SYSTEM HAS BEEN TESTED IN ACCORDANCE WITH SECTION 5, PERIODIC INSPECTIONS AND TESTS, OF CAN/ULC-S536-M04 AND THESE RECORDS DOCUMENT THE RESULTS OF TESTING PERFORMED.



SIGNATURE OF TECHNICIAN:

FIRE PROTECTION PLUS PH. 204-888-1922

FIRE PROTECTION PLUS

ANNUAL TEST AND INSPECTION REPORT

BUILDING NAME:Government of Canada

BUILDING ADDRESS: Grand Rapids, Manitoba

LOCATION	DEVICE	ALARM OPERATION CONFIRMED	ZONE NUMBER	ANNUNCIATION INDICATION CONFIRMED	SMOKE DETECTOR SENSITIVITY	SUPERVISION CIRCUIT CONFIRMED	REMARKS
Administration Area			Zone 1				
by Main Entrance	M	YES	1	YES			
General Office	HT	YES	1	YES			Recommend change to a smoke detector
Office 1	HT	YES	1	YES			
Office 2	HT	YES	1	YES			
x Room	HT	YES	1	YES			Recommend change to a smoke detector
Lunch Room	HT	YES	1	YES			
x Room	HT	YES	1	YES			Recommend change to a smoke detector
Janitor Room	HT	YES	1	YES			
Rear Stair	M	YES	1	YES			
Rear Stair	S	YES	1	YES	1.09		
Storage	HT	YES	1	YES			
x			Zone 2				
x	S	YES	2	YES	1.69		No access
xx	S	YES	2	YES	1.49		No access
x	M	YES	2	YES			
x	S	YES	2	YES	1.77		
xRoom	S	YES	2	YES	1.76		
x	S	YES	2	YES	1.68		
x	S	YES	2	YES	1.52		
Garage	M	YES	2	YES			
Garage	HT	YES	2	YES			
Pipe Chase 1/2	HT	YES	2	YES			
Pipe Chase 3/4	HT	YES	2	YES			
x							No device

TECHNICIAN: C. KYLE

DATE: February 1, 2014

FIRE PROTECTION PLUS

ANNUAL TEST AND INSPECTION REPORT

BUILDING NAME: Government of Canada

BUILDING ADDRESS: Grand Rapids, Manitoba

LOCATION	DEVICE	ALARM OPERATION CONFIRMED	ZONE NUMBER	ANNUNCIATION INDICATION CONFIRMED	SMOKE DETECTOR SENSITIVITY	SUPERVISION CIRCUIT CONFIRMED	REMARKS
<i>Basement</i>			<i>Zone 3</i>				
<i>by Stairs</i>	<i>M</i>	<i>YES</i>	<i>3</i>	<i>YES</i>			
<i>Mech. Room</i>	<i>HT</i>	<i>YES</i>	<i>3</i>	<i>YES</i>			
<i>Mech. Room</i>	<i>HT</i>	<i>YES</i>	<i>3</i>	<i>YES</i>			
<i>x</i>	<i>HT</i>	<i>YES</i>	<i>3</i>	<i>YES</i>			
<i>x</i>	<i>HT</i>	<i>YES</i>	<i>3</i>	<i>YES</i>			
<i>x</i>	<i>HT</i>	<i>YES</i>	<i>3</i>	<i>YES</i>			
<i>Crawlspace</i>			<i>Zone 4</i>				<i>Basement Hall access</i>
<i>Crawlspace</i>	<i>HT</i>	<i>YES</i>	<i>4</i>	<i>YES</i>			
<i>Crawlspace</i>	<i>HT</i>	<i>YES</i>	<i>4</i>	<i>YES</i>			
<i>Crawlspace</i>	<i>HT</i>	<i>YES</i>	<i>4</i>	<i>YES</i>			
<i>Duct Smoke Detectors</i>			<i>Zone 5</i>				
<i>Mech. Room FR1 Supply</i>	<i>DS</i>	<i>YES</i>	<i>5</i>	<i>YES</i>	<i>2.6</i>		<i>RL OK</i>
<i>Mech. Room FR1 Return</i>	<i>DS</i>	<i>YES</i>	<i>5</i>	<i>YES</i>	<i>2.6</i>		<i>RL OK</i>
<i>Mech. Room FR2 Supply</i>	<i>DS</i>	<i>YES</i>	<i>5</i>	<i>YES</i>	<i>2.6</i>		<i>RL OK</i>
<i>Crawlspace FR2 Return</i>	<i>DS</i>	<i>YES</i>	<i>5</i>	<i>YES</i>	<i>2.6</i>		<i>RL OK</i>

TECHNICIAN: C. KYLE

DATE: February 1, 2014

FIRE PROTECTION PLUS

ANNUAL EMERGENCY LIGHTING TEST AND INSPECTION REPORT

BUILDING NAME: Government of Canada

BUILDING ADDRESS: Grandview, Manitoba

LOCATION	DEVICE	MAKE	MODEL #	VOLTAGE	WATTAGE	NUMBER OF HEADS	OPERATION	REMARKS
By x	BU	Dual-Lite	C12ASI60-BCI	12	160	2	YES	2008
By x	RL					1	YES	
By x	RL					1	YES	
x Exit	EXIT					2	YES	
Exit to Garage Area	EXIT					2	YES	
Garage	EXIT					2	YES	
Garage	RL					1	YES	
Janitor Room	BU	Dual-Lite	12PCXL-240	12	240	0	YES	2009
By Janitor Room	EXIT					1	YES	
By Janitor Room	EXIT					2	YES	
General Office	RL					1	YES	
General Office	EXIT					2	YES	
Rear Entrance	EXIT					2	YES	
Mezzanine Mech. Room	BU	Dual-Lite	12PCXL-240	12	240	2	YES	2009
Mezzanine Crawlspace	EXIT					2	YES	
Mezzanine	EXIT					2	YES	
Mezzanine Mech. Room	EXIT					2	YES	
Mezzanine Storage	EXIT					2	YES	
Top of Stairs	RL					1	YES	

TECHNICIAN: C. Kyle

DATE: November 13, 2013

FIRE ALARM SYSTEM ANNUAL TEST AND INSPECTION REPORT

Building Name	Building Address	Building Number	Person Contacted	Date
Government of Canada	Grandview, Manitoba			November 13, 2013
System Manufacturer	Model number	Single Stage	Two Stage	
Mircom	FA-1025A	YES		

TEST RESULTS: (Every line must have the appropriate marking in the space provided.)

1. The Fire Alarm System functioned correctly under General Alarm condition. YES X NO

2. Location of the electrically furthest manual stations with main AC power off.

- 1. by Admin
- 2. Garage 2
- 3. 2nd Floor
- 4. by Front Entrance
- 6.

The Fire Alarm functioned correctly during the above test. YES X NO

3. Each manual alarm-initiating device has been individually tested. YES X NO
 Number of devices 5

4. Each automatic alarm-initiating device has been tested. YES X NO
 Number of devices 23

5. Each audible and visual signalling device has been tested. YES X NO
 Number of devices 4

6. Correct annunciation has been confirmed for each device tested. YES X NO

SUMMARY

1. The Fire Alarm System is now fully functional. YES X NO

2. The Fire Alarm System has minor deficiencies noted on report. YES NO X

3. The Fire Alarm System has major deficiencies noted on report. YES NO X

4. A copy of this report has been given to the owner or owner's representative. YES X NO

THIS IS TO CERTIFY THAT THE FIRE ALARM SYSTEM HAS BEEN TESTED IN ACCORDANCE WITH SECTION 5, PERIODIC INSPECTIONS AND TESTS, OF CAN/ULC-S536-M04 AND THESE RECORDS DOCUMENT THE RESULTS OF TESTING PERFORMED.



SIGNATURE OF TECHNICIAN:

FIRE PROTECTION PLUS PH. 204-888-1922

ANNUAL TEST AND INSPECTION REPORT

Building Name: Government of Canada

Building Address: Grandview, Manitoba

LOCATION	DEVICE	ALARM OPERATION CONFIRMED	ZONE NUMBER	ANNUNCIATION INDICATION CONFIRMED	SMOKE DETECTOR SENSITIVITY	SUPERVISION CIRCUIT CONFIRMED	REMARKS
Mechanical Mezzanine			Zone 1				
Top of Stairs	S	YES	1	YES	1.26		
Mezzanine Storage	HT	YES	1	YES			
Mezzanine Mech. Room	HT	YES	1	YES			
Mezzanine	HT	YES	1	YES			
Mezzanine Attic	HT	YES	1	YES			
Mezzanine Attic	HT	YES	1	YES			
By Stairs	M	YES	1	YES			
By Stairs	EOL	N/A	1				
x Area			Zone 2				
x	M	YES	2	YES			
x	S	YES	2	YES	2.4		
By x 3	HT	YES	2	YES			Recommend replace with a smoke det.
x	HT	YES	2	YES			
Garage 1	HT	YES	2	YES			Recommend a manual station be added by the exit
Garage 2	M	YES	2	YES			Recommend relocation or addition
Garage 2	HT	YES	2	YES			
Garage 2 Storage	HT	YES	2	YES			
x	S		2				No access
x	S	YES	2	YES	1.64		
Storage 1	S	YES	2	YES	2.4		RL OK
Storage 2	S	YES	2	YES	2.6		RL OK
Storage 3	S	YES	2	YES	2.4		RL OK
x	S	YES	2	YES	2.6		RL OK
Garage 2	EOL	N/A	2	YES			

Technician: C. Kyle

Date: November 13, 2013

ANNUAL TEST AND INSPECTION REPORT

Building Name: Government of Canada

Building Address: Grandview, Manitoba

LOCATION	DEVICE	ALARM OPERATION CONFIRMED	ZONE NUMBER	ANNUNCIATION INDICATION CONFIRMED	SMOKE DETECTOR SENSITIVITY	SUPERVISION CIRCUIT CONFIRMED	REMARKS
Administration & Duct Smokes			Zone 3				
Front Entrance	M	YES	3	YES			
Rear Entrance	M	YES	3	YES			
Janitor Room	HT	YES	3	YES			
xroom	S	YES	3	YES	2.4		
Under Stair (Mens Wash)	HT	YES	3	YES			Removed pail from the device
Rear Entrance	EOL	N/A	3	YES			
Duct Detectors			Zone 5				
AHU Supply Mech. Mezz.	DS	YES	5	YES	0.84		RL OK
AHU Return Mech. Mezz.	DS	YES	5	YES	0.66		RL OK
Mech. Room	EOL	N/A	5				
Crawlspace			Zone 4				Men's Washroom Access
Crawlspace	HT	YES	4	YES			
Crawlspace	HT	YES	4	YES			
Crawlspace	HT	YES	4	YES			
Crawlspace	HT	YES	4	YES			
Crawlspace	EOL	N/A	4				
SIGNALS							
General Office	B6	YES	NAC 1	YES			
x Area	B10	YES	NAC 1	YES			
Mezzanine	B6	YES	NAC 1	YES			
Attic	B6	YES	NAC 1	YES			On ceiling
Mezzanine	EOL	N/A	NAC 1	YES			

Technician: C. Kyle

Date: November 13, 2013

FIRE ALARM SYSTEM ANNUAL TEST AND INSPECTION REPORT

Building Name	Building Address	Building Number	Person Contacted	Date
Government of Canada	Headingly, Manitoba			March 14, 2014
System Manufacturer	Model number	Single Stage	Two Stage	
Edwards	EST1-2Z6	Yes		

TEST RESULTS: (Every line must have the appropriate marking in the space provided.)

1. The Fire Alarm System functioned correctly under General Alarm condition. YES X NO

2. Location of the electrically furthest manual stations with main AC power off.
 1. Member Entrance
 2. Rear Exit
 3. 2nd Floor
 4. Main Entrance
 5. by Washroom
 - 6.

The Fire Alarm functioned correctly during the above test. YES X NO

3. Each manual alarm-initiating device has been individually tested. YES X NO
 Number of devices 5

4. Each automatic alarm-initiating device has been tested. YES X NO
 Number of devices 24

5. Each audible and visual signalling device has been tested. YES X NO
 Number of devices 6

6. Correct annunciation has been confirmed for each device tested. YES X NO

SUMMARY

1. The Fire Alarm System is now fully functional. YES X NO

2. The Fire Alarm System has minor deficiencies noted on report. YES NO X

3. The Fire Alarm System has major deficiencies noted on report. YES NO X

4. A copy of this report has been given to the owner or owner's representative. YES X NO

THIS IS TO CERTIFY THAT THE FIRE ALARM SYSTEM HAS BEEN TESTED IN ACCORDANCE WITH SECTION 5, PERIODIC INSPECTIONS AND TESTS, OF CAN/ULC-S536-M04 AND THESE RECORDS DOCUMENT THE RESULTS OF TESTING PERFORMED.



SIGNATURE OF TECHNICIAN:

FIRE PROTECTION PLUS PH. 204-888-1922

ANNUAL TEST AND INSPECTION REPORT

Building Name: Government of Canada

Building Address: Headingly, Manitoba

LOCATION	DEVICE	ALARM OPERATION CONFIRMED	ZONE NUMBER	ANNUNCIATION INDICATION CONFIRMED	SMOKE DETECTOR SENSITIVITY	SUPERVISION CIRCUIT CONFIRMED	REMARKS
Basement			Zone 1				
xRoom	RHT	YES	1	YES			
x	S		1				No access
x	S		1				No access
By Mech. Room	HT	YES	1	YES			
Basement Stair	S	YES	1	YES	1.46		
x	EOL	N/A	1				
Main Floor North			Zone 2				
Main Entrance	M	YES	2	YES			
Main Entrance	RHT	YES	2	YES			
Reception	RHT	YES	2	YES			
General Office	S	YES	2	YES	1.76		
Office 1	RHT	YES	2	YES			
x	S	YES	2	YES	1.50		
x	RHT	YES	2	YES			
Janitor Closet	RHT	YES	2	YES			On wall - small room
Office 2	RHT	YES	2	YES			
Washroom	RHT	YES	2	YES			
By Washroom	S	YES	2	YES	1.19		
By Washroom	M	YES	2	YES			
Storage by Washroom (closet)	RHT	YES	2	YES			
By Washroom	EOL	N/A	2				

Technician: C. Kyle

Date: March 14, 2014

ANNUAL TEST AND INSPECTION REPORT

Building Name: Government of Canada

Building Address: Headingly, Manitoba

LOCATION	DEVICE	ALARM OPERATION CONFIRMED	ZONE NUMBER	ANNUNCIATION INDICATION CONFIRMED	SMOKE DETECTOR SENSITIVITY	SUPERVISION CIRCUIT CONFIRMED	REMARKS
Main Floor South			Zone 3				
Member Entrance	M	YES	3	YES			
x	S	YES	3	YES	1.47		
Rear Exit	M	YES	3	YES			
x	RHT	YES	3	YES			Recommend be replaced by a smoke detector
Rear Exit	EOL	N/A	3				
2 nd Floor			Zone 4				
Top of Stairs	M	YES	4	YES			
Top of Stairs	S	YES	4	YES	1.73		
Kitchen	RHT	YES	4	YES			
x	RHT	YES	4	YES			
Closet 1	RHT	YES	4	YES			
Closet 2	RHT	YES	4	YES			
Washroom	RHT	YES	4	YES			
x	RHT	YES	4	YES			Recommend be replaced with a smoke detector
Top of Stairs	EOL	N/A	4				
x	S	YES	Zone 5	YES	1.55		

Technician: C. Kyle

Date: March 14, 2014

FIRE ALARM SYSTEM ANNUAL TEST AND INSPECTION REPORT

Building Name	Building Address	Building Number	Person Contacted	Date
Government of Canada.		Killarney, Manitoba		March 13, 2014
System Manufacturer	Model number	Single Stage	Two Stage	
Edwards	ESTI-2Z3	Yes		

TEST RESULTS: (Every line must have the appropriate marking in the space provided.)

1. The Fire Alarm System functioned correctly under General Alarm condition. YES X NO

2. Location of the electrically furthest manual stations with main AC power off.
 1. Admin Area
 2. Entrance
 3. Rear Exit
 - 4.
 - 5.
 - 6.

The Fire Alarm functioned correctly during the above test. YES X NO

3. Each manual alarm-initiating device has been individually tested. YES X NO
 Number of devices 3

4. Each automatic alarm-initiating device has been tested. YES X NO
 Number of devices 16

5. Each audible and visual signalling device has been tested. YES X NO
 Number of devices 2

6. Correct annunciation has been confirmed for each device tested. YES X NO

SUMMARY

1. The Fire Alarm System is now fully functional. YES X NO

2. The Fire Alarm System has minor deficiencies noted on report. YES NO X

3. The Fire Alarm System has major deficiencies noted on report. YES NO X

4. A copy of this report has been given to the owner or owner's representative. YES X NO

THIS IS TO CERTIFY THAT THE FIRE ALARM SYSTEM HAS BEEN TESTED IN ACCORDANCE WITH SECTION 5, PERIODIC INSPECTIONS AND TESTS, OF CAN/ULC-S536-M04 AND THESE RECORDS DOCUMENT THE RESULTS OF TESTING PERFORMED.



SIGNATURE OF TECHNICIAN:

FIRE PROTECTION PLUS PH. 204-888-1922

ANNUAL TEST AND INSPECTION REPORT

Building Name: Government of Canada

Building Address: Killarney, Manitoba

LOCATION	DEVICE	ALARM OPERATION CONFIRMED	ZONE NUMBER	ANNUNCIATION INDICATION CONFIRMED	SMOKE DETECTOR SENSITIVITY	SUPERVISION CIRCUIT CONFIRMED	REMARKS
Office Area			Zone 1				
Entrance	M	YES	1	YES			
Main General Office	HT	YES	1	YES			
x	S	YES	1	YES	1.61		Replaced device
x	S	YES	1	YES	1.15		
Main Floor	S	YES	1	YES	1.59		
General Office 2	HT	YES	1	YES			
Janitor Room	S	YES	1	YES	1.64		
File Area	HT	YES	1	YES			
x Room	HT	YES	1	YES			
Rear Exit	M	YES	1	YES			
By Rear Exit	EOL	N/A	1	YES			
2 nd Floor							
2 nd Floor Stairs	S	YES	1	YES	1.53		Replaced device
2 nd Floor Board Room	HT	YES	1	YES			
2 nd Floor Storage	HT	YES	1	YES			
Basement							
Top of Basement Stairs	S	YES	1	YES	1.48		On wall
Basement Furnace Room	HT	YES	1	YES			
Basement Washroom	HT	YES	1	YES			
Basement Room	HT	YES	1	YES			

Technician: C. Kyle

Date: March 13, 2014

ANNUAL TEST AND INSPECTION REPORT

Building Name: Government of Canada

Building Address: Killarney, Manitoba

LOCATION	DEVICE	ALARM OPERATION CONFIRMED	ZONE NUMBER	ANNUNCIATION INDICATION CONFIRMED	SMOKE DETECTOR SENSITIVITY	SUPERVISION CIRCUIT CONFIRMED	REMARKS
x Area			Zone 2				
xArea	M	YES	2	YES			
x 1 Foyer	S	YES	2	YES	1.24		RL OK
x 1	S	YES	2	YES	1.66		RL OK
x2 Foyer	S	YES	2	YES	1.25		RL OK
x2	S	YES	2	YES	1.64		RL OK
By x	S	YES	2	YES	1.79		
x Area	EOL	N/A	2	YES			
xRoom	S	YES	2	YES	1.82		
xRoom	S	YES	2	YES	1.87		
Signals							
General Office by FACP	B10	YES	NAC 2				
By FACP	EOL	N/A	NAC 2				
General Office	B10	YES	NAC 1				
By Entrance	EOL	N/A	NAC 1				

Technician: C. Kyle

Date: March 13, 2014

FIRE ALARM SYSTEM ANNUAL TEST AND INSPECTION REPORT

Building Name	Building Address	Building Number	Person Contacted	Date
Government of Canada	Lac du Bonnet, Manitoba			November 19, 2013
System Manufacturer	Model number	Single Stage	Two Stage	
Mircom	FA-1008K / FA-204E	YES		

TEST RESULTS: (Every line must have the appropriate marking in the space provided.)

1. The Fire Alarm System functioned correctly under General Alarm condition. YES X NO

2. Location of the electrically furthest manual stations with main AC power off.
 1. By Admin
 2. by Entrance
 3. by Men's Washroom
 4. by Front Entrance
 5. by X
 - 6.

The Fire Alarm functioned correctly during the above test. YES X NO

3. Each manual alarm-initiating device has been individually tested. YES X NO
 Number of devices 5

4. Each automatic alarm-initiating device has been tested. YES X NO
 Number of devices 32

5. Each audible and visual signalling device has been tested. YES X NO
 Number of devices 6

6. Correct annunciation has been confirmed for each device tested. YES X NO

SUMMARY

1. The Fire Alarm System is now fully functional. YES X NO

2. The Fire Alarm System has minor deficiencies noted on report. YES NO X

3. The Fire Alarm System has major deficiencies noted on report. YES NO X

4. A copy of this report has been given to the owner or owner's representative. YES X NO

THIS IS TO CERTIFY THAT THE FIRE ALARM SYSTEM HAS BEEN TESTED IN ACCORDANCE WITH SECTION 5, PERIODIC INSPECTIONS AND TESTS, OF CAN/ULC-S536-M04 AND THESE RECORDS DOCUMENT THE RESULTS OF TESTING PERFORMED.



SIGNATURE OF TECHNICIAN:

FIRE PROTECTION PLUS PH. 204-888-1922

ANNUAL TEST AND INSPECTION REPORT

Building Name: Government of Canada

Building Address: Lac du Bonnet, Manitoba

LOCATION	DEVICE	ALARM OPERATION CONFIRMED	ZONE NUMBER	ANNUNCIATION INDICATION CONFIRMED	SMOKE DETECTOR SENSITIVITY	SUPERVISION CIRCUIT CONFIRMED	REMARKS
Basement			Zone 6				
xRoom	RHT	YES	6	YES			
x Room	RHT	YES	6	YES			
Crawlspace	RHT	YES	6	YES			
Crawlspace	RHT	YES	6	YES			
Mech. Room	RHT	YES	6	YES			
Mech. Room	RHT	YES	6	YES			
Mech. Room	HT	YES	6	YES			
Crawlspace	EOL	N/A	6				
Administration			Zone 4				
By Front Entrance	M	YES	4	YES			
By Men's Washroom	M	YES	4	YES			
Entrance	M	YES	4	YES			
Janitor Room in Men's Washroom	RHT	YES	4	YES			
Room 1	S	YES	4	YES	1.73		
General Office (rear)	S	YES	4	YES	2.4		
General Office (mid)	S	YES	4	YES	2.4		
General Office (front)	S	YES	4	YES	2.6		
Stair	S	YES	4	YES	2.4		
x Room	S	YES	4	YES	2.6		
xRoom							Recommend a smoke detector be added
Entrance	EOL	N/A	4				

Technician: C. Kyle

Date: November 19, 2013

ANNUAL TEST AND INSPECTION REPORT

Building Name: Government of Canada

Building Address: Lac du Bonnet, Manitoba

LOCATION	DEVICE	ALARM OPERATION CONFIRMED	ZONE NUMBER	ANNUNCIATION INDICATION CONFIRMED	SMOKE DETECTOR SENSITIVITY	SUPERVISION CIRCUIT CONFIRMED	REMARKS
x Area			Zone 5				
x	M	YES	5	YES			
By Garage	S	YES	5	YES	2.6		
By x	S	YES	5	YES	2.4		
By x 2	S	YES	5	YES	2.6		
Garage 1	RHT	YES	5	YES			
Garage 1 Exit							Recommend a manual station be added
Garage 2	RHT	YES	5	YES			
Garage 2 (garage door)	M	YES	5	YES			
Garage 2 (garage door)	EOL	N/A	5				
Garage 2 Storage	RHT	YES	5	YES			
Garage 2 Exit							Recommend a manual station be added
x Room	S	YES	5	YES	1.32		
x	S	YES	5	YES	1.57		
x	S	YES	5	YES	2.6		
By x3	M	YES	M	YES			
x							Recommend a smoke detector be added
x							Recommend a smoke detector be added
Furnace #3	DS	YES	Zone 3	YES	2.6		.12" H2O RL OK
Furnace #1 Supply	DS	YES	Zone 1	YES	2.6		.01" H2O RL OK
Furnace #1 Return	DS	YES	1	YES	2.6		.012" H2O RL OK
Furnace #2 Supply	DS	YES	Zone 2	YES	2.6		.14" H2O RL OK
Furnace #2 Return	DS	YES	2	YES	2.6		.08" H2O RL OK

Technician: C. Kyle

Date: November 19, 2013

ANNUAL TEST AND INSPECTION REPORT

Building Name: Government of Canada

Building Address: Lac du Bonnet, Manitoba

LOCATION	DEVICE	ALARM OPERATION CONFIRMED	ZONE NUMBER	ANNUNCIATION INDICATION CONFIRMED	SMOKE DETECTOR SENSITIVITY	SUPERVISION CIRCUIT CONFIRMED	REMARKS
Zone 7 Spare							
x Alarm	FA-204E	YES	Zone 7	YES			Supervisory alarm only
x	S	YES	Cell Zone 1	YES	2.6		
x 1	S	YES	Cell Zone 2	YES	1.49		
x2	S	YES	Cell Zone 3	YES	1.57		
x 3	S	YES	Cell Zone 4	YES	1.52		
x4	S	YES	Cell Zone 5	YES	1.60		
In FACP	EOL	N/A	Zone 7	YES			
Signals							
Garage	B6	YES	NAC 1				
xArea	B6	YES	NAC 1				
By xRoom	B6	YES	NAC 1				
ByxRoom	B6	YES	NAC 1				
Basement	B6	YES	NAC 1				
By x	H	YES	Cell NAC 1				

Technician: C. Kyle

Date: November 19, 2013

FIRE PROTECTION PLUS

ANNUAL EMERGENCY LIGHTING TEST AND INSPECTION REPORT

BUILDING NAME: Government of Canada

BUILDING ADDRESS: Little Grand Rapids, Manitoba

LOCATION	DEVICE	MAKE	MODEL #	VOLTAGE	WATTAGE	NUMBER OF HEADS	OPERATION	REMARKS
xRoom	BU	Emergi-Lite		12	200	2	YES	Panel B #6
By Reception	RL					2	YES	Replaced 1 DC 1 DC still out
Public Washroom	RL					2	YES	Replaced 1 DC 1 DC still out
xRoom	BU	Emergi-Lite		12	200	2	YES	Panel C #6
xRoom	RL					2	YES	Replaced 1 DC 1 DC still out
x Room	RL					2	YES	
xRoom	RL					2	YES	
xRoom	BU	Emergi-Lite		12	200	2	YES	Panel D #6
By Storage Room	RL					2	YES	1 DC out
By Washroom	RL					2	YES	1 DC out
Mech. Room	BU	Emergi-Lite		12	200	2	YES	Panel H #2
x	RL					1	NO	Dc lamp out
x	RL					1	YES	Replaced lamp
Washroom	RL					2	YES	
Garage	BU	Emergi-Lite		12	200	2	YES	Panel J #14
X	RL					1	YES	
x	RL					1	YES	
x Room	RL					1	YES	
xRoom	RL					1	YES	
xRoom	RL					1	YES	
x Room	RL					1	YES	

TECHNICIAN: C. KYLE

DATE: February 20, 2014

FIRE PROTECTION PLUS

ANNUAL EMERGENCY LIGHTING TEST AND INSPECTION REPORT

BUILDING NAME: Government of Canada

BUILDING ADDRESS: Little Grand Rapids, Manitoba

LOCATION	DEVICE	MAKE	MODEL #	VOLTAGE	WATTAGE	NUMBER OF HEADS	OPERATION	REMARKS
x Room	BU	Emergi-Lite		12	200	2	YES	Panel E #10 1 DC lamp out
xRoom	RL					2	YES	
x	RL					2	YES	
Outside Electrical Room	BU	Emergi-Lite		12	200	2	YES	Panel F 12 Replaced 1 DC lamp 1 still out
x 2	RL					1	YES	Replaced DC lamp
x 2	RL					1	NO	DC out (12V hal)
Office	BU	Emergi-Lite		12	200	2	YES	Panel A #10
By Panel A	RL					2	YES	
Staff Room	RL					2	NO	2 DC lamps out
Self Power Exit / Sortie Signs								
Main Office Area Exit	EXIT	Emerge-Lite				LED	YES	Panel B #6
Main Office Area Exit	SORTIE	Emerge-Lite				LED	YES	Panel B #6
By Reception	EXIT	Emerge-Lite				LED	YES	Panel B #6
By Reception	SORTIE	Emerge-Lite				LED	YES	Panel B #6
By Office Storage Room	EXIT	Emerge-Lite				LED	YES	Panel D #6
By Office Storage Room	SORTIE	Emerge-Lite				LED	YES	Panel D #6
Exit to Offices	EXIT	Emerge-Lite				LED	YES	Panel H #2
Exit to Offices	SORTIE	Emerge-Lite				LED	YES	Panel H #2
Garage	EXIT	Emerge-Lite				LED	YES	Panel J #14
Garage	SORTIE	Emerge-Lite				LED	YES	Panel J #14
x	EXIT	Emerge-Lite				LED	YES	Panel E #10
x	SORTIE	Emerge-Lite				LED	YES	Panel E #10
x 1	EXIT	Emerge-Lite				LED	YES	Panel F #12
x 1	SORTIE	Emerge-Lite				LED	YES	Panel F #12

TECHNICIAN: C. KYLE

DATE: February 20, 2014

ANNUAL EMERGENCY LIGHTING TEST AND INSPECTION REPORT

BUILDING NAME: Government of Canada

BUILDING ADDRESS: Little Grand Rapids, Manitoba

REMARKS

Note 1: Replaced a number of DC lamps as noted. Additional DC lamps are out. 12 volt halogen bi-pin lamps are required.

TECHNICIAN: C. KYLE

DATE: February 20, 2014

ANNUAL TEST AND INSPECTION REPORT

Building Name: Government of Canada

Building Address: Little Grand Rapids, Manitoba

LOCATION	DEVICE	ALARM OPERATION CONFIRMED	DEVICE ADDRESS CONFIRMED	ANNUNCIATION INDICATION CONFIRMED	DEVICE SUPERVISION CONFIRMED	SMOKE DETECTOR SENSITIVITY	REMARKS
Unsecure Crawlspace				Zone 1			Storage Room Access
North Centre Crawlspace	RHT	YES	C01-D001	Zone 1			
Centre Crawlspace	RHT	YES	C01-D002	Zone 1			
South Centre Crawlspace	RHT	YES	C01-D003	Zone 1			
South Crawlspace	RHT	YES	C01-D004	Zone 1			
North Crawlspace	RHT	YES	C01-D010	Zone 1			
Secure Crawlspace				Zone 2			Storage Room Access
South Crawlspace	RHT	YES	C01-D005	Zone 2			
South Centre Crawlspace	RHT	YES	C01-D006	Zone 2			
Centre Crawlspace	RHT	YES	C01-D007	Zone 2			
North Centre Crawlspace	RHT	YES	C01-D008	Zone 2			
North Crawlspace	RHT	YES	C01-D009	Zone 2			
Offices)				Zone 3			
Staff Room (room 104)	S	YES	C01-D011	Zone 3		2.5%	
Main Office area N (room 106)	S	YES	C01-D012	Zone 3		2.5%	
Main Office area S. (room 106)	S	YES	C01-D061	Zone 3		2.5%	
Main entrance	M	YES	C01-D135	Zone 3			
Lobby Washroom	S	YES	C01-D064	Zone 3		2.5%	
Room	S	YES	C01-D059	Zone 3		2.5%	
(room 105)	S	YES	C01-D060	Zone 3		2.5%	
(room 108)	S	YES	C01-D062	Zone 3		2.5%	
(room 111)	S	YES	C01-D054	Zone 3		2.5% 4%	
(room 110)	S	YES	C01-D055	Zone 3		2.5%	RL OK
(room 109)	S	YES	C01-D057	Zone 3		2.5%	RL OK

Technician: C. Kyle

Date: February 20, 2014

ANNUAL TEST AND INSPECTION REPORT

Building Name: Government of Canada

Building Address: Little Grand Rapids, Manitoba

LOCATION	DEVICE	ALARM OPERATION CONFIRMED	DEVICE ADDRESS CONFIRMED	ANNUNCIATION INDICATION CONFIRMED	DEVICE SUPERVISION CONFIRMED	SMOKE DETECTOR SENSITIVITY	REMARKS
(Offices)				Zone 3			
(room 114)	S	YES	C01-D053	Zone 3		2.5%	
Room	S	YES	C01-D051	Zone 3		2.5% 12%	
Storage Room (room 115)	RHT	YES	C01-D052	Zone 3			
Exit	M	YES	C01-D134	Zone 3			
Rooms	S	YES	C01-D049	Zone 3		2.5% 4%	
Room	RHT	YES	C01-D043	Zone 3			
Room	RHT	YES	C01-D044	Zone 3			
Janitor Room (room 117)	RHT	YES	C01-D050	Zone 3			
Mech. Room	S	YES	C01-D034	Zone 4		2.5%	
Area				Zone 4			
Rm 1	S	YES	C01-D021	Zone 4		3.5%	RL OK
Rm 2	S	YES	C01-D023	Zone 4		3.5%	RL OK
Rm 3	S	YES	C01-D025	Zone 4		3.5%	RL OK
Rm 4	S	YES	C01-D027	Zone 4		3.5%	RL OK
Rm 5	S	YES	C01-D029	Zone 4		3.5%	RL OK
North exit by Rm 1	M	YES	C01-D127	Zone 4			
By Rm 4	S	YES	C01-D018	Zone 4		2.5% 28%	
Room	RHT	YES	C01-D014	Zone 4			Should be a smoke det.
Mop Room	RHT	YES	C01-D015	Zone 4			Should be a smoke det.
(room 128)	RHT	YES	C01-D016	Zone 4			Should be a smoke det.
(room 127)	RHT	YES	C01-D017	Zone 4			
To Garage Area	M	YES	C01-D130	Zone 4			

Technician: C. Kyle

Date: February 20, 2014

ANNUAL TEST AND INSPECTION REPORT

Building Name: Government of Canada

Building Address: Little Grand Rapids, Manitoba

LOCATION	DEVICE	ALARM OPERATION CONFIRMED	DEVICE ADDRESS CONFIRMED	ANNUNCIATION INDICATION CONFIRMED	DEVICE SUPERVISION CONFIRMED	SMOKE DETECTOR SENSITIVITY	REMARKS
Area				Zone 4			
Pipe Chase Rm 1	RHT	YES	C01-D065	Zone 4			
Pipe Chase Rm 3	RHT	YES	C01-D019	Zone 4		2.5%	
Pipe Chase Rm 5	RHT	YES	C01-D031	Zone 4			
shower	S	YES	C01-D032	Zone 4		2.5% 4%	Will have problems if shower is used
hallway	S	YES	C01-D020	Zone 4		2.5%	
Washroom	S	YES	C01-D033	Zone 4		2.5% 12%	
x	S	YES	C01-D038	Zone 4		2.5% 24%	
Room	S	YES	C01-D039	Zone 4		2.5% 0%	
Room	S	YES	C01-D040	Zone 4		2.5%	Labelled as camera room
Rm	S	YES	C01-D041	Zone 4		2.5% 16%	
Electrical Room	M	YES	C01-D126	Zone 5			
Electrical Room	S	YES	C01-D013	Zone 4		2.5%	
Garage	M	YES	C01-D131	Zone 6			
Garage	RHT	YES	C01-D042	Zone 6		2.5%	
Duct Smokes				Zone 7			
In Mech. Room Unit 9 AC-1	DS	YES	C01-D035	Zone 7		2.5%	
Above Ceiling	DS	YES	C01-D045	Zone 7		2.5%	RL OK
Above Ceiling	DS	YES	C01-D047	Zone 7		2.5%	RL OK
Above Ceiling	DS	YES	C01-D063	Zone 7		2.5%	RL OK

Technician: C. Kyle

Date: February 20, 2014

ANNUAL TEST AND INSPECTION REPORT

Building Name: Government of Canada

Building Address: Little Grand Rapids, Manitoba

LOCATION	DEVICE	ALARM OPERATION CONFIRMED	DEVICE ADDRESS CONFIRMED	ANNUNCIATION INDICATION CONFIRMED	DEVICE SUPERVISION CONFIRMED	SMOKE DETECTOR SENSITIVITY	REMARKS
Signals							
Public Washroom	H/V	YES					
X Rm	H/V	YES					
X Room	H/V	YES					
Staff Room	V	YES					
Office	V	YES					
xRoom	H/V	YES					
hallway	H/V	YES					
x Room	V	YES					
xRoom	V	YES					
By Janitor Room	H	YES					
xx	H/V	YES					
Outside	H	YES					
Outside	H	YES					
By Rm 1	H/V	YES					
By Garage	H/V	YES					
Garage	H/V	YES					
xRoom	V	YES					
Washroom	V	YES					

Technician: C. Kyle

Date: February 20, 2014

ANNUAL EMERGENCY LIGHTING TEST AND INSPECTION REPORT

BUILDING NAME: Government of Canada

BUILDING ADDRESS: Lundar, Manitoba

LOCATION	DEVICE	MAKE	MODEL #	VOLTAGE	WATTAGE	NUMBER OF HEADS	OPERATION	REMARKS
Basement	BU	Lumacell	RG24S720	24	720	2	YES	
2 nd Floor	RL					2	YES	
2 nd Floor Stairs	RL					2	YES	
Bottom of 2 nd Floor Stairs	RL					2	YES	
General Office Area 1	RL					2	YES	
Area	RL					2	YES	
Area	RL					2	YES	
Basement	RL					2	YES	
Basement	RL					2	YES	
Main Entrance	EXIT/ SORTIE					LED	YES	
Exit	EXIT/ SORTIE					LED	YES	
Kitchen Exit	EXIT/ SORTIE					LED	YES	
2 nd Floor	EXIT/ SORTIE					LED	YES	
Front Entrance	BU	Lumacell	RG36	6	36	2	YES	2006

TECHNICIAN: C. KYLE

DATE: January 22, 2014

FIRE ALARM SYSTEM ANNUAL TEST AND INSPECTION REPORT

<i>Building Name</i>	<i>Building Address</i>	<i>Building Number</i>	<i>Person Contacted</i>	<i>Date</i>
.	Lundar, Manitoba			January 22, 2014
<i>System Manufacturer</i>	<i>Model number</i>	<i>Single Stage</i>	<i>Two Stage</i>	
Mircom	FA-1008K	Yes		

TEST RESULTS: (Every line must have the appropriate marking in the space provided.)

- 1. The Fire Alarm System functioned correctly under General Alarm condition. YES X NO

- 2. Location of the electrically furthest manual stations with main AC power off.
 - 1. by Main Entrance
 - 2. Area Exit
 - 3. Kitchen Exit
 - 4. Basement
 - 5.
 - 6.The Fire Alarm functioned correctly during the above test. YES X NO

- 3. Each manual alarm-initiating device has been individually tested. YES X NO
 Number of devices 4

- 4. Each automatic alarm-initiating device has been tested. YES X NO
 Number of devices 21

- 5. Each audible and visual signalling device has been tested. YES X NO
 Number of devices 4

- 6. Correct annunciation has been confirmed for each device tested. YES X NO

SUMMARY

- 1. The Fire Alarm System is now fully functional. YES X NO

- 2. The Fire Alarm System has minor deficiencies noted on report. YES NO X

- 3. The Fire Alarm System has major deficiencies noted on report. YES NO X

- 4. A copy of this report has been given to the owner or owner's representative. YES X NO

THIS IS TO CERTIFY THAT THE FIRE ALARM SYSTEM HAS BEEN TESTED IN ACCORDANCE WITH SECTION 5, PERIODIC INSPECTIONS AND TESTS, OF CAN/ULC-S536-M04 AND THESE RECORDS DOCUMENT THE RESULTS OF TESTING PERFORMED.



SIGNATURE OF TECHNICIAN:

FIRE PROTECTION PLUS PH. 204-888-1922

ANNUAL TEST AND INSPECTION REPORT

Building Name: Government of Canada

Building Address: Lundar, Manitoba

LOCATION	DEVICE	ALARM OPERATION CONFIRMED	ZONE NUMBER	ANNUNCIATION INDICATION CONFIRMED	SMOKE DETECTOR SENSITIVITY	SUPERVISION CIRCUIT CONFIRMED	REMARKS
Main Floor			Zone 1				
By Main Entrance	M	YES	1	YES			
General Office Area 1	S	YES	1	YES	1.86		
Furnace Room	HT	YES	1	YES			
Room	S	YES	1	YES	2.6		
Exit	M	YES	1	YES			
Station	S	YES	1	YES	2.4		
General Office Area 2	S	YES	1	YES	2.4		
Exit	M	YES	1	YES			
Kitchen	RHT	YES	1	YES			
Room	S		1				No access
Room	S	YES	1	YES	2.6		
Old Office Storage room	RHT	YES	1	YES			
Crawlspace			Zone 2				Basement Access
Crawlspace	RHTmp	YES	2	YES			
Crawlspace	RHTmp	YES	2	YES			
Crawlspace	EOL	N/A	2	YES			
Rm 1	S	YES	Zone 3	YES	2.4		
By Rm 1	EOL	N/A	3	YES			
Rm 2	S	YES	Zone 4	YES	2.6		
By Rm 2	EOL	N/A	4	YES			

Technician: C. Kyle

Date: January 22, 2014

FIRE PROTECTION PLUS

ANNUAL TEST AND INSPECTION REPORT

Building Name: Government of Canada

Building Address: Lundar, Manitoba

LOCATION	DEVICE	ALARM OPERATION CONFIRMED	ZONE NUMBER	ANNUNCIATION INDICATION CONFIRMED	SMOKE DETECTOR SENSITIVITY	SUPERVISION CIRCUIT CONFIRMED	REMARKS
Basement			Zone 8				
Bottom of Stairs	M	YES	8	YES			
Mech. Room	HT	YES	8	YES			
Storage Area	HT	YES	8	YES			
Cold Storage	RHT	YES	8	YES			
Mech. Room	EOL	N/A	8	YES			
Basement Stairs	S	YES	Zone 9	YES	2.6		
Basement Stairs	EOL	N/A	9	YES			
2 nd Floor			Zone 10				
Hallway	S	YES	10	YES	2.6		
x Room	HT	YES	10	YES			
x way	EOL	N/A	10	YES			
x Room							No device
2 nd Floor Stairs	S	YES	Zone 11	YES	2.6		
Hall way	EOL	N/A	11				
Duct Detectors			Zone 16				
Main Floor Furnace Room	DS	YES	16	YES			
Basement Furnace Room	DS	YES	16	YES			
Main Floor Furnace Room	EOL	N/A	16	YES			
Spare zones 5 - 7, 12 - 15							

Technician: C. Kyle

Date: January 22, 2014

FIRE ALARM SYSTEM ANNUAL TEST AND INSPECTION REPORT

Building Name	Building Address	Building Number	Person Contacted	Date
Government of Canada	Lynn Lake			February 5, 2014
System Manufacturer	Model number	Single Stage	Two Stage	
Mircom	FA-301-8LW	YES		

TEST RESULTS: (Every line must have the appropriate marking in the space provided.)

1. The Fire Alarm System functioned correctly under General Alarm condition. YES X NO

2. Location of the electrically furthest manual stations with main AC power off.
 1. By Admin
 - _____
 - Main Entrance
 3. by Room
 4. Garage
 5. _____YES X NO

3. Each Fire Alarm initiating device correctly functioning. YES X NO
 Number of devices 4

4. Each automatic alarm-initiating device has been tested. YES X NO
 Number of devices 20

5. Each audible and visual signalling device has been tested. YES X NO
 Number of devices 3

6. Correct annunciation has been confirmed for each device tested. YES X NO

SUMMARY

1. The Fire Alarm System is now fully functional. YES X NO
2. The Fire Alarm System has minor deficiencies noted on report. YES NO X
3. The Fire Alarm System has major deficiencies noted on report. YES NO X
4. A copy of this report has been given to the owner or owner's representative. YES X NO

THIS IS TO CERTIFY THAT THE FIRE ALARM SYSTEM HAS BEEN TESTED IN ACCORDANCE WITH SECTION 5, PERIODIC INSPECTIONS AND TESTS, OF CAN/ULC-S536-M04 AND THESE RECORDS DOCUMENT THE RESULTS OF TESTING PERFORMED.



SIGNATURE OF TECHNICIAN:

FIRE PROTECTION PLUS PH. 204-888-1922

ANNUAL TEST AND INSPECTION REPORT

Building Name: Government of Canada

Building Address: Lynn Lake, Manitoba

LOCATION	DEVICE	ALARM OPERATION CONFIRMED	ZONE NUMBER	ANNUNCIATION INDICATION CONFIRMED	SMOKE DETECTOR SENSITIVITY	SUPERVISION CIRCUIT CONFIRMED	REMARKS
Area			Zone 1				
x	EOL	N/A	1	YES			
x	M	YES	1	YES			
By x	S	YES	1	YES	2.6		
x	S	YES	1	YES	2.6		
Garage by x	HT	YES	1	YES			Recommend to add a manual station by exit
x 1	S	YES	1	YES	1.36		RL OK
x 2	S	YES	1	YES	1.29		RL OK
x 3	S	YES	1	YES	1.22		RL OK
x 4	S	YES	1	YES	1.18		RL OK
Office & Garage			Zone 3				
Main Entrance	M	YES	3	YES			
General Office Area	S	YES	3	YES	2.4		
x Room							No device
File room	S	YES	3	YES	2.6		
Lunch Room	RHT	YES	3	YES			
xRoom	RHT	YES	3	YES			
x Room	M	YES	3	YES			
Mech. Room	HT	YES	3	YES			
Janitor Room	HT	YES	3	YES			
x	S	YES	3	YES	2.6		
x	S	YES	3	YES	2.6		
Garage 2	HT	YES	3	YES			
Garage 2	HT	YES	3	YES			
Garage 2	M	YES	3	YES			
Garage 2 Storage	HT	YES	3	YES			
x	S	YES	3	YES	2.4		Recommend rewiring to zone 1
Garage 2	EOL	N/A	3	YES			

Technician: C. Kyle

Date: January 27, 2013

FIRE PROTECTION PLUS

ANNUAL EMERGENCY LIGHTING TEST AND INSPECTION REPORT

BUILDING NAME: Government of Canada

BUILDING ADDRESS: Manitou, Manitoba

LOCATION	DEVICE	MAKE	MODEL #	VOLTAGE	WATTAGE	NUMBER OF HEADS	OPERATION	REMARKS
Mech. Room	BU	Beghelli	NV120360-2	12	160	2	YES	2009
Mech. Room	RL					2	YES	
Crawlspace	RL					1	YES	
x Room	RL					2	YES	
x Room	EXIT					1	YES	
Bottom of Stair	RL					1	YES	
Main Floor at Stair	RL					2	YES	
Main Floor by Rear Stair	EXIT					1	YES	
Main Floor Exit (to front Foyer)	EXIT					1	YES	
General Office	RL					2	YES	
Front Reception (to rear stair)	EXIT					1	YES	Replaced 2 LED lamps
By Washroom	RL					1	YES	
xArea	RL					2	YES	
xArea	EXIT					1	YES	Replaced 2 LED lamps
x Area	RL					2	YES	
x	RL					1	YES	
Exit	EXIT					1	YES	Replaced 2 LED lamps
x	EXIT					1	YES	
Garage	RL					1	YES	
x 1	RL					1	YES	
x 2	RL					1	YES	

TECHNICIAN: C. KYLE

DATE: March 14, 2014

FIRE ALARM SYSTEM ANNUAL TEST AND INSPECTION REPORT

Building Name	Building Address	Building Number	Person Contacted	Date
Government of Canada	Manitou, Manitoba			March 14, 2014
System Manufacturer	Model number	Single Stage	Two Stage	
Mircom	FA-204E	Yes		

TEST RESULTS: (Every line must have the appropriate marking in the space provided.)

1. The Fire Alarm System functioned correctly under General Alarm condition. YES X NO

2. Location of the electrically furthest manual stations with main AC power off.
 1. Area
 2. by Area
 3. Main by Basement Stairs
 4. x Room
 5. General Office
 6. by Front Entrance

The Fire Alarm functioned correctly during the above test. YES X NO

3. Each manual alarm-initiating device has been individually tested. YES X NO
 Number of devices 6

4. Each automatic alarm-initiating device has been tested. YES X NO
 Number of devices 30

5. Each audible and visual signalling device has been tested. YES X NO
 Number of devices 5

6. Correct annunciation has been confirmed for each device tested. YES X NO

SUMMARY

1. The Fire Alarm System is now fully functional. YES X NO

2. The Fire Alarm System has minor deficiencies noted on report. YES NO X

3. The Fire Alarm System has major deficiencies noted on report. YES NO X

4. A copy of this report has been given to the owner or owner's representative. YES X NO

THIS IS TO CERTIFY THAT THE FIRE ALARM SYSTEM HAS BEEN TESTED IN ACCORDANCE WITH SECTION 5, PERIODIC INSPECTIONS AND TESTS, OF CAN/ULC-S536-M04 AND THESE RECORDS DOCUMENT THE RESULTS OF TESTING PERFORMED.



SIGNATURE OF TECHNICIAN:

FIRE PROTECTION PLUS PH. 204-888-1922

ANNUAL TEST AND INSPECTION REPORT

Building Name: Government of Canada

Building Address: Manitou, Manitoba

LOCATION	DEVICE	ALARM OPERATION CONFIRMED	ZONE NUMBER	ANNUNCIATION INDICATION CONFIRMED	SMOKE DETECTOR SUPERVISION	SUPERVISION CIRCUIT CONFIRMED	REMARKS
Main Floor			Zone 4				
By Front Entrance	M	YES	4	YES			
General Office	S	YES	4	YES	1.45		
General Office by reception	S	YES	4	YES	1.57		
General Office Reception	HT	YES	4	YES			
Office 1	HT	YES	4	YES			
xRoom	HT	YES	4	YES			Recommend change to a smoke detector
By Stairs	M	YES	4	YES			
Exit by Stairs	M	YES	4	YES			
Stair	S	YES	4	YES	1.54		
By Washroom	S	YES	4	YES	2.4		
Ladies Washroom	HT	YES	4	YES			
Men's washroom	HT	YES	4	YES			
Lunch Room	HT	YES	4	YES			
x	S	YES	4	YES	1.62		
x	S	YES	4	YES	2.6		
x Area	M	YES	4	YES			
Janitor Room	HT	YES	4	YES			
xRoom	S	YES	4	YES	1.76		
x Area	M	YES	4	YES			
x Area	S	YES	4	YES	1.67		
x	S	YES	4	YES	2.4		
x	M	YES	4	YES			
By Reception and stair	EOL	N/A	4	YES			

ANNUAL TEST AND INSPECTION REPORT

Building Name: Government of Canada

Building Address: Manitou, Manitoba

LOCATION	DEVICE	ALARM OPERATION CONFIRMED	ZONE NUMBER	ANNUNCIATION INDICATION CONFIRMED	SMOKE DETECTOR SUPERVISION	SUPERVISION CIRCUIT CONFIRMED	REMARKS
Garage	HTemp	YES	Zone 1	YES			
Garage	EOL	N/A	1				
Rm 1	S	YES	Zone 3	YES	1.80		
Rm room	EOL	N/A	3	YES			
Rm 2	S	YES	Zone 2	YES	1.74		
Rm Room	EOL	N/A	2	YES			
Storage			Zone 5				
Rm	S	YES	5	YES	1.75		
Rm	S	YES	5	YES	1.69		
By Janitor Room	EOL	N/A	5				
FR2 Duct Smoke (cell)			Zone 8				
Supply	DS	YES	8	YES	2.6		RL OK
Return	DS	YES	8	YES	2.6		RL OK
Supply (in device)	EOL	N/A	8	YES			
FR1 Duct Smoke (office)			Zone 7				
Supply	DS	YES	7	YES	2.6		RL OK
Return	DS	YES	7	YES	2.6		RL OK
Supply (in device)	EOL	N/A	7	YES			

ANNUAL TEST AND INSPECTION REPORT

Building Name: Government of Canada

Building Address: Manitou, Manitoba

LOCATION	DEVICE	ALARM OPERATION CONFIRMED	ZONE NUMBER	ANNUNCIATION INDICATION CONFIRMED	SUPERVISION CIRCUIT CONFIRMED	REMARKS
Basement & Crawlspace			Zone 6			
x Room	M	YES	6	YES		
x Room	RHT	YES	6	YES		
x Room	HT	YES	6	YES		
Mech. Room	HT	YES	6	YES		
Mech. Room	HT	YES	6	YES		
Crawlspace	HT	YES	6	YES		Mech. Room Access
Crawlspace	HT	YES	6	YES		Mech. Room Access
Storage Room	EOL	N/A	6			
Signals						
General Office	B6	YES				
x Area	B6	YES				
x	B6	YES				
Mech. Room	B6	YES				
x Room	B6	YES				
Mech. Room	EOL	N/A				
General Office	EOL	N/A				

FIRE PROTECTION PLUS

ANNUAL TEST AND INSPECTION REPORT (EMERGENCY LIGHTING)

BUILDING NAME: Government of Canada

BUILDING ADDRESS: McCreary, Manitoba

LOCATION	DEVICE	MAKE	MODEL #	VOLTAGE	WATTAGE	NUMBER OF HEADS	OPERATION	REMARKS
Electrical Room	BU	Dual-Lite	C12AS-160-BCI	12	160	1	YES	2011
by Exit	RL					1	YES	
Garage 2	RL					1	YES	
Garage 2 Storage	RL					1	YES	
Janitor Room	BU	Dual-Lite	C12AS-160-BCI	12	160	0	YES	2010
by Admin	RL					1	YES	
Exit	RL					1	YES	
garage	RL					1	YES	
Garage 1	RL					1	YES	
Garage 1	RL					1	YES	
Room	RL					1	YES	
x1	RL					1	YES	
x2	RL					1	YES	
Janitor Room Administration	BU	Ready-Lite	LDX13-360-1	12	360	1	YES	2009
by Janitor Room	RL					1	YES	
Administration Area	RL					1	YES	
Lobby	RL					1	YES	

TECHNICIAN: C. Kyle

DATE: January 23, 2014

FIRE ALARM SYSTEM ANNUAL TEST AND INSPECTION REPORT

Building Name	Building Address	Building Number	Person Contacted	Date
Government of Canada	McCreary, Manitoba			January 23, 2014
System Manufacturer	Model number	Single Stage	Two Stage	
Mircom	FA-1025A	Yes		

TEST RESULTS: (Every line must have the appropriate marking in the space provided.)

- 1. The Fire Alarm System functioned correctly under General Alarm condition. YES X NO

- 2. Location of the electrically furthest manual stations with main AC power off.
 - 1. by Main Entrance
 - 2. by Rear Exit
 - 3. x Area
 - 4. _____
 - 5. _____
 - 6. _____

The Fire Alarm functioned correctly during the above test. YES X NO

- 3. Each manual alarm-initiating device has been individually tested. YES X NO
 Number of devices 3

- 4. Each automatic alarm-initiating device has been tested. YES X NO
 Number of devices 10

- 5. Each audible and visual signalling device has been tested. YES X NO
 Number of devices 3

- 6. Correct annunciation has been confirmed for each device tested. YES X NO

SUMMARY

- 1. The Fire Alarm System is now fully functional. YES X NO

- 2. The Fire Alarm System has minor deficiencies noted on report. YES NO X

- 3. The Fire Alarm System has major deficiencies noted on report. YES NO X

- 4. A copy of this report has been given to the owner or owner's representative. YES X NO

THIS IS TO CERTIFY THAT THE FIRE ALARM SYSTEM HAS BEEN TESTED IN ACCORDANCE WITH SECTION 5, PERIODIC INSPECTIONS AND TESTS, OF CAN/ULC-S536-M04 AND THESE RECORDS DOCUMENT THE RESULTS OF TESTING PERFORMED.



SIGNATURE OF TECHNICIAN:

FIRE PROTECTION PLUS PH. 204-888-1922

ANNUAL TEST AND INSPECTION REPORT

Building Name: Government of Canada

Building Address: McCreary, Manitoba

LOCATION	DEVICE	ALARM OPERATION CONFIRMED	ZONE NUMBER	ANNUNCIATION INDICATION CONFIRMED	SMOKE DETECTOR SENSITIVITY	SUPERVISION CIRCUIT CONFIRMED	REMARKS
Administration Area			Zone 1				
Main Entrance Lobby	M	YES	1	YES			
By Rear Exit	M	YES	1	YES			EOL in device
Electrical Room	HT	YES	1	YES			
x Room	S	YES	1	YES	1.12		
File Room	S	YES	1	YES	2.6		
Lunch Room	RHT	YES	1	YES			
Janitor Room	HT	YES	1	YES			
x	S	YES	1	YES	2.6		
x	S	YES	1	YES	2.4		
Garage 2	HT	YES	1	YES			
Garage 2 Storage	HT	YES	1	YES			
Garage 2	M	YES	1	YES			
x Room							No device
x Area			Zone 2				
By Exit	M	YES	2	YES			EOL in device
x Area	S	YES	2	YES	1.19		
Garage 1	HT	YES	2	YES			
Janitor room	HT	YES	2	YES			
Storage by Garage 1	RHT	YES	2	YES			
x (storage)	RHT	YES	2	YES			
x (storage)	RHT	YES	2	YES			

Technician: C. Kyle

Date: January 23, 2014

FIRE ALARM SYSTEM ANNUAL TEST AND INSPECTION REPORT

Building Name	Building Address	Building Number	Person Contacted	Date
Government of Canada	Minnedosa, Manitoba			November 12, 2013
System Manufacturer	Model number	Single Stage	Two Stage	
Mircom	FA-1008KA	Yes		

TEST RESULTS: (Every line must have the appropriate marking in the space provided.)

- 1. The Fire Alarm System functioned correctly under General Alarm condition. YES X NO

- 2. Location of the electrically furthest manual stations with main AC power off.
 - 1. Cold Storage Room
 - 2. x Area
 - 3. Garage
 - 4. 2nd Floor
 - 5. Basement Stair
 - 6. Main Entrance
 The Fire Alarm functioned correctly during the above test. YES X NO

- 3. Each manual alarm-initiating device has been individually tested. YES X NO
 Number of devices 6

- 4. Each automatic alarm-initiating device has been tested. YES X NO
 Number of devices 22

- 5. Each audible and visual signalling device has been tested. YES X NO
 Number of devices 5

- 6. Correct annunciation has been confirmed for each device tested. YES X NO

SUMMARY

- 1. The Fire Alarm System is now fully functional. YES X NO

- 2. The Fire Alarm System has minor deficiencies noted on report. YES NO X

- 3. The Fire Alarm System has major deficiencies noted on report. YES NO X

- 4. A copy of this report has been given to the owner or owner's representative. YES X NO

THIS IS TO CERTIFY THAT THE FIRE ALARM SYSTEM HAS BEEN TESTED IN ACCORDANCE WITH SECTION 5, PERIODIC INSPECTIONS AND TESTS, OF CAN/ULC-S536-M04 AND THESE RECORDS DOCUMENT THE RESULTS OF TESTING PERFORMED.



SIGNATURE OF TECHNICIAN:

FIRE PROTECTION PLUS PH. 204-888-1922

ANNUAL TEST AND INSPECTION REPORT

Building Name: R.C.M.P. Minnedosa Detachment

Building Address: Minnedosa, Manitoba

LOCATION	DEVICE	ALARM OPERATION CONFIRMED	ZONE NUMBER	ANNUNCIATION INDICATION CONFIRMED	SMOKE DETECTOR SENSITIVITY	SUPERVISION CIRCUIT CONFIRMED	REMARKS
x (1-1)	S	YES	Zone 1	YES	2.6		
x Room	EOL	N/A	1	YES			
x (2-1)	S	YES	Zone 2	YES	2.4		
xRoom	EOL	N/A	2	YES			
xArea			Zone 3				
x Room	EOL	N/A	3	YES			
x (3-4)	S	YES	3	YES	2.4		
x (3-3)	S	YES	3	YES	2.4		
Guard Stationx Washroom(3-7)	S	YES	3	YES	2.4		
x (3-2)	S	YES	3	YES	2.4		
By Exit (3-1)	M	YES	3	YES			
Outside Storage (3-5)	RHT	YES	3	YES			
Outside Storage (3-6)	M	YES	3	YES			
xroom	S	YES	3	YES	2.6		
Garage			Zone 4				
Exit	EOL	N/A	4	YES			
Exit (4-2)	M	YES	4	YES			
Garage (4-1)	RHT	YES	4	YES			

Technician: C. Kyle

Date: November 12, 2013

ANNUAL TEST AND INSPECTION REPORT

Building Name: Government of Canada

Building Address: Minnedosa, Manitoba

LOCATION	DEVICE	ALARM OPERATION CONFIRMED	ZONE NUMBER	ANNUNCIATION INDICATION CONFIRMED	SMOKE DETECTOR SENSITIVITY	SUPERVISION CIRCUIT CONFIRMED	REMARKS
Main Floor			Zone 5				
xOffice	EOL	N/A	5	YES			
xOffice (5-4)	S	YES	5	YES	2.4		
Office Area 1 (5-2)	S	YES	5	YES	2.4		
Janitor Room (5-5)	RHT	YES	5	YES			Replaced device
File Room (5-3)	RHT	YES	5	YES			
Main Entrance (5-1)	M	YES	5	YES			
Office Area 2 (5-6)	S	YES	5	YES	2.4		
xRoom	S	YES	5	YES	2.6		
2 nd Floor			Zone 6				
By Washroom	EOL	N/A	6	YES			
By Washroom (6-1)	M	YES	6	YES			
Top of Stair (6-2)	S	YES	6	YES	2.4		
x Room (6-3)	S	YES	6	YES	2.4		
Office (6-4)	S	YES	6	YES	2.6		
Basement			Zone 7				
Top of Basement Stairs (7-6)	EOL	N/A	7	YES			
Top of Basement Stairs (7-5)	M	YES	7	YES			
Top of Basement Stairs (7-3)	S	YES	7	YES	2.6		
x (7-4)	S	YES	7	YES	2.6		
x (7-1)	S	YES	7	YES	2.6		
(7-1) Furnace Room	RHT	YES	7	YES			
(7-2) Storage Area	RHT	YES	7	YES			

Technician: C. Kyle

Date: November 12, 2013

ANNUAL TEST AND INSPECTION REPORT

Building Name: Government of Canada

Building Address: Minnedosa, Manitoba

LOCATION	DEVICE	ALARM OPERATION CONFIRMED	ZONE NUMBER	ANNUNCIATION INDICATION CONFIRMED	SMOKE DETECTOR SENSITIVITY	SUPERVISION CIRCUIT CONFIRMED	REMARKS
<i>Basement Duct Smokes</i>			<i>Zone 8</i>				
<i>Office Area 1 Furnace (8-1)</i>	<i>DS</i>	<i>YES</i>	<i>8</i>	<i>YES</i>	<i>2.6</i>		
<i>Office Area 2 Furnace (8-2)</i>	<i>DS</i>	<i>YES</i>	<i>8</i>	<i>YES</i>	<i>2.6</i>		
<i>Furnace Room</i>	<i>EOL</i>	<i>N/A</i>	<i>8</i>	<i>YES</i>			
<i>x Area Duct Smoke</i>	<i>DS</i>	<i>YES</i>	<i>Zone 9</i>	<i>YES</i>	<i>2.4</i>		
<i>Outside Mech. Room</i>	<i>EOL</i>	<i>N/A</i>	<i>9</i>	<i>YES</i>			
<i>Shut Downs</i>							
<i>Office Area 1 Fan Shut Down</i>	<i>AD</i>	<i>YES</i>					
<i>Office Area 2 Fan Shut Down</i>	<i>AD</i>	<i>YES</i>					
<i>x Area Fan Shut Down</i>	<i>AD</i>	<i>YES</i>					
<i>Signals</i>							
<i>2nd Floor (NAC 1-1)</i>	<i>H/V</i>	<i>YES</i>	<i>NAC 1</i>	<i>YES</i>			
<i>Office Area 2 (NAC 1-2)</i>	<i>H/V</i>	<i>YES</i>	<i>NAC 1</i>	<i>YES</i>			
<i>Office Area 1 (NAC 1-3)</i>	<i>H/V</i>	<i>YES</i>	<i>NAC 1</i>	<i>YES</i>			
<i>xArea (NAC 1-4)</i>	<i>H/V</i>	<i>YES</i>	<i>NAC 1</i>	<i>YES</i>			
<i>Basement (NAC 1-5)</i>	<i>H/V</i>	<i>YES</i>	<i>NAC 1</i>	<i>YES</i>			
<i>Basement</i>	<i>EOL</i>	<i>N/A</i>	<i>NAC 1</i>	<i>YES</i>			

Technician: C. Kyle

Date: November 12, 2013

FIRE PROTECTION PLUS

ANNUAL EMERGENCY LIGHTING TEST AND INSPECTION REPORT

BUILDING NAME: Government of Canada

BUILDING ADDRESS: Moose Lake, Manitoba

LOCATION	DEVICE	MAKE	MODEL #	VOLTAGE	WATTAGE	NUMBER OF HEADS	OPERATION	REMARKS
Outside Electrical Room	BU	Emergi-Lite	12ESL-360-2	12	360	2	YES	
Telephone Room	BU	Emergi-Lite	12ESL-360-2	12	360	2	YES	
Office Storage Room	BU	Emergi-Lite	12ESL-360-2	12	360	2	YES	
Secure Bay	BU	Emergi-Lite	12ESL-360-2	12	360	2	YES	
Mech. Mezzanine	BU	Emergi-Lite	12ESL-360-2	12	360	2	YES	
x	BU	Emergi-Lite	12ESL-360-2	12	360	2	YES	
Main Entrance	RL	YES				2	YES	
Main Foyer	RL	YES				2	YES	
Public Washroom	RL	YES				2	YES	
General Office Area	RL	YES				2	YES	
Staff Room	RL	YES				2	YES	
x	RL	YES				2	YES	
File Room	RL	YES				2	YES	
x	RL	YES				2	YES	
x	RL	YES				2	YES	
x	RL	YES				2	YES	
x	RL	YES				2	YES	
Ladies Washroom	RL	YES				2	YES	
Men's Washroom	RL	YES				2	YES	
By Men's Washroom	RL	YES				2	YES	
x	RL	YES				2	YES	
x	RL	YES				2	YES	
Crawlspace	RL	YES				2	YES	
x	RL	YES				2	YES	
x	RL	YES				2	YES	
Mezzanine by Stair	RL	YES				2	YES	
Mezzanine	RL	YES				2	YES	

TECHNICIAN: C. KYLE

DATE: December 12, 2013

FIRE ALARM SYSTEM ANNUAL TEST AND INSPECTION REPORT

Building Name	Building Address	Building Number	Person Contacted	Date
Government of Canada	Moose Lake, Manitoba			December 12, 2013
System Manufacturer	Model number	Single Stage	Two Stage	
General Electric	EST IO500(GC)	Yes		

TEST RESULTS: (Every line must have the appropriate marking in the space provided.)

1. The Fire Alarm System functioned correctly under General Alarm condition. YES X NO

2. Location of the electrically furthest manual stations with main AC power off.
 1. Garage Exit
 2. Garage
 3. Admin Area
 4. Outside Electrical Room
 5. Crawlspace
 6. Admin Desk

The Fire Alarm functioned correctly during the above test. YES X NO

3. Each manual alarm-initiating device has been individually tested. YES X NO
 Number of devices 8

4. Each automatic alarm-initiating device has been tested. YES X NO
 Number of devices 41

5. Each audible and visual signalling device has been tested. YES X NO
 Number of devices 14

6. Correct annunciation has been confirmed for each device tested. YES X NO

SUMMARY

1. The Fire Alarm System is now fully functional. YES NO X

2. The Fire Alarm System has minor deficiencies noted on report. YES X NO

3. The Fire Alarm System has major deficiencies noted on report. YES NO X

4. A copy of this report has been given to the owner or owner's representative. YES X NO

THIS IS TO CERTIFY THAT THE FIRE ALARM SYSTEM HAS BEEN TESTED IN ACCORDANCE WITH SECTION 5, PERIODIC INSPECTIONS AND TESTS, OF CAN/ULC-S536-M04 AND THESE RECORDS DOCUMENT THE RESULTS OF TESTING PERFORMED.



SIGNATURE OF TECHNICIAN:

FIRE PROTECTION PLUS PH. 204-888-1922

ANNUAL TEST AND INSPECTION REPORT

Building Name: Government of Canada

Building Address: Moose Lake, Manitoba

LOCATION	DEVICE	ALARM OPERATION CONFIRMED	DEVICE ADDRESS CONFIRMED	ANNUNCIATION INDICATION CONFIRMED	DEVICE SUPERVISION CONFIRMED	SMOKE DETECTOR SENSITIVITY	REMARKS
x 1	S	YES	L1 C1 D051	Zone 1		3.5% 24% maint	RL failed
x 2	S	YES	L1 C1 D034	Zone 2		3.5% 8% maint	RL OK
x 3	S	YES	L1 C1 D030	Zone 3		3.5% 24% maint	RL OK
x 4	S	YES	L1 C1 D029	Zone 4		3.5% 40% maint	RL OK
x Area				Zone 5			
West Exit x	M	YES	L1 C1 D129	Zone 5			
x (west corridor)	S	YES	L1 C1 D016	Zone 5		3.5% 40% maint	
x(mid corridor)	S	YES	L1 C1 D006	Zone 5		3.5% 60% maint	
x(east corridor)	S	YES	L1 C1 D014	Zone 5		3.5% 36% maint	
xWashroom	S	YES	L1 C1 D022	Zone 5		3.5% 12% maint	
x Room	S	YES	L1 C1 D001	Zone 5		3.5% 20% maint	
xRoom	S	YES	L1 C1 D012	Zone 5		3.5% 20% maint	
x	M	YES	L1 C1 D135	Zone 5			
x	M	YES	L1 C1 D134	Zone 5			
x	S	YES	L1 C1 D048	Zone 5		3.5% 40% maint	
x	RHT	YES	L1 C1 D027	Zone 5			See notes
x	RHT	YES	L1 C1 D017	Zone 5			See notes
Kitchenette and Storage	RHT	YES	L1 C1 D020	Zone 5			See notes
Janitor Room	RHT	YES	L1 C1 D024	Zone 5			See notes
Pipe Chase 1 / 2	RHT	YES	L1 C1 D040	Zone 5			Recommend relabeling
Pipe Chase 3 / 4	RHT	YES	L1 C1 D021	Zone 5			Recommend relabeling
Outside Electrical Room	M	YES	L1 C1 D003	Zone 5			
Outside Electrical Room	S	YES	L1 C1 D136	Zone 5			

Technician: C. Kyle

Date: December 12, 2013

ANNUAL TEST AND INSPECTION REPORT

Building Name: Government of Canada

Building Address: Moose Lake, Manitoba

LOCATION	DEVICE	ALARM OPERATION CONFIRMED	DEVICE ADDRESS CONFIRMED	ANNUNCIATION INDICATION CONFIRMED	DEVICE SUPERVISION CONFIRMED	SMOKE DETECTOR SENSITIVITY	REMARKS
Mezzanine				Zone 7			
By Stair	M	YES	L1 C1 D136	Zone 7			
By Stair	S	YES	L1 C1 D037	Zone 7		3.5% 68% Maint.	
East	RHT	YES	L1 C1 D041	Zone 7			
Centre	RHT	YES	L1 C1 D015	Zone 7			
West	RHT	YES	L1 C1 D042	Zone 7			
AHU-1	DS	YES	L1 C1 D038	Zone 7		3.5% 0% maint	Should be new zone
AHU-2	DS	YES	L1 C1 D036	Zone 7		3.5% 8% maint	Should be new zone
x				Zone 9			
x	M	YES	L1 C1 D130	Zone 9			
Garage	RHT	YES	L1 C1 D023	Zone 9			
Office Area				Zone 8			
x	S	YES	L1 C1 D004	Zone 8		3.5% 0% Maint.	RL failed
x	S	YES	L1 C1 D039	Zone 8		3.5% 0% Maint.	RL failed
Staff Room	S	YES	L1 C1 D005	Zone 8		3.5% 36 Maint.	
Office Area	S	NO	L1 C1 D043	Zone 8		3.5% 8% Maint.	Smoke test failed
x	S	YES	L1 C1 D044	Zone 8		3.5% 0% Maint.	
x	S	YES	L1 C1 D010	Zone 8		3.5% 8% Maint.	
x	S	YES	L1 C1 D009	Zone 8		3.5% 0% Maint.	
x	S	YES	L1 C1 D013	Zone 8		3.5% 16% Maint.	
x	M	YES	L1 C1 D126	Zone 8			

Technician: C. Kyle

Date: December 12, 2013

ANNUAL TEST AND INSPECTION REPORT

Building Name: Government of Canada

Building Address: Moose Lake, Manitoba

LOCATION	DEVICE	ALARM OPERATION CONFIRMED	DEVICE ADDRESS CONFIRMED	ANNUNCIATION INDICATION CONFIRMED	DEVICE SUPERVISION CONFIRMED	SMOKE DETECTOR SENSITIVITY	REMARKS
Office Area				Zone 8			
Storage Room	RHT	YES	L1 C1 D018	Zone 8			
By Ladies Washroom (Centre S)	S	YES	L1 C1 D052	Zone 8		3.5% 12% Maint.	
By Men's Washroom (Centre N)	S	YES	L1 C1 D007	Zone 8		3.5% 32% Maint.	
x	S	YES	L1 C1 D050	Zone 8		3.5% 0% Maint.	
Men's Washroom	RHT	YES	L1 C1 D028	Zone 8			See notes
Ladies Washroom	RHT	YES	L1 C1 D019	Zone 8			See notes
Main Foyer exit	M	YES	L1 C1 D128	Zone 8			
Public Washroom	S	YES	L1 C1 D008	Zone 8		3.5% 4% Maint.	
Janitor Room	RHT	YES	L1 C1 D049	Zone 8			
x	S	YES	L1 C1 D011	Zone 8		3.5% 4% Maint.	
Basement (crawlspace)				Zone 6			
By Hatch	M	YES	L1 C1 D123	Zone 6			
North	RHT	YES	L1 C1 D026	Zone 6			
South	RHT	YES	L1 C1 D025	Zone 6			
Isolators							
Mezzanine Above x	IM	YES					
Mezzanine Above x	IM	YES					
Mezzanine Above x	IM	YES					
Mezzanine by Manual station	IM	YES					
Centre hall above tile	IM	YES					

Technician: C. Kyle

Date: December 12, 2013

ANNUAL TEST AND INSPECTION REPORT

Building Name: Government of Canada

Building Address: Moose Lake, Manitoba

LOCATION	DEVICE	ALARM OPERATION CONFIRMED	DEVICE ADDRESS CONFIRMED	ANNUNCIATION INDICATION CONFIRMED	DEVICE SUPERVISION CONFIRMED	SMOKE DETECTOR SENSITIVITY	REMARKS
Signals							
Office Area							
x	H/V	YES					
Staff Room	H/V	YES					
Front Foyer	H/V	YES					
Public Washroom	H/V	YES					
x	H/V	YES					
x	H/V	YES					
By x Room	H/V	YES					
Women's Washroom	H/V	YES					
Men's Washroom	H/V	YES					
x Room	H/V	YES					
Hall by Washroom	H	YES					
General Office Area	H	YES					
Mezzanine	H	YES					
Mezzanine by Stair	H/V	YES					
x							
x	H/V	YES					
x	H/V	YES					
x	H/V	YES					
x	H/V	YES					
Outside by electrical Room	H	YES					

Technician: C. Kyle

Date: December 12, 2013

FIRE PROTECTION PLUS

ANNUAL EMERGENCY LIGHTING TEST AND INSPECTION REPORT

BUILDING NAME: Government of Canada

BUILDING ADDRESS: Morden, Manitoba

LOCATION	DEVICE	MAKE	MODEL #	VOLTAGE	WATTAGE	NUMBER OF HEADS	OPERATION	REMARKS
Mech. Mezzanine	BU	Lumacell	RG36	6	36	2	YES	2011
Mech. Mezzanine	BU	Dual-Lite	C12AS160-BCI	12	160	2	YES	Replaced batteries
Top of Stairs	RL					1	YES	
Mezzanine Storage	EXIT					1	YES	
Mech. Mezzanine	EXIT					1	YES	
Mech. Storage	RL					2	YES	
Mech. Storage	EXIT					1	YES	
Attic	EXIT					1	YES	
x	BU	Dual-Lite	C12AS160-BCI	12	160	2	YES	Replaced battery March25 Failed & Battery required
x	RL					1		
x	RL					1		
x	EXIT					1		
x	EXIT					1		
x	RL					1		
x	EXIT					1		

TECHNICIAN: C. KYLE

DATE: March 14, 2014

FIRE ALARM SYSTEM ANNUAL TEST AND INSPECTION REPORT

Building Name	Building Address	Building Number	Person Contacted	Date
Government of Canada	Morden, Manitoba			March 14, 2014
System Manufacturer	Model number	Single Stage	Two Stage	
General Electric	QuickStart QS-C-CPU-2	Yes		

TEST RESULTS: (Every line must have the appropriate marking in the space provided.)

1. The Fire Alarm System functioned correctly under General Alarm condition. YES X NO

2. Location of the electrically furthest manual stations with main AC power off.
 1. Top of Stairs
 2. Garage 2
 3. by Entrance
 4. by Washroom
 5. by Front Reception
 6. Admin

The Fire Alarm functioned correctly during the above test. YES X NO

3. Each manual alarm-initiating device has been individually tested. YES X NO
 Number of devices 9

4. Each automatic alarm-initiating device has been tested. YES X NO
 Number of devices 28

5. Each audible and visual signalling device has been tested. YES X NO
 Number of devices 8

6. Correct annunciation has been confirmed for each device tested. YES X NO

SUMMARY

1. The Fire Alarm System is now fully functional. YES X NO

2. The Fire Alarm System has minor deficiencies noted on report. YES X NO

3. The Fire Alarm System has major deficiencies noted on report. YES NO X

4. A copy of this report has been given to the owner or owner's representative. YES X NO

THIS IS TO CERTIFY THAT THE FIRE ALARM SYSTEM HAS BEEN TESTED IN ACCORDANCE WITH SECTION 5, PERIODIC INSPECTIONS AND TESTS, OF CAN/ULC-S536-M04 AND THESE RECORDS DOCUMENT THE RESULTS OF TESTING PERFORMED.



SIGNATURE OF TECHNICIAN:

FIRE PROTECTION PLUS PH. 204-888-1922

ANNUAL TEST AND INSPECTION REPORT

Building Name: Government of Canada

Building Address: Morden, Manitoba

LOCATION	DEVICE	ALARM OPERATION CONFIRMED	ZONE NUMBER	ANNUNCIATION INDICATION CONFIRMED	SMOKE DETECTOR SENSITIVITY	SUPERVISION CIRCUIT CONFIRMED	REMARKS
Crawlspace			Zone 3				Men's Washroom Access
Crawlspace	HT	YES	3	YES			
Crawlspace	HT	YES	3	YES			
Crawlspace	HT	YES	3	YES			
Crawlspace	HT	YES	3	YES			
Crawlspace	HT	YES	3	YES			
Crawlspace	EOL	N/A	3	YES			
Administration			Zone 2				
x Entrance	EOL	N/A	2	YES			
By Front Reception	M	YES	2	YES			Mounted too high
x Entrance	M	YES	2	YES			Mounted too high
Janitor Room	HT	YES	2	YES			
Under Stair off of Men's Washroom	HT	YES	2	YES			
General Office	S	YES	2	YES	5 flashes		
Storage Room	S	YES	2	YES	5 flashes		
x							No device
x							No device
Generator Run	AD	YES	Zone 8	YES			Supervisory alarm History check
Generator Trouble			Zone 9				Not connected

Technician: C. Kyle

Date: March 14, 2014

ANNUAL TEST AND INSPECTION REPORT

Building Name: Government of Canada

Building Address: Morden, Manitoba

LOCATION	DEVICE	ALARM OPERATION CONFIRMED	ZONE NUMBER	ANNUNCIATION INDICATION CONFIRMED	SMOKE DETECTOR SENSITIVITY	SUPERVISION CIRCUIT CONFIRMED	REMARKS
Main Floor North/Garage Bays			Zone 1				
x	S	YES	1	YES	5 flashes		
x	S	YES	1	YES	5 flashes		
x	S	YES	1	YES	5 flashes		
x	S	YES	1	YES	5 flashes		
North Area to Garage 1	M	YES	1	YES			Mounted too high
x	M	YES	1	YES			Mounted too high
Garage 1	HT	YES	1	YES			
Garage 1 Exit	M	YES	1	YES			Mounted too high
Garage 2	M	YES	1	YES			Mounted OK
Garage 2	HT	YES	1	YES			
Garage 2 Man Exit							No device
Garage 2 Storage	HT	YES	1	YES			
x	M	YES	1	YES			Mounted too high
x	HT	YES	1	YES			
Garage 2	EOL	N/A	1	YES			
Attic and Mezzanine			Zone 6				
Top of Stairs	M	YES	6	YES			Mounted too high
Top of Stairs	S	YES	6	YES	5 flashes		
Storage Area	HT	YES	6	YES			
Mech. Room	HT	YES	6	YES			
x	HT	YES	6	YES			Recommend change to smoke det.
Attic	HT	YES	6	YES			
Attic	HT	YES	6	YES			
Top of Stairs	EOL	N/A	6				

Technician: C. Kyle

Date: March 14, 2014

ANNUAL TEST AND INSPECTION REPORT

Building Name: Government of Canada

Building Address: Morden, Manitoba

LOCATION	DEVICE	ALARM OPERATION CONFIRMED	ZONE NUMBER	ANNUNCIATION INDICATION CONFIRMED	SMOKE DETECTOR SENSITIVITY	SUPERVISION CIRCUIT CONFIRMED	REMARKS
x			Zone 7				
x	EOL	N/A	7	YES			
x	S	YES	7	YES	5 flashes		
x	S	YES	7	YES	4 flashes		
x	S	YES	7	YES	5 flashes		
Duct Smoke 1	DS	YES	Zone 4	YES			
Mech. Room	EOL	N/A	4	YES			
Duct Smoke 2	DS	YES	Zone 5	YES			
Mech. Room	EOL	N/A	5	YES			
Signals							
Mech. Room	H/V	YES	NAC 1				
Attic	H/V	YES	NAC 1				
General Office	H/V	YES	NAC 1				
x	H/V	YES	NAC 1				
x	H/V	YES	NAC 1				
x	H/V	YES	NAC 1				
x	H/V	YES	NAC 1				
Attic	EOL	N/A	NAC 1				
Garage Bay 1							No signal device
Garage Bay 2							No signal device
Staff Room							No signal device
x							No signal device

Technician: C. Kyle

Date: March 14, 2014

FIRE ALARM SYSTEM ANNUAL TEST AND INSPECTION REPORT

Building Name	Building Address	Building Number	Person Contacted	Date
Government of Canada	Morris, Manitoba			November 26, 2013
System Manufacturer	Model number	Single Stage	Two Stage	
Mircom	FA-1008K	Yes		

TEST RESULTS: (Every line must have the appropriate marking in the space provided.)

1. The Fire Alarm System functioned correctly under General Alarm condition. YES X NO

2. Location of the electrically furthest manual stations with main AC power off.

1. 2nd Floor by Stairs
2. Main Floor Side Exit
3. Exit by Admin Area
4. Main Entrance

5.
6.

The Fire Alarm functioned correctly during the above test.

YES X NO

3. Each manual alarm-initiating device has been individually tested.
Number of devices 4

YES X NO

4. Each automatic alarm-initiating device has been tested.
Number of devices 26

YES X NO

5. Each audible and visual signalling device has been tested.
Number of devices 5

YES X NO

6. Correct annunciation has been confirmed for each device tested.

YES X NO

SUMMARY

1. The Fire Alarm System is now fully functional.

YES X NO

2. The Fire Alarm System has minor deficiencies noted on report.

YES NO X

3. The Fire Alarm System has major deficiencies noted on report.

YES NO X

4. A copy of this report has been given to the owner or owner's representative.

YES X NO

THIS IS TO CERTIFY THAT THE FIRE ALARM SYSTEM HAS BEEN TESTED IN ACCORDANCE WITH SECTION 5, PERIODIC INSPECTIONS AND TESTS, OF CAN/ULC-S536-M04 AND THESE RECORDS DOCUMENT THE RESULTS OF TESTING PERFORMED.



SIGNATURE OF TECHNICIAN:

FIRE PROTECTION PLUS PH. 204-888-1922

ANNUAL TEST AND INSPECTION REPORT

Building Name: Government of Canada

Building Address: Morris, Manitoba

LOCATION	DEVICE	ALARM OPERATION CONFIRMED	ZONE NUMBER	ANNUNCIATION INDICATION CONFIRMED	SMOKE DETECTOR SENSITIVITY	SUPERVISION CIRCUIT CONFIRMED	REMARKS
<i>Main Floor</i>			<i>Zone 1</i>				
<i>Main Entrance</i>	<i>M</i>	<i>YES</i>	<i>1</i>	<i>YES</i>			
<i>x</i>	<i>S</i>	<i>YES</i>	<i>1</i>	<i>YES</i>	<i>1.29</i>		
<i>Office</i>	<i>S</i>	<i>YES</i>	<i>1</i>	<i>YES</i>	<i>1.26</i>		
<i>General Office Area</i>	<i>S</i>	<i>YES</i>	<i>1</i>	<i>YES</i>	<i>2.4</i>		<i>Replaced</i>
<i>Office Storage</i>	<i>RHT</i>	<i>YES</i>	<i>1</i>	<i>YES</i>			
<i>x</i>	<i>S</i>	<i>YES</i>	<i>1</i>	<i>YES</i>	<i>1.48</i>		
<i>x</i>	<i>M</i>	<i>YES</i>	<i>1</i>	<i>YES</i>			
<i>Janitor Room</i>	<i>RHT</i>	<i>YES</i>	<i>1</i>	<i>YES</i>			
<i>x</i>	<i>S</i>	<i>YES</i>	<i>1</i>	<i>YES</i>	<i>1.51</i>		
<i>x</i>	<i>S</i>	<i>YES</i>	<i>1</i>	<i>YES</i>	<i>1.25</i>		
<i>x</i>	<i>S</i>	<i>YES</i>	<i>1</i>	<i>YES</i>	<i>1.45</i>		
<i>General Office Area #2 (rear)</i>	<i>S</i>	<i>YES</i>	<i>1</i>	<i>YES</i>	<i>1.25</i>		
<i>General Office Area #2 (front)</i>	<i>S</i>	<i>YES</i>	<i>1</i>	<i>YES</i>	<i>1.17</i>		
<i>x</i>	<i>RHT</i>	<i>YES</i>	<i>1</i>	<i>YES</i>			
<i>Main Floor Rear Exit</i>	<i>M</i>	<i>YES</i>	<i>1</i>	<i>YES</i>			
<i>Main Entrance Foyer</i>	<i>EOL</i>	<i>N/A</i>	<i>1</i>	<i>YES</i>			
<i>2ND Floor</i>			<i>Zone 2</i>				
<i>By Stairs</i>	<i>M</i>	<i>YES</i>	<i>2</i>	<i>YES</i>			
<i>Kitchen</i>	<i>RHT</i>	<i>YES</i>	<i>2</i>	<i>YES</i>			
<i>x</i>	<i>S</i>	<i>YES</i>	<i>2</i>	<i>YES</i>	<i>1.88</i>		
<i>By Stair</i>	<i>EOL</i>	<i>N/A</i>	<i>2</i>	<i>YES</i>			

Technician: C. Kyle

Date: November 26, 2013

ANNUAL TEST AND INSPECTION REPORT

Building Name: Government of Canada

Building Address: Morris, Manitoba

LOCATION	DEVICE	ALARM OPERATION CONFIRMED	ZONE NUMBER	ANNUNCIATION INDICATION CONFIRMED	SMOKE DETECTOR SENSITIVITY	SUPERVISION CIRCUIT CONFIRMED	REMARKS
Basement			Zone 3				
Mech. Area	RHT	YES	3	YES			
Storage Room	RHT	YES	3	YES			
x	S	YES	3	YES	1.11		
x	S	YES	3	YES	1.12		
Mech. Area	EOL	N/A	3	YES			
Crawlspace			Zone 4				
Crawlspace (1400A)	S	YES	4	YES	1.49		
Crawlspace	RHTmp	YES	4	YES			
Crawlspace	EOL	N/A	4	YES			
Top of Basement Stairs	S	YES	Zone 5	YES	1.29		
By Stair	EOL	N/A	5	YES			
Top of 2 nd Floor Stair	S	YES	Zone 6	YES	2.6		
By Stair	EOL	N/A	6	YES			

Technician: C. Kyle

Date: November 26, 2013

ANNUAL TEST AND INSPECTION REPORT

Building Name: Government of Canada

Building Address: Morris, Manitoba

LOCATION	DEVICE	ALARM OPERATION CONFIRMED	ZONE NUMBER	ANNUNCIATION INDICATION CONFIRMED	SMOKE DETECTOR SENSITIVITY	SUPERVISION CIRCUIT CONFIRMED	REMARKS
x	S	YES	Zone 7	YES	1.34		
x	EOL	N/A	7	YES			
x	S	YES	Zone 8	YES	1.21		
x	EOL	N/A	8	YES			
East Side Furnace Duct Smoke			Zone 9				
Basement Mech. Area	DS	YES	9	YES	2.6		.070" H2O
Basement Mech. Area	EOL	N/A	9	YES			In device
West Side Furnace Duct Smoke			Zone 10				
Storage Room	DS	YES	10	YES	2.6		.10" H2O
Storage Room	EOL	N/A	10	YES			In device
Signals							
2 nd Floor	H	YES	NAC1	YES			
General Office Area #1	H	YES	NAC1	YES			
General Office Area #2	H	YES	NAC1	YES			
Basement	H	YES	NAC1	YES			
Crawlspace	H	YES	NAC1	YES			
Mech. Area	EOL	N/A	NAC 1	YES			

Technician: C. Kyle

Date: November 26, 2013

FIRE PROTECTION PLUS

ANNUAL EMERGENCY LIGHTING TEST AND INSPECTION REPORT

BUILDING NAME: Government of Canada

BUILDING ADDRESS: Oakbank, Manitoba

LOCATION	DEVICE	MAKE	MODEL #	VOLTAGE	WATTAGE	NUMBER OF HEADS	OPERATION	REMARKS
Janitor Room	BU	Dual-Lite	C12AS160-BCI	12	160	0	YES	2011 Panel A #41
By Janitor Room	RL					1	YES	
By Men's Washroom	EXIT					1	YES	Replaced 2 LED lamps
x	EXIT					1	YES	
General Office Area	RL					2	YES	
By Front Entrance	EXIT					1	YES	Replaced 2 LED lamps
x	RL					1	YES	
Mezzanine	BU	Dual-Lite	C12AS160-BCI	12	160	2	YES	2008 Panel A #41
x	RL					2	YES	
x	RL					1	YES	
x	EXIT					1	YES	
To Garage	RL					1	YES	
To Garage	EXIT					1	YES	
Garage	RL					1	YES	
Garage	EXIT					1	YES	
Mezzanine	BU	Dual-Lite	C12AS160-BCI	12	160	0	YES	April 2011 Panel A #41
Mezzanine	RL					2	YES	
Mezzanine to Mech.	EXIT					1	YES	
Mezzanine to Stairs	EXIT					1	YES	
Stair	RL					1	YES	

TECHNICIAN: C. Kyle

DATE: March 10, 2014

FIRE ALARM SYSTEM ANNUAL TEST AND INSPECTION REPORT

Building Name	Building Address	Building Number	Person Contacted	Date
Government of Canada	Oakbank, Manitoba			March 10, 2014
System Manufacturer	Model number	Single Stage	Two Stage	
Fireshield	FSP1004/FSP302	YES		

TEST RESULTS: (Every line must have the appropriate marking in the space provided.)

1. The Fire Alarm System functioned correctly under General Alarm condition. YES X NO

2. Location of the electrically furthest manual stations with main AC power off.
 1. By Admin
 2. by Entrance
 3. by Men's Washroom
 4. by Front Entrance
 5. Garage 1
 6. _____

The Fire Alarm functioned correctly during the above test. YES X NO

3. Each manual alarm-initiating device has been individually tested. YES X NO
 Number of devices 6

4. Each automatic alarm-initiating device has been tested. YES X NO
 Number of devices 26

5. Each audible and visual signalling device has been tested. YES X NO
 Number of devices 6

6. Correct annunciation has been confirmed for each device tested. YES X NO

SUMMARY

1. The Fire Alarm System is now fully functional. YES X NO

2. The Fire Alarm System has minor deficiencies noted on report. YES NO X

3. The Fire Alarm System has major deficiencies noted on report. YES NO X

4. A copy of this report has been given to the owner or owner's representative. YES X NO

THIS IS TO CERTIFY THAT THE FIRE ALARM SYSTEM HAS BEEN TESTED IN ACCORDANCE WITH SECTION 5, PERIODIC INSPECTIONS AND TESTS, OF CAN/ULC-S536-M04 AND THESE RECORDS DOCUMENT THE RESULTS OF TESTING PERFORMED.



SIGNATURE OF TECHNICIAN:

FIRE PROTECTION PLUS PH. 204-888-1922

ANNUAL TEST AND INSPECTION REPORT

Building Name: Government of Canada

Building Address: Oakbank, Manitoba

LOCATION	DEVICE	ALARM OPERATION CONFIRMED	ZONE NUMBER	ANNUNCIATION INDICATION CONFIRMED	SUMOKE DETECTOR SENSITIVITY	SUPERVISION CIRCUIT CONFIRMED	REMARKS
Crawlspace			Zone 1				Janitor Room Access
Crawlspace	RHT	YES	1	YES			
Crawlspace	RHT	YES	1	YES			
Crawlspace	RHT	YES	1	YES			
Crawlspace	RHT	YES	1	YES			
Crawlspace	RHT	YES	1	YES			
Crawlspace	RHT	YES	1	YES			
Crawlspace	EOL	N/A	1	YES			
Administration			Zone 2				
By Front Entrance	M	YES	2	YES			
x	RHT	YES	2	YES			
Janitor Room	HT	YES	2	YES			
Under Stairs, Men's Washroom	RHT	YES	2	YES			
By Men's Washroom	M	YES	2	YES			
x	M	YES	2	YES			
General Office Area	S	YES	2	YES	1.40		
x	S	YES	2	YES	1.64		
x	RHT	YES	2	YES			
x	EOL	N/A	2	YES			

Technician: C. Kyle

Date: March 10, 2014

ANNUAL TEST AND INSPECTION REPORT

Building Name: Government of Canada Building

Address: Oakbank, Manitoba

LOCATION	DEVICE	ALARM OPERATION CONFIRMED	ZONE NUMBER	ANNUNCIATION INDICATION CONFIRMED	SMOKE DETECTOR SENSITIVITY	SUPERVISION CIRCUIT CONFIRMED	REMARKS
x			Zone 3				
x	M	YES	3	YES			
x	S	YES	3	YES	1.09		
Near Garage Entrance	S	YES	3	YES	1.65		
x	S	YES	3	YES	1.80		
x	S	YES	3	YES	1.73		
x	S	YES	3	YES	1.60		
Garage 1	HT	YES	3	YES			
Garage 1	M	YES	3	YES			
Garage 2	HT	YES	3	YES			
Garage 2 Storage	HT	YES	3	YES			
Garage 2	M	YES	3	YES			
Garage 2	EOL	N/A	3	YES			
Attic			Zone 4				
Top of Stairs	S	YES	4	YES	1.51		
Top of Stairs	M	YES	4	YES			
Storage	HT	YES	4	YES			
Mezzanine Mech. Room	HT	YES	4	YES			
Mezzanine Storage	HT	YES	4	YES			
Attic	HT	YES	4	YES			
Attic	HT	YES	4	YES			
Top of Stairs	EOL	N/A	4				

Technician: C. Kyle

Date: March 10, 2014

ANNUAL TEST AND INSPECTION REPORT

Building Name: Government of Canada Building

Address: Oakbank, Manitoba

LOCATION	DEVICE	ALARM OPERATION CONFIRMED	ZONE NUMBER	ANNUNCIATION INDICATION CONFIRMED	SMOKE DETECTOR SENSITIVITY	SUPERVISION CIRCUIT CONFIRMED	REMARKS
Return Air I	DS	YES	Zone 5	YES			RL OK
Mech. Room	EOL	N/A	5	YES			
Supply Air II	DS	YES	Zone 6	YES			RL OK
Mech. room	EOL	N/A	6	YES			
Supply Air I	DS	YES	Zone 7	YES			RL OK
Mech. Room	EOL	N/A	7	YES			
x	FSP302		Zone 8				
x	S	YES	Cell Alarm 1	YES	1.69		RL OK
x	S	YES	Cell Alarm 1	YES			
x	S	YES	Cell Alarm 1	YES			
x	S	YES	Cell Alarm 1	YES			
SIGNALS							Replaced building system signals
Mezzanine	H	YES	NAC 1	YES			
Attic	H	YES	NAC 1	YES			
General Office	H	YES	NAC 1	YES			
x	H	YES	NAC 1	YES			
x	H	YES	NAC 1	YES			
x	H	YES	NAC 1	YES			

Technician: C. Kyle

Date: March 10, 2014

FIRE PROTECTION PLUS

ANNUAL EMERGENCY LIGHTING TEST AND INSPECTION REPORT

BUILDING NAME: Government of Canada

BUILDING ADDRESS: Oxford House, Manitoba

LOCATION	DEVICE	MAKE	MODEL #	VOLTAGE	WATTAGE	NUMBER OF HEADS	OPERATION	REMARKS
Garage 1	BU	Lumacell	I2RGL-360	12	360	2	YES	2008
Garage 1	EXIT					LED	YES	
Garage 2	EXIT					LED	YES	
x	EXIT					LED	YES	
x	EXIT					LED	YES	
Rear Exit	EXIT					LED	YES	
Main Entrance	EXIT					LED	YES	
Office to Rear Exit	EXIT					LED	YES	
Office to Main Entrance	EXIT					LED	YES	
Basement	EXIT					LED	YES	
Garage 2	BU	Lumacell	I2RG100	12	100	2	YES	2008 Panel A #15
x								
x	FL					1	YES	
x	FL					1	YES	
x	FL					1	YES	
x	FL					1	YES	
x	FL					1	YES	
x	FL					1	YES	
x	FL					1	YES	
x	FL					1	YES	
x	FL					1	YES	

TECHNICIAN: C. KYLE

DATE: January 16, 2014

ANNUAL EMERGENCY LIGHTING TEST AND INSPECTION REPORT

BUILDING NAME: Government of Canada

BUILDING ADDRESS: Oxford House, Manitoba

LOCATION	DEVICE	MAKE	MODEL #	VOLTAGE	WATTAGE	NUMBER OF HEADS	OPERATION	REMARKS
<i>Main Floor</i>								
<i>x</i>	<i>FL</i>					<i>1</i>	<i>YES</i>	
<i>Office by Lunch Room</i>	<i>FL</i>					<i>1</i>	<i>YES</i>	
<i>Office Centre</i>	<i>FL</i>					<i>1</i>	<i>YES</i>	
<i>Office Rear</i>	<i>FL</i>					<i>1</i>	<i>YES</i>	
<i>Rear Exit</i>	<i>FL</i>					<i>1</i>	<i>YES</i>	
<i>Top of Stair</i>	<i>FL</i>					<i>1</i>	<i>YES</i>	
<i>Basement</i>								
<i>Bottom of Stair</i>	<i>FL</i>					<i>1</i>	<i>YES</i>	
<i>Storage Room</i>	<i>FL</i>					<i>1</i>	<i>YES</i>	
<i>x</i>	<i>FL</i>					<i>1</i>	<i>YES</i>	
<i>Men's Washroom</i>	<i>FL</i>					<i>1</i>	<i>YES</i>	
<i>x</i>	<i>FL</i>					<i>1</i>	<i>YES</i>	
<i>Women's Washroom</i>	<i>FL</i>					<i>1</i>	<i>YES</i>	
<i>Mech. Room (front)</i>	<i>FL</i>					<i>1</i>	<i>YES</i>	
<i>Mech. Room (rear)</i>	<i>FL</i>					<i>1</i>	<i>YES</i>	
<i>x</i>	<i>FL</i>					<i>1</i>	<i>YES</i>	
<i>Hall by Electrical Panels</i>	<i>FL</i>					<i>1</i>	<i>YES</i>	

TECHNICIAN: C. KYLE

DATE: January 16, 2014

FIRE ALARM SYSTEM ANNUAL TEST AND INSPECTION REPORT

Building Name	Building Address	Building Number	Person Contacted	Date
Government of Canada	Oxford House, Mb.			January 16, 2014
System Manufacturer	Model number	Single Stage	Two Stage	
Edwards	6616	Yes		

TEST RESULTS: (Every line must have the appropriate marking in the space provided.)

1. The Fire Alarm System functioned correctly under General Alarm condition. YES X NO

2. Location of the electrically furthest manual stations with main AC power off.
 1. Basement Stair
 2. x
 3. Area to Garage
 4. Garage
 5. Offices
 6. Main Entrance

The Fire Alarm functioned correctly during the above test. YES X NO

3. Each manual alarm-initiating device has been individually tested. YES X NO
 Number of devices 6

4. Each automatic alarm-initiating device has been tested. YES X NO
 Number of devices 42

5. Each audible and visual signalling device has been tested. YES X NO
 Number of devices 11

6. Correct annunciation has been confirmed for each device tested. YES X NO

SUMMARY

1. The Fire Alarm System is now fully functional. YES _ NO X

2. The Fire Alarm System has minor deficiencies noted on report. YES X NO

3. The Fire Alarm System has major deficiencies noted on report. YES _ NO X

4. A copy of this report has been given to the owner or owner's representative. YES X NO

THIS IS TO CERTIFY THAT THE FIRE ALARM SYSTEM HAS BEEN TESTED IN ACCORDANCE WITH SECTION 5, PERIODIC INSPECTIONS AND TESTS, OF CAN/ULC-S536-M04 AND THESE RECORDS DOCUMENT THE RESULTS OF TESTING PERFORMED.



SIGNATURE OF TECHNICIAN:

FIRE PROTECTION PLUS PH. 204-888-1922

ANNUAL TEST AND INSPECTION REPORT

Building Name: Government of Canada

Building Address: Oxford House, Manitoba

LOCATION	DEVICE	ALARM OPERATION CONFIRMED	ZONE NUMBER	ANNUNCIATION INDICATION CONFIRMED	SMOKE DETECTOR SENSITIVITY	SUPERVISION CIRCUIT CONFIRMED	REMARKS
Attic			Zone 1				Garage 2 access
Attic	RHT	YES	1	YES			
Attic	RHT	YES	1	YES			
Attic Storage Room	RHT	YES	1	YES			
Attic	EOL	N/A	1	YES			
Garage			Zone 2				
Garage 1	M	YES	2	YES			
Garage 1	HT	YES	2	YES			
Garage 1	HT	YES	2	YES			
Garage 2	M	YES	2	YES			
Garage 2	HT	YES	2	YES			
Garage 2	HT	YES	2	YES			
Garage 2	EOL	N/A	2				

Technician: C. Kyle

Date: January 16, 2014

ANNUAL TEST AND INSPECTION REPORT

Building Name: Government of Canada

Building Address: Oxford House, Manitoba

LOCATION	DEVICE	ALARM OPERATION CONFIRMED	ZONE NUMBER	ANNUNCIATION INDICATION CONFIRMED	SMOKE DETECTOR SENSITIVITY	SUPERVISION CIRCUIT CONFIRMED	REMARKS
Main Floor			Zone 3				
Rear Exit	M	YES	3	YES			
Rear Exit	S	YES	3	YES	1.12		
Janitor Room	RHT	YES	3	YES			
Washroom	S	YES	3	YES	1.46		
By Washroom	S	YES	3	YES	1.00		Recommend replacement
General Office (rear)	S	YES	3	YES	1.04		Recommend replacement
General Office (front)	S	YES	3	YES	1.29		
Office 1	RHT	YES	3	YES			
Office 2	RHT	YES	3	YES			
x	S	YES	3	YES	1.31		
Main Entrance	M	YES	3	YES			
x	S	YES	3	YES	1.68		
x	S	YES	3	YES	1.32		
Kitchen	RHT	YES	3	YES			
Stair	S	YES	3	YES			High on wall - recommend relocation
Kitchen	EOL	N/A	3	YES			

Technician: C. Kyle

Date: January 16, 2014

ANNUAL TEST AND INSPECTION REPORT

Building Name: Government of Canada

Building Address: Oxford House, Manitoba

LOCATION	DEVICE	ALARM OPERATION CONFIRMED	ZONE NUMBER	ANNUNCIATION INDICATION CONFIRMED	SMOKE DETECTOR SENSITIVITY	SUPERVISION CIRCUIT CONFIRMED	REMARKS
x			Zone 4				
x	M	YES	4	YES			
x	S	YES	4	YES	.84		Requires replacement
x	S	YES	4	YES	1.61		
x	S	YES	4	YES	1.15		
x	RHT	YES	4	YES			
x	S	YES	4	YES	1.02		Recommend replacement
x	S	YES	4	YES	.87		Requires replacement
x	S	YES	4	YES	5.10		Requires replacement
x	RHT	YES	4	YES			
x	M	YES	4	YES			
Pipechase 2 / 1	S	YES	4	YES	1.39		
Pipechase 3 / 4	S	YES	4	YES	1.39		
Pipechase 5	S	YES	4	YES	1.50		
By Cell 5	M	YES	4	YES			
Pipechase 1 / 2	EOL	N/A	4	YES			

Technician: C. Kyle

Date: January 16, 2014

ANNUAL TEST AND INSPECTION REPORT

Building Name: Government of Canada

Building Address: Oxford House, Manitoba

LOCATION	DEVICE	ALARM OPERATION CONFIRMED	ZONE NUMBER	ANNUNCIATION INDICATION CONFIRMED	SMOKE DETECTOR SENSITIVITY	SUPERVISION CIRCUIT CONFIRMED	REMARKS
Basement			Zone 5				
Bottom of Stair	M	YES	5	YES			
Hallway	S	YES	5	YES	1.32		
x	RHT	YES	5	YES			
x	RHT	YES	5	YES			
x	RHT	YES	5	YES			
x	RHT	YES	5	YES			
x	RHT	YES	5	YES			
Storage Room	RHT	YES	5	YES			
Storage Room	RHT	YES	5	YES			
Crawlspace	RHT	YES	5	YES			
Crawlspace	RHT	YES	5	YES			
Crawlspace	EOL	N/A	5	YES			
x	S	YES	Zone 6	YES	1.24		
Pipechase 5	EOL	N/A	6				
x	S	YES	Zone 7	YES	1.24		
Pipechase 3 / 4	EOL	N/A	7				
x	S	YES	Zone 8	YES	1.20		
Pipechase 3 / 4	EOL	N/A	8				
x	S	YES	Zone 9	YES	1.22		
Pipechase 1 / 2	EOL	N/A	9				
x	S	YES	Zone 10	YES	1.17		
Pipechase 1 / 2	EOL	N/A	10				

Technician: C. Kyle

Date: January 16, 2014

ANNUAL TEST AND INSPECTION REPORT

Building Name: Government of Canada

Building Address: Oxford House, Manitoba

LOCATION	DEVICE	ALARM OPERATION CONFIRMED	ZONE NUMBER	ANNUNCIATION INDICATION CONFIRMED	SMOKE DETECTOR SENSITIVITY	SUPERVISION CIRCUIT CONFIRMED	REMARKS
Signals							
Basement							
Storage Room	B10	YES	NAC 1				
Storage Room	V	YES	NAC 2				
Storage Room	EOL	N/A	NAC 2				
Mech. Room	B10	YES	NAC 1				
Mech. Room	V	YES	NAC 2				
Hallway	B10	YES	NAC 1				
x	V	YES	NAC 2				
x	V	YES	NAC 2				
Crawlspace	V	YES	NAC 2				
Main Floor							
x	B10	YES	NAC 1				
x	V	YES	NAC 2				
Garage 1	B10	YES	NAC 1				
Office Area	B10	YES	NAC 1				
Office Area	V	YES	NAC 2				
x	V	YES	NAC 2				
x	B10	YES	NAC 1				

Technician: C. Kyle

Date: January 16, 2014

FIRE PROTECTION PLUS

ANNUAL EMERGENCY LIGHTING TEST AND INSPECTION REPORT

BUILDING NAME: Government of Canada

BUILDING ADDRESS: Powerview, Manitoba

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LOCATION	DEVICE	MAKE	MODEL #	VOLTAGE	WATTAGE	NUMBER OF HEADS	OPERATION	REMARKS
Main Entrance Foyer	BU	Beghelli	NV12-36-2-AT	12	36	2	YES	Panel A #21 replaced battery
Waiting Area	BU	Beghelli	NV12-36-2-AT	12	36	2	YES	Panel A #21
Waiting Area Exit	BU/EXIT	Beghelli	SLE6-36-2	6	36	2/LED	YES	Panel A #21 2012
By Reception	BU/EXIT	Beghelli	SLE6-36-2	6	36	2/LED	YES	
Staff Room	BU	Beghelli	NV12-36-2-AT	12	36	2	YES	Panel A #21 replaced battery
By Staff Room	RL					2	YES	
Front Office	BU	Beghelli	NV12-36-2-AT	12	36	2	YES	Panel A #15
Rear Office	BU	Beghelli	NV12-36-2-AT	12	36	2	YES	Panel A #15
Rear Office Exit	BU/EXIT	Beghelli	SLE6-36-2	6	36	2/LED	YES	Panel A #21
x	BU	Beghelli	NV12-36-2-AT	12	36	2	YES	Panel A #14
x	BU/EXIT	Beghelli	SLE6-36-2	6	36	2/LED	YES	Panel A #14
x	BU	Beghelli	NV12-360-2-AT	12	360	2	YES	
x	RL					2	YES	
x	RL					2	YES	
x	BU/EXIT	Beghelli	SLE6-36-2	6	36	2/LED	YES	
x	BU/EXIT	Beghelli	SLE6-36-2	6	36	2/LED	YES	

TECHNICIAN: C. KYLE

DATE: November 20, 2013

ANNUAL EMERGENCY LIGHTING TEST AND INSPECTION REPORT

BUILDING NAME: Government of Canada

BUILDING ADDRESS: Powerview, Manitoba

LOCATION	DEVICE	MAKE	MODEL #	VOLTAGE	WATTAGE	NUMBER OF HEADS	OPERATION	REMARKS
By New Crawlspace	BU/EXIT	Beghelli	SLE6-36-2	6	36	2/LED	YES	Panel A #14
New Crawlspace	BU	Beghelli	NV12-36-2-AT	12	36	2	YES	Panel F #27 replaced battery
Basement Mech. Room	BU	AimLite	EDT12-100	12	100	2	YES	2012
x	RL					2	YES	
x	BU/EXIT	Beghelli	SLE6-36-2	6	36	2/LED	YES	
Basement Corridor	BU/EXIT	Beghelli	SLE6-36-2	6	36	2/LED	YES	
x	BU	Beghelli	NV12-360-2-AT	12	360	2	YES	
x	RL					2	YES	
x	BU/EXIT	Beghelli	SLE6-36-2	6	36	2/LED	YES	
x	BU	Beghelli	NV12-36-2-AT	12	36	2	YES	
x	BU	Beghelli	NV12-250-1	12	250	1	YES	F 25
Old Crawlspace	BU	Beghelli	NV12-36-2-AT	12	36	2	YES	

TECHNICIAN: C. KYLE

DATE: November 20, 2013

FIRE ALARM SYSTEM ANNUAL TEST AND INSPECTION REPORT

Building Name	Building Address	Building Number	Person Contacted	Date
Government of Canada	Powerview, Manitoba			November 20, 2013
System Manufacturer	Model number	Single Stage	Two Stage	
Simplex	4008	Yes		

TEST RESULTS: (Every line must have the appropriate marking in the space provided.)

1. The Fire Alarm System functioned correctly under General Alarm condition. YES X NO

2. Location of the electrically furthest manual stations with main AC power off.
 1. General Office rear exit
 2. x
 3. x
 4. Main Entrance
 - 5.
 - 6.

The Fire Alarm functioned correctly during the above test. YES X NO

3. Each manual alarm-initiating device has been individually tested. YES X NO
 Number of devices 4

4. Each automatic alarm-initiating device has been tested. YES X NO
 Number of devices 50

5. Each audible and visual signalling device has been tested. YES X NO
 Number of devices 7

6. Correct annunciation has been confirmed for each device tested. YES X NO

SUMMARY

1. The Fire Alarm System is now fully functional. YES X NO

2. The Fire Alarm System has minor deficiencies noted on report. YES NO X

3. The Fire Alarm System has major deficiencies noted on report. YES NO X

4. A copy of this report has been given to the owner or owner's representative. YES X NO

THIS IS TO CERTIFY THAT THE FIRE ALARM SYSTEM HAS BEEN TESTED IN ACCORDANCE WITH SECTION 5, PERIODIC INSPECTIONS AND TESTS, OF CAN/ULC-S536-M04 AND THESE RECORDS DOCUMENT THE RESULTS OF TESTING PERFORMED.



SIGNATURE OF TECHNICIAN:

FIRE PROTECTION PLUS PH. 204-888-1922

ANNUAL TEST AND INSPECTION REPORT

Building Name: Government of Canada

Building Address: 265 Main St., Powerview,

Manitoba

LOCATION	DEVICE	ALARM OPERATION CONFIRMED	DEVICE ADDRESS CONFIRMED	ANNUNCIATION INDICATION CONFIRMED	SMOKE DETECTOR SENSITIVITY	REMARKS
Cx			Zone 1			
Janitor Room	S	YES	M20	YES	3.5	
x	S	YES	M21	YES	3.5	
x	S	YES	M22	YES	3.5	
x	S	YES	M24	YES	3.5	
x	M	YES	M25	YES		
x	S	YES	M32	YES	3.5	Remote indication OK
x	S	YES	M31	YES	3.5	Remote indication OK
x	S	YES	M29	YES	3.5	Remote indication OK
x	S	YES	M26	YES	3.5	Remote indication OK
x	S	YES	M28	YES	3.5	
x	S	YES	M33	YES	3.5	
x	S	YES	M34	YES	3.5	
x	S	YES	M35	YES	3.5	Remote indication OK
x	S	YES	M37	YES	3.5	
x	S	YES	M38	YES	3.5	
Mech. Room	HT	YES	M36	YES	3.5	
x	HT	YES	M38	YES		
x	M	YES	M40	YES		

Technician: C. Kyle

Date: November 21, 2013

ANNUAL TEST AND INSPECTION REPORT

Building Name: Government of Canada

Building Address: 265 Main St., Powerview,

Manitoba						
LOCATION	DEVICE	ALARM OPERATION CONFIRMED	DEVICE ADDRESS CONFIRMED	ANNUNCIATION INDICATION CONFIRMED	SMOKE DETECTOR SENSITIVITY	REMARKS
South Common Area			Zone 2			
Main Entrance	M	YES	M1	YES		
Public Washroom	S	YES	M2	YES	3.5	
By Reception	S	YES	M3	YES	3.5	
x	S	YES	M4	YES	3.5	
x	S	YES	M5	YES	3.5	
Storage 109	S	YES	M6	YES	3.5	
x	S	YES	M8	YES	3.5	
Janitor Room 108	HT	YES	M9	YES		
x	S	YES	M10	YES	3.5	
Female Washroom	S	YES	M11	YES	3.5	
Male Washroom	S	YES	M12	YES	3.5	
Office Hallway	S	YES	M13	YES	3.5	
General Office Area	S	YES	M14	YES	3.5	
Janitor Room 115 (Men's Wash	HT	YES	M15	YES		
General Office Area Exit	M	YES	M16	YES		
x	S	YES	M23	YES	3.5	
Garage Bay	HT	YES	M18	YES		
x	HT	YES	M19	YES		

Technician: C. Kyle

Date: November 21, 2013

ANNUAL TEST AND INSPECTION REPORT

Building Name: Government of Canada

Building Address: 265 Main St., Powerview, Manitoba

LOCATION	DEVICE	ALARM OPERATION CONFIRMED	DEVICE ADDRESS CONFIRMED	ANNUNCIATION INDICATION CONFIRMED	SMOKE DETECTOR SENSITIVITY	REMARKS
<i>Basement</i>			<i>Zone 3</i>			
x	HT	YES	M51	YES		
x	HT	YES	M52	YES		
<i>Electrical Room</i>	HT	YES	M53	YES		
<i>Mech. Room</i>	HT	YES	M54	YES		
x	S	YES	M55	YES	3.5	
x	HT	YES	M57	YES		
x	S	YES	M58	YES	3.5	
<i>Crawlspace</i>			<i>Zone 4</i>			
<i>West</i>	HT	YES	M48	YES		
<i>West</i>	HT	YES	M49	YES		
<i>West</i>	HT	YES	M50	YES		
<i>South east</i>	HT	YES	M56	YES		<i>Hall Access</i>
<i>Electrical Room Duct Smokes</i>			<i>Zone 5</i>			
<i>Fan F-3 (above LAN Rm.)</i>	DS	YES	M67	YES	3.5	RL OK
<i>Fan F-2</i>	DS	YES	M68	YES	3.5	RL OK
<i>MUA-1</i>	DS	YES	M69	YES	3.5	RL OK
x			<i>Zone 6</i>			
x	S	YES	M7	YES	3.5	
x	S	YES	M27	YES	3.5	
<i>Crawlspace Duct Smokes</i>			<i>Zone 8</i>			
<i>Fan F-4</i>	DS	YES	M68	YES	3.5	RL OK

Technician: C. Kyle

Date: November 21, 2013

FIRE PROTECTION PLUS

ANNUAL EMERGENCY LIGHTING TEST AND INSPECTION REPORT

BUILDING NAME: Government of Canada

BUILDING ADDRESS: Pukatawagan, Manitoba

LOCATION	DEVICE	MAKE	MODEL #	VOLTAGE	WATTAGE	NUMBER OF HEADS	OPERATION	REMARKS
Staff Room	BU	Lumacell	RG12S-144-2	12	144	2	YES	
x	BU	Lumacell	RG12S-144-2	12	144	2	YES	2012
x	BU	Lumacell	RG12S-144-2	12	144	2	YES	2011
x	BU	Lumacell	RG12S-144-2	12	144	2	NO	Failed - shipped new to site Panel 5A #6
Bx	BU	Lumacell	RG12S-144-2	12	144	2	NO	Failed - shipped new to site
By x	BU	Lumacell	RG12S-144-2	12	144	2	NO	Failed - shipped new to site
x	BU/EXIT	Lumacell	RG12S-72/LMC	12	72	2/LED	YES	Panel 5A #6
x	BU	Lumacell	RG12S-360-2	12	360	2	YES	Panel 9A #6 - 2012
x	RL					2	YES	
Office	RL					2	YES	
By Reception	RL					2	YES	
x	RL					2	YES	
x	RL					2	YES	
By Main Entrance	EXIT					LED	YES	
By Reception	EXIT					LED	YES	
By Mech. Room	EXIT					LED	YES	
x	EXIT					LED	YES	
x	EXIT					LED	YES	
x	EXIT					LED	YES	

TECHNICIAN: C. KYLE

DATE: December 9, 2013

FIRE ALARM SYSTEM ANNUAL TEST AND INSPECTION REPORT

Building Name	Building Address	Building Number	Person Contacted	Date
Government of Canada	Pukatwagan			December 9, 2013
System Manufacturer	Model number	Single Stage	Two Stage	
Simplex	4010	Yes		

TEST RESULTS: (Every line must have the appropriate marking in the space provided.)

1. The Fire Alarm System functioned correctly under General Alarm condition. YES X NO

2. Location of the electrically furthest manual stations with main AC power off.
 1. Garage
 2. by Admin
 3. by West Exit
 4. by Main Entrance
 - 5.
 - 6.

The Fire Alarm functioned correctly during the above test. YES X NO

3. Each manual alarm-initiating device has been individually tested. YES X NO
 Number of devices 4

4. Each automatic alarm-initiating device has been tested. YES X NO
 Number of devices 35

5. Each audible and visual signalling device has been tested. YES X NO
 Number of devices 5

6. Correct annunciation has been confirmed for each device tested. YES X NO

SUMMARY

1. The Fire Alarm System is now fully functional. YES X NO

2. The Fire Alarm System has minor deficiencies noted on report. YES NO X

3. The Fire Alarm System has major deficiencies noted on report. YES NO X

4. A copy of this report has been given to the owner or owner's representative. YES X NO

THIS IS TO CERTIFY THAT THE FIRE ALARM SYSTEM HAS BEEN TESTED IN ACCORDANCE WITH SECTION 5, PERIODIC INSPECTIONS AND TESTS, OF CAN/ULC-S536-M04 AND THESE RECORDS DOCUMENT THE RESULTS OF TESTING PERFORMED.



SIGNATURE OF TECHNICIAN:

FIRE PROTECTION PLUS PH. 204-888-1922

ANNUAL TEST AND INSPECTION REPORT

Building Name: Government of Canada

Building Address: Pukatawagan, Manitoba

LOCATION	DEVICE	ALARM OPERATION CONFIRMED	DEVICE ADDRESS CONFIRMED	ANNUNCIATION INDICATION CONFIRMED	SMOKE DETECTOR SENSITIVITY	REMARKS
x						
x	M	YES	M1-7	YES		
x	M	YES	M1-17	YES		
x	RHT	YES	M1-8	YES		
x	S	YES	M1-12	YES	2.5	Replaced device in trouble on arrival 80/148
x	S	YES	M1-11	YES	2.5	103/171
x	S	YES	M1-13	YES	2.5	98/166
x	RHT	YES	M1-18	YES		
x	S	YES	M1-19	YES	2.5	98/166
x	S	YES	M1-20	YES	2.5	64/172
x	RHT	YES	M1-21	YES		
x	S	YES	M1-22	YES	2.5	87/155
x	RHT	YES	M1-23	YES		
xx Offender (Cell 1)	S	YES	M1-27	YES	2.5	71/139 RL OK
x	S	YES	M1-28	YES	2.5	80/148 RL OK
x	S	YES	M1-29	YES	2.5	76/144 RL OK
x	S	YES	M1-31	YES	2.5	94/162 RL OK
x	S	YES	M1-32	YES	2.5	76/144 RL OK
x	HTmp	YES	M1-30	YES		Conventional device
In device	SFD	YES	M1-30	YES		Addressable module
In device	EOL	N/A	M1-30	YES		

Technician: C. Kyle

Date: December 9, 2013

ANNUAL TEST AND INSPECTION REPORT

Building Name: Government of Canada

Building Address: Pukatawagan, Manitoba

LOCATION	DEVICE	ALARM OPERATION CONFIRMED	DEVICE ADDRESS CONFIRMED	ANNUNCIATION INDICATION CONFIRMED	SMOKE DETECTOR SENSITIVITY	REMARKS
x						
Main Entrance	M	YES	M1-2	YES		
x	M	YES	M1-37	YES		
x	S	YES	M1-33	YES	2.5	97/165
x	RHT	YES	M1-36	YES		
x	RHT	YES	M1-38	YES		
x	S	YES	M1-39	YES	2.5	94/162
x	RHT	YES	M1-40	YES		
Male Washroom	RHT	YES	M1-34	YES		
Female Washroom	RHT	YES	M1-25	YES		
Hall by Female Washroom	S	YES	M1-24	YES	2.5	112/180
x	S	YES	M1-35	YES	2.5	72/144
x	S	YES	M1-14	YES	2.5	73/141
x	S	YES	M1-15	YES	2.5	80/148
General Office	S	YES	M1-16	YES	2.5	74/142
General Office Storage	RHT	YES	M1-26	YES		
x	RHT	YES	M1-6	YES		
Reception	S	YES	M1-10	YES	2.5	75/143
Multi-Purpose Room (Staff)	S	YES	M1-5	YES	2.5	119/187
Public Washroom	S	YES	M1-4	YES	2.5	Isolator base 72/140
x	S	YES	M1-1	YES	2.5	Isolator base 104/172
Main Entrance	S	YES	M1-3	YES	2.5	87/155
Garage	RHT	YES	M1-9	YES		

Technician: C. Kyle

Date: December 9, 2013

FIRE PROTECTION PLUS

ANNUAL EMERGENCY LIGHTING TEST AND INSPECTION REPORT

BUILDING NAME: Government of Canada

BUILDING ADDRESS: Roblin, Manitoba

LOCATION	DEVICE	MAKE	MODEL #	VOLTAGE	WATTAGE	NUMBER OF HEADS	OPERATION	REMARKS
x	BU	Dual-Lite	C12ASI60-BCI	12	160	1	YES	2009
General Office Area	RL					2	YES	
x	RL					2	YES	
x	EXIT					1	YES	Replaced AC LED lamps
x	EXIT					1	YES	Replaced AC LED lamps
By Front Entrance	EXIT					1	YES	Replaced AC LED lamps
By File Room	BU	Lumacell	RG72	6	72	2	YES	2011
By File Room	EXIT					1	YES	Replaced AC LED lamps
By Basement Stairs	EXIT					1	YES	Replaced AC LED lamps
Front Entrance	EXIT					1	YES	Replaced AC LED lamps
Basement	BU	Lumacell	RG36	6	36	2	YES	2012
2 nd Floor	BU	Lumacell	RG36	6	36	2	YES	2012

TECHNICIAN: C. Kyle

DATE: November 13, 2013

FIRE ALARM SYSTEM ANNUAL TEST AND INSPECTION REPORT

Building Name	Building Address	Building Number	Person Contacted	Date
Government of Canada	Roblin			November 13, 2013
System Manufacturer	Model number	Single Stage	Two Stage	
Mircom	FA-101A	YES		

TEST RESULTS: (Every line must have the appropriate marking in the space provided.)

1. The Fire Alarm System functioned correctly under General Alarm condition. YES X NO

2. Location of the electrically furthest manual stations with main AC power off.
 1. Front Entrance
 2. Rear Exit
 3. Admin
 - 4.
 - 5.
 - 6.

The Fire Alarm functioned correctly during the above test. YES X NO

3. Each manual alarm-initiating device has been individually tested. YES X NO
 Number of devices 3

4. Each automatic alarm-initiating device has been tested. YES X NO
 Number of devices 9

5. Each audible and visual signalling device has been tested. YES X NO
 Number of devices 1

6. Correct annunciation has been confirmed for each device tested. YES X NO

SUMMARY

1. The Fire Alarm System is now fully functional. YES X NO

2. The Fire Alarm System has minor deficiencies noted on report. YES NO X

3. The Fire Alarm System has major deficiencies noted on report. YES NO X

4. A copy of this report has been given to the owner or owner's representative. YES X NO

THIS IS TO CERTIFY THAT THE FIRE ALARM SYSTEM HAS BEEN TESTED IN ACCORDANCE WITH SECTION 5, PERIODIC INSPECTIONS AND TESTS, OF CAN/ULC-S536-M04 AND THESE RECORDS DOCUMENT THE RESULTS OF TESTING PERFORMED.



SIGNATURE OF TECHNICIAN:

FIRE PROTECTION PLUS PH. 204-888-1922

ANNUAL TEST AND INSPECTION REPORT

Building Name: Government of Canada

Building Address: Roblin, Manitoba

LOCATION	DEVICE	ALARM OPERATION CONFIRMED	ZONE NUMBER	ANNUNCIATION INDICATION CONFIRMED	SMOKE DETECTOR SENSITIVITY	SUPERVISION CIRCUIT CONFIRMED	REMARKS
Basement			Zone 1				
Storage	RHT	YES	1	YES			
Basement	S	YES	1	YES	1.45		
Basement Stair	S	YES	1	YES	2.4		
Main Floor			Zone 1				
By Front Entrance	M	YES	1	YES			
By Rear Exit	M	YES	1	YES			
By FACP	S	YES	1	YES	2.4		
By x	S	YES	1	YES	1.16		
By x	S	YES	1	YES	1.24		Old guard
x	S	YES	1	YES	1.20		RL OK
x	S	YES	1	YES	1.17		RL OK
By x	M	YES	1	YES			
x	S	YES	1	YES	2.4		
x	S	YES	1	YES	2.6		
Top of 2 nd Floor Stair	S	YES	1	YES	2.4		
By FACP	EOL	N/A	1	YES			
x	S	YES	1	YES	2.4		
x	S	YES	1	YES	2.4		
Signals							
By FACP	B10	YES	NAC 1				
By FACP	EOL	N/A	NAC 1				

Technician: C. Kyle

Date: November 13, 2013

FIRE ALARM SYSTEM ANNUAL TEST AND INSPECTION REPORT

Building Name	Building Address	Building Number	Person Contacted	Date
Government of Canada	Rosburn			March 17, 2014
System Manufacturer	Model number	Single Stage	Two Stage	
Mircom	FA-204E	Yes		

TEST RESULTS: (Every line must have the appropriate marking in the space provided.)

- 1. The Fire Alarm System functioned correctly under General Alarm condition. YES X NO

- 2. Location of the electrically furthest manual stations with main AC power off.
 - 1. Front Entrance
 - 2. Admin Area
 - 3. Residence Front Entrance
 - 4. Residence Rear Exit
 - 5.
 - 6.

The Fire Alarm functioned correctly during the above test. YES X NO

- 3. Each manual alarm-initiating device has been individually tested. YES X NO
 Number of devices 4

- 4. Each automatic alarm-initiating device has been tested. YES X NO
 Number of devices 10

- 5. Each audible and visual signalling device has been tested. YES X NO
 Number of devices 4

- 6. Correct annunciation has been confirmed for each device tested. YES X NO

SUMMARY

- 1. The Fire Alarm System is now fully functional. YES X NO

- 2. The Fire Alarm System has minor deficiencies noted on report. YES X NO

- 3. The Fire Alarm System has major deficiencies noted on report. YES NO X

- 4. A copy of this report has been given to the owner or owner's representative. YES X NO

THIS IS TO CERTIFY THAT THE FIRE ALARM SYSTEM HAS BEEN TESTED IN ACCORDANCE WITH SECTION 5, PERIODIC INSPECTIONS AND TESTS, OF CAN/ULC-S536-M04 AND THESE RECORDS DOCUMENT THE RESULTS OF TESTING PERFORMED.



SIGNATURE OF TECHNICIAN:

FIRE PROTECTION PLUS PH. 204-888-1922

ANNUAL TEST AND INSPECTION REPORT

Building Name: Government of Canada

Building Address: Rossburn, Manitoba

LOCATION	DEVICE	ALARM OPERATION CONFIRMED	ZONE NUMBER	ANNUNCIATION INDICATION CONFIRMED	SMOKE DETECTOR SENSITIVITY	SUPERVISION CIRCUIT CONFIRMED	REMARKS
Office Area			Zone 2				
Storage Room	S	YES	2	YES	1.73		
x	S		2				No access
Janitor Room	RHT	YES	2	YES			
Front Entrance	M	YES	2	YES			
Residence			Zone 1				
Front Entrance	M	YES	1	YES			
Rear Exit	M	YES	1	YES			
Basement	RHT	YES	1	YES			
Basement	RHT	YES	1	YES			
Rear Exit	EOL	N/A	1				
x			Zone 3				
x	M	YES	3	YES			
x	HT	YES	3	YES			
x	S	YES	3	YES	1.74		RL OK
x	S	YES	3	YES	1.71		RL OK
x	S	YES	3	YES	1.62		RL OK
x	M	YES	3	YES			
x	S	YES	3	YES	1.49		
x	EOL	N/A	3	YES			
Signals							
Residence	EOL	N/A	NAC 1	YES			
Residence (main Floor)	B6	YES	NAC 1	YES			
Residence (2 nd Floor)	B6	YES	NAC 1	YES			
x	B6	YES	NAC 1	YES			
x	B6	YES	NAC 1	YES			

Technician: C. Kyle

Date: March 17, 2014

FIRE PROTECTION PLUS

ANNUAL EMERGENCY LIGHTING TEST AND INSPECTION REPORT

BUILDING NAME: Government of Canada

BUILDING ADDRESS: Russell, Manitoba

LOCATION	DEVICE	MAKE	MODEL #	VOLTAGE	WATTAGE	NUMBER OF HEADS	OPERATION	REMARKS
Janitor Room	BU	Beghelli	NV12-350	12	350	0	YES	Replaced battery
By Janitor Room	RL					2	YES	
Exit	EXIT					2	YES	Replaced 2 LED lamps
Men's Washroom	RL					1	YES	
Women's Washroom	RL					1	YES	
Lunch Room	RL					1	YES	
Front Lobby	RL					2	YES	
General Office	RL					2	YES	
x	RL					2	YES	
By Front Reception	EXIT					2	YES	Replaced 2 LED lamps
x	RL					1	YES	
Janitor Room	BU	Lumacell	RG12S200-2	12	160	2	YES	2012
x	RL					1	YES	
x Area	RL					1	YES	
x	RL					1	YES	
x	RL					1	YES	
x	RL					1	YES	
x	RL					1	YES	
x	RL					2	YES	
x Area to Garage	EXIT					2	YES	Replaced 2 LED lamps
x	EXIT					2	YES	
x I	EXIT					2	YES	
x	RL					1	YES	

TECHNICIAN: C. Kyle

DATE: March 18, 2014

FIRE ALARM SYSTEM ANNUAL TEST AND INSPECTION REPORT

Building Name	Building Address	Building Number	Person Contacted	Date
Government of Canada	Russell, Manitoba			March 18, 2014
System Manufacturer	Model number	Single Stage	Two Stage	
Mircom	FA-204E	Yes		

TEST RESULTS: (Every line must have the appropriate marking in the space provided.)

1. The Fire Alarm System functioned correctly under General Alarm condition. YES X NO

2. Location of the electrically furthest manual stations with main AC power off.
 1. Garage 1
 2. Exit
 3. Garage
 4. Garage 2
 6. by Stairs to Basement

The Fire Alarm functioned correctly during the above test. YES X NO

3. Each manual alarm-initiating device has been individually tested. YES X NO
 Number of devices 7

4. Each automatic alarm-initiating device has been tested. YES X NO
 Number of devices 49

5. Each audible and visual signalling device has been tested. YES X NO
 Number of devices 6

6. Correct annunciation has been confirmed for each device tested. YES X NO

SUMMARY

1. The Fire Alarm System is now fully functional. YES X NO

2. The Fire Alarm System has minor deficiencies noted on report. YES NO X

3. The Fire Alarm System has major deficiencies noted on report. YES NO X

4. A copy of this report has been given to the owner or owner's representative. YES X NO

THIS IS TO CERTIFY THAT THE FIRE ALARM SYSTEM HAS BEEN TESTED IN ACCORDANCE WITH SECTION 5, PERIODIC INSPECTIONS AND TESTS, OF CAN/ULC-S536-M04 AND THESE RECORDS DOCUMENT THE RESULTS OF TESTING PERFORMED.



SIGNATURE OF TECHNICIAN:

FIRE PROTECTION PLUS PH. 204-888-1922

ANNUAL TEST AND INSPECTION REPORT

Building Name: Government of Canada

Building Address: Russell, Manitoba

LOCATION	DEVICE	ALARM OPERATION CONFIRMED	ZONE NUMBER	ANNUNCIATION INDICATION CONFIRMED	SMOKE DETECTOR SENSITIVITY	SUPERVISION CIRCUIT CONFIRMED	REMARKS
Administration			Zone 1				
Front Entrance	EOL	N/A	1	YES			
Front Entrance	M	YES	1	YES			
Front Lobby Area	HT	YES	1	YES			
x	S	YES	1	YES	2.6		
By Reception	S	YES	1	YES	2.4		
x	HT	YES	1	YES			
General Office	HT	YES	1	YES			
General Office	HT	YES	1	YES			
Computer Area / Reception	S	YES	1	YES	2.4		
Office 2	HT	YES	1	YES			
x	S	YES	1	YES	2.4		
Janitor Room	HT	YES	1	YES			
Lunch Room	HT	YES	1	YES			
Men's Washroom	HT	YES	1	YES			
Women's Washroom	HT	YES	1	YES			
By Washrooms	HT	YES	1	YES			
Stair	S	YES	1	YES	1.04		
By Stair	M	YES	1	YES			
By Front Reception	M	YES	1	YES			

Technician: C. Kyle

Date: March 18, 2014

ANNUAL TEST AND INSPECTION REPORT

Building Name: Government of Canada

Building Address: Russell, Manitoba

LOCATION	DEVICE	ALARM OPERATION CONFIRMED	ZONE NUMBER	ANNUNCIATION INDICATION CONFIRMED	SMOKE DETECTOR SENSITIVITY	SUPERVISION CIRCUIT CONFIRMED	REMARKS
x			Zone 2				
x	S	YES	2	YES	2.4		
x	S	YES	2	YES	2.4		
x	HT	YES	2	YES			
x	S	YES	2	YES	2.6		
x	S	YES	2	YES	2.6		
x	HT	YES	2	YES			
x	S	YES	2	YES	2.6		
x	S	YES	2	YES	2.4		
x	M	YES	2	YES			
x	M	YES	2	YES			
x	S	YES	2	YES	1.10		
x	HT	YES	2	YES			
x	HT	YES	2	YES			
x	HT	YES	2	YES			
x	HT	YES	2	YES			
x	M	YES	2	YES			
x	M	YES	2	YES			

Technician: C. Kyle

Date: March 18, 2014

ANNUAL TEST AND INSPECTION REPORT

Building Name: Government of Canada

Building Address: Russell, Manitoba

LOCATION	DEVICE	ALARM OPERATION CONFIRMED	ZONE NUMBER	ANNUNCIATION INDICATION CONFIRMED	SMOKE DETECTOR SENSITIVITY	SUPERVISION CIRCUIT CONFIRMED	REMARKS
Basement			Zone 5				
By Mech. Room	M	YES	5	YES			
Mech. Room	HT	YES	5	YES			
Mech. Room	HT	YES	5	YES			
Mech. Room	HT	YES	5	YES			
Mech. Room	HT	YES	5	YES			
x	HT	YES	5	YES			
x	HT	YES	5	YES			
x	HT	YES	5	YES			
x	HT	YES	5	YES			
x	EOL	N/A	5	YES			
Crawlspace			Zone 6				
Crawlspace	HT	YES	6	YES			
Crawlspace	HT	YES	6	YES			
Crawlspace	HT	YES	6	YES			
Crawlspace	EOL	N/A	6	YES			
Garage 2			Zone 7				
Garage 2	M	YES	7	YES			
Garage 2	HT	YES	7	YES			
Garage 2 Storage	HT	YES	7	YES			
Garage 2	EOL	N/A	7	YES			

Technician: C. Kyle

Date: March 18, 2014

FIRE ALARM SYSTEM ANNUAL TEST AND INSPECTION REPORT

Building Name	Building Address	Building Number	Person Contacted	Date
Government of Canada	1019 Manitoba Ave., Selkirk, Mb.			November 20, 2013
System Manufacturer	Model number	Single Stage	Two Stage	
Edwards	EST-2		Yes	

TEST RESULTS: (Every line must have the appropriate marking in the space provided.)

1. The Fire Alarm System functioned correctly under General Alarm condition. YES X NO
2. Location of the electrically furthest manual stations with main AC power off.
 1. by Admin
 2. Garage
 3. by Main Entrance
 4. Garage Exit
 5. by Staff Entrance
 6. 2nd Floor by Elevator
 The Fire Alarm functioned correctly during the above test. YES X NO
3. Each manual alarm-initiating device has been individually tested. YES X NO
 Number of devices 8
4. Each automatic alarm-initiating device has been tested. YES X NO
 Number of devices 43
5. Each audible and visual signalling device has been tested. YES X NO
 Number of devices 30
6. Correct annunciation has been confirmed for each device tested. YES X NO

SUMMARY

1. The Fire Alarm System is now fully functional. YES X NO
2. The Fire Alarm System has minor deficiencies noted on report. YES NO X
3. The Fire Alarm System has major deficiencies noted on report. YES NO X
4. A copy of this report has been given to the owner or owner's representative. YES X NO

THIS IS TO CERTIFY THAT THE FIRE ALARM SYSTEM HAS BEEN TESTED IN ACCORDANCE WITH SECTION 5, PERIODIC INSPECTIONS AND TESTS, OF CAN/ULC-S536-M04 AND THESE RECORDS DOCUMENT THE RESULTS OF TESTING PERFORMED.



SIGNATURE OF TECHNICIAN:

FIRE PROTECTION PLUS PH. 204-888-1922

ANNUAL TEST AND INSPECTION REPORT

Building Name: Government of Canada

Building Address: 1019 Manitoba Ave., Selkirk, Manitoba

LOCATION	DEVICE	ALARM OPERATION CONFIRMED	DEVICE ADDRESS CONFIRMED	ANNUNCIATION INDICATION CONFIRMED	SMOKE DETECTOR SENSITIVITY	REMARKS
Main Floor						
Main Entrance	M	YES	02-48	YES		
Main Entrance	GA	YES	02-49	YES		
By Reception (front)	S	YES	01-29	YES	2.5 4%	Controls shutter
By Reception (rear)	S	YES	01-03	YES	2.5 4%	Controls shutter
x	S	YES	01-02	YES	2.5 0%	
x	S	YES	01-01	YES	2.5 0%	
x	M	YES	02-12	YES		
x	GA	YES	02-13	YES		
x	M	YES	02-26	YES		
x	GA	YES	02-27	YES		
x	S	YES	01-17	YES	2.5 0%	
x	S	YES	01-06	YES	2.5 0%	
x	S	YES	01-16	YES	2.5 0%	
x	S	YES	01-07	YES	2.5 0%	
x	S	YES	01-15	YES	2.5 0%	
x	S	YES	01-08	YES	2.5 0%	
x	S	YES	01-14	YES	2.5 0%	
x	S	YES	01-09	YES	2.5 0%	
x	S	YES	01-10	YES	2.5 0%	
x	S	YES	01-12	YES	2.5 0%	
x	S	YES	01-13	YES	2.5 0%	
x	S	YES	01-05	YES	2.5 0%	
x	S	YES	01-04	YES	2.5 0%	
x	S	YES	01-30	YES	2.5 0%	
xx	S	YES	01-31	YES	2.5 24%	
x	S	YES	01-32	YES	2.5 0%	

Technician: C. Kyle

Date: November 20, 2013

ANNUAL TEST AND INSPECTION REPORT

Building Name: Government of Canada

Building Address: 1019 Manitoba Ave., Selkirk, Manitoba

LOCATION	DEVICE	ALARM OPERATION CONFIRMED	DEVICE ADDRESS CONFIRMED	ANNUNCIATION INDICATION CONFIRMED	SMOKE DETECTOR SENSITIVITY	REMARKS
x	M	YES	02-14	YES		
x	GA	YES	02-15	YES		
x	M	YES	02-28	YES		
x	GA	YES	02-29	YES		
2nd Floor						
By Stair 2	M	YES	02-32	YES		
By Stair 2	GA	YES	02-33	YES		
By Elevator	M	YES	02-30	YES		
By Elevator	GA	YES	02-31	YES		
By Men's Washroom	M	YES	02-35	YES		
By Men's Washroom	GA	YES	02-35	YES		
Atrium	S	YES	01-21	YES	2.5 0%	
Atrium	S	YES	01-20	YES	2.5 0%	
Atrium	S	YES	01-19	YES	2.5 0%	
Duct Smoke						
AHU 3	DS	YES	01-24	YES	2.5 4%	
AHU 1 Return	DS	YES	01-26	YES	2.5 72%	Replaced and went to 0%
AHU 1 Supply	DS	YES	01-28	YES	2.5 8%	
AHU 2 Return	DS	YES	01-25	YES	2.5 36%	
AHU 2 Supply	DS	YES	01-27	YES	2.5 4%	Housing painted
x	DS	YES	01-11	YES	2.5 36%	
Stair 1	S	YES	01-22	YES	2.5 0%	By elevator
Stair 2	S	YES	01-18	YES	2.5 0%	
Elevator Shaft	S	YES	01-23	YES	2.5 4%	

Technician: C. Kyle

Date: November 20, 2013

ANNUAL TEST AND INSPECTION REPORT

Building Name: Government of Canada

Building Address: 1019 Manitoba Ave., Selkirk, Manitoba

LOCATION	DEVICE	ALARM OPERATION CONFIRMED	DEVICE ADDRESS CONFIRMED	ANNUNCIATION INDICATION CONFIRMED	SMOKE DETECTOR SENSITIVITY	REMARKS
Sprinkler						
2 nd Floor Shut Off	TS	YES	02-42	YES		
2 nd Floor Flow	FS	YES	02-41	YES		17 s.
Main Floor Shut Off	TS	YES	02-22	YES		
Main Floor Flow	FS	YES	02-24	YES		15 s.
x	TS	YES	02-23	YES		
x	FS	YES	02-25	YES		20 s.
Main Dry Shut Off	TS	YES	02-39	YES		
Garage Flow	PS	YES	02-37	YES		
Garage Low Air	PS	YES	02-38	YES		28 lbs.
Main Sprinkler Shut Off	TS	YES	02-18	YES		
Main Sprinkler Flow	PS	YES	02-20	YES		25 lbs.
Main Sprinkler Low Pressure	PS	YES	02-21	YES		92 lbs.
Signals						
2 nd Floor						
Atrium	B6	YES				
Atrium	V	YES				
Atrium	B6	YES				
Atrium	V	YES				
Atrium Men's Washroom	V	YES				
Atrium Women's Washroom	V	YES				

Technician: C. Kyle

Date: November 20, 2013

ANNUAL TEST AND INSPECTION REPORT

Building Name: Government of Canada

Building Address: 1019 Manitoba Ave., Selkirk, Manitoba

LOCATION	DEVICE	ALARM OPERATION CONFIRMED	DEVICE ADDRESS CONFIRMED	ANNUNCIATION INDICATION CONFIRMED	SMOKE DETECTOR SENSITIVITY	REMARKS
Signals						
2 nd Floor						
Mech. Room	B6	YES				
Mech. Room	V	YES				
Men's Change Room	V	YES				
Men's Change Room	V	YES				
Women's Change Room	V	YES				
Hall by Men's Washroom	B6	YES				
x	V	YES				
Electrical Room	B6	YES				
Main Floor						
Lobby	B6	YES				
By Reception	V	YES				
By elevator	B6	YES				
Rear Office	V	YES				
x	V	YES				
x	B6	YES				
Garage 1	B6	YES				
Garage 2	B6	YES				
Men's Washroom	V	YES				
Women's Washroom	V	YES				

Technician: C. Kyle

Date: November 20, 2013

FIRE PROTECTION PLUS

ANNUAL EMERGENCY LIGHTING TEST AND INSPECTION REPORT

BUILDING NAME: Government of Canada

BUILDING ADDRESS: Shamattawa, Manitoba

LOCATION	DEVICE	MAKE	MODEL #	VOLTAGE	WATTAGE	NUMBER OF HEADS	OPERATION	REMARKS
Mech. Room	BU	Beghelli	NV24-550-2	24	550	2	YES	A #4
xx	RL					2	YES	
x	RL					2	YES	
x	RL					2	YES	
x	RL					2	YES	
Garage	RL					2	YES	
Garage	RL					2	YES	
x	BU	Lumacell	RG12-130	12	130	2	NO	Could not located both cells shipped last year 6V12 req'd
By FACP	RL					2		
By FACP	EXIT					2		
By Front Entrance	RL					2		
By Front Entrance	EXIT					2		
New General Office Area	BU/EXIT	Lumacell	RG36-LMC	6	36	3	YES	2011
Crawlspace	BU/EXIT	Emergi-llite		6	36	3	YES	2013

TECHNICIAN: C. KYLE

DATE: January 11, 2014

FIRE ALARM SYSTEM ANNUAL TEST AND INSPECTION REPORT

Building Name	Building Address	Building Number	Person Contacted	Date
Government of Canada	Shamattawa			January 11, 2014
System Manufacturer	Model number	Single Stage	Two Stage	
Edwards	6616	YES		

TEST RESULTS: (Every line must have the appropriate marking in the space provided.)

1. The Fire Alarm System functioned correctly under General Alarm condition. YES_ NO X

2. Location of the electrically furthest manual stations with main AC power off.
 1. Garage
 2. By Garage
 3. Garage
 4. By Main Entrance
 5. By Entrance
 6. Crawlspace

The Fire Alarm functioned correctly during the above test. YES_ NO X

3. Each manual alarm-initiating device has been individually tested. YES_ NO X
 Number of devices 7

4. Each automatic alarm-initiating device has been tested. YES_ NO X
 Number of devices 29

5. Each audible and visual signalling device has been tested. YES X NO
 Number of devices 8

6. Correct annunciation has been confirmed for each device tested. YES_ NO X

SUMMARY

1. The Fire Alarm System is now fully functional. YES_ NO X

2. The Fire Alarm System has minor deficiencies noted on report. YES X NO

3. The Fire Alarm System has major deficiencies noted on report. YES X NO

4. A copy of this report has been given to the owner or owner's representative. YES X NO

THIS IS TO CERTIFY THAT THE FIRE ALARM SYSTEM HAS BEEN TESTED IN ACCORDANCE WITH SECTION 5, PERIODIC INSPECTIONS AND TESTS, OF CAN/ULC-S536-M04 AND THESE RECORDS DOCUMENT THE RESULTS OF TESTING PERFORMED.



SIGNATURE OF TECHNICIAN:

FIRE PROTECTION PLUS PH. 204-888-1922

ANNUAL TEST AND INSPECTION REPORT

Building Name: Government of Canada

Building Address: Shamattawa, Manitoba

LOCATION	DEVICE	ALARM OPERATION CONFIRMED	ZONE NUMBER	ANNUNCIATION INDICATION CONFIRMED	SMOKE DETECTOR SENSITIVITY	SUPERVISION CIRCUIT CONFIRMED	REMARKS
x			Zone 1				
x	S		1				
x	RHT		1				
x	M		1				
x	S		1				
x	S		1				RL
x	S		1				RL
x	S		1				RL
x	S		1				RL
x	S		1				RL
x	S		1				RL
x	S		1				RL
x	S		1				RL
x	S		1				RL
x	S		1				RL
x	S		1				RL
x Room	RHT		1				
Garage	M		1				
Garage	M		1				
Garage	RHT		1				
x 1 2	RHT		1				Warm Room
x 5 6	RHT		1				Warm Room
x 3 4	RHT		1				Warm Room
x 7 8	RHT		1				Warm Room
Mech. Room	HT		1				Breezeway Access
x	M		1				
x	M		1				
x	S		1				
Garage	EOL	N/A	1				

Technician: C. Kyle

Date: January 11, 2014

ANNUAL TEST AND INSPECTION REPORT

Building Name: Government of Canada

Building Address: Shamattawa, Manitoba

LOCATION	DEVICE	ALARM OPERATION CONFIRMED	ZONE NUMBER	ANNUNCIATION INDICATION CONFIRMED	SMOKE DETECTOR SENSITIVITY	SUPERVISION CIRCUIT CONFIRMED	REMARKS
Crawlspace			Zone 2				
At Hatch	M		2				
Crawlspace	RHT		2				
Crawlspace	RHT		2				
Crawlspace	EOL	N/A	2				
Office Area			Zone 3				
x	S		3				
x	S		3				
x	S		3				
File Room	S		3				
Office	S		3				
Mech. Room	HT		3				On Wall
Front Office Area	S		3				
Front Entrance	M		3				
General Office Area	S		3				
Lunch Room	S		3				
Entrance	M		3				
By FACP	S		3				
Front Entrance	EOL						

Technician: C. Kyle

Date: January 11, 2014

FIRE ALARM SYSTEM ANNUAL TEST AND INSPECTION REPORT

Building Name	Building Address	Building Number	Person Contacted	Date
Government of Canada	Shoal Lake, Manitoba			March 18, 2014
System Manufacturer	Model number	Single Stage	Two Stage	
Edwards	EST1-2Z3	Yes		

TEST RESULTS: (Every line must have the appropriate marking in the space provided.)

1. The Fire Alarm System functioned correctly under General Alarm condition. YES X NO

2. Location of the electrically furthest manual stations with main AC power off.
 1. Rear Exit
 2. by Stairs to 2nd Floor
 3. by Reception
 4. AdminArea
 - 5.
 - 6.

The Fire Alarm functioned correctly during the above test. YES X NO

3. Each manual alarm-initiating device has been individually tested. YES X NO
 Number of devices 4

4. Each automatic alarm-initiating device has been tested. YES X NO
 Number of devices 21

5. Each audible and visual signalling device has been tested. YES X NO
 Number of devices 2

6. Correct annunciation has been confirmed for each device tested. YES X NO

SUMMARY

1. The Fire Alarm System is now fully functional. YES X NO

2. The Fire Alarm System has minor deficiencies noted on report. YES NO X

3. The Fire Alarm System has major deficiencies noted on report. YES NO X

4. A copy of this report has been given to the owner or owner's representative. YES X NO

THIS IS TO CERTIFY THAT THE FIRE ALARM SYSTEM HAS BEEN TESTED IN ACCORDANCE WITH SECTION 5, PERIODIC INSPECTIONS AND TESTS, OF CAN/ULC-S536-M04 AND THESE RECORDS DOCUMENT THE RESULTS OF TESTING PERFORMED.



SIGNATURE OF TECHNICIAN:

FIRE PROTECTION PLUS PH. 204-888-1922

ANNUAL TEST AND INSPECTION REPORT

Building Name: Government of Canada

Building Address: Shoal Lake, Manitoba

LOCATION	DEVICE	ALARM OPERATION CONFIRMED	ZONE NUMBER	ANNUNCIATION INDICATION CONFIRMED	SMOKE DETECTOR SENSITIVITY	SUPERVISION CIRCUIT CONFIRMED	REMARKS
Main Building			Zone 1				
Basement							
x	S	YES	1	YES	1.45		
x	S	YES	1	YES	1.37		
Mech. Area	RHT	YES	1	YES			
Main Floor							
Rear Exit	M	YES	1	YES			
x	HT	YES	1	YES			
Jan. Closet	HT	YES	1	YES			
General Office #2	HT	YES	1	YES			
x	RHT	YES	1	YES			
By Stairs to 2 nd Floor	M	YES	1	YES			
General Office #1	RHT	YES	1	YES			
Office	RHT	YES	1	YES			Within 450 mm of air vent
Washroom	HT	YES	1	YES			
By Front Reception	M	YES	1	YES			
x	M	YES	1	YES			
x	S	YES	1	YES	1.15		
x	S	YES	1	YES	1.53		
x	S	YES	1	YES	1.48		Within 450 mm of air vent
x	S	YES	1	YES	1.13		

ANNUAL TEST AND INSPECTION REPORT

Building Name: Government of Canada

Building Address: Shoal Lake, Manitoba

LOCATION	DEVICE	ALARM OPERATION CONFIRMED	ZONE NUMBER	ANNUNCIATION INDICATION CONFIRMED	SMOKE DETECTOR SENEITIVITY	SUPERVISION CIRCUIT CONFIRMED	REMARKS
Main Building			Zone 1				
2 nd Floor							
Kitchen	RHT	YES	1	YES			
Hall	RHT	YES	1	YES			
Washroom	RHT	YES	1	YES			
Office	RHT	YES	1	YES			
Top of Stairs	S	YES	1	YES	1.04		
x	S	YES	Zone 2	YES	1.11		RL OK
x	EOL	N/A	2				
x	S	YES	Zone 3	YES	1.13		RL OK
x	EOL	N/A	3				
Duct Smoke	DS	YES	Zone 4	YES			
Duct Smoke	EOL	N/A	4				
Signals							
x	B6	YES	NAC 1				
General Office	B6	YES	NAC 1				
x	EOL	N/A	NAC 1				

FIRE PROTECTION PLUS

ANNUAL EMERGENCY LIGHTING TEST AND INSPECTION REPORT

BUILDING NAME: Government of Canada

BUILDING ADDRESS: Snow Lake, Manitoba

LOCATION	DEVICE	MAKE	MODEL #	VOLTAGE	WATTAGE	NUMBER OF HEADS	OPERATION	REMARKS
Mech. Room	BU	Lumacell	RG12S-360-2	12	360	2	YES	2012
Bottom of Stairs	RL					2	YES	
By Mech. Room	RL					2	YES	
By Mech. Room	EXIT					1	YES	
Lunch Room	BU	Dual-Lite	C12AS160-BCI	12	160	0	YES	#42 2011
General Office	RL					2	YES	
General Office	EXIT					1	YES	
x	EXIT					1	YES	
x	RL					2	YES	
x	RL					2	YES	
x	EXIT					1	YES	
x	RL					1	YES	
Garage	RL					1	YES	
Garage	EXIT					1	YES	

TECHNICIAN: C. Kyle

DATE: October 9, 2013

FIRE ALARM SYSTEM ANNUAL TEST AND INSPECTION REPORT

Building Name	Building Address	Building Number	Person Contacted	Date
Government of Canada	Snow Lake, Manitoba			October 9, 2013
System Manufacturer	Model number	Single Stage	Two Stage	
Mircom/GE	FA-1008K / FS302	YES		

TEST RESULTS: (Every line must have the appropriate marking in the space provided.)

1. The Fire Alarm System functioned correctly under General Alarm condition. YES X NO

2. Location of the electrically furthest manual stations with main AC power off.
 1. by Mech. Room
 2. Garage
 3. by Admin
 4. by Front Entrance
 - 5.
 - 6.

The Fire Alarm functioned correctly during the above test. YES X NO

3. Each manual alarm-initiating device has been individually tested. YES X NO
 Number of devices 4

4. Each automatic alarm-initiating device has been tested. YES X NO
 Number of devices 34

5. Each audible and visual signalling device has been tested. YES X NO
 Number of devices 4

6. Correct annunciation has been confirmed for each device tested. YES X NO

SUMMARY

1. The Fire Alarm System is now fully functional. YES X NO

2. The Fire Alarm System has minor deficiencies noted on report. YES NO X

3. The Fire Alarm System has major deficiencies noted on report. YES NO X

4. A copy of this report has been given to the owner or owner's representative. YES X NO
 Owners Representative Ms. Wendy Gabel

THIS IS TO CERTIFY THAT THE FIRE ALARM SYSTEM HAS BEEN TESTED IN ACCORDANCE WITH SECTION 5, PERIODIC INSPECTIONS AND TESTS, OF CAN/ULC-S536-M04 AND THESE RECORDS DOCUMENT THE RESULTS OF TESTING PERFORMED.



SIGNATURE OF TECHNICIAN:

FIRE PROTECTION PLUS PH. 204-888-1922

ANNUAL TEST AND INSPECTION REPORT

Building Name: Government of Canada

Building Address: Snow Lake, Manitoba

LOCATION	DEVICE	ALARM OPERATION CONFIRMED	ZONE NUMBER	ANNUNCIATION INDICATION CONFIRMED	SMOKE DETECTOR SENSITIVITY	SUPERVISION CIRCUIT CONFIRMED	REMARKS
Basement & Crawlspace			<i>Zone 1</i>				
x	RHT	YES	1	YES			
x	HTmp	YES	1	YES			
x	RHT	YES	1	YES			
x	HT	YES	1	YES			
By Mech. Room	HTmp	YES	1	YES			
By Mech. Room	M	YES	1	YES			
Mech. Room	HT	YES	1	YES			
Crawlspace	HTmp	YES	1	YES			
Crawlspace	HTmp	YES	1	YES			
By Mech. room	EOL	N/A	1				
Administration Area			<i>Zone 2</i>				
By Front Lobby	M	YES	2	YES			
General Office Area	S	YES	2	YES	1.61		
x	S	YES	2	YES	1.70		
Lunch Room	S	YES	2	YES	1.52		
Ladies Washroom	S	YES	2	YES	1.34		
Men's Washroom	S	YES	2	YES	1.54		
x Storage	HT	YES	2	YES			
Janitor Room	HT	YES	2	YES			
Top of Stairs	S	YES	2	YES	1.60		Recommend new zone
x	S	YES	2	YES	1.81		
x	S	YES	2	YES	2.01		
Lobby	S	YES	2	YES	1.58		
By DS LEDs	EOL	N/A	2	YES			

Technician: C. Kyle

Date: October 9, 2013

ANNUAL TEST AND INSPECTION REPORT

Building Name: Government of Canada

Building Address: Snow Lake, Manitoba

LOCATION	DEVICE	ALARM OPERATION CONFIRMED	ZONE NUMBER	ANNUNCIATION INDICATION CONFIRMED	SMOKE DETECTOR SENSITIVITY	SUPERVISION CIRCUIT CONFIRMED	REMARKS
x			Zone 3				
x	S	YES	3	YES	1.59		
x	S	YES	3	YES	1.50		
x	S	YES	3	YES	1.38		
x	HT	YES	3	YES			
x	S	YES	3	YES	1.49		
x	M	YES	3	YES			
x	M	YES	3	YES			
x	HT	YES	3	YES			
x	HT	YES	3	YES			
x	M	YES	3	YES			
x	EOL	N/A	3	YES			
FR-1 Duct Smokes			Zone 4				
FR-1 Return	DS	YES	4	YES	2.6		RL OK
FR-1 Supply	DS	YES	4	YES	2.6		RL OK
FR-1 Supply	EOL	N/A	4	YES			
FR-2 Duct Smokes			Zone 5				
FR-2 Return	DS	YES	5	YES	2.6		RL OK
FR-2 Supply	DS	YES	5	YES	2.6		RL OK
FR-2 Supply	EOL	N/A	5				

Technician: C. Kyle

Date: October 9, 2013

FIRE ALARM SYSTEM ANNUAL TEST AND INSPECTION REPORT

<i>Building Name</i>	<i>Building Address</i>	<i>Building Number</i>	<i>Person Contacted</i>	<i>Date</i>
Government of Canada	Souris, Manitoba			March 12, 2014
<i>System Manufacturer</i>	<i>Model number</i>	<i>Single Stage</i>	<i>Two Stage</i>	
Edwards	1527	Yes		

TEST RESULTS: (Every line must have the appropriate marking in the space provided.)

- 1. The Fire Alarm System functioned correctly under General Alarm condition. YES X NO

- 2. Location of the electrically furthest manual stations with main AC power off.
 - 1. N/A no manual stations
 - 2.
 - 3.
 - 4.
 - 5.
 - 6.

The Fire Alarm functioned correctly during the above test. YES X NO

- 3. Each manual alarm-initiating device has been individually tested. YES X NO
 Number of devices 0

- 4. Each automatic alarm-initiating device has been tested. YES X NO
 Number of devices 4

- 5. Each audible and visual signalling device has been tested. YES X NO
 Number of devices 1

- 6. Correct annunciation has been confirmed for each device tested. YES X NO

SUMMARY

- 1. The Fire Alarm System is now fully functional. YES NO X

- 2. The Fire Alarm System has minor deficiencies noted on report. YES X NO

- 3. The Fire Alarm System has major deficiencies noted on report. YES NO X

- 4. A copy of this report has been given to the owner or owner's representative. YES X NO

THIS IS TO CERTIFY THAT THE FIRE ALARM SYSTEM HAS BEEN TESTED IN ACCORDANCE WITH SECTION 5, PERIODIC INSPECTIONS AND TESTS, OF CAN/ULC-S536-M04 AND THESE RECORDS DOCUMENT THE RESULTS OF TESTING PERFORMED.



SIGNATURE OF TECHNICIAN:

FIRE PROTECTION PLUS PH. 204-888-1922

FIRE ALARM SYSTEM ANNUAL TEST AND INSPECTION REPORT

Building Name	Building Address	Building Number	Person Contacted	Date
Government of Canada	South Indian Lake, Mb.			February 6, 2014
System Manufacturer	Model number	Single Stage	Two Stage	
Mircom	FA1025A	YES		

TEST RESULTS: (Every line must have the appropriate marking in the space provided.)

1. The Fire Alarm System functioned correctly under General Alarm condition. YES X NO

2. Location of the electrically furthest manual stations with main AC power off.
 1. Front Entrance
 2. Rear Exit
 - 3.
 - 4.
 - 5.
 - 6.

The Fire Alarm functioned correctly during the above test. YES X NO

3. Each manual alarm-initiating device has been individually tested. YES X NO
 Number of devices 2

4. Each automatic alarm-initiating device has been tested. YES X NO
 Number of devices 10

5. Each audible and visual signalling device has been tested. YES X NO
 Number of devices 2

6. Correct annunciation has been confirmed for each device tested. YES X NO

SUMMARY

1. The Fire Alarm System is now fully functional. YES X NO

2. The Fire Alarm System has minor deficiencies noted on report. YES NO X

3. The Fire Alarm System has major deficiencies noted on report. YES NO X

4. A copy of this report has been given to the owner or owner's representative. YES X NO
 Representative Ms. Wendy Gabel

THIS IS TO CERTIFY THAT THE FIRE ALARM SYSTEM HAS BEEN TESTED IN ACCORDANCE WITH SECTION 5, PERIODIC INSPECTIONS AND TESTS, OF CAN/ULC-S536-M04 AND THESE RECORDS DOCUMENT THE RESULTS OF TESTING PERFORMED.



SIGNATURE OF TECHNICIAN:

FIRE PROTECTION PLUS PH. 204-888-1922

ANNUAL TEST AND INSPECTION REPORT

Building Name: Government of Canada

Building Address: South Indian Lake, Manitoba

LOCATION	DEVICE	ALARM OPERATION CONFIRMED	ZONE NUMBER	ANNUNCIATION INDICATION CONFIRMED	SMOKE DETECTOR SENSITIVITY	SUPERVISION CIRCUIT CONFIRMED	REMARKS
<i>Main Building</i>			<i>Zone 1</i>				
Office Area	S	YES	1	YES	2.4		
x	RHT	YES	1	YES			Recommend change to smoke det.
Office Storage	S	YES	1	YES	1.09		Recommend guard be removed
x	S	YES	1	YES	1.69		Recommend guard be removed
x	S	YES	1	YES	1.14		
Main Entrance	M	YES	1	YES			
x	RHT	YES	1	YES			
Washroom	RHT	YES	1	YES			
Rear Exit	M	YES	1	YES			
x	EOL	N/A	1				
x	S	YES	Zone 2	YES	1.68		
x	EOL	N/A	2				
x	S	YES	Zone 3	YES	1.64		
x	EOL	N/A	3				
x	S	YES	Zone 4	YES	1.55		
x	EOL	N/A	4				
SIGNALS							
Office Area	B10	YES	NAC 1				
x	B10	YES	NAC 1				
x	EOL	N/A	NAC 1				

Technician: C. Kyle

Date: February 6, 2014

FIRE ALARM SYSTEM ANNUAL TEST AND INSPECTION REPORT

Building Name	Building Address	Building Number	Person Contacted	Date
Government of Canada	Sprague, Manitoba			October 24, 2013
System Manufacturer	Model number	Single Stage	Two Stage	
Edwards	EST1-2Z3	Yes		

TEST RESULTS: (Every line must have the appropriate marking in the space provided.)

- 1. The Fire Alarm System functioned correctly under General Alarm condition. YES X NO

- 2. Location of the electrically furthest manual stations with main AC power off.
 - 1. House, side entrance
 - 2. Main Office Entrance
 - 3. Exit by Storage
 - 4.
 - 5.
 - 6.

The Fire Alarm functioned correctly during the above test. YES X NO

- 3. Each manual alarm-initiating device has been individually tested. YES X NO
 Number of devices 3

- 4. Each automatic alarm-initiating device has been tested. YES X NO
 Number of devices 22

- 5. Each audible and visual signalling device has been tested. YES X NO
 Number of devices 4

- 6. Correct annunciation has been confirmed for each device tested. YES X NO

SUMMARY

- 1. The Fire Alarm System is now fully functional. YES X NO

- 2. The Fire Alarm System has minor deficiencies noted on report. YES NO X

- 3. The Fire Alarm System has major deficiencies noted on report. YES NO X

- 4. A copy of this report has been given to the owner or owner's representative. YES X NO

THIS IS TO CERTIFY THAT THE FIRE ALARM SYSTEM HAS BEEN TESTED IN ACCORDANCE WITH SECTION 5, PERIODIC INSPECTIONS AND TESTS, OF CAN/ULC-S536-M04 AND THESE RECORDS DOCUMENT THE RESULTS OF TESTING PERFORMED.



SIGNATURE OF TECHNICIAN:

FIRE PROTECTION PLUS PH. 204-888-1922

ANNUAL TEST AND INSPECTION REPORT

Building Name: Government of Canada

Building Address: Sprague, Manitoba

LOCATION	DEVICE	ALARM OPERATION CONFIRMED	ZONE NUMBER	ANNUNCIATION INDICATION CONFIRMED	SMOKE DETECTOR SENSITIVITY	SUPERVISION CIRCUIT CONFIRMED	REMARKS
Crawlspace			Zone 1				Residence basement access Test when EL on
Crawlspace	RHT	YES	1	YES			
Crawlspace	RHT	YES	1	YES			
Crawlspace	RHT	YES	1	YES			Far end beyond duct
Foyer	EOL	N/A	1				
Office Area			Zone 2				
Main Entrance	M	YES	2	YES			
Main Entrance	S	YES	2	YES	1.25		
General Office Area	RHT	YES	2	YES			
Office 1	RHT	YES	2	YES			
Office 2	RHT	YES	2	YES			
Lunch Room	RHT	YES	2	YES			
Washroom	RHT	YES	2	YES			
By Washroom	S	YES	2	YES	1.22		
Janitor Room	RHT	YES	2	YES			
x	S	YES	2	YES	1.63		
x	S	YES	2	YES	1.48		
x	S	YES	2	YES	1.63		
x Storage Room	M	YES	2	YES			
x	M	YES	2	YES			
Furnace Room	RHT	YES	2	YES			
x							No device
x	EOL	N/A	2	YES			

Technician: C. Kyle

Date: October 24, 2013

ANNUAL TEST AND INSPECTION REPORT

Building Name: Government of Canada

Building Address: Sprague, Manitoba

LOCATION	DEVICE	ALARM OPERATION CONFIRMED	ZONE NUMBER	ANNUNCIATION INDICATION CONFIRMED	SMOKE DETECTOR SENSITIVITY	SUPERVISION CIRCUIT CONFIRMED	REMARKS
x	S	YES	Zone 3	YES	1.34		re-labelled zone
Foyer	EOL	N/A	3				
Residence			Zone 4				
Side Entrance	M	YES	4	YES			
Hallway	S	YES	4	YES	1.19		
Kitchen	RHT	YES	4	YES			
Storage Room	RHT	YES	4	YES			
Stair to Basement	S	YES	4	YES	1.63		
Basement	RHT	YES	4	YES			
Basement	RHT	YES	4	YES			
Basement	RHT	YES	4	YES			
Basement	RHT	YES	4	YES			
Basement Storage	RHT	YES	4	YES			
Basement	EOL	N/A	4				
Residence Hall	SA	YES					
Residence Basement	SA	YES					
Signals							
Residence Main Floor	B10	YES	NAC 1				
Residence Basement	B10	YES	NAC 1				
Office	B10	YES	NAC 1				
Office by Storage	B10	YES	NAC 1				
x	EOL	N/A	NAC 1				

Technician: C. Kyle

Date: October 24, 2013

FIRE PROTECTION PLUS

ANNUAL EMERGENCY LIGHTING TEST AND INSPECTION REPORT

BUILDING NAME: Government of Canada

BUILDING ADDRESS: St. Pierre-Jolys, Manitoba

LOCATION	DEVICE	MAKE	MODEL #	VOLTAGE	WATTAGE	NUMBER OF HEADS	OPERATION	REMARKS
x	BU	Lumacell	RG12-200-2	12	200	2	YES	Panel A breaker 1
x	RL					1	YES	
x	RL					1	YES	
x	EXIT					1	YES	
x	EXIT					1	YES	
Janitor Room	BU	Dual-Lite	C12AS-160-BCI	12	160	0	YES	
by Janitor Room	EXIT					1	YES	
by Front Entrance	EXIT					1	YES	
Office Area	RL					2	YES	
Office Area	RL					1	YES	
x	EXIT					1	YES	
x	RL					1	YES	
x	EXIT					1	YES	
x	EXIT					1	YES	
By Janitor Room	RL					1	YES	
Mezzanine Mech. Room	BU	Dual-Lite	C12AS-160-BCI	12	160	0	YES	
Mezzanine Mech. Room	RL					1	YES	
Mezzanine Mech. Room	EXIT					1	YES	
Storage Room by Stairs	EXIT					1	YES	
x	EXIT					1	YES	
Top of Stairs	RL					1	YES	
Attic Crawlspace	EXIT					1	YES	

TECHNICIAN: C. Kyle

DATE: October 25, 2013

FIRE ALARM SYSTEM ANNUAL TEST AND INSPECTION REPORT

Building Name	Building Address	Building Number	Person Contacted	Date
Government of Canada	St. Pierre-Jolys, Mb.			October 25, 2013
System Manufacturer	Model number	Single Stage	Two Stage	
G.E.	FSP502 / FSP502	Yes		

TEST RESULTS: (Every line must have the appropriate marking in the space provided.)

1. The Fire Alarm System functioned correctly under General Alarm condition. YES X NO

2. Location of the electrically furthest manual stations with main AC power off.
 1. by Main Entrance
 2. by Stair to Attic
 3. by Admin
 4. Attic
 5. Garage 2
 - 6.

The Fire Alarm functioned correctly during the above test. YES X NO

3. Each manual alarm-initiating device has been individually tested. YES X NO
 Number of devices 5

4. Each automatic alarm-initiating device has been tested. YES X NO
 Number of devices 24

5. Each audible and visual signalling device has been tested. YES X NO
 Number of devices 4

6. Correct annunciation has been confirmed for each device tested. YES X NO

SUMMARY

1. The Fire Alarm System is now fully functional. YES X NO

2. The Fire Alarm System has minor deficiencies noted on report. YES NO X

3. The Fire Alarm System has major deficiencies noted on report. YES NO X

4. A copy of this report has been given to the owner or owner's representative. YES X NO

THIS IS TO CERTIFY THAT THE FIRE ALARM SYSTEM HAS BEEN TESTED IN ACCORDANCE WITH SECTION 5, PERIODIC INSPECTIONS AND TESTS, OF CAN/ULC-S536-M04 AND THESE RECORDS DOCUMENT THE RESULTS OF TESTING PERFORMED.



SIGNATURE OF TECHNICIAN:

FIRE PROTECTION PLUS PH. 204-888-1922

FIRE PROTECTION PLUS

ANNUAL TEST AND INSPECTION REPORT

BUILDING NAME: Government of Canada

BUILDING ADDRESS: St. Pierre-Jolys, Manitoba

LOCATION	DEVICE	ALARM OPERATION CONFIRMED	ZONE NUMBER	ANNUNCIATION INDICATION CONFIRMED	SMOKE DETECTOR SENSITIVITY	SUPERVISION CIRCUIT CONFIRMED	REMARKS
<i>Administration Area</i>			<i>Zone 1</i>				
<i>by Main Entrance</i>	M	YES	1	YES			
<i>Janitor Room</i>	HT	YES	1	YES			
<i>x</i>	HT	YES	1	YES			
<i>Office Area by Reception</i>	S	YES	1	YES	1.49		
<i>Office Area S.</i>	HT	YES	1	YES			
<i>Exit by Stair</i>	M	YES	1	YES			
<i>Lunch room</i>	RHT	YES	1	YES			
<i>x</i>							<i>Recommend a smoke detector be added</i>
<i>Entrance</i>	EOL	N/A	1	YES			
<i>Crawlspace</i>			<i>Zone 2</i>				<i>Access from Men's washroom</i>
<i>Crawlspace</i>	HT	YES	2	YES			
<i>Crawlspace</i>	HT	YES	2	YES			
<i>Crawlspace</i>	HT	YES	2	YES			
<i>Crawlspace</i>	HT	YES	2	YES			
<i>Crawlspace</i>	HT	YES	2	YES			
<i>Crawlspace</i>	HT	YES	2	YES			
<i>Crawlspace</i>	EOL	n/a	2	YES			
<i>Duct detectors</i>			<i>Zone 5</i>				
<i>Attic Mech. (supply)</i>	DS	YES	5	YES			<i>RL OK</i>
<i>Attic Mech. (return)</i>	DS	YES	5	YES			<i>RL OK</i>
<i>Attic Mech. room</i>	EOL	N/A	5	YES			

ANNUAL TEST AND INSPECTION REPORT

BUILDING NAME: Government of Canada

BUILDING ADDRESS: St. Pierre-Jolys, Manitoba

LOCATION	DEVICE	ALARM OPERATION CONFIRMED	ZONE NUMBER	ANNUNCIATION INDICATION CONFIRMED	SMOKE DETECTOR SENSITIVITY	SUPERVISION CIRCUIT CONFIRMED	REMARKS
x			Zone 3				Cell Smoke FACP
x	S	YES	Zone 1	YES	1.30		RL OK
x	S	YES	Zone 1	YES	1.54		RL OK
x	S	YES	Zone 1	YES	1.32		RL OK
x	S	YES	Zone 1	YES	1.29		RL OK
In FACP	EOL	N/A	Zone 1	YES			
Signals							
x	B6	YES	NAC 1	YES			
Attic	B6	YES	NAC 1	YES			
by Office	B6	YES	NAC 1	YES			
Mezzanine	EOL	N/A	NAC 1	YES			
x	H	YES	Cell NAC 1	YES			Cell Alarm only
In FACP	EOL	N/A	Cell NAC 1	YES			

FIRE PROTECTION PLUS

ANNUAL EMERGENCY LIGHTING TEST AND INSPECTION REPORT

BUILDING NAME: Government of Canada

BUILDING ADDRESS: Steinbach, Manitoba

LOCATION	DEVICE	MAKE	MODEL #	VOLTAGE	WATTAGE	NUMBER OF HEADS	OPERATION	REMARKS
Janitor Room Unit 1	BU	Lithonia	M12-200-2	12	200	2	YES	2011
x	RL					2	YES	
x	RL					1	YES	
x	RL					2	YES	
x	EXIT					2	YES	
x	EXIT					2	YES	
x	RL					1	YES	
x	EXIT					2	YES	
x	RL					2	YES	
Basement	RL					2	YES	
Basement	EXIT					2	YES	
Basement Mech. Room	RL					2	YES	
Janitor Room Unit 2	BU	Lithonia	M12-200-0	12	200	0	YES	2012
x	RL					2	YES	
x	EXIT					2	YES	
South Exit	EXIT					2	YES	
Stair	RL					2	YES	
By Men's Washroom	EXIT					2	YES	
General Office	RL					2	YES	
General Office	EXIT					2	YES	
General Office	EXIT					2	YES	
x	RL					1	YES	

TECHNICIAN: C. Kyle

DATE: October 25, 2013

FIRE ALARM SYSTEM ANNUAL TEST AND INSPECTION REPORT

Building Name	Building Address	Building Number	Person Contacted	Date
Government of Canada	Steinbach, Manitoba			October 25, 2013
System Manufacturer	Model number	Single Stage	Two Stage	
Mircom	FA-301-8LW / FSP502	Yes		

TEST RESULTS: (Every line must have the appropriate marking in the space provided.)

- 1. The Fire Alarm System functioned correctly under General Alarm condition. YES X NO

- 2. Location of the electrically furthest manual stations with main AC power off.
 - 1. by Main Entrance
 - 2. General Office side exit
 - 3. by Basement Stairs
 - 4. Garage 1
 - 5. Garage 2
 - 6. Basement

The Fire Alarm functioned correctly during the above test. YES X NO

- 3. Each manual alarm-initiating device has been individually tested. YES X NO
 Number of devices 9

- 4. Each automatic alarm-initiating device has been tested. YES X NO
 Number of devices 61

- 5. Each audible and visual signalling device has been tested. YES X NO
 Number of devices 8

- 6. Correct annunciation has been confirmed for each device tested. YES X NO

SUMMARY

- 1. The Fire Alarm System is now fully functional. YES X NO

- 2. The Fire Alarm System has minor deficiencies noted on report. YES NO X

- 3. The Fire Alarm System has major deficiencies noted on report. YES NO X

- 4. A copy of this report has been given to the owner or owner's representative. YES X NO

THIS IS TO CERTIFY THAT THE FIRE ALARM SYSTEM HAS BEEN TESTED IN ACCORDANCE WITH SECTION 5, PERIODIC INSPECTIONS AND TESTS, OF CAN/ULC-S536-M04 AND THESE RECORDS DOCUMENT THE RESULTS OF TESTING PERFORMED.



SIGNATURE OF TECHNICIAN:

FIRE PROTECTION PLUS PH. 204-888-1922

FIRE PROTECTION PLUS

ANNUAL TEST AND INSPECTION REPORT

BUILDING NAME: Government of Canada

BUILDING ADDRESS: Steinbach, Manitoba

LOCATION	DEVICE	ALARM OPERATION CONFIRMED	ZONE NUMBER	ANNUNCIATION INDICATION CONFIRMED	SMOKE DETECTOR SENSITIVITY	SUPERVISION CIRCUIT CONFIRMED	REMARKS
Office Area			Zone 1				
Front Foyer	M	YES	1	YES			
Front Foyer	HT	YES	1	YES			
General Office Exit	M	YES	1	YES			
General Office Area (Low)	HT	YES	1	YES			
General Office Area (High)	HT	YES	1	YES			
x	RHT	YES	1	YES			Replaced device Recommend smoke detector
x	HT	YES	1	YES			
x	HT	YES	1	YES			
x	HT	YES	1	YES			
x	HT	YES	1	YES			
x	HT	YES	1	YES			
x	S	YES	1	YES	1.47		
x	HT	YES	1	YES			
by x	S	YES	1	YES	2.6		
x	RHT	YES	1	YES			Recommend smoke detector
Men's Washroom	RHT	YES	1	YES			Replaced device
Women's Washroom	HT	YES	1	YES			
by Men's Washroom	S	YES	1	YES	2.4		
by Stair to Basement	M	YES	1	YES			
Stair to Basement	S	YES	1	YES	2.6		
by Janitor Room	S	YES	1	YES	2.4		
Janitor Room	HT	YES	1	YES			

FIRE PROTECTION PLUS

ANNUAL TEST AND INSPECTION REPORT

BUILDING NAME: Government of Canada

BUILDING ADDRESS: Steinbach, Manitoba

LOCATION	DEVICE	ALARM OPERATION CONFIRMED	ZONE NUMBER	ANNUNCIATION INDICATION CONFIRMED	SMOKE DETECTOR SENSITIVITY	SUPERVISION CIRCUIT CONFIRMED	REMARKS
<i>x Area</i>			<i>Zone 2</i>				
<i>x</i>	<i>M</i>	<i>YES</i>	<i>2</i>	<i>YES</i>			
<i>x</i>	<i>S</i>	<i>YES</i>	<i>2</i>	<i>YES</i>	<i>1.42</i>		
<i>x Washroom</i>	<i>S</i>	<i>YES</i>	<i>2</i>	<i>YES</i>	<i>1.62</i>		
<i>tox</i>	<i>M</i>	<i>YES</i>	<i>2</i>	<i>YES</i>			
<i>Exit</i>	<i>M</i>	<i>YES</i>	<i>2</i>	<i>YES</i>			
<i>Hallway x</i>	<i>S</i>	<i>YES</i>	<i>2</i>	<i>YES</i>	<i>2.4</i>		
<i>Hallway by x</i>	<i>S</i>	<i>YES</i>	<i>2</i>	<i>YES</i>	<i>2.4</i>		
<i>Hallway by x 2</i>	<i>S</i>	<i>YES</i>	<i>2</i>	<i>YES</i>	<i>2.6</i>		
<i>x</i>	<i>S</i>	<i>YES</i>	<i>2</i>	<i>YES</i>	<i>1.87</i>		
<i>x</i>	<i>S</i>	<i>YES</i>	<i>2</i>	<i>YES</i>	<i>2.4</i>		
<i>x</i>	<i>S</i>	<i>YES</i>	<i>2</i>	<i>YES</i>	<i>2.4</i>		
<i>xx</i>	<i>HT</i>	<i>YES</i>	<i>2</i>	<i>YES</i>			
<i>x</i>	<i>HT</i>	<i>YES</i>	<i>2</i>	<i>YES</i>			
<i>x</i>	<i>HT</i>	<i>YES</i>	<i>2</i>	<i>YES</i>			
<i>x</i>	<i>S</i>		<i>2</i>				<i>No access</i>
<i>x</i>	<i>M</i>	<i>YES</i>	<i>2</i>	<i>YES</i>			
<i>x 1</i>	<i>HT</i>	<i>YES</i>	<i>2</i>	<i>YES</i>			
<i>x 2</i>	<i>M</i>	<i>YES</i>	<i>2</i>	<i>YES</i>			
<i>x</i>	<i>HT</i>	<i>YES</i>	<i>2</i>	<i>YES</i>			
<i>x</i>	<i>HT</i>	<i>YES</i>	<i>2</i>	<i>YES</i>			
<i>x</i>	<i>S</i>	<i>YES</i>	<i>2</i>	<i>YES</i>	<i>2.4</i>		
<i>x</i>	<i>S</i>	<i>YES</i>	<i>2</i>	<i>YES</i>	<i>2.4</i>		
<i>Garage 2</i>	<i>EOL</i>	<i>N/A</i>	<i>2</i>	<i>YES</i>			

ANNUAL TEST AND INSPECTION REPORT

BUILDING NAME: Government of Canada

BUILDING ADDRESS: Steinbach, Manitoba

LOCATION	DEVICE	ALARM OPERATION CONFIRMED	ZONE NUMBER	ANNUNCIATION INDICATION CONFIRMED	SUPERVISION CIRCUIT CONFIRMED	REMARKS
<i>Basement</i>			<i>Zone 3</i>			
<i>Foyer</i>	<i>M</i>	<i>YES</i>	<i>3</i>	<i>YES</i>		
<i>Weight Room</i>	<i>HT</i>	<i>YES</i>	<i>3</i>	<i>YES</i>		
<i>Men's Locker</i>	<i>HT</i>	<i>YES</i>	<i>3</i>	<i>YES</i>		
<i>Women's Locker</i>	<i>HT</i>	<i>YES</i>	<i>3</i>	<i>YES</i>		
<i>Mech. Room</i>	<i>RHT</i>	<i>YES</i>	<i>3</i>	<i>YES</i>		
<i>Foyer</i>	<i>RHT</i>	<i>YES</i>	<i>3</i>	<i>YES</i>		<i>Replaced device</i>
<i>Mech. Room</i>	<i>EOL</i>	<i>N/A</i>	<i>3</i>	<i>YES</i>		
<i>Crawlspace</i>			<i>Zone 4</i>			<i>Mechanical room access</i>
<i>Crawlspace</i>	<i>HT</i>	<i>YES</i>	<i>4</i>	<i>YES</i>		
<i>Crawlspace</i>	<i>HT</i>	<i>YES</i>	<i>4</i>	<i>YES</i>		
<i>Crawlspace</i>	<i>HT</i>	<i>YES</i>	<i>4</i>	<i>YES</i>		
<i>Crawlspace</i>	<i>HT</i>	<i>YES</i>	<i>4</i>	<i>YES</i>		
<i>Crawlspace</i>	<i>HT</i>	<i>YES</i>	<i>4</i>	<i>YES</i>		
<i>Crawlspace</i>	<i>HT</i>	<i>YES</i>	<i>4</i>	<i>YES</i>		
<i>Crawlspace</i>	<i>HT</i>	<i>YES</i>	<i>4</i>	<i>YES</i>		
<i>Crawlspace</i>	<i>HT</i>	<i>YES</i>	<i>4</i>	<i>YES</i>		
<i>Crawlspace</i>	<i>HT</i>	<i>YES</i>	<i>4</i>	<i>YES</i>		
<i>Crawlspace</i>	<i>HT</i>	<i>YES</i>	<i>4</i>	<i>YES</i>		
<i>Crawlspace</i>	<i>HT</i>	<i>YES</i>	<i>4</i>	<i>YES</i>		
<i>Crawlspace</i>	<i>EOL</i>	<i>N/A</i>	<i>4</i>	<i>YES</i>		

ANNUAL TEST AND INSPECTION REPORT

BUILDING NAME: Government of Canada

BUILDING ADDRESS: Steinbach, Manitoba

LOCATION	DEVICE	ALARM OPERATION CONFIRMED	ZONE NUMBER	ANNUNCIATION INDICATION CONFIRMED	SMOKE DETECTOR SENSITIVITY	DUCT SMOKE AIR FLOW	REMARKS
<i>Furnace 1 Duct Smoke</i>			<i>Zone 5</i>				
<i>FR1 Return</i>	<i>DS</i>	<i>YES</i>	<i>5</i>	<i>YES</i>	<i>.96</i>	<i>.032"</i>	<i>RL OK</i>
<i>FR1 Supply</i>	<i>DS</i>	<i>YES</i>	<i>5</i>	<i>YES</i>	<i>.88</i>	<i>.02"</i>	<i>RL OK</i>
<i>Mech. Room</i>	<i>EOL</i>	<i>N/A</i>	<i>5</i>	<i>YES</i>			
<i>Furnace 2 Duct Smoke</i>			<i>Zone 6</i>				
<i>FR2 Return</i>	<i>DS</i>	<i>YES</i>	<i>6</i>	<i>YES</i>	<i>.88</i>	<i>.025"</i>	<i>RL OK</i>
<i>FR2 Supply</i>	<i>DS</i>	<i>YES</i>	<i>6</i>	<i>YES</i>	<i>.98</i>	<i>.02"</i>	<i>RL OK</i>
<i>Mech. Room</i>	<i>EOL</i>	<i>N/A</i>	<i>6</i>	<i>YES</i>			
<i>Furnace 3 Duct Smoke</i>			<i>Zone 7</i>				
<i>FR# Return</i>	<i>DS</i>	<i>YES</i>	<i>7</i>	<i>YES</i>	<i>.88</i>	<i>.03"</i>	<i>RL OK</i>
<i>FR3 Supply</i>	<i>DS</i>	<i>YES</i>	<i>7</i>	<i>YES</i>	<i>.92</i>	<i>.015"</i>	<i>RL OK</i>
<i>Mech. Room</i>	<i>EOL</i>	<i>N/A</i>	<i>7</i>	<i>YES</i>			
<i>x Alarm</i>	<i>FS502</i>	<i>YES</i>	<i>Zone 8</i>	<i>YES</i>			<i>via FSP502 panel, trips alarm on main system</i>
<i>x 1</i>	<i>S</i>	<i>YES</i>	<i>Sub/Zone 1</i>	<i>YES</i>	<i>1.49</i>		
<i>x 2</i>	<i>S</i>	<i>YES</i>	<i>Sub/Zone 2</i>	<i>YES</i>	<i>1.34</i>		
<i>x 3</i>	<i>S</i>	<i>YES</i>	<i>Sub/Zone 3</i>	<i>YES</i>	<i>1.44</i>		
<i>x 4</i>	<i>S</i>	<i>YES</i>	<i>Sub/Zone 4</i>	<i>YES</i>	<i>1.70</i>		<i>x</i>
<i>x 5</i>	<i>S</i>	<i>YES</i>	<i>Sub/Zone 5</i>	<i>YES</i>	<i>1.79</i>		<i>x non tamper screws used</i>

FIRE PROTECTION PLUS

ANNUAL EMERGENCY LIGHTING TEST AND INSPECTION REPORT

BUILDING NAME: Government of Canada

BUILDING ADDRESS: Ste. Rose du Lac, Manitoba

LOCATION	DEVICE	MAKE	MODEL #	VOLTAGE	WATTAGE	NUMBER OF HEADS	OPERATION	REMARKS
x	BU	Dual-Lite	C12ASI60-BCI	12	160	2	YES	2011
By x	RL					1	YES	
By x	RL					1	YES	
x	EXIT					2	YES	
Exit x	EXIT					2	YES	
x	EXIT					2	YES	
x	RL					1	YES	
Janitor Room	BU	Lithonia	M12-360	12	360	0	YES	2008
By Janitor Room	RL					1	YES	
By Janitor Room	EXIT					2	YES	
General Office	RL					1	YES	
General Office	EXIT					2	YES	
x	EXIT					2	YES	
Mezzanine Mech. Room	BU	Lithonia	M12-360-2	12	360	2	YES	2011
Mezzanine Crawlspace	EXIT					2	YES	
Mezzanine	EXIT					2	YES	
Mezzanine Mech. Room	EXIT					2	YES	
Mezzanine Storage	EXIT					2	YES	
Top of Stairs	RL					1	YES	

TECHNICIAN: C. Kyle

DATE: November 15, 2013

FIRE ALARM SYSTEM ANNUAL TEST AND INSPECTION REPORT

Building Name	Building Address	Building Number	Person Contacted	Date
Government of Canada	Ste. Rose du Lac, Manitoba			November 15, 2013
System Manufacturer	Model number	Single Stage	Two Stage	
Edwards/Mircom	FS502/FA-1025A	YES		

TEST RESULTS: (Every line must have the appropriate marking in the space provided.)

1. The Fire Alarm System functioned correctly under General Alarm condition. YES X NO

2. Location of the electrically furthest manual stations with main AC power off.
 1. by Admin
 2. Garage 2
 3. _____
 5. by Front Entrance
 6. Garage 1

The Fire Alarm functioned correctly during the above test. YES X NO

3. Each manual alarm-initiating device has been individually tested. YES X NO
 Number of devices 6

4. Each automatic alarm-initiating device has been tested. YES X NO
 Number of devices 23

5. Each audible and visual signalling device has been tested. YES X NO
 Number of devices 4

6. Correct annunciation has been confirmed for each device tested. YES X NO

SUMMARY

1. The Fire Alarm System is now fully functional. YES X NO

2. The Fire Alarm System has minor deficiencies noted on report. YES NO X

3. The Fire Alarm System has major deficiencies noted on report. YES NO X

4. A copy of this report has been given to the owner or owner's representative. YES X NO

THIS IS TO CERTIFY THAT THE FIRE ALARM SYSTEM HAS BEEN TESTED IN ACCORDANCE WITH SECTION 5, PERIODIC INSPECTIONS AND TESTS, OF CAN/ULC-S536-M04 AND THESE RECORDS DOCUMENT THE RESULTS OF TESTING PERFORMED.



SIGNATURE OF TECHNICIAN:

FIRE PROTECTION PLUS PH. 204-888-1922

ANNUAL TEST AND INSPECTION REPORT

Building Name: Government of Canada

Building Address: Ste. Rose du Lac, Manitoba

LOCATION	DEVICE	ALARM OPERATION CONFIRMED	ZONE NUMBER	ANNUNCIATION INDICATION CONFIRMED	SMOKE DETECTOR SENSITIVITY	SUPERVISION CIRCUIT CONFIRMED	REMARKS
Mechanical Mezzanine			Zone 4				
Top of Stairs	S	YES	4	YES	1.30		
Mezzanine Storage	HT	YES	4	YES			
Mezzanine Mech. Room	HT	YES	4	YES			
Mezzanine	HT	YES	4	YES			
Mezzanine Attic	HT	YES	4	YES			
Mezzanine Attic	HT	YES	4	YES			
By Stairs	M	YES	4	YES			
By Stairs	EOL	N/A	4				
x			Zone 3				
x	M	YES	3	YES			
Byx	S	YES	3	YES	.99		
x	S	YES	3	YES	1.66		
x	HT	YES	3	YES			
x	M	YES	3	YES			Stopper OK
x	M	YES	3	YES			Recommend relocation
x 2	HT	YES	3	YES			
x	HT	YES	3	YES			
x	S	YES	3	YES	1.76		
x	S	YES	3	YES	1.68		
x	S	YES	3	YES	1.15		
x 2	EOL	N/A	3				

Technician: C. Kyle

Date: November 15, 2013

ANNUAL TEST AND INSPECTION REPORT

Building Name: Government of Canada

Building Address: Ste. Rose du Lac, Manitoba

LOCATION	DEVICE	ALARM OPERATION CONFIRMED	ZONE NUMBER	ANNUNCIATION INDICATION CONFIRMED	SMOKE DETECTOR SENSITIVITY	SUPERVISION CIRCUIT CONFIRMED	REMARKS
Administration & Duct Smokes			Zone 2				
Front Entrance	M	YES	2	YES			
Member Entrance	M	YES	2	YES			
Janitor Room	HT	YES	2	YES			
x	HT	YES	2	YES			Recommend replacing with a smoke detector
Under Stair (Mens Wash)	HT	YES	2	YES			
AHU Supply Mech. Mezz.	DS	YES	2	YES			Recommend new zone RL OK
AHU Return Mech. Mezz.	DS	YES	2	YES			Recommend new zone RL OK
x	EOL	N/A	2				
xInterview Room							No device
Crawlspace			Zone 1				Men's Washroom Access
Crawlspace	HT	YES	1	YES			
Crawlspace	HT	YES	1	YES			
Crawlspace	HT	YES	1	YES			
Crawlspace	HT	YES	1	YES			
Crawlspace	EOL	N/A	1				
SIGNALS							
General Office	B6	YES	NAC 1				
x	B10	YES	NAC 1				
Mezzanine	B6	YES	NAC 1				
Attic	B6	YES	NAC 1				
Mezzanine	EOL	N/A	NAC 1				

Technician: C. Kyle

Date: November 15, 2013

FIRE ALARM SYSTEM ANNUAL TEST AND INSPECTION REPORT

<i>Building Name</i>	<i>Building Address</i>	<i>Building Number</i>	<i>Person Contacted</i>	<i>Date</i>
Government of Canada	Ste. Theresa, Manitoba			March 3, 2014
<i>System Manufacturer</i>	<i>Model number</i>	<i>Single Stage</i>	<i>Two Stage</i>	
Mircom	FA-202A	Yes		

TEST RESULTS: (Every line must have the appropriate marking in the space provided.)

- 1. The Fire Alarm System functioned correctly under General Alarm condition. YES X NO

- 2. Location of the electrically furthest manual stations with main AC power off.
 - 1. Front Entrance
 - 2. Rear Exit
 - 3.
 - 4.
 - 5.
 - 6.

The Fire Alarm functioned correctly during the above test. YES X NO

- 3. Each manual alarm-initiating device has been individually tested. YES X NO
 Number of devices 2

- 4. Each automatic alarm-initiating device has been tested. YES X NO
 Number of devices 7

- 5. Each audible and visual signalling device has been tested. YES X NO
 Number of devices 1

- 6. Correct annunciation has been confirmed for each device tested. YES X NO

SUMMARY

- 1. The Fire Alarm System is now fully functional. YES X NO

- 2. The Fire Alarm System has minor deficiencies noted on report. YES NO X

- 3. The Fire Alarm System has major deficiencies noted on report. YES NO X

- 4. A copy of this report has been given to the owner or owner's representative. YES X NO

THIS IS TO CERTIFY THAT THE FIRE ALARM SYSTEM HAS BEEN TESTED IN ACCORDANCE WITH SECTION 5, PERIODIC INSPECTIONS AND TESTS, OF CAN/ULC-S536-M04 AND THESE RECORDS DOCUMENT THE RESULTS OF TESTING PERFORMED.



SIGNATURE OF TECHNICIAN:

FIRE PROTECTION PLUS PH. 204-888-1922

ANNUAL TEST AND INSPECTION REPORT

Building Name: Government of Canada Building

Address: Ste. Theresa, Manitoba

LOCATION	DEVICE	ALARM OPERATION CONFIRMED	ZONE NUMBER	ANNUNCIATION INDICATION CONFIRMED	SMOKE DETECTOR SENSITIVITY	SUPERVISION CIRCUIT CONFIRMED	REMARKS
Office Area			Zone 1				
Main Entrance	M	YES	1	YES			
xRoom	HT	YES	1	YES			
Mech. Room	HT	YES	1	YES			
Side Exit	M	YES	1	YES			
x Hallway	S	YES	1	YES	2.6		
x 1	S	YES	1	YES	2.4		RL OK
x 2	S	YES	1	YES	1.40		RL OK
x 3	S	YES	1	YES	1.72		RL OK
x 4	S	YES	1	YES	1.03		RL OK
x4	EOL	N/A	1	YES			
Duct Smoke	DS	YES	Zone 2	YES			
Mech. Room	EOL	N/A	2				
Signals							
Office Area	B6	YES	NAC 1				
Office Area	EOL	N/A	NAC 1				

Technician: C. Kyle

Date: March 3, 2014

FIRE ALARM SYSTEM ANNUAL TEST AND INSPECTION REPORT

Building Name	Building Address	Building Number	Person Contacted	Date
Government of Canada	Stonewall, Manitoba			November 20, 2013
System Manufacturer	Model number	Single Stage	Two Stage	
Mircom	FA-1008K/FA-101T	YES		

TEST RESULTS: (Every line must have the appropriate marking in the space provided.)

1. The Fire Alarm System functioned correctly under General Alarm condition. YES X NO

2. Location of the electrically furthest manual stations with main AC power off.
 1. By Admin
 2. by Member's Entrance
 3. by Men's Washroom
 4. by Front Entrance
 5. Garage 1
 6. _____

The Fire Alarm functioned correctly during the above test. YES X NO

3. Each manual alarm-initiating device has been individually tested. YES X NO
 Number of devices 5

4. Each automatic alarm-initiating device has been tested. YES X NO
 Number of devices 27

5. Each audible and visual signalling device has been tested. YES X NO
 Number of devices 6

6. Correct annunciation has been confirmed for each device tested. YES X NO

SUMMARY

1. The Fire Alarm System is now fully functional. YES X NO

2. The Fire Alarm System has minor deficiencies noted on report. YES NO X

3. The Fire Alarm System has major deficiencies noted on report. YES NO X

4. A copy of this report has been given to the owner or owner's representative. YES X NO

THIS IS TO CERTIFY THAT THE FIRE ALARM SYSTEM HAS BEEN TESTED IN ACCORDANCE WITH SECTION 5, PERIODIC INSPECTIONS AND TESTS, OF CAN/ULC-S536-M04 AND THESE RECORDS DOCUMENT THE RESULTS OF TESTING PERFORMED.



SIGNATURE OF TECHNICIAN:

FIRE PROTECTION PLUS PH. 204-888-1922

ANNUAL TEST AND INSPECTION REPORT

Building Name: Government of Canada

Building Address: Stonewall, Manitoba

LOCATION	DEVICE	ALARM OPERATION CONFIRMED	ZONE NUMBER	ANNUNCIATION INDICATION CONFIRMED	SMOKE DETECTOR SENSITIVITY	SUPERVISION CIRCUIT CONFIRMED	REMARKS
Crawlspace			Zone 1				
Crawlspace	RHT	YES	1	YES			
Crawlspace	RHT	YES	1	YES			
Crawlspace	RHT	YES	1	YES			
Crawlspace	RHT	YES	1	YES			
Crawlspace	RHT	YES	1	YES			
Crawlspace	EOL	N/A	1				
Administration			Zone 2				
By Front Entrance	M	YES	2	YES			
By Men's Washroom	M	YES	2	YES			
By Member Entrance	M	YES	2	YES			
Janitor Room	RHT	YES	2	YES			
x	S	YES	2	YES	1.41		
x							No device
General Office	S	YES	2	YES	1.50		
x	RHT	YES	2	YES			
Under Stair in Men's Washroom	RHT	YES	2	YES			
x	EOL	N/A	2				

Technician: C. Kyle

Date: November 20, 2013

ANNUAL TEST AND INSPECTION REPORT

Building Name: Government of Canada

Building Address: Stonewall, Manitoba

LOCATION	DEVICE	ALARM OPERATION CONFIRMED	ZONE NUMBER	ANNUNCIATION INDICATION CONFIRMED	SMOKE DETECTOR SENSITIVITY	SUPERVISION CIRCUIT CONFIRMED	REMARKS
x			Zone 3				
x	M	YES	3	YES			
Byx	S	YES	3	YES	2.4		
x	S	YES	3	YES	2.4		
x	S	YES	3	YES	1.54		
x	M	YES	3	YES			
x	HT	YES	3	YES			
x	HT	YES	3	YES			
x	HT	YES	3	YES			
x	S		3				No access
x	S		3				No access
x	S	YES	3	YES	1.48		
x	M	YES	3	YES			
x	EOL	N/A	3	YES			
Stair & Attic			Zone 4				
Stair	S	YES	4	YES	2.4		
x	HT	YES	4	YES			
x	HT	YES	4	YES			
x	HT	YES	4	YES			
Attic	HT	YES	4	YES			
Attic	HT	YES	4	YES			
By Stair	M	YES	4	YES			
Stair	EOL	N/A	4	YES			
Return Fan	DS	YES	Zone 5	YES	1.20		.10" H2O #3 RL OK
Mech. Room	EOL	N/A	5	YES			

Technician: C. Kyle

Date: November 20, 2013

ANNUAL TEST AND INSPECTION REPORT

Building Name: Government of Canada

Building Address: Stonewall, Manitoba

LOCATION	DEVICE	ALARM OPERATION CONFIRMED	ZONE NUMBER	ANNUNCIATION INDICATION CONFIRMED	SMOKE DETECTOR SENSITIVITY	SUPERVISION CIRCUIT CONFIRMED	REMARKS
Supply Fan 1	DS	YES	Zone 6	YES	.82		.12" H2O #1 RL OK
Mech. Room	EOL	N/A	6	YES			
Supply Fan 2	DS	YES	Zone 7	YES	.84		.10" H2O #2 RL OK
Mech. Room	EOL	N/A	7	YES			
x	FA-101T	YES	Zone 8	YES			
x	S	YES	FACP 1	YES	1.59		RL OK
x 2 (210)	S	YES	FACP 1	YES	1.48		RL OK
x 3 (208)	S	YES	FACP 1	YES	1.62		RL OK
x (in duct)	S	YES	FACP 1	YES	1.40		RL OK
IN FACP	EOL	N/A	FACP 1				
Signals							
General Office	B6	YES	NAC 1	YES			
x	B6	YES	NAC 1	YES			
By x	B6	YES	NAC 1	YES			
Mezzanine	B6	YES	NAC 1	YES			
Attic	B6	YES	NAC 1	YES			
xAlarm	H	YES	System	YES			FA-101T Panel
By x	EOL	N/A	System	YES			

Technician: C. Kyle

Date: November 20, 2013

FIRE PROTECTION PLUS

ANNUAL EMERGENCY LIGHTING TEST AND INSPECTION REPORT

BUILDING NAME: Government of Canada

BUILDING ADDRESS: Swan River, Manitoba

<i>LOCATION</i>	<i>DEVICE</i>	<i>MAKE</i>	<i>MODEL #</i>	<i>VOLTAGE</i>	<i>WATTAGE</i>	<i>NUMBER OF HEADS</i>	<i>OPERATION</i>	<i>REMARKS</i>
<i>Janitor Room</i>	<i>BU</i>	<i>Dual-Lite</i>	<i>24PCXL-700BB</i>	<i>24</i>	<i>700</i>	<i>0</i>	<i>YES</i>	<i>2010</i>
<i>x</i>	<i>RL</i>					<i>1</i>	<i>YES</i>	
<i>x</i>	<i>RL</i>					<i>1</i>	<i>YES</i>	
<i>x</i>	<i>RL</i>					<i>1</i>	<i>YES</i>	
<i>x</i>	<i>EXIT</i>					<i>1</i>	<i>YES</i>	
<i>Garage</i>	<i>RL</i>					<i>1</i>	<i>YES</i>	
<i>Byx</i>	<i>RL</i>					<i>2</i>	<i>YES</i>	
<i>x</i>	<i>EXIT</i>					<i>1</i>	<i>YES</i>	
<i>Garage</i>	<i>RL</i>					<i>2</i>	<i>YES</i>	
<i>By File Room</i>	<i>EXIT</i>					<i>1</i>	<i>YES</i>	
<i>By File Room</i>	<i>RL</i>					<i>2</i>	<i>YES</i>	
<i>By Front Entrance</i>	<i>EXIT</i>					<i>1</i>	<i>YES</i>	
<i>Front Entrance</i>	<i>RL</i>					<i>1</i>	<i>YES</i>	
<i>Front Entrance</i>	<i>EXIT</i>					<i>1</i>	<i>YES</i>	
<i>General Office</i>	<i>RL</i>					<i>1</i>	<i>YES</i>	

TECHNICIAN: C. KYLE

DATE: November 15, 2013

FIRE ALARM SYSTEM ANNUAL TEST AND INSPECTION REPORT

Building Name	Building Address	Building Number	Person Contacted	Date
Government of Canada	Swan River, Manitoba			November 15, 2013
System Manufacturer	Model number	Single Stage	Two Stage	
Mircom	FA-1025A	YES		

TEST RESULTS: (Every line must have the appropriate marking in the space provided.)

1. The Fire Alarm System functioned correctly under General Alarm condition. YES X NO

2. Location of the electrically furthest manual stations with main AC power off.
 1. Front Entrance
 2. Entrance
 3. Admin Area
 4. by ADMIN 5
 5. Garage 1
 - 6.

The Fire Alarm functioned correctly during the above test. YES X NO

3. Each manual alarm-initiating device has been individually tested. YES X NO
 Number of devices 5

4. Each automatic alarm-initiating device has been tested. YES X NO
 Number of devices 18

5. Each audible and visual signalling device has been tested. YES X NO
 Number of devices 2

6. Correct annunciation has been confirmed for each device tested. YES X NO

SUMMARY

1. The Fire Alarm System is now fully functional. YES X NO

2. The Fire Alarm System has minor deficiencies noted on report. YES NO X

3. The Fire Alarm System has major deficiencies noted on report. YES NO X

4. A copy of this report has been given to the owner or owner's representative. YES X NO

THIS IS TO CERTIFY THAT THE FIRE ALARM SYSTEM HAS BEEN TESTED IN ACCORDANCE WITH SECTION 5, PERIODIC INSPECTIONS AND TESTS, OF CAN/ULC-S536-M04 AND THESE RECORDS DOCUMENT THE RESULTS OF TESTING PERFORMED.



SIGNATURE OF TECHNICIAN:

FIRE PROTECTION PLUS PH. 204-888-1922

ANNUAL TEST AND INSPECTION REPORT

Building Name: Government of Canada

Building Address: Swan River, Manitoba

LOCATION	DEVICE	ALARM OPERATION CONFIRMED	ZONE NUMBER	ANNUNCIATION INDICATION CONFIRMED	SMOKE DETECTOR SENSITIVITY	SUPERVISION CIRCUIT CONFIRMED	REMARKS
Main Floor			Zone 2				
General Office E.	S	YES	2	YES	2.4		
General Office W.	S	YES	2	YES	2.4		
x	S	YES	2	YES	2.4		
Lunch Room	RHT	YES	2	YES			
Front Entrance	M	YES	2	YES			
x							No device
x	RHT	YES	2	YES			
x	RHT	YES	2	YES			
x	S	YES	2	YES	2.4		
x	S	YES	2	YES	2.6		
Electrical Room	S	YES	2	YES	2.4		
x	M	YES	2	YES			
Garage 1	M	YES	2	YES			
Garage 1	HT	YES	2	YES			
Garage 1 Storage	RHT	YES	2	YES			
x	RHT	YES	2	YES			
Crawlspace Access	RHT	YES	2	YES			
Main entrance	EOL	N/A	2	YES			

Technician: C. Kyle

Date: November 15, 2013

ANNUAL TEST AND INSPECTION REPORT

Building Name: Government of Canada

Building Address: Swan River, Manitoba

LOCATION	DEVICE	ALARM OPERATION CONFIRMED	ZONE NUMBER	ANNUNCIATION INDICATION CONFIRMED	SMOKE DETECTOR SENSITIVITY	SUPERVISION CIRCUIT CONFIRMED	REMARKS
x Area			Zone 5				
x Area	M	YES	5	YES			
x Area	S	YES	5	YES	2.4		
By x 5	M	YES	5	YES			
x	S	YES	5	YES	2.6		
xRoom	S	YES	5	YES	2.4		
x	S	YES	5	YES	2.4		
x	S	YES	5	YES	2.4		
x	S	YES	5	YES	2.6		
x	EOL	N/A	5	YES			
Attic			Zone 4				
Attic	RHT	YES	4	YES			Janitor room access
x	EOL	N/A	4	YES			

ANNUAL TEST AND INSPECTION REPORT

Building Name: Government of Canada

Building Address: Swan River, Manitoba

LOCATION	DEVICE	ALARM OPERATION CONFIRMED	ZONE NUMBER	ANNUNCIATION INDICATION CONFIRMED	SMOKE DETECTOR SENSITIVITY	SUPERVISION CIRCUIT CONFIRMED	REMARKS
Crawlspace			Zone 1				
Crawlspace	RHT	YES	1	YES			
Crawlspace	RHT	YES	1	YES			
Crawlspace	RHT	YES	1	YES			
Crawlspace	RHT	YES	1	YES			
Crawlspace	RHT	YES	1	YES			
Crawlspace	RHT	YES	1	YES			
Crawlspace	RHT	YES	1	YES			
Crawlspace	EOL	N/A	1				
Detectors			Zone 3				
(141)	S	YES	3	YES	1.60		RL OK
(142)	S	YES	3	YES	1.64		RL OK
(144)	S		3				No access
(143)	S	YES	3	YES	1.81		RL OK
(146)	S	YES	3	YES	1.69		RL OK
SIGNALS							
rea	B6	YES	NAC 1	YES			
Area	EOL	N/A	NAC 1	YES			
By Washrooms	B6	YES	NAC 2	YES			Replaced device
By Washrooms	EOL	N/A	NAC 2	YES			

Technician: C. Kyle

Date: November 15, 2013

FIRE PROTECTION PLUS

ANNUAL EMERGENCY LIGHTING TEST AND INSPECTION REPORT

BUILDING NAME: Government of Canada

BUILDING ADDRESS: Tadoule Lake, Manitoba

LOCATION	DEVICE	MAKE	MODEL #	VOLTAGE	WATTAGE	NUMBER OF HEADS	OPERATION	REMARKS
Back Area	BU	Lumacell	RG36	6	36	2	YES	2011
Office Area	BU	Lumacell	RG36	6	36	2	YES	2011

TECHNICIAN: C. KYLE

DATE: January 8, 2014

FIRE ALARM SYSTEM ANNUAL TEST AND INSPECTION REPORT

Building Name	Building Address	Building Number	Person Contacted	Date
Government of Canada	Tadoule Lake, Manitoba			January 8, 2014
System Manufacturer	Model number	Single Stage	Two Stage	
Mircom	FA-204	Yes		

TEST RESULTS: (Every line must have the appropriate marking in the space provided.)

- 1. The Fire Alarm System functioned correctly under General Alarm condition. YES X NO

- 2. Location of the electrically furthest manual stations with main AC power off.
 - 1. Main Entrance
 - 2. Rear Exit
 - 3.
 - 4.
 - 5.
 - 6.

The Fire Alarm functioned correctly during the above test. YES X NO

- 3. Each manual alarm-initiating device has been individually tested. YES X NO
 Number of devices 2

- 4. Each automatic alarm-initiating device has been tested. YES X NO
 Number of devices 10

- 5. Each audible and visual signalling device has been tested. YES X NO
 Number of devices 2

- 6. Correct annunciation has been confirmed for each device tested. YES X NO

SUMMARY

- 1. The Fire Alarm System is now fully functional. YES X NO

- 2. The Fire Alarm System has minor deficiencies noted on report. YES NO X

- 3. The Fire Alarm System has major deficiencies noted on report. YES NO X

- 4. A copy of this report has been given to the owner or owner's representative. YES X NO
 Owners Representative

THIS IS TO CERTIFY THAT THE FIRE ALARM SYSTEM HAS BEEN TESTED IN ACCORDANCE WITH SECTION 5, PERIODIC INSPECTIONS AND TESTS, OF CAN/ULC-S536-M04 AND THESE RECORDS DOCUMENT THE RESULTS OF TESTING PERFORMED.



SIGNATURE OF TECHNICIAN:

FIRE PROTECTION PLUS PH. 204-888-1922

ANNUAL TEST AND INSPECTION REPORT

Building Name: Government of Canada Building

Address: Tadoule Lake, Manitoba

LOCATION	DEVICE	ALARM OPERATION CONFIRMED	ZONE NUMBER	ANNUNCIATION INDICATION CONFIRMED	SMOKE DETECTOR SENSITIVITY	SUPERVISION CIRCUIT CONFIRMED	REMARKS
Back Rm 1	S	YES	Zone 1	YES	1.30		RL OK
	EOL	N/A	1				
Back Rm 2	S	YES	Zone 2	YES	1.41		RL OK
	EOL	N/A	2				
Main Floor			Zone 3				
Main Entrance	M	YES	3	YES			
By Back Rms	M	YES	3	YES			
By Back Rms	EOL	N/A	3				
Main Office Area	S	YES	3	YES	1.67		
Mech. Room	RHT	YES	3	YES			
Storage Room	S	YES	3	YES	1.60		
By Admin Station	S	YES	3	YES	2.4		
Room 3	S	YES	3	YES	1.64		
Crawlspace			Zone 4				Furnace Room Access
Crawlspace	RHTmp	YES	4	YES			
Crawlspace	RHTmp	YES	4	YES			
Crawlspace	RHTmp	YES	4	YES			
Crawlspace	RHTmp	YES	4	YES			
Crawlspace	EOL	N/A	4	YES			

Technician: C. Kyle

Date: January 8, 2014

ANNUAL TEST AND INSPECTION REPORT

Building Name: Government of Canada Building

Address: Tadoule Lake, Manitoba

<i>LOCATION</i>	<i>DEVICE</i>	<i>ALARM OPERATION CONFIRMED</i>	<i>ZONE NUMBER</i>	<i>ANNUNCIATION INDICATION CONFIRMED</i>	<i>SMOKE DETECTOR SENSITIVITY</i>	<i>SUPERVISION CIRCUIT CONFIRMED</i>	<i>REMARKS</i>
Signals							
By Back Area	EOL	N/A	BC1	YES			
By Back Area	B6	YES	BC1	YES			
Main Office	B6	YES	BC1	YES			

Technician: C. Kyle

Date: January 8, 2014

FIRE PROTECTION PLUS

ANNUAL EMERGENCY LIGHTING TEST AND INSPECTION REPORT

BUILDING NAME: Government of Canada

BUILDING ADDRESS: Teulon, Manitoba

LOCATION	DEVICE	MAKE	MODEL #	VOLTAGE	WATTAGE	NUMBER OF HEADS	OPERATION	REMARKS
Room 1	BU	Dual-Lite	I2PCXL360	12	360	0	YES	2013 Breaker #9
By Room 1	RL					2	YES	
By Washroom	RL					1	YES	
By Back Area	RL					2	YES	
Basement	BU	Dual-Lite	C12AS160-BCI	12	160	2	YES	2010
Stair to Basement	RL					2	YES	
Kitchen	RL					1	YES	
Kitchen	EXIT					2	YES	
By Front Entrance	RL					1	YES	
By Front Entrance	EXIT					2	YES	Replaced 2 LED lamps
To Kitchen	EXIT					2	YES	Replaced 2 LED lamps
Front Entrance	EXIT					2	YES	Replaced 2 LED lamps
Staff Entrance	EXIT					2	YES	Replaced 2 LED lamps
To Back Area	EXIT					2	YES	Replaced 2 LED lamps
Back Area	EXIT					2	YES	
Back Area Exit	EXIT					2	YES	

TECHNICIAN: C. Kyle

DATE: March 10, 2014

FIRE ALARM SYSTEM ANNUAL TEST AND INSPECTION REPORT

Building Name	Building Address	Building Number	Person Contacted	Date
Government of Canada	Teulon, Manitoba			March 10, 2014
System Manufacturer	Model number	Single Stage	Two Stage	
Mircom	FA-101A	YES		

TEST RESULTS: (Every line must have the appropriate marking in the space provided.)

1. The Fire Alarm System functioned correctly under General Alarm condition. YES X NO

2. Location of the electrically furthest manual stations with main AC power off.
 1. Staff Entrance
 2. Main Entrance
 3. by Basement Stairs
 4. Basement
 5. Back Area Exit
 - 6.

The Fire Alarm functioned correctly during the above test. YES X NO

3. Each manual alarm-initiating device has been individually tested. YES X NO
 Number of devices 5

4. Each automatic alarm-initiating device has been tested. YES X NO
 Number of devices 25

5. Each audible and visual signalling device has been tested. YES X NO
 Number of devices 5

6. Correct annunciation has been confirmed for each device tested. YES X NO

SUMMARY

1. The Fire Alarm System is now fully functional. YES X NO

2. The Fire Alarm System has minor deficiencies noted on report. YES NO X

3. The Fire Alarm System has major deficiencies noted on report. YES NO X

4. A copy of this report has been given to the owner or owner's representative. YES X NO
 Owners Representative

THIS IS TO CERTIFY THAT THE FIRE ALARM SYSTEM HAS BEEN TESTED IN ACCORDANCE WITH SECTION 5, PERIODIC INSPECTIONS AND TESTS, OF CAN/ULC-S536-M04 AND THESE RECORDS DOCUMENT THE RESULTS OF TESTING PERFORMED.



SIGNATURE OF TECHNICIAN:

FIRE PROTECTION PLUS PH. 204-888-1922

ANNUAL TEST AND INSPECTION REPORT

Building Name: Government of Canada

Building Address: Teulon, Manitoba

LOCATION	DEVICE	ALARM OPERATION CONFIRMED	ZONE NUMBER	ANNUNCIATION INDICATION CONFIRMED	SMOKE DETECTOR SENSITIVITY	SUPERVISION CIRCUIT CONFIRMED	REMARKS
<i>Main Floor</i>							
Old Back Rm 1	S	YES	1	YES	2.4		RL OK
Back Room 2	S	YES	1	YES	2.6		RL OK
Open Corridor	S	YES	1	YES	1.13		
Exit Old Back Area	M	YES	1	YES			
Room 3A	S	YES	1	YES	2.4		
Room 3B	S	YES	1	YES	2.4		
Print Room	S	YES	1	YES	2.4		
General Office Area	S	YES	1	YES	1.77		
Office by Room 3	S	YES	1	YES	2.6		
Staff Entrance (Office)	M	YES	1	YES			
Main entrance	M	YES	1	YES			
Main Reception Office	S	YES	1	YES	2.6		
Supervisor's Office	S	YES	1	YES	2.4		
Kitchen	S	YES	1	YES	2.6		
Exit by Kitchen	M	YES	1	YES			
By Basement Stair	S	YES	1	YES	2.4		
By 2 nd Floor Stair	S	YES	1	YES	2.6		
Janitor Closet	RHT	YES	1	YES			
Storage Rm 1	RHT	YES	1	YES			
<i>2nd Floor</i>							
Top of Stair	S	YES	1	YES	2.4		
By Stair	M	YES	1	YES			
Board Room	RHT	YES	1	YES			
Mtg Room 1	S	YES	1	YES	2.6		
Room 3	S	YES	1	YES	2.6		
Back Area	EOL	N/A	1	YES			

Technician: C. Kyle

Date: March 10, 2014

ANNUAL TEST AND INSPECTION REPORT

Building Name: Government of Canada

Building Address: Teulon, Manitoba

LOCATION	DEVICE	ALARM OPERATION CONFIRMED	ZONE NUMBER	ANNUNCIATION INDICATION CONFIRMED	SMOKE DETECTOR SENSITIVITY	SUPERVISION CIRCUIT CONFIRMED	REMARKS
Basement							
By Stair	M	YES	1	YES			
Main Area	RHT	YES	1	YES			
Main Area	RHT	YES	1	YES			
Furnace Room	RHT	YES	1	YES			
Lan Room	S	YES	1	YES	2.6		
Cold Storage	RHT	YES	1	YES			
Crawlspace	RHT	YES	1	YES			
Signals							
Old Open Corridor	B6	YES	NAC 1	YES			
General Office	B10	YES	NAC 1	YES			
Main Floor By Basement Stair	B6	YES	NAC 1	YES			
2 nd Floor	B6	YES	NAC 1	YES			
Basement	B6	YES	NAC 1	YES			
Basement	EOL	N/A	NAC 1	YES			

Technician: C. Kyle

Date: March 10, 2014

FIRE ALARM SYSTEM ANNUAL TEST AND INSPECTION REPORT

Building Name	Building Address	Building Number	Person Contacted	Date
Government of Canada	The Pas, Manitoba			December 11, 2013
System Manufacturer	Model number	Single Stage	Two Stage	
Mircom	FA-1008K		YES	

TEST RESULTS: (Every line must have the appropriate marking in the space provided.)

1. The Fire Alarm System functioned correctly under General Alarm condition. YES X NO
2. Location of the electrically furthest manual stations with main AC power off.
1. Back Area Mech. Room
 2. Garage 1
 3. Garage 2
 4. Garage 3
 5. by Back Rm 1
 6. by Room 225
- The Fire Alarm functioned correctly during the above test. YES X NO
3. Each manual alarm-initiating device has been individually tested. YES X NO
Number of devices 12
4. Each automatic alarm-initiating device has been tested. YES X NO
Number of devices 51
5. Each audible and visual signalling device has been tested. YES X NO
Number of devices 21
6. Correct annunciation has been confirmed for each device tested. YES X NO

SUMMARY

1. The Fire Alarm System is now fully functional. YES X NO
2. The Fire Alarm System has minor deficiencies noted on report. YES NO X
3. The Fire Alarm System has major deficiencies noted on report. YES NO X
4. A copy of this report has been given to the owner or owner's representative. YES X NO
Owners Representative

THIS IS TO CERTIFY THAT THE FIRE ALARM SYSTEM HAS BEEN TESTED IN ACCORDANCE WITH SECTION 5, PERIODIC INSPECTIONS AND TESTS, OF CAN/ULC-S536-M04 AND THESE RECORDS DOCUMENT THE RESULTS OF TESTING PERFORMED.



SIGNATURE OF TECHNICIAN:

FIRE PROTECTION PLUS PH. 204-888-1922

ANNUAL TEST AND INSPECTION REPORT

Building Name: Government of Canada

Building Address: The Pas, Manitoba

LOCATION	DEVICE	ALARM OPERATION CONFIRMED	ZONE NUMBER	ANNUNCIATION INDICATION CONFIRMED	SMOKE DETECTOR SENSITIVITY	SUPERVISION CIRCUIT CONFIRMED	REMARKS
Office Area			Zone 1				
Rear of General Office	M	YES	1	YES			
Room 217 N	S	YES	1	YES	1.73		
Room 217 S	S	YES	1	YES	1.24		
Room 1	S	YES	1	YES	2.06		
Room 2	S	YES	1	YES	1.87		
Room 3	S		1				No access
Room 4	S	YES	1	YES	1.79		
Room 4	S	YES	1	YES	2.06		
Front Entrance	M	YES	1	YES			
Room 5	RHT	YES	1	YES			
By Room 5	M	YES	1	YES			
Exit by Room 225	M	YES	1	YES			
Janitor Room by Staff Room	RHT	YES	1	YES			
Storage Room 225	RHT	YES	1	YES			
Room 6	RHT	YES	1	YES			
Room 7	RHT	YES	1	YES			
By Rm 7	S	YES	1	YES	1.81		
By Meeting Rm	S	YES	1	YES	1.69		
By Room 5	S	YES	1	YES	1.64		
By Office 1	S	YES	1	YES	1.78		
Hall By Office 2	S	YES	1	YES	1.67		
Office 2 Storage	RHT	YES	1	YES			
By Mtg Room 2	S	YES	1	YES	1.72		
By Room 6221	S	YES	1	YES	1.40		
By Room 6205	S	YES	1	YES	1.82		
Room by 6221	RHT	YES	1	YES			Recommend to replace with a smoke detector
Janitor Room by Garage	RHT	YES	1	YES			
By 225	EOL	N/A	1	YES			

Technician: C. Kyle

Date: December 11, 2013

ANNUAL TEST AND INSPECTION REPORT

Building Name: Government of Canada

Building Address: The Pas, Manitoba

LOCATION	DEVICE	ALARM OPERATION CONFIRMED	ZONE NUMBER	ANNUNCIATION INDICATION CONFIRMED	SMOKE DETECTOR SENSITIVITY	SUPERVISION CIRCUIT CONFIRMED	REMARKS
Back Area			Zone 4				
Admin Station 230	S	YES	4	YES	1.68		
Admin Station 227	S	YES	4	YES	1.77		
Garage 2	EOL	N/A	4	YES			
Garage 1	M	YES	4	YES			
Garage 1	HT	YES	4	YES			
Garage 2	M	YES	4	YES			
Garage 2	HT	YES	4	YES			
Garage Bay	HT	YES	4	YES			
Garage Bay	M	YES	4	YES			
Janitor Room	RHT	YES	4	YES			
By Back Rm 1	M	YES	4	YES			
By Back Rm 2	S	YES	4	YES	1.68		
By Back Rm 4	S	YES	4	YES	1.94		
By Back Rm 5	S	YES	4	YES	1.76		
By Back Rm 6	S	YES	4	YES	1.86		
By Back Rm 7	M	YES	4	YES			
Back Rm Area Mech. Room	M	YES	4	YES			
Back Rm 1	S	YES	4	YES	1.74		RL OK
Back Rm 2 (S	YES	4	YES	1.92		RL OK
Back Rm 3	S	YES	4	YES	1.64		RL OK
Back Rm 4	S	YES	4	YES	1.70		RL OK
Back Rm 5	S	YES	4	YES	1.73		RL OK
Back Rm 6	S	YES	4	YES	1.59		RL OK
Back Rm 7	S	YES	4	YES	1.62		RL OK
Back Rm 8	S	YES	4	YES	1.66		RL OK

Technician: C. Kyle

Date: December 11, 2013

ANNUAL TEST AND INSPECTION REPORT

Building Name: Government of Canada

Building Address: The Pas, Manitoba

LOCATION	DEVICE	ALARM OPERATION CONFIRMED	ZONE NUMBER	ANNUNCIATION INDICATION CONFIRMED	SMOKE DETECTOR SENSITIVITY	SUPERVISION CIRCUIT CONFIRMED	REMARKS
Basement			Zone 5				
Electrical Room	S	YES	5	YES	1.77		
Generator Room	HT	YES	5	YES			
Storage Room	RHT	YES	5	YES			
By S. E. Stair	M	YES	5	YES			
Mech. Room	HT	YES	5	YES			
Mech. Room	HT	YES	5	YES			
By N. E. Stair	M	YES	5	YES			
Storage under Ramp	RHT	YES	5	YES			
Ramp	M	YES	5	YES			
By N.E. Stair	EOL	N/A	5	YES			
In Main Room Office Supply Duct	DS	YES	Zone 6	YES	2.4		.10" H2O RL OK
Mech. Room	EOL	N/A	6	YES			
Basement Supply Duct			Zone 7				Fan not running
Parkade	DS	YES	7	YES	2.4		
Parkade	DS	YES	7	YES	2.6		
Mech Room	EOL	N/A	7	YES			
Back Area Duct	DS	YES	Zone 8	YES	2.6		.10" H2O Mech. Room
Back Mech. Room	EOL	N/A	8	YES			
Sprinkler Flow	PS	YES	Zone 9	YES			Electrical test Parkade
Parkade	EOL	N/A	9	YES			
S. E. Stair	S	YES	Zone 2	YES	1.56		
By Stair Foyer	EOL	N/A	2	YES			
N. E. Stair	S	YES	Zone 3	YES	1.44		
Stair foyer	EOL	N/A	3	YES			

Technician: C. Kyle

Date: December 11, 2013

ANNUAL TEST AND INSPECTION REPORT

Building Name: Government of Canada

Building Address: The Pas, Manitoba

LOCATION	DEVICE	ALARM OPERATION CONFIRMED	ZONE NUMBER	ANNUNCIATION INDICATION CONFIRMED	SUPERVISION CIRCUIT CONFIRMED	REMARKS
Back Area Crawlspace (Attic)			Zone 10			Outside Mech. Room Access
Attic	HT	YES	10	YES		
Attic	HT	YES	10	YES		
Attic	HT	YES	10	YES		
Attic	HT	YES	10	YES		
Spare			Zone 12 - 14			
Sprinkler Tamper	TS	YES	Zone 15	YES		
Parkade	EOL	N/A	15	YES		
Sprinkler Low Pressure	PS	YES	Zone 16	YES		
Parkade	EOL	N/A	16	YES		
General Alarm	M	YES	Zone 11	YES		All manual stations
Garage 2	EOL	N/A	11	YES		

Technician: C. Kyle

Date: December 11, 2013

ANNUAL TEST AND INSPECTION REPORT

Building Name: Government of Canada

Building Address: The Pas, Manitoba

LOCATION	DEVICE	ALARM OPERATION CONFIRMED	ZONE NUMBER	ANNUNCIATION INDICATION CONFIRMED	SUPERVISION CIRCUIT CONFIRMED	REMARKS
Signals						
Back Area Mech. Room	B10	YES	NAC 2	YES		
By Room 227 (Admin Station 2)	B6	YES	NAC 2	YES		
To Garage Bay	B6	YES	NAC 2	YES		
Garage Bay	B6	YES	NAC 2	YES		
By Room 230 (Admin Station 1)	B6	YES	NAC 2	YES		
Garage 1	B6	YES	NAC 2	YES		
Garage 1	EOL	N/A	NAC 2	YES		
By Room 225	B10	YES	NAC 1	YES		
By Rm 225	EOL	N/A	NAC 1	YES		
Rm 225	B6	YES	NAC 1	YES		
By Lunch Room	B10	YES	NAC 1	YES		
Room 10	B6	YES	NAC 1	YES		
By Room 11	B6	YES	NAC 1	YES		
Front Lobby	B10	YES	NAC 1	YES		
By Room 217 (Main Room)	B10	YES	NAC 1	YES		
Parkade by Storage Area	B10	YES	NAC 3	YES		
Parkade by S. Stair	B10	YES	NAC 3	YES		
Mech. Room	B6	YES	NAC 3	YES		
Generator Room	B6	Yes	NAC 3	YES		
Parkade by Sprinklers	B10	YES	NAC 3	YES		
Parkade (Mid way)	B10	YES	NAC 3	YES		
Parkade by Ramp	B10	YES	NAC 3	YES		
Parkade by Ramp Storage	B10	YES	NAC 3	YES		
Parkade by N. Stairs	B10	YES	NAC 3	YES		
Parkade by N. Stairs	EOL	N/A	NAC 3	YES		

Technician: C. Kyle

Date: December 11, 2013

FIRE PROTECTION PLUS

ANNUAL EMERGENCY LIGHTING TEST AND INSPECTION REPORT

BUILDING NAME: Government of Canada

BUILDING ADDRESS: The Pas, Manitoba

LOCATION	DEVICE	MAKE	MODEL #	VOLTAGE	WATTAGE	NUMBER OF HEADS	OPERATION	REMARKS
Mech. Room	BU	Beghelli	NV12-160-2	12	160	2	Failed	Unit is overloaded 2011 (others)
By Mech. Room	RL					2	YES	
By SE Stair	EXIT					2	YES	
Near SE Stair	EXIT					2	YES	
Parkade	RL					2	YES	
Parkade	RL					2	YES	
By NE Stair	RL					2	YES	
By NE Stair	EXIT					2	YES	
Near NE Stair	EXIT					2	YES	
Parkade by Ramp	RL					2	YES	
Parkade by Ramp	RL					2	YES	
NE Stair	RL					2	YES	
SE Stair	RL					2	YES	
By SE Stair	RL					2	YES	
Parkade by Mech. Room	RL					1	YES	
Generator Room	BU	Lumacell	RG212-100-2	12	100	2	YES	Replaced battery
Electrical Room	RL					2	YES	

TECHNICIAN: C. KYLE

DATE: December 11, 2012

ANNUAL EMERGENCY LIGHTING TEST AND INSPECTION REPORT

BUILDING NAME: Government of Canada

BUILDING ADDRESS: The Pas, Manitoba

LOCATION	DEVICE	MAKE	MODEL #	VOLTAGE	WATTAGE	NUMBER OF HEADS	OPERATION	REMARKS
Janitor Room	BU	Lumacell	12RG360	12	360	0	YES	
By Janitor Room	EXIT					2	YES	
By Room 225	RL					2	YES	
By Room 225	EXIT					2	YES	
By Room 227	RL					2	YES	
Room 227	RL					1	YES	
By Rm 7	EXIT					2	YES	
By Rm 8	RL					2	YES	
By Rm 9	EXIT					2	YES	
By Room 230	RL					2	YES	
Room 230	RL					1	YES	
By Rm 1	EXIT					2	YES	
Garage	RL					2	YES	
Back Area Mech. Room	RL					2	YES	
Lunch Room	RL					2	YES	

TECHNICIAN: C. KYLE

DATE: December 11, 2012

ANNUAL EMERGENCY LIGHTING TEST AND INSPECTION REPORT

BUILDING NAME: Government of Canada

BUILDING ADDRESS: The Pas, Manitoba

LOCATION	DEVICE	MAKE	MODEL #	VOLTAGE	WATTAGE	NUMBER OF HEADS	OPERATION	REMARKS
Room 270 Storage	BU	Lumacell	I2RG360	12	360	1	YES	2011
By Lunch Room	RL					2	YES	
By Lunch Room (Hall)	EXIT					2	YES	
By Lunch Room (Exit)	EXIT					2	YES	
By Room #3	RL					2	YES	
By Room 220	RL					2	YES	
By Office	RL					2	YES	
By Office	EXIT					2	YES	
By Room #1	EXIT					2	YES	
Front Lobby	EXIT					2	YES	
Front Lobby	RL					2	YES	
By Washroom	RL					2	YES	
Room 217	RL					2	YES	
By Room 217	EXIT					2	YES	
Rear Exit	EXIT					2	YES	
Men's Lockers	RL					2	YES	
Ladies Lockers	RL					1	YES	
Men's Washroom	RL					1	YES	
Ladies Washroom	RL					1	YES	
Room 225	RL					1	YES	
Room 225	RL					1	YES	

TECHNICIAN: C. KYLE

DATE: December 11, 2012

FIRE ALARM SYSTEM ANNUAL TEST AND INSPECTION REPORT

Building Name	Building Address	Building Number	Person Contacted	Date
Government of Canada	Thompson, Manitoba			January 15, 2014
System Manufacturer	Model number	Single Stage	Two Stage	
Mircom	FA-204	YES		

TEST RESULTS: (Every line must have the appropriate marking in the space provided.)

1. The Fire Alarm System functioned correctly under General Alarm condition. YES X NO

2. Location of the electrically furthest manual stations with main AC power off.
 1. Front Entrance
 2. Workshop
 3. Front of Main Rm
 4. Front of Main Rm
 5. Rear of Main Rm
 6. _____

The Fire Alarm functioned correctly during the above test. YES X NO

3. Each manual alarm-initiating device has been individually tested. YES X NO
 Number of devices 5

4. Each automatic alarm-initiating device has been tested. YES X NO
 Number of devices 23

5. Each audible and visual signalling device has been tested. YES X NO
 Number of devices 2

6. Correct annunciation has been confirmed for each device tested. YES X NO

SUMMARY

1. The Fire Alarm System is now fully functional. YES X NO

2. The Fire Alarm System has minor deficiencies noted on report. YES NO X

3. The Fire Alarm System has major deficiencies noted on report. YES NO X

4. A copy of this report has been given to the owner or owner's representative. YES X NO
 Owners Representative

THIS IS TO CERTIFY THAT THE FIRE ALARM SYSTEM HAS BEEN TESTED IN ACCORDANCE WITH SECTION 5, PERIODIC INSPECTIONS AND TESTS, OF CAN/ULC-S536-M04 AND THESE RECORDS DOCUMENT THE RESULTS OF TESTING PERFORMED.



SIGNATURE OF TECHNICIAN:

FIRE PROTECTION PLUS PH. 204-888-1922

ANNUAL TEST AND INSPECTION REPORT

Building Name: Government of Canada

Building Address: Thompson, Manitoba

LOCATION	DEVICE	ALARM OPERATION CONFIRMED	ZONE NUMBER	ANNUNCIATION INDICATION CONFIRMED	SUPERVISION CIRCUIT CONFIRMED	REMARKS
Office Area			Zone 1			
Front Entrance	M	YES	1	YES		
Lobby	RHT	YES	1	YES		
Office 1	RHT	YES	1	YES		
Office 2	RHT	YES	1	YES		
Electrical Room	RHT	YES	1	YES		
Workshop	M	YES	1	YES		
Workshop	RHT	YES	1	YES		
Generator Room	HTexp	YES	1	YES		
Main Area			Zone 1			
Front Main Rm	M	YES	1	YES		
Front Main Rm	M	YES	1	YES		
Rear Main Rm	M	YES	1	YES		
Main Rm Workshop (Garage Bay)	HT	YES	1	YES		Recommend a manual station be added @ the exit Above ceiling fan
Main Rm Ceiling, Rear	RHT	YES	1	YES		
Main Rm Ceiling, Rear	RHT	YES	1	YES		
Main Rm Ceiling, Rear	RHT	YES	1	YES		
Main Rm Ceiling, Rear	RHT	YES	1	YES		
Main Rm Ceiling, Rear Center	RHT	YES	1	YES		
Main Rm Ceiling, Rear Center	RHT	YES	1	YES		
Main Rm Ceiling, Rear Center	RHT	YES	1	YES		
Main Rm Ceiling, Rear Center	RHT	YES	1	YES		

Technician: C. Kyle

Date: January 15, 2014

ANNUAL TEST AND INSPECTION REPORT

Building Name: Government of Canada

Building Address: Thompson, Manitoba

LOCATION	DEVICE	ALARM OPERATION CONFIRMED	ZONE NUMBER	ANNUNCIATION INDICATION CONFIRMED	SUPERVISION CIRCUIT CONFIRMED	REMARKS
Main Area			Zone 1			
Hanger Ceiling Front	RHT	YES	1	YES		
Main Rm Ceiling Front (middle)	RHT	YES	1	YES		
Main Rm Ceiling Front (middle)	RHT	YES	1	YES		
Main Rm Ceiling Front	RHT	YES	1	YES		
Main Rm Ceiling Front Center	RHT	YES	1	YES		
Main Rm Ceiling Front Center	RHT	YES	1	YES		
Main Rm Ceiling Front Center	RHT	YES	1	YES		
Main Rm Ceiling Front Center	RHT	YES	1	YES		
Main Rm Exit	EOL	N/A	1			
SIGNALS						
Main Rm	B6	YES	NAC1			
Workshop	B6	YES	NAC1			
Main Rm	EOL	N/A	NAC1			

Technician: C. Kyle

Date: January 15, 2014

FIRE ALARM SYSTEM ANNUAL TEST AND INSPECTION REPORT

Building Name	Building Address	Building Number	Person Contacted	Date
Government of Canada	Treherne, Manitoba			March 11, 2014
System Manufacturer	Model number	Single Stage	Two Stage	
Mircom	FA-101T	Yes		

TEST RESULTS: (Every line must have the appropriate marking in the space provided.)

1. The Fire Alarm System functioned correctly under General Alarm condition. YES X NO

2. Location of the electrically furthest manual stations with main AC power off.
 1. by Back Area
 2. Back Area
 - 3.
 - 4.
 - 5.
 - 6.

The Fire Alarm functioned correctly during the above test. YES X NO

3. Each manual alarm-initiating device has been individually tested. YES X NO
 Number of devices 2

4. Each automatic alarm-initiating device has been tested. YES X NO
 Number of devices 4

5. Each audible and visual signalling device has been tested. YES X NO
 Number of devices 2

6. Correct annunciation has been confirmed for each device tested. YES X NO

SUMMARY

1. The Fire Alarm System is now fully functional. YES X NO

2. The Fire Alarm System has minor deficiencies noted on report. YES NO X

3. The Fire Alarm System has major deficiencies noted on report. YES NO X

4. A copy of this report has been given to the owner or owner's representative. YES X NO
 Owners Representative

THIS IS TO CERTIFY THAT THE FIRE ALARM SYSTEM HAS BEEN TESTED IN ACCORDANCE WITH SECTION 5, PERIODIC INSPECTIONS AND TESTS, OF CAN/ULC-S536-M04 AND THESE RECORDS DOCUMENT THE RESULTS OF TESTING PERFORMED.



SIGNATURE OF TECHNICIAN:

FIRE PROTECTION PLUS PH. 204-888-1922

ANNUAL TEST AND INSPECTION REPORT

Building Name: Government of Canada

Building Address: Treherne, Manitoba

LOCATION	DEVICE	ALARM OPERATION CONFIRMED	ZONE NUMBER	ANNUNCIATION INDICATION CONFIRMED	SMOKE DETECTOR SENSITIVITY	SUPERVISION CIRCUIT CONFIRMED	REMARKS
By FACP	M	YES	Zone 1	YES			
Back Area	M	YES	1	YES			
Back Rm 1	S	YES	1	YES	2.6		RL OK
Back Rm 2	S	YES	1	YES	2.4		
Back Room 3A	S	YES	1	YES	2.4		
Back Room 3B	S	YES	1	YES	2.6		
Back Rm 4	EOL	N/A	1	YES			
Signals							
Back Area	B6	YES	NAC 1				
Office Area	B6	YES	NAC 1				
Office Area	EOL	N/A	NAC 1				

Technician: C. Kyle

Date: March 11, 2014

FIRE PROTECTION PLUS

ANNUAL EMERGENCY LIGHTING TEST AND INSPECTION REPORT

BUILDING NAME: Government of Canada

BUILDING ADDRESS: Virden, Manitoba

LOCATION	DEVICE	MAKE	MODEL #	VOLTAGE	WATTAGE	NUMBER OF HEADS	OPERATION	REMARKS
Mech. Room Mezzanine	BU	Dual-Lite	C12AS160-BCI	12	160	2	YES	2010
Top of Stairs	RL					1	YES	
Mezz. Locker Area	EXIT					1	YES	
Mezz. Mech. Room	EXIT					1	YES	
Mezz. Mech. Room	EXIT					1	YES	Points into Storage Area
Mezz. Storage to Attic	EXIT					1	YES	Points into Attic
Mezzanine Storage	B U	Dual-Lite	C12AS160-BCI	12	160	2	YES	2011
Admin Station	RL					2	YES	
Back Area	RL					1	YES	
Back Area to garage	RL					1	YES	
Back Area to Garage	EXIT					1	YES	
Garage	EXIT					1	YES	
Garage	RL					1	YES	
Back Area by Rm 4	RL					1	YES	
Back Area by Rm 4	EXIT					1	YES	

TECHNICIAN: C. Kyle

DATE: March 12, 2014

FIRE ALARM SYSTEM ANNUAL TEST AND INSPECTION REPORT

Building Name	Building Address	Building Number	Person Contacted	Date
Government of Canada	Virден, Manitoba			March 12, 2014
System Manufacturer	Model number	Single Stage	Two Stage	
Mircom	FA-1008K / FA-101T	Yes		

TEST RESULTS: (Every line must have the appropriate marking in the space provided.)

1. The Fire Alarm System functioned correctly under General Alarm condition. YES X NO

2. Location of the electrically furthest manual stations with main AC power off.
 1. Top of Stairs
 2. Garage 2
 3. by Staff Entrance
 4. by Room 2
 5. by Front Reception
 6. Admin Station
 The Fire Alarm functioned correctly during the above test. YES X NO

3. Each manual alarm-initiating device has been individually tested. YES X NO
 Number of devices 6

4. Each automatic alarm-initiating device has been tested. YES X NO
 Number of devices 34

5. Each audible and visual signalling device has been tested. YES X NO
 Number of devices 7

6. Correct annunciation has been confirmed for each device tested. YES X NO

SUMMARY

1. The Fire Alarm System is now fully functional. YES X NO

2. The Fire Alarm System has minor deficiencies noted on report. YES NO X

3. The Fire Alarm System has major deficiencies noted on report. YES NO X

4. A copy of this report has been given to the owner or owner's representative. YES X NO
 Owners Representative

THIS IS TO CERTIFY THAT THE FIRE ALARM SYSTEM HAS BEEN TESTED IN ACCORDANCE WITH SECTION 5, PERIODIC INSPECTIONS AND TESTS, OF CAN/ULC-S536-M04 AND THESE RECORDS DOCUMENT THE RESULTS OF TESTING PERFORMED.



SIGNATURE OF TECHNICIAN:

FIRE PROTECTION PLUS PH. 204-888-1922

ANNUAL TEST AND INSPECTION REPORT

Building Name: Government of Canada

Building Address: Virden, Manitoba

LOCATION	DEVICE	ALARM OPERATION CONFIRMED	ZONE NUMBER	ANNUNCIATION INDICATION CONFIRMED	SMOKE DETECTOR SENSITIVITY	SUPERVISION CIRCUIT CONFIRMED	REMARKS
Crawlspace			Zone 1				Janitor Room Access
Crawlspace	RHT	YES	1	YES			
Crawlspace	RHT	YES	1	YES			
Crawlspace	RHT	YES	1	YES			
Crawlspace	RHT	YES	1	YES			
Crawlspace	RHT	YES	1	YES			
Crawlspace	RHT	YES	1	YES			
Crawlspace	EOL	N/A	1				
Administration			Zone 2				
By Front Reception	M	YES	2	YES			
By Room 2	M	YES	2	YES			
Staff Entrance	M	YES	2	YES			
Janitor Room	RHT	YES	2	YES			
General Office	S	YES	2	YES	2.6		
Under Stair off of Men's Washroom	RHT	YES	2	YES			
Office 1	RHT	YES	2	YES			
Room 3	S	YES	2	YES	1.12		
LAN Room	S	YES	2	YES	2.4		
Staff Room	RHT	YES	2	YES			
Room 4							No device
Staff Entrance	EOL	N/A	2				

Technician: C. Kyle

Date: March 12, 2014

ANNUAL TEST AND INSPECTION REPORT

Building Name: Government of Canada

Building Address: Virden, Manitoba

LOCATION	DEVICE	ALARM OPERATION CONFIRMED	ZONE NUMBER	ANNUNCIATION INDICATION CONFIRMED	SMOKE DETECTOR SENSITIVITY	SUPERVISION CIRCUIT CONFIRMED	REMARKS
Back Area			Zone 3				
Room 1	S	YES	3	YES	2.4		
Room 2	S	YES	3	YES	2.4		
Rm 3 (back side)							No device
Rm 3 (front side)							No device
By Rm 4	S	YES	3	YES	2.4		
By Rm 5	S	YES	3	YES	2.4		
Admin Station							No device
Garage 1	RHT	YES	3	YES			
Garage 1 exit							Recommend a manual station be added
Garage 2	M	YES	3	YES			
Garage 2	RHT	YES	3	YES			
Garage 2 Storage	RHT	YES	3	YES			
By Rm 6	S	YES	3	YES	1.19		
Back area Lockers	S	YES	3	YES	2.6		
Garage 2	EOL	N/A	3				
Attic and Mezzanine			Zone 4				
By Top of Stairs	M	YES	4	YES			
Top of Stairs	S	YES	4	YES	2.4		
Locker Area	RHT	YES	4	YES			
Mech. Room	HT	YES	4	YES			
Mezzanine Storage	RHT	YES	4	YES			
Attic	RHT	YES	4	YES			
Attic	RHT	YES	4	YES			
By Top of Stairs	EOL	N/A	4				

Technician: C. Kyle

Date: March 12, 2014

ANNUAL TEST AND INSPECTION REPORT

Building Name: Government of Canada

Building Address: Virden, Manitoba

LOCATION	DEVICE	ALARM OPERATION CONFIRMED	ZONE NUMBER	ANNUNCIATION INDICATION CONFIRMED	SMOKE DETECTOR SENSITIVITY	SUPERVISION CIRCUIT CONFIRMED	REMARKS
Return Air Duct	DS	YES	Zone 5	YES	2.6		RL OK - EOL in Device
Supply Air Duct #2	DS	YES	Zone 6	YES	2.6		RL OK - EOL on Device
Supply Air Duct	DS	YES	Zone 7	YES	2.6		RL OK - EOL in Device
Back area Smoke Detection	101T	YES	Zone 8	YES			
Back rm 1	S	YES	8	YES	1.19		RL OK
Back rm 2	S	YES	8	YES	1.37		RL OK
Back rm 3	S	YES	8	YES	1.45		RL OK
Back rm 4	S	YES	8	YES	1.28		RL OK
Room 5	S	YES	8	YES	1.10		RL OK
Admin Station	M	YES	8	YES			
Signals							
Mech. Room	EOL	N/A	NAC 1	YES			
Mech. Room	B6	YES	NAC 1	YES			
Back area Smoke Detection	H	YES	NAC 1	YES			Cell smoke detection only
Garage 1	B6	YES	NAC 1	YES			
Back Area	B6	YES	NAC 1	YES			
By Room 7	B6	YES	NAC 1	YES			
General Office	B6	YES	NAC 1	YES			
Attic	B6	YES	NAC 1	YES			

Technician: C. Kyle

Date: March 12, 2014

FIRE PROTECTION PLUS

ANNUAL EMERGENCY LIGHTING TEST AND INSPECTION REPORT

BUILDING NAME: Government of Canada

BUILDING ADDRESS: Wabowden, Manitoba

<i>LOCATION</i>	<i>DEVICE</i>	<i>MAKE</i>	<i>MODEL #</i>	<i>VOLTAGE</i>	<i>WATTAGE</i>	<i>NUMBER OF HEADS</i>	<i>OPERATION</i>	<i>REMARKS</i>
Mechanical Room	BU	Dual-Lite	C12AS-160-BCI	12	160	2	YES	2013
General Office	RL					1	YES	
Front Foyer	RL					1	YES	
Back Area	RL					1	YES	
Staff Exit	RL					1	YES	
Room 2	BU	Dual-Lite	C12AS-160-BCI	12	160	0	YES	2010 #13
By Lunch Room	RL					1	YES	
Exit to Garage	RL					1	YES	
Admin Station	RL					1	YES	
Back Area by Garage	RL					1	YES	
Garage 1	RL					1	YES	
Garage 2	RL					2	YES	

TECHNICIAN: C. KYLE

DATE: February 12, 2014

ANNUAL EMERGENCY LIGHTING TEST AND INSPECTION REPORT

BUILDING NAME: Government of Canada

BUILDING ADDRESS: Wabowden, Manitoba

REMARKS

Note 1: Repaired the AC connection to the exit sign by back room 2.

TECHNICIAN: C. KYLE

DATE: February 12, 2014

FIRE ALARM SYSTEM ANNUAL TEST AND INSPECTION REPORT

Building Name	Building Address	Building Number	Person Contacted	Date
Government of Canada	Wabowden, Manitoba			February 12, 2014
System Manufacturer	Model number	Single Stage	Two Stage	
Mircom	FA-204E	YES		

TEST RESULTS: (Every line must have the appropriate marking in the space provided.)

1. The Fire Alarm System functioned correctly under General Alarm condition. YES X NO

2. Location of the electrically furthest manual stations with main AC power off.

1. Garage 2

2. Staff Exit

3. Front Entrance

4.

5.

6.

YES X NO

The Fire Alarm functioned correctly during the above test.

YES X NO

3. Each ~~Number of devices~~ ^{Number of devices} initiating device has been individually tested.

4. Each automatic alarm-initiating device has been tested.

YES X NO

Number of devices 12

5. Each audible and visual signalling device has been tested.

YES X NO

Number of devices 4

6. Correct annunciation has been confirmed for each device tested.

YES X NO

SUMMARY

1. The Fire Alarm System is now fully functional.

YES X NO

2. The Fire Alarm System has minor deficiencies noted on report.

YES X NO

3. The Fire Alarm System has major deficiencies noted on report.

YES NO X

4. A copy of this report has been given to the owner or owner's representative.

YES X NO

Owners Representative

THIS IS TO CERTIFY THAT THE FIRE ALARM SYSTEM HAS BEEN TESTED IN ACCORDANCE WITH SECTION 5, PERIODIC INSPECTIONS AND TESTS, OF CAN/ULC-S536-M04 AND THESE RECORDS DOCUMENT THE RESULTS OF TESTING PERFORMED.



SIGNATURE OF TECHNICIAN:

FIRE PROTECTION PLUS PH. 204-888-1922

ANNUAL TEST AND INSPECTION REPORT

Building Name: Government of Canada

Building Address: Wabowden, Manitoba

LOCATION	DEVICE	ALARM OPERATION CONFIRMED	ZONE NUMBER	ANNUNCIATION INDICATION CONFIRMED	SMOKE DETECTOR SENSITIVITY	SUPERVISION CIRCUIT CONFIRMED	REMARKS
Back Area			Zone 1				
By back area to garage	S	YES	1	YES	2.00		
By Back Storage #2	S	YES	1	YES	1.72		
Garage	HT	YES	1	YES			
Janitor Room by Ent.to Garage 2	HT	YES	1	YES			Recommend rewiring to zone 2
Garage 2	M	YES	1	YES			
Garage 2	HT	YES	1	YES			
Garage 2	EOL	N/A	1	YES			
Back Storage Room	S	YES	1	YES	2.4		Replaced with a smoke detector
Back Area Admin Washroom	S	YES	1	YES	1.35		
Back area Rm 1 (storage)	S		1				No access
Back area Rm 2 (storage)	S		1				No access
Back area Rm 3	S	YES	1	YES	2.6		RL OK
room 3B	S	YES	1	YES	2.4		
Office Area			Zone 2				
Electrical Room	S	YES	2	YES	1.47		
Lunch Room	HT	YES	2	YES			
Room 4	S		2				No access
Room 5	S	YES	2	YES	1.39		
Locker Room	HT	YES	2	YES			
Staff Exit	M	YES	2	YES			
Front Entrance	M	YES	2	YES			
Room 6	S	YES	2	YES	1.39		EOL behind this device
Mech. Room	HT	YES	2	YES			
Mech. Room	HT	YES	2	YES			
Room 7							No device

Technician: C. Kyle

Date: February 12, 2014

FIRE ALARM SYSTEM ANNUAL TEST AND INSPECTION REPORT

Building Name	Building Address	Building Number	Person Contacted	Date
Government of Canada	Wasagaming, Manitoba		Member in Charge	March 17, 2014
System Manufacturer	Model number	Single Stage	Two Stage	
Mircom	FA-204E / FA-101T	Yes		

TEST RESULTS: (Every line must have the appropriate marking in the space provided.)

1. The Fire Alarm System functioned correctly under General Alarm condition. YES X NO

2. Location of the electrically furthest manual stations with main AC power off.
 1. by Mech. Room
 2. 2nd Floor
 3. by Admin Area
 4. Back Area Exit
 5. by Basement Stair
 6. by Front Entrance

The Fire Alarm functioned correctly during the above test. YES X NO

3. Each manual alarm-initiating device has been individually tested. YES X NO
 Number of devices 6

4. Each automatic alarm-initiating device has been tested. YES X NO
 Number of devices 25

5. Each audible and visual signalling device has been tested. YES X NO
 Number of devices 5

6. Correct annunciation has been confirmed for each device tested. YES X NO

SUMMARY

1. The Fire Alarm System is now fully functional. YES X NO

2. The Fire Alarm System has minor deficiencies noted on report. YES X NO

3. The Fire Alarm System has major deficiencies noted on report. YES NO X

4. A copy of this report has been given to the owner or owner's representative. YES X NO
 Owners Representative

THIS IS TO CERTIFY THAT THE FIRE ALARM SYSTEM HAS BEEN TESTED IN ACCORDANCE WITH SECTION 5, PERIODIC INSPECTIONS AND TESTS, OF CAN/ULC-S536-M04 AND THESE RECORDS DOCUMENT THE RESULTS OF TESTING PERFORMED.



SIGNATURE OF TECHNICIAN:

FIRE PROTECTION PLUS PH. 204-888-1922

ANNUAL TEST AND INSPECTION REPORT

Building Name: Government of Canada

Building Address: Wasagaming, Manitoba

LOCATION	DEVICE	ALARM OPERATION CONFIRMED	ZONE NUMBER	ANNUNCIATION INDICATION CONFIRMED	SMOKE DETECTOR SENSITIVITY	SUPERVISION CIRCUIT CONFIRMED	REMARKS
Basement			Zone 1				
By Mech. Room	RHT	YES	1	YES			
Rm 1	HT	YES	1	YES			
Mech. Room	HT	YES	1	YES			
Rm 2	S		1				No access
Rm 3	S		1				No access
By Mech. Room	M	YES	1	YES			
Storage							No access
Crawlspace	HT	YES	1	YES			
Crawlspace	HT	YES	1	YES			
Crawlspace	HT	YES	1	YES			
Crawlspace	HT	YES	1	YES			
Crawlspace	EOL	YES	1	YES			
2 ND Floor			Zone 3				
Top of 2 nd Floor Stair	S	YES	3	YES	2.6		
2 nd Floor Stair	M	YES	3	YES			
2 nd Floor Kitchen	S	YES	3	YES	2.4	YES	Replaced device
2 nd Floor Bedroom 1	S	YES	3	YES	2.4	YES	Replaced device
2 nd Floor Room 4	S	YES	3	YES	1.00		
Top of Stairs	EOL	N/A	3	YES			

Technician: C. Kyle

Date: March 17, 2014

ANNUAL TEST AND INSPECTION REPORT

Building Name: Government of Canada

Building Address: Wasagaming, Manitoba

LOCATION	DEVICE	ALARM OPERATION CONFIRMED	ZONE NUMBER	ANNUNCIATION INDICATION CONFIRMED	SMOKE DETECTOR SENSITIVITY	SUPERVISION CIRCUIT CONFIRMED	REMARKS
Main Floor Office Area			Zone 2				
Main Washroom	HT	YES	2	YES			
Hall by Open Area	S	YES	2	YES	2.6		
General Office Area	S	YES	2	YES	2.4		
Near Main Entrance	M	YES	2	YES			
By Basement Stairs	M	YES	2	YES			
Janitor Room	RHT	YES	2	YES			
By Basement stairs	S	YES	2	YES	2.4		
Janitor Room	EOL	N/A	2	YES			
Open Area			Zone 4				
By Rm #1	S	YES	4	YES	1.04		
Interview Room	S	YES	4	YES	2.6		
By Admin Station	M	YES	4	YES			
Storage behind Admin Station	S	YES	4	YES	2.4		
Garage	HT	YES	4	YES			
Rear Exit	M	YES	4	YES			
Rear exit	EOL	N/A	4	YES			
Spare (zones 5 - 7)							

Technician: C. Kyle

Date: March 17, 2014

ANNUAL TEST AND INSPECTION REPORT

Building Name: Government of Canada

Building Address: Wasagaming, Manitoba

LOCATION	DEVICE	ALARM OPERATION CONFIRMED	ZONE NUMBER	ANNUNCIATION INDICATION CONFIRMED	SMOKE DETECTOR SENSITIVITY	SUPERVISION CIRCUIT CONFIRMED	REMARKS
Rm 3 Alarm	FA-101T	YES	Zone 8	YES			
Rm 4	S	YES	Zone 1	YES	1.64		RL OK
Rm 5	S	YES	Zone 1	YES	1.69		RL OK
Rm 6	S	YES	Zone 1	YES	1.55		RL OK
By Back Rm	EOL	N/A	Zone 1				
Signals							
Back Area	B10	YES	NAC 1	YES			
General Office	B10	YES	NAC 1	YES			
2 nd Floor	B10	YES	NAC 1	YES			
Basement	B10	YES	NAC 1	YES			
By Admin Area	EOL	N/A	NAC 1	YES			
Rm 7 Alarm	H	YES	NAC 1	YES			
By Rm 7 FACP	EOL	N/A	NAC 1	YES			

Technician: C. Kyle

Date: March 17, 2014

FIRE PROTECTION PLUS

ANNUAL EMERGENCY LIGHTING TEST AND INSPECTION REPORT

BUILDING NAME: Government of Canada

BUILDING ADDRESS: Whitemouth, Manitoba

LOCATION	DEVICE	MAKE	MODEL #	VOLTAGE	WATTAGE	NUMBER OF HEADS	OPERATION	REMARKS
Room 1	BU	Lumacell	I2RG200	12	200	0	YES	Breaker #16 2012
To Back Area	EXIT					2	YES	Replaced 1 LED lamp
By Back Rm 1	EXIT					2	YES	Replaced 1 LED lamp
Back Rm Area	RL					2	YES	
Back Rm Area Exit	EXIT					2	YES	Replaced 1 LED lamp
Staff Entrance	EXIT					2	YES	
Stair to 2 nd Floor	RL					2	YES	
Basement	BU	Emergi-Lite	I2ESL200	12	200	0	YES	2011
Stair to Basement	RL					2	YES	
Exit by Stair	EXIT					2	YES	Replaced 1 LED lamp
Kitchen	EXIT					2	YES	Replaced 1 LED lamp
Kitchen	RL					1	YES	
Front Entrance	EXIT					2	YES	Replaced 4 LED lamps
By Front Entrance	EXIT					2	YES	
To Kitchen	EXIT					2	YES	
By Front Entrance	RL					2	YES	

TECHNICIAN: C. Kyle

DATE: November 19, 2013

FIRE ALARM SYSTEM ANNUAL TEST AND INSPECTION REPORT

Building Name	Building Address	Building Number	Person Contacted	Date
Government of Canada	Whitemouth, Manitoba			November 19, 2013
System Manufacturer	Model number	Single Stage	Two Stage	
Edwards	1527	YES		

TEST RESULTS: (Every line must have the appropriate marking in the space provided.)

1. The Fire Alarm System functioned correctly under General Alarm condition. YES X NO

2. Location of the electrically furthest manual stations with main AC power off.

1. N/A no manual stations
- 2.
- 3.
- 4.
- 5.
- 6.

The Fire Alarm functioned correctly during the above test. YES X NO

3. Each manual alarm-initiating device has been individually tested. YES X NO
 Number of devices 0

4. Each automatic alarm-initiating device has been tested. YES X NO
 Number of devices 6

5. Each audible and visual signalling device has been tested. YES X NO
 Number of devices 1

6. Correct annunciation has been confirmed for each device tested. YES X NO

SUMMARY

1. The Fire Alarm System is now fully functional. YES X NO

2. The Fire Alarm System has minor deficiencies noted on report. YES X NO

3. The Fire Alarm System has major deficiencies noted on report. YES NO X

4. A copy of this report has been given to the owner or owner's representative. YES X NO
 Owners Representative

THIS IS TO CERTIFY THAT THE FIRE ALARM SYSTEM HAS BEEN TESTED IN ACCORDANCE WITH SECTION 5, PERIODIC INSPECTIONS AND TESTS, OF CAN/ULC-S536-M04 AND THESE RECORDS DOCUMENT THE RESULTS OF TESTING PERFORMED.



SIGNATURE OF TECHNICIAN:

FIRE PROTECTION PLUS PH. 204-888-1922

FIRE PROTECTION PLUS

ANNUAL EMERGENCY LIGHTING TEST AND INSPECTION REPORT

BUILDING NAME: Government of Canada

BUILDING ADDRESS: 145 West Hanger Road, Winnipeg, Manitoba

LOCATION	DEVICE	MAKE	MODEL #	VOLTAGE	WATTAGE	NUMBER OF HEADS	OPERATION	REMARKS
Mech. / Electrical Room	BU	Dual-Lite	C12ASI60-BCI	12	160	0	YES	2012
Work Shop	RL					2	YES	
Work Shop	EXIT					1	YES	
Work Shop	EXIT					1	YES	Replaced 2 LED lamps
Garage	RL					2	YES	
Main Rm N.E.	EXIT					1	YES	Replaced 2 LED lamps
Main Rm S.E.	EXIT					1	YES	Replaced 2 LED lamps
Main Rm W	RL					2	YES	
Main Entrance	EXIT					LED	YES	
By Washroom	RL					1	YES	
Room 1	EXIT					LED	YES	
Room 2	RL					1	YES	
2 nd Floor Mech. Room	BU	Lumacell	RG12-200	12	200	2	YES	2011
2 nd Floor Office	RL					2	YES	
By Stair	EXIT					LED	YES	
Front Stair	RL					2	YES	

TECHNICIAN: C. KYLE

DATE: November 25, 2013

FIRE ALARM SYSTEM ANNUAL TEST AND INSPECTION REPORT

Building Name	Building Address	Building Number	Person Contacted	Date
Government of Canada	145 West Hanger Road			November 25, 2013
System Manufacturer	Model number	Single Stage	Two Stage	
Edwards	2280	Yes		

TEST RESULTS: (Every line must have the appropriate marking in the space provided.)

1. The Fire Alarm System functioned correctly under General Alarm condition. YES X NO

2. Location of the electrically furthest manual stations with main AC power off.
 1. 2nd Floor by Front Stair
 2. 2nd Floor by Rear Stair
 3. N.E. Room
 4. S.E. Room
 5. Garage
 6. Room by Workshop
 The Fire Alarm functioned correctly during the above test. YES X NO

3. Each manual alarm-initiating device has been individually tested. YES X NO
 Number of devices 7

4. Each automatic alarm-initiating device has been tested. YES X NO
 Number of devices 20

5. Each audible and visual signalling device has been tested. YES X NO
 Number of devices 4

6. Correct annunciation has been confirmed for each device tested. YES X NO

SUMMARY

1. The Fire Alarm System is now fully functional. YES X NO

2. The Fire Alarm System has minor deficiencies noted on report. YES NO X

3. The Fire Alarm System has major deficiencies noted on report. YES NO X

4. A copy of this report has been given to the owner or owner's representative. YES X NO
 Owners Representative

THIS IS TO CERTIFY THAT THE FIRE ALARM SYSTEM HAS BEEN TESTED IN ACCORDANCE WITH SECTION 5, PERIODIC INSPECTIONS AND TESTS, OF CAN/ULC-S536-M04 AND THESE RECORDS DOCUMENT THE RESULTS OF TESTING PERFORMED.



SIGNATURE OF TECHNICIAN:

FIRE PROTECTION PLUS PH. 204-888-1922

ANNUAL TEST AND INSPECTION REPORT

Building Name: Government of Canada

Building Address: 145 West Hanger Road. Winnipeg, Manitoba

LOCATION	DEVICE	ALARM OPERATION CONFIRMED	ZONE NUMBER	ANNUNCIATION INDICATION CONFIRMED	SMOKE DETECTOR SENSITIVITY	SUPERVISION CIRCUIT CONFIRMED	REMARKS
Main Floor			Zone 1				
Office Exit	M	YES	1	YES			
Office	RHT	YES	1	YES			
Waiting Room	HT	YES	1	YES			
By Washroom	HT	YES	1	YES			
Entrance Foyer	HT	YES	1	YES			
Entrance Foyer	M	YES	1	YES			
Waiting Room Exit							Recommend Manual station
Garage	M	YES	1	YES			
Garage	HT	YES	1	YES			
Workshop	HT	YES	1	YES			
Mech. Room in Workshop	HT	YES	1	YES			
Rm 1 Mezzanine	HT	YES	1	YES			
RM 1, Front E.	HT	YES	1	YES			
Rm 1, Front Centre	HT	YES	1	YES			
Rm 1, Front W.	HT	YES	1	YES			
Rm 1, Front Centre E.	RHT	YES	1	YES			
Rm 1, Front Centre Centre	RHT	YES	1	YES			
Rm 1, Front Centre W.	RHT	YES	1	YES			
Rm 1, Rear Centre E.	RHT	YES	1	YES			
Rm 1, Rear Centre Centre	HT	YES	1	YES			
Rm 1, Rear Centre W.	RHT	YES	1	YES			
Rm 1, Rear E.	HT	YES	1	YES			
Rm 1, Rear Centre	HT	YES	1	YES			
Rm 1, Rear W.	RHT	YES	1	YES			

Technician: C. Kyle

Date: November 25, 2013

ANNUAL TEST AND INSPECTION REPORT

Building Name: Government of Canada

Building Address: 145 West Hanger Road. Winnipeg, Manitoba

LOCATION	DEVICE	ALARM OPERATION CONFIRMED	ZONE NUMBER	ANNUNCIATION INDICATION CONFIRMED	SMOKE DETECTOR SENSITIVITY	SUPERVISION CIRCUIT CONFIRMED	REMARKS
Main Floor			Zone 1				
Rm 1 N.E	M	YES	1	YES			
Rm 1 by Work Shop	M	YES	1	YES			
Rm 1 S.W. by Stair	M	YES	1	YES			
Rm 1 S.E.	M	YES	1	YES			
Rm 1 S.E.	EOL	N/A	1	YES			
2 nd Floor			Zone 2				
Top of Stair	S	YES	2	YES	1.48		
By Front Stair	M	YES	2	YES			
Locker Room	RHT	YES	2	YES			
Mech. Room	RHT	YES	2	YES			
By Rear Stair	M	YES	2	YES			
By Front Stair	EOL	N/A	2	YES			
Signals							
Rm 1 Area	EOL	N/A	NAC 2	YES			
Rm 1 Area	B10	YES	NAC 2	YES			
By Main Floor Washroom	B10	YES	NAC 2	YES			
2 nd Floor by Front Stair	B6	YES	NAC 2	YES			
2 nd Floor Office	B6	YES	NAC 2	YES			

Technician: C. Kyle

Date: November 25, 2013

FIRE PROTECTION PLUS

ANNUAL EMERGENCY LIGHTING TEST AND INSPECTION REPORT

BUILDING NAME: Government of Canada

BUILDING ADDRESS: Winnipegosis, Manitoba

LOCATION	DEVICE	MAKE	MODEL #	VOLTAGE	WATTAGE	NUMBER OF HEADS	OPERATION	REMARKS
Main Floor								
Rm 1	BU	Emergi-Lite	24ESL-550	24	550	0	YES	2012
General Office	RL					2	YES	
Main Entrance	EXIT					LED	YES	
Main Reception	RL					2	YES	
Rm 2	EXIT					LED	YES	
Rm 3	RL					2	YES	
Rear Exit	RL					2	YES	
Rear Exit	EXIT					LED	YES	
By Admin Station	RL					2	YES	
Back Rm Exit	EXIT					LED	YES	
Back Rm to Office	EXIT					LED	YES	
By RM 4	RL					2	YES	
Top of Stair	RL					2	YES	
Garage	RL					2	YES	
Garage	EXIT					LED	YES	
Washroom	RL					1	YES	
Lobby Washroom	RL					1	YES	
Exit breaker Panel A #25								

TECHNICIAN: C. Kyle

DATE: November 14, 2013

FIRE ALARM SYSTEM ANNUAL TEST AND INSPECTION REPORT

Building Name	Building Address	Building Number	Person Contacted	Date
Government of Canda	Winnipegosis, Manitoba			November 14, 2013
System Manufacturer	Model number	Single Stage	Two Stage	
EDWARDS	EST1-2Z6	Yes		

TEST RESULTS: (Every line must have the appropriate marking in the space provided.)

1. The Fire Alarm System functioned correctly under General Alarm condition. YES X NO

2. Location of the electrically furthest manual stations with main AC power off.
 1. Basement
 2. Garage
 3. Rear Exit
 4. Rm Area to Garage
 5. Rm Area to Office Area
 6. Main Entrance

The Fire Alarm functioned correctly during the above test. YES X NO

3. Each manual alarm-initiating device has been individually tested. YES X NO
 Number of devices 6

4. Each automatic alarm-initiating device has been tested. YES X NO
 Number of devices 35

5. Each audible and visual signalling device has been tested. YES X NO
 Number of devices 10

6. Correct annunciation has been confirmed for each device tested. YES X NO

SUMMARY

1. The Fire Alarm System is now fully functional. YES X NO

2. The Fire Alarm System has minor deficiencies noted on report. YES NO X

3. The Fire Alarm System has major deficiencies noted on report. YES NO X

4. A copy of this report has been given to the owner or owner's representative. YES X NO
 Owners Representative

THIS IS TO CERTIFY THAT THE FIRE ALARM SYSTEM HAS BEEN TESTED IN ACCORDANCE WITH SECTION 5, PERIODIC INSPECTIONS AND TESTS, OF CAN/ULC-S536-M04 AND THESE RECORDS DOCUMENT THE RESULTS OF TESTING PERFORMED.



SIGNATURE OF TECHNICIAN:

FIRE PROTECTION PLUS PH. 204-888-1922

ANNUAL TEST AND INSPECTION REPORT

Building Name: Government of Canada Building

Address: Winnipegosis, Manitoba

LOCATION	DEVICE	ALARM OPERATION CONFIRMED	ZONE NUMBER	ANNUNCIATION INDICATION CONFIRMED	SMOKE DETECTOR SENSITIVITY	SUPERVISION CIRCUIT CONFIRMED	REMARKS
Basement & Crawlspace			Zone 1				
By Stair	M	YES	1	YES			
Mech. Room	RHT	YES	1	YES			
Storage Room	RHT	YES	1	YES			
Women's Locker	RHT	YES	1	YES			
Women's Washroom	RHT	YES	1	YES			
Weight Room	RHT	YES	1	YES			
Weight Room	RHT	YES	1	YES			
Men's Lockers	RHT	YES	1	YES			
Men's Lockers	RHT	YES	1	YES			
Men's Washroom	RHT	YES	1	YES			
Crawlspace 1	RHT	YES	1	YES			By Stair Access
Crawlspace 1	RHT	YES	1	YES			By Stair Access
Crawlspace 2	RHT	YES	1	YES			Storage Access
Crawlspace 3	RHT	YES	1	YES			Storage Access
Weight Room	RHT	YES	1	YES			
By Stair	EOL	N/A	1	YES			

Technician: C. Kyle

Date: November 14, 2013

ANNUAL TEST AND INSPECTION REPORT

Building Name: Government of Canada Building

Address: Winnipegosis, Manitoba

LOCATION	DEVICE	ALARM OPERATION CONFIRMED	ZONE NUMBER	ANNUNCIATION INDICATION CONFIRMED	SMOKE DETECTOR SENSITIVITY	SUPERVISION CIRCUIT CONFIRMED	REMARKS
Open Area			Zone 2				
By Admin	M	YES	2	YES			
By Admin	S	YES	2	YES	1.66		
Rm 2	S	YES	2	YES	1.74		
Washroom	RHT	YES	2	YES			
Room 1	S	YES	2	YES	1.92		
By Rm 2	S	YES	2	YES	1.72		
To Office Area	M	YES	2	YES			
By Admin	EOL	N/A	2				
Garage 1			Zone 4				
Garage	RHT	YES	4	YES			
Garage	M	YES	4	YES			
Garage	EOL	N/A	4				
Rm 1 (Left)	S	YES	Zone 5	YES	1.53		RL OK
Corridor	EOL	N/A	5	YES			
Rm 2 (Centre)	S	YES	Zone 6	YES	1.57		RL OK
Corridor	EOL	N/A	6	YES			
Rm 3 (Right)	S	YES	Zone 7	YES	1.49		RL OK
Corridor	EOL	N/A	7	YES			

Technician: C. Kyle

Date: November 14, 2013

ANNUAL TEST AND INSPECTION REPORT

Building Name: Government of Canada Building

Address: Winnipegosis, Manitoba

LOCATION	DEVICE	ALARM OPERATION CONFIRMED	ZONE NUMBER	ANNUNCIATION INDICATION CONFIRMED	SMOKE DETECTOR SENSITIVITY	SUPERVISION CIRCUIT CONFIRMED	REMARKS
Main Floor			Zone 3				
Main Entrance	M	YES	3	YES			
Coffee Room	S	YES	3	YES	1.36		
General Office (front)	S	YES	3	YES	2.00		
General Office (rear)	S	YES	3	YES	1.93		
Office 1	RHT	YES	3	YES			
Office 2	RHT	YES	3	YES			
Room	RHT	YES	3	YES			Recommend change to a smoke detector
Rm 2	RHT	YES	3	YES			Recommend change to a smoke detector
Rm 3	S	YES	3	YES	1.57		
Rm 4	S	YES	3	YES	1.52		
Janitor Room	RHT	YES	3	YES			
Rear Exit	M	YES	3	YES			
By Rear Exit	S	YES	3	YES	1.05		
Lobby Washroom	RHT	YES	3	YES			
Rear Exit	EOL	N/A	3	YES			
West Stair	S	YES	Zone 8	YES	1.21		
West Stair	EOL	N/A	8				

Technician: C. Kyle

Date: November 14, 2013

FIRE PROTECTION PLUS

ANNUAL EMERGENCY LIGHTING TEST AND INSPECTION REPORT

BUILDING NAME: Government of Canada

BUILDING ADDRESS: 1-996 Lorimer Blvd., Winnipeg, Manitoba

LOCATION	DEVICE	MAKE	MODEL #	VOLTAGE	WATTAGE	NUMBER OF HEADS	OPERATION	REMARKS
By Lunch Room	BU/EXIT	Stan Pro	EXSLC1072-1	12	72	2/LED	YES	Panel A #1
Lunch Room	EXIT	Stan Pro				LED	YES	Panel A #1
Main Entrance	EXIT	Stan Pro				LED	YES	Panel A #1
By Rm1	BU	Stan Pro	SLA12072	12	72	2	YES	Panel A #1
Rm2	BU	Stan Pro	SLA12072	12	72	2	YES	Panel A #1
Warehouse Entrance	BU/EXIT	Stan Pro	EXSLC1072-1	12	72	2/LED	YES	Panel A #1
Warehouse Exit to Garage	BU/EXIT	Stan Pro	EXSLC1072-1	12	72	2/LED	YES	Panel A #1
Warehouse Garage	BU	Stan Pro	SLA12072	12	72	2	YES	Panel A #1
Warehouse Garage	EXIT	Stan Pro				LED	YES	Panel A #1
Warehouse by Electrical	BU	Stan Pro	SLA12072	12	72	2	YES	Panel A #1
Warehouse by Electrical	EXIT	Stan Pro				LED	YES	Panel A #1
Warehouse by Stacks	BU/EXIT	Stan Pro	EXSLC1072-1	12	72	2/LED	YES	Panel A #1 damaged unit
Mezzanine (Top of Stairs)	BU/EXIT	Stan Pro	EXSLC1072-1	12	72	2/LED	YES	Panel A #1

TECHNICIAN: C. KYLE

DATE: November 25, 2013

FIRE ALARM SYSTEM ANNUAL TEST AND INSPECTION REPORT

Building Name	Building Address	Building Number	Person Contacted	Date
Government of Canada	#1 - 996 Lorimer Blvd., Winnipeg, Mb.	Government of Canada		November 25, 2013
System Manufacturer	Model number	Single Stage	Two Stage	
Mircom	FX-2001-6K	Yes		

TEST RESULTS: (Every line must have the appropriate marking in the space provided.)

- 1. The Fire Alarm System functioned correctly under General Alarm condition. YES X NO

- 2. Location of the electrically furthest manual stations with main AC power off.
 - 1. Warehouse Garage Exit
 - 2. Warehouse by Electrical
 - 3. Main Floor Lunch Room
 - 4. Main Entrance
 - 5.
 - 6.

The Fire Alarm functioned correctly during the above test. YES X NO

- 3. Each manual alarm-initiating device has been individually tested. YES X NO
 Number of devices 4

- 4. Each automatic alarm-initiating device has been tested. YES X NO
 Number of devices 7

- 5. Each audible and visual signalling device has been tested. YES X NO
 Number of devices 7

- 6. Correct annunciation has been confirmed for each device tested. YES X NO

SUMMARY

- 1. The Fire Alarm System is now fully functional. YES X NO

- 2. The Fire Alarm System has minor deficiencies noted on report. YES NO X

- 3. The Fire Alarm System has major deficiencies noted on report. YES NO X

- 4. A copy of this report has been given to the owner or owner's representative. YES X NO

THIS IS TO CERTIFY THAT THE FIRE ALARM SYSTEM HAS BEEN TESTED IN ACCORDANCE WITH SECTION 5, PERIODIC INSPECTIONS AND TESTS, OF CAN/ULC-S536-M04 AND THESE RECORDS DOCUMENT THE RESULTS OF TESTING PERFORMED.



SIGNATURE OF TECHNICIAN:

FIRE PROTECTION PLUS PH. 204-888-1922

ANNUAL TEST AND INSPECTION REPORT

Building Name: Government of Canada

Building Address: 1 – 996 Lorimer Blvd., Winnipeg, Manitoba

LOCATION	DEVICE	ALARM OPERATION CONFIRMED	DEVICE ADDRESS CONFIRMED	ANNUNCIATION INDICATION CONFIRMED	SMOKE DETECTOR SENSITIVITY	REMARKS
Office Area			Zone 1			
Main Entrance	M	YES	2-101	YES		
Lunch Room	M	YES	2-102	YES		
Janitor Room (by Lunch room)	RHT	YES	2-003	YES		
Warehouse Area			Zone 2			
Warehouse Unit 1 (by garage)	RHT	YES	2-012	YES		
Warehouse Unit 1 (middle)	RHT	YES	2-013	YES		
Warehouse Unit 1 by office area	RHT	YES	2-014	YES		
Warehouse Garage Exit	M	YES	2-107	YES		
Warehouse Exit (by electrical)	M	YES	2-106	YES		
Electrical Room	RHT	YES	2-005	YES		
Warehouse Garage	RHT	YES	2-008	YES		
Warehouse Unit 2	RHT	YES	2-016	YES		
Warehouse Unit 2	RHT	YES	2-017	YES		
Warehouse Unit 2	RHT	YES	2-018	YES		
Mezzanine Stair			Zone 3			
Top of Mezz Stairs	S	YES	2-004	YES	895 4#	

Technician: C. Kyle

Date: November 25, 2013

