[redacted]

[redacted]

WO: [redacted] Building: Bldg 201

# Fire Alarm System Inspection and Test Report
## Inspection Results [redacted]

| | |
|---|---|
| Report To: Dept of Veteran Affairs | Location Inspected: VA- Sepulveda Ambulatory Care Ctr- Bldg 201 |
| Street: 16111 Plummer Street | Street: 16111 Plummer Street |
| City: North Hills | City: North Hills |
| State: CA Zip: 91343 | State: CA Zip: 91343 |
| Contact: Keith Hayhurst | Phone: (310) 714-5379 Email: keith.hayhurst@va.gov |
| Inspection Frequency: ANNUAL | Inspection Date: 09/15/2025 Total Number Floors: 1 |
| Monitoring Company: [redacted] | Phone: Alarm Code: |
| Monitoring Operator: | Operator Received Signal ■ Yes ☐ N/A ☐ No Time: |
| Access Notes: | |

| Ref# | Location | Control Panel Manufacturer | Model | Batteries | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | Volts | AH | Date | Normal | Load 1 | Load 2 | Fail | Pass |
| 1.01 | Office | SIEMENS | MXL | 12 | 18 | 2020 | No | NA | NA | [redacted] | |
| 1.02 | | | | | | | | | | ☐ | ☐ |

## Additional Panel

| Ref# | Panel Location | Additional Panel | Control Panel Manufacturer & Model | Batteries | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | Volts | AH | Date | Normal | Load1 | Load2 | Circuit Breaker Loc. | N/A | Fail | Pass |
| 2.01 | | | | | | | | | | | ☐ | ☐ | ☐ |
| 2.02 | | | | | | | | | | | ☐ | ☐ | ☐ |
| 2.03 | | | | | | | | | | | ☐ | ☐ | ☐ |
| 2.04 | | | | | | | | | | | ☐ | ☐ | ☐ |

## *Field Equipment*

| Area Protected | | Devices | | | | | Water Flow | | | Other | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Ref# | Location | Smoke | Heat | Duct | Tamper | Manual Pull | Report Times | Fail | Pass | Qty. | Fail | Pass |
| 3.01 | THROUGHOUT BLDG | | | | | 4 | 33 | [redacted] | | | ☐ | ☐ |
| 3.02 | THROUGHOUT BLDG/UNDER FLOOR | 11 | | | | | 28 | | | | ☐ | ☐ |
| 3.03 | OS&Y | | | | 6 | | 44 | | | | ☐ | ☐ |
| 3.04 | MECHANICAL RM ABB UNIT | | | 1 | | | | | | | ☐ | ☐ |
| 3.05 | | | | | | | | ☐ | ☐ | | ☐ | ☐ |

| Notification Type | | | | | | | | Door Holder | | | | Elevator Recall | | | Other | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Ref# | Location | Horn | Horn Strobe | Bell | Strobe | Fail | Pass | Qty. | N/A | Fail | Pass | N/A | No | Yes | Description | Qty. | Fail | Pass |
| 4.01 | THROUGHOUT BLDG | | | | 6 | [redacted] | | | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ALL CALL | | [redacted] | |
| 4.02 | THROUGHOUT BLDG | | 8 | | | | | | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | | | ☐ | ☐ |
| 4.03 | | | | | | ☐ | ☐ | | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | | | ☐ | ☐ |
| 4.04 | | | | | | ☐ | ☐ | | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | | | ☐ | ☐ |
| 4.05 | | | | | | ☐ | ☐ | | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | | | ☐ | ☐ |

[redacted]

## Inspection Results and Comments

WO: [redacted]

| Item | Description | Notes |
|---|---|---|
| 1.01 | [redacted] | |
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LIABILITY RELEASE STATEMENT: The Owner and/or its designated representative acknowledge that the Owner has full responsibility for the operating condition of the fire protection system(s) including its component parts at the time of this inspection. This inspection/test report is governed by terms and conditions of Kimble Fire Protection Inspection signed agreement. Without in any way limiting such terms and conditions, the Owner acknowledges that the Contractor does not have any obligation to correct any deficiencies Contractor has identified in report and Owner shall have full responsibility for corrections of any such deficiencies. As an additional service, however, the Owner and/or its designated representative may enter into a separate, written repair or maintenance contract with Contractor for the correction of such deficiencies. During our work in your building, our representatives may have noticed items on your fire protection system that may need further investigation. These items are not part of the normal NFPA Standards inspection, testing or maintenance functions, but we are providing you with notice of these concerns as a courtesy. This does not constitute or represent that we have performed a full analysis of fire protection system(s) in this building and there may be other items of concern that we have not identified because this type of analysis is beyond the scope of what we were hired to do in accordance with NFPA Standards.

| | |
|---|---|
| Customer Name: | Inspector Name: [redacted] |
| Customer Signature Not Available ☐ | Inspector Signature |
| | [redacted] |
| Date: | Date: 09/15/2025 |

[redacted]

# Fire Alarm System Inspection and Test Report

WO: [redacted]

Although these comments are not the results of an engineering review, the following improvements are recommended:

System Descriptions/Tech Notes:

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|---|---|
| Customer Name: | Inspector Name: [redacted] |
| Customer Signature | Inspector Signature [redacted] |
| Date: | Date: 09/15/2025 |