

## UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF DELAWARE

## PROOF OF CLAIM

## 1. Name of Debtor (YOU MUST SELECT ONE AND MAY ONLY SELECT ONE DEBTOR):

- ☒ Graceway Pharmaceuticals, LLC (11-13036)
 ☐ Chester Valley Pharmaceuticals, LLC (11-13041)
- ☐ Graceway Pharma Holding Corp. (11-13037)
 ☐ Graceway Canada Holdings, Inc. (11-13042)
- ☐ Graceway Holdings, LLC (11-13038)
 ☐ Graceway International, Inc. (11-13043)
- ☐ Chester Valley Holdings, LLC (11-13039)

This form should not be used to assert a claim for an administrative expense arising after the commencement of the case, which should be filed pursuant to 11 U.S.C. § 503. Additionally, this form should not be used to assert a claim under 11 U.S.C. § 503(b)(9), which should be filed pursuant to the 503(b)(9) Administration Order, entered on October 17, 2011 [Docket No. 122].

## 2. Name of Creditor (the person or other entity to whom the Debtor owes money or property):

Name and address where notices should be sent:

SimplexGrinnell  
Attn: Bankruptcy  
50 Technology Drive  
Westminster, MA 01441

- ☐ Check this box to indicate that this claim amends a previously filed claim.

Court Claim Number: \_\_\_\_\_

(If known)

Filed on: \_\_\_\_\_

Name and address where payment should be sent (if different from above):

- Same -

Telephone number: 978-731-7265

- ☐ Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

- ☐ Check this box if you are the Debtor or trustee in this case.

Your Claim is Scheduled As Follows:

Schedule/Claim ID: S2019008201

CaseNbr/Name: 11-13036

Graceway Pharmaceuticals, LLC

AMOUNT/CLASSIFICATION:

\$900.00 UNSECURED

If an amount is identified above, you have a claim scheduled by one of the Debtors as shown. Please review the bar date notice to determine whether you must file a proof of claim to preserve your rights. The bar date notice is available online at [www.bmcgroup.com/graceway](http://www.bmcgroup.com/graceway) or upon request at the address on the back of this form.

THIS SPACE IS FOR COURT USE ONLY

## 3. Amount of Claim as of Date Case Filed:

\$ 900.00

If all or part of your claim is secured, complete item 6 below; however, if all of your claim is unsecured, do not complete item 6.  
If all or part of your claim is entitled to priority, complete item 7.

- ☐ Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.

## 4. Basis for Claim: services performed

(See instruction #4 on reverse side.)

## 5. Last four digits of any number by which creditor identifies Debtor: 1847495

5a. Debtor may have scheduled account as: \_\_\_\_\_

(See instruction #5a on reverse side.)

## 6. Secured Claim (See instruction #6 on reverse side.)

Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information.

Nature of property or right of setoff: ☐ Real Estate ☐ Motor Vehicle ☐ Equipment ☐ Other

Describe:

Value of Property: \$ \_\_\_\_\_ Annual Interest Rate \_\_\_\_\_%

Amount of arrearage and other charges as of time case filed included in secured claim,

if any: \$ \_\_\_\_\_ Basis for perfection: \_\_\_\_\_

Amount of Secured Claim: \$ \_\_\_\_\_ Amount Unsecured: \$ 900.00

## 8. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.

9. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements or running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See instruction 9 and definition of "redacted" on reverse side.)

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain in an attachment.

## 7. Amount of Claim Entitled to Priority under 11 U.S.C. § 507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount.

Specify the priority of the claim.

- ☐ Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).
- ☐ Wages, salaries, or commissions (up to \$11,725\*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier – 11 U.S.C. § 507(a)(4).
- ☐ Contributions to an employee benefit plan – 11 U.S.C. § 507(a)(5).
- ☐ Up to \$2,600\* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. § 507(a)(7).
- ☐ Taxes or penalties owed to governmental units – 11 U.S.C. § 507(a)(8).
- ☐ Other – Specify applicable paragraph of 11 U.S.C. § 507(a)(\_\_\_\_).

Amount entitled to priority:

\$ \_\_\_\_\_

\*Amounts are subject to adjustment on 4/1/13 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

## 10. Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.

FOR COURT USE ONLY

Graceway Pharmaceuticals LLC



00086

Date: 12-5-11 Signature: Mark Bushee Printed Name: Mark Bushee AIR Specialist

## INSTRUCTIONS FOR PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the Debtor, there may be exceptions to these general rules. The attorneys for the Debtors and their court-appointed claims agent are not authorized and are not providing you with any legal advice.

PLEASE SEND YOUR ORIGINAL, COMPLETED CLAIM FORM AS FOLLOWS: **IF BY MAIL:** BMC GROUP, INC., ATTN: GRACEWAY PHARMACEUTICALS CLAIMS PROCESSING, P.O. BOX 3020, CHANHASSEN, MN 55317-3020. **IF BY HAND DELIVERY OR OVERNIGHT COURIER:** BMC GROUP, INC., ATTN: GRACEWAY PHARMACEUTICALS CLAIMS PROCESSING, 18750 LAKE DRIVE EAST CHANHASSEN, MN 55317. **ANY PROOF OF CLAIM SUBMITTED BY FACSIMILE OR E-MAIL WILL NOT BE ACCEPTED.**

**THE GENERAL BAR DATE FOR CLAIMS IN THESE CHAPTER 11 CASES IS DECEMBER 30, 2011 4:00 P.M. (PREVAILING EASTERN TIME). THE GOVERNMENTAL BAR DATE FOR CLAIMS OF GOVERNMENTAL ENTITIES IN THESE CHAPTER 11 CASES IS MARCH 27, 2012 AT 4:00 P.M. (PREVAILING EASTERN TIME).**

### 1. Court, Name of Debtor, and Case Number:

These Chapter 11 cases were commenced in the United States Bankruptcy Court for the District of Delaware. You must select the Debtor against which you are asserting your claim. **A SEPARATE PROOF OF CLAIM FORM MUST BE FILED AGAINST EACH DEBTOR.**

### 2. Creditor's Name and Address:

Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. Please provide us with a valid email address. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

### 3. Amount of Claim as of Date Case Filed:

State the total amount owed to the creditor on the date of the bankruptcy filing. Follow the instructions concerning whether to complete items 6 and 7. Check the box if interest or other charges are included in the claim.

### 4. Basis for Claim:

State the type of debt or how it was incurred. Examples include goods sold, money loaned, services performed, personal injury/wrongful death, car loan, mortgage note, and credit card. If the claim is based on the delivery of health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information. You may be required to provide additional disclosure if the trustee or another party in interest files an objection to your claim.

### 5. Last Four Digits of Any Number by Which Creditor Identifies Debtor:

State only the last four digits of the Debtor's account or other number used by the creditor to identify the Debtor.

#### 5a. Debtor May Have Scheduled Account As:

Use this space to report a change in the creditor's name, a transferred claim, or any other information that clarifies a difference between this proof of claim and the claim as scheduled by the Debtor.

### 6. Secured Claim:

Check the appropriate box and provide the requested information if the claim is fully or partially secured. Skip this section if the claim is entirely unsecured. (See DEFINITIONS, below.) State the type and the value of property that secures the claim, attach copies of lien documentation, and state annual interest rate and the amount past due on the claim as of the date of the bankruptcy filing.

### 7. Amount of Claim Entitled to Priority Under 11 U.S.C. § 507(a):

If any portion of your claim falls in one or more of the listed categories, check the appropriate box(es) and state the amount entitled to priority. (See DEFINITIONS, below.) A claim may be partly priority and partly non-priority. For example, in some of the categories, the law limits the amount entitled to priority.

### 8. Credits:

An authorized signature on this proof of claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the Debtor credit for any payments received toward the debt.

### 9. Documents:

Attach to this proof of claim form redacted copies documenting the existence of the debt and of any lien securing the debt. You may also attach a summary. You must also attach copies of documents that evidence perfection of any security interest. You may also attach a summary. FRBP 3001(c) and (d). If the claim is based on the delivery of health care goods or services, see instruction 4. Do not send original documents, as attachments may be destroyed after scanning.

### 10. Date and Signature:

The person filing this proof of claim must sign and date it. FRBP 9011. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. Attach a complete copy of any power of attorney. Criminal penalties apply for making a false statement on a proof of claim.

## DEFINITIONS

### Debtor

A Debtor is the person, corporation, or other entity that has filed a bankruptcy case.

The Debtors in these Chapter 11 cases are:

Graceway Pharmaceuticals, LLC (11-13036)  
Graceway Pharma Holding Corp. (11-13037)  
Graceway Holdings, LLC (11-13038)  
Chester Valley Holdings, LLC (11-13039)  
Chester Valley Pharmaceuticals, LLC (11-13041)  
Graceway Canada Holdings, Inc. (11-13042)  
Graceway International, Inc. (11-13043)

Certain of the Debtors were known by other names within the past six years; such former names are identified in the notice of commencement.

### Creditor

A creditor is the person, corporation, or other entity owed a debt by the Debtor on the date of the bankruptcy filing.

### Claim

A claim is the creditor's right to receive payment on a debt owed by the Debtor that arose on the date of the bankruptcy filing. See 11 U.S.C. § 101(5). A claim may be secured or unsecured.

### Proof of Claim

A proof of claim is a form used by the creditor to indicate the amount of the debt owed by the Debtor on the date of the bankruptcy filing. The creditor must file the form with The Garden City Group, Inc. as described in the instructions above.

### Secured Claim Under 11 U.S.C. § 506(a)

A secured claim is one backed by a lien on property of the Debtor. The claim is secured so long as the creditor has the right to be paid from the property prior to other creditors. The amount of the secured claim can not exceed the value of the property. Any amount owed to the creditor in excess of the value of the property is an unsecured claim. Examples of liens on property include a mortgage on real estate or a security interest in a car. A lien may be voluntarily granted by a Debtor or may be obtained through a court proceeding. In some states, a court judgment is a lien. A claim also may be secured if the creditor owes the Debtor money (has a right to setoff).

### Section 503(b)(9) Claim

A Section 503(b)(9) claim is a claim for the value of any goods received by the Debtor within 20 days before the date of commencement of a bankruptcy case in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business.

### Unsecured Claim

An unsecured claim is one that does not meet the requirements of a secured claim. A claim may be partly unsecured if the amount of the claim exceeds the value of the property on which the creditor has a lien.

### Claim Entitled to Priority Under 11 U.S.C. § 507(a)

Priority claims are certain categories of unsecured claims that are paid from the available money or property in a bankruptcy case before other unsecured claims.

### Redacted

A document has been redacted when the person filing it has masked, edited out, or otherwise deleted, certain information. A creditor should redact and use only the last four digits of any social-security, individual's tax-identification, or financial-account number, all but the initials of a minor's name and only the year of any person's date of birth.

### Evidence of Perfection

Evidence of perfection may include a mortgage, lien, certificate of title, financing statement, or other document showing that the lien has been filed or recorded.

## INFORMATION

### Acknowledgment of Filing of Claim

To receive acknowledgment of your filing, please provide a stamped self-addressed envelope and a copy of this proof of claim when you file the original claim.

### Offers to Purchase a Claim

Certain entities are in the business of purchasing claims for an amount less than the face value of the claims. One or more of these entities may contact the creditor and offer to purchase the claim. Some of the written communications from these entities may easily be confused with official court documentation or communications from the Debtor. These entities do not represent the bankruptcy court or the Debtor. The creditor has no obligation to sell its claim. However, if the creditor decides to sell its claim, any transfer of such claim is subject to FRBP 3001(e), any applicable provisions of the Bankruptcy Code (11 U.S.C. § 101 et seq.), and any applicable orders of the bankruptcy court.

D-U-N-S 09-4738007

FBD. ID 58-2608961

**SimplexGrinnell** BE SAFE.

A Tyco International Company

District # 290  
11042 TERRAPIN STATION LA  
KNOXVILLE, TN 37932-0000  
865-675-9945

INVOICE NO.

73597974

INVOICE DATE

05-06-10

CUSTOMER PO

CONTRACT #

914681

MODIFIER

PAYMENT TERMS

NET 30

**Bill To:** 290-01847495GRACEWAY PHARMACEUTICAL  
340 EDMONT AVENUE  
BRISTOL TN 37620**Ship To:** 290-01847495GRACEWAY PHARMACEUTICAL  
340 EDMONT AVENUE  
BRISTOL TN 37620**Requestor's Name:** Swetnam Jr., Thomas G.

CONTRACT DESCRIPTION

GRACEWAY PHARMACEUTICAL

CONTRACT

START DATE

01-DEC-08

CONTRACT

END DATE

30-NOV-13

INVOICE NOTES

**WE ACCEPT ALL MAJOR CREDIT CARDS**

Total Contract Amount	\$3,000.00	Amount Of Current Invoice -	\$300.00
		Sales Tax -	\$0.00
		Total Amount Included -	\$300.00
		Payment Received -	\$0.00
		<b>Total Amount Due</b>	<b>\$300.00</b>

**SimplexGrinnell** BE SAFE.

A Tyco International Company

REMITTANCE COPY

PLEASE TEAR OFF AND RETURN THIS PORTION WITH YOUR PAYMENT. WRITE INVOICE NO. ON YOUR CHECK.

TOTAL AMOUNT DUE

300.00

**BILL TO** GRACEWAY PHARMACEUTICAL  
290-01847495

INVOICE NUMBER 73597974

**SHIP TO** GRACEWAY PHARMACEUTICAL  
290-01847495

INVOICE DATE 05-06-10

CUSTOMER P.O.

**REMIT TO** SimplexGrinnell  
Dept. CH 10320  
Palatine

, IL 60055-0320

9000030000373597974

☐ Check Box and Complete Reverse Side for Credit Card Payments OR Pay Online at [www.simplexgrinnell.com](http://www.simplexgrinnell.com)

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A Tyco International Company

District # 290  
11042 TERRAPIN STATION LA  
KNOXVILLE, TN 37932-0000  
865-675-9945

INVOICE NO.
73597974
DATE OF INVOICE
05-06-10

**INVOICE CONTRACT DETAIL**

Service Plan Name	Billing Start Date	Billing End Date	Ship To Address	Covered Product	Qty	Description	Amount
Suppression Gas Systems Test & Inspect	01-DEC-09	31-MAY-10	340 EDMONT AVENUE, , BRISTOL, TN	SYSTEM-SG-FM200	1	FM200 SYSTEM	\$300.00

# REPORT OF SPECIAL HAZARDS INSPECTION

Page 1 of 2

Task #	SR #	Semi-Annual <input checked="" type="checkbox"/> Annual <input type="checkbox"/>	Date: 050510						
CUSTOMER: GRACEWAY PHARMACEUTICAL			INSPECTOR NAME: LARRY KINSLOCK						
BUILDING / LOCATION: 340 Edgemont Ave.			SIMPLEXGRINNELL OFFICE: Kingsport						
STREET: Bristol TN. 37620									
CITY / ST/PROV / ZIP/PC									
ATTN: FM-200 system			PHONE #: 423-349-6109						
PHONE #			LICENSE #: 0315						
SYSTEM TYPE: <input type="checkbox"/> CO2 <input checked="" type="checkbox"/> FM200 <input type="checkbox"/> Sapphire <input type="checkbox"/> Inergen <input type="checkbox"/> Halon <input type="checkbox"/> Other (indicate):			<input checked="" type="checkbox"/> Inspection <input type="checkbox"/> Renovations <input type="checkbox"/> Recharge						
Manufacturer: Dyeo-chem	Model: PCR-100	Voltage: 24	Serial #: N/A	Ceiling Type: Hurd.	Normal Ambient Temp: 70	Nozzle Qty: 2	Nozzle Type: 360°	Area of Hazard (LxW): 20' x 40'	
Room Integrity Tested: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	Date Last Tested: 11-09	Number of Exits: 2	Subfloor: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Deck to Deck: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Main & Reserve: YES <input type="checkbox"/> NA <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Volume of Hazard (LxWxH):		Altitude:	
1. Pre-Inspection									
Job Site Contact Name: T. Swearingin				Name Notified: YES <input checked="" type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/>					
Fire Marshal/AHJ Name:				Name Notified: YES <input type="checkbox"/> NA <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
Monitoring Company Name:				Name Notified: YES <input checked="" type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/>					
Proper Signage:				YES <input checked="" type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/>					
2. General (To be answered by customer)					YES <input type="checkbox"/> NA <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Additional Comments:			
Have there been any changes in the occupancy classification, machinery or operations since the last inspection?					<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>				
Have there been any changes or repairs to the fire protection systems since the last inspection?					<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>				
If a fire has occurred since the last inspection, have all damaged system components been replaced?					<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>				
3. Control Panel Status (Pre-Test)			YES <input checked="" type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/>	3. a. Control Panel Status (Pre-Test)			YES <input checked="" type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/>	8. Notification Devices	YES <input checked="" type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/>
Panel monitored			<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Silent switch operable			<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Notification devices operable	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Power light operational			<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Active zones indicated			<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Notification devices tested normal	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Panel indicator on normal			<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Inactive zones indicated			<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Quantity of notification devices	4
Indicator lights operational			<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Battery back-up present			<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	9. Auxiliary Controls	
Trouble light operational			<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				YES <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/>		
4. Piping/Distribution System			YES <input checked="" type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/>	4. a. Piping/Distribution System			YES <input checked="" type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/>	Dampers installed	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
Hazard area clean/orderly			<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Clear of debris			<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Dampers operable	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
As-Built drawings on site			<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Piping secure			<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	HVAC shutdown installed	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
Date of last hose test:				Hoses tested normal			<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Type of HVAC shutdown	
5. Control Panel Status			YES <input checked="" type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/>	5. a. Control Panel Status			YES <input checked="" type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/>	Type of damper	
Input alarm circuits tested normal			<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Battery back-up voltage normal			<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Computer shutdown installed	YES <input type="checkbox"/> NA <input type="checkbox"/> NO <input checked="" type="checkbox"/>
Output alarm circuits tested normal			<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Charge circuit tested normal			<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Pressure switches installed	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
Supervisory circuits tested normal			<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Battery load tested normal			<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Alarms reported to monitoring co.	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Time delay tested normal			<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Record battery voltage			<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Pressure switch installed	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
Time delay in seconds: 30				Battery amp hours			Good 9.0	Function of pressure switch:	
6. Detection				7. Manual Pull Stations				Type of computer shutdown:	
Qty. of Photo Detectors (P)			3	Type of pull station			Electric	10. Releasing Controls	
Qty. of Ion Detectors (I)			0	Qty. of pull stations			1	Qty. of releasing control(s)	
Qty. of Thermal Detectors (T)			0	Qty. of pull stations tested normal				Type of releasing control	
Type			P I T	List addl. special layout info: (cross-zone etc.) below:				Electric	
Qty. of detectors tested at last inspection			3 0 0					YES <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/>	
Qty. Detectors tested normal at this inspection								Solenoids tested normal	
Qty. Sensitivity test conducted at this inspection								Release devices operable	
Date of last sensitivity test								YES <input type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/>	
Detectors cleaned			YES <input checked="" type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/>	Qty. of abort switches			1	11. Post Inspection	
Date of last detector cleaning				Break rods intact			YES <input type="checkbox"/> NA <input type="checkbox"/> NO <input checked="" type="checkbox"/>	System reset for normal operation	
Other: (fusible links and/or pneumatic, etc.)				Abort switches tested normal			YES <input type="checkbox"/> NA <input type="checkbox"/> NO <input checked="" type="checkbox"/>	System tagged	
								System tagged (Red/Green/Other)	
								12. Cylinder inspection to be completed on page 2	

TASK # SR # DATE: INSPECTOR NAME

CUSTOMER BUILDING/LOCATION

#	Cylinder Type	Cylinder Mfr.	Serial Number	Last Test Date	Stamped Wt. (A)	Total Wt. (B)	Cylinder Full Capacity (A-B)	Cylinder Pressure	Condition	Liquid Level Indicator	Temperature	Rack #
1	Low-Press.	Pipetron		2007		300	350	OK	N/A			
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20												

Cylinder Inspection Comments:

13. List Changes in Occupancy, Hazard, or Fire Protection System in Section 2:

14. Deficiencies and Recommendations:

none found on this inspection.

15. Deficiencies and Recommendations were discussed with Customer/Customer Representative:

If No, explain below:

YES	NA	NO
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## IMPORTANT NOTICE TO CUSTOMER

Customer acknowledges and agrees that, in the absence of a Service Agreement between the parties, services hereunder are performed pursuant to the terms and conditions of this Report, agrees that the services have been completed to Customer's satisfaction and that the system is in good working order and repair, unless services performed were of a temporary nature, in which case Customer acknowledges that part of customer's system may have been bypassed or is otherwise inoperable until service can be completed. CUSTOMER'S ATTENTION IS DIRECTED TO THE LIMITATION OF LIABILITY, WARRANTY, INDEMNITY AND OTHER CONDITIONS AT THE REVERSE SIDE/END OF THIS REPORT. This Agreement has been drawn up and executed in English at the request of and with the full concurrence of Customer. Ce contrat a été rédigé en anglais à la demande et avec l'assentiment du client.

CUSTOMER: *[Signature]*DATE: *05/05/10*INSPECTOR NAME (PRINT): *LARRY KINSLEY*PRINT NAME: *Thomas G. Swetnam Jr.*INSPECTOR SIGNATURE: *[Signature]*

D-U-N-S 09-4738007  
FED. ID 58-2608861

**SimplexGrinnell** BE SAFE.

A Tyco International Company

District # 209  
664 Eastern Star Rd  
KINGSPORT, TN 37663-3268  
423-349-6109

**Bill To:** 209-01847495

GRACEWAY PHARMACEUTICAL  
340 EDMONT AVENUE  
BRISTOL TN 37620

INVOICE NO.  
74352790

INVOICE DATE  
05-06-11

CUSTOMER P.O.

CONTRACT #  
914681

MODIFIER

PAYMENT TERMS  
NET 30

**Ship To:** 209-01847495

GRACEWAY PHARMACEUTICAL  
340 EDMONT AVENUE  
BRISTOL TN 37620

**Requestors Name:** Swetnam Jr., Thomas G.

CONTRACT DESCRIPTION

GRACEWAY PHARMACEUTICAL

CONTRACT START DATE CONTRACT END DATE

01-DEC-08 30-NOV-13

INVOICE NOTES

REPRINT

WE ACCEPT ALL MAJOR CREDIT CARDS

Total Contract Amount -	\$3,000.00	Amount Of Current Invoice -	\$300.00
		Sales Tax -	\$0.00
		Total Amount Included -	\$300.00
		Payment Received -	\$0.00
		<b>Total Amount Due</b>	<b>\$300.00</b>

**SimplexGrinnell** BE SAFE.  
A Tyco International Company

REMITTANCE COPY

PLEASE TEAR OFF AND RETURN THIS PORTION WITH YOUR PAYMENT. WRITE INVOICE NO. ON YOUR CHECK.

TOTAL AMOUNT DUE  
300.00

**BILL TO** GRACEWAY PHARMACEUTICAL  
209-01847495

INVOICE NUMBER 74352790

**SHIP TO** GRACEWAY PHARMACEUTICAL  
209-01847495

INVOICE DATE 05-06-11

CUSTOMER P.O.

**REMIT TO** SimplexGrinnell  
Dept. CH 10320  
Palatine, IL 60055-0320

9000030000774352790

☐ Check Box and Complete Reverse Side for Credit Card Payments OR Pay Online at [www.simplexgrinnell.com](http://www.simplexgrinnell.com)  
366-SL-Contract-M997

**SimplexGrinnell** BE SAFE.

A Tyco International Company

District # 209  
664 Eastern Star Rd  
KINGSPORT, TN 37663-3268  
423-349-6109

INVOICE NO.

74352790

DATE OF INVOICE

05-06-11

**INVOICE CONTRACT DETAIL**

Service Plan Name	Billing Start Date	Billing End Date	Ship To Address	Covered Product	Qty	Description	Amount
Suppression Gas Systems Test & Inspect	01-DEC-10	31-MAY-11	340 EDMONT AVENUE, , BRISTOL, TN	SYSTEM-SG-FM200	1	FM200 SYSTEM	\$300.00
REPRINT							



Task # \_\_\_\_\_ SR # \_\_\_\_\_ Semi-Annual ☒ Annual ☐

Date: 050511

CUSTOMER <u>GRINELL PHARMACEUTICALS</u>		INSPECTOR NAME <u>LARRY HISSER</u>
BUILDING / LOCATION _____		SIMPLEXGRINNELL OFFICE <u>12/29/00</u>
STREET <u>348 Edgemont Ave.</u>		
CITY / ST / PROV / ZIP / PC <u>BRISTOL TN. 37620</u>		
ATTN: <u>FM-200 suppression system</u>		PHONE # <u>349-6109</u>
PHONE # _____		LICENSE # <u>0315</u>

SYSTEM TYPE		<input type="checkbox"/> CO2	<input checked="" type="checkbox"/> FM200	<input type="checkbox"/> Sapphire	<input type="checkbox"/> Inergen	<input type="checkbox"/> Halon	Other (indicate): _____		<input checked="" type="checkbox"/> Inspection	<input type="checkbox"/> Renovations	<input type="checkbox"/> Recharge
Manufacturer	Model	Voltage	Serial #	Ceiling Type	Normal Ambient Temp.	Nozzle Qty.	Nozzle Type	Area of Hazard (LxW)			
<u>Pirtek</u>	<u>PER-100</u>	<u>24</u>	<u>14</u>	<u>HARD</u>	<u>14</u>	<u>2</u>	<u>3LED</u>	<u>14' x 25'</u>			
Room Integrity Tested	Date Last Tested:	Number of Exits	Subfloor	Deck to Deck	Main & Reserve	Volume of Hazard (LxWxH)			Altitude		
YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	<u>2010</u>	<u>2</u>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NA <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>						

1. Pre-Inspection			YES	NA	NO
Job Site Contact Name: <u>T. SWEETMAN</u>	Name Notified	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fire Marshal/AHJ Name:	Name Notified	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Monitoring Company Name:	Name Notified	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Proper Signage		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

2. General (To be answered by customer)			YES	NA	NO	Additional Comments:
Have there been any changes in the occupancy classification, machinery or operations since the last inspection?			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Have there been any changes or repairs to the fire protection systems since the last inspection?			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
If a fire has occurred since the last inspection, have all damaged system components been replaced?			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

3. Control Panel Status (Pre-Test)			YES	NA	NO	3. a. Control Panel Status (Pre-Test)			YES	NA	NO	8. Notification Devices			YES	NA	NO
Panel monitored	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Silent switch operable	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Notification devices operable	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Notification devices tested normal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Quantity of notification devices	<u>4</u>
Power light operational	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Active zones indicated	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inactive zones indicated	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Battery back-up present	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Auxiliary Controls	
Panel indicator on normal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Battery back-up voltage normal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dampers installed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dampers operable	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HVAC shutdown installed	<input checked="" type="checkbox"/>
Indicator lights operational	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Charge circuit tested normal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Type of HVAC shutdown	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Type of damper	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Computer shutdown installed	<input checked="" type="checkbox"/>
Trouble light operational	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Record battery voltage	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Alarms reported to monitoring co.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pressure switches installed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pressure switch installed	<input checked="" type="checkbox"/>

4. Piping/Distribution System			YES	NA	NO	4. a. Piping/Distribution System			YES	NA	NO
Hazard area clean/orderly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Clear of debris	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hoses tested normal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
As-Built drawings on site	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Piping secure	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date of last hose test:					<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

5. Control Panel Status			YES	NA	NO	5. a. Control Panel Status			YES	NA	NO
Input alarm circuits tested normal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Battery back-up voltage normal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Computer shutdown installed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Output alarm circuits tested normal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Charge circuit tested normal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pressure switches installed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervisory circuits tested normal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Battery load tested normal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Alarms reported to monitoring co.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time delay tested normal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Record battery voltage	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pressure switch installed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time delay in seconds:	<u>30</u>			Battery amp hours	<u>Good</u>	<u>2.0</u>		Function of pressure switch:			

6. Detection			7. Manual Pull Stations			10. Releasing Controls		
Qty. of Photo Detectors (P)	<u>3</u>		Type of pull station	<u>Electric</u>		Qty. of releasing control(s)	<u>Electric</u>	
Qty. of Ion Detectors (I)	<u>8</u>		Qty. of pull stations	<u>1</u>		Type of releasing control	<u>Electric</u>	
Qty. of Thermal Detectors (T)	<u>0</u>		Qty. of pull stations tested normal	<u>1</u>		Solenoids tested normal	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Type			List addl. special layout info: (cross-zone etc.) below:			Release devices operable	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Qty. of detectors tested at last inspection	<u>3</u>							
Qty. Detectors tested normal at this inspection	<u>3</u>							
Qty. Sensitivity test conducted at this inspection								
Date of last sensitivity test								

11. Post Inspection			YES	NA	NO
Detectors cleaned	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	System reset for normal operation	<input checked="" type="checkbox"/>
Date of last detector cleaning			<input checked="" type="checkbox"/>	System tagged	<input checked="" type="checkbox"/>
Other: (fusible links and/or pneumatic, etc.)			<input checked="" type="checkbox"/>	System tagged (Red/Green/Other)	<input checked="" type="checkbox"/>

12. Cylinder inspection to be completed on page 2

TASK #	SR #	DATE:	INSPECTOR NAME									
CUSTOMER		BUILDING/LOCATION										
#	Cylinder Type	Cylinder Mfr.	Serial Number	Last Test Date	Stamped Wt. (A)	Total Wt. (B)	Cylinder fill / Capacity (A-B)	Cylinder Pressure	Condition	Liquid Level Indicator	Temperature	Rack #
1	Low-Press	Pyeo Chem.	2007			200	350	OK				
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20												

Cylinder Inspection Comments:

13. List Changes in Occupancy, Hazard, or Fire Protection System in Section 2:

14. Deficiencies and Recommendations: None Found on this inspection.

15. Deficiencies and Recommendations were discussed with Customer/Customer Representative:

If No, explain below:

YES	NA	NO
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**IMPORTANT NOTICE TO CUSTOMER**

Customer acknowledges and agrees that, in the absence of a Service Agreement between the parties, services hereunder are performed pursuant to the terms and conditions of this Report, agrees that the services have been completed to Customer's satisfaction and that the system is in good working order and repair, unless services performed were of a temporary nature, in which case Customer acknowledges that part of customer's system may have been bypassed or is otherwise inoperable until service can be completed. CUSTOMER'S ATTENTION IS DIRECTED TO THE LIMITATION OF LIABILITY, WARRANTY, INDEMNITY AND OTHER CONDITIONS AT THE REVERSE SIDE/END OF THIS REPORT. This Agreement has been drawn up and executed in English at the request of and with the full concurrence of Customer. Ce contrat a été rédigé en anglais à la demande et avec l'assentiment du client.

CUSTOMER: [Signature]  
 PRINT NAME: Thomas G. Suter III

DATE: 05/05/01

INSPECTOR NAME (PRINT): LARRY HINSKE  
 INSPECTOR SIGNATURE: [Signature]

D-U-N-S 09-4738007

FED. ID 58-2608861

**SimplexGrinnell** BE SAFE.

A Tyco International Company

District # 209  
11042 Terrapin Station Ln  
KNOXVILLE, TN 37932-3071  
865-675-9945**Bill To:** 209-01847495GRACEWAY PHARMACEUTICAL  
340 EDMONT AVENUE  
BRISTOL TN 37620

INVOICE NO

73970019

INVOICE DATE

11-05-10

CUSTOMER P.O.

CONTRACT #

914681

MODIFIER

PAYMENT TERMS

NET 30

**Ship To:** 290-01847495GRACEWAY PHARMACEUTICAL  
340 EDMONT AVENUE  
BRISTOL TN 37620**Requestors Name:** Swetnam Jr., Thomas G.

CONTRACT DESCRIPTION

GRACEWAY PHARMACEUTICAL

CONTRACT  
START DATE

01-DEC-08

CONTRACT  
END DATE

30-NOV-13

INVOICE NOTES

**WE ACCEPT ALL MAJOR CREDIT CARDS**

Total Contract Amount	\$3,000.00	Amount Of Current Invoice -	\$300.00
		Sales Tax -	\$0.00
		Total Amount Included -	\$300.00
		Payment Received -	\$0.00
		<b>Total Amount Due</b>	<b>\$300.00</b>

REMITTANCE COPY

**SimplexGrinnell** BE SAFE.

A Tyco International Company

PLEASE TEAR OFF AND RETURN THIS PORTION WITH YOUR PAYMENT - WRITE INVOICE NO. ON YOUR CHECK

TOTAL AMOUNT DUE

300.00

**BILL TO** GRACEWAY PHARMACEUTICAL  
209-01847495

INVOICE NUMBER 73970019

**SHIP TO** GRACEWAY PHARMACEUTICAL  
290-01847495

INVOICE DATE 11-05-10

CUSTOMER P.O.

**REMIT TO** SimplexGrinnell  
Dept. CH 10320  
Palatine

, IL 60055-0320

9000030000673970019

Check Box and Complete Reverse Side for Credit Card Payments OR Pay Online at [www.simplexgrinnell.com](http://www.simplexgrinnell.com)

*A Tyco International Company*

District # 290  
11042 Terrapin Station Ln  
KNOXVILLE, TN 37932-3071  
865-675-9945

INVOICE NO.

73970019

DATE OF INVOICE

11-05-10

### INVOICE CONTRACT DETAIL

Service Plan Name	Billing Start Date	Billing End Date	Ship To Address	Covered Product	Qty	Description	Amount
Suppression Gas Systems Test & Inspect	01-JUN-10	30-NOV-10	340 EDMONT AVENUE, , BRISTOL, TN	SYSTEM-SG-FM200	1	FM200 SYSTEM	\$300.00

Task # \_\_\_\_\_ SR # \_\_\_\_\_ Semi-Annual ☒ Annual ☐

Date: 11 04 10

CUSTOMER <u>BRACEWAY PHARMACEUTICALS</u>		INSPECTOR NAME <u>LARRY HUSTON</u>	
BUILDING / LOCATION _____		SIMPLEXGRINNELL OFFICE <u>Highland</u>	
STREET <u>340 Edgemont Ave.</u>			
CITY / ST / PROV / ZIP / PC <u>Bristol TN 37620</u>			
ATTN: <u>FM-200 suppression system</u>		PHONE # <u>423-349-6109</u>	
PHONE # _____		LICENSE # <u>0315</u>	

SYSTEM TYPE		<input type="checkbox"/> CO2	<input checked="" type="checkbox"/> FM200	<input type="checkbox"/> Sapphire	<input type="checkbox"/> Inergen	<input type="checkbox"/> Halon	Other (indicate): _____		<input checked="" type="checkbox"/> Inspection	<input type="checkbox"/> Renovations	<input type="checkbox"/> Recharge
Manufacturer	Model	Voltage	Serial #	Ceiling type	Normal Ambient Temp	Nozzle Qty	Nozzle Type	Area of Hazard (LxW)			
<u>Pyrochem</u>	<u>PCE-100</u>	<u>24</u>	<u>NA</u>	<u>Drop</u>	<u>70</u>	<u>2</u>	<u>3600</u>	<u>16' x 30'</u>			
Room Integrity Tested	Date Last Tested	Number of Exits	Subfloor	Deck to Deck	Main & Reserve	Volume of Hazard (LxWxH)			Altitude		
YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	<u>05 10</u>	<u>2</u>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NA <input checked="" type="checkbox"/> NO <input type="checkbox"/>						

1. Pre-Inspection		YES	NA	NO
Job Site Contact Name: <u>T. Swann</u>	Name Notified	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire Marshal/ATJ Name: _____	Name Notified	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Monitoring Company Name: _____	Name Notified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper Signage		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. General (To be answered by customer)		YES	NA	NO	Additional Comments:
Have there been any changes in the occupancy classification, machinery or operations since the last inspection?		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Have there been any changes or repairs to the fire protection systems since the last inspection?		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
If a fire has occurred since the last inspection, have all damaged system components been replaced?		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

3. Control Panel Status (Pre-Test)		YES	NA	NO	3. a. Control Panel Status (Pre-Test)		YES	NA	NO	8. Notification Devices		YES	NA	NO
Panel monitored	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Silent switch operable	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Notification devices operable	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Power light operational	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Active zones indicated	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Notification devices tested normal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Panel indicator on normal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Inactive zones indicated	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Quantity of notification devices	<u>3</u>			
Indicator lights operational	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Battery back-up present	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		9. Auxiliary Controls				
Trouble light operational	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							Dampers installed	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

4. Piping/Distribution System		YES	NA	NO	4. a. Piping/Distribution System		YES	NA	NO	5. Control Panel Status		YES	NA	NO
Hazard area clean/orderly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Clear of debris	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Input alarm circuits tested normal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
As-Built drawings on site	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Piping secure	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Output alarm circuits tested normal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Date of last hose test: _____					Hoses tested normal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Supervisory circuits tested normal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

5. Control Panel Status		YES	NA	NO	5. a. Control Panel Status		YES	NA	NO	6. Detection		YES	NA	NO
Input alarm circuits tested normal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Battery back-up voltage normal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Qty. of Photo Detectors (P)	<u>3</u>			
Output alarm circuits tested normal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Charge circuit tested normal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Qty. of Ion Detectors (I)	<u>0</u>			
Supervisory circuits tested normal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Battery load tested normal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Qty. of Thermal Detectors (T)	<u>0</u>			
Time delay tested normal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Record battery voltage	<u>Good</u>				Type	<u>P I T</u>			
Time delay in seconds: <u>30</u>					Battery amp hours	<u>1.0</u>				Qty. of detectors tested at last inspection	<u>3</u>			

6. Detection		7. Manual Pull Stations		10. Releasing Controls	
Qty. of Photo Detectors (P)	<u>3</u>	Type of pull station	<u>Electric</u>	Qty. of releasing control(s)	<u>Electric</u>
Qty. of Ion Detectors (I)	<u>0</u>	Qty. of pull stations	<u>1</u>	Type of releasing control	<u>Electric</u>
Qty. of Thermal Detectors (T)	<u>0</u>	Qty. of pull stations tested normal	<u>1</u>	Solenoids tested normal	<input checked="" type="checkbox"/>
Type	<u>P I T</u>	List add. special layout info: (cross-zone etc.) below:		Release devices operable	<input checked="" type="checkbox"/>
Qty. of detectors tested at last inspection	<u>3</u>				
Qty. Detectors tested normal at this inspection					
Qty. Sensitivity test conducted at this inspection					
Date of last sensitivity test		Qty. of abort switches	<u>1</u>	11. Post Inspection	

Detectors cleaned		YES <input checked="" type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/>	Break rods intact		YES <input checked="" type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/>	System reset for normal operation		YES <input checked="" type="checkbox"/> NA <input type="checkbox"/> NO <input type="checkbox"/>
Date of last detector cleaning			Abort switches tested normal		<input checked="" type="checkbox"/>	System tagged		<input checked="" type="checkbox"/>
Other: (fusible links and/or pneumatic, etc.)						System tagged (Red/Green/Other)		<input checked="" type="checkbox"/>

12. Cylinder Inspection to be completed on page 2

## 12. Cylinder Inspection page 2 of 2

TASK # SR # DATE: INSPECTOR NAME

CUSTOMER BUILDING/LOCATION

#	Cylinder Type	Cylinder Mfr.	Serial Number	Last Test Date	Stamped Wt. (A)	Total Wt. (B)	Cylinder Mfr. / Capacity (A-B)	Cylinder Pressure	Condition	Liquid Level Indicator	Temperature	Rack #
1	Low Press.			2007		200	350	OK				
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20												

Cylinder Inspection Comments:

13. List Changes in Occupancy, Hazard, or Fire Protection System in Section 2:

14. Deficiencies and Recommendations: None Found on this inspection.

15. Deficiencies and Recommendations were discussed with Customer/Customer Representative:

If No, explain below:

YES NA NO

☐ ☐ ☐

## IMPORTANT NOTICE TO CUSTOMER

Customer acknowledges and agrees that, in the absence of a Service Agreement between the parties, services hereunder are performed pursuant to the terms and conditions of this Report, agrees that the services have been completed to Customer's satisfaction and that the system is in good working order and repair, unless services performed were of a temporary nature, in which case Customer acknowledges that part of customer's system may have been bypassed or is otherwise inoperable until service can be completed. CUSTOMER'S ATTENTION IS DIRECTED TO THE LIMITATION OF LIABILITY, WARRANTY, INDEMNITY AND OTHER CONDITIONS AT THE REVERSE SIDE/END OF THIS REPORT. This Agreement has been drawn up and executed in English at the request of and with the full concurrence of Customer. Ce contrat a été rédigé en anglais à la demande et avec l'assentiment du client.

CUSTOMER: *X M/V/D*DATE: *X 11/14/10*INSPECTOR NAME (PRINT): *LARRY KINSKE*PRINT NAME: *X MICHAEL PLYDOR*INSPECTOR SIGNATURE: *[Signature]*