







# City of Rochester

Fire Department  
185 Exchange Blvd., Ste 665  
Rochester, New York 14614-2124  
www.cityofrochester.gov

# FILE



Fire Safety  
Division

Office of the Fire Marshal  
Telephone: (585) 428-7037  
Fax: (585) 428-6785

## NOTICE OF VIOLATION AND ORDER TO COMPLY

Clinton Sq.  
NAME

Date 12-18-2008

75 So. Clinton Av.  
ADDRESS

Rochester N.Y. 1  
CITY, STATE, ZIP

Inspection of the premises located at 75 So. Clinton Av. reveals violations of the Rochester Fire Prevention Code. Orders are hereby issued for **immediate correction** of violations listed herein. Compliance shall be verified by the Fire Marshal.

Failure to comply with these orders may result in issuance of Municipal Code Violation Ticket with following penalties:

	INITIAL	FAILURE TO RESPOND
1st OFFENSE	\$ 75	\$150
2nd OFFENSE	\$150	\$300
3rd & SUBSEQUENT	\$375	\$750

① In the common of shared means of egress between Chase tower and Clinton Sq. bldg. The Exit Door Facing East shall comply w/ NYSFC 1008.1.3 and specifically 1008.1.3.3 sub 1, 2+3. copy of code provided. CORRECTED 2-5-09

② Same area as ① Exit door facing North our office recommends the access-controlled egress door comply w/ 2007 NYSFC 1008.1.3.4 specifically sub 1.

Received by: [Signature]  
NAME

[Signature]  
TITLE

12/18/08  
DATE

By Order of  
Fire Marshal

Fire Marshal Lt. R. Lovell

DATE OF COMPLIANCE 2-5-2009

Fire Marshal Lt. R. Lovell

have a slope not to exceed 0.25 unit vertical in 12 units horizontal (2-percent slope).

**Exceptions:**

1. Doors serving individual dwelling units in Groups R-2 and R-3 as applicable in Section 1001.1 where the following apply:
  - 1.1. A door is permitted to open at the top step of an interior flight of stairs, provided the door does not swing over the top step.
  - 1.2. Screen doors and storm doors are permitted to swing over stairs or landings.
2. Exterior doors as provided for in Section 1003.5, Exception 1, and Section 1017.2, which are not on an accessible route.
3. In Group R-3 occupancies, the landing at an exterior doorway shall not be more than 7<sup>3</sup>/<sub>4</sub> inches (197 mm) below the top of the threshold, provided the door, other than an exterior storm or screen door, does not swing over the landing.
4. Variations in elevation due to differences in finish materials, but not more than 0.5 inch (12.7 mm).
5. Exterior decks, patios or balconies that are part of Type B dwelling units and have impervious surfaces, and that are not more than 4 inches (102 mm) below the finished floor level of the adjacent interior space of the dwelling unit.

**1008.1.5 Landings at doors.** Landings shall have a width not less than the width of the stairway or the door, whichever is the greater. Doors in the fully open position shall not reduce a required dimension by more than 7 inches (178 mm). When a landing serves an occupant load of 50 or more, doors in any position shall not reduce the landing to less than one-half its required width. Landings shall have a length measured in the direction of travel of not less than 44 inches (1118 mm).

**Exception:** Landing length in the direction of travel in Group R-3 as applicable in Section 1001.1 and Group U and within individual units of Group R-2 as applicable in Section 1001.1, need not exceed 36 inches (914 mm).

**1008.1.6 Thresholds.** Thresholds at doorways shall not exceed 0.75 inch (19.1 mm) in height for sliding doors serving dwelling units or 0.5 inch (12.7 mm) for other doors. Raised thresholds and floor level changes greater than 0.25 inch (6.4 mm) at doorways shall be beveled with a slope not greater than one unit vertical in two units horizontal (50-percent slope).

**Exception:** The threshold height shall be limited to 7<sup>3</sup>/<sub>4</sub> inches (197 mm) where the occupancy is Group R-2 or R-3 as applicable in Section 1001.1, the door is an exterior door that is not a component of the required means of egress and the doorway is not on an accessible route.

**1008.1.7 Door arrangement.** Space between two doors in series shall be 48 inches (1219 mm) minimum plus the width of a door swinging into the space. Doors in series

shall swing either in the same direction or away from the space between doors.

**Exceptions:**

1. The minimum distance between horizontal sliding power-operated doors in a series shall be 48 inches (1219 mm).
2. Storm and screen doors serving individual dwelling units in Groups R-2 and R-3 as applicable in Section 1001.1 need not be spaced 48 inches (1219 mm) from the other door.
3. Doors within individual dwelling units in Groups R-2 and R-3 as applicable in Section 1001.1 other than within Type A dwelling units and within Type B dwelling units in newly constructed buildings of Group R-2 occupancy.

**1008.1.8 Door operations.** Except as specifically permitted by this section egress doors shall be readily openable from the egress side without the use of a key or special knowledge or effort.

**1008.1.8.1 Hardware.** Door handles, pulls, latches, locks and other operating devices on doors required to be accessible by Chapter 11 of the *Building Code of New York State* shall not require tight grasping, tight pinching or twisting of the wrist to operate.

**1008.1.8.2 Hardware height.** Door handles, pulls, latches, locks and other operating devices shall be installed 34 inches (864 mm) minimum and 48 inches (1219 mm) maximum above the finished floor. Locks used only for security purposes and not used for normal operation are permitted at any height.

**1008.1.8.3 Locks and latches.** Locks and latches shall be permitted to prevent operation of doors where any of the following exists:

1. Places of detention or restraint.
2. In buildings in occupancy Group A having an occupant load of 300 or less, Groups B, F, M and S, and in churches, the main exterior door or doors are permitted to be equipped with key-operated locking devices from the egress side provided:
  - 2.1. The locking device is readily distinguishable as locked,
  - 2.2. A readily visible durable sign is posted on the egress side on or adjacent to the door stating: THIS DOOR TO REMAIN UNLOCKED WHEN BUILDING IS OCCUPIED. The sign shall be in letters 1 inch (25 mm) high on a contrasting background,
  - 2.3. The use of the key-operated locking device is revokable by the fire code official for due cause.
3. Where egress doors are used in pairs, approved automatic flush bolts shall be permitted to be used, provided that the door leaf having the automatic flush bolts has no doorknob or surface-mounted hardware.

photoelectric-actuated mechanism to open the door upon the approach of a person, or doors with power-assisted manual operation, the design shall be such that in the event of power failure, the door is capable of being opened manually to permit means of egress travel or closed where necessary to safeguard means of egress. The forces required to open these doors manually shall not exceed those specified in Section 1008.1.2, except that the force to set the door in motion shall not exceed 50 pounds (220 N). The door shall be capable of swinging from any position to the full width of the opening in which such door is installed when a force is applied to the door on the side from which egress is made. Full-power-operated doors shall comply with BHMA A156.10. Power-assisted and low-energy doors shall comply with BHMA A156.19.

**Exceptions:**

1. Occupancies in Group I-3.
2. Horizontal sliding doors complying with Section 1008.1.3.3.
3. For a biparting door in the emergency breakout mode, a door leaf located within a multiple-leaf opening shall be exempt from the minimum 32-inch (813 mm) single-leaf requirement of Section 1008.1.1, provided a minimum 32-inch (813 mm) clear opening is provided when the two biparting leaves meeting in the center are broken out.

**1008.1.3.3 Horizontal sliding doors.** In other than Group H occupancies, horizontal sliding doors permitted to be a component of a means of egress in accordance with Exception 5 to Section 1008.1.2 shall comply with all of the following criteria:

1. The doors shall be power operated and shall be capable of being operated manually in the event of power failure.
2. The doors shall be openable by a simple method from both sides without special knowledge or effort.
3. The force required to operate the door shall not exceed 30 pounds (133 N) to set the door in motion and 15 pounds (67 N) to close the door or open it to the minimum required width.
4. The door shall be openable with a force not to exceed 15 pounds (67 N) when a force of 250 pounds (1100 N) is applied perpendicular to the door adjacent to the operating device.
5. The door assembly shall comply with the applicable fire protection rating and, where rated, shall be self-closing or automatic-closing by smoke detection, shall be installed in accordance with NFPA 80 and shall comply with Section 715 of the *Building Code of New York State*.
6. The door assembly shall have an integrated standby power supply.
7. The door assembly power supply shall be electrically supervised.

8. The door shall open to the minimum required width within 10 seconds after activation of the operating device.

**1008.1.3.4 Access-controlled egress doors.** The entrance doors in a means of egress in buildings with an occupancy in Group A, B, E, M, R-1 or R-2 and entrance doors to tenant spaces in occupancies in Groups A, B, E, M, R-1 and R-2 are permitted to be equipped with an approved entrance and egress access control system which shall be installed in accordance with all of the following criteria:

1. A sensor shall be provided on the egress side arranged to detect an occupant approaching the doors. The doors shall be arranged to unlock by a signal from or loss of power to the sensor.
2. Loss of power to that part of the access control system which locks the doors shall automatically unlock the doors.
3. The doors shall be arranged to unlock from a manual unlocking device located 40 inches to 48 inches (1016 mm to 1219 mm) vertically above the floor and within 5 feet (1524 mm) of the secured doors. Ready access shall be provided to the manual unlocking device and the device shall be clearly identified by a sign that reads: PUSH TO EXIT. When operated, the manual unlocking device shall result in direct interruption of power to the lock—~~independent of the access control system electronics~~—and the doors shall remain unlocked for a minimum of 30 seconds.
4. Activation of the building fire alarm system, if provided, shall automatically unlock the doors, and the doors shall remain unlocked until the fire alarm system has been reset.
5. Activation of the building automatic sprinkler or fire detection system, if provided, shall automatically unlock the doors. The doors shall remain unlocked until the fire alarm system has been reset.
6. Entrance doors in buildings with an occupancy in Group A, B, E or M shall not be secured from the egress side during periods that the building is open to the general public.

**1008.1.3.5 Security grilles.** In Groups B, F, M and S, horizontal sliding or vertical security grilles are permitted at the main exit and shall be openable from the inside without the use of a key or special knowledge or effort during periods that the space is occupied. The grilles shall remain secured in the full-open position during the period of occupancy by the general public. Where two or more means of egress are required, not more than one-half of the exits or exit access doorways shall be equipped with horizontal sliding or vertical security grilles.

**1008.1.4 Floor elevation.** There shall be a floor or landing on each side of a door. Such floor or landing shall be at the same elevation on each side of the door. Landings shall be level except for exterior landings, which are permitted to



**West Fire Systems, Inc.**  
 465 Stone Road / Rochester, NY 14616  
 Tel.: (585) 663-8530 FAX: (585) 663-8633

**FIRE ALARM INSPECTION & TESTING REPORT**

NAME <u>Clinton Square</u>			TYPE OF TEST		MONTHLY	QUARTERLY	SEMI ANNUAL	ANNUAL	CALL DATE	
ADDRESS <u>75 Clinton Ave</u>			NEW YORK STATE LICENSE # <b>12000047882</b>							
ADDRESS			CONTROL PANEL TYPE				SERIAL #			
CITY <u>Rochester</u> STATE <u>NY</u> ZIP <u>14604</u>			PHONE # <u>325-4761</u>		SYSTEM LOCATION <u>Fire</u>					
			No. of Devices		No. Tested		✓ okay XSee below			
Control Stations			<u>1</u>		<u>1</u>		<input checked="" type="checkbox"/>		Tamper Switch	
Signal Devices			<u>7</u>		<u>7</u>		<input checked="" type="checkbox"/>		Water Flow Switch	
Heat Detectors			<u>1</u>						Remote Station	
Smoke Detectors			<u>1</u>						Batteries	
Duct Detectors			<u>1</u>						Charger	
Annunciators			<u>1</u>		<u>1</u>		<input checked="" type="checkbox"/>			
Door Holders			<u>1</u>							
Fan Shutdown			<u>1</u>							
LOCAL FIRE DEPT. <u>Rochester Fire Dept.</u>					OFFICIAL CONTACTED <u>Andy Montesano</u>					
TEST RECEIVED AT FIRE STATION <u>Doulo Security</u>					REMOTE STATION ACCOUNT #					
ALARMS SOUNDED			YES <input checked="" type="checkbox"/>		NO		IF NO CUSTOMER AUTHORIZE HERE			
CUSTOMER SIGNATURE <u>Lt. Ron Lovell RFD</u>					ALL TESTING DEVICES REMOVED CE INITIAL <u>PAS</u>					
REMARKS PARTS USED ETC. <u>Tested (5) speaker/strobes on the 8th floor and (2) speaker/strobes on the 3rd floor,</u>					CE SIGNATURE <u>[Signature]</u>					
<u>100% operational</u>										



**City of Rochester  
FIRE DEPARTMENT**

**FIRE SAFETY DIVISION**

185 Exchange Blvd., Suite 665  
Rochester, New York 14614  
(585) 428-7037

DATE 10/02/08

**PERMIT**

For keeping, storing, using, installing, manufacturing, handling, transporting, or otherwise employing flammable, combustible, or explosive materials, or materials, processes, or equipment, which if improperly used may produce conditions hazardous to life or property.

TO WHOM IT MAY CONCERN:

By virtue of the provisions of the Fire Prevention Code of the City of Rochester, NY,

**BROADSTONE REAL ESTATE**  
75 CLINTON AV S

09-10030	PERMIT NUMBER
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having made application in due form, and as the conditions, surroundings, and arrangements are, in my' opinion, such that the intent of the Fire Prevention Code can be observed, authority is hereby given and this PERMIT is GRANTED for:

PERMIT CODE	PERMIT CATAGORY	FEE
5412B10C1	FLAM/COMB LQD CLS I,II,III	\$ 70
5412B12C	CORROSIVE LIQUIDS - OVER 55 GAL	\$ 70
5412B21B	LPG LESS THAN 1000	\$ 70

MAKE YOUR CHECK OR MONEY ORDER, PAID IN FULL, PAYABLE TO CITY TREASURER AND MAIL TO:

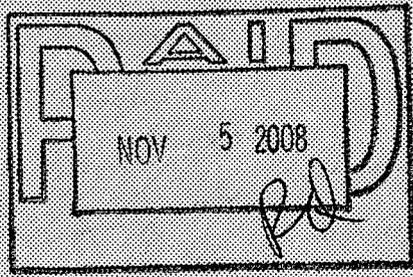
PLEASE WRITE PERMIT NUMBERS  
ON YOUR CHECK OR MONEY ORDER

ROCHESTER FIRE DEPARTMENT  
ATTENTION: ACCOUNTS RECEIVABLE  
185 EXCHANGE BLVD., SUITE 663  
ROCHESTER, NEW YORK 14614

00075 CLINTON AV S

09-10030	PERMIT NUMBER
10/02/08	INVOICE DATE
11/01/08	DUE DATE
\$ 210	AMOUNT DUE

CLINTON SQUARE  
BROADSTONE REAL ESTATE  
140 CLINTON SQUARE  
ROCHESTER NY 14604



FD513

fdpmt1

*Joseph W. McCoy*  
FIRE MARSHAL

This permit does not take the place of any license required by law and is not transferable. Any change in the use or occupancy of premises shall require a new permit.

THIS PERMIT MUST AT ALL TIMES BE KEPT ON FILE AT THE PREMISES MENTIONED ABOVE

**Please return this part with payment**

MAKE YOUR CHECK OR MONEY ORDER, PAID IN FULL, PAYABLE TO CITY TREASURER AND MAIL TO:

PLEASE WRITE PERMIT NUMBERS  
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ROCHESTER FIRE DEPARTMENT  
ATTENTION: ACCOUNTS RECEIVABLE  
185 EXCHANGE BLVD., SUITE 663  
ROCHESTER, NEW YORK 14614

00075 CLINTON AV S

09-10030	PERMIT NUMBER
10/02/08	INVOICE DATE
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\$ 210	AMOUNT DUE

CLINTON SQUARE  
BROADSTONE REAL ESTATE  
140 CLINTON SQUARE  
ROCHESTER NY 14604

FD513

fdpmt1

**Permit fee payments not received by the due date will be considered delinquent.**

**These delinquent properties operating with invalid permits will be subject to the issuance of a Municipal Code Violations Summons pursuant to Chapter 54-10 of the Municipal Code.**

**Municipal Code Summons Schedule**

	<b>Initial</b>	<b>Default</b>
<b>1st Offense, or after 30 days</b>	<b>\$ 75.00</b>	<b>\$150.00</b>
<b>2nd Offense, or after 60 days</b>	<b>\$150.00</b>	<b>\$300.00</b>
<b>3rd Offense, or after 90 days</b>	<b>\$375.00</b>	<b>\$750.00</b>







**City of Rochester  
FIRE DEPARTMENT**

**FIRE SAFETY DIVISION**

185 Exchange Blvd., Suite 665  
Rochester, New York 14614  
(585) 428-7037

**PERMIT**

DATE 10/04/07

For keeping, storing, using, installing, manufacturing, handling, transporting, or otherwise employing flammable, combustible, or explosive materials, or materials, processes, or equipment, which if improperly used may produce conditions hazardous to life or property.

TO WHOM IT MAY CONCERN:

By virtue of the provisions of the Fire Prevention Code of the City of Rochester, NY.,

HOME LEASING  
75 CLINTON AV S

08-10029	PERMIT NUMBER
----------	---------------

having made application in due form, and as the conditions, surroundings, and arrangements are, in my opinion, such that the intent of the Fire Prevention Code can be observed, authority is hereby given and this PERMIT is GRANTED for:

PERMIT CODE	PERMIT CATEGORY	FEE
5412B10C1	FLAM/COMB LQD CLS I,II,III	\$ 70
5412B12C	CORROSIVE LIQUIDS - OVER 55 GAL	\$ 70
5412B21B	LPG LESS THAN 1000	\$ 70

MAKE YOUR CHECK OR MONEY ORDER, PAID IN FULL,  
PAYABLE TO CITY TREASURER AND MAIL TO:

PLEASE WRITE PERMIT NUMBERS  
ON YOUR CHECK OR MONEY ORDER

ROCHESTER FIRE DEPARTMENT  
ATTENTION: ACCOUNTS RECEIVABLE  
185 EXCHANGE BLVD., SUITE 663  
ROCHESTER, NEW YORK 14614

00075 CLINTON AV S

08-10029	PERMIT NUMBER
10/04/07	INVOICE DATE
11/04/07	DUE DATE
\$ 210	AMOUNT DUE

CLINTON SQUARE  
HOME LEASING  
140 120 CLINTON SQUARE  
ROCHESTER NY 14604

*BACKSTONE REAL ESTATE* OCT 25 2007  
*Red*

FD513

fdpmt1

This permit does not take the place of any License required by law and is not transferable. Any change in the use or occupancy of premises shall require a new permit.

*[Signature]*  
FIRE MARSHAL

THIS PERMIT MUST AT ALL TIMES BE KEPT ON FILE AT THE PREMISES MENTIONED ABOVE

**Please return this part with payment**

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PAYABLE TO CITY TREASURER AND MAIL TO:

PLEASE WRITE PERMIT NUMBERS  
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ROCHESTER FIRE DEPARTMENT  
ATTENTION: ACCOUNTS RECEIVABLE  
185 EXCHANGE BLVD., SUITE 663  
ROCHESTER, NEW YORK 14614

00075 CLINTON AV S

08-10029	PERMIT NUMBER
10/04/07	INVOICE DATE
11/04/07	DUE DATE
\$ 210	AMOUNT DUE

CLINTON SQUARE  
HOME LEASING  
120 CLINTON SQUARE  
ROCHESTER NY 14604

FD513

fdpmt1

**Permit fee payments not received by the due date will be considered delinquent.**

**These delinquent properties operating with invalid permits will be subject to the issuance of a Municipal Code Violations Summons pursuant to Chapter 54-10 of the Municipal Code.**

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<b>3rd Offense, or after 90 days</b>	<b>\$375.00</b>	<b>\$750.00</b>







# City of Rochester FIRE DEPARTMENT

FIRE SAFETY DIVISION

185 Exchange Blvd., Suite 665  
Rochester, New York 14614  
(585) 428-7037

## PERMIT

DATE 09/27/06

For keeping, storing, using, installing, manufacturing, handling, transporting, or otherwise employing flammable, combustible, or explosive materials, or materials, processes, or equipment, which if improperly used may produce conditions hazardous to life or property.

TO WHOM IT MAY CONCERN:

By virtue of the provisions of the Fire Prevention Code of the City of Rochester, NY.,

HOME LEASING  
75 CLINTON AV S

07-10031	PERMIT NUMBER
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having made application in due form, and as the conditions, surroundings, and arrangements are, in my opinion, such that the intent of the Fire Prevention Code can be observed, authority is hereby given and this PERMIT is GRANTED for:

PERMIT CODE	PERMIT CATEGORY	FEE
5412B10C1	FLAM/COMB LQD CLS I,II,III	\$ 70
5412B12C	CORROSIVE LIQUIDS - OVER 55 GAL	\$ 70
5412B21B	LPG LESS THAN 1000	\$ 70

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MAKE YOUR CHECK OR MONEY ORDER, PAID IN FULL,  
PAYABLE TO CITY TREASURER AND MAIL TO:

PLEASE WRITE PERMIT NUMBERS

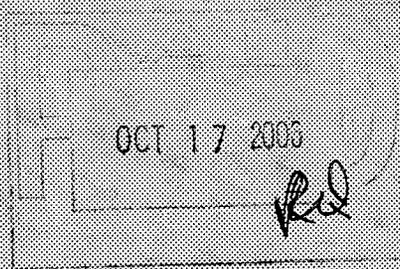
ON YOUR CHECK OR MONEY ORDER

ROCHESTER FIRE DEPARTMENT  
ATTENTION: ACCOUNTS RECEIVABLE  
185 EXCHANGE BLVD., SUITE 663  
ROCHESTER, NEW YORK 14614

00075 CLINTON AV S

07-10031	PERMIT NUMBER
09/27/06	INVOICE DATE
10/27/06	DUE DATE
\$ 210	AMOUNT DUE

CLINTON SQUARE  
HOME LEASING  
120 CLINTON SQUARE  
ROCHESTER NY 14604



FD513

fdpmt1

License required by law and is not transferable. Any change in the use or occupancy of premises shall require a new permit.

FIRE MARSHAL

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00075 CLINTON AV S

07-10031	PERMIT NUMBER
09/27/06	INVOICE DATE
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\$ 210	AMOUNT DUE

CLINTON SQUARE  
HOME LEASING  
120 CLINTON SQUARE  
ROCHESTER NY 14604

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<b>3rd Offense, or after 90 days</b>	<b>\$375.00</b>	<b>\$750.00</b>





INSPECTION REPORT  
NO. \_\_\_\_\_  
CONFERRED WITH \_\_\_\_\_

REPORT OF INSPECTION  
per NFPA 13 & 25

INSPECTION CONTRACT NO. \_\_\_\_\_  
BUREAU FILE \_\_\_\_\_  
NO. Quote SET 1 OF 2

IPE  
Exam

REPORT TO Clinton Square  
STREET 850 Clinton Sq.  
CITY & STATE Rochester, N.Y. ZIP 14604  
ATT. Andy

BUILDING OR LOCATION INSPECTED Same  
INSPECTOR M. TRAPANI  
SG OFFICE ROCHESTER PHONE NO. 288-6200  
DATE 8-30-06

1. GENERAL

A. (To be answered by the Owner or Owner's representative)

- a. Have there been any changes in the occupancy classification, machinery or operations since the last inspection?  Yes  N.A.†  No\*
- b. Have there been any changes or repairs to the fire protection systems since the last inspection?  Yes  N.A.†  No\*
- c. If a fire has occurred since the last inspection, have all damaged sprinkler system components been replaced?  Yes  N.A.†  No\*
- d. Has the piping in all dry systems been checked for proper pitch within the past five years?  Yes  N.A.†  No\*  
Date last checked 2000 Due (checking is recommended at least every 5 years)
- e. Has the piping in all systems been checked for obstructive materials?  Yes  N.A.†  No\*  
Date last checked 2000 Due (checking is recommended at least every 5 years)
- f. Have all fire pumps been tested to their full capacity through the use of hose streams or flow meters within the past 12 months?  Yes  N.A.†  No\*
- g. Are gravity, surface or pressure tanks protected from freezing?  Yes  N.A.†  No\*
- h. Are any of the sprinklers 50 years old or older?  Yes  N.A.†  No\* (testing and/or replacement is recommended for such sprinklers)
- i. Are any extra high temperature solder sprinklers regularly exposed to temperatures near 300°F?  Yes  N.A.†  No\*

B. (To be answered by the inspector)

- a. Have the sprinkler systems been extended to all visible areas of the building? PARTIAL  Yes  N.A.†  No\*
- b. Does there appear to be proper clearance between the top of all storage and the sprinkler deflector?  Yes  N.A.†  No\*
- c. Are the building areas protected by a wet system, heated, including its blind attics and perimeter areas, where accessible?  Yes  N.A.†  No\*
- d. Are all visible exterior openings protected against the entrance of cold air?  Yes  N.A.†  No\*

2. CONTROL VALVES

- a. Are all sprinkler system main control valves and all other valves in the appropriate open or closed position?  Yes  N.A.†  No\*
- b. Are all control valves sealed or supervised in the open position?  Yes  N.A.†  No\*

Control Valves	No. of Valves	Type	Easily Accessible		Signs		Valve Open		Secured? (Sealed?) (Locked?) (Supvd.?)		Supervision Operational	
			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
CITY CONNECTION												
TANK												
PUMP	6	OSY-RFY	X			X	X	X	X			
SECTIONAL	14	RFY	X			X	X	X	X			
SYSTEM	5	RFY	X			X	X	X	X			
ALARM LINE												

3. WATER SUPPLIES

- a. Water supply source? City Yes Gravity Tank N/A

Pressure Fire Pump & Tank \_\_\_\_\_  
Pressure Fire Pump & City Yes  
Pressure Fire Pump & Pond \_\_\_\_\_

Waterflow Test Results Made During This Inspection

Test Pipe Located	Size Test Pipe	Static Pressure Before	Flow Pressure	Static Pressure After	Test Pipe Location	Size Test Pipe	Static Pressure Before	Flow Pressure	Static Pressure After
<u>MAIN DRAIN</u>	<u>2"</u>	<u>100</u>	<u>80</u>	<u>100</u>	<u>PUMP ROOM</u>				
		<u>100</u>	<u>80</u>	<u>100</u>					
		<u>100</u>	<u>80</u>	<u>100</u>					
		<u>100</u>	<u>80</u>	<u>100</u>					
		<u>100</u>	<u>80</u>	<u>100</u>					

4. TANKS, PUMPS, FIRE DEPT. CONNECTIONS

- a. Do fire pumps, gravity, surface or pressure tanks appear to be in good external condition?  Yes  N.A.†  No\*
- b. Are gravity, surface and pressure tanks at the proper pressure and/or water levels?  Yes  N.A.†  No\*
- c. Are fire dept. connections in satisfactory condition, couplings free, caps or plugs in place and check valves tight?  Yes  N.A.†  No\*
- d. Are fire dept. connections visible and accessible?  Yes  N.A.†  No\*

5. WET SYSTEMS

- a. No. of systems 1 Make & Model Standpipe w/ F. Pump (tower)
- b. Are cold weather valves in the appropriate open or closed position?  Yes  N.A.†  No\*  
If closed, has piping been drained? \_\_\_\_\_
- c. Has the owner or owner's representative been advised that cold weather valves are not recommended by NFPA?  Yes  N.A.†  No\*
- d. Have all the antifreeze systems been tested?  Yes  N.A.†  No\*
- e. Date antifreeze systems were tested \_\_\_\_\_
- f. The antifreeze tests indicate protection to: \_\_\_\_\_  
system 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 \_\_\_\_\_ temperature \_\_\_\_\_
- g. Did alarm valves, waterflow alarm indicators and retards test satisfactorily? pressure switches & flows  Yes  N.A.†  No\*

850 Clinton Square

REPORT OF INSPECTION  
PER NFPA 13 & 25

IPE Exam

INSPECTION CONTRACT NO. \_\_\_\_\_  
BUREAU FILE NO. \_\_\_\_\_  
SET 2 OF 2

INSPECTION REPORT NO. \_\_\_\_\_

**6. DRY SYSTEMS**

- a. No. of systems 5 Make & Model 4" Central AG  
Date last trip tested 8/30/06
- b. Is the air pressure and priming water levels normal?
- c. Did the air compressor operate satisfactorily?
- d. Were all low points drained during this inspection?
- e. Did all quick opening devices operate satisfactorily?
- f. Did all the dry valves operate satisfactorily during this inspection?
- g. Do dry valves appear to be protected from freezing?
- h. Is the dry valve house heated?

Yes	N.A.†	No*
<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>		
	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>		

**7. SPECIAL SYSTEMS**

- a. No. of systems 0 Make & Model \_\_\_\_\_  
Type \_\_\_\_\_
- b. Were valves tested as required?
- c. Did all heat responsive systems operate satisfactorily?
- d. Did the supervisory features operate during testing?
- Heat Responsive Devices: Type \_\_\_\_\_ Type of test \_\_\_\_\_
- Valve No. 1 2 3 4 5 6 Valve No. 1 2 3 4 5 6
- Valve No. 1 2 3 4 5 6 Valve No. 1 2 3 4 5 6
- Valve No. 1 2 3 4 5 6 Valve No. 1 2 3 4 5 6
- Valve No. 1 2 3 4 5 6 Valve No. 1 2 3 4 5 6
- Auxiliary equipment: No. \_\_\_\_\_ Type \_\_\_\_\_  
Location \_\_\_\_\_  
Test results \_\_\_\_\_

**8. ALARMS**

- a. Did the water motors and gong operate during testing?
- b. Did the electric alarms operate during testing?
- c. Did the supervisory alarms operate during testing?

Yes	N.A.†	No*
<input checked="" type="checkbox"/>		
	<input checked="" type="checkbox"/>	

**9. SPRINKLERS - PIPING**

- a. Do sprinklers generally appear to be in good external condition?
- b. Do sprinklers generally appear to be free of corrosion, paint, or loading and visible obstructions?
- c. Are extra sprinklers available on the premises?
- d. Does the exterior condition of piping, drain valves, check valves, hangers, pressure gauges, open sprinklers and strainers appear to be satisfactory?
- e. Does the hand hose on the sprinkler system appear to be in satisfactory condition?

**10. EXPLANATION OF "NO" ANSWERS (For Sections 1B thru 9):**

(See Additional Report)

- Drain low pts. on dry system drops in garage of condensation weekly especially in winter

**11. THE INSPECTOR SUGGESTS THE FOLLOWING NECESSARY IMPROVEMENTS, HOWEVER, THESE SUGGESTIONS ARE NOT THE RESULT OF AN ENGINEERING SURVEY:**

(See Additional Report)

**12. ADJUSTMENTS OR CORRECTIONS MADE:**

Flowed WATER - RAR Alarms - Worked valves - Tested Fire pump + Trip Test (See Reports)

**13. LIST CHANGES IN THE OCCUPANCY HAZARD OR FIRE PROTECTION EQUIPMENT, AS ADVISED BY THE OWNER IN SECTION 1A:**

0

**14. INSPECTION AND SUGGESTED IMPROVEMENTS WERE DISCUSSED WITH THE UNDERSIGNED OWNER OR OWNER'S REPRESENTATIVE?**

Signature of owner or owner's representative [Signature] Date 8-30-06

DUPLICATE TO: \_\_\_\_\_  
STREET \_\_\_\_\_  
CITY & STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
ATT. \_\_\_\_\_  
SG4550R2-2 (04-05)

†Not Applicable  
\*Explain (No) Answers on Back of Sheet

**DRY PIPE VALVE TRIP TEST REPORT**

FOR Clinton Square INSPECTION NO. Quote  
 STREET 850 Clinton Square CITY Roch STATE N.Y. CONTRACT NO. \_\_\_\_\_  
 DATE OF TRIP TEST 8-30-06 INSPECTOR M.T.J.A. DAY WORK NO. \_\_\_\_\_

NOTE: BEFORE ANY DRY PIPE VALVE IS TRIP TESTED, THE WATER SUPPLY LINE TO IT SHOULD BE THOROUGHLY FLUSHED. THE TWO INCH DRAIN BELOW THE VALVE SHOULD BE OPENED WIDE, AND WATER AT FULL PRESSURE SHOULD BE DISCHARGED LONG ENOUGH TO CLEAR THE PIPE OF ANY ACCUMULATION OF SCALE OR FOREIGN MATERIAL. IF THERE IS A HYDRANT ON THE SUPPLY LINE, THIS HYDRANT SHOULD BE FLUSHED BEFORE THE TWO INCH DRAIN IS OPENED. THE DRIP VALVE ON THE DRY PIPE VALVE SHOULD BE CHECKED BEFORE TRIPPING THE DRY PIPE VALVE. TO SEE THAT IT IS IN OPERATING CONDITION.

DRY PIPE VALVES		SYSTEM NO. ( )	SYSTEM NO. ( )	SYSTEM NO. ( )	SYSTEM NO. ( )
VALVE SERIAL NUMBER		<u>P1-B</u>			
MANUFACTURER (NAME)		<u>CENTRAL</u>			
VALVE MODEL		<u>AG</u>			
VALVE SIZE		<u>4"</u> INCH			
CONTROLLING SPRINKLERS	(LOCATION)	<u>GARAGE</u>			
	(NUMBER)	<u>0</u> (APPROX)	(APPROX)	(APPROX)	(APPROX)
DATE LAST TRIP TESTED?		<u>10-27-05</u>			
DATE LAST OPERATED?		<u>5-30-06</u>			
PRESSURE BEFORE TEST	AIR	<u>35</u> LBS	LBS	LBS	LBS
	WATER	<u>100</u> LBS	LBS	LBS	LBS
SIZE AND LOCATION OF TEST VALVE		<u>1" Low Pt.</u>			
WAS GATE VALVE BELOW DRY VALVE OPEN WIDE AT TEST? (IF NOT, HOW MANY TURNS?)		<u>4 turns</u>			
VALVE TRIPPED AT	AIR PRESSURE	<u>14</u> LBS	LBS	LBS	LBS
	WATER PRESSURE	<u>100</u> LBS	LBS	LBS	LBS
	TIME	<u>26</u> MIN	SEC	MIN	SEC
IF SYSTEM FLOODED, LIST TIME WATER REACHED TEST OPENING		<u>MIN</u>	SEC	MIN	SEC
PERFORMANCE		<u>Good</u>			
VALVE CONDITION	INTERIOR OF BODY	<u>Yes</u>			
	MOVING PARTS	<u>Yes</u>			
	RUBBER FACING	<u>Yes</u>			
	SEATS	<u>Yes</u>			
	RESET?	<u>Yes</u>			
DID ALARMS OPERATE AT TRIP TEST?		<u>Yes</u>			
ALL LOW POINT DRAINS BLOWN OUT?		<u>Yes</u>			
WATER CONTROL VALVE LEFT OPEN AND SEALED?		<u>Yes</u>			
ALARM CONTROL VALVE LEFT OPEN AND SEALED?		<u>Yes</u>			
QUICK OPENING DEVICES		SYSTEM NO. ( )	SYSTEM NO. ( )	SYSTEM NO. ( )	SYSTEM NO. ( )
DEVICE SERIAL NUMBER					
MANUFACTURER (NAME)		<u>N</u>			
TYPE AND MODEL		<u>A</u>			
AIR PRESSURE IN UPPER CHAMBER			LBS	LBS	LBS
QUICK OPENING DEVICE TRIPPED AT			SEC	LBS	SEC
PERFORMANCE					
QUICK OPENING DEVICE LEFT IN SERVICE AND CONTROL OPEN AND SEALED?					

LIST ANY UNSATISFACTORY CONDITIONS: And M.T.J.A. Andrew Henderson

REMARKS

DRY PIPE VALVE TRIP TEST REPORT

FOR Clinton Square INSPECTION NO. \_\_\_\_\_  
 STREET 850 Clinton Square CITY Rochester STATE N.Y. CONTRACT NO. \_\_\_\_\_  
 DATE OF TRIP TEST 8-30-06 INSPECTOR M.T./J.A. DAY WORK NO. \_\_\_\_\_

NOTE: BEFORE ANY DRY PIPE VALVE IS TRIP TESTED, THE WATER SUPPLY LINE TO IT SHOULD BE THOROUGHLY FLUSHED. THE TWO INCH DRAIN BELOW THE VALVE SHOULD BE OPENED WIDE, AND WATER AT FULL PRESSURE SHOULD BE DISCHARGED LONG ENOUGH TO CLEAR THE PIPE OF ANY ACCUMULATION OF SCALE OR FOREIGN MATERIAL. IF THERE IS A HYDRANT ON THE SUPPLY LINE, THIS HYDRANT SHOULD BE FLUSHED BEFORE THE TWO INCH DRAIN IS OPENED. THE DRIP VALVE ON THE DRY PIPE VALVE SHOULD BE CHECKED BEFORE TRIPPING THE DRY PIPE VALVE. TO SEE THAT IT IS IN OPERATING CONDITION.

DRY PIPE VALVES		SYSTEM NO. (P2A)	SYSTEM NO. (P2B)	SYSTEM NO. (P3)	SYSTEM NO. (PIA)
VALVE SERIAL NUMBER		P2A	P2B	P3	PIA
MANUFACTURER (NAME)		Central	Central	Central	Central
VALVE MODEL		AG	AG	AG	AG
VALVE SIZE		4" INCH	4" INCH	4" INCH	4" INCH
CONTROLLING SPRINKLERS	(LOCATION)	Garage	Garage	Garage	Garage
	(NUMBER)	(APPROX)	(APPROX)	(APPROX)	(APPROX)
DATE LAST TRIP TESTED?		10-27-05	10-27-05	10-27-05	10-27-05
DATE LAST OPERATED?		5-30-06	5-30-06	5-30-06	5-30-06
PRESSURE BEFORE TEST	AIR	34 LBS	35 LBS	35 LBS	33 LBS
	WATER	100 LBS	100 LBS	100 LBS	100 LBS
SIZE AND LOCATION OF TEST VALVE		1" Low Pt	1" Low Pt	1" Low Pt	1" Low Pt
WAS GATE VALVE BELOW DRY VALVE OPEN WIDE AT TEST? (IF NOT, HOW MANY TURNS?)		4 turns	4 turns	4 turns	4 turns
VALVE TRIPPED AT	AIR PRESSURE	18 LBS	15 LBS	13 LBS	14 LBS
	WATER PRESSURE	100 LBS	100 LBS	100 LBS	100 LBS
	TIME	MIN 24 SEC	MIN 23 SEC	MIN 24 SEC	MIN 38 SEC
IF SYSTEM FLOODED, LIST TIME WATER REACHED TEST OPENING		MIN SEC	MIN SEC	MIN SEC	MIN SEC
PERFORMANCE		Good	Good	Good	Good
VALVE CONDITION	INTERIOR OF BODY	↓	↓	↓	↓
	MOVING PARTS	↓	↓	↓	↓
	RUBBER FACING	↓	↓	↓	↓
	SEATS	↓	↓	↓	↓
	RESET?	yes	yes	yes	yes
DID ALARMS OPERATE AT TRIP TEST?		↓	↓	↓	↓
ALL LOW POINT DRAINS BLOWN OUT?		↓	↓	↓	↓
WATER CONTROL VALVE LEFT OPEN AND SEALED?		↓	↓	↓	↓
ALARM CONTROL VALVE LEFT OPEN AND SEALED?		↓	↓	↓	↓
QUICK OPENING DEVICES		SYSTEM NO. ( )	SYSTEM NO. ( )	SYSTEM NO. ( )	SYSTEM NO. ( )
DEVICE SERIAL NUMBER					
MANUFACTURER (NAME)			N	A	
TYPE AND MODEL					
AIR PRESSURE IN UPPER CHAMBER		LBS	LBS	LBS	LBS
QUICK OPENING DEVICE TRIPPED AT		SEC LBS	SEC LBS	SEC LBS	SEC LBS
PERFORMANCE					
QUICK OPENING DEVICE LEFT IN SERVICE AND CONTROL OPEN AND SEALED?					

LIST ANY UNSATISFACTORY CONDITIONS: Cont. Test on Andrew Henderson

REMARKS

# Inspection, Testing and Maintenance of Fire Pumps

Information on this form covers the minimum requirements of NFPA 25-1995 for centrifugal fire pumps. Separate forms are available to inspect, test and maintain the rest of the fire protection system of which the fire pump is a part. More frequent inspection, testing and maintenance may be necessary depending on the conditions of the occupancy and water supply.

Owner: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

Property Being Inspected: Clinton Square

Property Address: 850 Clinton Square, Rochester, NY, 14604

Date of Inspection: \_\_\_\_\_

This inspection is (check one):  Daily  Weekly  Monthly  Quarterly  Semiannual  Annual  Third Year  Fifth Year

Note: All questions are to be answered Yes, No or Not Applicable. All "No" answers are to be explained in the comments portion of this form.

## Part I - Owner's Section

A. Is the fire pump in service?  Yes  No  N/A

B. Has the fire pump remained in service since the last inspection?  Yes  No  N/A

C. Was the system (of which the fire pump is a part) free from actuation of devices or alarms since the last inspection?  Yes  No  N/A

Note to owner: Periodic tests of transfer switches and emergency generators are to be performed by a qualified electrical contractor in accordance with NFPA 110.

(X) David Martin Andrew Wenzel 8/30/06  
Owner or representative (print name) Signature and Date

## Part II - Inspector's Section

### A. Inspections—All to be performed weekly.

1. Pump house/room at least 40°F?  Yes  No  N/A

2. Pump house/room for diesels without engine heaters at least 70°F?  Yes  No  N/A

3. Ventilating louvers free to operate?  Yes  No  N/A

4. Suction, discharge and bypass valves open?  Yes  No  N/A

5. Piping free from leaks?  Yes  No  N/A

6. Suction and system pressure poor gauges gauges normal?  Yes  No  N/A

7. Suction reservoir, if provided, full?  Yes  No  N/A

8. Controller indicating power on?  Yes  No  N/A

9. Transfer switch indicating normal situation?  Yes  No  N/A

10. Isolation switch closed?  Yes  No  N/A

11. Reverse phase alarm indicator off or normal phase rotation indicator on?  Yes  No  N/A

12. Oil level in vertical motor sight normal?  Yes  No  N/A

13. Diesel Engine Inspection

a. Fuel tank at least two thirds full?  Yes  No  N/A

b. Controller selector switch in Auto position?  Yes  No  N/A

c. Battery voltage and readings normal?  Yes  No  N/A

d. Battery charging current readings normal?  Yes  No  N/A

e. Battery indicators on or failure indicators off?  Yes  No  N/A

f. All alarm indicators off?  Yes  No  N/A

g. Record engine running time meter reading, \_\_\_\_\_ Is this appropriately higher than previous reading?  Yes  No  N/A

h. Oil level in right angle gear drive normal?  Yes  No  N/A

i. Crankcase oil level normal?  Yes  No  N/A

j. Cooling water level normal?  Yes  No  N/A

k. Electrolyte level in batteries normal?  Yes  No  N/A

l. Battery terminals free from corrosion?  Yes  No  N/A

m. Water-jacket heater operating?  Yes  No  N/A

14. Steam pressure gauge for steam driven pump reading normal?  Yes  No  N/A

15. Circulation relief valve flowing water while pump churns?  Yes  No  N/A

16. Pressure relief valves operating with proper pressure downstream while pump is operational?  Yes  No  N/A

## B. Tests

### 1. Weekly Test Items

#### A. Electric Motor-driven Pumps

1. Pump started automatically?  Yes  No  N/A

Record starting pressure. 92 psi. -see Comments

2. Pump run for at least 10 minutes?  Yes  No  N/A

Record suction 95 and discharge 205 pressure while running.

3. Pump packing gland showing slight discharge?  Yes  No  N/A

Adjust if necessary.

4. Free from unusual noises or vibrations?  Yes  No  N/A

5. Packing boxes, bearings and pump casing free from overheating?  Yes  No  N/A

6. Record time for motor to accelerate to full speed. 6sec

7. For reduced voltage or reduced current starting, record time controller is on first step. 6sec

8. For automatic stop controllers, record time pump runs after starting. NOT PROPER - see Comments

9. All times and pressures in Part A acceptable?  Yes  No  N/A

#### B. Diesel Engine-Driven Pumps

1. Pump started automatically?  Yes  No  N/A

Record starting pressure. \_\_\_\_\_ psi.

2. Pump run for at least 30 minutes?  Yes  No  N/A

Record suction \_\_\_\_\_ and discharge \_\_\_\_\_ pressure while running.

3. Pump packing gland showing slight discharge?  Yes  No  N/A

Adjust if necessary.

4. Free from unusual noises or vibrations?  Yes  No  N/A

5. Packing boxes, bearings and pump casing free from overheating?  Yes  No  N/A

6. Record time for engine to crank. \_\_\_\_\_

7. Record time for engine to reach running speed. \_\_\_\_\_

8. Engine oil pressure gauge, speed indicator, water and oil temperature indicators all reading normal?  Yes  No  N/A

9. Cooling water flowing from heat exchanger?  Yes  No  N/A

10. All times and pressures in Part B acceptable?  Yes  No  N/A

#### C. Steam Turbine-driven Pumps

1. Record pump starting pressure \_\_\_\_\_, suction \_\_\_\_\_ and discharge \_\_\_\_\_ pressures while running.

2. Pump packing gland showing slight discharge?  Yes  No  N/A

Adjust if necessary.

3. Free from unusual noises or vibrations?  Yes  No  N/A

4. Packing boxes, bearings and pump casing free from overheating?  Yes  No  N/A

5. Record steam pressure gauge reading. \_\_\_\_\_

6. Record time for turbine to reach running speed. \_\_\_\_\_

7. All times and pressures in Part C acceptable?  Yes  No  N/A

**2. Annual Tests**

Annual pump test was run using the following method: (check one)

- Method A. Discharge of flow through hose streams. Flow readings taken at each hose stream.
- Method B. Discharge through by-pass flow meter to drain or suction reservoir. Flow readings taken by flow meter.
- Method C. Discharge through by-pass flow meter directly returned to pump suction. Flow readings taken by flow meter.

Note: At least once every three years method A or B must be used.

**Pump Test Results**

	No Flow	Rated Flow	Peak Flow
Suction Pressure	95	95	72
Discharge Pressure	205	185	142
Flow	0	750	1125
Electric Voltage and Current	476 V 19 A	474 V 34 A	475 V 41 A
Pump Speed	3576	3553	3540

- Are the valves in the above table acceptable?  Yes  No  N/A
- No-flow (churn) test run for 30 min?  Yes  No  N/A
- Circulation relief valve and pressure relief valve operated properly during all flow tests?  Yes  No  N/A
- No alarm indicators or other visible abnormalities observed during no flow test?  Yes  No  N/A
- D. Low Suction Throttling Device Test**
- 1. Low suction pressure simulated?  Yes  No  N/A
- Free from abnormalities in throttling action?  Yes  No  N/A
- 2. Free from abnormalities in return to full flow?  Yes  No  N/A
- E. Automatic Transfer Switch Test**
- 1. Power failure simulated during peak flow?  Yes  No  N/A
- Connection made to alternate power source?  Yes  No  N/A
- 2. After termination of simulated power failure did motor reconnect to the normal power source?  Yes  No  N/A
- F. All Alarm Conditions Simulated?**  Yes  No  N/A
- All Alarms Operated?  Yes  No  N/A

**C. Maintenance**

A maintenance schedule must be established in accordance with the manufacturers instructions. In the absence of such a schedule, the following must be used:

**I. Weekly Maintenance Items for Diesel Engine Systems:**

- A. Fuel tank level, tank float switch, and solenoid valve operation acceptable?  Yes  No  N/A
- B. Diesel fuel system free of water?  Yes  No  N/A
- C. Flexible hoses and connectors in fuel and coolant systems acceptable?  Yes  No  N/A
- D. Oil level and lube oil heater acceptable?  Yes  No  N/A
- E. Coolant level acceptable?  Yes  No  N/A
- F. Water pump for coolant system operating?  Yes  No  N/A
- G. Jacket water heater for coolant system acceptable?  Yes  No  N/A
- H. Exhaust system free of leakage?  Yes  No  N/A
- I. Drain condensate trap on exhaust system operational?  Yes  No  N/A
- J. Electrolyte level in batteries acceptable?  Yes  No  N/A
- K. Connections to electrical system acceptable?  Yes  No  N/A

**Part IV - Inspector's Information**

Inspector: J.A., M.T., Stephen Grinnell  
 Company: \_\_\_\_\_  
 Company Address: Rochester, N.Y.

**2. Monthly Maintenance Items**

- A. Isolation switch and circuit breaker exercised?  Yes  No  N/A
- B. Battery case clean, dry and free of corrosion?  Yes  No  N/A
- C. Batteries specific gravity or state of charge passed test?  Yes  No  N/A
- D. Charger and charge rate passed visual inspection?  Yes  No  N/A
- E. Battery charge being equalized?  Yes  No  N/A
- F. Circuit breakers appear clean?  Yes  No  N/A

**3. Quarterly Maintenance Items**

- A. Cleaned strainer, filter or dirt leg in diesel fuel system?  Yes  No  N/A
- B. Cleaned or replaced crank case breather in lubrication system?  Yes  No  N/A
- C. Cleaned water strainer in coolant system?  Yes  No  N/A
- D. Insulation acceptable and fire hazards eliminated from exhaust system?  Yes  No  N/A
- E. Battery terminals clean and tight?  Yes  No  N/A
- F. Electrical system free of wire chafing?  Yes  No  N/A

**4. Semi Annual Maintenance Items**

- A. Manual starting means on electrical systems operated?  Yes  No  N/A
- B. Antifreeze tested in coolant system?  Yes  No  N/A
- C. Flexible exhaust section acceptable?  Yes  No  N/A
- D. Alarms operated on electrical portions of diesel engine systems?  Yes  No  N/A
- E. Boxes, panels and cabinets on electrical systems cleaned?  Yes  No  N/A

**5. Annual Maintenance Items**

- A. Changed pump bearing lubrication?  Yes  No  N/A
- B. Shaft end play acceptable?  Yes  No  N/A
- C. Pump coupling alignment acceptable?  Yes  No  N/A
- D. Transmission coupling, right angle gear drive and mechanical moving parts lubricated?  Yes  No  N/A
- E. Circuit breakers passed trip test?  Yes  No  N/A
- F. Emergency manual starting means operated without power?  Yes  No  N/A
- G. Electrical connections secure?  Yes  No  N/A
- H. Pressure switch settings calibrated?  Yes  No  N/A
- I. Motor bearings greased?  Yes  No  N/A
- J. Fuel tank free of water and foreign material?  Yes  No  N/A
- K. Tank vents and overflow pipes free of obstructions?  Yes  No  N/A

- L. Fuel piping acceptable?  Yes  No  N/A
- M. Oil and filters changed in diesel systems?  Yes  No  N/A
- N. Antifreeze changed in coolant system?  Yes  No  N/A
- O. Heater exchanger cleaned out?  Yes  No  N/A
- P. Duct work & louvers (combustion air) acceptable?  Yes  No  N/A
- Q. Exhaust system free of back pressure?  Yes  No  N/A
- R. Exhaust system hangers and supports acceptable?  Yes  No  N/A
- S. Control and power wirings tight?  Yes  No  N/A

**Part III - Comments** (Any "no" answers, test failure or other problems found with the fire pump must be explained here.)

\* Reduced voltage starting and when fire pump accelerates to full speed is long. Investigate possible problem.  
 \*\* Investigate Auto start/stop function of fire pump. Fix ASAP. Pump does not stay running once started - Investigate Timmer/Merzoid switch w/ electricians (log. aware)

I state that the information on this form is correct at the time and place of my inspection, and that all equipment tested at this time was left in operational condition upon completion of this inspection except as noted in Part III above.  
 Signature of Inspector: [Signature] Date: 8/5/06

**PART III - Comments (Cont'd)**

*Jeckey Pump Automatically Starts at 103 psi.*

PROPERTY: *850 Clinton Square*

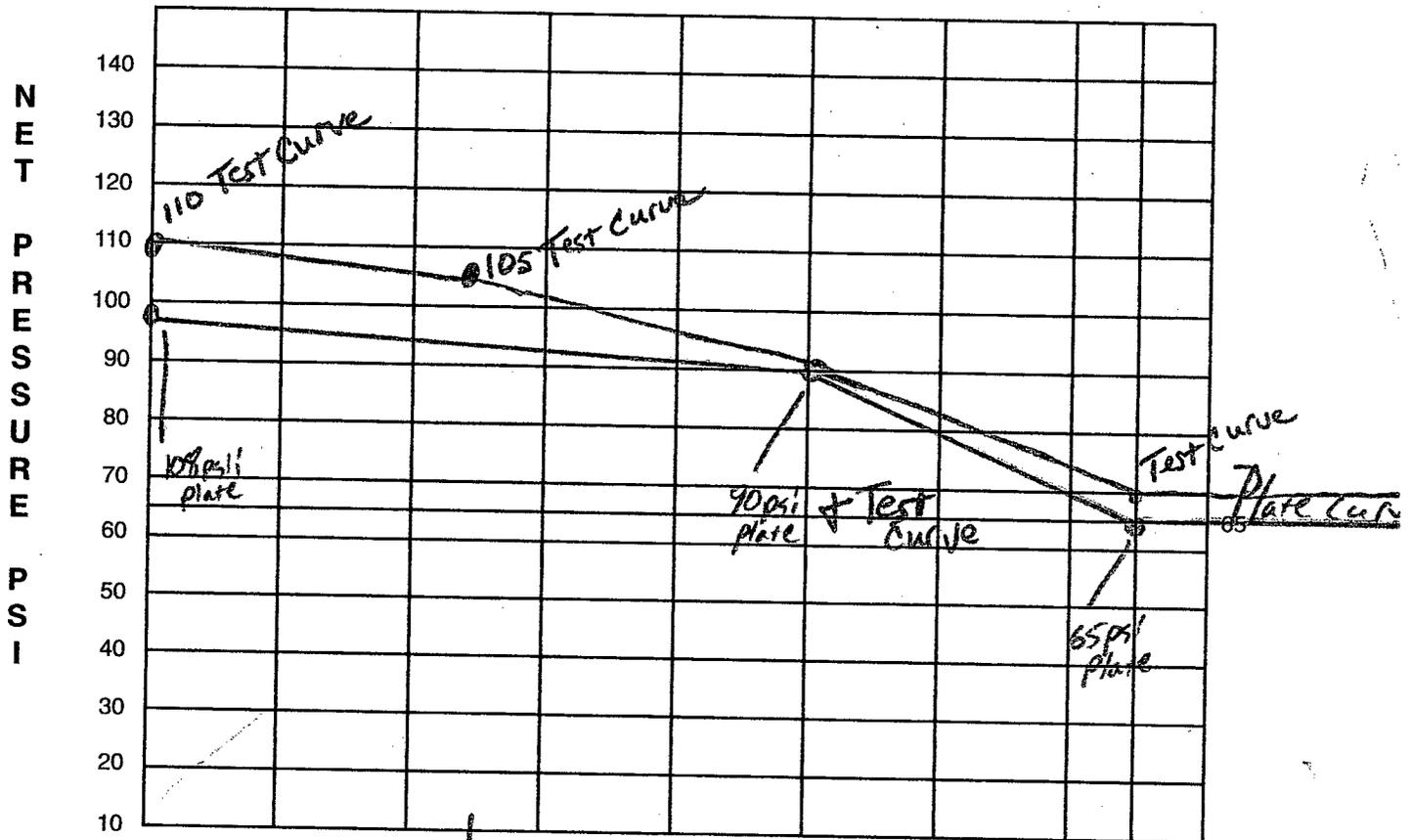
DATE: *8/30/06*

DRAWN BY: *J.A., M.T.*

**PUMP TEST DATA**

TEST	DRIVER SPEED	SUCTION	PRESSURE DISCHARGE	NET	NOZZLE SIZE	FLOWS PITOT / FLOWS						TOTAL FLOW
	R.P.M.	PSI	PSI	PSI	INCHES	1	2	3	4	5	6	G.P.M.
CHURN	<i>3576</i>	<i>95</i>	<i>205</i>	<i>110</i>	N/A	0	0	0	0	0	0	0
100%	<i>3553</i>	<i>95</i>	<i>185</i>	<i>90</i>	<i>1 3/4"</i>	<i>18</i>	<i>18</i>					<i>750</i>
150%	<i>3540</i>	<i>72</i>	<i>142</i>	<i>70</i>	<i>1 3/4"</i>	<i>18</i>	<i>18</i>	<i>18</i>				<i>1125</i>

**PUMP TEST RESULTS**



(500 gpm PUMP)	100	200	<i>50%</i> 300	400	500	600	700	800
(750 gpm PUMP)	150	300	450	600	750	900	1045	1200
(1000 gpm PUMP)	200	400	600	800	1000	1200	1400	1600
(1500 gpm PUMP)	300	600	900	1200	1500	1800	2100	2400
(2500 gpm PUMP)	500	1000	1500	2000	2500	3000	3500	4000

(100%) (150%)

**Rochester Fire Department Hi-Rise information Sheet**

Address: 75 South Clinton Ave.  
Name of building: Clinton Square Building  
Year built: 1989 Type of construction Concrete - High tension cable  
# of floors above ground level: 15 # of floors below ground level 3  
LOCK BOX Yes  No  Location \_\_\_\_\_

**Elevators**

Type: Dover Electric  Hydraulic   
Fire Service: Phase 1  Phase 2  None \_\_\_\_\_  
Fire service key location(s): Security desk has rings dedicated  
for fire + emergency crews  
Total # of cars: 9  
Total # of banks of elevators: 3  
What Banks serve what floors bank of six serves 1-14 FFRS  
bank of two serves garage levels 1+2/Service elev. all FFRS except 15+1  
Location(s) of elevator Machine room(s): garage elevs = P-2/all others on 15  
Main elevator electrical shut off marked? Yes  No \_\_\_\_\_  
Elevator Contractor & Phone Number ThyssenKrupp elevator 359-9290  
Location of GAL key(s): at security desk

**BECC Systems**

Does building have Emergency Communications Center? Yes  No \_\_\_\_\_  
If Yes, Class: A \_\_\_\_\_ B  C \_\_\_\_\_ BECC location: in fire control room  
in south lobby 1st FFR  
BECC handsets location: in fire control room in south lobby 1st FFR  
Location of connections on floors every elevator lobby (2) per  
Floor 1-14

**PA system**

Does building have a Public Address system? Yes  No \_\_\_\_\_  
If Yes, location: fire control room south lobby 1st FFR  
Special instructions: FRS are individual or "All call" switching

**Stairways**

Pressurized? Yes  No \_\_\_\_\_ Scissored stairs? Yes  No \_\_\_\_\_  
Are stairway doors labeled? Yes  No \_\_\_\_\_  
If Yes, how are they labeled ("A" for East Side, etc.): A= South East  
B= North west. B has access from garage level 3 up to 14  
Do stairs exit onto roof? Yes  No \_\_\_\_\_ if Yes, Which Stairs? The B rise  
Standpipe connections inside stairwells? Yes  No \_\_\_\_\_

**Sprinkler systems**

Is building sprinklered? Yes  No \_\_\_\_\_ if no, are any parts sprinklered? Yes \_\_\_\_\_ No \_\_\_\_\_  
If Yes, describe areas covered by sprinklers: all areas of Building  
both systems wet + dry are used  
Type of sprinkler system: Wet  Dry  Deluge \_\_\_\_\_  
Does building have external (Fire Department) sprinkler connections? Yes  No \_\_\_\_\_  
If Yes, # and locations (example: 2 on SE corner): 2 on S.E. corner + 2 on SW corner

**Standpipes**

Does building have standpipes? Yes  No \_\_\_\_\_ if Yes, type: Wet \_\_\_\_\_ Dry \_\_\_\_\_ Other   
if "Other", specify: both systems are used = garage is dry + building is wet.

Standpipe class: 1 \_\_\_ 2 \_\_\_ 3  Hose racks have been removed  
 Pressure reducers? Yes  No \_\_\_ If Yes, describe: Reducers are located in Pump room and on ground level

**Fire pumps**

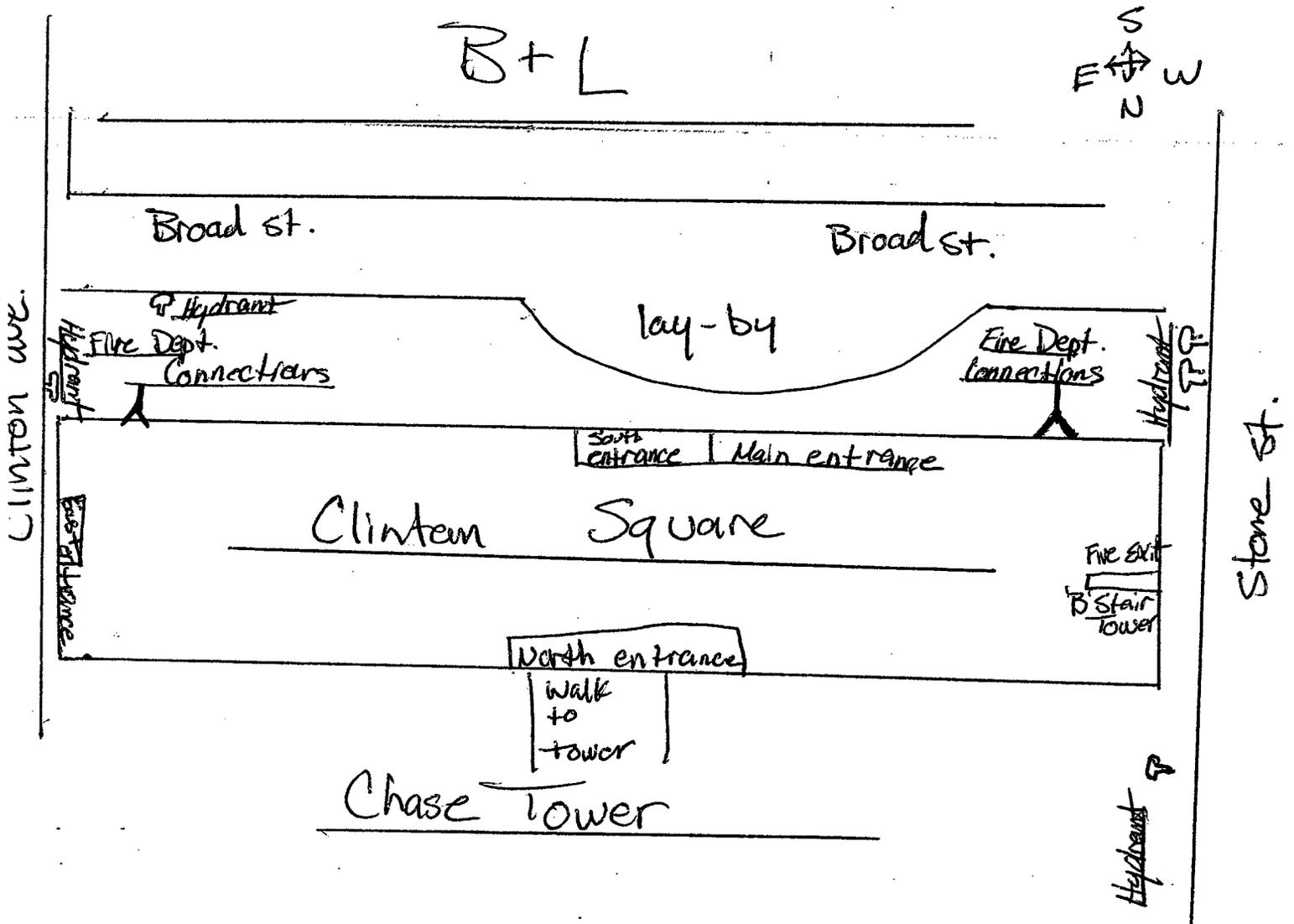
Does building have a fire pump? Yes  No \_\_\_ Location: P.Z next to service dock.  
 If Yes, power source: natural gas \_\_\_ diesel \_\_\_ gasoline \_\_\_ battery \_\_\_ electric   
 Does fire pump start automatically? Yes  No \_\_\_ If Yes, 'when: when pressure in riser drops below 90 P.S.I. on 1st floor  
 If No, describe manual start procedures:

Does fire pump feed standpipe? Yes  No \_\_\_ Does fire pump feed sprinklers? Yes \_\_\_ No \_\_\_

**Special Hazards**

List any special hazards within the building and their location batteries being used for back up on 7th floor in Worldcom on North side + on 12th floor in Nixon Peabody on the North side, and on the 3rd floor Home Properties North side

**BUILDING DIAGRAM** ( include: Fire Department connections, Main entrance, Dock or Loading Area if any, Street names, Hydrant locations )



**Shutoffs and locations**

Sprinkler: garage + building on P2 next to Service Elev.  
Standpipes: every floor has a shut off in "A" stairwell  
Gas service: outside of building North Stone st. walk  
Electric service: P2 level behind service elevator  
Water service: same as for fire sprinkler valves  
Steam heat: D.W.A.  
Other (specify): Generator on R1 N.W. corner

**Emergency lighting**

Does building have emergency lighting? Yes  No   
If Yes, does entire building have emergency lighting? Yes  No   
If No, describe areas that have it: \_\_\_\_\_

Power source: Battery  Emergency generator

**Emergency generator**

Does building have an emergency generator? Yes  No   
If Yes, power source: Natural gas  Gasoline  Diesel  Other (specify) \_\_\_\_\_

**Does generator power any of the following:**

Elevators? Yes  No

Fire pump? Yes  No

Other / Special equipment Yes  No  if Yes, specify: emergency

lighting + exit signs + fire system panels as well as  
all fans both building and garage

**Alarm panel**

Location: one at security desk / one fire control room

**Master keys**

Location: Key rings have been designated at security desk - Dor  
ld

**Blueprints / maps**

Location: Blueprints are in shop 2nd floor

**Windows**

Openable from the inside? Yes  No  - location 13th floor west side, 14th floor east side  
If a special key is needed, location of key(s): No keys are needed.

**HVAC systems**

Type of system: Central  Non Central   
Controls / shutoff locations: each floor has shut off for entire floor.

Is system zoned? Yes  No   
If Yes, describe zones: 1-14 has its own system, and can be isolated  
each floor individual in Mech. rooms. in service elev. lobbies

Emergency Contact: Person & Title Andrew Montesano Phone number 732-0858 Building Man.

Comments The security is manned 24 hrs / 7 days / 365 year  
and have a series of call numbers for each tenant.

Date of inspection   /  /    
Date of submission by property owner   /  /    
Date issued to HIT   /  /



# City of Rochester Alarm Permit Application

Type or print. All copies must be legible.  
INCOMPLETE FORMS WILL NOT BE PROCESSED

Alarm Location 75 SOUTH CLINTON AVE  
Street No. Street Name Room/Apt. No.

Occupant Name CLINTON ROSET HOLDINGS ASSOCIATES, L.P. (CLINTON SQUARE PLAZA)  
e.g. Individual, Business, Government Bldg. Name, Name Commonly Used, etc.

Initial Application  Renewal Application, Current Permit No. 2417

**Office Use Only**  
Permit Period 20 06 To 20 07 Permit Expires April 30, 20 07  
Permit No. 29372  
Clerk dt  
Check No. 101811  
Amount \$10.00  
Date 8-3-06

Type of Alarm:  Burglary  Robbery  Trouble  Fire  Water Flow  Emer. Med.  
Type of User:  Residence  Business  Government  Non-Profit  Financial

Type of Business or Activity 11001 TENANT OFFICE BUILDING

Hours of Operation 24 HOURS - NORMAL BUSINESS HOURS

Mailing Address 140 CLINTON SQUARE ROCHESTER, NY 14604  
Street No. Street Name City/State Zip Code

Type of Alarm System:  Central Station  Bank Alarm  Local  Other

System Monitored By MOBILE SECURITY 1306 EAST AVE ROCHESTER NY 214 2100  
Name Address Phone

System Make FCI Model FCI/FIRE VAC 3 Installed By T.H. GREEN/WEST FIRE

- Individuals With Alarm Location Keys to Respond in Case of Emergency (At least two (2) names)
- WAVE, DAVID 725 3277 (H) 500-4166 (W)  
Name (Last, First) Address Phone 235-7141 (Home)
  - ALVIN, SMITH, THOMAS 425 WALKER (H) 732-3538 (W)  
Name (Last, First) Address Phone 215-7141 (Home)
  - Name (Last, First) Address Phone

Instructions to Help Public Safety Personnel Respond to/Search Your Premises  
FIRE CONTROL ROOM IS IN THE NORTH WEST CORNER OF THE  
BUILDING STAFF LOCATED ON THE 13<sup>TH</sup> FLOOR. ALK-1407 2117 SECURITY

Applicant TMT, ROBERT 140 CLINTON SQUARE ROCHESTER NY 14604 216-4103  
Name (Last, First) Address Phone

Signature [Signature] Date 8/3/06

Receipt # 99989  
City of Rochester  
City Clerk's Office  
Make checks payable to:  
**City Clerk, Rochester, New York**  
Mail or deliver all copies of your completed application to:  
Alarm Permit  
c/o City Clerk  
Room 100 A  
30 Church Street

ITEM #	DESCRIPTION	AMOUNT
1	TOTAL	\$10.00
2	CASH	\$0.00
3	CHECK	\$10.00
4	CHANGE	\$0.00

# NEIS

NATIONAL ELEVATOR  
INSPECTION SERVICES

Company: HOME LEASING CORPORATION  
Office: 850 CLINTON SQUARE  
Policy No: ROCHESTER, NY 14604  
Policy Exp:             
Inspector: Ed Roberts OEI#1365  
Date: 03/01/06

PAGE 1 OF 2

## RE-INSPECTION TO CHECK VIOLATIONS

Assured: CLINTON SQUARE  
Address: 850 CLINTON SQUARE  
Location Inspected: ROCHESTER, NY 14604  
Maintenance Contract With: THYSSENKRUPP ELEV CO Type Contract: FULL MAINT.  
Authority: CITY/NYS Cert. Exp. Date:            Inspections Due: 2-8 Diaired: YES  
Any new elevators or major alterations: NO

←-----MAIN LOBBY----->						
RISE	14	14	14	14	14	14
NUMBER	#1 1544	#2 1545	#3 1546	#4 1547	#5 1548	#6 1549
PASSENGER	X	X	X	X	X	X
FREIGHT						
ESCALATOR						
OTHER						

Name and Title of person contacted: SECURITY ( keys #21 & pass ) ANDY MONTASANO BLDG.MGR. 325-4761  
Full Load Test Date: 08/05 No Load Test Date: 08/05

Violations: ASME A17.1 Elevator Safety Code:

**NO VIOLATIONS**

NOTICE: This report has been compiled through the process of interview and observation. It is intended to serve only as a guide to the insurance company underwriter. The report reflects only those conditions and practices which could be ascertained through interview and observation at the time of the call by the inspector. It does not represent that hazards and/or exposures not shown herein do not in fact exist. We do not accept any responsibility for inaccurate or erroneous information, express or implied, given to the inspector or for any other matters beyond our cause or control.

**NATIONAL ELEVATOR  
INSPECTION SERVICES**

Policy Exp: \_\_\_\_\_  
 Inspector: Ed Roberts OEI#1365  
 Date: 03/01/06

**PAGE 2 OF 2**

**RE-INSPECTION TO CHECK VIOLATIONS**

Assured: CLINTON SQUARE  
 Address: 850 CLINTON SQUARE  
 Location Inspected: ROCHESTER, NY 14604  
 Maintenance Contract With: THYSSENKRUPP ELEV. CO. Type Contract: FULL MAINT.  
 Authority: CITY/NYS Cert. Exp. Date: \_\_\_\_\_ Inspections Due: 2-8 Dated: YES  
 Any new elevators or major alterations: NO

	SERV. ELEV.	←-----GARAGE-----→				
RISE	17	3	3			
NUMBER	#7 1550	#8 1551	#9 1552			
PASSENGER	X	X	X			
FREIGHT	X					
ESCALATOR						
OTHER						

Name and Title of person contacted: SECURITY ( keys #21 & pass ) ANDY MONTASANO BLDG.MGR. 325-4761  
 Full Load Test Date: 08/05 No Load Test Date: 08/05



**#8 & #9 PRESSURE TEST 08/25/05**

Violations: ASME A17.1 Elevator Safety Code:

05-02-4 HAS BEEN COMPLIED WITH.

**NO VIOLATIONS THIS DATE**

++++  
 + ISSUE FULL USE CERTIFICATE +  
 ++++

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- Philadelphia  
8330 State Road  
Philadelphia, PA 19136-2986  
215-335-5010 / Fax: 215-335-2163
- Pittsburgh  
21260 Route 19  
Cranberry Twp., PA 16066-5808  
724-631-1260 / Fax: 724-631-1206
- York Haven/Harrisburg  
355 Sipe Road  
York Haven, PA 17370-9785  
717-273-4544 / Fax: 717-273-5186

# PENN POWER SYSTEMS

Power Generation Systems Specialists

A Division of Penn Detroit Diesel Allison

- Buffalo  
350 Bailey Avenue  
Buffalo, NY 14210-1737  
716-822-0051 / Fax: 716-826-1544
- Rochester  
105 Mushroom Blvd.  
Rochester, NY 14623-3203  
585-232-8530 / Fax: 585-232-7874
- Syracuse  
7044 Interstate Island Road  
Syracuse, NY 13209-9799  
315-451-3838 / Fax: 315-461-8662

www.pennpowersystems.com



Repair Order \_\_\_\_\_ Date 6/17/06

Customer Clinton Assets Holding  
 Address 120 Clinton Sq. City Rochester State NY Zip 14609  
 Contact ANDY Montesano Phone 585-325-4761  
 Type Equip. Generator Make EMAN Model 400 ODPN  
 Serial # 5890221722 Spec # \_\_\_\_\_ Hrs. \_\_\_\_\_  
 Job Location \_\_\_\_\_

- ➔ Switch Gear
  - ➔ Load Testing
  - ➔ Generator Sets
  - ➔ Fire Pumps
  - ➔ Transfer Switches
- SALES ☆ RENTALS**  
**PARTS ☆ SERVICE**

Complaint While Load Testing, the unit developed a coolant leak at the fitting to inlet side of the block heater. Stopped the test and drained and saved as much of the coolant as possible. Repaired the fitting and refilled with the coolant.

Restarted the test and had no more problems.

AFTER the test, returned the unit to the Auto position.

PARTS USED	
QTY	P/N

**FIELD SERVICE TRAVEL/LABOR INFORMATION**

	MILEAGE	TIME
Left Shop		11:30
Arrived Job		
Left Job		
<b>TOTAL</b>		12:30

I hereby authorize the above repair work to be done along with the necessary material, and hereby grant you and/or your employees permission to operate the equipment for the purpose of testing or inspection. The repairer is not responsible for loss or damage to the equipment in case of fire, theft, or other causes beyond its control.

In the event litigation is started for collection of payment for these repairs, I consent to the jurisdiction of the Court of Common Pleas of Philadelphia County and, hereby, appoint the PA Secretary of the Commonwealth as my agent to accept service of legal process.

Penn Power Systems offers no opinion of a professional nature including but not, limited to the preparation or approval of plans, opinions, reports, surveys, designs, specifications and/or supervisory, inspection, or engineering services provided by others.

PENN WILL DISCARD OLD PARTS.

Customer Signature [Signature] Date \_\_\_\_\_  
 Service Representative Doug B. & Wayne U. Date 6/17/06

Pittsburgh 724-742-0022 / Fax 724-742-0400

Harrisburg 717-273-4544 / Fax 717-273-5186



Rochester 585-232-8530 / Fax 585-232-7874

Syracuse 315-451-3838 / Fax 315-461-8662

Calicut 617

6/17@ 0900

PLANNED MAINTENANCE INSPECTION

Form with fields for JOB # (R384290F), CUSTOMER # (10572), DATE, CHARGE TO (CLINTON ASSETS HOLDING), JOB SITE (400KW OWAN-CLINTON ASSETS), STREET (120 CLINTON SQUARE), CITY (ROCHESTER), STATE (NY), ZIP (14604), CONTACT (ANDY MONTE SANO), NUMBER (585-325-4761), HOUR METER (63.1), GEN. MODEL (400. ODPN), GEN. SPEC. # (-2288), GEN. SERIAL # (C890221722), etc.

✓ - Denotes All Checked & OK C - Denotes See Comments R - Denotes Replaced NA - Not Applicable

COOLING SYSTEM

- Check Coolant Level 34-°F ✓
Check Freeze Protection ✓
Check Inhibitor level NA
Check hose condition ✓
Check belt(s) condition ✓
Visually check Core and tank condition ✓
Check Expansion tank condition NA
Check Louver operation ✓
Check block heater operation ✓
Record block heater wattage 2500
Record block heater voltage

ELECTRICAL/GENERATOR

- Check controller, gauges and metering ✓
Wiring Connections ✓
Control Panel Relays/Lamps ✓
Visually inspect Exciter ✓
Visually inspect Generator Bearing ✓
Visually inspect Rectifiers and Surge suppressors ✓
Visually inspect Rotor and Stator ✓
Visually inspect AC output breaker ✓
Visually inspect Bus Bar connections ✓
Kilowatt Rating of Unit ✓

Inspect Electrical Connection if applicable ✓

Exerciser Clock yes ✓ no

OPERATIONAL TEST RECORD:

- Voltage 480
Frequency 60
Loaded amperes if Applicable ✓
Simulate Power Transfer if Applicable NA
Record Oil Pressure
Record Water Temp
Record Hour Meter 63.1

ENGINE

- Check Engine oil level R
Visually check for fuel leaks ✓
Check day tank operation ✓
Check fuel levels, day or sub base tank ✓
Visually inspect engine fuel injection pump ✓
Inspect Ignition system(gas units) NA
Lube governor linkage ✓
Inspect Air Intake system ✓
Check breathers ✓
Visually inspect exhaust system ✓
Change Oil & Fuel Filters ✓

BATTERY/CHARGING SYSTEMS

- Clean Battery Terminals ✓
Check Fluid Levels/Specific gravity ✓
Load test batteries ✓
Float Charge Rate 26.6
Alternator Charge Rate 25.6
Type Battery/Qty 8D x 2

TRANSFER SWITCH/ SWITCHGEAR

- Inspect general condition/Lamps ✓
Visually inspect Contactor ✓
Visually inspect Actuator ✓

- Check Safety Shutdowns ✓
Oil filter #
Oil filter Qty
Fuel filter # Primary
Fuel filter # Secondary
Fuel Filter Qty
Oil Capacity
Coolant Capacity

FINAL CHECK

- Unit in Auto Position ✓
Output Breaker Closed/ON ✓

COMMENTS:

LOAD BANK (2) HOURS: Arrived on site and did pm. service. Removed old oil & filters from the site. ran hour into the Load Bank, test had to repair filter in the cool system and then finish test with no other faults. Returned the unit to the Auto position

I hereby authorize the above named repair work to be done along with the necessary material, and hereby grant you and/or your employees permission to operate the equipment described for the purpose of testing or inspection. An expressed mechanics lien is hereby acknowledged on the above vehicle or engine to secure the amount of repairs hereto. The repairer is not responsible for loss or damage to the equipment, in case of fire, theft, or other causes beyond its control. In the event, litigation is started for collection of payment for these repairs, I consent to the jurisdiction of the Court of Common Pleas of Philadelphia County and, hereby appoint the PA Secretary of the Commonwealth as my agent to accept service of legal process. Penn Power Systems offers no opinion of a professional nature including but not limited to the preparation or approval of plans, opinions, reports, surveys, designs, specifications and/or supervisory inspection, or engineering services provided by others. Penn Power Systems will discard old parts.

TECHNICIAN Danny B. & Wayne U. CUSTOMER X Russell Brown



**West Fire Systems, Inc.**  
 465 Stone Road / Rochester, NY 14616  
 Tel.: (585) 663-8530 FAX: (585) 663-8633

**FIRE ALARM INSPECTION & TESTING REPORT**

NAME <u>CLINTON SQUARE</u>		TYPE OF TEST		MONTHLY	QUARTERLY	SEMI ANNUAL <input checked="" type="checkbox"/>	ANNUAL	CALL DATE <u>3-22-06</u>
ADDRESS <u>75 SOUTH CLINTON</u>		NEW YORK STATE LICENSE # <u>12000047882</u>						
ADDRESS <u>ROCHESTER NY 14604</u>		CONTROL PANEL TYPE <u>FBI 7100 BROADBAND</u>				SERIAL #		
CITY <u>ROCHESTER</u>	STATE <u>NY</u>	ZIP <u>14604</u>	PHONE #		SYSTEM LOCATION <u>FIRE CONTROL ROOM</u>			

	No. of Devices	No. Tested	✓ okay X See below		No. of Devices	No. Tested	✓ okay X See below
Control Stations	<u>2</u>	<u>2</u>	<input checked="" type="checkbox"/>	Tamper Switch	<u>—</u>	<u>—</u>	<input type="checkbox"/>
Signal Devices	<u>44</u>	<u>16</u>	<input checked="" type="checkbox"/>	Water Flow Switch	<u>—</u>	<u>—</u>	<input type="checkbox"/>
Heat Detectors	<u>ALL</u>	<u>ALL</u>	<input checked="" type="checkbox"/>	Remote Station	<u>—</u>	<u>—</u>	<input type="checkbox"/>
Smoke Detectors	<u>31</u>	<u>8</u>	<input checked="" type="checkbox"/>	Batteries	<u>66</u>	<u>66</u>	<input checked="" type="checkbox"/>
Duct Detectors	<u>100</u>	<u>44</u>	<input checked="" type="checkbox"/>	Charger	<u>33</u>	<u>33</u>	<input checked="" type="checkbox"/>
Annunciators	<u>39</u>	<u>15</u>	<input checked="" type="checkbox"/>				
Door Holders	<u>1</u>	<u>1</u>	<input checked="" type="checkbox"/>				
Fan Shutdown	<u>ALL</u>	<u>ALL</u>	<input checked="" type="checkbox"/>				

LOCAL FIRE DEPT. <u>ROCHESTER F.D.</u>	OFFICIAL CONTACTED <u>N/A</u>
TEST RECEIVED AT FIRE STATION <u>UNICOM</u>	REMOTE STATION ACCOUNT # <u>DOYLE</u>
ALARMS SOUNDED YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	ALL TESTING DEVICES REMOVED CE INITIAL <u>MA T</u>
IF NO CUSTOMER AUTHORIZE HERE	

CUSTOMER SIGNATURE [Signature] CE SIGNATURE Michael J. Turner

REMARKS PARTS USED ETC. SYSTEM 100% OPERATIONAL AT TIME OF TEST AND INSPECTION.

FLOORS 9-15 TESTED

# FIRE TEST AND ALRMS REPORTS

Date / Time May 15, 2006 10:33 AM

Notification Method and Floor 7th Floor Pull Station

No. of Participating Staff All

Weather Conditions Clear Approximately 65 F

## NARRATIVE: ( SUMMARY OF ANY PROBLEMS THAT CCURRED)

On Monday May 15, 2006 we conducted the first full building evacuation Fire Drill for 2006. This Fire Drill was scheduled for the date listed above no specific time was given to the building tenants. The 7th floor pull station was set off by building Maintenance staff at 10:33 am. The building timed out at 10:38 am and was completely evacuated by 10:45 am. The Rochester Fire Department was on site for this test. Please see Fire Drill Evaluation Form. A repair sheet for West Fire is attached to this report also. West Fire will be coming in to test the system on May 16, 2006 at 6:00 pm.

**Person Conducting the Drill**  
Andy Montesano

**Number of Occupants Evacuated**  
# 1000

CC: Andrew Montesano, Bob Tait

# FIRE TEST AND FIRE ALARMS REPORTS

Date / Time May 12<sup>th</sup>, 2006  
Notification Method and Floor Pump Gear Room in garage  
No. of Participating Staff All building staff  
Weather Conditions Clear approximately 65° F

## NARRATIVE: ( SUMMARY OF ANY PROBLEMS THAT OCCURRED )

Jim with Simplex Grinnell was in for a building  
Sprinkler test. Doug Wade disabled the building and garage  
levels in the Fire Control Room, Doyle Alarm was called  
and the building was put into test until 1300. At  
0950 all the building horns sounded no Strobe  
lights flashed. Some tenants evacuated but were  
informed that it was not an emergency evacuation  
and they could return to work. Andy Montesano  
reported to the Fire Control Room and determined that  
the horns were set off by a system malfunction.  
Grinnell was unable to complete their fire  
sprinkler test. Westfire was called and informed of  
this problem.

PERSON CONDUCTING THE DRILL

NUMBER OF OCCUPANTS EVACUATED

#

CC: Andrew Montesano, Bob Tait

NAME OF COMPANY OR INSTITUTION:

CLINTON SQUARE

ADDRESS OF COMPANY OR INSTITUTION:

75 S. CLINTON AVE

DATE OF FIRE DRILL

5/15/06

NUMBER OF PARTICIPANTS

ALL

EVACUATION START TIME

10:33 @ 10:38 (REST OF BUILDING)

EVACUATION COMPLETION TIME

10:45

### EVACUATION PERFORMANCE RATING

1. DID EVERYONE ACTUALLY PARTICIPATE IN THE DRILL?

GOOD

FAIR

POOR

2. WAS THE DRILL CONDUCTED EFFICIENTLY AND SAFELY?

GOOD

FAIR

POOR

3. ARE THERE ANY SPECIAL PROVISIONS FOR THE HANDICAPPED?

YES

NO

4. IF HANDICAPPED PROVISIONS, WHAT ARE THEY? (PLEASE EXPLAIN).

PUT IN STAIR DOORS.

5. DO YOU HAVE EMPLOYEES ASSIGNED TO ACT AS FIRE DRILL MONITORS?

YES

NO

6. IF YOU DO HAVE MONITORS, DO THEY UNDERSTAND THEIR RESPONSIBILITIES AND FIRE DRILL PROCEDURES?

YES

NO

7. ORDER AND DISCIPLINE ARE THE MOST IMPORTANT CONCERNS DURING A FIRE DRILL. WAS ORDER AND DISCIPLINE MAINTAINED?

GOOD

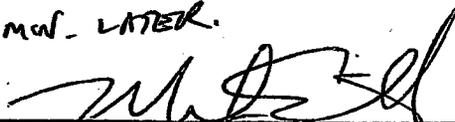
FAIR

POOR

COMMENTS:

FIRE FLOOR, FLOORS ABOVE & BELOW TO FIRST, REST OF BUILDING GO 5 MIN. LATER.

FIRE OFFICER'S SIGNATURE:





# FIRE DRILL EVALUATION FORM

NAME OF COMPANY OR INSTITUTION: CLINTON SQUARE

ADDRESS OF COMPANY OR INSTITUTION: 75 S. CLINTON AVE

DATE OF FIRE DRILL 5 / 15 / 06

NUMBER OF PARTICIPANTS ALL

EVACUATION START TIME 10:33 ? 10:38 (REST OF BUILDING)

EVACUATION COMPLETION TIME 10:45

## EVACUATION PERFORMANCE RATING

1. DID EVERYONE ACTUALLY PARTICIPATE IN THE DRILL?

GOOD       FAIR       POOR

2. WAS THE DRILL CONDUCTED EFFICIENTLY AND SAFELY?

GOOD       FAIR       POOR

3. ARE THERE ANY SPECIAL PROVISIONS FOR THE HANDICAPPED?

YES       NO

4. IF HANDICAPPED PROVISIONS, WHAT ARE THEY? (PLEASE EXPLAIN).

PUT IN STAIR POWERS.

5. DO YOU HAVE EMPLOYEES ASSIGNED TO ACT AS FIRE DRILL MONITORS?

YES       NO

6. IF YOU DO HAVE MONITORS, DO THEY UNDERSTAND THEIR RESPONSIBILITIES AND FIRE DRILL PROCEDURES?

YES       NO

7. ORDER AND DISCIPLINE ARE THE MOST IMPORTANT CONCERNS DURING A FIRE DRILL. WAS ORDER AND DISCIPLINE MAINTAINED?

GOOD       FAIR       POOR

COMMENTS:

FIRE FLOOR, FLOORS ABOVE & BELOW GO FIRST, REST OF BUILDING GO 5 MIN. LATER.

FIRE OFFICER'S SIGNATURE:





**City of Rochester  
FIRE DEPARTMENT**

**FIRE SAFETY DIVISION**

185 Exchange Blvd., Suite 665  
Rochester, New York 14614  
(585) 428-7037

**PERMIT**

DATE 10/11/05

For keeping, storing, using, installing, manufacturing, handling, transporting, or otherwise employing flammable, combustible, or explosive materials, or materials, processes, or equipment, which if improperly used may produce conditions hazardous to life or property.

TO WHOM IT MAY CONCERN:

By virtue of the provisions of the Fire Prevention Code of the City of Rochester, NY.,

HOME LEASING  
75 CLINTON AV S

06-10031	PERMIT NUMBER
----------	---------------

having made application in due form, and as the conditions, surroundings, and arrangements are, in my opinion, such that the intent of the Fire Prevention Code can be observed, authority is hereby given and this PERMIT is GRANTED for:

PERMIT CODE	PERMIT CATAGORY	FEE
5412B10C1	FLAM/COMB LQD CLS I,II,III	\$ 70
5412B12C	CORROSIVE LIQUIDS - OVER 55 GAL	\$ 70
5412B21B	LPG LESS THAN 1000	\$ 70

MAKE YOUR CHECK OR MONEY ORDER, PAID IN FULL,  
PAYABLE TO CITY TREASURER AND MAIL TO:

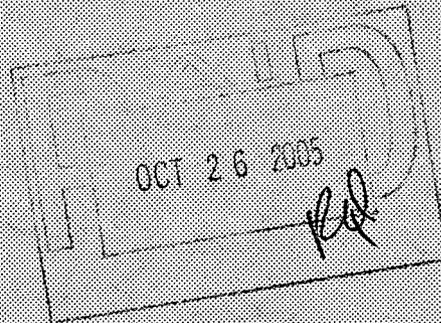
PLEASE WRITE PERMIT NUMBERS  
ON YOUR CHECK OR MONEY ORDER

ROCHESTER FIRE DEPARTMENT  
ATTENTION: ACCOUNTS RECEIVABLE  
185 EXCHANGE BLVD., SUITE 663  
ROCHESTER, NEW YORK 14614

00075 CLINTON AV S

06-10031	PERMIT NUMBER
10/11/05	INVOICE DATE
11/11/05	DUE DATE
\$ 210	AMOUNT DUE

CLINTON SQUARE  
HOME LEASING  
120 CLINTON SQUARE  
ROCHESTER NY 14604



FD513

fdpmt1

This permit does not take the place of any License required by law and is not transferable. Any change in the use or occupancy of premises shall require a new permit.

*James DeGano*  
FIRE MARSHAL

THIS PERMIT MUST AT ALL TIMES BE KEPT ON FILE AT THE PREMISES MENTIONED ABOVE

**Please return this part with payment**

MAKE YOUR CHECK OR MONEY ORDER, PAID IN FULL,  
PAYABLE TO CITY TREASURER AND MAIL TO:

PLEASE WRITE PERMIT NUMBERS  
ON YOUR CHECK OR MONEY ORDER

ROCHESTER FIRE DEPARTMENT  
ATTENTION: ACCOUNTS RECEIVABLE  
185 EXCHANGE BLVD., SUITE 663  
ROCHESTER, NEW YORK 14614

00075 CLINTON AV S

06-10031	PERMIT NUMBER
10/11/05	INVOICE DATE
11/11/05	DUE DATE
\$ 210	AMOUNT DUE

CLINTON SQUARE  
HOME LEASING  
120 CLINTON SQUARE  
ROCHESTER NY 14604

FD513

fdpmt1

**Permit fee payments not received by the due date will be considered delinquent.**

**These delinquent properties operating with invalid permits will be subject to the issuance of a Municipal Code Violations Summons pursuant to Chapter 54-10 of the Municipal Code.**

**Municipal Code Summons Schedule**

	<b>Initial</b>	<b>Default</b>
<b>1st Offense, or after 30 days</b>	<b>\$ 75.00</b>	<b>\$150.00</b>
<b>2nd Offense, or after 60 days</b>	<b>\$150.00</b>	<b>\$300.00</b>
<b>3rd Offense, or after 90 days</b>	<b>\$375.00</b>	<b>\$750.00</b>

FS/DCO/HZMT/  
26938 DEQ  
9/22/05

**Building Department  
Freedom of Information Act Request**



**IVI International, Inc.**  
105 Corporate Park Drive  
White Plains, New York 10604  
914.694.9600 (tel) 914.694.8549

**Date:** September 10, 2005      **To:** Justis Ocholi  
**Subject:** Clinton Square      City of Rochester Codes Office  
14 Story Office Building      (585) 428-7047 (tel)  
75 South Clinton Avenue      (585) 428-6137 (fax)  
Rochester, New York 14604

**IVI Project Mgr:** Allen Hinkley      **IVI Project No.:** 50817305

IVI International has been commissioned to conduct a Phase I Environmental Site Assessment on the above referenced property (the "Subject"). Please respond to the following documentation/information requests. Should you have any questions or should there be any fees associated with providing the requested information, please call Kenneth Kukkonen at Kenneth Kukkonen.

In accordance with the Freedom of Information Act, IVI is requesting information with respect to the above referenced site. Specifically, IVI is requesting the following information:

1. Are you aware of any environmental issues at or adjacent to the property?      Yes  No
  
2. Are you aware of any petroleum, chemical, or hazardous waste storage tanks that are active or have been removed/closed located on the site? If yes, please forward copies of all permits, inspection reports, closure documentation, etc.      Yes  No
  
3. Are you aware of asbestos or lead paint abatements conducted on the site? If yes, please forward copies of all permits, inspection reports, documentation, etc. regarding same.      Yes  No

Please let me know if there are any costs associated with processing this request prior to processing. Your response can either be faxed to 914.694.8549 or mailed to us at the location identified above. In addition, please indicate IVI's project number (50616685) on all correspondence. Thank you in advance for your assistance and cooperation.

**Submitted by:** B/C William Valenti      **Date:** 11/8/05



FOI # 26938

# FACSIMILE TRANSMISSION



## City of Rochester, New York

FROM: Sylvia Rosello / JOSEPH FRATTA  
 DEPARTMENT: MAYOR'S OFFICE / COMMUNICATIONS  
 DATE: 9/22/05 TIME: 11:20 AM  
 PHONE: (585-428-6066)  
 FAX: 428-7069  
 585

TO: M.E. LEHR    K. FOUST    S. FOSEB    K. KAMAGATE  
 COMPANY/DEPT.: FS    DCD    HZMT    DES  
 PHONE: X 3692    X 288    X 7381    X 7898  
 FAX: X 6785    X 6137    X 6183    X 6010  
 TOTAL NUMBER OF PAGES INCLUDING THIS COVER SHEET: 2

ANYTHING FOR 75 S. CLINTON AVE?
THANKS

BUILDING INSPECTION / COMPLAINT FORM



COMPANY **E17**  
ADDRESS  
**CLINTON**  
PROPERTY OWNER

**AV S**

FROM / TO  
**75**

INSPECTION # **02-01080**  
TAX ACCT #

HOME PROPERTIES OF N **850 CLINTON SQ**

CITY **ROCHESTER**

STATE

PHONE  
**325-4761**  
**NY** ZIP **14604**

MAILING NAME  
**HOME PROPERTIES OF N.Y., INC.**

CITY **ROCHESTER**

STATE

PHONE  
**NY** ZIP **14604**

EMERGENCY CONTACT  
**SECURITY OFFICE**

ADDRESS

ADDRESS

PHONE

**325-3288**

CITY

STATE

ZIP

NFPA 901 CODES	GENERAL PROPERTY USE <input type="checkbox"/>	SPECIFIC PROPERTY USE <input type="checkbox"/>	STRUCTURE TYPE <b>H</b>	STRUCTURE STATUS <input type="checkbox"/>
NO ENTRY DATES:	BUSINESS NAME <b>CLINTON SQUARE TOWER</b> PHONE BUSINESS OWNER ADDRESS <b>850 CLINTON SQUARE ROCHESTER NY14604</b> PHONE BUSINESS EMERGENCY <b>DENNIS LEIBY (325-4761) SECURITY</b> ADDRESS PHONE <b>325 3288</b>			DISPOSITION by FIRE SAFETY: <i>AK</i> <b>NOV 19 2002</b>
A = ATTIC C = CELLAR G = GARAGE O = OUTSIDE # = FLOOR #	SPECIAL INSTRUCTIONS:			REFERRED ORDERS ISSUED CORRECTED NOT REQUIRED
DIRECTION ROOM #, ETC.	SPECIAL HAZARDS OR CONSTRUCTION			
	COMPLAINT			
	<input type="checkbox"/> NO VIOLATIONS NOTED AT THIS TIME <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			

Y N	Y N	Y N
<input type="checkbox"/> SPRINKLER SYSTEM	<input type="checkbox"/> FIRE/SMOKE DETECT. SYSTEM	<input type="checkbox"/> SINGLE STATION SMOKE DETECTORS
<input type="checkbox"/> STANDPIPE SYSTEM	<input type="checkbox"/> KITCHEN HOOD EXTING. SYSTEM	<input type="checkbox"/> BARS/WIRE ON WINDOWS
<input type="checkbox"/> FIRE ALARM SYSTEM	<input type="checkbox"/> OTHER FIRE EXTING. SYSTEM	<input type="checkbox"/> LOCK BOX
OFFICER PREPARING REPORT:	COMPANY	DISTRICT
BUS/PROP REPRESENTATIVE:	POSITION / TITLE	
FIRE SAFETY INSPECTOR:	DATE	

*AK*    **11/20/02**

RPD 501 REV. 01/02

BUILDING INSPECTION / COMPLAINT FORM



COMPANY **E17**  
ADDRESS  
**CLINTON**  
PROPERTY OWNER

**AV S**

FROM / TO  
**75**

INSPECTION # **02-01079**  
TAX ACCT #

ADDRESS

PHONE

**HOME PROPERTIES OF N 850 CLINTON SQUARE**

**325-4761**

CITY **ROCHESTER**

STATE

**NY** ZIP **14604**

ADDRESS

PHONE

MAILING NAME

**HOME PROPERTIES OF N.Y., INC.**

**850 CLINTON SQUARE**

CITY **ROCHESTER**

STATE

**NY** ZIP **14604**

ADDRESS

PHONE

EMERGENCY CONTACT

**SECURITY**

CITY

STATE

ZIP

**325-3288**

NFPA 901 CODES	GENERAL PROPERTY USE <input type="checkbox"/>	SPECIFIC PROPERTY USE <input type="checkbox"/>	STRUCTURE TYPE <b>H</b>	STRUCTURE STATUS <input type="checkbox"/>
----------------	---	--	-------------------------	---

NO ENTRY DATES:	BUSINESS NAME <b>CHUBB &amp; SON SUITE 700</b> PHONE	DISPOSITION by FIRE SAFETY: <b>AL</b> <b>NOV 19 2002</b>
	BUSINESS OWNER ADDRESS	
A = ATTIC C = CELLAR G = GARAGE O = OUTSIDE # = FLOOR #	BUSINESS EMERGENCY ADDRESS	REFERRED ORDERS ISSUED CORRECTED NOT REQUIRED
	SPECIAL INSTRUCTIONS:	
DIRECTION ROOM #, ETC.	SPECIAL HAZARDS OR CONSTRUCTION	
	COMPLAINT	
<input type="checkbox"/> NO VIOLATIONS NOTED AT THIS TIME <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		

Y N	Y N	Y N
<input type="checkbox"/> SPRINKLER SYSTEM	<input type="checkbox"/> FIRE/SMOKE DETECT. SYSTEM	<input type="checkbox"/> SINGLE STATION SMOKE DETECTORS
<input type="checkbox"/> STANDPIPE SYSTEM	<input type="checkbox"/> KITCHEN HOOD EXTING. SYSTEM	<input type="checkbox"/> BARS/WIRE ON WINDOWS
<input type="checkbox"/> FIRE ALARM SYSTEM	<input type="checkbox"/> OTHER FIRE EXTING. SYSTEM	<input type="checkbox"/> LOCK BOX

OFFICER PREPARING REPORT:	COMPANY	DISTRICT	GROUP	DATE
BUS/PROP REPRESENTATIVE:	POSITION / TITLE			DATE OF REINSPECTION
FIRE SAFETY INSPECTOR:				DATE <b>11/20/02</b>





BUILDING INSPECTION / COMPLAINT FORM



COMPANY **E17**  
ADDRESS  
**CLINTON**  
PROPERTY OWNER

**AV S**

FROM / TO  
**75**

INSPECTION # **02-01076**  
TAX ACCT #

ADDRESS

PHONE

**HOME PROPERTIES OF N 850 CLINTON SQ**

**325-4761**

CITY **ROCHESTER**

STATE

**NY** ZIP

**14604**

ADDRESS

PHONE

MAILING NAME

**HOME PROPERTIES OF N.Y., INC.**

**850 CLINTON SQ**

CITY **ROCHESTER**

STATE

**NY** ZIP

**14604**

ADDRESS

PHONE

EMERGENCY CONTACT

**SECURITY OFFICE**

CITY

STATE

ZIP

**325-3288**

NFPA 901 CODES	GENERAL PROPERTY USE <input type="checkbox"/>	SPECIFIC PROPERTY USE <input type="checkbox"/>	STRUCTURE TYPE <b>H</b>	STRUCTURE STATUS <input type="checkbox"/>
NO ENTRY DATES:	BUSINESS NAME <b>KPMG PEAT MARWICK</b> 454- PHONE BUSINESS OWNER ADDRESS <b>250 CLINTON SQ</b> <b>ROCHESTER</b> <b>NY14604</b> PHONE BUSINESS EMERGENCY <b>SECURITY OFFICE</b> ADDRESS PHONE <b>325 3288</b>			DISPOSITION by FIRE SAFETY: <b>AL</b> <b>NOV 19 2002</b>
A = ATTIC C = CELLAR G = GARAGE O = OUTSIDE # = FLOOR #	SPECIAL INSTRUCTIONS:			REFERRED ORDERS ISSUED CORRECTED NOT REQUIRED
DIRECTION ROOM #, ETC.	SPECIAL HAZARDS OR CONSTRUCTION			
	COMPLAINT			
	<input type="checkbox"/> NO VIOLATIONS NOTED AT THIS TIME <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			
<p><i>All (5) of these done 3/7/02</i></p>				

Y N	Y N	Y N
<input type="checkbox"/> <input type="checkbox"/> SPRINKLER SYSTEM	<input type="checkbox"/> <input type="checkbox"/> FIRE/SMOKE DETECT. SYSTEM	<input type="checkbox"/> <input type="checkbox"/> SINGLE STATION SMOKE DETECTORS
<input type="checkbox"/> <input type="checkbox"/> STANDPIPE SYSTEM	<input type="checkbox"/> <input type="checkbox"/> KITCHEN HOOD EXTING. SYSTEM	<input type="checkbox"/> <input type="checkbox"/> BARS/WIRE ON WINDOWS
<input type="checkbox"/> <input type="checkbox"/> FIRE ALARM SYSTEM	<input type="checkbox"/> <input type="checkbox"/> OTHER FIRE EXTING. SYSTEM	<input type="checkbox"/> <input type="checkbox"/> LOCK BOX
OFFICER PREPARING REPORT:	COMPANY	DISTRICT
BUS/PROP REPRESENTATIVE:	GROUP	
FIRE SAFETY INSPECTOR:	DATE	
	POSITION / TITLE	
	DATE OF REINSPECTION	
	DATE <b>11/20/02</b>	

BUILDING INSPECTION / COMPLAINT FORM



COMPANY **E17**  
ADDRESS  
**CLINTON**  
PROPERTY OWNER

**AV S**

FROM / TO  
**75**

INSPECTION # **02-01085**  
TAX ACCT #

**HOME PROPERTIES OF N 850 CLINTON SQUARE**  
CITY **ROCHESTER** STATE

PHONE  
**325-4761**  
NY ZIP **14604**

MAILING NAME  
**HOME PROPERTIES OF N.Y., INC**

**850 CLINTON SQUARE**  
CITY **ROCHESTER** STATE

PHONE  
**14604**  
NY ZIP **14604**

EMERGENCY CONTACT  
**SECURITY**

**850 CLINTON SQUARE**  
CITY STATE ZIP

**325-3288**

NFPA 901 CODES	GENERAL PROPERTY USE <input type="checkbox"/>	SPECIFIC PROPERTY USE <input type="checkbox"/>	STRUCTURE TYPE <b>H</b>	STRUCTURE STATUS <input type="checkbox"/>								
NO ENTRY DATES:	BUSINESS NAME <b>WORLDCOM SUITE 750</b>		PHONE	DISPOSITION by FIRE SAFETY:								
	BUSINESS OWNER ADDRESS		PHONE <b>797 2001</b>	<table border="1"> <tr> <td>REFERRED</td> <td>ORDERS ISSUED</td> <td>CORRECTED</td> <td>NOT REQUIRED</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>	REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED				
REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED									
<p>A = ATTIC C = CELLAR G = GARAGE 0 = OUTSIDE # = FLOOR #</p>	BUSINESS EMERGENCY <b>SECURITY</b>		PHONE <b>325 3288</b>									
DIRECTION ROOM #, ETC.	SPECIAL INSTRUCTIONS:											
	SPECIAL HAZARDS OR CONSTRUCTION											
	COMPLAINT											
	<input checked="" type="checkbox"/> NO VIOLATIONS NOTED AT THIS TIME <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D											

Y N	Y N	Y N			
<input type="checkbox"/> SPRINKLER SYSTEM	<input type="checkbox"/> FIRE/SMOKE DETECT. SYSTEM	<input type="checkbox"/> SINGLE STATION SMOKE DETECTORS			
<input type="checkbox"/> STANDPIPE SYSTEM	<input type="checkbox"/> KITCHEN HOOD EXTING. SYSTEM	<input type="checkbox"/> BARS/WIRE ON WINDOWS			
<input type="checkbox"/> FIRE ALARM SYSTEM	<input type="checkbox"/> OTHER FIRE EXTING. SYSTEM	<input type="checkbox"/> LOCK BOX			
OFFICER PREPARING REPORT:		COMPANY	DISTRICT	GROUP	DATE
BUS/PROP REPRESENTATIVE:		POSITION / TITLE			DATE OF REINSPECTION
FIRE SAFETY INSPECTOR:					DATE <b>10/23/02</b>

RFD 501 REV. 01/02

BUILDING INSPECTION / COMPLAINT FORM



COMPANY **E17**  
ADDRESS  
**CLINTON**  
PROPERTY OWNER

**AV S**

FROM / TO  
**75**

INSPECTION #  
TAX ACCT #

**02-01084**

HOME PROPERTIES OF N **850 CLINTON SQUARE**  
CITY **ROCHESTER** STATE

PHONE  
**325-4761**  
NY ZIP **14604**

MAILING NAME  
**HOME PROPERTIES OF N.Y., INC**

ADDRESS  
**850 CLINTON SQUARE**  
CITY **ROCHESTER** STATE

PHONE  
**14604**  
NY ZIP **14604**

EMERGENCY CONTACT  
**SECURITY OFFICE**

ADDRESS  
CITY STATE ZIP  
**325-3288**

NFPA 901 CODES	GENERAL PROPERTY USE <input type="checkbox"/>	SPECIFIC PROPERTY USE <input type="checkbox"/>	STRUCTURE TYPE <b>H</b>	STRUCTURE STATUS <input type="checkbox"/>
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NO ENTRY DATES:  A = ATTIC C = CELLAR G = GARAGE O = OUTSIDE # = FLOOR #	BUSINESS NAME <b>THE AQUEDUCT GROUP LLC</b> PHONE <b>6th fl</b> BUSINESS OWNER ADDRESS PHONE BUSINESS EMERGENCY ADDRESS PHONE	DISPOSITION by FIRE SAFETY:  <b>AK</b>
	SPECIAL INSTRUCTIONS:	REFERRED ORDERS ISSUED CORRECTED NOT REQUIRED
	SPECIAL HAZARDS OR CONSTRUCTION	
	DIRECTION ROOM #, ETC.	
COMPLAINT <input checked="" type="checkbox"/> NO VIOLATIONS NOTED AT THIS TIME <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		

Y N	Y N	Y N
<input type="checkbox"/> SPRINKLER SYSTEM	<input type="checkbox"/> FIRE/SMOKE DETECT. SYSTEM	<input type="checkbox"/> SINGLE STATION SMOKE DETECTORS
<input type="checkbox"/> STANDPIPE SYSTEM	<input type="checkbox"/> KITCHEN HOOD EXTING. SYSTEM	<input type="checkbox"/> BARS/WIRE ON WINDOWS
<input type="checkbox"/> FIRE ALARM SYSTEM	<input type="checkbox"/> OTHER FIRE EXTING. SYSTEM	<input type="checkbox"/> LOCK BOX

OFFICER PREPARING REPORT:	COMPANY	DISTRICT	GROUP	DATE
BUS/PROP REPRESENTATIVE:	POSITION / TITLE			DATE OF REINSPECTION
FIRE SAFETY INSPECTOR:				DATE <b>10/23/02</b>

RFD 501 REV. 01/02

BUILDING INSPECTION / COMPLAINT FORM



COMPANY **E17**  
ADDRESS  
**CLINTON**  
PROPERTY OWNER

**AV S**

FROM / TO  
**75**

INSPECTION # **02-01083**  
TAX ACCT #

HOME PROPERTIES OF N **850 CLINTON SQ**

CITY **ROCHESTER**

STATE

PHONE  
**325-4761**  
NY ZIP **14604**

MAILING NAME  
**HOME PROPERTIES OF N.Y., INC**

CITY **ROCHESTER**

STATE

PHONE  
**14604**  
NY ZIP **14604**

EMERGENCY CONTACT  
**SECURITY**

ADDRESS

ADDRESS

PHONE

**325-3288**

CITY

STATE

ZIP

NFPA 901 CODES	GENERAL PROPERTY USE <input type="checkbox"/>	SPECIFIC PROPERTY USE <input type="checkbox"/>	STRUCTURE TYPE <b>H</b>	STRUCTURE STATUS <input type="checkbox"/>
NO ENTRY DATES:	BUSINESS NAME <b>ROBERT HALF OFFICE TEAM A</b> PHONE <b>676 FL.</b>			DISPOSITION by FIRE SAFETY: <b>AL</b>
	BUSINESS OWNER ADDRESS <b>SUITE 640</b> PHONE			
A = ATTIC C = CELLAR G = GARAGE 0 = OUTSIDE # = FLOOR #	BUSINESS EMERGENCY ADDRESS PHONE			
	SPECIAL INSTRUCTIONS:			
	SPECIAL HAZARDS OR CONSTRUCTION			REFERRED ORDERS ISSUED CORRECTED NOT REQUIRED
DIRECTION ROOM #, ETC.	COMPLAINT			
	<input checked="" type="checkbox"/> NO VIOLATIONS NOTED AT THIS TIME <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			

Y N	Y N	Y N			
<input type="checkbox"/> SPRINKLER SYSTEM	<input type="checkbox"/> FIRE/SMOKE DETECT. SYSTEM	<input type="checkbox"/> SINGLE STATION SMOKE DETECTORS			
<input type="checkbox"/> STANDPIPE SYSTEM	<input type="checkbox"/> KITCHEN HOOD EXTING. SYSTEM	<input type="checkbox"/> BARS/WIRE ON WINDOWS			
<input type="checkbox"/> FIRE ALARM SYSTEM	<input type="checkbox"/> OTHER FIRE EXTING. SYSTEM	<input type="checkbox"/> LOCK BOX			
OFFICER PREPARING REPORT:		COMPANY	DISTRICT	GROUP	DATE
BUS/PROP REPRESENTATIVE:		POSITION / TITLE			DATE OF REINSPECTION
FIRE SAFETY INSPECTOR:					DATE <b>10/23/02</b>

COPY TO FIRE SAFETY

BUILDING INSPECTION / COMPLAINT FORM



COMPANY **E17**  
ADDRESS  
**CLINTON**  
PROPERTY OWNER

**AV S**

FROM / TO  
**75**

INSPECTION # **02-01082**  
TAX ACCT #

HOME PROPERTIES OF N **850 CLINTON SQUARE**  
CITY **ROCHESTER** STATE

PHONE  
**325-4761**  
NY ZIP **14604**

MAILING NAME  
**HOME PROPERTIES OF N.Y., INC**

ADDRESS  
**850 CLINTON SQUARE**  
CITY **ROCHESTER** STATE

PHONE  
**14604**  
NY ZIP **14604**

EMERGENCY CONTACT  
**SECURITY**

ADDRESS  
CITY STATE ZIP  
**850 CLINTON SQUARE**  
**ROCHESTER** STATE NY ZIP **14604**  
**325-3288**

NFPA 901 CODES	GENERAL PROPERTY USE <input type="checkbox"/>	SPECIFIC PROPERTY USE <input type="checkbox"/>	STRUCTURE TYPE <b>H</b>	STRUCTURE STATUS <input type="checkbox"/>
----------------	---	--	-------------------------	---

NO ENTRY DATES:	BUSINESS NAME <b>NIXON PEABODY LLP</b> PHONE <b>9th - 14th</b>	DISPOSITION by FIRE SAFETY: <b>AL</b>				
	BUSINESS OWNER ADDRESS <b>SUITES 900 - 1400</b> PHONE					
A = ATTIC C = CELLAR G = GARAGE O = OUTSIDE # = FLOOR #	BUSINESS EMERGENCY ADDRESS PHONE	<table border="1"> <tr> <td>REFERRED</td> <td>ORDERS ISSUED</td> <td>CORRECTED</td> <td>NOT REQUIRED</td> </tr> </table>	REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
REFERRED	ORDERS ISSUED		CORRECTED	NOT REQUIRED		
	SPECIAL INSTRUCTIONS:					
	SPECIAL HAZARDS OR CONSTRUCTION					
DIRECTION ROOM #, ETC.	COMPLAINT					
	<input checked="" type="checkbox"/> NO VIOLATIONS NOTED AT THIS TIME <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D					

Y N	Y N	Y N
<input type="checkbox"/> SPRINKLER SYSTEM	<input type="checkbox"/> FIRE/SMOKE DETECT. SYSTEM	<input type="checkbox"/> SINGLE STATION SMOKE DETECTORS
<input type="checkbox"/> STANDPIPE SYSTEM	<input type="checkbox"/> KITCHEN HOOD EXTING. SYSTEM	<input type="checkbox"/> BARS/WIRE ON WINDOWS
<input type="checkbox"/> FIRE ALARM SYSTEM	<input type="checkbox"/> OTHER FIRE EXTING. SYSTEM	<input type="checkbox"/> LOCK BOX
OFFICER PREPARING REPORT:		DATE
BUS/PROP REPRESENTATIVE:		DATE OF REINSPECTION
FIRE SAFETY INSPECTOR:		DATE

*Albert Steiner*

**10/23/02**

RFD 501 REV. 01/02

BUILDING INSPECTION / COMPLAINT FORM



COMPANY **E17**  
ADDRESS  
**CLINTON**  
PROPERTY OWNER

**AV S**

FROM / TO  
**75**

INSPECTION #  
TAX ACCT #

**02-01081**

ADDRESS  
**HOME PROPERTIES OF N 850 CLINTON SQUARE**

PHONE  
**325-4761**  
NYZIP  
**14604**

MAILING NAME  
**HOME PROPERTIES OF N.Y., INC**

ADDRESS  
**850 CLINTON SQUARE**

PHONE  
**14604**  
NYZIP  
**14604**

EMERGENCY CONTACT  
**SECURITY OFFICE**

ADDRESS  
**850 CLINTON SQUARE**

PHONE  
**325-3288**  
NYZIP  
**14604**

NFPA 901 CODES	GENERAL PROPERTY USE <b>59</b>	SPECIFIC PROPERTY USE <b>592</b>	STRUCTURE TYPE <b>H</b>	STRUCTURE STATUS <b>2</b>
----------------	--------------------------------	----------------------------------	-------------------------	---------------------------

NO ENTRY DATES:	BUSINESS NAME <b>J.P. MORGAN CHASE SUITE</b> PHONE <b>574 Pl.</b>	DISPOSITION by FIRE SAFETY: <b>AL</b>																
	BUSINESS OWNER ADDRESS																	
A = ATTIC C = CELLAR G = GARAGE O = OUTSIDE # = FLOOR #	BUSINESS EMERGENCY ADDRESS <b>MHA Mantesano Shop</b> PHONE <b>325-4761</b>	<table border="1"> <tr> <td>REFERRED</td> <td>ORDERS ISSUED</td> <td>CORRECTED</td> <td>NOT REQUIRED</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>	REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED												
REFERRED	ORDERS ISSUED		CORRECTED	NOT REQUIRED														
	SPECIAL INSTRUCTIONS:																	
	SPECIAL HAZARDS OR CONSTRUCTION																	
DIRECTION ROOM #, ETC.	COMPLAINT																	
	<input checked="" type="checkbox"/> NO VIOLATIONS NOTED AT THIS TIME <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D																	

Y N	Y N	Y N
<input type="checkbox"/> <input type="checkbox"/> SPRINKLER SYSTEM	<input type="checkbox"/> <input type="checkbox"/> FIRE/SMOKE DETECT. SYSTEM	<input type="checkbox"/> <input type="checkbox"/> SINGLE STATION SMOKE DETECTORS
<input type="checkbox"/> <input type="checkbox"/> STANDPIPE SYSTEM	<input type="checkbox"/> <input type="checkbox"/> KITCHEN HOOD EXTING. SYSTEM	<input type="checkbox"/> <input type="checkbox"/> BARS/WIRE ON WINDOWS
<input type="checkbox"/> <input type="checkbox"/> FIRE ALARM SYSTEM	<input type="checkbox"/> <input type="checkbox"/> OTHER FIRE EXTING. SYSTEM	<input type="checkbox"/> <input type="checkbox"/> LOCK BOX

OFFICER PREPARING REPORT:	COMPANY	DISTRICT	GROUP	DATE
BUS/PROP REPRESENTATIVE:	POSITION / TITLE			DATE OF REINSPECTION
FIRE SAFETY INSPECTOR:				DATE <b>10/23/02</b>

RFD 501 REV. 01/02

E17 FD579

# FIRE SAFETY INSPECTION RECORD

LICENSE

GENERAL  
PUBLIC ED  
PERMIT  
HIGH-RISE

LOCATION 75 CLINTON AVE S.

DATE RECEIVED IN FIRE SAFETY:

APPOINTMENT

PERSON CONTACTED

NO ENTRY

ORDERS ISSUED

REFERRALS ISSUED

NO WORK DONE

SOME WORK DONE

OTHER

OK TO FILE  
INSPECTOR

DATE

3-7-02

MATT MONTENSI

9

SA

3-15-02

325-4761

4-11-02

11:00

4-22-02

11:00

X / LG

**NEW INFORMATION**

Owner's Name

Home Addresss & Zip

Home Phone #

Y N

SPRINKLER SYSTEM

REPORT - YES NO

COOKING HOOD SYSTEM

DATE \_\_\_\_\_

FIRE ALARM SYSTEM

PERMIT # \_\_\_\_\_

STANDPIPE SYSTEM

REPORT - YES NO

COOKING SYSTEM

BARS/WIRE ON WINDOWS





BUILDING INSPECTION / COMPLAINT FORM

PANY E47 INSPECTION # **01 - 00095**  
 ADDRESS FROM / TO TAX ACCT #

CLINTON AV S 75 ADDRESS PHONE  
 PROPERTY OWNER

HOME PROPERTIES OF N.Y., INC. 75 S. CLINTON AVE 325-4761  
 CITY ROCHESTER STATE NY ZIP 14604

MAILING NAME ADDRESS PHONE

HOME PROPERTIES OF N.Y., INC. (SUITE) 850 CLINTON SQ.  
 CITY ROCHESTER STATE NY ZIP 14604

EMERGENCY CONTACT ADDRESS PHONE

SECURITY OFFICE CITY STATE ZIP 325-3288

NFPA 901 CODES GENERAL PROPERTY USE  SPECIFIC PROPERTY USE  STRUCTURE TYPE H STRUCTURE STATUS

NO ENTRY DATES:

BUSINESS NAME CLINTON SQUARE TOWER PHONE

BUSINESS OWNER FLOORS 1,2,3,8

ADDRESS 850 CLINTON SQUARE ROCHESTER NY 14604

BUSINESS EMERGENCY CONTACT MATT MONTESANO PHONE

PERVIS LEIBY (325-4761) SECURITY

ADDRESS PHONE 325 3288

DISPOSITION by FIRE SAFETY:

- A = ATTIC
- C = CELLAR
- G = GARAGE
- O = OUTSIDE
- # = FLOOR #

REFERRED  
ORDERS ISSUED  
CORRECTED  
NOT REQUIRED

SPECIAL INSTRUCTIONS:

SPECIAL HARZARDS OR CONSTRUCTION

DIRECTION ROOM #, ETC.

COMPLAINT

NO VIOLATIONS NOTED AT THIS TIME  A  B  C  D

*ELEVATOR sign - 6th service, 4 passengers  
 update fire exting - 7th floor, 4*

Y N	Y N	Y N
<input type="checkbox"/> SPRINKLER SYSTEM	<input type="checkbox"/> FIRE/SMOKE DETECT. SYSTEM	<input type="checkbox"/> SINGLE STATION SMOKE DETECTORS
<input type="checkbox"/> STANDPIPE SYSTEM	<input type="checkbox"/> KITCHEN HOOD EXTING. SYSTEM	<input type="checkbox"/> BARS/WIRE ON WINDOWS
<input type="checkbox"/> FIRE ALARM SYSTEM	<input type="checkbox"/> OTHER FIRE EXTING. SYSTEM	<input type="checkbox"/> LOCK BOX

OFFICER PREPARING REPORT:	COMPANY	DISTRICT	GROUP	DATE
BUS/PROP REPRESENTATIVE:	POSITION / TITLE			DATE OF REINSPECTION
FIRE SAFETY INSPECTOR:				DATE ✓

RFD 501 REV. 01/01



BUILDING INSPECTION / COMPLAINT FORM

COMPANY E17 INSPECTION # **01 - 00094**  
 ADDRESS \_\_\_\_\_ FROM / TO \_\_\_\_\_ TAX ACCT # \_\_\_\_\_  
CLINTON AV S 75  
 PROPERTY OWNER \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_  
HOME PROPERTIES OF N.Y. INC. 850 CLINTON SQ (SUITE) 325-4761  
 CITY ROCHESTER STATE NY ZIP 14604  
 MAILING NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_  
HOME PROPERTIES OF N.Y. INC. 850 CLINTON SQ (SUITE)  
 CITY ROCHESTER STATE NY ZIP 14604  
 EMERGENCY CONTACT \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_  
SECURITY OFFICE CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP 325-3288

NFPA 901 CODES \_\_\_\_\_ GENERAL PROPERTY USE 59 SPECIFIC PROPERTY USE 592 STRUCTURE TYPE H STRUCTURE STATUS 2

NO ENTRY DATES:	BUSINESS NAME <u>CHASE NATIONAL BANK</u> PHONE _____	DISPOSITION by FIRE SAFETY:
	BUSINESS OWNER <u>J.P. MORGAN CHASE BANK</u>	
	ADDRESS <u>(SUITE 500) CLINTON SQ ROCHESTER NY 14604</u>	REFERRED
	PHONE <u>258 5389</u>	
A = ATTIC	BUSINESS EMERGENCY <u>SECURITY OFFICE</u>	CORRECTED
C = CELLAR	ADDRESS <u>1 CHASE SQUARE ROCHESTER NY</u>	
G = GARAGE		ORDERS ISSUED
O = OUTSIDE		
# = FLOOR #	SPECIAL INSTRUCTIONS:	NOT REQUIRED
	SPECIAL HARZARDS OR CONSTRUCTION	
DIRECTION ROOM #, ETC.	COMPLAINT	
	<input type="checkbox"/> NO VIOLATIONS NOTED AT THIS TIME <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D	

Y N	Y N	Y N
<input type="checkbox"/> SPRINKLER SYSTEM	<input type="checkbox"/> FIRE/SMOKE DETECT. SYSTEM	<input type="checkbox"/> SINGLE STATION SMOKE DETECTORS
<input type="checkbox"/> STANDPIPE SYSTEM	<input type="checkbox"/> KITCHEN HOOD EXTING. SYSTEM	<input type="checkbox"/> BARS/WIRE ON WINDOWS
<input type="checkbox"/> FIRE ALARM SYSTEM	<input type="checkbox"/> OTHER FIRE EXTING. SYSTEM	<input type="checkbox"/> LOCK BOX
OFFICER PREPARING REPORT:		COMPANY
BUS/PROP REPRESENTATIVE:		DISTRICT
FIRE SAFETY INSPECTOR:		GROUP
		DATE
		POSITION / TITLE
		DATE OF REINSPECTION
		DATE

RFD 501 REV. 01/01





BUILDING INSPECTION / COMPLAINT FORM



COMPANY <u>EA7</u>	FROM / TO	INSPECTION # <b>01 - 00090</b>
ADDRESS <u>CLINTON AV S 75</u>	TAX ACCT #	
PROPERTY OWNER <u>HOME PROPERTIES OF N.Y., INC.</u>	ADDRESS <u>850 CLINTON SQ (SUITE)</u>	PHONE <u>325-4761</u>
	CITY <u>ROCHESTER</u> STATE <u>NY</u> ZIP <u>14604</u>	
MAILING NAME <u>HOME PROPERTIES OF N.Y., INC.</u>	ADDRESS <u>850 CLINTON SQ (SUITE)</u>	PHONE
	CITY <u>ROCHESTER</u> STATE <u>NY</u> ZIP <u>14604</u>	
EMERGENCY CONTACT <u>SECURITY OFFICE</u>	ADDRESS	PHONE
	CITY STATE ZIP <u>325-3288</u>	

NFPA 901 CODES	GENERAL PROPERTY USE <input type="checkbox"/>	SPECIFIC PROPERTY USE <input type="checkbox"/>	STRUCTURE TYPE <u>H</u>	STRUCTURE STATUS <input type="checkbox"/>
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NO ENTRY DATES:	BUSINESS NAME <u>PRUDENTIAL SECURITIES</u> PHONE BUSINESS OWNER <u>ROBERT HALF OFFICE TERM ACCOUNT TEMP</u> ADDRESS <u>640 CLINTON SQ (SUITE) ROCHESTER NY</u> PHONE BUSINESS EMERGENCY <u>RAY FOSTER</u> ADDRESS <u>3 WHITNEY LANE ROCHESTER NY 14610</u> PHONE <u>586 1862</u>	DISPOSITION by FIRE SAFETY:								
A = ATTIC C = CELLAR G = GARAGE O = OUTSIDE # = FLOOR #	SPECIAL INSTRUCTIONS: SPECIAL HARZARDS OR CONSTRUCTION	<table border="1" style="width:100%; text-align: center;"> <tr> <td>REFERRED</td> <td>ORDERS ISSUED</td> <td>CORRECTED</td> <td>NOT REQUIRED</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED				
REFERRED	ORDERS ISSUED		CORRECTED	NOT REQUIRED						
DIRECTION ROOM #, ETC.	COMPLAINT									
	<input type="checkbox"/> NO VIOLATIONS NOTED AT THIS TIME <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D									

Y N	Y N	Y N	DATE
<input type="checkbox"/> SPRINKLER SYSTEM	<input type="checkbox"/> FIRE/SMOKE DETECT. SYSTEM	<input type="checkbox"/> SINGLE STATION SMOKE DETECTORS	
<input type="checkbox"/> STANDPIPE SYSTEM	<input type="checkbox"/> KITCHEN HOOD EXTING. SYSTEM	<input type="checkbox"/> BARS/WIRE ON WINDOWS	
<input type="checkbox"/> FIRE ALARM SYSTEM	<input type="checkbox"/> OTHER FIRE EXTING. SYSTEM	<input type="checkbox"/> LOCK BOX	
OFFICER PREPARING REPORT:		COMPANY	DISTRICT
BUS/PROP REPRESENTATIVE:		POSITION / TITLE	
FIRE SAFETY INSPECTOR:		DATE	

RFD 501 REV. 01/01



BUILDING INSPECTION / COMPLAINT FORM



COMPANY E47 INSPECTION # **01 - 00091**  
 ADDRESS \_\_\_\_\_ FROM / TO \_\_\_\_\_ TAX ACCT # \_\_\_\_\_  
 CLINTON AV S 75 ADDRESS PHONE  
 HOME PROPERTIES OF N.Y., INC. 850 CLINTON SQ (SUITE) 325-4761  
 CITY ROCHESTER STATE NY ZIP 14604  
 MAILING NAME ADDRESS PHONE  
 HOME PROPERTIES OF N.Y., INC. 850 CLINTON SQ (SUITE)  
 CITY ROCHESTER STATE NY ZIP 14604  
 EMERGENCY CONTACT ADDRESS PHONE  
 SECURITY OFFICE CITY STATE ZIP 325-3288

NFPA 901 CODES \_\_\_\_\_ GENERAL PROPERTY USE  SPECIFIC PROPERTY USE  STRUCTURE TYPE  STRUCTURE STATUS

NO ENTRY DATES:	BUSINESS NAME <u>STONEHURST CAPITAL</u> , 325 PHONE _____	DISPOSITION by FIRE SAFETY:			
	BUSINESS OWNER _____				
A = ATTIC	ADDRESS <u>890 CLINTON SQ (SUITE) ROCHESTER NY</u>	REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
C = CELLAR	BUSINESS EMERGENCY <u>SECURITY OFFICE</u>				
G = GARAGE	ADDRESS _____ PHONE <u>325 3288</u>				
O = OUTSIDE	SPECIAL INSTRUCTIONS:				
# = FLOOR #	SPECIAL HARZARDS OR CONSTRUCTION				
DIRECTION ROOM # , ETC.	COMPLAINT				
	<input type="checkbox"/> NO VIOLATIONS NOTED AT THIS TIME <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D				

Y N	Y N	Y N			
<input type="checkbox"/> SPRINKLER SYSTEM	<input type="checkbox"/> FIRE/SMOKE DETECT. SYSTEM	<input type="checkbox"/> SINGLE STATION SMOKE DETECTORS			
<input type="checkbox"/> STANDPIPE SYSTEM	<input type="checkbox"/> KITCHEN HOOD EXTING. SYSTEM	<input type="checkbox"/> BARS/WIRE ON WINDOWS			
<input type="checkbox"/> FIRE ALARM SYSTEM	<input type="checkbox"/> OTHER FIRE EXTING. SYSTEM	<input type="checkbox"/> LOCK BOX			
OFFICER PREPARING REPORT:		COMPANY	DISTRICT	GROUP	DATE
BUS/PROP REPRESENTATIVE:		POSITION / TITLE			DATE OF REINSPECTION
FIRE SAFETY INSPECTOR:					DATE <input checked="" type="checkbox"/>

RFD 501 REV. 01/01

BUILDING INSPECTION / COMPLAINT FORM



COMPANY CLT INSPECTION # **01 - 00092**  
 ADDRESS FROM / TO TAX ACCT #  
CLINTON AV S 75  
 PROPERTY OWNER ADDRESS PHONE  
HOME PROPERTIES OF N.Y., INC. 850 CLINTON SQ (SUITE) 325-4761  
 CITY ROCHESTER STATE NY ZIP 14604  
 MAILING NAME ADDRESS PHONE  
HOME PROPERTIES OF N.Y., INC. 850 CLINTON SQ (SUITE)  
 CITY ROCHESTER STATE NY ZIP 14604  
 EMERGENCY CONTACT ADDRESS PHONE  
SECURITY OFFICE CITY STATE ZIP 325-3288

NFPA 901 CODES GENERAL PROPERTY USE  SPECIFIC PROPERTY USE  STRUCTURE TYPE H STRUCTURE STATUS

NO ENTRY DATES: BUSINESS NAME SWEET DAWN 546-2530 PHONE   
 BUSINESS OWNER ADDRESS 110 CLINTON SQ (SUITE) ROCHESTER NY  
AND 2nd Floor PRSP PHONE  
 BUSINESS EMERGENCY CARMINE PELINO  
 ADDRESS 27 WEDMORE RD FAIRPORT NY 14450  
 PHONE 223 9387  
 SPECIAL INSTRUCTIONS:  
 SPECIAL HARZARDS OR CONSTRUCTION  
 DIRECTION ROOM #, ETC. COMPLAINT  
 NO VIOLATIONS NOTED AT THIS TIME  A  B  C  D  
UPDATE INSPECTION EXT.

REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED				

Y N	Y N	Y N	
<input type="checkbox"/> SPRINKLER SYSTEM	<input type="checkbox"/> FIRE/SMOKE DETECT. SYSTEM	<input type="checkbox"/> SINGLE STATION SMOKE DETECTORS	
<input type="checkbox"/> STANDPIPE SYSTEM	<input type="checkbox"/> KITCHEN HOOD EXTING. SYSTEM	<input type="checkbox"/> BARS/WIRE ON WINDOWS	
<input type="checkbox"/> FIRE ALARM SYSTEM	<input type="checkbox"/> OTHER FIRE EXTING. SYSTEM	<input type="checkbox"/> LOCK BOX	
OFFICER PREPARING REPORT:		COMPANY	DISTRICT
BUS/PROP REPRESENTATIVE:		GROUP	DATE
FIRE SAFETY INSPECTOR:		POSITION / TITLE	DATE OF REINSPECTION
			DATE <input checked="" type="checkbox"/>

RFD 501 REV. 01/01

BUILDING INSPECTION / COMPLAINT FORM



COMPANY E17 INSPECTION # **01 - 00086**  
 ADDRESS \_\_\_\_\_ FROM / TO \_\_\_\_\_ TAX ACCT # \_\_\_\_\_  
CLINTON AV S 75  
 PROPERTY OWNER ADDRESS PHONE  
HOME PROPERTIES OF N.Y. INC. 850 CLINTON SQ (SUITE) 325-4761  
 CITY ROCHESTER STATE NY ZIP 14604  
 MAILING NAME ADDRESS PHONE  
HOME PROPERTIES OF N.Y. INC. 850 CLINTON SQ (SUITE)  
 CITY ROCHESTER STATE NY ZIP 14604  
 EMERGENCY CONTACT ADDRESS PHONE  
SECURITY OFFICE CITY STATE ZIP 325-3288

NFPA 901 CODES GENERAL PROPERTY USE  SPECIFIC PROPERTY USE  STRUCTURE TYPE  STRUCTURE STATUS

NO ENTRY DATES: BUSINESS NAME KPMG PEAT MARWICK 454 PHONE \_\_\_\_\_ DISPOSITION by FIRE SAFETY:  
 BUSINESS OWNER \_\_\_\_\_  
 ADDRESS 250 CLINTON SQ (SUITE) ROCHESTER NY PHONE \_\_\_\_\_  
 BUSINESS EMERGENCY SECURITY OFFICE ADDRESS \_\_\_\_\_ PHONE 325 3288  
 SPECIAL INSTRUCTIONS:  
 SPECIAL HARZARDS OR CONSTRUCTION \_\_\_\_\_  
 DIRECTION ROOM # , ETC. COMPLAINT  
 NO VIOLATIONS NOTED AT THIS TIME  A  B  C  D  
 REFERRED ORDERS ISSUED CORRECTED NOT REQUIRED

Y N	Y N	Y N
<input type="checkbox"/> SPRINKLER SYSTEM	<input type="checkbox"/> FIRE/SMOKE DETECT. SYSTEM	<input type="checkbox"/> SINGLE STATION SMOKE DETECTORS
<input type="checkbox"/> STANDPIPE SYSTEM	<input type="checkbox"/> KITCHEN HOOD EXTING. SYSTEM	<input type="checkbox"/> BARS/WIRE ON WINDOWS
<input type="checkbox"/> FIRE ALARM SYSTEM	<input type="checkbox"/> OTHER FIRE EXTING. SYSTEM	<input type="checkbox"/> LOCK BOX
OFFICER PREPARING REPORT:	COMPANY	DISTRICT
BUS/PROP REPRESENTATIVE:	POSITION / TITLE	
FIRE SAFETY INSPECTOR:	DATE	

RFD 501 REV. 01/01

BUILDING INSPECTION / COMPLAINT FORM



COMPANY 547 INSPECTION # **01 - 00082**  
 ADDRESS FROM TO TAX ACCT #  
CLINTON AV S 75  
 PROPERTY OWNER ADDRESS PHONE  
HOME PROPERTIES OF N.Y. INC. 850 CLINTON SQ (SUITE) 325-4761  
 CITY ROCHESTER STATE NY ZIP 14604  
 MAILING NAME ADDRESS PHONE  
HOME PROPERTIES OF N.Y. INC. 850 CLINTON SQ (SUITE)  
 CITY ROCHESTER STATE NY ZIP 14604  
 EMERGENCY CONTACT ADDRESS PHONE  
SECURITY OFFICE CITY STATE ZIP 325-3288

NFPA 901 CODES GENERAL PROPERTY USE  SPECIFIC PROPERTY USE  STRUCTURE TYPE H STRUCTURE STATUS

NO ENTRY DATES: BUSINESS NAME SECURITY SERVICE OFFICE PHONE   
 BUSINESS OWNER JANE JONES CAPITAL  
 ADDRESS 850 CLINTON SQ (SUITE) ROCHESTER NY 14604 PHONE   
 BUSINESS EMERGENCY SECURITY OFFICE  
 ADDRESS  PHONE 325 3288  
 SPECIAL INSTRUCTIONS:  
 SPECIAL HARZARDS OR CONSTRUCTION  
 DIRECTION ROOM #, ETC. COMPLAINT  
 NO VIOLATIONS NOTED AT THIS TIME  A  B  C  D  
 REFERRED ORDERS ISSUED CORRECTED NOT REQUIRED

Y N	Y N	Y N
<input type="checkbox"/> SPRINKLER SYSTEM	<input type="checkbox"/> FIRE/SMOKE DETECT. SYSTEM	<input type="checkbox"/> SINGLE STATION SMOKE DETECTORS
<input type="checkbox"/> STANDPIPE SYSTEM	<input type="checkbox"/> KITCHEN HOOD EXTING. SYSTEM	<input type="checkbox"/> BARS/WIRE ON WINDOWS
<input type="checkbox"/> FIRE ALARM SYSTEM	<input type="checkbox"/> OTHER FIRE EXTING. SYSTEM	<input type="checkbox"/> LOCK BOX
OFFICER PREPARING REPORT:		COMPANY DISTRICT GROUP DATE
BUS/PROP REPRESENTATIVE:		POSITION / TITLE DATE OF REINSPECTION
FIRE SAFETY INSPECTOR:		DATE <input checked="" type="checkbox"/>

RFD 501 REV. 01/01

BUILDING INSPECTION / COMPLAINT FORM



COMPANY: 247 INSPECTION # **01 - 00089**  
 ADDRESS FROM / TO TAX ACCT #  
CLINTON AV S 75 ADDRESS PHONE  
HOME PROPERTIES OF N.Y., INC. CITY ROCHESTER STATE NY ZIP 14604  
 MAILING NAME ADDRESS PHONE  
HOME PROPERTIES OF N.Y., INC. CITY ROCHESTER STATE NY ZIP 14604  
 EMERGENCY CONTACT ADDRESS PHONE  
SECURITY OFFICE CITY STATE ZIP 325-3288

NFPA 901 CODES GENERAL PROPERTY USE  SPECIFIC PROPERTY USE  STRUCTURE TYPE H STRUCTURE STATUS

NO ENTRY DATES:

BUSINESS NAME NIXON, HARGRAVE, DEVONS & PHONE                      DISPOSITION by FIRE SAFETY:

BUSINESS OWNER ADDRESS 1300 CLINTON SQ (SUITE) ROCHESTER NY 14604 PHONE 263 1000

BUSINESS EMERGENCY GERALD BELANGER ADDRESS 231 STONEWOOD AV ROCHESTER NY PHONE 621 2189

SPECIAL INSTRUCTIONS:

SPECIAL HARZARDS OR CONSTRUCTION

DIRECTION ROOM #, ETC. COMPLAINT

NO VIOLATIONS NOTED AT THIS TIME  A  B  C  D

*WV*

REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
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Y N	Y N	Y N
<input type="checkbox"/> SPRINKLER SYSTEM	<input type="checkbox"/> FIRE/SMOKE DETECT. SYSTEM	<input type="checkbox"/> SINGLE STATION SMOKE DETECTORS
<input type="checkbox"/> STANDPIPE SYSTEM	<input type="checkbox"/> KITCHEN HOOD EXTING. SYSTEM	<input type="checkbox"/> BARS/WIRE ON WINDOWS
<input type="checkbox"/> FIRE ALARM SYSTEM	<input type="checkbox"/> OTHER FIRE EXTING. SYSTEM	<input type="checkbox"/> LOCK BOX

OFFICER PREPARING REPORT: COMPANY DISTRICT GROUP DATE

BUS/PROP REPRESENTATIVE: POSITION / TITLE DATE OF REINSPECTION

FIRE SAFETY INSPECTOR: DATE

RFD 501 REV. 01/01

BUILDING INSPECTION / COMPLAINT FORM



COMPANY: EAT INSPECTION # **01 - 00083**  
 ADDRESS FROM / TO TAX ACCT #  
CLINTON AV S 75  
 PROPERTY OWNER ADDRESS PHONE  
HOME PROPERTIES OF N.Y., INC. 850 CLINTON SQ (SUITE) 325-4761  
 CITY ROCHESTER STATE NY ZIP 14604  
 MAILING NAME ADDRESS PHONE  
HOME PROPERTIES OF N.Y., INC. 850 CLINTON SQ (SUITE)  
 CITY ROCHESTER STATE NY ZIP 14604  
 EMERGENCY CONTACT ADDRESS PHONE  
SECURITY OFFICE CITY STATE ZIP 325-3288

NFPA 901 CODES GENERAL PROPERTY USE  SPECIFIC PROPERTY USE  STRUCTURE TYPE H STRUCTURE STATUS

NO ENTRY DATES:

BUSINESS NAME EMERALD CAPITAL 232-55 PHONE  
 BUSINESS OWNER STONE HARBOR CAPITAL  
 ADDRESS CLINTON SQUARE ROCHESTER NY  
875 PHONE  
 BUSINESS EMERGENCY SECURITY OFFICE  
 ADDRESS PHONE 325 3288

DISPOSITION by FIRE SAFETY:

- A = ATTIC
- C = CELLAR
- G = GARAGE
- O = OUTSIDE
- # = FLOOR #

REFERRED  
ORDERS ISSUED  
CORRECTED  
NOT REQUIRED

SPECIAL INSTRUCTIONS:  
SPECIAL HARZARDS OR CONSTRUCTION

DIRECTION ROOM #, ETC.

COMPLAINT  
 NO VIOLATIONS NOTED AT THIS TIME  A  B  C  D

Y N	Y N	Y N
<input type="checkbox"/> <input type="checkbox"/> SPRINKLER SYSTEM	<input type="checkbox"/> <input type="checkbox"/> FIRE/SMOKE DETECT. SYSTEM	<input type="checkbox"/> <input type="checkbox"/> SINGLE STATION SMOKE DETECTORS
<input type="checkbox"/> <input type="checkbox"/> STANDPIPE SYSTEM	<input type="checkbox"/> <input type="checkbox"/> KITCHEN HOOD EXTING. SYSTEM	<input type="checkbox"/> <input type="checkbox"/> BARS/WIRE ON WINDOWS
<input type="checkbox"/> <input type="checkbox"/> FIRE ALARM SYSTEM	<input type="checkbox"/> <input type="checkbox"/> OTHER FIRE EXTING. SYSTEM	<input type="checkbox"/> <input type="checkbox"/> LOCK BOX

OFFICER PREPARING REPORT: COMPANY DISTRICT GROUP DATE  
 BUS/PROP REPRESENTATIVE: POSITION / TITLE DATE OF REINSPECTION  
 FIRE SAFETY INSPECTOR: DATE

BUILDING INSPECTION / COMPLAINT FORM



COMPANY: EAT  
ADDRESS

INSPECTION # **01 - 00093**

CLINTON AV S 75 FROM / TO TAX ACCT #  
PROPERTY OWNER ADDRESS PHONE

HOME LEASING CORP 850 CLINTON SQ 000-0000  
CITY ROCHESTER STATE NY ZIP 14604  
MAILING NAME ADDRESS PHONE

HOME LEASING CORP 850 CLINTON SQ  
CITY ROCHESTER STATE NY ZIP 14604  
EMERGENCY CONTACT ADDRESS PHONE

CITY STATE ZIP 000-0000

NFPA 901 CODES GENERAL PROPERTY USE 59 SPECIFIC PROPERTY USE 592 STRUCTURE TYPE H STRUCTURE STATUS 2

NO ENTRY DATES:

A = ATTIC  
C = CELLAR  
G = GARAGE  
O = OUTSIDE  
# = FLOOR #

DIRECTION ROOM #, ETC.

COMPLAINT

NO VIOLATIONS NOTED AT THIS TIME  A  B  C  D

*VOID*

DISPOSITION by FIRE SAFETY:

REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
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BUSINESS NAME CHASE LINCOLN FIRST BANK PHONE  
 BUSINESS OWNER CHASE LINCOLN FIRST BANK  
 ADDRESS 75 S CLINTON AV ROCHESTER NY 14604 PHONE  
 BUSINESS EMERGENCY CENTRAL SECURITY OFFICE  
 ADDRESS PHONE 258 5555  
 SPECIAL INSTRUCTIONS:  
 SPECIAL HARZARDS OR CONSTRUCTION

Y N	Y N	Y N
<input type="checkbox"/> SPRINKLER SYSTEM	<input type="checkbox"/> FIRE/SMOKE DETECT. SYSTEM	<input type="checkbox"/> SINGLE STATION SMOKE DETECTORS
<input type="checkbox"/> STANDPIPE SYSTEM	<input type="checkbox"/> KITCHEN HOOD EXTING. SYSTEM	<input type="checkbox"/> BARS/WIRE ON WINDOWS
<input type="checkbox"/> FIRE ALARM SYSTEM	<input type="checkbox"/> OTHER FIRE EXTING. SYSTEM	<input type="checkbox"/> LOCK BOX
OFFICER PREPARING REPORT:	COMPANY	DISTRICT
BUS/PROP REPRESENTATIVE:	POSITION / TITLE	
FIRE SAFETY INSPECTOR:	DATE	
		DATE OF REINSPECTION

RFD 501 REV. 01/01

# **CLINTON SQUARE TENANT LIST**

## **HOME PROPERTIES of NY, L.P.**

**1<sup>ST</sup> Floor Suites 100 & 120 \* Commercial**

**2<sup>ND</sup> Floor Suite 200 \* Accounting**

**3<sup>RD</sup> Floor Suite 300 \* HR & IS Dept.**

**8<sup>TH</sup> Floor Suite 850 \* Main Receptionist**

## **SWEET DAWN**

**1<sup>ST</sup> Floor Suite 110 \* 7:00AM – 3:00PM**

## **KPMG**

**2<sup>ND</sup> Floor Suite 250 \* Accounting**

## **J P MORGAN CHASE**

**5<sup>TH</sup> Floor Suite 500 \* Business Credit & HR**

## **THE AQUEDUCT GROUP, LLC**

**6<sup>TH</sup> Floor Suite 630 \* Accounting**

## **ROBERT HALF OFFICE TEAM ACCOUNT TEMP.**

**6<sup>TH</sup> Floor Suite 640 \* Staffing**

## **CHUBB & SON**

**7<sup>TH</sup> Floor Suite 700 \* Insurance**

## **WORLDCOM**

**7<sup>TH</sup> Floor Suite 750 \* Cable**

## **STONE HURST CAPITAL**

**8<sup>th</sup> Floor Suite 890 \* Accounting**

## **NIXON PEABODY LLP**

**9<sup>TH</sup> – 14<sup>th</sup> Floor Suites 900 – 1400 \* Law Firm**



**West Fire Systems, Inc.**  
 24 West Avenue / Spencerport, NY 14559  
 Tel.: (716) 352-6520 FAX: (716) 352-6510

**FIRE ALARM INSPECTION & TESTING REPORT**

NAME <b>CLINTON SQUARE</b>		TYPE OF TEST	MONTHLY	QUARTERLY	SEMI ANNUAL <input checked="" type="checkbox"/>	ANNUAL	CALL DATE <b>10-2-01</b>
ADDRESS <b>7.5 South Clinton Ave.</b>		NEW YORK STATE LICENSE # <b>12000047882</b>					
ADDRESS <b>Rochester, NY 14609</b>		CONTROL PANEL TYPE <b>FCTD</b>				SERIAL #	
CITY	STATE	ZIP	PHONE #		SYSTEM LOCATION <b>FIRE CONTROL ROOM</b>		

	No. of Devices	No. Tested	✓ okay X See below		No. of Devices	No. Tested	✓ okay X See below
Control Stations	<b>1</b>			Tamper Switch	<b>-</b>	<b>-</b>	
Signal Devices	<b>27</b>	<b>27</b>		Water Flow Switch	<b>-</b>	<b>-</b>	
Heat Detectors	<b>AN</b>	<b>AN</b>		Remote Station	<b>-</b>	<b>-</b>	
Smoke Detectors	<b>5</b>	<b>5</b>		Batteries	<b>2</b>	<b>2</b>	<input checked="" type="checkbox"/>
Duct Detectors	<b>-</b>	<b>-</b>		Charger	<b>1</b>	<b>1</b>	<input checked="" type="checkbox"/>
Annunciators	<b>-</b>	<b>-</b>		<b>fire phones</b>	<b>30</b>	<b>30</b>	
Door Holders	<b>AN</b>	<b>AN</b>					
Fan Shutdown	<b>-</b>	<b>-</b>					

LOCAL FIRE DEPT. <b>Rochester Fire Dept.</b>	OFFICIAL CONTACTED <b>NA</b>
TEST RECEIVED AT FIRE STATION <b>Doyle</b>	REMOTE STATION ACCOUNT # <b>5</b>
ALARMS SOUNDED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF NO CUSTOMER AUTHORIZE HERE <b>stages only</b>
	ALL TESTING DEVICES REMOVED CE INITIAL <b>h</b>

CUSTOMER SIGNATURE **Quentin T. L. L. Andy Mann** CE SIGNATURE **Andy Mann**

REMARKS PARTS USED ETC. **Tested all floors main halls and storage room. System 100% operational at time of test and inspection.**

# Grinnell Fire Protection Systems Company

**INSPECTION REPORT**

NO. ....

CONFERRED WITH .....

**REPORT OF INSPECTION**

**INSPECTION CONTRACT**

NO. ....

BUREAU FILE .....

NO. ....

SET 1 OF 2

REPORT TO Clinton Square  
STREET 850 Clinton Square  
CITY & STATE Rochester N.Y. ZIP 14604  
ATT. Matt

BUILDING OR LOCATION INSPECTED Same  
INSPECTOR Jeremy Meischell  
GRINNELL OFFICE Rochester PHONE NO. 788-6200  
DATE 12/26/01

**1. GENERAL**

		Yes	N.A.†	No*
<b>A. (To be answered by the Owner or Owner's representative)</b>				
a.	Have there been any changes in the occupancy classification, machinery or operations since the last inspection?			X
b.	Have there been any changes or repairs to the fire protection systems since the last inspection?			X
c.	If a fire has occurred since the last inspection, have all damaged sprinkler system components been replaced?		X	
d.	Has the piping in all dry systems been checked for proper pitch within the past five years?	X		
	Date last checked <u>2000</u> (checking is recommended at least every 5 years)			
e.	Has the piping in all systems been checked for obstructive materials?	X		
	Date last checked <u>2000</u> (checking is recommended at least every 5 years)			
f.	Have all fire pumps been tested to their full capacity through the use of hose streams or flow meters within the past 12 months?	X		
g.	Are gravity, surface or pressure tanks protected from freezing?		X	
h.	Are any of the sprinklers 50 years old or older? (testing and/or replacement is recommended for such sprinklers)			X
i.	Are any extra high temperature solder sprinklers regularly exposed to temperatures near 300°F?			X
<b>B. (To be answered by the inspector)</b>				
a.	Have the sprinkler systems been extended to all visible areas of the building?			X
b.	Does there appear to be proper clearance between the top of all storage and the sprinkler deflection?	X		
c.	Are the building areas protected by a wet system, heated, including its blind attics and perimeter areas, where accessible?	X		
d.	Are all visible exterior openings protected against the entrance of cold air?	X		

**2. CONTROL VALVES**

a.	Are all sprinkler system main control valves and all other valves in the appropriate open or closed position?	X		
b.	Are all control valves sealed or supervised in the open position?	X		

Control Valves	No. of Valves	Type	Easily Accessible		Signs		Valve Open		Secured? (If yes, how?)		Supervision Operational
			Yes	No	Yes	No	Yes	No	Yes	No	
CITY CONNECTION											
TANK											
PUMP	6	DRY-PIPE	X		X		X		Seal-Sup		X
SECTIONAL SYSTEM	14	DRY-PIPE	X		X		X		Seal-Sup		X
ALARM LINE	5	DRY-PIPE	X		X		X		Seal-Sup		X

**3. WATER SUPPLIES**

a. Water supply source? City \_\_\_\_\_ Gravity Tank \_\_\_\_\_  
 Pressure Fire Pump & Tank \_\_\_\_\_  
 Pressure Fire Pump & City \_\_\_\_\_  
 Pressure Fire Pump & Pond \_\_\_\_\_

**Waterflow Test Results Made During This Inspection**

Test Pipe Located	Size Test Pipe	Static Pressure Before	Flow Pressure	Static Pressure After	Test Pipe Location	Size Test Pipe	Static Pressure Before	Flow Pressure	Static Pressure After
Main Drain	2"	115	85	105	Pump Room				
	2"	115	85	105					
	2"	115	85	105					
	2"	115	85	105					

**4. TANKS, PUMPS, FIRE DEPT. CONNECTIONS**

	Yes	N.A.†	No*
a. Do fire pumps, gravity, surface or pressure tanks appear to be in good external condition?	X		
b. Are gravity, surface and pressure tanks at the proper pressure and/or water levels?		X	
c. Are fire dept. connections in satisfactory condition, couplings free, caps or plugs in place and check valves tight?	X		
d. Are fire dept. connections visible and accessible?	X		

**5. WET SYSTEMS**

a.	No. of systems <u>1</u> Make & Model <u>Sandpipe w/ Fire pump, flows and returns</u>			
b.	Are cold weather valves in the appropriate open or closed position? If closed, has piping been drained?		X	
c.	Has the owner or owner's representative been advised that cold weather valves are not recommended by NFPA?		X	
d.	Have all the antifreeze systems been tested?		X	
e.	Date antifreeze systems were tested		X	
f.	The antifreeze tests indicate protection to: system 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ temperature		X	
g.	Did alarm valves, waterflow alarm indicators and retards test satisfactorily?	X		



# GRINNELL FIRE PROTECTION SYSTEMS COMPANY

*Clinan Square*

## INSPECTION REPORT

No. ....

## REPORT OF INSPECTION

INSPECTION CONTRACT NO. ....

BUREAU FILE NO. ....

SET 2 OF 2

### 6. DRY SYSTEMS

- a. No. of systems 5 Make & Model 4" Central Model A-G  
 Date last trip tested Full Flow Trip tested 7-23-01
- b. Is the air pressure and priming water levels normal?
- c. Did the air compressor operate satisfactorily?
- d. Were all low points drained during this inspection?
- e. Did all quick opening devices operate satisfactorily?
- f. Did all the dry valves operate satisfactorily during this inspection?
- g. Do dry valves appear to be protected from freezing?
- h. Is the dry valve house heated?

Yes	N.A.†	No*
<input checked="" type="checkbox"/>		

### 7. SPECIAL SYSTEMS

- a. No. of systems 0 Make & Model \_\_\_\_\_  
 Type \_\_\_\_\_
- b. Were valves tested as required?
- c. Did all heat responsive systems operate satisfactorily?
- d. Did the supervisory features operate during testing?
- Heat Responsive Devices: Type \_\_\_\_\_ Type of test N/A
- Valve No. 1.....2.....3.....4.....5.....6..... Valve No. 1.....2.....3.....4.....5.....6.....
- Auxiliary equipment: No. \_\_\_\_\_ Type \_\_\_\_\_  
 Location \_\_\_\_\_  
 Test results \_\_\_\_\_

Yes	N.A.†	No*
<input checked="" type="checkbox"/>		

### 8. ALARMS

- a. Did the water motors and gong operate during testing?
- b. Did the electric alarms operate during testing? Audible Sounded
- c. Did the supervisory alarms operate during testing?

Yes	N.A.†	No*
<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>		

### 9. SPRINKLERS — PIPING

- a. Do sprinklers generally appear to be in good external condition?
- b. Do sprinklers generally appear to be free of corrosion, paint, or loading and visible obstructions?
- c. Are extra sprinklers available on the premises?
- d. Does the exterior condition of piping, drain valves, check valves, hangers, pressure gauges, open sprinklers and strainers appear to be satisfactory?
- e. Does the hand hose on the sprinkler system appear to be in satisfactory condition?

Yes	N.A.†	No*
<input checked="" type="checkbox"/>		

### 10. EXPLANATION OF "NO" ANSWERS (For Sections 1B thru 9):

See additional inspection information sheet.

### 11. THE INSPECTOR SUGGESTS THE FOLLOWING NECESSARY IMPROVEMENTS. HOWEVER, THESE SUGGESTIONS ARE NOT THE RESULT OF AN ENGINEERING SURVEY:

Make corrections to problems on additional insp. info sheet.

### 12. ADJUSTMENTS OR CORRECTIONS MADE:

Frosted Water - Ran Alarms - Ran Tangles - Exercised Valves - drained low points.

### 13. LIST CHANGES IN THE OCCUPANCY HAZARD OR FIRE PROTECTION EQUIPMENT, AS ADVISED BY THE OWNER IN SECTION 1A:

Seat Numbers - 9356-9357-9358-9357-9386-9372-9373-9374-9375-9376-9377-9378-9379

### 14. INSPECTION AND SUGGESTED IMPROVEMENTS WERE DISCUSSED WITH THE UNDERSIGNED OWNER OR OWNER'S REPRESENTATIVE?

Signature of owner or owner's representative Douglas W. Stoll Date 11/26/01

DUPLICATE TO: \_\_\_\_\_  
 STREET \_\_\_\_\_  
 CITY & STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 ATT. \_\_\_\_\_

†Not Applicable  
 \*Explain (No) Answers on Back of Sheet



## NOTICE OF VIOLATION AND ORDER TO COMPLY

Home Properties of N.Y.  
 NAME

Date 3-7-02

75 S. CLINTON AVE  
 ADDRESS

Rochester N.Y.  
 CITY, STATE, ZIP

Inspection of the premises located at 75 S. CLINTON AVE reveals violations of the Rochester Fire Prevention Code. Orders are hereby issued for **immediate correction** of violations listed herein. Compliance shall be verified by the Fire Marshal.

Failure to comply with these orders may result in issuance of Municipal Code Violation Ticket with following penalties:

	INITIAL	FAILURE TO RESPOND
1st OFFENSE	\$ 75	\$150
2nd OFFENSE	\$150	\$300
3rd & SUBSEQUENT	\$375	\$750

1163.13(F) FIRE EXTINGUISHERS SHALL HAVE WORKING INSPECTION TAGS - 4TH FLOOR 4TH FLOOR, CHUBB & SON, SWEET DAWN  
1171.1A REMOVE PROPANE - B-14 STAIRWAY  
1162.4 "DO NOT USE ELEVATOR IN CASE OF FIRE" SIGNS SHALL BE POSTED - 4TH FLOOR SERVICE 4TH FLOOR PASSENGER 4TH FLOOR PASSENGER  
1191.1A REMOVE FLAMMABLE LIQUID CABINET FROM STAIRWAY

Received by: \_\_\_\_\_ NAME TITLE DATE

By Order of  
 Fire Marshal

Fire Marshal [Signature]

DATE OF COMPLIANCE \_\_\_\_\_

Fire Marshal \_\_\_\_\_

# Inspection, Testing and Maintenance of Fire Pumps

Information on this form covers the minimum requirements of NFPA 25-1995 for centrifugal fire pumps. Separate forms are available to inspect, test and maintain the rest of the fire protection system of which the fire pump is a part. More frequent inspection, testing and maintenance may be necessary depending on the conditions of the occupancy and water supply.

Owner: Home Properties  
 Owner's Address: 850 Clinton Square Rochester N.Y. 14604  
 Property Being Inspected: Same  
 Property Address: Same  
 Date of Inspection: 7-14-01

This inspection is (check one):  Daily  Weekly  Monthly  Quarterly  Semiannual  Annual  Third Year  Fifth Year  
 Note: All questions are to be answered Yes, No or Not Applicable. All "No" answers are to be explained in the comments portion of this form.

## Part I - Owner's Section

- A. Is the fire pump in service?  Yes  No  N/A  
 B. Has the fire pump remained in service since the last inspection?  Yes  No  N/A  
 C. Was the system (of which the fire pump is a part) free from actuation of devices or alarms since the last inspection?  Yes  No  N/A

Note to owner: Periodic tests of transfer switches and emergency generators are to be performed by a qualified electrical contractor in accordance with NFPA 110.

Andrew Klark Under Maintenance 7/14/01  
 Owner or representative (print name) Signature and Date

## Part II - Inspector's Section

### A. Inspections—All to be performed weekly.

1. Pump house/room at least 40°F?  Yes  No  N/A
2. Pump house/room for diesels without engine heaters at least 70°F?  Yes  No  N/A
3. Ventilating louvers free to operate?  Yes  No  N/A
4. Suction, discharge and bypass valves open?  Yes  No  N/A
5. Piping free from leaks?  Yes  No  N/A
6. Suction and system pressure gauges normal?  Yes  No  N/A
7. Suction reservoir, if provided, full?  Yes  No  N/A
8. Controller indicating power on?  Yes  No  N/A
9. Transfer switch indicating normal situation?  Yes  No  N/A
10. Isolation switch closed?  Yes  No  N/A
11. Reverse phase alarm indicator off or normal phase rotation indicator on?  Yes  No  N/A
12. Oil level in vertical motor sight normal?  Yes  No  N/A
13. Diesel Engine Inspection
  - a. Fuel tank at least two thirds full?  Yes  No  N/A
  - b. Controller selector switch in Auto position?  Yes  No  N/A
  - c. Battery voltage and readings normal?  Yes  No  N/A
  - d. Battery charging current readings normal?  Yes  No  N/A
  - e. Battery indicators on or failure indicators off?  Yes  No  N/A
  - f. All alarm indicators off?  Yes  No  N/A
  - g. Record engine running time meter reading, \_\_\_\_\_ Is this appropriately higher than previous reading?  Yes  No  N/A
  - h. Oil level in right angle gear drive normal?  Yes  No  N/A
  - i. Crankcase oil level normal?  Yes  No  N/A
  - j. Cooling water level normal?  Yes  No  N/A
  - k. Electrolyte level in batteries normal?  Yes  No  N/A
  - l. Battery terminals free from corrosion?  Yes  No  N/A
  - m. Water-jacket heater operating?  Yes  No  N/A
14. Steam pressure gauge for steam driven pump reading normal?  Yes  No  N/A
15. Circulation relief valve flowing water while pump churns?  Yes  No  N/A
16. Pressure relief valves operating with proper pressure downstream while pump is operational?  Yes  No  N/A

## B. Tests

### 1. Weekly Test Items

- A. Electric Motor-driven Pumps
1. Pump started automatically?  Yes  No  N/A  
Record starting pressure. 90 psi.
  2. Pump run for at least 10 minutes?  Yes  No  N/A  
Record suction 105 and discharge 215 pressure while running.
  3. Pump packing gland showing slight discharge?  Yes  No  N/A  
Adjust if necessary.
  4. Free from unusual noises or vibrations?  Yes  No  N/A
  5. Packing boxes, bearings and pump casing free from overheating?  Yes  No  N/A
  6. Record time for motor to accelerate to full speed. 5 sec
  7. For reduced voltage or reduced current starting, record time controller is on first step. N/A
  8. For automatic stop controllers, record time pump runs after starting. 4 min 49 sec
  9. All times and pressures in Part A acceptable?  Yes  No  N/A
- B. Diesel Engine-Driven Pumps
1. Pump started automatically?  Yes  No  N/A  
Record starting pressure. \_\_\_\_\_ psi.
  2. Pump run for at least 30 minutes?  Yes  No  N/A  
Record suction \_\_\_\_\_ and discharge \_\_\_\_\_ pressure while running.
  3. Pump packing gland showing slight discharge?  Yes  No  N/A  
Adjust if necessary.
  4. Free from unusual noises or vibrations?  Yes  No  N/A
  5. Packing boxes, bearings and pump casing free from overheating?  Yes  No  N/A
  6. Record time for engine to crank. \_\_\_\_\_
  7. Record time for engine to reach running speed. \_\_\_\_\_
  8. Engine oil pressure gauge, speed indicator, water and oil temperature indicators all reading normal?  Yes  No  N/A
  9. Cooling water flowing from heat exchanger?  Yes  No  N/A
  10. All times and pressures in Part B acceptable?  Yes  No  N/A
- C. Steam Turbine-driven Pumps
1. Record pump starting pressure \_\_\_\_\_, suction \_\_\_\_\_ and discharge \_\_\_\_\_ pressures while running.
  2. Pump packing gland showing slight discharge?  Yes  No  N/A  
Adjust if necessary.
  3. Free from unusual noises or vibrations?  Yes  No  N/A
  4. Packing boxes, bearings and pump casing free from overheating?  Yes  No  N/A
  5. Record steam pressure gauge reading. \_\_\_\_\_
  6. Record time for turbine to reach running speed. \_\_\_\_\_
  7. All times and pressures in Part C acceptable?  Yes  No  N/A

## 2. Annual Tests

Annual pump test was run using the following method: (check one)

- Method A. Discharge of flow through hose streams.  
Flow readings taken at each hose stream.
- Method B. Discharge through by-pass flow meter to drain or suction reservoir. Flow readings taken by flow meter.
- Method C. Discharge through by-pass flow meter directly returned to pump suction. Flow readings taken by flow meter.

Note: At least once every three years method A or B must be used.

### Pump Test Results

	No Flow	Rated Flow	Peak Flow
Suction Pressure	105	95	85
Discharge Pressure	215	195	180
Flow	0	750	1125
Electric Voltage and Current	470 33	474 28	471 70
Pump Speed	3573	3332	3540

- Are the valves in the above table acceptable?  Yes  No  N/A
- No-flow (churn) test run for 30 min?  Yes  No  N/A
- Circulation relief valve and pressure relief valve operated properly during all flow tests?  Yes  No  N/A
- No alarm indicators or other visible abnormalities observed during no flow test?  Yes  No  N/A

### D. Low Suction Throttling Device Test

1. Low suction pressure simulated?  Yes  No  N/A
- Free from abnormalities in throttling action?  Yes  No  N/A
2. Free from abnormalities in return to full flow?  Yes  No  N/A

### E. Automatic Transfer Switch Test

1. Power failure simulated during peak flow?  Yes  No  N/A
- Connection made to alternate power source?  Yes  No  N/A
2. After termination of simulated power failure did motor reconnect to the normal power source?  Yes  No  N/A

- F. All Alarm Conditions Simulated?  Yes  No  N/A
- All Alarms Operated?  Yes  No  N/A

## C. Maintenance

A maintenance schedule must be established in accordance with the manufacturers instructions. In the absence of such a schedule, the following must be used:

### 1. Weekly Maintenance Items for Diesel Engine Systems:

- A. Fuel tank level, tank float switch, and solenoid valve operation acceptable?  Yes  No  N/A
- B. Diesel fuel system free of water?  Yes  No  N/A
- C. Flexible hoses and connectors in fuel and coolant systems acceptable?  Yes  No  N/A
- D. Oil level and lube oil heater acceptable?  Yes  No  N/A
- E. Coolant level acceptable?  Yes  No  N/A
- F. Water pump for coolant system operating?  Yes  No  N/A
- G. Jacket water heater for coolant system acceptable?  Yes  No  N/A
- H. Exhaust system free of leakage?  Yes  No  N/A
- I. Drain condensate trap on exhaust system operational?  Yes  No  N/A
- J. Electrolyte level in batteries acceptable?  Yes  No  N/A
- K. Connections to electrical system acceptable?  Yes  No  N/A

## Part IV - Inspector's Information

Inspector: Jeremy Melanick

Company: Sumner/Corbett

Address: 1191 Mt. Road Blvd.

## 2. Monthly Maintenance Items

- A. Isolation switch and circuit breaker exercised?  Yes  No  N/A
- B. Battery case clean, dry and free of corrosion?  Yes  No  N/A
- C. Batteries specific gravity or state of charge passed test?  Yes  No  N/A
- D. Charger and charge rate passed visual inspection?  Yes  No  N/A
- E. Battery charge being equalized?  Yes  No  N/A
- F. Circuit breakers appear clean?  Yes  No  N/A

## 3. Quarterly Maintenance Items

- A. Cleaned strainer, filter or dirt leg in diesel fuel system?  Yes  No  N/A
- B. Cleaned or replaced crank case breather in lubrication system?  Yes  No  N/A
- C. Cleaned water strainer in coolant system?  Yes  No  N/A
- D. Insulation acceptable and fire hazards eliminated from exhaust system?  Yes  No  N/A
- E. Battery terminals clean and tight?  Yes  No  N/A
- F. Electrical system free of wire chafing?  Yes  No  N/A

## 4. Semi Annual Maintenance Items

- A. Manual starting means on electrical systems operated?  Yes  No  N/A
- B. Antifreeze tested in coolant system?  Yes  No  N/A
- C. Flexible exhaust section acceptable?  Yes  No  N/A
- D. Alarms operated on electrical portions of diesel engine systems?  Yes  No  N/A
- E. Boxes, panels and cabinets on electrical systems cleaned?  Yes  No  N/A

## 5. Annual Maintenance Items

- A. Changed pump bearing lubrication?  Yes  No  N/A
- B. Shaft end play acceptable?  Yes  No  N/A
- C. Pump coupling alignment acceptable?  Yes  No  N/A
- D. Transmission coupling, right angle gear drive and mechanical moving parts lubricated?  Yes  No  N/A
- E. Circuit breakers passed trip test?  Yes  No  N/A
- F. Emergency manual starting means operated without power?  Yes  No  N/A
- G. Electrical connections secure?  Yes  No  N/A
- H. Pressure switch settings calibrated?  Yes  No  N/A
- I. Motor bearings greased?  Yes  No  N/A
- J. Fuel tank free of water and foreign material?  Yes  No  N/A
- K. Tank vents and overflow pipes free of obstructions?  Yes  No  N/A

- L. Fuel piping acceptable?  Yes  No  N/A
- M. Oil and filters changed in diesel systems?  Yes  No  N/A
- N. Antifreeze changed in coolant system?  Yes  No  N/A
- O. Heater exchanger cleaned out?  Yes  No  N/A
- P. Duct work & louvers (combustion air) acceptable?  Yes  No  N/A
- Q. Exhaust system free of back pressure?  Yes  No  N/A
- R. Exhaust system hangers and supports acceptable?  Yes  No  N/A
- S. Control and power wirings tight?  Yes  No  N/A

**Part III - Comments** (Any "no" answers, test failure or other problems found with the fire pump must be explained here.)

Suction and Discharge gauges are  
broken.

Manual power pump built for  
transfer with manual power light

I state that the information on this form is correct at the time and place of my inspection, and that all equipment tested at this time was left in operational condition upon completion of this inspection except as noted in Part III above.

Signature of Inspector: Jeremy C. Melanick Date: 7-19-0

**PART III - Comments (Cont'd)**

Jockey Pump Kicks on at 100 psi

PROPERTY: Clinton Square

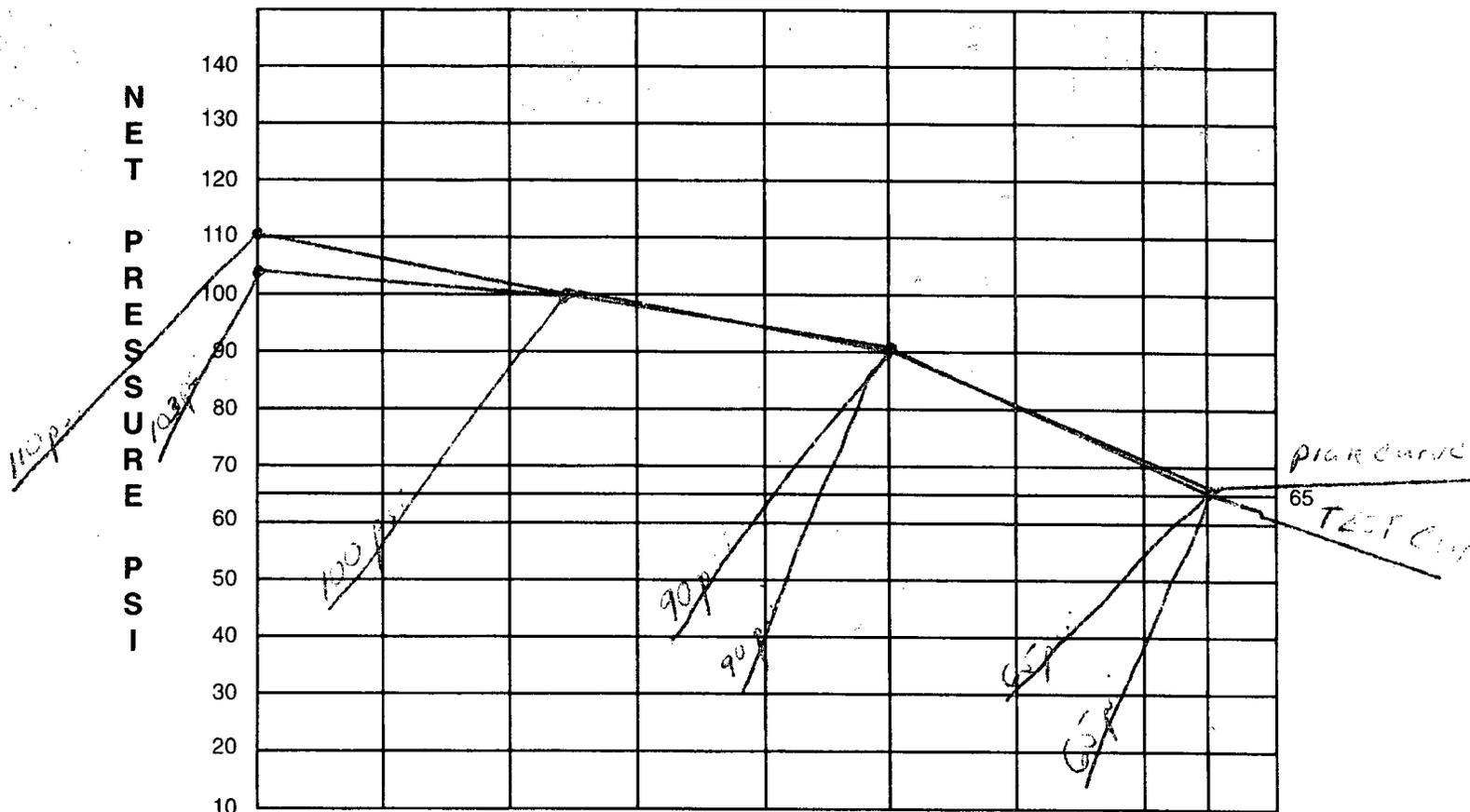
DATE: 9-14-01

DRAWN BY: Jeremy McSweeney

**PUMP TEST DATA**

TEST	DRIVER SPEED	SUCTION	PRESSURE DISCHARGE	NET	NOZZLE SIZE	FLOWS PITOT / FLOWS						TOTAL FLOW
	R.P.M.	PSI	PSI	PSI	INCHES	1	2	3	4	5	6	G.P.M.
CHURN	3573	105	215	110	N/A	0	0	0	0	0	0	0
100%	3552	95	185	90	1 3/4	18 375	13 315					750
150%	3540	85	150	65	1 3/4	18 375	13 315	13 315				1125

**PUMP TEST RESULTS**



(500 gpm PUMP)	100	200	300	400	500	600	700	800
(750 gpm PUMP)	150	300	450	600	750	900	1045	1200
(1000 gpm PUMP)	200	400	600	800	1000	1200	1400	1600
(1500 gpm PUMP)	300	600	900	1200	1500	1800	2100	2400
(2500 gpm PUMP)	500	1000	1500	2000	2500	3000	3500	4000
					(100%)			(150%)

**FLOW - GPM (Circle Scale Used)**



John Markuse  
750 Clinton Square, 7th Floor  
Rochester, N.Y. 14604  
(716) 797-2001  
(716) 454-6321 Fax



To: SAM ALICATA

Fax: 428-6785

From: John Markuse

Date: 3/12/02

Re: Pre-Action System Inspection Data

Pages: 9 inc. cover

CC:



Notes:

Hi Sam

Here is the information you requested during your visit last week. Please call if you have any questions.

Thanks



North America's Leading Safety Equipment Distributor

Fire Services Division  
 1880 Dale Road  
 Buffalo, NY 14225  
 (716) 894-2296  
 (716) 894-6510 FAX  
<http://www.vallen.com>

November 8, 2001

MCI Worldcom  
 750 Clinton Square  
 Rochester, NY 14614

*John Markuse*

*585-454-*

*6321*

ATTENTION: Mr. John Markuse

REFERENCE: Fire Suppression System

Gentlemen:

On August 7, 2001, we visited your facility to conduct the Semi-Annual Inspection of the system which protects the Clinton Street Site.

During the course of our Inspection, certain discrepancies were noted. Here is a list of those items and the corrective action that was or should be taken:

1. The Stand-by Batteries were found to not hold a sufficient charge under Load Test.

We recommend the Batteries be replaced.

2. Areas of the Under-floor space were noted as having a dirt accumulation.

We recommend the Under-floor Space be cleaned.

Mr. Blasey was advised, or shown the areas of concern.

**OUR INSPECTION INCLUDED THE FOLLOWING:**

The Control Panel was tested for proper operation of all supervisory and alarm functions. The unit was found to operate properly.

The System was placed on a test circuit. The 120 VAC power was disconnected to test emergency battery stand-by on a full circuit load. The batteries indicated a sufficient (24) volt charge.

The Ionization Detectors, P/N SIH-24F, and Photo Electric Detectors, P/N SLK-24F, were cleaned per manufacturers approved method.



-2-

All Ionization Detectors, P/N SIH-24F, and Photo Electric Detectors, P/N SLK-24F, were activated to ensure proper Pre-Alarm Operation. Detectors in alternate zones were activated to ensure proper Cross-Zone Operation, which would initiate system discharge.

The Manual Release Station was tested for proper operation. All stations functioned properly.

The Auxiliary Relay was activated to ensure that fan shut-down functioned properly.

The Connection to remote alarm monitoring was tested to ensure the proper signal was received.

All System Alarm Devices were tested and found to operate properly.

**GENERAL RECOMMENDATIONS:**

Your automatic Fire Suppression System is designed to meet specific conditions relating to the protected area. Any changes in the room size or air handling equipment can effect the operation of the system. For this reason, we recommend the following:

"Detectors may be actuated (brought into alarm condition) by other than products of combustion. System discharges have occurred as a result of freon leaks in air-conditioning units, new calrod heating elements being on or old ones burned off and oil protection on the element burns off and causes alarms. In addition to the above, there are numerous causes of inadvertent alarms, such as various solvent vapors, excessive dust or dirt, aerosol sprays, excessive air velocity, etc. It is impossible to provide a complete list, therefore, we recommend that you call Vallen Safety Supply Company if anything unusual in the way of maintenance or construction is to be performed in the area protected."

Please notify Vallen Safety Supply Company prior to making any changes in the protection system, air handling system, and/or room design. Any change(s) in the system and/or protected area would negate our liability, as well as the approvals.

To meet the manufacturers and N.F.P.A. Standards, the System should be serviced on a regular basis by qualified personnel at intervals not exceeding six (6) months, to ensure that all components are in proper operating condition and will function properly when called upon to do so.

-3-

The under-floor area should be cleaned at least twice a year or more often if necessary.

When maintenance is being performed in the protected area, care must be taken to not damage system related equipment or produce conditions which might effect the sensitivity of the detection devices.

The AC Breaker Switch should have a lock-off installed to ensure the AC power is not inadvertently turned off.

The System was placed in operation after check-out of the wiring, inspection of all components and their mountings.

The enclosed Field Engineering Report covers, in detail, the check-out of the system components.

We strongly urge your close review of the discrepancies indicated and advise Vallen Safety Supply Company of the corrective action taken. These items are brought to your attention in order to ensure that the initial investment in this important fire protection system is not lost.

We thank you for the courtesies and cooperation extended to us during this visit. If there are any questions or if we can be of further assistance, please do not hesitate to give us a call.

Sincerely yours,



Todd T. Merlette  
Service Technician

TTM/dd  
Enclosure



North America's Leading Safety Equipment Distributor

Fire Services Division

1850 Dale Road

Buffalo, NY 14225

(716) 894-2298

(716) 894-2298

http://www.vallen.com

**FIRE SUPPRESSION SYSTEM FIELD SERVICE REPORT**

REPORT NO. 001

ATTENTION: MR. JOHN MARKUSE  
 CUSTOMER: MCI WORLDCOM  
 ADDRESS: 750 CLINTON SQUARE  
 CITY/STATE: ROCHESTER, NY

DATE: AUGUST 7, 2001  
 SYSTEM NO. CLINTON SQUARE  
 REASON FOR REPORT: INSPECTION  
 NEXT INSPECTION DUE: 02/02

**CODES USED TO INDICATE CONDITION OF ITEMS SERVICED/INSPECTED**

- A - Operates Properly
- B - Required Adjustment/Repair
- C - Required Replacement
- D - Required Cleaning
- N/C - Not Checked
- N/A - Not Applicable
- \* - See Letter for Details
- - Number indicates a measured value

A REVIEW OF THE PROTECTED AREA WAS MADE TO INSURE PROPER PROTECTION OF THE HAZARD. THE FOLLOWING ITEMS WERE REVIEWED:

- 1 - Room Dimensions comply to design drawings NO DRAWINGS
- 2 - Is Room properly sealed N/A
- 3 - Have changes been made that obstruct detectors, nozzles, etc. UNKN
- 4 - Have changes been made to Air Handling equipment N/A



-2-

MASTER CONTROL PANEL

<u>P/N or MODEL NO.</u>	<u>SERIAL NO.</u>	<u>BATTERY STAND-BY</u>	<u>LAMPS</u>	<u>SWITCHES</u>	<u>WIRING</u>	<u>INTERLOCKS</u>
MICRO 1 EV		25.6				
VIKING 1001		*				
BATTERY INSTALL DATE: MICRO 1EV 04/01 12 V 7 AH						
VIKING 12/96 12 V 7 AH						

MANUAL RELEASE STATION

<u>P/N or MODEL NO.</u>	<u>LOCATION</u>	<u>SWITCH</u>	<u>WIRING</u>	<u>TAMPER SEAL</u>	<u>CONDITION</u>
NOTIFIER	MAIN ENT	A	A	N/A	A
NOTIFIER	RISER RM	A	A	N/A	A

ANNUNCIATOR PANEL

<u>P/N or MODEL NO.</u>	<u>LAMPS</u>	<u>SWITCHES</u>	<u>WIRING</u>	<u>MOUNTING</u>	<u>CONDITION</u>
MAIN ROOM	A	A	A	A	A
OFFICE	A	A	A	A	A

AGENT STORAGE CONTAINERS

<u>P/N or MODEL NO.</u>	<u>SERIAL NO.</u>	<u>TEMP.</u>	<u>PRESSURE</u>	<u>WEIGHT</u>	<u>MOUNTS</u>	<u>PIPING</u>	<u>TEST DATE</u>
SOLINIDS NEED DUMMY - RESISTORS							

-3-

DETECTION DEVICES

P/N or  
MODEL NO.    SERIAL NO.    LOCATION    SETTING    WIRING    CONDITION    MOUNTS

SIH24F	812300450	22	A	A	A	A
SIH24F	812300449	21	A	A	A	A
SIH24F	812300441	20	A	A	A	A
SIH24F	812300448	19	A	A	A	A
SIH24F	812230446	18	A	A	A	A
SIH24F	812230414	17	A	A	A	A
SIH24F	812230415	16	A	A	A	A
SIH24F	812300418	15	A	A	A	A
SIH24F	812230420	12	A	A	A	A
SIH24F	812230419	13	A	A	A	A
SIH24F	507300440	14	A	A	A	A
SIH24F	812300447	23	A	A	A	A
SIH24F	812300932	24	A	A	A	A
SIH24F	809300934	25	A	A	A	A
SIH24F	809300935	26	A	A	A	A
SIH24F	809300933	27	A	A	A	A
SIH24F	809300937	32	A	A	A	A
SIH24F	809300931	31	A	A	A	A
SIH24F	809300938	30	A	A	A	A
SIH24F	809300939	29	A	A	A	A
SIH24F	809300940	28	A	A	A	A
SLK24F	603303090	11	A	A	A	A
SIH24F	604300971	10	A	A	A	A
SIH24F	604300938	9	A	A	A	A

-4-

DETECTION DEVICES

P/N or  
MODEL NO.    SERIAL NO.    LOCATION    SETTING    WIRING    CONDITION    MOUNTS

SIH24F	812300442	39	A	A	A	A*
SIH24F	812300445	36	A	A	A	B
SIH24F	812300412	33	A	A	A	A
SLK24F	603303036	2	A	A	A	B
SIH24F	604300939	3	A	A	A	A
SIH24F	604300954	4	A	A	A	A
SLK24F	603303415	1	A	A	A	A
SIH24F	812300417	34	A	A	A	A
SIH24F	812300411	37	A	A	A	A*
SIH24F	812300443	40	A	A	A	A
SIH24F	812300444	41	A	A	A	A
SIH24F	812300416	38	A	A	A	A
SIH24F	812300413	35	A	A	A	A
SLK24F	N/A	8	A	*	*	*
SLK24F	603303091	7	A	A	A	A
SLK24F	604300958	6	A	A	A	A
SLK24F	N/A	5	A	*	*	*

AUDIBLE/VISUAL ALARM DEVICES

P/N or  
MODEL NO.    DESCRIPTION    LOCATION    WIRING    LAMP    CONDITION    OPERATION

	HORN/STROBE	MAIN ENT				
WHEELOK	BELL 6"	MAIN ENT				

-5-

AUDIBLE/VISUAL ALARM DEVICES

P/N OF

MODEL NO.   DESCRIPTION   LOCATION   WIRING   LAMP   CONDITION   OPERATION

---

WHEELOK   HORN/STROBE   OFFICE

---

WHEELOK   HORN/STORBE   BATTERY RM

---

WHEELOK   HORN/STORBE   OUTSIDE BATT RM

---

WHEELOK   HORN   BATTERY RM

---

WHEELOK   HORN   BATTERY RM

---

# FIRE SAFETY INSPECTION RECORD

LICENSE

GENERAL  
PUBLIC ED  
PERMIT  
HIGH-RISE

LOCATION 75 S CLINTON AVE

DATE RECEIVED  
IN FIRE  
SAFETY:

APPOINTMENT

PERSON  
CONTACTED

NO ENTRY

ORDERS ISSUED

REFERRALS ISSUED

NO WORK DONE

SOME WORK DONE

OTHER

OK TO FILE

INSPECTOR

DATE

1-7-02

*[Signature]*

Owner's Name

Home Addresss & Zip

Home Phone #

Y N

SPRINKLER SYSTEM

REPORT - YES NO

COOKING HOOD SYSTEM

DATE \_\_\_\_\_

FIRE ALARM SYSTEM

PERMIT # \_\_\_\_\_

STANDPIPE SYSTEM

REPORT - YES NO

COOKING SYSTEM

BARS/WIRE ON WINDOWS

FAX TRANSMITTAL



Number of Pages (including this one) Four (4)

TO THE ATTENTION OF:

Individual Sam Alicata  
Company Rochester Fire Dept.

Teletypewriter # 428-6785  
Date 12/19/01

FROM:

Individual Matthew Montesano  
850 Clinton Square  
Rochester, New York 14604

- FAX (8TH FLOOR) 585-546-5433
- FAX (ACCOUNTING) 585-262-4053
- FAX (COMMERCIAL) 585-760-8378
- FAX (CONSTRUCTION/ EDUCATION/DESIGN) 585-340-5931
- FAX (DEVELOPMENT) 585-546-6192
- FAX (HR) 585-546-4342
- FAX (LEGAL) 585-232-3147
- FAX (MAILROOM/SUPPLIES) 585 340-2304
- FAX (PROPERTY MGT) 585-760-8379
- FAX (SYSTEMS GROUP/ AFFORDABLE ACCOUNTING/ CALL CENTER/WEB ASSISTED RESIDENT/SERVICES) 585-340-5932

TELEPHONE # 585 546-4900

COMMENTS:

Hey Sam, here is the info. you requested at my last fire drill. I hope it is what you expect. Any additional info. can be gotten by calling me at 325-4761 or Fax at 340-2304.

Thanks you, Matt Montesano  
Building Manager  
Clinton Square  
75 South Clinton

Revised Fire Department III-Rise Information Sheet

Address: 75 South Clinton Ave  
Name of building: Clinton Square Building  
Year built: 1989 Type of construction: Concrete - High Tension cable  
# of floors above ground level: 15 # of floors below ground level: 3  
LOCK BOX Yes    No X Location:   

X Elevators  
Type: DOVER Electric X Hydraulic X  
Fire Service: Phase 1 X Phase 2 X None  
Fire service key location(s): Security desk has rings dedicated for Fire + Emergency calls

Total # of cars: 9  
Total # of banks of elevators: 3  
What Banks serve what floors: bank of six serves 1-14 FIRE  
bank of two serves garage levels 1+2 / security elev all FIRE, except 15+P-3  
Location(s) of elevator Machine-rooms(s): garage elevs = P-2 / all others on 15  
Main elevator electrical shut off marked? Yes X No  
Elevator Contractor & Phone Number: ThyssenKrupp - 681-7900  
Location of GAL key(s): at Security desk

X BECC Systems  
Does building have Emergency Communications Center? Yes X No  
If Yes, Class: A B X C BECC location: in Fire Control Room  
in South lobby  
BECC handset location: in Fire Control Room - South lobby  
Location of connections on floors: every elevator lobby call per  
FLOOR 1-14

PA system  
Does building have a Public Address system? Yes X No  
If Yes, location: Fire Control Room - 1st Fire South Lobby  
Special instructions: FIRE ARE INDIVIDUAL OR ALL CALL SWITCHING

Stairways  
Pressurized? Yes X No  
Are stairway doors labeled? Yes X No  
If Yes, how are they labeled ("A" for East Side, etc.): A = South East  
B = North West. B has Access from garage level 3 up to R  
Do stairs exit onto roof? Yes X No  
Standpipe connections inside stairwells? Yes X No

Sprinkler systems  
Is building sprinklered? Yes X No  
If Yes, describe areas covered by sprinklers: all areas of building  
Type of sprinkler system: Wet + Dry + Deluge  
Does building have external (Fire Department) sprinkler connections? Yes X No  
If Yes, # and locations (example: 2 on SE corner): 2 on S.E. CORNER + 2 on S.W. CORNER.

Standpipes  
Does building have standpipes? Yes X No  
If "Other", specify: both systems are used - garage is dry + buildings wet  
if Yes, type: Wet    Dry    Other X

Sam Alimata - info / ...

X Standpipe class: 1 2 3 X = those people have been removed

Pressure reducers? Yes X No if Yes, describe: Reducers are located in

Pump Room and on ground level

Fire groups

Does building have a fire pump? Yes X No Location: P-2 next to Service elev

If Yes, power source: natural gas diesel battery

Does fire pump start automatically? Yes X No If Yes, when: when pressure

in riser drops below 90 psi on 1st FIR.

If No, describe manual start procedures:

Does fire pump feed standpipe? Yes X No Does fire pump feed sprinklers? Yes X No

Special Hazards ... but not in garage

List any special hazards within the building and their location batteries being used for

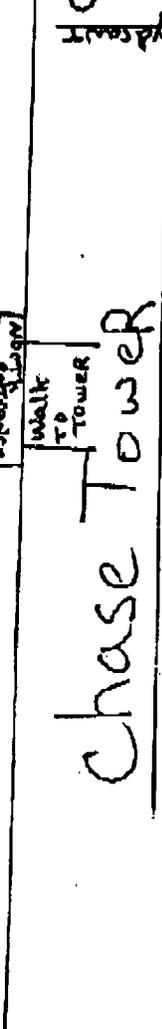
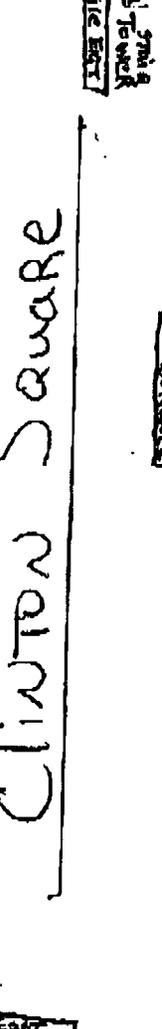
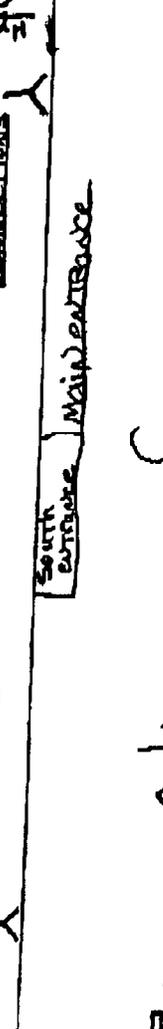
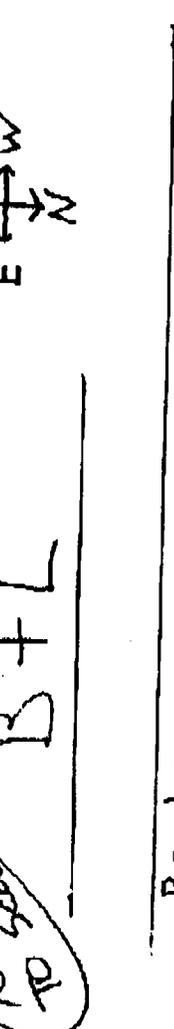
back up of 7th FIR in hood room on north side on the 12th fl.

is almost nobody on the north side and on the 3rd FIR. Home

Properties North Side

BUILDING DIAGRAM ( include: Fire Department connections, Main entrance, Dock or Loading Area

if any, Street-exits, Hydrant locations )



Shutoffs and locations  
 Sprinkler: A.C. CO. + ball in on P-2 next to Service Elev.  
 Standpipes: Emergency Floor has a shut off in a stairwell  
 Gas service: outside of building above stair set walk  
 Electric service: P-2 level behind service elevator  
 Water service: same as for fire sprinkler valves  
 Steam heat: D.A.A.  
 Other (specify): GENERATOR ON P-1 ALIA CORNR  
Emergency Lighting  
 Does building have emergency lighting? Yes  No   
 If Yes, does entire building have emergency lighting? Yes  No   
 If No, describe areas that have it:

Power source: Battery  Emergency generator   
Emergency generator  
 Does building have an emergency generator? Yes  No   
 If Yes, power source: Natural gas Gasoline  Diesel  Other (specify)  
ALL ALIA STORAGE TANK KEPT FULL ON P-1 ALIA CORNR  
 Does generator power any of the following:  
 Elevators? Yes  No   
 Fire pump? Yes  No   
 Other / Special equipment Yes  No  if Yes, specify: EMERGENCY

Lighting + exit signs + fire system panels as well as  
all fans both building and garage.  
 Location: ONE AT SECURITY DESK / ONE IN FIRE CONTROL ROOM  
 Master keys

Location: Key Rings have been designated at Security Desk - North lobby  
Blueprints are in shop on 3rd fl.  
 Windows

Operable from the inside? Yes  No   
 If a special key is needed, location of key(s):

HVAC systems  
 Type of system: Central  Non Central   
 Controls / shutoff locations: Each floor has shut off for entire floor  
 Is system zoned? Yes  No   
 If Yes, describe zones: 1-14 has its own system and can be isolated each floor individual Mech RMs in Service Elev. bbbics  
 Emergency Contact: Person & Title / Phone number 342-6528 - Bldg. Manager  
 Comments: The Security is covered 24 hrs / 365 year and have a series of call numbers for each tenant.

Date of inspection 1/1  
 Date of submission by property owner 1/1  
 Date issued to HIT 1/1





BUILDING INSPECTION / COMPLAINT FORM

COMPANY ADDRESS A01 FROM / TO TAX ACCT # INSPECTION # **00 - 14364**

PROPERTY OWNER CLINTON AV 75 ADDRESS 850 CLINTON SQ (SUITE) PHONE 546-4900

MAILING NAME HOME PROPERTIES OF N.Y., INC. CITY ROCHESTER STATE NY ZIP 14604

EMERGENCY CONTACT SECURITY OFFICE CITY ROCHESTER STATE NY ZIP 14604

PHONE 325-3288

NFPA 901 CODES GENERAL PROPERTY USE  SPECIFIC PROPERTY USE  STRUCTURE TYPE  STRUCTURE STATUS

NO ENTRY DATES:

BUSINESS NAME ISSC PHONE 723 4194 DISPOSITION by FIRE SAFETY:

BUSINESS OWNER ADDRESS  PHONE 723 4194

BUSINESS EMERGENCY ADDRESS  PHONE

SPECIAL INSTRUCTIONS:

SPECIAL HARZARDS OR CONSTRUCTION

DIRECTION ROOM #, ETC. COMPLAINT

NO VIOLATIONS NOTED AT THIS TIME  A  B  C  D

*property no longer exist*

*vacant*

REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
----------	---------------	-----------	--------------

Y N	Y N	Y N		
<input type="checkbox"/> SPRINKLER SYSTEM	<input type="checkbox"/> FIRE/SMOKE DETECT. SYSTEM	<input type="checkbox"/> SINGLE STATION SMOKE DETECTORS		
<input type="checkbox"/> STANDPIPE SYSTEM	<input type="checkbox"/> KITCHEN HOOD EXTING. SYSTEM	<input type="checkbox"/> BARS/WIRE ON WINDOWS		
<input type="checkbox"/> FIRE ALARM SYSTEM	<input type="checkbox"/> OTHER FIRE EXTING. SYSTEM	<input type="checkbox"/> LOCK BOX		
OFFICER PREPARING REPORT:	COMPANY	DISTRICT	GROUP	DATE
BUS/PROP REPRESENTATIVE:	POSITION / TITLE			DATE OF REINSPECTION
FIRE SAFETY INSPECTOR:				DATE

RFD 501 REV. 2/00



West Fire Systems, Inc.
24 West Avenue / Spencerport, NY 14559
Tel.: (716) 352-6520 FAX: (716) 352-6510

FIRE ALARM INSPECTION & TESTING REPORT

NAME: Home Properties
ADDRESS: Clinton Square Bldg.
NEW YORK STATE LICENSE # 1200047882
CONTROL PANEL TYPE: FCID / FVTL
SERIAL #: VARIOUS
CITY: Rochester STATE: NY ZIP:
PHONE #: 325-4761 SYSTEM LOCATION: 1st Flr. Command Room

Table with columns: No. of Devices, No. Tested, ✓ okay XSee below. Rows include Control Stations, Signal Devices, Heat Detectors, Smoke Detectors, Duct Detectors, Annunciators, Door Holders, Fan Shutdown, Tamper Switch, Water Flow Switch, Remote Station, Batteries, Charger, and PRINTER.

LOCAL FIRE DEPT: City of Rochester
TEST RECEIVED AT FIRE STATION: Not connected
ALARMS SOUNDED: YES X
OFFICIAL CONTACTED: N/A
REMOTE STATION ACCOUNT #
ALL TESTING DEVICES REMOVED CE INITIAL: NW

CUSTOMER SIGNATURE: [Signature] CE SIGNATURE: [Signature]

REMARKS:
PARTS USED ETC:
① Repair/rewire 7th flr. MCI panel to eliminate ground fault.
② tested at panel only
③ Printer tractor feed not working - New printer recommended \$350.00
④ Elev. lobby 1st flr. Strobe not working - replace.
System operation - system working 100% at time of test

SALES ORDER



West Fire Systems, Inc.
24 West Avenue
Spencerport, New York 14559
Tel: (716) 352-6520 FAX (716) 352-6510

Date 11-24-00

BUYER Clinton square
75 south St Clinton
Keeseau, NY

SHIP TO Home Properties

Table with columns: BUYER PHONE, CONTACT PHONE, BY, DELIVERED, OUR ORDER, BUYER ORDER NO, SALESMAN, SHIP BY, DATE DUE, PPD, CUL, TERMS, CREDIT REFERENCE ATTACHED, PART, COMP, UC, QUANTITY ORDERED, DESCRIPTION, QUANTITY SHIPPED, BALANCE ON ORDER, UNIT PRICE, EXTENSION. Includes handwritten entries for '1 hour labor', '1 speaker strobe', and 'replaced speaker/strobe w/ 2nd row elev lobby'.

Interest on the outstanding balance will be computed at the rate of one and one-half percent (1 1/2%) per month.

The Buyer agrees to purchase from West Fire Systems, the seller, the above described property subject to the terms and conditions described above and continued on the reverse side of this page.

ACCEPTED [Signature] BUYER DATE
SELLER DATE TITLE

Summary table with rows: SUB TOTAL, SALES TAX (CO.), SHIPPING AND HANDLING, PAYMENT WITH ORDER, TOTAL.

INSPECTION REPORT

No. ....

CONFERRED WITH

REPORT OF INSPECTION

INSPECTION CONTRACT

NO. ....

BUREAU FILE .....

NO. ....

SET 1 OF 2

REPORT TO Clinton Square
STREET 250 Clinton Square
CITY & STATE Allentown PA ZIP 18104
ATT. Matt

BUILDING OR LOCATION INSPECTED Same
INSPECTOR Steve ...
GRINNELL OFFICE PHONE NO. 215-261-1111
DATE 12-15-2000

1. GENERAL

A. (To be answered by the Owner or Owner's representative)

- a. Have there been any changes in the occupancy classification, machinery or operations since the last inspection?
b. Have there been any changes or repairs to the fire protection systems since the last inspection?
c. If a fire has occurred since the last inspection, have all damaged sprinkler system components been replaced?
d. Has the piping in all dry systems been checked for proper pitch within the past five years?
e. Has the piping in all systems been checked for obstructive materials?
f. Have all fire pumps been tested to their full capacity through the use of hose streams or flow meters within the past 12 months?
g. Are gravity, surface or pressure tanks protected from freezing?
h. Are any of the sprinklers 50 years old or older?
i. Are any extra high temperature solder sprinklers regularly exposed to temperatures near 300°F?

B. (To be answered by the inspector)

- a. Have the sprinkler systems been extended to all visible areas of the building?
b. Does there appear to be proper clearance between the top of all storage and the sprinkler deflector?
c. Are the building areas protected by a wet system, heated, including its blind attics and perimeter areas, where accessible?
d. Are all visible exterior openings protected against the entrance of cold air?

2. CONTROL VALVES

- a. Are all sprinkler system main control valves and all other valves in the appropriate open or closed position?
b. Are all control valves sealed or supervised in the open position?

Table with columns: Control Valves, No. of Valves, Type, Easily Accessible, Signs, Valve Open, Secured?, Supervision Operational.

3. WATER SUPPLIES

- a. Water supply source? City Gravity Tank Pressure Fire Pump & Tank Pressure Fire Pump & City Pressure Fire Pump & Pond

Table with columns: Test Pipe Located, Size Test Pipe, Static Pressure Before, Flow Pressure, Static Pressure After, Test Pipe Location, Size Test Pipe, Static Pressure Before, Flow Pressure, Static Pressure After.

4. TANKS, PUMPS, FIRE DEPT. CONNECTIONS

- a. Do fire pumps, gravity, surface or pressure tanks appear to be in good external condition?
b. Are gravity, surface and pressure tanks at the proper pressure and/or water levels?
c. Are fire dept. connections in satisfactory condition, couplings free, caps or plugs in place and check valves tight?
d. Are fire dept. connections visible and accessible?

5. WET SYSTEMS

- a. No. of systems Make & Model
b. Are cold weather valves in the appropriate open or closed position?
c. Has the owner or owner's representative been advised that cold weather valves are not recommended by NFPA?
d. Have all the antifreeze systems been tested?
e. Date antifreeze systems were tested.
f. The antifreeze tests indicate protection to:
g. Did alarm valves, waterflow alarm indicators and retards test satisfactorily?





**GRINNELL FIRE PROTECTION SYSTEMS COMPANY**

FOR Clinton Sr. INSPECTION NO. \_\_\_\_\_  
 STREET 150 Clinton Ave CITY Yorkster STATE Pa CONTRACT NO. \_\_\_\_\_  
 DATE OF TRIP TEST 7-27-00 INSPECTOR M. J. [unclear] DAY WORK NO. \_\_\_\_\_

NOTE: BEFORE ANY DRY PIPE VALVE IS TRIP TESTED, THE WATER SUPPLY LINE TO IT SHOULD BE THOROUGHLY FLUSHED. THE TWO INCH DRAIN BELOW THE VALVE SHOULD BE OPENED WIDE, AND WATER AT FULL PRESSURE SHOULD BE DISCHARGED LONG ENOUGH TO CLEAR THE PIPE OF ANY ACCUMULATION OF SCALE OR FOREIGN MATERIAL. IF THERE IS A HYDRANT ON THE SUPPLY LINE, THIS HYDRANT SHOULD BE FLUSHED BEFORE THE TWO INCH DRAIN IS OPENED. THE DRIP VALVE ON THE DRY PIPE VALVE SHOULD BE CHECKED BEFORE TRIPPING THE DRY PIPE VALVE, TO SEE THAT IT IS IN OPERATING CONDITION.

DRY PIPE VALVES		SYSTEM NO. (126)	SYSTEM NO. (127)	SYSTEM NO. (125)	SYSTEM NO. (125)
VALVE SERIAL NUMBER					
MANUFACTURER (NAME)		ISC	ISC	ISC	ISC
VALVE MODEL		A-6	A-6	A-6	A-6
VALVE SIZE		4 INCH	4 INCH	4 INCH	4 INCH
CONTROLLING SPRINKLERS	(LOCATION)	P-2 South	P-2 NORTH	P-3	P-5
	(NUMBER)	(APPROX)	(APPROX)	(APPROX)	(APPROX)
DATE LAST TRIP TESTED		99	99	99	99
DATE LAST OPERATED		4-28-00	4-28-00	4-28-00	4-28-00
PRESSURE BEFORE TEST	AIR	35 LBS	36 LBS	35 LBS	37 LBS
	WATER	105 LBS	110 LBS	110 LBS	110 LBS
SIZE AND LOCATION OF TEST VALVE		Low Pt.	Low Pt	Low Pt	Low Pt
WAS GATE VALVE BELOW DRY VALVE OPEN WIDE AT TEST? (IF NOT, HOW MANY TURNS?)		3	3	3	3
VALVE TRIPPED AT	AIR PRESSURE	18 LBS	18 LBS	15 LBS	17 LBS
	WATER PRESSURE	90 LBS	90 LBS	90 LBS	90 LBS
	TIME	MIN 19 SEC	MIN 12 SEC	MIN 26 SEC	MIN 17 SEC
IF SYSTEM FLOODED, LIST TIME WATER REACHED TEST OPENING		MIN N/A SEC	MIN N/A SEC	MIN N/A SEC	MIN N/A SEC
PERFORMANCE		Satisfactory	Satisfactory	Satisfactory	Satisfactory
VALVE CONDITION	INTERIOR OF BODY	Good	Good	Good	Good
	MOVING PARTS	↓	↓	↓	↓
	RUBBER FACING	↓	↓	↓	↓
	SEATS	↓	↓	↓	↓
	RESET?	YES	YES	YES	YES
DID ALARMS OPERATE AT TRIP TEST?		YES	YES	YES	YES
ALL LOW POINT DRAINS BLOWN OUT?		YES	YES	YES	YES
WATER CONTROL VALVE LEFT OPEN AND SEALED?		YES	YES	YES	YES
ALARM CONTROL VALVE LEFT OPEN AND SEALED?		YES	YES	YES	YES
QUICK OPENING DEVICES		SYSTEM NO. ( )			
DEVICE SERIAL NUMBER					
MANUFACTURER (NAME)					
TYPE AND MODEL					
AIR PRESSURE IN UPPER CHAMBER		N/A LBS	N/A LBS	N/A LBS	N/A LBS
QUICK OPENING DEVICE TRIPPED AT		SEC LBS	SEC LBS	SEC LBS	SEC LBS
PERFORMANCE					
QUICK OPENING DEVICE LEFT IN SERVICE AND CONTROL OPEN AND SEALED?					
LIST ANY UNSATISFACTORY CONDITIONS:					

REMARKS:



**GRINNELL FIRE PROTECTION SYSTEMS COMPANY**

FOR Clinton Sq. INSPECTION NO. \_\_\_\_\_  
 STREET 850 Clinton Ave CITY Roseton STATE N.Y. CONTRACT NO. \_\_\_\_\_  
 DATE OF TRIP TEST 7-27-00 INSPECTOR \_\_\_\_\_ DAY WORK NO. \_\_\_\_\_

NOTE: BEFORE ANY DRY PIPE VALVE IS TRIP TESTED, THE WATER SUPPLY LINE TO IT SHOULD BE THOROUGHLY FLUSHED. THE TWO INCH DRAIN BELOW THE VALVE SHOULD BE OPENED WIDE, AND WATER AT FULL PRESSURE SHOULD BE DISCHARGED LONG ENOUGH TO CLEAR THE PIPE OF ANY ACCUMULATION OF SCALE OR FOREIGN MATERIAL. IF THERE IS A HYDRANT ON THE SUPPLY LINE, THIS HYDRANT SHOULD BE FLUSHED BEFORE THE TWO INCH DRAIN IS OPENED. THE DRIP VALVE ON THE DRY PIPE VALVE SHOULD BE CHECKED BEFORE TRIPPING THE DRY PIPE VALVE, TO SEE THAT IT IS IN OPERATING CONDITION.

DRY PIPE VALVES		SYSTEM NO. ( <del>628</del> )			
VALVE SERIAL NUMBER		PIN			
MANUFACTURER (NAME)		FSC			
VALVE MODEL		A Co			
VALVE SIZE		4 INCH	INCH	INCH	INCH
CONTROLLING SPRINKLERS	(LOCATION)	PIN			
	(NUMBER)	(APPROX)	(APPROX)	(APPROX)	(APPROX)
DATE LAST TRIP TESTED?		99			
DATE LAST OPERATED?		4-28-00			
PRESSURE BEFORE TEST	AIR	35 LBS	LBS	LBS	LBS
	WATER	110 LBS	LBS	LBS	LBS
SIZE AND LOCATION OF TEST VALVE		1/2 Low Pt			
WAS GATE VALVE BELOW DRY VALVE OPEN WIDE AT TEST? (IF NOT, HOW MANY TURNS?)		3			
VALVE TRIPPED AT	AIR PRESSURE	107 LBS	LBS	LBS	LBS
	WATER PRESSURE	90 LBS	LBS	LBS	LBS
	TIME	MIN 18 SEC	MIN SEC	MIN SEC	MIN SEC
IF SYSTEM FLOODED, LIST TIME WATER REACHED TEST OPENING		MIN N/A SEC	MIN SEC	MIN SEC	MIN SEC
	PERFORMANCE	Satisfactory			
VALVE CONDITION	INTERIOR OF BODY	Good			
	MOVING PARTS	↓			
	RUBBER FACING	↓			
	SEATS	↓			
	RESET?	Yes			
DID ALARMS OPERATE AT TRIP TEST?		↓			
ALL LOW POINT DRAINS BLOWN OUT?		↓			
WATER CONTROL VALVE LEFT OPEN AND SEALED?		↓			
ALARM CONTROL VALVE LEFT OPEN AND SEALED?		↓			
QUICK OPENING DEVICES		SYSTEM NO. ( )			
DEVICE SERIAL NUMBER					
MANUFACTURER (NAME)					
TYPE AND MODEL					
AIR PRESSURE IN UPPER CHAMBER		LBS	LBS	LBS	LBS
QUICK OPENING DEVICE TRIPPED AT		SEC	SEC	SEC	SEC
PERFORMANCE		N/A			
QUICK OPENING DEVICE LEFT IN SERVICE AND CONTROL OPEN AND SEALED?					

LIST ANY UNSATISFACTORY CONDITIONS:

REMARKS:

# Inspection, Testing and Maintenance of Fire Pumps

Information on this form covers the minimum requirements of NFPA 25-1995 for centrifugal fire pumps. Separate forms are available to inspect, test and maintain the rest of the fire protection system of which the fire pump is a part. More frequent inspection, testing and maintenance may be necessary depending on the conditions of the occupancy and water supply.

Owner: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

Property Being Inspected: \_\_\_\_\_

Property Address: 550 Clinton Ave

Date of Inspection: 7-77-00

This inspection is (check one):  Daily  Weekly  Monthly  Quarterly  Semiannual  Annual  Third Year  Fifth Year

Note: All questions are to be answered Yes, No or Not Applicable. All "No" answers are to be explained in the comments portion of this form.

### Part I - Owner's Section

A. Is the fire pump in service?  Yes  No  N/A

B. Has the fire pump remained in service since the last inspection?  Yes  No  N/A

C. Was the system (of which the fire pump is a part) free from accumulation of devices or debris since the last inspection?  Yes  No  N/A

Note to owner: Periodic tests of transfer switches and emergency generators are to be performed by a qualified electrical contractor in accordance with NFPA 70E.

Owner or representative (print name): \_\_\_\_\_ Signature and Date: \_\_\_\_\_

### Part II - Inspector's Section

#### A. Inspections--All to be performed weekly.

1. Pump house/room at least 40°F?  Yes  No  N/A

2. Pump house/room for diesels without engine heaters at least 70°F?  Yes  No  N/A

3. Ventilating louvers free to operate?  Yes  No  N/A

4. Suction, discharge and bypass valves open?  Yes  No  N/A

5. Piping free from leaks?  Yes  No  N/A

6. Suction and system pressure gauges normal?  Yes  No  N/A

7. Suction reservoir, if provided, full?  Yes  No  N/A

8. Controller indicating power on?  Yes  No  N/A

9. Transfer switch indicating normal situation?  Yes  No  N/A

10. Isolation switch closed?  Yes  No  N/A

11. Reverse phase alarm indicator off or normal phase rotation indicator on?  Yes  No  N/A

12. Oil level in vertical motor sight normal?  Yes  No  N/A

13. Diesel Engine Inspection

a. Fuel tank at least two thirds full?  Yes  No  N/A

b. Controller selector switch in Auto position?  Yes  No  N/A

c. Battery voltage and readings normal?  Yes  No  N/A

d. Battery charging current readings normal?  Yes  No  N/A

e. Battery indicators on or failure indicators off?  Yes  No  N/A

f. All alarm indicators off?  Yes  No  N/A

g. Record engine running time meter reading, \_\_\_\_\_ Is this appropriately higher than previous reading?  Yes  No  N/A

h. Oil level in right angle gear drive normal?  Yes  No  N/A

i. Crankcase oil level normal?  Yes  No  N/A

j. Cooling water level normal?  Yes  No  N/A

k. Electrolyte level in batteries normal?  Yes  No  N/A

l. Battery terminals free from corrosion?  Yes  No  N/A

m. Water-jacket heater operating?  Yes  No  N/A

14. Steam pressure gauge for steam driven pump reading normal?  Yes  No  N/A

15. Circulation relief valve flowing water while pump churns?  Yes  No  N/A

16. Pressure relief valves operating with proper pressure downstream while pump is operational?  Yes  No  N/A

### B. Tests

#### 1. Weekly Test Items

##### A. Electric Motor-driven Pumps

1. Pump started automatically?  Yes  No  N/A

Record starting pressure, 90 psi.

2. Pump run for at least 10 minutes?  Yes  No  N/A

Record suction 110 and discharge 70 pressure while running.

3. Pump packing gland showing slight discharge?  Yes  No  N/A

Adjust if necessary.

4. Free from unusual noises or vibrations?  Yes  No  N/A

5. Packing boxes, bearings and pump casing free from overheating?  Yes  No  N/A

6. Record time for motor to accelerate to full speed. 5 sec

7. For reduced voltage or reduced current starting, record time controller is on first step. N/A

8. For automatic stop controllers, record time pump runs after starting. 3 min

9. All times and pressures in Part A acceptable?  Yes  No  N/A

##### B. Diesel Engine-Driven Pumps

1. Pump started automatically?  Yes  No  N/A

Record starting pressure, \_\_\_\_\_ psi.

2. Pump run for at least 30 minutes?  Yes  No  N/A

Record suction \_\_\_\_\_ and discharge \_\_\_\_\_ pressure while running.

3. Pump packing gland showing slight discharge?  Yes  No  N/A

Adjust if necessary.

4. Free from unusual noises or vibrations?  Yes  No  N/A

5. Packing boxes, bearings and pump casing free from overheating?  Yes  No  N/A

6. Record time for engine to crank. \_\_\_\_\_

7. Record time for engine to reach running speed. \_\_\_\_\_

8. Engine oil pressure gauge, speed indicator, water and oil temperature indicators all reading normal?  Yes  No  N/A

9. Cooling water flowing from heat exchanger?  Yes  No  N/A

10. All times and pressures in Part B acceptable?  Yes  No  N/A

##### C. Steam Turbine-driven Pumps

1. Record pump starting pressure \_\_\_\_\_, suction \_\_\_\_\_ and discharge \_\_\_\_\_ pressures while running.

2. Pump packing gland showing slight discharge?  Yes  No  N/A

Adjust if necessary.

3. Free from unusual noises or vibrations?  Yes  No  N/A

4. Packing boxes, bearings and pump casing free from overheating?  Yes  No  N/A

5. Record steam pressure gauge reading. \_\_\_\_\_

6. Record time for turbine to reach running speed. \_\_\_\_\_

7. All times and pressures in Part C acceptable?  Yes  No  N/A

**PART III - Comments (Cont'd)**

PROPERTY: Ill. Law. Sq.

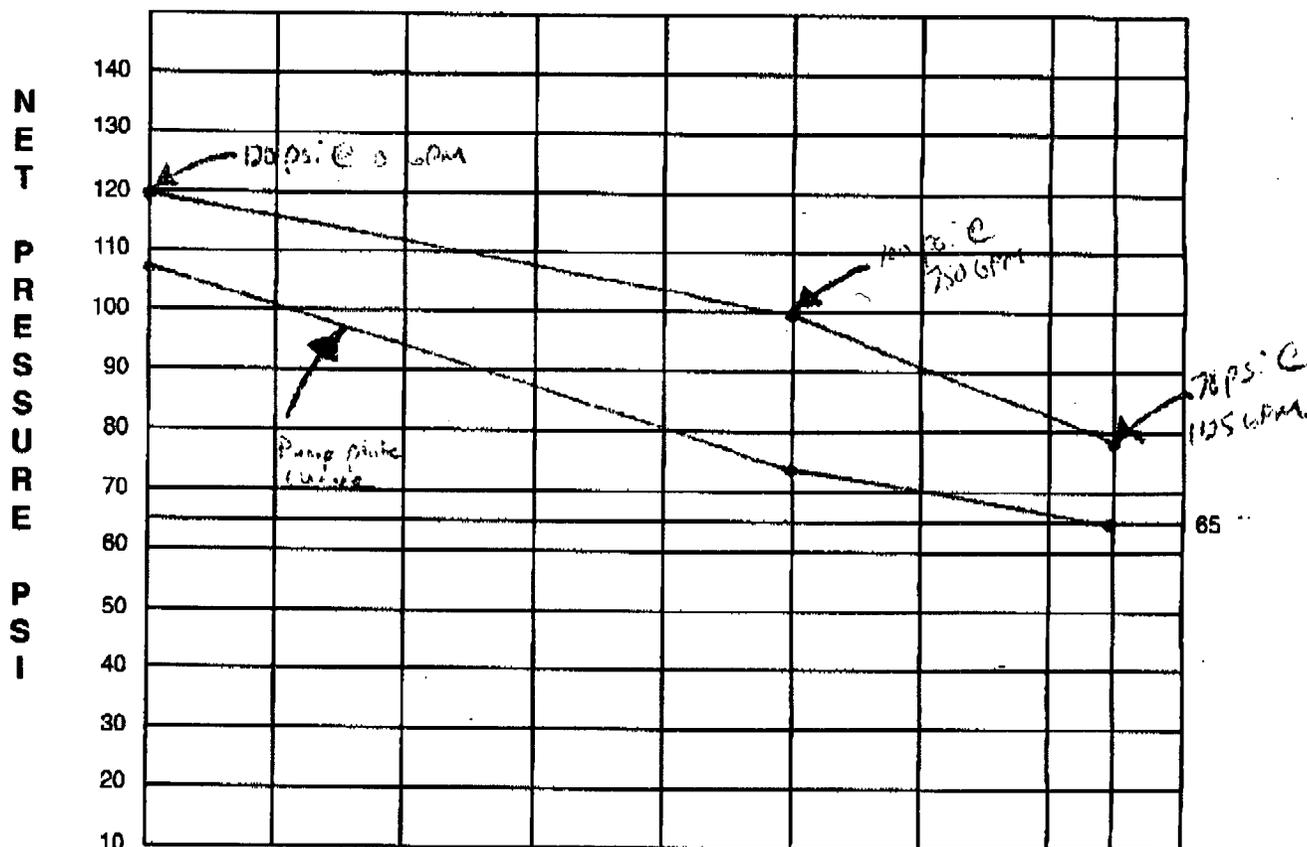
DATE: 7-27-03

DRAWN BY: PA. Sullivan

**PUMP TEST DATA**

TEST	DRIVER SPEED	SUCTION	PRESSURE DISCHARGE	NET	NOZZLE SIZE	FLOWS PITOT / FLOWS						TOTAL FLOW
	R.P.M.	PSI	PSI	PSI	INCHES	1	2	3	4	5	6	G.P.M.
CHURN	3574	100	230	120	N/A	0	0	0	0	0	0	0
100%	3552	100	200	100	1 3/4	18 375	18 375					750
150%	3540	85	163	78	1 3/4	40 363	40 363					1125

**PUMP TEST RESULTS**



(500 gpm PUMP)	100	200	300	400	500	600	700	800
(750 gpm PUMP)	150	300	450	600	750	900	1045	1200
(1000 gpm PUMP)	200	400	600	800	1000	1200	1400	1600
(1500 gpm PUMP)	300	600	900	1200	1500	1800	2100	2400
(2500 gpm PUMP)	500	1000	1500	2000	2500	3000	3500	4000

FLOW - GPM (Circle Scale Used)

2. Annual Tests

Annual pump test was run using the following method: (check one)

- Method A. Discharge of flow through hose streams.
Flow readings taken at each hose stream.
Method B. Discharge through by-pass flow meter to drain or suction reservoir.
Method C. Discharge through by-pass flow meter directly returned to pump suction.

Note: At least once every three years method A or B must be used.

Pump Test Results

Table with 4 columns: Suction Pressure, Discharge Pressure, Flow, Electric Voltage and Current, Pump Speed. Rows contain numerical data for each category.

- Are the valves in the above table acceptable?
No-flow (churn) test run for 30 min?
Circulation relief valve and pressure relief valve operated properly during all flow tests?
No alarm indicators or other visible abnormalities observed during no flow test?
D. Low Suction Throttling Device Test
1. Low suction pressure simulated?
Free from abnormalities in throttling action?
2. Free from abnormalities in return to full flow?
E. Automatic Transfer Switch Test
1. Power failure simulated during peak flow?
Connection made to alternate power source?
2. After termination of simulated power failure did motor reconnect to the normal power source?
F. All Alarm Conditions Simulated?
All Alarms Operated?

C. Maintenance

A maintenance schedule must be established in accordance with the manufacturers instructions. In the absence of such a schedule, the following must be used:

1. Weekly Maintenance Items for Diesel Engine Systems:

- A. Fuel tank level, tank float switch, and solenoid valve operation acceptable?
B. Diesel fuel system free of water?
C. Flexible hoses and connectors in fuel and coolant systems acceptable?
D. Oil level and lube oil heater acceptable?
E. Coolant level acceptable?
F. Water pump for coolant system operating?
G. Jacket water heater for coolant system acceptable?
H. Exhaust system free of leakage?
I. Drain condensate trap on exhaust system operational?
J. Electrolyte level in batteries acceptable?
K. Connections to electrical system acceptable?

2. Monthly Maintenance Items

- A. Isolation switch and circuit breaker exercised?
B. Battery case clean, dry and free of corrosion?
C. Batteries specific gravity or state of charge passed test?
D. Charger and charge rate passed visual inspection?
E. Battery charge being equalized?
F. Circuit breakers appear clean?

3. Quarterly Maintenance Items

- A. Cleaned strainer, filter or dirt leg in diesel fuel system?
B. Cleaned or replaced crank case breather in lubrication system?
C. Cleaned water strainer in coolant system?
D. Insulation acceptable and fire hazards eliminated from exhaust system?
E. Battery terminals clean and tight?
F. Electrical system free of wire chafing?

4. Semi Annual Maintenance Items

- A. Manual starting means on electrical systems operated?
B. Antifreeze tested in coolant system?
C. Flexible exhaust section acceptable?
D. Alarms operated on electrical portions of diesel engine systems?
E. Boxes, panels and cabinets on electrical systems cleaned?

5. Annual Maintenance Items

- A. Changed pump bearing lubrication?
B. Shaft end play acceptable?
C. Pump coupling alignment acceptable?
D. Transmission coupling, right angle gear drive and mechanical moving parts lubricated?
E. Circuit breakers passed trip test?
F. Emergency manual starting means operated without power?
G. Electrical connections secure?
H. Pressure switch settings calibrated?
I. Motor bearings greased?
J. Fuel tank free of water and foreign material?
K. Tank vents and overflow pipes free of obstructions?
L. Fuel piping acceptable?
M. Oil and filters changed in diesel systems?
N. Antifreeze changed in coolant system?
O. Heater exchanger cleaned out?
P. Duct work & louvers (combustion air) acceptable?
Q. Exhaust system free of back pressure?
R. Exhaust system hangers and supports acceptable?
S. Control and power wirings tight?

Part III - Comments (Any "no" answers, test failure or other problems found with the fire pump must be explained here.)

Blank lines for entering comments.

Part IV - Inspector's Information

Inspector: [Signature]
Company: [Signature]
Company Address: [Signature]

I state that the information on this form is correct at the time and place of my inspection, and that all equipment tested at this time was left in operational condition upon completion of this inspection except as noted in Part III above.
Signature of Inspector: [Signature] Date: 7.22.00

BUILDING INSPECTION / COMPLAINT FORM



COMPANY FSA INSPECTION # 00-14378  
 ADDRESS FROM / TO TAX ACCT # +99  
 CLINTON AV S 75 ADDRESS PHONE  
 HOME PROPERTIES OF N.Y., INC. CITY ROCHESTER STATE NY ZIP 325-4761  
 ADDRESS 850 CLINTON SQ (SUITE) 14604  
 MAILING NAME HOME PROPERTIES OF N.Y., INC. CITY ROCHESTER STATE NY ZIP 14604  
 ADDRESS 850 CLINTON SQ (SUITE)  
 EMERGENCY CONTACT SECURITY OFFICE CITY STATE ZIP 325-3288  
 ADDRESS

NFPA 901 CODES GENERAL PROPERTY USE  SPECIFIC PROPERTY USE  STRUCTURE TYPE LH STRUCTURE STATUS

NO ENTRY DATES:

BUSINESS NAME BROKERS SERVICE OFFICE PHONE  
 BUSINESS OWNER  
 ADDRESS 810 CLINTON SQ (SUITE) ROCHESTER NY 14604 PHONE  
 BUSINESS EMERGENCY SECURITY OFFICE ADDRESS PHONE 325 3288

SPECIAL INSTRUCTIONS:

SPECIAL HARZARDS OR CONSTRUCTION

DIRECTION ROOM #, ETC. COMPLAINT

NO VIOLATIONS NOTED AT THIS TIME  A  B  C  D

*NO LONGER EXIST  
occupied - by Home properties*

DISPOSITION by FIRE SAFETY:

REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
----------	---------------	-----------	--------------

Y N	Y N	Y N
<input checked="" type="checkbox"/> <input type="checkbox"/> SPRINKLER SYSTEM	<input checked="" type="checkbox"/> <input type="checkbox"/> FIRE/SMOKE DETECT. SYSTEM	<input checked="" type="checkbox"/> <input type="checkbox"/> SINGLE STATION SMOKE DETECTORS
<input checked="" type="checkbox"/> <input type="checkbox"/> STANDPIPE SYSTEM	<input checked="" type="checkbox"/> <input type="checkbox"/> KITCHEN HOOD EXTING. SYSTEM	<input type="checkbox"/> <input checked="" type="checkbox"/> BARS/WIRE ON WINDOWS
<input checked="" type="checkbox"/> <input type="checkbox"/> FIRE ALARM SYSTEM	<input checked="" type="checkbox"/> <input type="checkbox"/> OTHER FIRE EXTING. SYSTEM	<input checked="" type="checkbox"/> <input type="checkbox"/> LOCK BOX

OFFICER PREPARING REPORT: COMPANY DISTRICT GROUP DATE

BUS/PROP REPRESENTATIVE: *Mr. Montezano* POSITION / TITLE *Super* DATE OF REINSPECTION

FIRE SAFETY INSPECTOR: *Edell* DATE *12-26-00*

RFID 501 REV. 2000









BUILDING INSPECTION / COMPLAINT FORM



COMPANY FSA INSPECTION # 00 - 14383  
 ADDRESS FROM / TO TAX ACCT #  
CLINTON AV S 75 ADDRESS PHONE  
 PROPERTY OWNER  
HOME PROPERTIES OF N.Y., INC. CITY ROCHESTER STATE NY ZIP 14608  
 MAILING NAME ADDRESS PHONE  
HOME PROPERTIES OF N.Y., INC. CITY ROCHESTER STATE NY ZIP 14604  
 EMERGENCY CONTACT ADDRESS PHONE  
SECURITY OFFICE CITY STATE ZIP 325-3288

NFPA 901 CODES GENERAL PROPERTY USE  SPECIFIC PROPERTY USE  STRUCTURE TYPE H STRUCTURE STATUS

NO ENTRY DATES: BUSINESS NAME MEAD DATA CONTROL PHONE 45 DISPOSITION by FIRE SAFETY:  
 BUSINESS OWNER ADDRESS 850 CLINTON SQ (SUITE) ROCHESTER NY 14604 PHONE  
 BUSINESS EMERGENCY SECURITY OFFICE ADDRESS PHONE 325 3288  
 A = ATTIC C = CELLAR G = GARAGE O = OUTSIDE # = FLOOR #  
 SPECIAL INSTRUCTIONS:  
 SPECIAL HARZARDS OR CONSTRUCTION  
 DIRECTION ROOM #, ETC. COMPLAINT  
 NO VIOLATIONS NOTED AT THIS TIME  A  B  C  D  
 REFERRED CORRECTED ORDERS ISSUED NOT REQUIRED

Y N	Y N	Y N
<input type="checkbox"/> <input type="checkbox"/> SPRINKLER SYSTEM	<input checked="" type="checkbox"/> <input type="checkbox"/> FIRE/SMOKE DETECT. SYSTEM	<input type="checkbox"/> <input type="checkbox"/> SINGLE STATION SMOKE DETECTORS
<input checked="" type="checkbox"/> <input type="checkbox"/> STANDPIPE SYSTEM	<input checked="" type="checkbox"/> <input type="checkbox"/> KITCHEN HOOD EXTING. SYSTEM	<input type="checkbox"/> <input checked="" type="checkbox"/> BARS/WIRE ON WINDOWS
<input checked="" type="checkbox"/> <input type="checkbox"/> FIRE ALARM SYSTEM	<input checked="" type="checkbox"/> <input type="checkbox"/> OTHER FIRE EXTING. SYSTEM	<input type="checkbox"/> <input type="checkbox"/> LOCK BOX

OFFICER PREPARING REPORT: COMPANY DISTRICT GROUP DATE  
 BUS/PROP REPRESENTATIVE: M. Montezano POSITION / TITLE Super DATE OF REINSPECTION  
 FIRE SAFETY INSPECTOR: Edell Johnson DATE 12-26-00

RFD 501 REV. 2/00



BUILDING INSPECTION / COMPLAINT FORM



COMPANY FSA  
ADDRESS FROM / TO TAX ACCT # INSPECTION # 00 - 14391

CLINTON AV S 75 ADDRESS PHONE  
HOME PROPERTIES OF N.Y., INC. CITY ROCHESTER STATE NY ZIP 325-4761  
14604

MAILING NAME (SUITE) 850 CLINTON SQ. PHONE NY ZIP 14604  
HOME PROPERTIES OF N.Y., INC. CITY ROCHESTER STATE NY ZIP 14604

EMERGENCY CONTACT SECURITY OFFICE CITY STATE ZIP 325-3288

NFPA 901 CODES GENERAL PROPERTY USE  SPECIFIC PROPERTY USE  STRUCTURE TYPE  STRUCTURE STATUS

NO ENTRY DATES:

A = ATTIC  
C = CELLAR  
G = GARAGE  
O = OUTSIDE  
# = FLOOR #

DIRECTION ROOM #, ETC.

BUSINESS NAME: CLINTON SQUARE TOWER PHONE  
BUSINESS OWNER  
ADDRESS: 850 CLINTON SQUARE ROCHESTER NY 14604 PHONE  
BUSINESS EMERGENCY: DENNIS LEIBY (325-4761) SECURITY PHONE 325 3288

SPECIAL INSTRUCTIONS:  
SPECIAL HARZARDS OR CONSTRUCTION

COMPLAINT

NO VIOLATIONS NOTED AT THIS TIME  A  B  C  D

*850 Clinton occupied by home properties*

DISPOSITION by FIRE SAFETY:

REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
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Y N	Y N	Y N
<input type="checkbox"/> <input type="checkbox"/> SPRINKLER SYSTEM	<input checked="" type="checkbox"/> <input type="checkbox"/> FIRE/SMOKE DETECT. SYSTEM	<input checked="" type="checkbox"/> <input type="checkbox"/> SINGLE STATION SMOKE DETECTORS
<input checked="" type="checkbox"/> <input type="checkbox"/> STANDPIPE SYSTEM	<input checked="" type="checkbox"/> <input type="checkbox"/> KITCHEN HOOD EXTING. SYSTEM	<input type="checkbox"/> <input checked="" type="checkbox"/> BARS/WIRE ON WINDOWS
<input checked="" type="checkbox"/> <input type="checkbox"/> FIRE ALARM SYSTEM	<input type="checkbox"/> <input type="checkbox"/> OTHER FIRE EXTING. SYSTEM	<input type="checkbox"/> <input type="checkbox"/> LOCK BOX

OFFICER PREPARING REPORT: COMPANY DISTRICT GROUP DATE

BUS/PROP REPRESENTATIVE: *M. Montezano* POSITION / TITLE: *Super* DATE OF REINSPECTION

FIRE SAFETY INSPECTOR: *Bill Johnson* DATE: *12-26-00*

RFD 501 REV. 2/00

BUILDING INSPECTION / COMPLAINT FORM



COMPANY ADDRESS: FSA  
INSPECTION #: 00 - 14385  
FROM / TO: 75  
TAX ACCT #:

CLINTON AV S 75 ADDRESS PHONE  
HOME PROPERTIES OF N.Y., INC. 850 CLINTON SQ (SUITE) 325-4761  
CITY ROCHESTER STATE NY ZIP 14604  
MAILING NAME ADDRESS PHONE  
HOME PROPERTIES OF N.Y., INC. 850 CLINTON SQ (SUITE)  
CITY ROCHESTER STATE NY ZIP 14604  
EMERGENCY CONTACT ADDRESS PHONE  
SECURITY OFFICE 325-3288  
CITY STATE ZIP

NFPA 901 CODES	GENERAL PROPERTY USE <input type="checkbox"/>	SPECIFIC PROPERTY USE <input type="checkbox"/>	STRUCTURE TYPE <input checked="" type="checkbox"/> H	STRUCTURE STATUS <input type="checkbox"/>
NO ENTRY DATES:	BUSINESS NAME: <i>Pea body</i> NIXON, HARGRAVE, DEVONS & PHONE			DISPOSITION by FIRE SAFETY:
	BUSINESS OWNER ADDRESS: 1300 CLINTON SQ (SUITE) ROCHESTER NY 14604 PHONE 263 1000			
A = ATTIC C = CELLAR G = GARAGE O = OUTSIDE # = FLOOR #	BUSINESS EMERGENCY: GERALD BELANGER ADDRESS: 231 STONEWOOD AV ROCHESTER NY PHONE 621 2189			REFERRED ORDERS ISSUED CORRECTED NOT REQUIRED
	SPECIAL INSTRUCTIONS:			
	SPECIAL HARZARDS OR CONSTRUCTION			
DIRECTION ROOM #, ETC.	COMPLAINT			
	<input checked="" type="checkbox"/> NO VIOLATIONS NOTED AT THIS TIME <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			

Y N	Y N	Y N
<input checked="" type="checkbox"/> <input type="checkbox"/> SPRINKLER SYSTEM	<input checked="" type="checkbox"/> <input type="checkbox"/> FIRE/SMOKE DETECT. SYSTEM	<input checked="" type="checkbox"/> <input type="checkbox"/> SINGLE STATION SMOKE DETECTORS
<input checked="" type="checkbox"/> <input type="checkbox"/> STANDPIPE SYSTEM	<input checked="" type="checkbox"/> <input type="checkbox"/> KITCHEN HOOD EXTING. SYSTEM	<input type="checkbox"/> <input checked="" type="checkbox"/> BARS/WIRE ON WINDOWS
<input checked="" type="checkbox"/> <input type="checkbox"/> FIRE ALARM SYSTEM	<input type="checkbox"/> <input type="checkbox"/> OTHER FIRE EXTING. SYSTEM	<input type="checkbox"/> <input type="checkbox"/> LOCK BOX
OFFICER PREPARING REPORT:	COMPANY	DISTRICT
BUS/PROP REPRESENTATIVE: <i>M. Montezuma</i>	<i>Super</i>	GROUP
FIRE SAFETY INSPECTOR: <i>Bill Johnson</i>	DATE	DATE OF REINSPECTION
		<i>12-26-00</i>

RFD 501 REV. 2/00

BUILDING INSPECTION / COMPLAINT FORM



COMPANY FSA INSPECTION # 00 - 14386  
 ADDRESS \_\_\_\_\_ FROM / TO \_\_\_\_\_ TAX ACCT # \_\_\_\_\_  
 CLINTON AV S 75 ADDRESS PHONE  
 PROPERTY OWNER \_\_\_\_\_  
 HOME PROPERTIES OF N.Y., INC. CITY ROCHESTER STATE NY ZIP 325-4761  
 ADDRESS 850 CLINTON SQ (SUITE) PHONE NY 14604  
 MAILING NAME \_\_\_\_\_  
 HOME PROPERTIES OF N.Y., INC. CITY ROCHESTER STATE NY ZIP 14604  
 ADDRESS 850 CLINTON SQ (SUITE) PHONE NY 14604  
 EMERGENCY CONTACT \_\_\_\_\_  
 SECURITY OFFICE CITY STATE ZIP 325-3288

NFPA 901 CODES	GENERAL PROPERTY USE <input type="checkbox"/>	SPECIFIC PROPERTY USE <input type="checkbox"/>	STRUCTURE TYPE <u>H</u>	STRUCTURE STATUS <input type="checkbox"/>
NO ENTRY DATES:	BUSINESS NAME <u>PRUDENTIAL SECURITIES</u> PHONE _____ BUSINESS OWNER _____ ADDRESS <u>200 CLINTON SQ (SUITE) ROCHESTER NY</u> PHONE _____ BUSINESS EMERGENCY <u>RAY FOSTER</u> ADDRESS <u>3 WHITNEY LANE ROCHESTER NY 14610</u> PHONE <u>586 1862</u>			DISPOSITION by FIRE SAFETY:
A = ATTIC C = CELLAR G = GARAGE O = OUTSIDE # = FLOOR #	SPECIAL INSTRUCTIONS:			REFERRED ORDERS ISSUED CORRECTED NOT REQUIRED
DIRECTION ROOM #, ETC.	SPECIAL HARZARDS OR CONSTRUCTION			
COMPLAINT				
<input checked="" type="checkbox"/> NO VIOLATIONS NOTED AT THIS TIME <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D				
<u>200 now occupied by Home Properties</u>				

Y N	Y N	Y N
<input checked="" type="checkbox"/> <input type="checkbox"/> SPRINKLER SYSTEM	<input checked="" type="checkbox"/> <input type="checkbox"/> FIRE/SMOKE DETECT. SYSTEM	<input checked="" type="checkbox"/> <input type="checkbox"/> SINGLE STATION SMOKE DETECTORS
<input checked="" type="checkbox"/> <input type="checkbox"/> STANDPIPE SYSTEM	<input checked="" type="checkbox"/> <input type="checkbox"/> KITCHEN HOOD EXTING. SYSTEM	<input type="checkbox"/> <input checked="" type="checkbox"/> BARS/WIRE ON WINDOWS
<input checked="" type="checkbox"/> <input type="checkbox"/> FIRE ALARM SYSTEM	<input checked="" type="checkbox"/> <input type="checkbox"/> OTHER FIRE EXTING. SYSTEM	<input type="checkbox"/> <input type="checkbox"/> LOCK BOX
OFFICER PREPARING REPORT:	COMPANY	DISTRICT
BUS/PROP REPRESENTATIVE: <u>M. Monteyano</u>	POSITION / TITLE <u>Super</u>	
FIRE SAFETY INSPECTOR: <u>[Signature]</u>	DATE	DATE OF REINSPECTION
		<u>12-26-00</u>

RFD 501 REV. 2/00

BUILDING INSPECTION / COMPLAINT FORM



COMPANY ADDRESS FSA

INSPECTION # 00 - 14387  
TAX ACCT #

CLINTON AV S 75 ADDRESS PHONE

HOME PROPERTIES OF N.Y., INC. CITY ROCHESTER STATE NY ZIP 14604  
ADDRESS 850 CLINTON SQ (SUITE) PHONE 325-4761

HOME PROPERTIES OF N.Y., INC. CITY ROCHESTER STATE NY ZIP 14604  
ADDRESS 850 CLINTON SQ (SUITE) PHONE

SECURITY OFFICE CITY STATE ZIP 325-3288

NFPA 901 CODES GENERAL PROPERTY USE  SPECIFIC PROPERTY USE  STRUCTURE TYPE H STRUCTURE STATUS

NO ENTRY DATES:

BUSINESS NAME STONEHURST CAPITAL PHONE 325  
BUSINESS OWNER  
ADDRESS 890 CLINTON SQ (SUITE) ROCHESTER NY PHONE  
BUSINESS EMERGENCY SECURITY OFFICE  
ADDRESS PHONE 325 3288

DISPOSITION by FIRE SAFETY:

- A = ATTIC
- C = CELLAR
- G = GARAGE
- O = OUTSIDE
- # = FLOOR #

DIRECTION ROOM #, ETC.

SPECIAL INSTRUCTIONS:  
SPECIAL HARZARDS OR CONSTRUCTION

COMPLAINT

NO VIOLATIONS NOTED AT THIS TIME  A  B  C  D

*Same*

REFERRED  
ORDERS ISSUED  
CORRECTED  
NOT REQUIRED

Y N	Y N	Y N
<input checked="" type="checkbox"/> <input type="checkbox"/> SPRINKLER SYSTEM	<input checked="" type="checkbox"/> <input type="checkbox"/> FIRE/SMOKE DETECT. SYSTEM	<input checked="" type="checkbox"/> <input type="checkbox"/> SINGLE STATION SMOKE DETECTORS
<input checked="" type="checkbox"/> <input type="checkbox"/> STANDPIPE SYSTEM	<input checked="" type="checkbox"/> <input type="checkbox"/> KITCHEN HOOD EXTING. SYSTEM	<input type="checkbox"/> <input checked="" type="checkbox"/> BARS/WIRE ON WINDOWS
<input checked="" type="checkbox"/> <input type="checkbox"/> FIRE ALARM SYSTEM	<input checked="" type="checkbox"/> <input type="checkbox"/> OTHER FIRE EXTING. SYSTEM	<input type="checkbox"/> <input type="checkbox"/> LOCK BOX

OFFICER PREPARING REPORT: COMPANY DISTRICT GROUP DATE  
 BUS/PROP REPRESENTATIVE: M. Monteyone POSITION / TITLE Super DATE OF REINSPECTION  
 FIRE SAFETY INSPECTOR: Bill Cooper DATE 12-26-00

COPY TO FIRE SAFETY

RFD 501 REV. 2/00





1. Out Dated Fire Extinguishers

BUILDING INSPECTION / COMPLAINT FORM



COMPANY FSA INSPECTION # **99 - 04168**  
 ADDRESS CLINTON AV S FROM / TO 75 TAX ACCT #  
 PROPERTY OWNER HOME PROPERTIES OF N.Y., INC. ADDRESS 850 CLINTON SQ (SUITE) PHONE 325-4761  
 CITY ROCHESTER STATE NY ZIP 14604  
 MAILING NAME HOME PROPERTIES OF N.Y., INC. ADDRESS 850 CLINTON SQ (SUITE) PHONE  
 CITY ROCHESTER STATE NY ZIP 14604  
 EMERGENCY CONTACT SECURITY OFFICE ADDRESS PHONE  
 CITY STATE ZIP 325-3288

NFPA 901 CODES GENERAL PROPERTY USE  SPECIFIC PROPERTY USE  STRUCTURE TYPE H STRUCTURE STATUS

NO ENTRY DATES:	BUSINESS NAME <u>BROKERS SERVICE OFFICE</u> PHONE	DISPOSITION by FIRE SAFETY:			
	BUSINESS OWNER ADDRESS <u>810 CLINTON SQ (SUITE) ROCHESTER NY 14604</u> PHONE				
A = ATTIC C = CELLAR G = GARAGE O = OUTSIDE # = FLOOR #	BUSINESS EMERGENCY <u>SECURITY OFFICE</u> ADDRESS PHONE <u>325 3288</u>	REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
DIRECTION ROOM #, ETC.	SPECIAL INSTRUCTIONS: SPECIAL HARZARDS OR CONSTRUCTION				
	COMPLAINT				
	<input checked="" type="checkbox"/> NO VIOLATIONS NOTED AT THIS TIME				
	<u>Y N</u>				
	<input checked="" type="checkbox"/> <input type="checkbox"/> <u>SMOKE ALARMS</u>				
	<input checked="" type="checkbox"/> <input type="checkbox"/> <u>COOKING GAS SYSTEM</u>				
	<input checked="" type="checkbox"/> <input type="checkbox"/> <u>REFRIGERATION SYSTEM</u>				
	<input checked="" type="checkbox"/> <input type="checkbox"/> <u>STAIR ENCLOSURE</u>				
	<input checked="" type="checkbox"/> <input type="checkbox"/> <u>COMMON AREAS</u>				
	<input type="checkbox"/> <input checked="" type="checkbox"/> <u>BARBEREY WINDOW SHADOWS</u>				

OFFICER PREPARING REPORT:	COMPANY	DISTRICT	GROUP	DATE
BUS/PROP REPRESENTATIVE: <u>M. Montezono</u>	POSITION / TITLE <u>Bldg Super</u>			DATE OF REINSPECTION
FIRE SAFETY INSPECTOR: <u>Edell Capron</u>				DATE <u>12-26-00</u>

COPY TO FIRE SAFETY

RFD 501 REV. 12/97

BUILDING INSPECTION / COMPLAINT FORM



COMPANY FSA

INSPECTION # **99 - 04169**

ADDRESS CLINTON AV S FROM / TO 75

TAX ACCT #

PROPERTY OWNER HOME PROPERTIES OF N.Y., INC. ADDRESS 850 CLINTON SQ (SUITE) PHONE 325-4761  
CITY ROCHESTER STATE NY ZIP 14604

MAILING NAME HOME PROPERTIES OF N.Y., INC. ADDRESS 850 CLINTON SQ (SUITE) PHONE  
CITY ROCHESTER STATE NY ZIP 14604

EMERGENCY CONTACT SECURITY OFFICE ADDRESS PHONE  
CITY STATE ZIP 325-3288

NFPA 901 CODES GENERAL PROPERTY USE  SPECIFIC PROPERTY USE  STRUCTURE TYPE H STRUCTURE STATUS

NO ENTRY DATES:

BUSINESS NAME EMERALD CAPITAL PHONE 232-53  
BUSINESS OWNER  
ADDRESS 825 CLINTON SQUARE ROCHESTER NY  
PHONE

DISPOSITION by FIRE SAFETY:

BUSINESS EMERGENCY SECURITY OFFICE  
ADDRESS  
PHONE 325 3288

REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED

- A = ATTIC
- C = CELLAR
- G = GARAGE
- O = OUTSIDE
- # = FLOOR #

SPECIAL INSTRUCTIONS:  
SPECIAL HARZARDS OR CONSTRUCTION

DIRECTION ROOM #, ETC.

COMPLAINT

NO VIOLATIONS NOTED AT THIS TIME

Y N

SPRINKLER SYSTEM

LIQ SYSTEM

SYSTEM

SYSTEM

SYSTEM

SYSTEM

OFFICER PREPARING REPORT:	COMPANY	DISTRICT	GROUP	DATE
BUS/PROP REPRESENTATIVE:	POSITION / TITLE			DATE OF REINSPECTION
FIRE SAFETY INSPECTOR:				DATE

*Matt. Montezono*  
*Edell Johnson*

*Bldg Super*

*12-26-00*



BUILDING INSPECTION / COMPLAINT FORM



COMPANY FSA INSPECTION # **99 - 04171**  
 ADDRESS CLINTON AV S FROM / TO 75 TAX ACCT #  
 PROPERTY OWNER HOME PROPERTIES OF N.Y., INC. ADDRESS 850 CLINTON SQ (SUITE) PHONE 325-4761  
 CITY ROCHESTER STATE NY ZIP 14604  
 MAILING NAME HOME PROPERTIES OF N.Y., INC. ADDRESS 850 CLINTON SQ (SUITE) PHONE  
 CITY ROCHESTER STATE NY ZIP 14604  
 EMERGENCY CONTACT SECURITY OFFICE ADDRESS PHONE  
 CITY STATE ZIP 325-3288

NFPA 901 CODES GENERAL PROPERTY USE  SPECIFIC PROPERTY USE  STRUCTURE TYPE H STRUCTURE STATUS

NO ENTRY DATES:	BUSINESS NAME <u>ISSC</u> PHONE <u></u>	DISPOSITION by FIRE SAFETY:			
	BUSINESS OWNER ADDRESS <u>850 CLINTON SQ (SUITE) ROCHESTER NY 14604</u> PHONE <u>987 2701</u>				
A = ATTIC C = CELLAR G = GARAGE O = OUTSIDE # = FLOOR #	BUSINESS EMERGENCY <u>SECURITY OFFICE</u>	REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	ADDRESS <u></u> PHONE <u>325 3288</u>				
DIRECTION ROOM #, ETC.	SPECIAL INSTRUCTIONS:				
	SPECIAL HARZARDS OR CONSTRUCTION				
	COMPLAINT				
	<input checked="" type="checkbox"/> NO VIOLATIONS NOTED AT THIS TIME				
	<u>Y N</u>				
	<input checked="" type="checkbox"/> <u>DISPERSED</u>				
	<input checked="" type="checkbox"/> <u>DISPERSED</u>				
	<input checked="" type="checkbox"/> <u>DISPERSED</u>				
	<input checked="" type="checkbox"/> <u>DISPERSED</u>				
	<input checked="" type="checkbox"/> <u>DISPERSED</u>				
	<input checked="" type="checkbox"/> <u>DISPERSED</u>				
	<input checked="" type="checkbox"/> <u>DISPERSED</u>				

OFFICER PREPARING REPORT: \_\_\_\_\_ COMPANY \_\_\_\_\_ DISTRICT \_\_\_\_\_ GROUP \_\_\_\_\_ DATE \_\_\_\_\_  
 BUS/PROP REPRESENTATIVE: M. M. [Signature] POSITION / TITLE Bldg Super DATE OF REINSPECTION \_\_\_\_\_  
 FIRE SAFETY INSPECTOR: [Signature] DATE 12-26-00

RFD 501 REV. 12/97







BUILDING INSPECTION / COMPLAINT FORM



COMPANY: [REDACTED] AV S FROM 7 TO [REDACTED] INSPECTION # 99-04177  
 ADDRESS: CLINTON SQ (SUITE) ROCHESTER NY 14604 TAX ACCT # [REDACTED]  
 PROPERTY OWNER: PROPERTIES OF N.Y., INC. ADDRESS: CLINTON SQ (SUITE) ROCHESTER NY 14604  
 MAILING NAME: PROPERTIES OF N.Y., INC. ADDRESS: CLINTON SQ (SUITE) ROCHESTER NY 14604  
 EMERGENCY CONTACT OFFICE: [REDACTED] ADDRESS: [REDACTED] PHONE: 325-3288  
 CITY: [REDACTED] STATE: [REDACTED] ZIP: [REDACTED]

NFPA 901 CODES: [REDACTED] GENERAL PROPERTY USE: [REDACTED] SPECIFIC PROPERTY USE: [REDACTED] STRUCTURE TYPE: [REDACTED] STRUCTURE STATUS: [REDACTED]  
 NO ENTRY DATES: [REDACTED]

A = ATTIC C = CELLAR G = GARAGE O = OUTSIDE # = FLOOR #	BUSINESS NAME: [REDACTED] PHONE: [REDACTED] BUSINESS OWNER: RAY FOSTER PHONE: [REDACTED] ADDRESS: [REDACTED] ROCHESTER NY 14610 BUSINESS EMERGENCY CONTACT: [REDACTED] PHONE: [REDACTED] ADDRESS: [REDACTED] 586 1862	DISPOSITION by FIRE SAFETY: REFERRED ORDERS ISSUED CORRECTED NOT REQUIRED
	SPECIAL INSTRUCTIONS: SPECIAL HAZARDS OR CONSTRUCTION: COMPLAINT: <input checked="" type="checkbox"/> NO VIOLATIONS NOTED AT THIS TIME	
DIRECTION ROOM #, ETC.		
	Y N <input checked="" type="checkbox"/> [REDACTED] SYSTEM <input type="checkbox"/> [REDACTED] SYSTEM	

OFFICER PREPARING REPORT: [REDACTED] COMPANY: [REDACTED] DISTRICT: [REDACTED] GROUP: [REDACTED] DATE: [REDACTED]  
 BUS/PROP REPRESENTATIVE: [REDACTED] POSITION / TITLE: Bldg. Super DATE OF REINSPECTION: [REDACTED]  
 FIRE SAFETY INSPECTOR: [REDACTED] DATE: 12-26-00

RFD 501 REV. 12/97





BUILDING INSPECTION / COMPLAINT FORM



COMPANY FSA INSPECTION # **99 - 04180**

ADDRESS CLINTON AV S FROM / TO 75 TAX ACCT #

PROPERTY OWNER HOME LEASING CORP ADDRESS 850 CLINTON SQ PHONE 000-0000

CITY ROCHESTER STATE NY ZIP 14604

MAILING NAME HOME LEASING CORP ADDRESS 850 CLINTON SQ PHONE

CITY ROCHESTER STATE NY ZIP 14604

EMERGENCY CONTACT ADDRESS PHONE

CITY STATE ZIP 000-0000

NFPA 901 CODES GENERAL PROPERTY USE 59 SPECIFIC PROPERTY USE 592 STRUCTURE TYPE H STRUCTURE STATUS 2

NO ENTRY DATES:	BUSINESS NAME <u>CHASE LINCOLN FIRST BANK</u> PHONE	DISPOSITION by FIRE SAFETY:
	BUSINESS OWNER <u>CHASE LINCOLN FIRST BANK</u>	
	ADDRESS <u>75 S CLINTON AV</u> <u>ROCHESTER</u> <u>NY 14604</u>	REFERRED
	PHONE	
A = ATTIC	BUSINESS EMERGENCY <u>CENTRAL SECURITY OFFICE</u>	ORDERS ISSUED
C = CELLAR	ADDRESS	
G = GARAGE	PHONE <u>258 5555</u>	CORRECTED
O = OUTSIDE	SPECIAL INSTRUCTIONS:	
# = FLOOR #	SPECIAL HARZARDS OR CONSTRUCTION	NOT REQUIRED
DIRECTION ROOM #, ETC.	COMPLAINT	
	<input checked="" type="checkbox"/> NO VIOLATIONS NOTED AT THIS TIME	
	<u>Y N</u>	
	<input checked="" type="checkbox"/> <input type="checkbox"/> SPRINKLER SYSTEM	
	<input checked="" type="checkbox"/> <input type="checkbox"/> STAIRWELL SYSTEM	
	<input checked="" type="checkbox"/> <input type="checkbox"/> ELEVATOR SYSTEM	
	<input type="checkbox"/> <input type="checkbox"/> STAIRWELL SYSTEM	
	<input checked="" type="checkbox"/> <input type="checkbox"/> CORRIDOR SYSTEM	
	<input type="checkbox"/> <input checked="" type="checkbox"/> BALCONY/STAIRWELL DOORS	

OFFICER PREPARING REPORT:	COMPANY	DISTRICT	GROUP	DATE
BUS/PROP REPRESENTATIVE: <u>M. Montezano</u>	POSITION / TITLE <u>Super</u>			DATE OF REINSPECTION
FIRE SAFETY INSPECTOR: <u>[Signature]</u>				DATE <u>12-26-00</u>

RFD 501 REV. 12/97

BUILDING INSPECTION / COMPLAINT FORM



COMPANY FSA INSPECTION # **99 - 04181**

ADDRESS CLINTON AV S FROM / TO 75 TAX ACCT #

PROPERTY OWNER HOME PROPERTIES OF N.Y., INC. ADDRESS 850 CLINTON SQ (SUITE) PHONE 325-4761

CITY ROCHESTER STATE NY ZIP 14604

MAILING NAME HOME PROPERTIES OF N.Y., INC. ADDRESS 850 CLINTON SQ (SUITE) PHONE

CITY ROCHESTER STATE NY ZIP 14604

EMERGENCY CONTACT SECURITY OFFICE ADDRESS PHONE 325-3288

CITY STATE ZIP

NFPA 901 CODES GENERAL PROPERTY USE 59 SPECIFIC PROPERTY USE 592 STRUCTURE TYPE H STRUCTURE STATUS 2

NO ENTRY DATES:	BUSINESS NAME <u>CHASE MANHATTEN FIRST BANK</u> BUSINESS OWNER <u>CHASE MANHATTEN FIRST BANK</u> ADDRESS <u>(SUITE 500) CLINTON SQ ROCHESTER NY 14604</u> PHONE <u>258 5389</u>	DISPOSITION by FIRE SAFETY:			
		REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
A = ATTIC C = CELLAR G = GARAGE O = OUTSIDE # = FLOOR #	BUSINESS EMERGENCY <u>SECURITY OFFICE</u> ADDRESS <u>1 CHASE SQUARE ROCHESTER NY</u> PHONE <u>258 5555</u>				
DIRECTION ROOM #, ETC.	SPECIAL INSTRUCTIONS:				
	SPECIAL HARZARDS OR CONSTRUCTION				
	COMPLAINT				
	<input checked="" type="checkbox"/> NO VIOLATIONS NOTED AT THIS TIME				
	<u>YN</u>				
	<input checked="" type="checkbox"/> <u>SPRINKLER SYSTEM</u>				
	<input checked="" type="checkbox"/> <u>ALARM SYSTEM</u>				
	<input checked="" type="checkbox"/> <u>EXTINGUISHER SYSTEM</u>				
	<input checked="" type="checkbox"/> <u>SMOKE DETECTOR SYSTEM</u>				
	<input checked="" type="checkbox"/> <u>EMERGENCY LIGHTING SYSTEM</u>				
	<input checked="" type="checkbox"/> <u>EXIT SIGN SYSTEM</u>				
	<input checked="" type="checkbox"/> <u>STAIRWAY LIGHTING SYSTEM</u>				
	<input checked="" type="checkbox"/> <u>EMERGENCY EVACUATION ROUTE</u>				
	<input checked="" type="checkbox"/> <u>EMERGENCY EVACUATION ROUTE SIGNAGE</u>				
	<input checked="" type="checkbox"/> <u>EMERGENCY EVACUATION ROUTE LIGHTING</u>				
	<input checked="" type="checkbox"/> <u>EMERGENCY EVACUATION ROUTE MARKING</u>				
	<input checked="" type="checkbox"/> <u>EMERGENCY EVACUATION ROUTE OBSTRUCTION</u>				
	<input checked="" type="checkbox"/> <u>EMERGENCY EVACUATION ROUTE CLEARANCE</u>				
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	<input checked="" type="checkbox"/> <u>EMERGENCY EVACUATION ROUTE WIDTH</u>				









# Advanced Safety Systems

Fire Protection Systems

Main Office  
PO Box 296  
191 Main Street  
East Aurora, NY 14052  
Phone (716) 652-7110  
Fax (716) 652-5280  
www.advancedssafety.com

Buffalo - Niagara Falls  
Rochester - Syracuse  
(800) 227-3111

Syracuse Office  
6100 Mautz Road  
Syracuse, NY 13206  
Phone (315) 437-4588  
Fax (315) 437-0134



## REPORT OF INSPECTION

### FIRE ALARM/DETECTION CERTIFICATION AND TEST REPORT

PRE ACTION SMOKE/HEAT

#### Protected Property

Company Name: 1101 ROCHESTER  
Address: 750 CANTON ST  
City, State Zip: ROCHESTER, NY  
Contact Person: MARK DEAN  
Phone Number: 732-144-125  
Fax Number: \_\_\_\_\_

Protected Hazard: SMALL, HIGH RISE BUILDING  
Inspection Date: 11-1-00  
System Number: 9-00-10337 JNFA  
Service Technician: \_\_\_\_\_  
Next Inspection: PER 112N121024K

#### Panel Information

Manufacturers: <u>KEMETRON</u>	Battery Amp Hour: <u>70</u>	Circuit Breaker:
Model: <u>112N121024K</u>	Load Test Voltage: <u>24.9</u>	Software Revision:
Serial Number:	Battery Date: <u>12-1-01</u>	
Panel Revision:	Primary Power: <u>120VAC</u>	
Total Initiating Zones: <u>2</u>	Alarm Zones:	Supervisory Zones:
Total Indicating Circuits: <u>2</u>	Auxiliary Relays: <u>6</u>	Transponder Panels:
		Spare Indicating Circuits:

#### Initiating Device Summary

Quantity	Type	Quantity	Type	Quantity	Type	Quantity	Type
<u>41</u>	Smoke Detector	<u>2</u>	Manual Station	<u>1</u>	Sprinkler Flow Switch	<u>1</u>	<u>FA</u>
	Heat Detector		Optical Detector	<u>1</u>	Sprinkler Tamper Switch	<u>1</u>	<u>FA</u>
	Duct Detector		Pressure Switch		Fire Pump Supervisory		
	Fusible Link	<u>1</u>	Low Air Pressure				

#### Alarm Indicating Device Summary

Quantity	Type	Quantity	Type	Quantity	Type	Quantity	Type
<u>2</u>	Horn	<u>4</u>	Horn/Strobe		Strobe		
<u>1</u>	Bell		Bell/Strobe		Siren		
	Speaker		Speaker/Strobe				
	Chime		Chime Strobe				

#### Auxiliary Equipment Summary

Quantity	Type	Quantity	Type	Quantity	Type
<u>3</u>	Door Holders		Smoke Hatch	<u>2</u>	Remote Annunciator
	Maintenance Switch		Equipment Shutdowns	<u>1</u>	HVAC Shutdowns
	City Box		Digital Communicator		Tape Dialer
<u>1</u>	<u>PRE ACTION</u>	<u>1</u>	Dampers	<u>4</u>	<u>112N121024K</u>

SOLENOID

KEMETRON 1101  
3-PANEL

112N121024K

Customer Representative

Mark Dean VEC.

Date

11-1-00

Service Technician

Mark Dean

Date

11-1-00

Page of

# Advanced Safety Systems

## Fire Protection Systems

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Syracuse, NY 13206  
Phone (315) 437-4588  
Fax (315) 437-0134



### REPORT OF INSPECTION

Company Name: 1151 Protected Hazard: SCOUTS & INDIAN MUSEUM  
 Address: \_\_\_\_\_ Inspection Date: 11-1-00  
 City, State Zip: \_\_\_\_\_ System Number: 15-0-1151774-511

#### Notes & Discrepancies:

- 1- THIS WAS A PARTIAL INSPECTION BECAUSE OF LIMITED TIME AS THE NOT PART OF THE TIME
- 2- ALL EQUIPMENT WAS FOUND TO BE IN GOOD WORKING ORDER AND ALL LAC
- 3- ALL EQUIPMENT WAS FOUND TO BE IN GOOD WORKING ORDER AND ALL LAC
- 4- ALL EQUIPMENT WAS FOUND TO BE IN GOOD WORKING ORDER AND ALL LAC
- 5- ALL EQUIPMENT WAS FOUND TO BE IN GOOD WORKING ORDER AND ALL LAC

Customer Representative: [Signature] VEC Date: 11-1-00

Service Technician: [Signature] Date: 11-1-00



Job. 2000-044



### Advanced Safety Systems

Fire & Sprinkler Protection Systems  
191 Main Street  
East Aurora, NY 14052  
(716) 652-7110

Service Order #: \_\_\_\_\_  
Order Date: \_\_\_\_\_

#### SITE LOCATION

MCI Worldcom Rochester  
750 Clinton Street  
Rochester NY

#### BILL TO

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### DESCRIPTION OF WORK

Contact:	Phone:	Start Date:	Start Time:
----------	--------	-------------	-------------

#### Date Order Comments

11-1-00 TEST SYSTEM

#### WORK COMPLETED

Date	Number	Description	System ID	Qty	UoM
<u>11/1/00</u>	<u>2</u>	<u>BoB K</u>	<u>39-00-10827JH-FA</u>		<u>HR</u>

#### Service Notes:

TESTED PREACTION SYSTEM

Signature: Chris Glavin

Date: 11-1-00



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## REPORT OF INSPECTION

### INITIATING DEVICE DETAIL REPORT

Company Name: 11C1  
Address: \_\_\_\_\_  
City, State Zip: \_\_\_\_\_

Protected Hazard: 11-1-00  
Inspection Date: 11-1-00  
System Number: 11-1-00

Device Code	Model Number	Serial Number	Floor	Zone	Location	Address	Sens.	Pass	Fail	Notes
ISD	12541				11-1-00					
	↓									
	12542				11-1-00					
	↓									
	12545				11-1-00					
	↓									
	12546				11-1-00					
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	12547				11-1-00					
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	12548				11-1-00					
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	12599				11-1-00					
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	12600				11-1-00					

Rev B

#### Device Code

- PSD - Photoelectric Smoke Detector
- ISD - Ionization Smoke Detector
- PDD - Photoelectric Duct Detector
- IDD - Ionization Duct Detector
- SID - Single Station Detector
- BD - Beam Detector
- FD - Flame Detector
- RR - Rate of Rise Heat Detector
- HT - Fixed Temp Heat Detector
- AS - Abort Switch
- TS - Tamper Switch
- WF - Water Flow Switch
- PS - Pull Station
- LP - Low Pressure Switch
- MS - Maintenance Switch
- MR - Main Reserve Switch
- FPJ - Fire Phone Jack

Customer Representative \_\_\_\_\_ Date \_\_\_\_\_

Service Technician [Signature] Date 11-1-00



City of Rochester

Fire Safety Division  
Fire Department

300 Public Safety Building  
Rochester, New York 14614  
(716) 428-7037  
(716) 428-6069 Fax

DATE: 1-8-01

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TO WHOM IT MAY CONCERN:

As of this date, the Rochester Fire Department witnessed the 7TH FLOOR  
ALARM TEST  
at the premises located at 750 CLINTON AVE

No violations were noted.

Sincerely,

Code Enforcement Officer  
(716) 428-7037

(alrmtest)