

# Inspection Summary

## Customer Information

**Name** A1 Healthcare

## Building Information

**Name** A1 Healthcare - BLDG B

**Address** 123 Healthcare Way, Miamisburg, OH 45342

## Contact Information

**Name** Kevin Smith

**Role** Director of Facilities

**E-Mail** kmith@a1health.org

**Phone** 937-572-1234

## Account Information

**Service Provider** A1 Sprinkler and Systems Integration

**Office Address** 2383 Northpointe Drive, Miamisburg,  
OH 45342

**Office Phone** 937-859-6198

**Office License** 53.57.1240

**Inspector Name** Jeff Wilson

**Inspector License** 54.19.1037

## Inspection Information

**Start Date** 03/13/2024

**Date** 03/13/2024

**Inspection Type** ACHC

**Work Order#** N/A

**Timezone** GMT-04:00

### *Inspection Summary*

The following Tests and Inspections have been covered in this inspection

[Duct, Heat, Flame, Optical, Smoke Detectors, Pull Stations](#)

[Notification Devices Audible, Visual, Speakers and Door Releasing Devices](#)

[NFPA 72](#)

### **DEVICE DEFICIENCIES**

No device deficiencies in this inspection.

## INSPECTION RESULTS SUMMARY

TEST PERFORMED	DEVICE TYPE	CURRENT INSPECTION RESULTS					PREVIOUS INSPECTION RESULTS
		TOTAL	PASSED	FAILED	CANNOT INSPECT	% INSPECTED	TOTAL
<a href="#">□□□□□□□□</a>	Duct Detector	1	1	0	0	100	1
<a href="#">□□□□□□□□</a>	Pull Station	7	7	0	0	100	7
<a href="#">□□□□□□□□</a>	Smoke Detector	17	17	0	0	100	17
<a href="#">□□□□□□□□</a>	Horn/Strobe	10	10	0	0	100	10
<a href="#">□□□□□□□□</a>	Strobe	11	11	0	0	100	11
<a href="#">NFPA 72</a>	Annunciator	7	7	0	0	100	7
<a href="#">NFPA 72</a>	Battery	1	1	0	0	100	1
	TOTAL	54	54	0	0	100	54

## DUCT, HEAT, FLAME, OPTICAL, SMOKE DETECTORS, PULL STATIONS

**CUSTOMER NAME:** A1 Healthcare  
**BUILDING NAME:** A1 Healthcare - BLDG B  
**BUILDING ADDRESS:** 123 Healthcare Way, Miamisburg, OH 45342  
**CONTACT NAME:** Kevin Smith  
**CONTACT E-MAIL:** ksmith@a1ssi.com  
**CONTACT ROLE:** Director of Facilities  
**CONTACT PHONE:** 9375246083

**SERVICE PROVIDER:** A1 Sprinkler and Systems Integration  
**OFFICE ADDRESS:** 2383 Northpointe Drive, Miamisburg, OH 45342  
**OFFICE PHONE:** 937-859-6198  
**OFFICE LICENSE:** 53.57.1240  
**INSPECTOR:** Jeff Wilson  
**INSPECTOR LICENSE:** 54.19.1038  
**INSPECTION START DATE:** 03/13/2024  
**INSPECTION END DATE:** 03/13/2024  
**WORK ORDER:** N/A  
**TIMEZONE:** GMT-04:00

### INSPECTION RESULTS SUMMARY

DEVICE TYPE	CURRENT INSPECTION RESULTS					PREVIOUS INSPECTION RESULTS
	INVENTORY COUNT	PASSED	FAILED	CANNOT INSPECT	% INSPECTED	INVENTORY COUNT
Pull Station	7	7	0	0	100	7
Smoke Detector	17	17	0	0	100	17
Duct Detector	1	1	0	0	100	1

#### DEVICE DEFICIENCIES

No device deficiencies in this inspection.

#### RETIRED DEVICES

No retired devices in this inspection.

## ACHC 13.02.02

Every 12 months the facility will test all **Pull Stations**. The completion date of the tests is documented.

### Manual Pull Stations

For additional guidance on performing the tests, see NFPA 72-2010: Table 14.4.5; 17.14

Device	Test Method
<b>Manual Pull Stations</b>	<p><b>Performance Verification. Inspection, testing, and maintenance progress shall</b> satisfy the requirements of this Code, shall conform to the equipment manufacturer's recommendations, and shall verify correct operation of the fire alarm system.</p> <p>Confirm that each fire alarm box is unobstructed, readily accessible, located in the normal path of egress and that the installed height of each is between 3 ½ feet and 4 ½ feet above the floor. Confirm that there is a manual box within five feet of every exit door. Activate each manual box by physically operating the device.</p> <p>Operate per manufacturer's instruction. For key-operated pre-signal fire alarm boxes, test both pre-signal and general alarm circuits.</p>

PULL STATION								
#	LOCATION	DESCRIPTION	ADDRESS	DEVICE TYPE	BARCODE	INSPECTOR	DATE OF TEST	RESULT
1	Basement	Basement	9	Pull Station	5296795	Jeff Wilson	03/13/2024	Passed
2	Basement	Basement	11	Pull Station	5296806	Jeff Wilson	03/13/2024	Passed
3	Entrance to Family Practice	Entrance to Family Practice	17	Pull Station	5296966	Jeff Wilson	03/13/2024	Passed
4	Family Practice Rear Exit	Family Practice Rear Exit	21	Pull Station	5296969	Jeff Wilson	03/13/2024	Passed
5	Orthopaedic Back Exit	Orthopaedic Back Exit	15	Pull Station	5296789	Jeff Wilson	03/13/2024	Passed
6	Orthopaedic Entrance	Orthopaedic Entrance	13	Pull Station	5296794	Jeff Wilson	03/13/2024	Passed
7	Sleep Lab By Back Exit	Sleep Lab By Back Exit	42	Pull Station	5296974	Jeff Wilson	03/13/2024	Passed

## ACHC 13.02.02

Every 12 months the facility will test all **Smoke Detectors**. The completion date of the tests is documented.

### Smoke Detectors

For additional guidance on performing the tests, see NFPA 72-2010: Table 14.4.5; 17.14

Device	Test Method
<b>Smoke Detectors</b>	<b>Performance Verification. Inspection, testing, and maintenance progress shall</b> satisfy the requirements of this Code, shall conform to the equipment manufacturer's recommendations, and shall verify correct operation of the fire alarm system.

The detectors will be tested in place to ensure the smoke entry into the sensing chamber and an alarm response. Testing with smoke or listed aerosol acceptable to the manufacturer, or other means acceptable test method.

**Sensitivity Testing: Every 2 Years** - Ensure that each smoke detector is within its listed and marked sensitivity range by testing using either:

1. A calibrated test method; or
2. The manufacturer's calibrated sensitivity test instrument; or
3. Listed control equipment arranged for the purpose; or
4. A smoke detector/control unit arrangement whereby the detector causes a signal at the control unit when its sensitivity is outside its acceptable sensitivity range; or
5. Other calibrated sensitivity test method acceptable to the authority having jurisdiction.

**\*\*NOTE:** The detector sensitivity cannot be tested or measured using any spray device that administers an unmeasured concentration of aerosol into the detector.

SMOKE DETECTOR								
#	LOCATION	DESCRIPTION	ADDRESS	DEVICE TYPE	BARCODE	INSPECTOR	DATE OF TEST	RESULT
1	Family Practice By Exam 1	Family Practice By Exam 1	38	Smoke Detector	5296967	Jeff Wilson	03/13/2024	Passed
2	Family Practice by Exam Room 3	Family Practice by Exam Room 3	39	Smoke Detector	5296968	Jeff Wilson	03/13/2024	Passed
3	Family Practice Lobby	Family Practice Lobby	37	Smoke Detector	5296970	Jeff Wilson	03/13/2024	Passed
4	Orthopaedic by Room 2	Orthopaedic by Room 2	29	Smoke Detector	5296787	Jeff Wilson	03/13/2024	Passed
5	Orthopaedic by Staff Restroom	Orthopaedic by Staff Restroom	30	Smoke Detector	5296788	Jeff Wilson	03/13/2024	Passed
6	Orthopaedic Hall by Reception	Orthopaedic Hall by Reception	28	Smoke Detector	5296790	Jeff Wilson	03/13/2024	Passed
7	Orthopaedic Hallway by Storage Room	Orthopaedic Hallway by Storage Room	30	Smoke Detector	5296792	Jeff Wilson	03/13/2024	Passed
8	Orthopaedic Lobby	Orthopaedic Lobby	32	Smoke Detector	5296793	Jeff Wilson	03/13/2024	Passed
9	Orthopaedic Reception	Orthopaedic Reception	27	Smoke Detector	5296791	Jeff Wilson	03/13/2024	Passed
10	Sleep Lab by Room 1	Sleep Lab by Room 1	45	Smoke Detector	5296973	Jeff Wilson	03/13/2024	Passed
11	Sleep Lab by Room 2	Sleep Lab by Room 2	44	Smoke Detector	5296972	Jeff Wilson	03/13/2024	Passed
12	Sleep Lab Front Entrance	Sleep Lab Front Entrance	47	Smoke Detector	5296971	Jeff Wilson	03/13/2024	Passed
13	Sleep Lab Room #1	Sleep Lab Room #1	26	Smoke Detector	5296975	Jeff Wilson	03/13/2024	Passed
14	Sleep Lab Room #2	Sleep Lab Room #2	25	Smoke Detector	5296977	Jeff Wilson	03/13/2024	Passed
15	Sleep Lab Room #3	Sleep Lab Room #3	24	Smoke Detector	5296976	Jeff Wilson	03/13/2024	Passed
16	Sleep Lab Room #4	Sleep Lab Room #4	23	Smoke Detector	5296978	Jeff Wilson	03/13/2024	Passed
17	Sleep Lab Staff Room Closet	Sleep Lab Staff Room Closet	46	Smoke Detector	36883293	Jeff Wilson	03/13/2024	Passed

## ACHC 13.02.02

Every 12 months the facility will test all **Duct Detectors**. The completion date of the tests is documented.

### Duct Detectors

For additional guidance on performing the tests, see NFPA 72-2010: Table 14.4.5; 17.14

Device	Test Method
<b>Duct Detectors</b>	<p><b>Performance Verification. Inspection, testing, and maintenance progress shall</b> satisfy the requirements of this Code, shall conform to the equipment manufacturer's recommendations, and shall verify correct operation of the fire alarm system.</p> <p>The detectors will be tested in place to ensure the smoke entry into the sensing chamber and an alarm response. Testing with smoke or listed aerosol acceptable to the manufacturer, or other means acceptable test method.</p> <p><b>Sensitivity Testing: Every 2 Years</b> - Ensure that each smoke detector is within its listed and marked sensitivity range by testing using either:</p> <ol style="list-style-type: none"> <li>1. A calibrated test method; or</li> <li>2. The manufacturer's calibrated sensitivity test instrument; or</li> <li>3. Listed control equipment arranged for the purpose; or</li> <li>4. A smoke detector/control unit arrangement whereby the detector causes a signal at the control unit when its sensitivity is outside its acceptable sensitivity range; or</li> <li>5. Other calibrated sensitivity test method acceptable to the authority having jurisdiction.</li> </ol>



DUCT DETECTOR								
#	LOCATION	DESCRIPTION	ADDRESS	DEVICE TYPE	BARCODE	INSPECTOR	DATE OF TEST	RESULT
1	Family Practice Furnace Closet	Family Practice Furnace Closet	36	Duct Detector	36884603	Jeff Wilson	03/13/2024	Passed


## ACHC 13.02.02

Every 12 months the facility will test all **Miscellaneous Initiating Devices**. The completion date of the tests is documented.

### Miscellaneous Initiating Devices

For additional guidance on performing the tests, see NFPA 72-2010: Table 14.4.5; 17.14

Device	Test Method
<b>Fire Extinguishing System(s) or Suppression System(s) Alarm Switch</b>	The switch shall be mechanically or electrically operated and receipt of signal by the control panel shall be verified.
<b>All other specialty devices that initiate an alarm in the Fire alarm system</b>	These devices shall be mechanically or electrically operated and receipt of signal by the control panel shall be verified in accordance with manufacturer requirements.

<b>Inspector Signature</b> _____ 	<b>Inspector Name</b> _____ Jeff Wilson _____	<b>Date</b> _____ 03/13/2024 _____
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**NOTIFICATION DEVICES AUDIBLE, VISUAL, SPEAKERS AND DOOR RELEASING DEVICES**

**CUSTOMER NAME:** A1 Healthcare  
**BUILDING NAME:** A1 Healthcare - BLDG B  
**BUILDING ADDRESS:** 123 Healthcare Way, Miamisburg, OH 45342  
**CONTACT NAME:** Kevin Smith  
**CONTACT E-MAIL:** ksmith@a1health.org  
**CONTACT ROLE:** Director of Facilities  
**CONTACT PHONE:** 9375721234

**SERVICE PROVIDER:** A1 Sprinkler and Systems Integration  
**OFFICE ADDRESS:** 2383 Northpointe Drive, Miamisburg, OH 45342  
**OFFICE PHONE:** 937-859-6198  
**OFFICE LICENSE:** 53.57.1240  
**INSPECTOR:** Jeff Wilson  
**INSPECTOR LICENSE:** 54.19.1037  
**INSPECTION START DATE:** 03/13/2024  
**INSPECTION END DATE:** 03/13/2024  
**WORK ORDER:** N/A  
**TIMEZONE:** GMT-04:00

**INSPECTION RESULTS SUMMARY**

DEVICE TYPE	CURRENT INSPECTION RESULTS					PREVIOUS INSPECTION RESULTS
	INVENTORY COUNT	PASSED	FAILED	CANNOT INSPECT	% INSPECTED	INVENTORY COUNT
Horn/Strobe	10	10	0	0	100	10
Strobe	11	11	0	0	100	11

**DEVICE DEFICIENCIES**  
 No device deficiencies in this inspection.

**RETIRED DEVICES**  
 No retired devices in this inspection.

## ACHC 13.02.02

Every 12 months the facility will test all audio-visual appliances including speakers speakers and door-releasing devices on the inventory. The completion date of the tests is documented.


### Audible and Visual Notification Appliances, and Door Releasing Devices

For additional guidance on performing the tests, see NFPA 72-2010: Table 14.4.5

Device	Test Method
<b>Audible notification appliance test criteria:</b>	<ol style="list-style-type: none"> <li>1. Upon alarm activation , it was determined whether or not alarm tones were sufficiently higher than average ambient noise level.</li> <li>2. On silencing the audible alarm tones from one initiating device, not resetting the fire/life safety system, and activating another initiating device, confirmation or subsequent audible alarm activation was tested.</li> </ol>
<b>Visual notification appliance test criteria:</b>	<ol style="list-style-type: none"> <li>1. Strobes were tested and confirmed that the flash rate was with an acceptable range of 60-120 times per minute (1-2 times per second).</li> <li>2. If it was determined that at the time of installation, the strobes in an area were to be synchronized, then synchronization was confirmed.</li> </ol>
<b>One-way Emergency Voice Communication/ Public Address (speakers) test criteria:</b>	<ol style="list-style-type: none"> <li>1. All "evacuation" controls were tested for functionality.</li> <li>2. All "public address" controls were tested for functionality in a non-alarm state.</li> <li>3. With an active audible alarm tone, the voice communication system was confirmed to override the alarm tones. On ending use of the voice communication system, the audible alarm tones were confirmed to resume.</li> </ol>
<b>Door Releasing Devices</b>	Correct operation shall be verified by activating an Alarm Initiating Device which will de-energize and close the Door Releasing Device.

HORN/STROBE								
#	LOCATION	DESCRIPTION	ADDRESS	DEVICE TYPE	BARCODE	INSPECTOR	DATE OF TEST	RESULT
1	Basement	Basement	B-114	Horn/Strobe	36884114	Jeff Wilson	03/13/2024	Passed
2	Basement	Basement	B-115	Horn/Strobe	36884115	Jeff Wilson	03/13/2024	Passed
3	Family Practice by Exam 1	Family Practice by Exam 1	B-125	Horn/Strobe	36884125	Jeff Wilson	03/13/2024	Passed
4	Family Practice by Exam Room 3	Family Practice by Exam Room 3	B-126	Horn/Strobe	36884126	Jeff Wilson	03/13/2024	Passed
5	Family Practice Lobby	Family Practice Lobby	B-124	Horn/Strobe	36884124	Jeff Wilson	03/13/2024	Passed
6	Orthopaedic by Room 2	Orthopaedic by Room 2	B-1109	Horn/Strobe	36884119	Jeff Wilson	03/13/2024	Passed
7	Orthopaedic by Staff Restroom	Orthopaedic by Staff Restroom	B-117	Horn/Strobe	36884117	Jeff Wilson	03/13/2024	Passed
8	Orthopaedic by Storage Room	Orthopaedic by Storage Room	B-116	Horn/Strobe	36884116	Jeff Wilson	03/13/2024	Passed
9	Sleep Lab by Reception	Sleep Lab by Reception	B-128	Horn/Strobe	36884128	Jeff Wilson	03/13/2024	Passed
10	Sleep Lab by Room 1	Sleep Lab by Room 1	B-134	Horn/Strobe	36884134	Jeff Wilson	03/13/2024	Passed

STROBE								
#	LOCATION	DESCRIPTION	ADDRESS	DEVICE TYPE	BARCODE	INSPECTOR	DATE OF TEST	RESULT
1	Family Practice Lobby Restroom	Family Practice Lobby Restroom	B-123	Strobe	36884123	Jeff Wilson	03/13/2024	Passed
2	Orthopaedic Bathroom by Reception	Orthopaedic Bathroom by Reception	B-120	Strobe	36884120	Jeff Wilson	03/13/2024	Passed
3	Orthopaedic Lobby	Orthopaedic Lobby	B-122	Strobe	36884122	Jeff Wilson	03/13/2024	Passed
4	Orthopaedic Lobby Bathroom	Orthopaedic Lobby Bathroom	B-121	Strobe	36884121	Jeff Wilson	03/13/2024	Passed
5	Orthopaedic Staff Restroom	Orthopaedic Staff Restroom	B-118	Strobe	36884118	Jeff Wilson	03/13/2024	Passed
6	Pediatric Restroom	Pediatric Restroom	B:127	Strobe	36884127	Jeff Wilson	03/13/2024	Passed
7	Sleep Lab Restroom by Room 1	Sleep Lab Restroom by Room 1	B-133	Strobe	36884133	Jeff Wilson	03/13/2024	Passed
8	Sleep Lab Room #1 Restroom	Sleep Lab Room #1 Restroom	B-132	Strobe	36884132	Jeff Wilson	03/13/2024	Passed
9	Sleep Lab Room #2 Restroom	Sleep Lab Room #2 Restroom	B-130	Strobe	36884130	Jeff Wilson	03/13/2024	Passed
10	Sleep Lab Room #3 Restroom	Sleep Lab Room #3 Restroom	B-131	Strobe	36884131	Jeff Wilson	03/13/2024	Passed
11	Sleep Lab Room #4 Restroom	Sleep Lab Room #4 Restroom	B-129	Strobe	36884129	Jeff Wilson	03/13/2024	Passed

<b>Inspector Signature</b> _____ 	<b>Inspector Name</b> _____ Jeff Wilson _____	<b>Date</b> _____ 03/13/2024 _____
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**NFPA 72 - ACHC 13.02.02**

**CUSTOMER NAME:** A1 Healthcare  
**BUILDING NAME:** A1 Healthcare - BLDG B  
**BUILDING ADDRESS:** 123 Healthcare Way, Miamisburg, OH 45342  
**CONTACT NAME:** Kevin Smith  
**CONTACT E-MAIL:** ksmith@a1health.org  
**CONTACT ROLE:** Director of Facilities  
**CONTACT PHONE:** 9375721234

**SERVICE PROVIDER:** A1 Sprinkler and Systems Integration  
**OFFICE ADDRESS:** 2383 Northpointe Drive, Miamisburg, OH 45342  
**OFFICE PHONE:** 937-859-6198  
**OFFICE LICENSE:** 53.57.1240  
**INSPECTOR:** Jeff Wilson  
**INSPECTOR LICENSE:** 54.19.1037  
**INSPECTION START DATE:** 03/13/2024  
**INSPECTION END DATE:** 03/13/2024  
**WORK ORDER:** N/A  
**TIMEZONE:** GMT-04:00

**INSPECTION RESULTS SUMMARY**

DEVICE TYPE	CURRENT INSPECTION RESULTS					PREVIOUS INSPECTION RESULTS
	INVENTORY COUNT	PASSED	FAILED	CANNOT INSPECT	% INSPECTED	INVENTORY COUNT
Battery	2	2	0	0	100	2
Annunciator	7	7	0	0	100	7

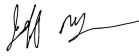
**DEVICE DEFICIENCIES**  
 No device deficiencies in this inspection.

**RETIRED DEVICES**  
 No retired devices in this inspection.



BATTERY							
#	LOCATION	DESCRIPTION	DEVICE TYPE	BARCODE	INSPECTOR	DATE OF TEST	RESULT
1	Basement	Basement	Battery	36883295	JeffWilson	03/13/2024	Passed
Scanned on 03/13/2024							
Quantity (Enter 2 if answering for a set)							2
Amp Hour Rating							9
Visual Inspection							Pass
Has the Alarm Equipment or Battery Manufacturer's Replacement Date Been Exceeded?							Pass
Manufacturer Date Code							10/8/22
Voltage Without Charger							12.84
Load Voltage (Discharge) Test							
Load Voltage Test Results (%)							100

ANNUNCIATOR							
#	LOCATION	DESCRIPTION	DEVICE TYPE	BARCODE	INSPECTOR	DATE OF TEST	RESULT
1	Basement	Basement	Annunciator	48677934	Jeff Wilson	03/13/2024	Passed
2	Family Practice By Back Exit	Family Practice By Back Exit	Annunciator	48677938	Jeff Wilson	03/13/2024	Passed
3	Family Practice By Reception	Family Practice By Reception	Annunciator	48677937	Jeff Wilson	03/13/2024	Passed
4	Orthopaedic Back Exit	Orthopaedic Back Exit	Annunciator	48677936	Jeff Wilson	03/13/2024	Passed
5	Orthopaedic Entrance	Orthopaedic Entrance	Annunciator	48677935	Jeff Wilson	03/13/2024	Passed
6	Sleep Lab Back Exit	Sleep Lab Back Exit	Annunciator	48677940	Jeff Wilson	03/13/2024	Passed
7	Sleep Lab Front Entrance	Sleep Lab Front Entrance	Annunciator	48677939	Jeff Wilson	03/13/2024	Passed

Inspector Signature 	Inspector Name <u>Jeff Wilson</u>	Date <u>03/13/2024</u>
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**DEVICE NOTE IMAGE APPENDICES**