

Date: 5-21-20

WO#: 2004-0627



FIRETROL Protection Systems

Location:	Tillman County Dept Human Services		
Address:	125 N 9th St		
City:	Frederick		
State/Zip:	OK 73541		
Contact:	Ronnie Calvin	Phone:	405-613-2258
Email:			

Office (405) 752-2330 Fax (405) 752-2297

108 NW 132nd St., Oklahoma City, OK 73114
OK. Lic. #0863 / 302

Fire Protection/Life Safety System Information

Today, I ☒ Inspected / ☐ Serviced the fire protection/life safety system(s) at the above referenced address. I have identified the following:

System(s)	System(s) Tag	Service
<input checked="" type="checkbox"/> Alarm & Detection System	<input type="checkbox"/> Green <input checked="" type="checkbox"/> Yellow <input type="checkbox"/> Red	<input type="checkbox"/> System Out of Service
<input type="checkbox"/> Sprinkler System	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red	<input checked="" type="checkbox"/> System Impairment
<input type="checkbox"/> Special Hazard System	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red	<input type="checkbox"/> Pending Repairs
<input type="checkbox"/> Portable Fire Extinguisher	<input type="checkbox"/> Service Needed	<input type="checkbox"/> System Not Monitored
<input type="checkbox"/> Other _____	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red	<input type="checkbox"/> See Below

Description	
1.	1DC09 SMOKE "2nd Elevator" did not recall elevator
2.	1D021 SMOKE "Elevator Control Room" did not recall elevator.
3.	2nd floor hallway ceiling strobe did not operate. Device is not wired properly for end of line supervision.
	Red System Sensor SC241575
	Recommend adding a SMOKE detector to top of elevator shaft
	Recommend adding more notification & initiation devices for more coverage.


As per State Code of Regulations, all automatic fire protection systems are to be maintained in operating condition and repaired in accordance with NFPA standards.


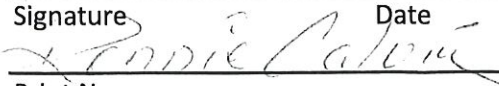
Property owner assumes all liability for any damages that may be related to the failure (or partial failure) of their fire protection/life safety system(s) due to any deficiency or impairment (whether identified above or not.) Firetrol Protection Systems will provide you a quotation upon request to repair all deficiencies/impairments noted. Should you have any questions or require any additional information, please do not hesitate to contact our office.

Firetrol Protection Systems, Inc. advises that you **IMMEDIATELY** take the actions listed on the reverse side.

Sincerely,

Customer Acknowledgement


Inspector/Technician Date 5-21-20


Signature Date 5-21-20

Print Name

Firetrol Protection Systems - System Tag Requirements

YELLOW TAG - FIRE ALARM SYSTEM / SPRINKLER SYSTEM

If your Fire Alarm and/or Fire Sprinkler System has been YELLOW tagged per Oklahoma Statue OAC 310:205 section 310:205-5-2 sub section C. The application of this inspection tag requires notification to the Fire Code Official within seventy-two (72) hours.

YELLOW TAG - PRE-ENGINEERED FIRE SUPPRESSION SYSTEM

If your Pre-Engineered Fire Suppression System has been YELLOW tagged per Oklahoma Statue OAC 310:451 section 310:451-5-2 sub section C. The application of this inspection tag requires notification to the Fire Code Official within seventy-two (72) hours

YELLOW TAG - ENGINEERED FIRE SUPPRESSION SYSTEM

If your Engineered Suppression System has been YELLOW tagged per Oklahoma Statue OAC 310:451 section 310:451-5-3 sub section C. The application of this inspection tag requires notification to the Fire Code Official within seventy-two (72) hours.

RED TAG - FIRE ALARM SYSTEM / SPRINKLER SYSTEM

If your Fire Alarm and/or Fire Sprinkler System has been RED tagged per Oklahoma Statue OAC 310:205 section 310:205-5-2 sub section D. The application of this inspection tag requires notification to the Fire Code Official within twenty-four (24) hours.

RED TAG - PRE-ENGINEERED FIRE SUPPRESSION SYSTEM

If your Fire Alarm and/or Fire Sprinkler System has been RED tagged per Oklahoma Statue OAC 310:451 section 310:205-5-2 sub section D. The application of this inspection tag requires notification to the Fire Code Official within twenty-four (24) hours.

RED TAG - ENGINEERED FIRE SUPPRESSION SYSTEM

If your Fire Alarm and/or Fire Sprinkler System has been RED tagged per Oklahoma Statue OAC 310:451 section 310:205-5-3 sub section D. The application of this inspection tag requires notification to the Fire Code Official within twenty-four (24) hours.

NOTIFICATION OF NON-WORKING FIRE PROTECTION/LIFE SAFETY SYSTEMS

Firetrol Protection Systems, Inc. advises that you IMMEDIATELY do the following:

- 1) Notify your insurance company that your system requires service.
- 2) Notify your local fire department that your system is leaking & a call for service has been placed.
- 3) For any system "Red Tags", system impairments or systems out of service provide continuous fire watch until such time a code compliant system(s) is back in service.

Oklahoma Department of Labor



Leslie Osborn
COMMISSIONER OF LABOR

Oklahoma Department of Human Services
Paul Johnson
P O Box 268833
Oklahoma City, OK 73126

OKLAHOMA # E30987
LAST INSPECTED 11/18/2019
EXPIRATION DATE 11/30/2021
CAPACITY 2100
SPEED 100

LOCATION West Hall--Single

Attached is your Certificate of Operation as required by the Elevator Safety Act and Administrative Rules, 59 O.S. § 3020 and OAC 380:70.

All elevators covered under this Act, whether new or previously installed, are required to be inspected by an Inspector certified by the Oklahoma Department of Labor. Any Certification of Operation issued by the Department shall be maintained in a suitable frame under transparent cover. The required Certificate of Operation shall be posted conspicuously as follows: (1) inside elevator cars, or (2) inside escalator and moving walkway machinery rooms, or (3) in some other location acceptable to the Department.

In case of an accident contact (405) 521-6100 immediately. After 5:00 p.m. and weekends, call (405) 227-5799. Report unsafe conditions to the proper authority.

Respectfully,

Ralph Cole
Chief Elevator Inspector

RECEIVED

DEC 10 2019

D.H.S.
FACILITIES MGMT.

Detach card and post in Elevator or other Conveyance

CERTIFICATE FOR USE OF ELEVATOR / OTHER CONVEYANCE

OKLAHOMA STATUTES SECTION 3020 OF TITLE 59

LOCATION	Oklahoma Department of Human Services - Tillman County--West Hall--Single		
OKLAHOMA #	E30987	CAPACITY	2100
LAST INSPECTED	11/18/2019	SPEED	100
EXPIRATION DATE	11/30/2021		

IN CASE OF ACCIDENT NOTIFY (405) 521-6100 IMMEDIATELY.
AFTER 5:00 P.M. & WEEKENDS, CALL (405) 227-5799.
REPORT UNSAFE CONDITIONS TO THE PROPER AUTHORITY.

Leslie Osborn, Commissioner

Oklahoma Department of Human Services -
125 N 9th Street
Frederick, OK 73542



STATE OF OKLAHOMA
DEPARTMENT OF LABOR
3017 North Stiles, Suite 100
Oklahoma City, OK 73105
(405) 521-6100
Fax (405) 521-6025



Elevator Inspection

Safety Standards Division

www.labor.ok.gov

Melissa McLawhorn Houston, Commissioner

OKLAHOMA DEPARTMENT OF LABOR

3017 North Stiles, Suite 100

Oklahoma City, OK 73105

(405) 521-6100

FAX (405) 521-6025

DATE INSP MO/DAY/YR 11/18/2019	CERT.EXP.DATE MO/YEAR 11/30/2021	OKLA NUMBER 30987	SERIAL NUMBER EG4260	PERMIT #	TEMP CERT of OPER <input type="checkbox"/> 30 <input type="checkbox"/> 60 <input type="checkbox"/> 90 <input type="checkbox"/> LOJ	INSP CYCLE <input type="checkbox"/> Res. <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3
LOCATION (BUILDING) Oklahoma Department of Human Services - Tillman Cou		LOCATION ATTENTION Kimi Strickland		LOCATION - COUNTY Tillman		
LOCATION PHYSICAL ADDRESS 125 N 9th Street		LOCATION CITY Frederick	LOCATION ZIP 73542	EMAIL ADDRESS		
OWNER Oklahoma Department of Human Services		OWNER ATTENTION Paul Johnson		LOCATION PHONE (580) 335-6800		
OWNER ADDRESS P O Box 268833		OWNER CITY Oklahoma City	OWNER ST OK	OWNER PHONE		
BILLING CONTRACTOR NAME Clear		BILLING CONTRACTOR CITY		BILLING CONTRACTOR ATTENTION		
NATURE OF BUSINESS Government Building	ENTITY TYPE <input type="checkbox"/> PRIVATE <input type="checkbox"/> CITY <input type="checkbox"/> COUNTY <input checked="" type="checkbox"/> STATE	HOISTWAY LOCATION West Hall		DEVICE LOCATION IN HOISTWAY Single		
MANUFACTURER Dover	CAPACITY (lbs) 2100	SPEED (fpm) 100	RISE (ft.in) 12'2"	OPENINGS 1	# OF LANDINGS 2	
DEVICE TYPE <input type="checkbox"/> CONST/TEMP <input checked="" type="checkbox"/> WHEELCHAIR LIFT <input type="checkbox"/> ESCALATOR/MW <input type="checkbox"/> PERSONNEL HOIST <input type="checkbox"/> PLATFORM <input type="checkbox"/> STAIRWAY CHAIR				ELEVATOR <input type="checkbox"/> LU/LA <input checked="" type="checkbox"/> PASSENGER <input type="checkbox"/> FREIGHT		
MACHINE TYPE <input type="checkbox"/> CABLE <input type="checkbox"/> HAND POWER <input type="checkbox"/> ROPED HYDRAULIC <input type="checkbox"/> PNEUMATIC VACUUM <input checked="" type="checkbox"/> DIRECT PLUNGER HYDRAULIC <input type="checkbox"/> OTHER				INSTALLED YEAR 1996 CODE YEAR A17.3 2017		
LATEST TEST DATES (MO/YR) 1 YR TEST 05/2019 5 YR TEST						
INSPECTION TYPE <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Periodic <input type="checkbox"/> Reinsp <input type="checkbox"/> Follow Up <input type="checkbox"/> Witness <input type="checkbox"/> Alter	CERTIFICATE Issue: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Temp: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No To: <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Location	LABOR FEE INSP \$200.00 <input checked="" type="checkbox"/> NEW <input type="checkbox"/> ALTER WITNESS <input type="checkbox"/> ALTER CERT FEE \$25.00 FEE TOTAL \$225.00		INVOICING Insp/Inv to: <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Location <input type="checkbox"/> Contractor Alter to: <input type="checkbox"/> Owner <input type="checkbox"/> Location <input type="checkbox"/> Contractor Witness to: <input type="checkbox"/> Owner <input type="checkbox"/> Location <input type="checkbox"/> Contractor		
<input checked="" type="checkbox"/> NO ADVERSE CONDITIONS NOTED AT THIS INSPECTIO						
CD		Deficiency:		Deficiency to: <input type="checkbox"/> Owner <input type="checkbox"/> Location <input type="checkbox"/> Contractor		
<input type="checkbox"/> RED TAG <input type="checkbox"/> INACTIVE <input type="checkbox"/> SCRAPPED		# Vio 0 # Rec 0		<input type="checkbox"/> Third Party Inspection		
COMMENTS/VIOLATIONS/RECOMMENDATION V = Violations; must be corrected within 30 days. R = Recommendation. C = Comments						
V None						
R None						
C						

Inspector# Inspector Name

40021 Joshua Barton

Barbara Calhoun

bc

J. Barton

