New Nouveau Brunswick

Operating Permit - Elevating Device

Permis d'exploitation - Appareil élévateur

Issued under the Elevators and Lifts Act

Délivré en vertu de la Loi sur les ascenseurs et les monte-charge

Technical Inspection Services
Services d'inspection technique

Justice and Public Safety
Justice et sécurité publique

Permit No.:/N° de Permis: 1170-028

Issued To: Délivré à:	**ANGLOPHONE WEST SCHOOL DISTRICT**	Expiry Date: Date d'échéance:	**2026/04/11**
Mailing Address: Adresse d'envoi:	**1135 PROSPECT ST** **FREDERICTON NB** **E3B 3B9**	Device No: N° d'appareil:	**1170**
Operating Address: Adresse d'apparei	**KESWICK VALLEY MEMORIAL SCHOOL** **20 617 HWY** **BURTTS CORNER NB**	Site No: N° du site:	**1559-01**
Type of Device: Type d'attraction:	**PASSENGER ELEVATOR** **ASCENSEUR**	Capacity: Capacité:	**1500** or ou **9** Persons Personnes

Description:
Description:

Keith R Steeves

Chief Elevator Inspector/Inspecteur en chef des élévateurs

Brunswick Fyr Systems Division
A Day & Night Company
231 Edinburgh Drive, Moncton NB E1E 2K9
Telephone: (506) 853-3473 fax: (506) 857-3192
Toll Free: 1-877-853-2473 Email: systems@brunswickfyr.ca

Inspection Report

Service Date Dec. 17th, 2024. SYS 21

CUSTOMER: SCH014
KESWICK VALLEY MEMORIAL SCHOOL
ANGLOPHONE WEST
1135 PROSPECT STREET
FREDERICTON NB E3B 3B9
CONTACT:
PHONE: 506-453-5454

LOCATION SYS
KESWICK VALLEY MEMORIAL SCHOOL
20 ROUTE 617
BURTTS CORNER NB E6L 2X3

CONTACT: KIM
PHONE: 506-756-9968

EMAIL: peggy.barkwell@nbed.nb.ca;nadine.peters@gnb.ca;angus.smith@nbed.nb.ca

---SERVICE INFORMATION---
DATE OF LAST SERVICE: May 13, 2024 ANNIVERSARY DATE: 05 / 11
FREQUENCY: 2
ROUTE: 87 (11/23) / 13 (8/21)
SYSTEM: ANSUL R102 3 GALLON WCS WW HOOD @ 3 FLOWPOINTS
Hydro Test Date: 2009
System(s) deficiencies? YES / NO Meet UL300? NO
Class K fire extinguisher? YES / NO Class K required? YES / NO
Equipment Lineup MUST BE LISTED LEFT TO RIGHT Tech Initials C.S

36" RANGE / 24" GRILL
Hood Size 6'
Detectors 2
# of Ducts 1
Duct Nozzles 0
Plenum Nozzles 0
Appliance Nozzles 3
Shut Off ELECTRIC

- Semi annual inspection of Kitchen fire suppression system.
- Changed 2 (360°) fuse links.
- 1 temper seal
- Checked / Cleaned all Nozzle's.
- Detection Line (✓)

If mechanical, was cable tight? YES or NO
If NO were adjustments made? N/A
Is gas valve piping and cable secure?
Extinguishers / Emergency Lights FEXT 1 ATLANTIC / EL

REQUIRES NOZZLES; QUICK SEALS; DUCT PROTECTION / SYSTEM SHOULD BE UPGRADED TO MEET UL300
NOTHING SHOULD BE HUNG ON DETECTION EMT

CUSTOMER'S SIGNATURE M. Tucker TECHNICIAN'SIGNATURE
HST 12073 3220
Date printed 25 Oct 24

Splash Guard Installed-Required? /Cartridge Installed? /Safety Pin Removed? /System Certificate Installed?
NO.

Report of Inspection / Test

Frequency: Annual ITM

2024-08-07
Property
KESWICK VALLEY MEMORIAL - D14
20 ROUTE 617
BURTT'S CORNER NB E6L 2X3

WO Ref #: 768424

Conducted by: Roy Barton
NB Sprinkler System Installer 10072972

Troy Life & Fire Safety Ltd
175 Henri Dunant Street
Moncton New Brunswick E1E 1E4
1-877-441-8769

Troy Life & Fire Safety Ltd.

24 HR. SERVICE
1-877-441-8769
troylfs.com

Report of Inspection / Test General Questions

OWNER SECTION			
Is the building occupied?	Yes	Has the occupancy classification, hazard of contents, and/or storage method remained the same since the last inspection?	Yes
Are all fire protection systems in service?	Yes	Has the system remained in service without modification since the last inspection?	Yes
Was the system free of actuations of devices or alarms since the last inspection?	Yes	Name of owner representative who provided the information?	Mike / Troy LFS Inspector
Does the property owner maintain records per NFPA 25 4.3.3?	Yes	Is the building/owner able to supply as-built drawings for the system(s)?	Yes
FIRE DEPARTMENT CONNECTION			
Are the FDC caps and plugs in place and undamaged?	Yes	Is the FDC check valve free of leaks?	Yes
Has the interior of the FDC been inspected for obstructions?	Yes	Is the visible piping supplying the FDC undamaged?	Yes
If locking caps/plugs are in place, has an internal inspections been conducted?	Yes	Are the fire department connections visible and accessible?	Yes
Are gaskets in place and in good condition?	Yes	Is the fire department connection clapper(s) in place and operating properly?	Yes
Are identification signs in place?	Yes	Is the automatic drain valve in place and operating properly?	Yes
SPRINKLER HEADS			
Were all areas accessible for visual sprinkler inspection?	Yes	Are visible sprinklers in the proper position: upright, pendent, sidewall?	Yes
Are visible sprinklers free of corrosion and physical damage?	Yes	Is there proper clearance below the sprinklers?	Yes
Are visible sprinklers free of foreign materials including foreign paint?	Yes	Is there liquid in all visible glass bulb sprinklers?	Yes
Are all the sprinklers dated 1920 or later?	Yes	Have fast-response sprinklers 20 or more years old been replaced or successfully sample tested within last 10 years?	N/A
Have standard response sprinklers 50 or more years old been replaced or successfully sample tested within last 10 years?	N/A	In the last 10 years, have dry-type sprinklers been replaced or successfully sample tested?	N/A
Have standard response sprinklers 75 or more years old been replaced or successfully sample tested within last 5 years?	N/A	In the last 5 years, have sprinklers subject to harsh environments been replaced or successfully sample tested?	N/A
If any sprinklers failed a multiyear representative sample test, were all sprinklers within the area represented by that sample replaced?	N/A	In last 5 years, have solder-type sprinkler with temperature classification of extra high [325deg F (163 deg C)] or greater been tested?	N/A

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Are there the correct number and type of spare sprinklers as required?	Yes	Is there a list of spare sprinklers?	Yes
Is there a sprinkler wrench for each type of sprinkler?	Yes	Do all installed recessed, flush, and concealed sprinklers appear to have their listed escutcheon or coverplate installed?	Yes
PIPES			
Are the visible pipe and fittings in good condition with no external corrosion?	Yes	Do visible pipe and fittings have no mechanical damage or leaks?	Yes
Does visible pipe have no external loads?	Yes	Are visible pipe hangers and seismic braces not damaged or loose?	Yes
If system pipe flushing was identified (as required during previous 5 year internal) was it completed?	N/A	In the last 5 years, has an internal pipe inspection been performed?	Yes
Did dry pipe system piping protecting or passing through refrigerated spaces pass internal inspection for ice obstruction?	N/A	If yes, was additional pipe examined to ensure that no additional ice obstructions or ice blockages exist on dry system?	N/A
Have dry systems passed air leakage test within the last 3 years?	Yes		
CONTROL VALVE AREA			
Are the control valves in correct (open or closed) position?	Yes	Are the control valves locked or is supervision in place?	Yes
Are the control valves accessible?	Yes	Are the control valves free from leaks?	Yes
Are appropriate wrenches available for the control valves?	Yes	Are the control valves properly identified?	Yes
VALVE AREA			
All control valves operated through full range and returned to normal position?	Yes	Are the gauges in good condition and showing normal air and water pressure?	Yes
Are all check valves externally inspected, operating properly, and are in good condition?	Yes	Are Pressure reducing valves (sprinkler system) in open position and not leaking?	N/A
Are Pressure reducing valves (sprinkler system) with downstream pressure per the design?	N/A	Are Pressure reducing valves in good condition including no handwheels broken?	N/A
Do valve supervisory switches indicate movement?	Yes	The electrical waterflow alarm devices passed test by opening inspector's test connection/bypass connection with alarms actuating and flow observed?	Yes
Have post indicating valves been opened until spring or torsion felt in the rod and then closed back 1/4 turn?	N/A	In last 5 years, have pressure reducing valves passed partial flow test?	N/A
In last 5 years, have alarm valves and associated strainers, filters, and restricted orifices passed an internal inspection?	Yes	In last 5 years, have strainers, filters, restricted orifices and diaphragm chambers on valves and trim passed internal inspection?	Yes
In last 5 years, have gauges been checked by a calibrated gauge or replaced?	Yes	Have pressure reducing valves passed full flow test?	N/A

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Are valve enclosures maintaining a minimum of 4 degrees C or more?	Yes		
DRY VALVE			
Low temperature alarms are in good working condition?	N/A	Are the gauges in good condition and showing normal air and water pressure?	Yes
For freezer systems, gauge near compressor reading the same as gauge near the dry-pipe valve?	Yes	Is the dry pipe valve(s) free from physical damage?	Yes
Are trim valves in appropriate (open or closed) position?	Yes	Is there no leakage in the intermediate chamber?	Yes
Is the priming level correct?	Yes	Has the low air pressure switch passed it's test?	Yes
Has the quick opening device passed the test?	N/A	Have the strainers, filters and orifices been inspected?	Yes
In the last 3 years, was dry pipe valve full trip conducted with the control valve fully open and the quick-opening device, if provided, in service?	Yes		
BACKFLOW PREVENTERS			
Is relief port on RPZ device not discharging?	Yes	Have backflow devices passed forward flow test?	N/A
In last 5 years, have backflow preventers been internally inspected to verify all components are in good condition, operate correctly and move freely?	N/A		
ALARMS			
Is the alarm valve free from physical damage?	Yes	Is the trim in correct (open or closed) position?	Yes
Is there no leakage in the retarding chamber or drains?	Yes	Have low temperature alarms passed test?	N/A
Are alarms and supervisory devices not damaged?	Yes	Do low temperature alarms appear to be free of physical damage?	N/A
TESTING			
All control valves operated through full range and returned to normal position?	Yes	Has the piping from the fire department connection to the fire department check valve been hydrostatically tested within the last 5 years?	Yes
Mechanical waterflow alarm devices passed tests (alarms actuated and flow observed)?	Yes		
MAINTENANCE			
In the last 5 years, have the dry valve(s), strainers, filters and restricted orifices pass internal inspection?	Yes	Is interior of dry-pipe valves cleaned and in good condition?	Yes
Have auxiliary drains been drained/operated?	N/A	Have adjusted, repaired, reconditioned, or replaced components had proper tests/inspections performed? (Identify component and details)	N/A
Was a drain test conducted after opening any closed valve?	Yes	Operating stem of all OS&Y valves lubricated, completely closed and reopened?	N/A

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Have sprinklers and spray nozzles protecting commercial cooking equipment and ventilating systems been replaced annually?	N/A		

INSPECTION

Is the hydraulic name plate (calculated systems) attached securely to the riser and legible?	Yes	Is the information sign attached and legible?	Yes
In last 5 years, have the check valves been internally inspected?	Yes	Is the excess pressure pump free of damage and operational?	Yes

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Report of Inspection / Test for System - WET 1

WET SYSTEM MAIN DRAIN FLOW TEST

Record initial static pressure	109	Record residual pressure	Tanks
Record static pressure	N/A	Seconds to return to initial static	N/A
Is flow observed?	Yes	Are results comparable to previous test	Yes
Did waterflow alarm operate?	Yes		

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Report of Inspection / Test for System - DRY 1

DRY VALVE

Have automatic air maintenance devices passed test?	Yes	When refilling, did the air supply restore normal air pressure in the system within 30 minutes?	Yes
Is there an auxiliary/low point drain list on the valve riser(s)? If YES, attach picture(s) front and back.	N/A		

AIR COMPRESSORS

Is the air compressor, piping, wiring free of physical damage?	Yes	Is the air compressor anchored properly to the structure or system piping?	Yes
For oil-filled air compressors, is the level sufficient?	Yes	Does the air compressor operate as intended on the proper drop in pressure?	Yes
Does the air compressor operate without overheating?	Yes	For oil-filled air compressors, has the oil been replaced or changed?	Yes

DRY VALVE PARTIAL TRIP TEST

Dry Valve Make	Tyco	Dry Valve Model	DPV-1
Dry Valve Serial No.	1073	Dry Valve Size	4
Dry Valve Year	2004	Accelerator Make	N/A
Accelerator Model	N/A	Accelerator Serial No.	N/A
Accelerator Year	N/A	Without Accelerator: Time to Trip	N/A
Without Accelerator: Water Pressure	109	Without Accelerator: Air Pressure	35
Without Accelerator: Trip Point Air Pressure	14	Without Accelerator: Did alarm operate?	Yes
With Accelerator: Time to Trip	N/A	With Accelerator: Water Pressure	N/A
With Accelerator: Air Pressure	N/A	With Accelerator: Trip Point Air Pressure	N/A
With Accelerator: Did alarm operate?	N/A	Were results comparable to previous test?	Yes
Record low pressure activation point (psi)	26	Full trip test as required has been performed within the last 3 years?	2023

DRY SYSTEM MAIN DRAIN FLOW TEST

Record initial static pressure	106	Record residual pressure (psi)	Tank
Record static pressure (psi)	N/A	Seconds to return to initial static	ma
Is flow observed?	Yes	Are results comparable to previous test	Yes
Did waterflow alarm operate?	Yes		

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INSPECTORS TEST CONNECTION

System	Location	Description	Time to Alarm (seconds)	Reported?	Smooth Orifice	Easily Accessible	Signs?	Pass?
WET 1	Quiet room end of hall second floor	Globe valve	60	Yes	Yes	Yes	Yes	Yes
DRY 1	Quiet room end of hall second floor	Attic	na	Yes	Yes	Yes	Yes	Yes
WET 1	Rear exit	First Floor	60	Yes	Yes	Yes	Yes	Yes

VALVES

System	Description	Location	Valve Type	Size	Secured	Open	Easily Accessible	Signs	Exercised	Stems Lubricated	Flow Pass	Tamper Pass
WET 1	System Riser	Tank Room	Butterfly	4 "	Monitored	Yes	Yes	Yes	Yes	N/A	N/A	Pass
DRY 1	Attic	Sprinkler Room	Butterfly	4 "	Monitored	Yes	Yes	Yes	Yes	N/A	N/A	Pass
DRY 1	Tyco	Sprinkler Room	Dry Pipe Valve	4 "	Monitored	N/A	Yes	Yes	Yes	N/A	Pass	Pass
WET 1	Bulk feed second	Sprinkler Room	Butterfly	4 "	Monitored	Yes	Yes	Yes	Yes	N/A	N/A	Pass
WET 1	Gem	Sprinkler Room	Alarm Valve	4 "	Monitored	N/A	Yes	Yes	Yes	N/A	Pass	Pass
WET 1	Tank 1	Sprinkler Room	Butterfly	4 "	Monitored	Yes	Yes	Yes	Yes	N/A	N/A	Pass
WET 1	Tank 2	Sprinkler Room	Butterfly	4 "	Monitored	Yes	Yes	Yes	Yes	N/A	N/A	Pass
WET 1	Tank room	Sprinkler Room	Butterfly	2 "	Monitored	Yes	Yes	Yes	Yes	N/A	N/A	Pass
WET 1	Elevator machine room	Above ceiling outside library	Butterfly	1 "	Monitored	Yes	Yes	Yes	Yes	N/A	N/A	Pass
WET 1	Elevator shaft	Top of stairs before library	Butterfly	1 "	Monitored	Yes	Yes	Yes	Yes	N/A	N/A	Pass
WET 1	Second floor	Above ceiling in library	Butterfly	3 "	Monitored	Yes	Yes	Yes	Yes	N/A	N/A	Pass
WET 1	Elevator pit	Tank room	Butterfly	1 "	Monitored	Yes	Yes	Yes	Yes	N/A	N/A	Pass

DRAIN VALVES

System	Description	Location	Drain	Aux Drain Drained	Water Flow Observed
DRY 1	Main Drain	Tank Room		N/A	Yes

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Deficiencies - General Questions

None

Deficiencies - General Wet System Questions

None

Deficiencies - General Dry System Questions

None

Deficiencies - WET 1

None

Deficiencies - DRY 1

None

Deficiencies - Inspectors Test Connection

None

Deficiencies - Valves

None

Deficiencies - Drain Valves

None

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Inspector Signature

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

Inspector Name	Signature	Date Completed
Roy Barton NB Sprinkler System Installer 10072972		2024-08-07

Fire Alarm Inspection Report

This states that the Fire Alarm System,

Type MIRTONE SERIES 7600

Located ANGLOPHONE WEST SCHOOL DISTRICT – KESWICK RIDGE SCHOOL
167 MCKEEN ROAD - KESWICK RIDGE, NB

Was checked and **WAS** in proper working order on,

Date JULY 25, 2024

Deficiencies

Recommendations and/or comments PLEASE SEE THE ATTACHED DEVICE LIST FOR ANY RECOMMENDATIONS AND/OR COMMENTS.

NATIONAL ALARM SYSTEMS FREDERICTON LTD.
BURGLAR * FIRE * CCTV * SOUND

Checked by _____ Technician
GORDON GILMORE Technician

National Alarm Systems (F'ton) Ltd.
PO Box 202, 891 Riverside Drive
Fredericton, NB E3B 4Y9
Ph: (506) 458-9433 • Fax: (506) 452-8791

In compliance with Can/ULC S536-04

New Nouveau Brunswick

Fire Inspection Report
Rapport d'inspection d'incendie

Fire Prevention Act
Loi sur la prévention des incendies

Office of the Fire Marshal
Bureau du prévôt des incendies

Justice and Public Safety
Justice et sécurité publique

Inspection No.: 6383034
N° d'inspection:

Type: **Fire Periodic Inspection**
Sécurité-incendie - inspection périodique

Completed Date: **2024/11/06**
Date complet:

Date Scheduled: **2024/10/26**
Date fixée:

Site Id: **1559-01** PID#: **N/A / S/O** Site:		Owner/Tenant: **Anglophone West School District** Propriétaire/Locataire:	Client No: **166434** N° de client:
Location: **20 617 Hwy** Emplacement: **Burtts Corner NB**		Mailing Address: **1135 Prospect St** Adresse d'envoi: **Fredericton NB E3B 3B9**	
Building: **Keswick Valley Memorial School** Bâtiment:			
Bldg Equiv: ☐		Tel/Télé: **(506) 453-5454**	
Usage: **School, elementary & middle** Utilisation: **École primaire et intermédiaire**		Contact: Personne-ressource:	
Occupancy: **N/A / S/O** Occupation:		Tel/Télé:	

Installation No.: **162187** N° d'installation:				Occupant Load: **211** Nombre de personnes:	
Roof Construction: **Non combustible** Constr. du toit: **Incombustible**		Wall Construction: **Non combustible** Constr. du mur: **Incombustible**		Year Constructed: **N/A** Année de construction: **S/O**	
No Storeys: **2** N° d'étages:		Length (m): **N/A** Longueur (m): **S/O**		Width (m): **N/A** Largeur (m): **S/O**	
Ground Floor(m2): **N/A** Surface de rez-de-chaussée(m2): **S/O**		Fire Department: **Keswick Valley** Service d'incendie: **Keswick Valley**			
Basement: **No/Non** Sous-sol:		No Streets Faced: **1** N° de rues a fait face:		Standpipe: **No/Non** Conduite d'incendie :	
Fire Walls: **No/Non** Coupe-feu:		Sprinkler System: **Yes/Oui** Extincteurs automatiques:		Hazardous Mat.: **No/Non** Mat. dang.:	
Fire Alarm(Y/N): **Yes/Oui** Réseau avert :				Connected to Monitoring Station: **Yes/Oui** Branché à la station de contré:	

Details Détails	Status Statut	Details Détails	Status Statut	Details Détails	Status Statut
Auto hold open devices Disp. Auto. demaintien en position ouverte	S	Civic address Adresse de voirie	S	Commercial cooking equipment Appareil commercial de cuisson	S
Electrical service room Local du service d'électricité	S	Emergency lighting Éclairage de secours	S	Exit doors Portes de sortie	S
Exit signs & lights Panneaux et éclairage de sortie	S	Extension cord use Rallonge électrique	S	Fire alarm system Réseau avertisseur d'incendie	S
Fire alarm test log Registre d'essai de l'avertisseur d'incendie	S	Fire closures Dispositifs d'obturation	S	Fire safety drill Exercices d'incendie	S
Fire separations Séparations coupe-feu	S	Fixed cooking systems Système fixe de cuisson	S	Heating service room Local du service de chauffage	S
Housekeeping/storage Tenue de locaux/entrepôt	S	Occupant load Nombre de personnes	S	Portable fire extinguishers Extincteurs d'incendie portatifs	S
Safety plans Plans de sécurité	S	Siamese connection Raccord pompier	S	Smoke detectors Détecteurs de fumée	S
Sprinkler maintenance Entretien des extincteurs	S	Sprinkler valve test log Registre d'essai du poste de Registre d'essai du p	S		

S = Satisfactory
S = Satisfaisant

U = Unsatisfactory
U = Non satisfaisant

X = Not Inspected
X = Non Inspecté

VIOLATIONS/ORDERS/COMMENTS - INFRACTIONS/ORDERS/COMMENTAIRES

COMPLIANCE DATE:
DATE DE CONFORMITÉ:

Received By/Reçu par: _____ Orders Issued/Ordres émis: _____
Position/Poste: Signature:

Inspected By/Inspecté par: **Burns, Charles (506) 478-3869** Date: **2024/11/06**

Persons failing to comply with the New Brunswick Fire Prevention Act F-13 and Regulations are liable to the penalties and/or conditions defined in the aforementioned Act.

Quiconque contrevient à Loi sur la prévention des incendies du Nouveau-Brunswick, c.F-13, et ce règlements d'application et passible d'une peine et/ou assujetti aux conditions énoncées dans ladite Loi.

CERTIFICATE OF INSPECTION OF FIRE ALARM SYSTEM

This certifies that the **NOTIFIER** fire alarm system

Located at **20 ROUTE 617**
BURTTS CORNER, NB

was checked and inspected by **QUALITY SOUND ALARM LTD.**

by a trained technician in accordance with the Standard for the Inspection of a Fire Alarm System Inspection CAN4-S536

This certificate must be validated by AUGUST 2025 as per ULCS536.

Issued in **FREDERICTON** on the **23rd** day of **AUGUST 2024**

PETER TAYLOR
Technician

CAMERON MACDONALD
Authorized Signature

QUALITY SOUND ALARM

FIRE ALARM SYSTEM ANNUAL TEST AND INSPECTION REPORT

(CAN/UL-SC536-04 Reference Clause 5.1.2)

Building Name:	KESWICK VALLEY MEMORIAL SCHOOL - ASDW	Date:	AUGUST 23-2024
Address	20 ROUTE 617 BURTTS CORNER, NB		
System Manufacturer:	NOTIFIER	Model Number:	NSF320C

A	System provides single-stage operation	Yes	✓	No				
B	System provides two-stage operation	Yes		No	✓			
C	The entire fire alarm system has been inspected and tested in accordance with Can/ULC-S536, Inspection and testing of fire alarm systems	Yes	✓	No				
D	The fire alarm system documentation is on site and includes a description of the system	Yes		No	✓	N/A		
E	The fire alarm system is fully functional	Yes	✓	No		N/A		
F	The fire alarm system has deficiencies noted on the pages attached	Yes		No	✓	N/A		
G	Comments							
H	A copy of this report will be given to the following, who is the owner or owner's representative for this building: MARK REID	Yes	✓	No				

This is to certify that the information contained in this fire alarm system annual test and inspection report is correct and complete

PETER TAYLOR	Quality Sound Alarm Ltd	506-452-0161
Printed name of Primary Supervisor Technician Conducting the test and inspection	Company	Telephone
Signature of Primary Supervisor Technician Conducting the test and inspection	Identification Number of Primary or Supervising Technician conducting the test and inspection	
PETER TAYLOR	Quality Sound Alarm Ltd	506-452-0161
Printed name of technician conducting the test and inspection	Company	Telephone
PETER TAYLOR		
Signature of technician conducting the test and inspection	Identification Number of technician conducting the test and inspection	

E2. CONTROL UNIT OR TRANSPONDER TEST RECORD

Yes ✓ = Tested Correctly No ✓ = Did not test correctly N/A ✓ = Not applicable

E2.1 CONTROL UNIT TRANSPONDER TEST

(CAN/UL-SC536-04 Reference Clause 5.1.3, 5.2.2.1)

Control unit or transponder location	MAIN OFFICE
Control unit of transponder identification	

A	power 'ON' visual indicator operates	Yes	✓	No		N/A	
B	common visual trouble signal operates	Yes	✓	No		N/A	
C	common audible trouble signal operates	Yes	✓	No		N/A	
D	trouble signal silence switch operates	Yes	✓	No		N/A	
E	main power supply failure trouble signal operates	Yes	✓	No		N/A	
F	ground fault tested on positive and negative initiates trouble signal	Yes	✓	No		N/A	
G	alert signal operates	Yes		No		N/A	✓
H	alarm signal operates	Yes	✓	No		N/A	
I	automatic transfer from alert signal to alarm signal operates	Yes		No		N/A	✓
J	manual transfer from alert signal to alarm signal operates	Yes		No		N/A	✓
K	automatic transfer from alert signal to alarm signal cancel (acknowledge) feature operates on a two stage system	Yes		No		N/A	✓
L	alarm signal silence inhibit function operates	Yes		No		N/A	✓
M	alarm signal manual silence operates	Yes	✓	No		N/A	
N	alarm signal silence visual indication operates	Yes	✓	No		N/A	
O	alarm signal, when silenced, automatically reinitiates upon subsequent alarm	Yes	✓	No		N/A	
P	alarm signal silence automatic cut out timer	Time:					
Q	audible and visual alert signals and alarm signals programmed and operate per design and specification; or documentation as detailed in appendix 'C', description of fire alarm system for inspection and test procedures	Yes	✓	No		N/A	
R	input circuit, alarm and supervisory operation, including audible and visual indication operates	Yes	✓	No		N/A	
S	input circuit supervision fault causes a trouble indication	Yes	✓	No		N/A	
T	output circuit alarm indicators operate	Yes	✓	No		N/A	
U	output circuit supervision fault causes a trouble indication	Yes	✓	No		N/A	
V	visual indicator test (lamp test)	Yes		No		N/A	✓
W	coded signal sequences operate not less than the required number of times and the correct alarm signal operates thereafter	Yes		No		N/A	✓
X	coded signal sequences are not interrupted by subsequent alarm	Yes		No		N/A	✓
Y	ancillary device by pass will result in a trouble signal	Yes	✓	No		N/A	

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Z	input circuit to output circuit operation, including ancillary device circuits, for correct program operation, as per design and specification, or documentation as detailed in appendix 'C', description of fire alarm system for inspection and test procedures	Yes	✓	No		N/A	
AA	fire alarm system reset operates	Yes	✓	No		N/A	
BB	main power supply to emergency power supply transfer operates	Yes	✓	No		N/A	
CC	status change confirmation (smoke detectors only) verified. [refer subsection 5.7.4.3, status change confirmation (alarm verification feature)]	Yes		No		N/A	✓
DD	receipt of the alarm transmission to the fire signal receiving centre	Yes	✓	No		N/A	
EE	receipt of the supervisory transmission to the fire signal receiving centre	Yes	✓	No		N/A	
FF	receipt of the trouble transmission to the fire signal receiving centre	Yes	✓	No		N/A	
GG	record the name and telephone number of the fire alarm signal receiving centre: **ACCOUNT #03010167**	Name: ARMSTRONG Telephone: 1-800-561-5433					
HH	operation of the fire signal receiving centre disconnect means results in a specific trouble indication at the control unit or transponder and transmits a trouble signal to the fire signal receiving centre	Yes	✓	No		N/A	

E2.2 VOICE COMMUNICATION TEST

(CAN/UL-SC536-04 Reference Clause 5.1.3, 5.2.3.1)

A	power 'ON' indicator operates	Yes		No		N/A	✓
B	common visual trouble signal operates	Yes		No		N/A	✓
C	common audible trouble signal operates	Yes		No		N/A	✓
D	trouble signal silence switch operates	Yes		No		N/A	✓
E	all call voice paging, including visual indicator, operates	Yes		No		N/A	✓
F	output circuits for selective voice paging, including visual indication operates	Yes		No		N/A	✓
G	output circuits for selective voice paging trouble operater, including visual indication, operates	Yes		No		N/A	✓
H	microphone, including press to talk switch, operates	Yes		No		N/A	✓
I	operation of voice paging does not interfere with initial inhibit time of alert signal or alarm signal	Yes		No		N/A	✓
J	all call voice paging operates (on emergency power supply)	Yes		No		N/A	✓
K	upon failure of one amplifier, system automatically transfers to back up amplifier(s)	Yes		No		N/A	✓
L	circuits for emergency telephone call in operation, including audible and visual indication, operates	Yes		No		N/A	✓
M	circuits for emergency telephone trouble operation, including visual indication, operates	Yes		No		N/A	✓
N	circuits for emergency telephone trouble operation, including visual indication, operates	Yes		No		N/A	✓
O	emergency telephone verbal communication operates	Yes		No		N/A	✓
P	emergency telephone operable or in use tone at handset operates	Yes		No		N/A	✓

E2.3 CONTROL UNIT OR TRANSPONDER INSPECTION

(CAN/UL-SC536-04 Reference Clause 5.1.3, 5.3.1)

Control unit or transponder location	MAIN OFFICE
Control unit of transponder identification	

A	input circuit designations correctly identified in relation to connected field devices	Yes	✓	No		N/A		
B	output circuit designations correctly identified in relation to connected field devices	Yes	✓	No		N/A		
C	correct designation for common control functions and indicators	Yes	✓	No		N/A		
D	plug in components and modules securely in place	Yes	✓	No		N/A		
E	plug in cables securely in place	Yes	✓	No		N/A		
F	record the date, revision and version of firmware and software program	Date:						
		Rev:				Ver:		
G	clean and fee of dust and dirt	Yes	✓	No		N/A		
H	fuses in accordance with manufactures specification	Yes	✓	No		N/A		
I	control unit or transponder lock functional	Yes	✓	No		N/A		
J	termination points from wiring to field devices secure.	Yes	✓	No		N/A		

E2.4 POWER SUPPLY INSPECTION

(CAN/UL-SC536-04 Reference Clause 5.1.3, 5.2.4.1)

Control unit or transponder location	MAIN OFFICE
Control unit of transponder identification	

A	Fused in accordance with the manufacturer's marked rating of the system	Yes	✓	No		N/A		
B	Adequate to meet the requirements of the system	Yes	✓	No		N/A		

E2.5 EMERGENCY POWER SUPPLY TEST AND INSPECTION

(CAN/UL-SC536-04 Reference Clause 5.1.3, 5.3.2, 5.3.3)

Control unit or transponder location	MAIN OFFICE
Control unit of transponder identification	

A	correct battery type as recommended by manufacturer	Yes	✓	No		N/A		
B	correct battery rating as determined by battery calculations based on full system load	Yes	✓	No		N/A		
C	battery voltage with main power supply 'ON'	V dc		26.8				

D	battery voltage and current with main power supply 'OFF' and fire alarm system in supervisory condition	voltage	25.8	V dc				
		current	0.29	A				
E	battery voltage and current with main power supply 'OFF' and fire alarm system in full load alarm conditions	voltage	24.6	V dc				
		current	1.15	A				
F	charging current		0.17	A				
G	physical damage	Yes		No	✓	N/A		
H	terminals cleaned and lubricated	Yes		No		N/A	✓	
I	terminals clamped tightly	Yes	✓	No		N/A		
J	correct electrolyte levels	Yes		No		N/A	✓	
K	specific gravity of electrolyte is within manufacturer's specifications	Yes		No		N/A	✓	
L	electrolyte leakage	Yes		No		N/A	✓	
M	adequate ventilation	Yes	✓	No		N/A		
N	battery manufacturer's date code in-service date	Date:						
O	disconnection causing trouble signal	Yes	✓	No		N/A		
P	indicate type of battery tests performance							
	(i) required supervisory load for 24 h followed by the required full load operation or	Yes		No				
	(ii) a silent test by using the load resistor method may be used for the full duration test (refer to appendix F1, silent test) or	Yes		No				
	(iii) silent accelerated test (refer to appendix F2, silent accelerated test) or	Yes		No				
	(iv) a battery capacity meter test (refer to appendix F3, battery capacity meter test) or	Yes	✓	No				
	(v) in lieu of the above battery tests, replace the battery with a new set having a current date code, amp	Yes		No				
	hour capacity and type as recommended by the manufacturer.	Yes		No				
Q	record calculated battery capacity (refer to Appendix F4.1-c)			A.h.				
R	record battery terminal voltage after completion of test			V dc				
S	battery voltage not less than 85% of its rating after the tests	Yes	✓	No		N/A		
T	generator provides power to the AC circuit serving the fire alarm system	Yes		No		N/A	✓	
U	trouble condition at the emergency generator shall result in an audible common trouble signal and a visual indication at the required enunciator.	Yes		No		N/A	✓	

E2.6 ANNUNICATOR AND REMOTE TROUBLE SIGNAL UNIT TEST AND INSPECTION

(CAN/UL-SC536-04 Reference Clause 5.1.4, 5.4.1)

Annunciator or remote trouble signal unit location
Annunciator or remote trouble signal unit identification

A	power "on" indicator	Yes		No		N/A	✓	
B	individual alarm, and supervisory input zones are clearly indicated and separately designated	Yes		No		N/A	✓	
C	individual alarm, and supervisory input zone designation labels are properly identified	Yes		No		N/A	✓	

D	common trouble signal operates	Yes		No		N/A	✓
E	visual indicator test (lamp test) operates	Yes		No		N/A	✓
F	input wiring from control unit or transponder is supervised	Yes		No		N/A	✓
G	alarm signal silence visual indicator operates	Yes		No		N/A	✓
H	switches for ancillary functions operate as per design and specification, or documentation as detailed in appendix C, inspection and test procedures	Yes		No		N/A	✓
I	other ancillary function visual indicators operate	Yes		No		N/A	✓
J	manual activation of alarm signal and indication operates	Yes		No		N/A	✓
K	displays are visible in installed location operates	Yes		No		N/A	✓
L	operates on emergency power	Yes		No		N/A	✓

E2.7 ANNUNICATOR OR SEQUENTIAL DISPLAY

(CAN/UL-SC536-04 Reference Clause 5.1.4, 5.4.2)

Annunicator or sequential display location
Annunicator or sequential display identification

A	power 'on' indicator operates	Yes		No		N/A	✓
B	individual alarm and supervisory zone indication operates	Yes		No		N/A	✓
	Exception: operation of each individual alarm and supervisory zone indication gives the identical indication, or lights the identical indicators at the other annunciator(s) and sequential display (s)	Yes		No		N/A	✓
	Specific method of confirmation:						
	Minimum of one alarm zone and one supervisory zone tested per annunciator or sequential display to confirm operation.	Yes		No		N/A	✓
C	individual alarm and supervisory zone designation labels are properly identified	Yes		No		N/A	✓
D	common trouble signal operates	Yes		No		N/A	✓
E	visual indicator test (lamp test) operates	Yes		No		N/A	✓
F	input wiring from control unit or transponder is supervised	Yes		No		N/A	✓
G	alarm signal silence visual indicator operates	Yes		No		N/A	✓
H	switches for ancillary functions operate as per design and specification, or documentation as detailed in Appendix "C", description of fire alarm system for inspection and test procedures	Yes		No		N/A	✓
I	other ancillary functions visual indicators operate	Yes		No		N/A	✓
J	manual activation of alarm signal and indication operates	Yes		No		N/A	✓
K	displays are visible in installed location	Yes				N/A	✓

E2.8 REMOTE TROUBLE SIGNAL UNIT TEST AND INSPECTION

(CAN/UL-SC536-04 Reference Clause 5.1.4, 5.4.3)

Remote trouble signal unit location:
Remote trouble signal unit identification

A	input wiring from control unit or transponder in supervised	Yes		No		N/A	✓
B	visual trouble signal operates	Yes		No		N/A	✓
C	audible trouble signal operates	Yes		No		N/A	✓
D	audible trouble signal silence operates	Yes		No		N/A	✓

E2.9 PRINTER TEST

(CAN/UL-SC536-04 Reference Clause 5.1.4, 5.5.1)

Printer location
Printer identification

A	operates as per design and specification, or documentation as detailed in Appendix 'C', description of fire alarm system for inspection and test procedures	Yes		No		N/A	✓
B	zone of each alarm initiating device is correctly printed	Yes		No		N/A	✓
C	rated voltage is present	Yes		No		N/A	✓

E2.10 DATA COMMUNICATION LINK TEST

(CAN/UL-SC536-04 Reference Clause 5.1.5, 5.6-Notes)

Control unit or transponder location
Control unit of transponder identification
Data communication link identification

A	Confirm that a trouble signal is received at the control unit or transponder under an open loop fault for each data communication link (DCL)	Yes		No		N/A	✓
B	Where fault isolation modules are installed in data communication links serving field devices, wiring shall be shorted on the isolated side, annunciation of the fault confirmed, and then a field device on the source side shall be operated, and activation confirmed at the control unit or transponder	Yes		No		N/A	✓

C	Where fault isolation is data communication links is provided between control units or transponders and between transponders, introduce a short circuit fault and confirm annunciation of the fault and operation outside the shorted section between each pair of:							
	(i) control unit to control unit	Yes		No		N/A	✓	
	(ii) control unit to transponder	Yes		No		N/A	✓	
	(iii) transponder to transponder	Yes		No		N/A	✓	

E2.11 ANCILLARY DEVICE CIRCUIT TEST

(CAN/UL-SC536-04 Reference Clause 5.2.2.1-Z)

RECORD SPECIFIC TYPE OF ANCILLARY CIRCUIT	OPERATION OF ANCILLARY CIRCUIT CONFIRMED					
MONITORING	Yes	✓	No		N/A	
DOOR HOLDERS	Yes	✓	No		N/A	
FAN SHUTDOWN	Yes	✓	No		N/A	

Note: The tests reported on this form do not include the actual operational test of ancillary devices.

E2.12 REMARKS

(CAN/UL-SC536-04 Reference E2

AC POWER BREAKER #18 PANEL DP2 ELECTRICAL ROOM

E3 FIELD DEVICE RECORD

(CAN/UL-SC536-04 Reference Clause 5.1.6)

E3.1 FIELD DEVICE TESTING - LEGEND AND NOTES

(CAN/UL-SC536-04 Reference Clause 5.7.4.1.3, 5.7.4.1.4, 5.7.4.1.5, 5.7.4.3.1, 5.7.4.5.1, 5.7.8.1.1, 5.7.8.2.4)

DEVICE	DESCRIPTION	TYPE	MODEL NO.
M	Manual pull station	NOTIFIER	N6 B121X
RHT	Heat detector, restorable		
HT	Heat detector, non restorable		
S	Smoke detector - Sensitivity test method or Test Equipment: Model / Method:SMOKE - Manufacturer sensitivity range: Sensitivity range:1349	Not applicable	Not applicable
RI	Remote indicator unit		
DS	Duct smoke detector	SYSTEM SENSOR	
	Other type of detector		
SFD	Supporting field device (monitor)		
FD	Sprinkler flow switch		
SS	Sprinkler supervisory device		
	Other supervisory devices (low pressure, low water, low temperature, power loss, etc.)		
EM	Fault isolation module		
B	Bell		
H	Horn	SYSTEM SENSOR	HRA
V	Visible signal device		
SP	Cone type speaker		
HSP	Horn type speaker		
AD	Ancillary device		
ET	Emergency telephone		
EOL	End of line resistor		

The following notes apply to Appendix E3.2, Individual Device Record:

Note 1 Smoke detector sensitivity confirmation or measurement should be recorded in the remarks column

Note 2 Smoke detector cleaning or replacement date should also be recorded in the remarks column

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Note 3	Status change, including time delay, should be recorded in the remarks column
Note 4	Duct smoke detector pressure differential should be confirmed and recorded in the remarks column
Note 5	Time delay setting or water flow switch should be recorded in the remarks column
Note 6	Sprinkler supervisory switches cause trouble condition to be annunciated but not alarm condition
Note 7	Upper and lower pressure setting of supervisory devices should be recorded in the remarks column
Note 8	Low temperature setting should be recorded in the remarks column
Note 9	Identify the specific ancillary devices in the remarks column
Note 10	Identify date field device changed in the remarks column
Note 11	Identify correct field device operation (e.g., alarm. Trouble, supervisory. Annunciation indication)
Note 12	Identify zone, circuit number, or address
Note 13	Identify conventional field device locations
Note 14	Identify active field device and supporting field device, data communication link (DCL), address and location
Note 15	Test and confirm conventional field device supervision of wiring
Note 16	Confirm field device free of damage
Note 17	Confirm field device free of foreign substance (e.g. paint)
Note 18	Confirm field device mechanically supported independently of the wiring
Note 19	Confirm field device protection dust shields or covers removed

CAUTION: The tests reported on this form do not include the actual operational test of ancillary devices

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QUALITY SOUND ALARM

E3 FIELD DEVICE RECORD

(CAN/UL-SC536-04 Reference Clause 5.7.1.3 E3.1)

Building Address: 20 ROUTE 617
BURTTS CORNER, NB

Date: AUGUST 23-2024

Device legends and notes are listed in Appendix E3.1, field device testing - legend and notes

DEVICE LOCATION	DEVICE	CORRECTLY INSTALLED	REQUIRES SERVICE, REPAIRS, CLEANING OR MISSING	ALARM OPERATION CONFIRMED	ANNUNCIATION INDICATION CONFIRMED	ZONE CIRCUIT NUMBER OR ADDRESS	REMARKS
MAIN ENTRANCE	PULL	✓		✓	✓		
EXIT REAR	PULL	✓		✓	✓		
FIRST FLOOR CORRIDOR	HRN/STRB	✓		✓			
GYM	HRN/STRB	✓		✓			
GYM EXIT	PULL	✓		✓	✓		
1ST FLOOR CORRIDOR	SMOKE	✓		✓	✓		
LOCKER AREA	HRN/STRB	✓		✓			
REAR EXIT	SMOKE	✓		✓	✓		
REAR EXIT	PULL	✓		✓	✓		
CAFETERIA EXIT	PULL	✓		✓	✓		
KITCHEN EXIT	PULL	✓		✓	✓		
CAFETERIA	HRN/STRB	✓		✓			
1ST FLOOR CORRIDOR	HRN/STRB	✓		✓			
1ST FLOOR CORRIDOR	SMOKE	✓		✓	✓		
FIRST FLOOR EXIT	PULL	✓		✓	✓		
1ST FLOOR CORRIDOR	SMOKE	✓		✓	✓		
MECHANICAL ROOM	DUCT	✓		✓			
MECHANICAL ROOM	PULL	✓		✓	✓		
1ST FLOOR CORRIDOR	HRN/STRB	✓		✓			
1ST FLOOR CORRIDOR	HRN/STRB	✓		✓			
1ST FLOOR CORRIDOR	SMOKE	✓		✓	✓		
1ST FLOOR EXIT	PULL	✓		✓	✓		
2ND FLOOR EXIT	SMOKE	✓		✓	✓		
2ND FLOOR CORRIDOR	PULL	✓		✓	✓		

QUALITY SOUND ALARM

E3 FIELD DEVICE RECORD

(CAN/UL-SC536-04 Reference Clause 5.7.1.3 E3.1)

Building Address: 20 ROUTE 617
BURTTS CORNER, NB

Date: AUGUST 23-2024

Device legends and notes are listed in Appendix E3.1, field device testing - legend and notes

DEVICE LOCATION	DEVICE	CORRECTLY INSTALLED	REQUIRES SERVICE, REPAIRS, CLEANING OR MISSING	ALARM OPERATION CONFIRMED	ANNUNCIATION INDICATION CONFIRMED	ZONE CIRCUIT NUMBER OR ADDRESS	REMARKS
2ND FLOOR CORRIDOR	HRN/STRB	✓		✓			
2ND FLOOR EXIT	PULL	✓		✓	✓		
2ND FLOOR CORRIDOR	SMOKE	✓		✓	✓		
2ND FLOOR CORRIDOR	SMOKE	✓		✓	✓		
2ND FLOOR CORRIDOR	HRN/STRB	✓		✓			
2ND FLOOR MECHANICAL ROOM	DUCT	✓		✓			
2ND FLOOR CORRIDOR	HRN/STRB	✓		✓			
2ND FLOOR EXIT	PULL	✓		✓	✓		
2ND FLOOR EXIT	SMOKE	✓		✓	✓		
SPRINKLER ROOM	PULL	✓		✓	✓		
SPRINKLER ROOM	HRN/STRB	✓		✓			
STAIRWELL EAST	SMOKE	✓		✓	✓		
STAIRWELL WEST	SMOKE	✓		✓	✓		
STAIRWELL NORTH	SMOKE	✓		✓	✓		
BOYS CHANGE ROOM	HRN/STRB	✓		✓			
GIRLS CHANGE ROOM	HRN/STRB	✓		✓			
ATTIC / BASEMENT	FLOW	✓		✓	✓	6	
2ND FLOOR CLASSROOMS	FLOW	✓		✓	✓	5	
ELEVATOR BOTTOM	TAMPER	✓		✓	✓	6	
WET SYSTEM BASEMENT	TAMPER	✓		✓	✓	6	
DRY SYSTEM BASEMENT	TAMPER	✓		✓	✓		
LOW AIR DRY	LOW AIR	✓		✓	✓	6	
LOW WATER WET	LOW WTR	✓		✓	✓		
2ND FLOOR CLASSROOMS	TAMPER	✓		✓	✓	5	

QUALITY SOUND ALARM

E3 FIELD DEVICE RECORD

(CAN/UL-SC536-04 Reference Clause 5.7.1.3 E3.1)

Building Address: 20 ROUTE 617
BURTTS CORNER, NB

Date: AUGUST 23-2024

Device legends and notes are listed in Appendix E3.1, field device testing - legend and notes

DEVICE LOCATION	DEVICE	CORRECTLY INSTALLED	REQUIRES SERVICE, REPAIRS, CLEANING OR MISSING	ALARM OPERATION CONFIRMED	ANNUNCIATION INDICATION CONFIRMED	ZONE CIRCUIT NUMBER OR ADDRESS	REMARKS
VALVE BASEMENT	TAMPER	✓		✓	✓	1	
LOW WATER PRESSURE TANK 1	CONTACT	✓		✓	✓	11	
LOW WATER PRESSURE TANK 2	CONTACT	✓		✓	✓	11	
VALVE 2	TAMPER	✓		✓	✓		
SPRINKLER ZONE 1	FLOW	✓		✓	✓	1	

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35 AVONLEA COURT - FREDERICTON, N.B. E3C 1NB
TELEPHONE (506) 452-0161 FAX (506) 457-4127

Report ID: 551029-OAS
Report Date: 28-Mar-25
Date Received: 25-Mar-25

CERTIFICATE OF ANALYSIS

for
ASD-W (HZ3)
Department of Education
250 King Street, Place 2000
Fredericton, NB E3B 9M9

rpc
921 College Hill Rd
Fredericton NB
Canada E3B 6Z9
Tel: 506.452.1212
Fax: 506.452.0594
www.rpc.ca

Attention: Contacts Education
Project #: Not Available

Semi-Volatile Organic Compounds in Water

RPC Sample ID:				551029-1	551029-1 Dup	551029-2	551029-3	551029-4
Client Sample ID:				23223 Harvey Elementary School DWS #2	23223 Harvey Elementary School DWS #2	23234 Keswick Ridge School DWS	23245 Harvey High Schoo DWS	22855 Keswick Valley
Date Sampled:				25-Mar-25	25-Mar-25	25-Mar-25	25-Mar-25	25-Mar-25
Matrix:				water	water	water	water	water
Analytes	Units	RL	MAC(AO)					
Benzo(a)pyrene	mg/L	0.00001	0.00004	< 0.00001	< 0.00001	< 0.00001	< 0.00001	< 0.00001
Pentachlorophenol	mg/L	0.0002	0.06	< 0.0002	< 0.0002	< 0.0002	< 0.0002	< 0.0002
P_terphenyl_d14	%			101	101	104	105	103
2,4,6-tribromophenol	%			101	101	111	111	103

This report relates only to the sample(s) and information provided to the laboratory.
RL = Reporting Limit

Bruce Phillips
Department Head
Organic Analytical Services

Angela Colford
Lab Supervisor
Organic Analytical Services

Report ID: 551029-OAS
Report Date: 28-Mar-25
Date Received: 25-Mar-25

CERTIFICATE OF ANALYSIS

for
ASD-W (HZ3)
Department of Education
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www.rpc.ca

Attention: Contacts Education
Project #: Not Available

Semi-Volatile Organic Compounds in Water

RPC Sample ID:				551029-5
Client Sample ID:				26539 Hanwell Park
Date Sampled:				25-Mar-25
Matrix:				water
Analytes	Units	RL	MAC(AO)	
Benzo(a)pyrene	mg/L	0.00001	0.00004	< 0.00001
Pentachlorophenol	mg/L	0.0002	0.06	< 0.0002
P_terphenyl_d14	%			106
2,4,6-tribromophenol	%			111

Report ID: 551029-OAS
Report Date: 28-Mar-25
Date Received: 25-Mar-25

CERTIFICATE OF ANALYSIS

for
ASD-W (HZ3)
Department of Education
250 King Street, Place 2000
Fredericton, NB E3B 9M9

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921 College Hill Rd
Fredericton NB
Canada E3B 6Z9
Tel: 506.452.1212
Fax: 506.452.0594
www.rpc.ca

Attention: Contacts Education
Project #: Not Available

Volatile Organic Compounds in Water

RPC Sample ID:				551029-1	551029-2	551029-2 Dup	551029-3	551029-4
Client Sample ID:				23223 Harvey Elementary School DWS #2	23234 Keswick Ridge School DWS	23234 Keswick Ridge School DWS	23245 Harvey High Schoo DWS	22855 Keswick Valley
Date Sampled:				25-Mar-25	25-Mar-25	25-Mar-25	25-Mar-25	25-Mar-25
Matrix:				water	water	water	water	water
Analytes	Units	RL	MAC(AO)					
Benzene	mg/L	0.0005	0.005	< 0.0005	< 0.0005	< 0.0005	< 0.0005	< 0.0005
Bromodichloromethane	mg/L	0.0005	Note	< 0.0005	< 0.0005	< 0.0005	< 0.0005	< 0.0005
Bromoform	mg/L	0.0005	Note	< 0.0005	< 0.0005	< 0.0005	< 0.0005	< 0.0005
Carbon Tetrachloride	mg/L	0.0005	0.002	< 0.0005	< 0.0005	< 0.0005	< 0.0005	< 0.0005
Chloroform	mg/L	0.0005	Note	< 0.0005	< 0.0005	< 0.0005	< 0.0005	< 0.0005
Dibromochloromethane	mg/L	0.0005	Note	< 0.0005	< 0.0005	< 0.0005	< 0.0005	< 0.0005
1,2-dichlorobenzene	mg/L	0.0005	0.20	< 0.0005	< 0.0005	< 0.0005	< 0.0005	< 0.0005
1,4-dichlorobenzene	mg/L	0.0005	0.005	< 0.0005	< 0.0005	< 0.0005	< 0.0005	< 0.0005
1,2-dichloroethane	mg/L	0.0005	0.005	< 0.0005	< 0.0005	< 0.0005	< 0.0005	< 0.0005
Dichloromethane	mg/L	0.0010	0.05	< 0.0010	< 0.0010	< 0.0010	< 0.0010	< 0.0010
Ethylbenzene	mg/L	0.0005	0.14	< 0.0005	< 0.0005	< 0.0005	< 0.0005	< 0.0005
Tetrachloroethylene	mg/L	0.0005	0.01	< 0.0005	0.0005	0.0005	< 0.0005	< 0.0005
Toluene	mg/L	0.0005	0.06	< 0.0005	0.0040	0.0041	< 0.0005	< 0.0005
Trichloroethylene	mg/L	0.0005	0.005	< 0.0005	< 0.0005	< 0.0005	< 0.0005	< 0.0005
Vinyl Chloride	mg/L	0.0020	0.002	< 0.0020	< 0.0020	< 0.0020	< 0.0020	< 0.0020
Xylenes	mg/L	0.0005	0.09	< 0.0005	< 0.0005	< 0.0005	< 0.0005	< 0.0005
Total THM	mg/L	0.001	0.10	< 0.001	< 0.001	< 0.001	< 0.001	< 0.001
1,2-Dichloroethane-d4	%			101	101	99	102	101
Toluene-d8	%			100	101	102	99	100
4-Bromofluorobenzene	%			104	103	101	102	103

This report relates only to the sample(s) and information provided to the laboratory.
RL = Reporting Limit

Bruce Phillips
Department Head
Organic Analytical Services

Angela Colford
Lab Supervisor
Organic Analytical Services

Report ID: 551029-OAS
Report Date: 28-Mar-25
Date Received: 25-Mar-25

CERTIFICATE OF ANALYSIS
for
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www.rpc.ca

Attention: Contacts Education
Project #: Not Available

Volatile Organic Compounds in Water

RPC Sample ID:				551029-5
Client Sample ID:				26539 Hanwell Park
Date Sampled:				25-Mar-25
Matrix:				water
Analytes	Units	RL	MAC(AO)	
Benzene	mg/L	0.0005	0.005	< 0.0005
Bromodichloromethane	mg/L	0.0005	Note	< 0.0005
Bromoform	mg/L	0.0005	Note	< 0.0005
Carbon Tetrachloride	mg/L	0.0005	0.002	< 0.0005
Chloroform	mg/L	0.0005	Note	< 0.0005
Dibromochloromethane	mg/L	0.0005	Note	< 0.0005
1,2-dichlorobenzene	mg/L	0.0005	0.20	< 0.0005
1,4-dichlorobenzene	mg/L	0.0005	0.005	< 0.0005
1,2-dichloroethane	mg/L	0.0005	0.005	< 0.0005
Dichloromethane	mg/L	0.0010	0.05	< 0.0010
Ethylbenzene	mg/L	0.0005	0.14	< 0.0005
Tetrachloroethylene	mg/L	0.0005	0.01	< 0.0005
Toluene	mg/L	0.0005	0.06	< 0.0005
Trichloroethylene	mg/L	0.0005	0.005	< 0.0005
Vinyl Chloride	mg/L	0.0020	0.002	< 0.0020
Xylenes	mg/L	0.0005	0.09	< 0.0005
Total THM	mg/L	0.001	0.10	< 0.001
1,2-Dichloroethane-d4	%			102
Toluene-d8	%			100
4-Bromofluorobenzene	%			104

Report ID: 551029-OAS
Report Date: 28-Mar-25
Date Received: 25-Mar-25

CERTIFICATE OF ANALYSIS
for
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Method Summary

OAS-HC08: The Determination of Benzo (a) Pyrene and Pentachlorophenol in Water.
OAS-HC02: Determination of Volatile Organic Compounds in Water.

General Report Comments

MAC = maximum acceptable concentration; AO = aesthetic objective (CDWQG 2017)
Note = one of the trihalomethanes (THM); MAC for total THM is expressed as a locational running annual average of quarterly samples.
Samples 551029-2, -3, and -4 - VOC vials contained a small headspace (~ 1 mL) upon receipt. Analytical results for VOC parameters should be regarded as minimum values.

Report ID: 551029-OAS
Report Date: 28-Mar-25
Date Received: 25-Mar-25

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for
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Project #: Not Available

QA/QC Report

RPC Sample ID:			BLANKE1936	SPIKEE1936
Matrix:			water	water
Analytes	Units	RL		% Recovery
Benzo(a)pyrene	mg/L	0.00001	< 0.00001	89%
Pentachlorophenol	mg/L	0.0002	< 0.0002	90%

RL = Reporting Limit

Report ID: 551029-OAS
Report Date: 28-Mar-25
Date Received: 25-Mar-25

CERTIFICATE OF ANALYSIS

for
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Project #: Not Available

QA/QC Report

RPC Sample ID:			BLANKE1925	SPIKEE1925
Matrix:			water	water
Analytes	Units	RL		% Recovery
Benzene	mg/L	0.0005	< 0.0005	112%
Bromodichloromethane	mg/L	0.0005	< 0.0005	109%
Bromoform	mg/L	0.0005	< 0.0005	105%
Carbon Tetrachloride	mg/L	0.0005	< 0.0005	108%
Chloroform	mg/L	0.0005	< 0.0005	113%
Dibromochloromethane	mg/L	0.0005	< 0.0005	105%
1,2-dichlorobenzene	mg/L	0.0005	< 0.0005	107%
1,4-dichlorobenzene	mg/L	0.0005	< 0.0005	107%
1,2-dichloroethane	mg/L	0.0005	< 0.0005	114%
Dichloromethane	mg/L	0.0010	< 0.0010	112%
Ethylbenzene	mg/L	0.0005	< 0.0005	105%
Tetrachloroethylene	mg/L	0.0005	< 0.0005	106%
Toluene	mg/L	0.0005	< 0.0005	112%
Trichloroethylene	mg/L	0.0005	< 0.0005	109%
Vinyl Chloride	mg/L	0.0020	< 0.0020	106%
Xylenes	mg/L	0.0005	< 0.0005	104%

RL = Reporting Limit

Report ID: 551029-OAS
Report Date: 28-Mar-25
Date Received: 25-Mar-25

CERTIFICATE OF ANALYSIS

for
ASD-W (HZ3)
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Project #: Not Available

Summary of Date Analyzed

	SVOC		VOC	
RPC Sample ID	**Extracted**	**Analyzed**	**Extracted**	**Analyzed**
551029-1	27-Mar-25	27-Mar-25	26-Mar-25	26-Mar-25
551029-1 Dup	27-Mar-25	27-Mar-25	-	-
551029-2	27-Mar-25	27-Mar-25	26-Mar-25	26-Mar-25
551029-2 Dup	-	-	27-Mar-25	27-Mar-25
551029-3	27-Mar-25	27-Mar-25	26-Mar-25	26-Mar-25
551029-4	27-Mar-25	27-Mar-25	26-Mar-25	26-Mar-25
551029-5	27-Mar-25	27-Mar-25	26-Mar-25	26-Mar-25

Report/Rapport: 542488-ML-W1
Date: 28-Nov-24
Date Received/Reçu: 26-Nov-24

CERTIFICATE OF ANALYSIS / CERTIFICAT D'ANALYSE

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Attention: Contacts Education / Distributions List ASD Contacts /
Central Public Health

Microbiological Examination of Water/Qualité microbiologique de l'eau potable

RPC Sample ID/No. d'échantillon de RPC:				542488-1	542488-2	542488-3	542488-4
Client Sample ID/ID d'échantillon du client:				23223 Harvey Elementary School DWS #2	23234 Keswick Ridge School DWS	23245 Harvey High School DWS	22855 Keswick Valley
Date collected/Date du prélèvement				26-Nov-24	26-Nov-24	26-Nov-24	26-Nov-24
Time sampled/Heure du prélèvement				8:02:00 AM	8:42:00 AM	7:52:00 AM	9:13:00 AM
Analytes/Paramètre(s)	**Method/Méthode**	**Date Analyzed Date Analysé**	**Units Unités**				
Heterotrophic Plate Count	MICRO58	26-Nov-24	MPN/mL	<2	4	17	12
Coliforms/Coliformes	MICRO10	26-Nov-24	P-A/100mL	a	a	a	a
E. coli	MICRO10	26-Nov-24	P-A/100mL	a	a	a	a

This report relates only to the sample(s) and information provided to the laboratory.

Le présent rapport ne s'applique qu'aux échantillons et à l'information transmis au laboratoire.

a = absent/absentes

Corrie Maston
Acting Micro Supervisor
Applied and Experimental Bioscience

Geoffrey Chenard
Microbiology Technician
Applied and Experimental Bioscience

Report/Rapport: 542488-ML-W1
Date: 28-Nov-24
Date Received/Reçu: 26-Nov-24

CERTIFICATE OF ANALYSIS / CERTIFICAT D'ANALYSE

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Attention: Contacts Education / Distributions List ASD Contacts /
Central Public Health

Microbiological Examination of Water/Qualité microbiologique de l'eau potable

RPC Sample ID/No. d'échantillon de RPC:				542488-5
Client Sample ID/ID d'échantillon du client:				26539 Hanwell Park
Date collected/Date du prélèvement				26-Nov-24
Time sampled/Heure du prélèvement				10:13:00 AM
Analytes/Paramètre(s)	**Method/Méthode**	**Date Analyzed Date Analysé**	**Units Unités**	
Heterotrophic Plate Count	MICRO58	26-Nov-24	MPN/mL	48
Coliforms/Coliformes	MICRO10	26-Nov-24	P-A/100mL	a
E. coli	MICRO10	26-Nov-24	P-A/100mL	a

Report ID: 544572-ML-W1
Report Date: 24-Dec-24
Date Received: 23-Dec-24

CERTIFICATE OF ANALYSIS
for
ASD-W (HZ3)
Department of Education
250 King Street, Place 2000
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Fredericton NB
Canada E3B 6Z9
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506.452.1395
www.rpc.ca

Attention: Contacts Education / Distributions List ASD Contacts
Central Public Health

Microbiological Examination of Water

Analytes:				Coliforms/Coliformes	E. coli
Units:				P-A/100mL	P-A/100mL
Method ID:				MICRO10	MICRO10
Date Analyzed:				23-Dec-24	23-Dec-24
RPC Sample ID	**Client Sample ID**	**Date Sampled**	**Time Sampled**		
544572-1	23223 Harvey Elementary School DWS #2	23-Dec-24	8:17:00 AM	a	a
544572-2	23234 Keswick Ridge School DWS	23-Dec-24	8:52:00 AM	a	a
544572-3	23245 Harvey High School DWS	23-Dec-24	7:38:00 AM	a	a
544572-4	22855 Keswick Valley	23-Dec-24	9:15:00 AM	a	a
544572-5	26539 Hanwell Park	23-Dec-24	10:02:00 AM	a	a

This report relates only to the sample(s) and information provided to the laboratory.
a = absent

Corrie Maston
Acting Micro Supervisor
Applied and Experimental Bioscience

MICRO WATER

Geoffrey Chenard
Microbiology Technician
Applied and Experimental Bioscience

Report ID: 536878-OAS
Report Date: 26-Sep-24
Date Received: 24-Sep-24

CERTIFICATE OF ANALYSIS

for
ASD-W (HZ3)
Department of Education
250 King Street, Place 2000
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Tel: 506.452.1212
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Attention: Contacts Education
Project #: Not Available

Semi-Volatile Organic Compounds in Water

RPC Sample ID:				536878-1	536878-2	536878-3	536878-4	536878-5
Client Sample ID:				23223 Harvey Elem. School DWS #2	23234 Keswick Ridge School DWS	23245 Harvey High School DWS	22855 Keswick Valley	26539 Hanwell Park
Date Sampled:				24-Sep-24	24-Sep-24	24-Sep-24	24-Sep-24	24-Sep-24
Matrix:				water	water	water	water	water
Analytes	Units	RL	MAC(AO)					
Benzo(a)pyrene	mg/L	0.00001	0.00004	< 0.00001	< 0.00001	< 0.00001	< 0.00001	< 0.00001
Pentachlorophenol	mg/L	0.0002	0.06	< 0.0002	< 0.0002	< 0.0002	< 0.0002	< 0.0002
P_terphenyl_d14	%			103	106	102	107	108
2,4,6-tribromophenol	%			102	103	99	101	104

This report relates only to the sample(s) and information provided to the laboratory.
RL = Reporting Limit

Bruce Phillips
Department Head
Organic Analytical Services

Angela Colford
Lab Supervisor
Organic Analytical Services

Report ID: 536878-OAS
Report Date: 26-Sep-24
Date Received: 24-Sep-24

CERTIFICATE OF ANALYSIS
for
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Fax: 506.452.0594
www.rpc.ca

Attention: Contacts Education
Project #: Not Available

Volatile Organic Compounds in Water

RPC Sample ID:				536878-1	536878-2	536878-3	536878-3 Dup	536878-4
Client Sample ID:				23223 Harvey Elem. School DWS #2	23234 Keswick Ridge School DWS	23245 Harvey High School DWS	23245 Harvey High School DWS	22855 Keswick Valley
Date Sampled:				24-Sep-24	24-Sep-24	24-Sep-24	24-Sep-24	24-Sep-24
Matrix:				water	water	water	water	water
Analytes	Units	RL	MAC(AO)					
Benzene	mg/L	0.0005	0.005	< 0.0005	< 0.0005	< 0.0005	< 0.0005	< 0.0005
Bromodichloromethane	mg/L	0.0005	Note	< 0.0005	< 0.0005	< 0.0005	< 0.0005	< 0.0005
Bromoform	mg/L	0.0005	Note	< 0.0005	< 0.0005	< 0.0005	< 0.0005	< 0.0005
Carbon Tetrachloride	mg/L	0.0005	0.002	< 0.0005	< 0.0005	< 0.0005	< 0.0005	< 0.0005
Chloroform	mg/L	0.0005	Note	< 0.0005	< 0.0005	0.0006	0.0006	< 0.0005
Dibromochloromethane	mg/L	0.0005	Note	< 0.0005	< 0.0005	< 0.0005	< 0.0005	< 0.0005
1,2-dichlorobenzene	mg/L	0.0005	0.20	< 0.0005	< 0.0005	< 0.0005	< 0.0005	< 0.0005
1,4-dichlorobenzene	mg/L	0.0005	0.005	< 0.0005	< 0.0005	< 0.0005	< 0.0005	< 0.0005
1,2-dichloroethane	mg/L	0.0005	0.005	< 0.0005	< 0.0005	< 0.0005	< 0.0005	< 0.0005
Dichloromethane	mg/L	0.0010	0.05	< 0.0010	< 0.0010	< 0.0010	< 0.0010	< 0.0010
Ethylbenzene	mg/L	0.0005	0.14	< 0.0005	< 0.0005	< 0.0005	< 0.0005	< 0.0005
Tetrachloroethylene	mg/L	0.0005	0.01	< 0.0005	< 0.0005	< 0.0005	< 0.0005	< 0.0005
Toluene	mg/L	0.0005	0.06	< 0.0005	< 0.0005	< 0.0005	< 0.0005	< 0.0005
Trichloroethylene	mg/L	0.0005	0.005	< 0.0005	< 0.0005	< 0.0005	< 0.0005	< 0.0005
Vinyl Chloride	mg/L	0.0020	0.002	< 0.0020	< 0.0020	< 0.0020	< 0.0020	< 0.0020
Xylenes	mg/L	0.0005	0.09	< 0.0005	< 0.0005	< 0.0005	< 0.0005	< 0.0005
Total THM	mg/L	0.001	0.10	< 0.001	< 0.001	< 0.001	< 0.001	< 0.001
1,2-Dichloroethane-d4	%			99	98	99	101	100
Toluene-d8	%			100	100	99	101	98
4-Bromofluorobenzene	%			102	104	103	102	102

This report relates only to the sample(s) and information provided to the laboratory.
RL = Reporting Limit

Bruce Phillips
Department Head
Organic Analytical Services

Angela Colford
Lab Supervisor
Organic Analytical Services

Report ID: 536878-OAS
Report Date: 26-Sep-24
Date Received: 24-Sep-24

CERTIFICATE OF ANALYSIS
for
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www.rpc.ca

Attention: Contacts Education
Project #: Not Available

Volatile Organic Compounds in Water

RPC Sample ID:				536878-5
Client Sample ID:				26539 Hanwell Park
Date Sampled:				24-Sep-24
Matrix:				water
Analytes	Units	RL	MAC(AO)	
Benzene	mg/L	0.0005	0.005	< 0.0005
Bromodichloromethane	mg/L	0.0005	Note	< 0.0005
Bromoform	mg/L	0.0005	Note	< 0.0005
Carbon Tetrachloride	mg/L	0.0005	0.002	< 0.0005
Chloroform	mg/L	0.0005	Note	< 0.0005
Dibromochloromethane	mg/L	0.0005	Note	< 0.0005
1,2-dichlorobenzene	mg/L	0.0005	0.20	< 0.0005
1,4-dichlorobenzene	mg/L	0.0005	0.005	< 0.0005
1,2-dichloroethane	mg/L	0.0005	0.005	< 0.0005
Dichloromethane	mg/L	0.0010	0.05	< 0.0010
Ethylbenzene	mg/L	0.0005	0.14	< 0.0005
Tetrachloroethylene	mg/L	0.0005	0.01	< 0.0005
Toluene	mg/L	0.0005	0.06	< 0.0005
Trichloroethylene	mg/L	0.0005	0.005	< 0.0005
Vinyl Chloride	mg/L	0.0020	0.002	< 0.0020
Xylenes	mg/L	0.0005	0.09	< 0.0005
Total THM	mg/L	0.001	0.10	< 0.001
1,2-Dichloroethane-d4	%			99
Toluene-d8	%			98
4-Bromofluorobenzene	%			102

Report ID: 536878-OAS
Report Date: 26-Sep-24
Date Received: 24-Sep-24

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Method Summary

OAS-HC08: The Determination of Benzo (a) Pyrene and Pentachlorophenol in Water.
OAS-HC02: Determination of Volatile Organic Compounds in Water.

General Report Comments

MAC = maximum acceptable concentration; AO = aesthetic objective (CDWQG 2017)
Note = one of the trihalomethanes (THM); MAC for total THM is expressed as a locational running annual average of quarterly samples.

Report ID: 536878-OAS
Report Date: 26-Sep-24
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Project #: Not Available

QA/QC Report

RPC Sample ID:			BLANKE0665	SPIKEE0665
Matrix:			water	water
Analytes	Units	RL		% Recovery
Benzo(a)pyrene	mg/L	0.00001	< 0.00001	84%
Pentachlorophenol	mg/L	0.0002	< 0.0002	97%

RL = Reporting Limit

Report ID: 536878-OAS
Report Date: 26-Sep-24
Date Received: 24-Sep-24

CERTIFICATE OF ANALYSIS
for
ASD-W (HZ3)
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Tel: 506.452.1212
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Project #: Not Available

QA/QC Report

RPC Sample ID:			BLANKE0660	SPIKEE0660
Matrix:			water	water
Analytes	Units	RL		% Recovery
Benzene	mg/L	0.0005	< 0.0005	107%
Bromodichloromethane	mg/L	0.0005	< 0.0005	98%
Bromoform	mg/L	0.0005	< 0.0005	98%
Carbon Tetrachloride	mg/L	0.0005	< 0.0005	98%
Chloroform	mg/L	0.0005	< 0.0005	104%
Dibromochloromethane	mg/L	0.0005	< 0.0005	95%
1,2-dichlorobenzene	mg/L	0.0005	< 0.0005	109%
1,4-dichlorobenzene	mg/L	0.0005	< 0.0005	107%
1,2-dichloroethane	mg/L	0.0005	< 0.0005	107%
Dichloromethane	mg/L	0.0010	< 0.0010	104%
Ethylbenzene	mg/L	0.0005	< 0.0005	109%
Tetrachloroethylene	mg/L	0.0005	< 0.0005	105%
Toluene	mg/L	0.0005	< 0.0005	112%
Trichloroethylene	mg/L	0.0005	< 0.0005	103%
Vinyl Chloride	mg/L	0.0020	< 0.0020	112%
Xylenes	mg/L	0.0005	< 0.0005	113%

RL = Reporting Limit

Report ID: 536878-OAS
Report Date: 26-Sep-24
Date Received: 24-Sep-24

CERTIFICATE OF ANALYSIS
for
ASD-W (HZ3)
Department of Education
250 King Street, Place 2000
Fredericton, NB E3B 9M9

rpc
921 College Hill Rd
Fredericton NB
Canada E3B 6Z9
Tel: 506.452.1212
Fax: 506.452.0594
www.rpc.ca

Project #: Not Available

Summary of Date Analyzed

	SVOC		VOC	
RPC Sample ID	**Extracted**	**Analyzed**	**Extracted**	**Analyzed**
536878-1	25-Sep-24	25-Sep-24	24-Sep-24	24-Sep-24
536878-2	25-Sep-24	25-Sep-24	24-Sep-24	24-Sep-24
536878-3	25-Sep-24	26-Sep-24	24-Sep-24	24-Sep-24
536878-3 Dup	-	-	25-Sep-24	25-Sep-24
536878-4	25-Sep-24	26-Sep-24	24-Sep-24	24-Sep-24
536878-5	25-Sep-24	26-Sep-24	24-Sep-24	24-Sep-24

Preventive Maintenance of Elevators in N.B. School
Bi-Monthly / Semi-Annual / Annual Report

Permit Date: Apr 11/24
Date: Mar 11/24
School Name: Keswick Valley Memorial
Date:

Unit Number: 1170
Unit Manufacturer: Dover
Unit Type: Hydraulic Passenger
Date Testing Completed: Sept 5/23 / Mar 11/24

Bi-Monthly Report	Complete	N/A
Check In at School Office	SP ☐	☐
Ride unit, check speed and leveling. Adjust if needed.	SP ☐	☐
Verify all safety circuits & scheduling devices	SP ☐	☐
Lubricate, clean & adjust all components	SP ☐	☐
Check all lamps & signals. Replace bulbs as required.	SP ☐	☐
Check fan and car interior	SP ☐	☐
Confirm phone & emergency communication	SP ☐	☐
Adjust & lubricate door operation, speed, hangers & track	SP ☐	☐
Check door protection, hanger rollers and relating cable tension	SP ☐	☐
Verify door Gibbs and retainers, visual panels.	SP ☐	☐
Check and adjust hydraulic packing, valves, couplings	SP ☐	☐
Check hydraulic levels and top up. Report any loss to Supervisor immediately	SP ☐	☐
Clean pit and check pit can	SP ☐	☐
Check motor, MG Brushes, oil level. Top up if needed	☐	SP ☐
Inspect and Adjust loose guides on car	SP ☐	☐
Verify Hoist way lockouts and access switch. (interlocks)	SP ☐	☐
Clean Machine Rm. & Machine Rm Equipment	SP ☐	☐
Clean top of car and equipment	SP ☐	☐
Read and Fill out log book	SP ☐	☐
Note any adjustments, deficiencies and suggested repairs	SP ☐	☐
Discuss any notes with Facility Manager/representative	SP ☐	☐

Semi Annual Report	Complete	N/A
Vacuum-controllers, Check relays, contacts & selectors.	☐	☐
Check for proper Fuse Sizing, check main power connections	☐	☐
Check & adjust voltage of rectifier and record	☐	☐
Check fastings, Operating rollers, cams of H-way limits & safety switches	☐	☐
Check selector tape, wire ropes & cables	☐	☐
Inspect, adjust & Lubricate: door closers arms & reel and air cords	☐	☐
Adjust lower guides on car & doors.	☐	☐
Check car counterweight run-up	☐	☐
Check, clean & lubricate, governor, idler & tape sheaves	☐	☐
Inspect brakes, clean linings & pulleys, Lubricate pins, hangers & rails	☐	☐
Demonstrates emergency lowering operation	☐	☐
Discuss any notes with Facility Manager/ representative	☐	☐

Annual Report	Complete	N/A
Change oil in Generators, motors and geared equipment	☐	SP ☐
Check Sheaves & rope for wear Travelling cable & hangers	SP ☐	☐
Clean generators & motors; Check wire connections	☐	SP ☐
Check under car & counterweight safety devices	☐	SP ☐
Clean switches, check for wear breakage & Corrosion	SP ☐	☐
Complete hydrostatic test for in-ground and above-ground units	SP ☐	☐
Discuss any notes with Facility Manager / Representative	SP ☐	☐

S. R.

School Signature

Mechanic Signature

Important Notes:

- All the items in the checklist should be checked with your initials and not only signed at the end.
- Refer to specification for complete list of work to be performed

Comments:

_____

_____

_____

_____

_____

_____

Semi Annual Reference Guide:

Jan-Jul
Feb-Aug
Mar-Sep
Apr-Oct
May-Nov
Jun-Dec

Keswick Valley Memorial School

ELEVATING DEVICE CONDITION REPORT
RAPPORT SUR L'ETAT DES APPARIELS ÉLÉVATEURS

03/16

The form must be completed by the licensed elevator tractor who performs the maintenance on the device within your building. Please send this completed form to the attention of Keith Steeves by email at keith.steeves@gnb.ca or by fax at (506) 856-3078. If you have any questions, please contact Keith Steeves at (506) 856-3080.

Le formulaire doit être rempli par l'entrepreneur d'appareils élévateurs titulaire d'un permis qui est chargé à l'entretien de l'appareil se trouvant dans votre édifice. Veuillez faire parvenir le formulaire dûment rempli à Keith Steeves par courriel à l'adresse keith.steeves@gnb.ca ou par télécopieur au 506-856-3078. Si vous avez des questions, veuillez communiquer avec lui par téléphone au 506-856-3080.

Owner / Propriétaire					
Civic No. / N° de voirie		Street or Hwy / Rue ou route		Municipality / Municipalité	
Postal code Code postal		Telephone Téléphone		Install Date/ Date de L'installation	1985
Device No/No de l'appareil	1170	Manufacturer / Fabricant	Dover	Number of Floors/Nombre d' etages	2

Type

☐ Freight / Monte-charge ☑ Passenger / Ascenseur ☐ B355 Devices/ Appareils B355

☑ Hydraulic / Ascenseur hydraulique ☐ Escalator/ Escaliers mécaniques
☐ Traction / Ascenseur à traction ☐ Dumbwaiter/Petite monte-charge

Licensed Contractor / Entrepreneur titulaire d'un permis	KONE Inc.	**Licence No. / N° de permis**	31760

This elevating device is presently maintained by the above-named licensed contractor and is being maintained in accordance with the New Brunswick Elevators and Lifts Act and its regulations.

Cet appareil d'élévateur fait présentement l'objet d'entretien par l'entrepreneur titulaire d'un permis susmentionné et son entretien se conforme aux exigences de la *Loi sur les ascenseurs et monte-charge* du Nouveau-Brunswick et de ses règlements.

Type of Contract and No. of Visits / Type de contrat et nombre de visites	

Name of person representing contractor with maintenance on this unit / Nom de la personne représentant l'entrepreneur responsable d'entretien de cet appareil.

Cheryl Howells		
(Print Name / Nom en lettres moulées)	**(Signature)**	**(Date)**

All applicable annual tests completed for elevators as per ASME A17.1-2016/CSA-B44-16 for elevators (CAT 1) / Tous les tests applicables qui doivent être menés tous les ans sur les ascenseurs ont été effectués conformément à la norme ASME A17.1-2016/CSA-B44-16 (CAT 1). ☑ Yes / Oui ☐ No / Non

All applicable Category 5 tests completed for elevators as per ASME A17.1-2016/CSA-B44-16 (CAT5) / Tous les tests de catégorie 5 applicables pour les ascenseurs selon ASME17.1-2016/CSA-B44-16 (CAT5) ☐ Yes / Oui ☑ No / Non

Date Category 5 testing **last** completed_____ / Date a les tests de catégorie 5 sont terminés — Maintenance Control Program On site / sur place ☑ Yes / Oui ☐ No / Non

All applicable annual tests completed for lifts for persons with physical disabilities as per CSAB355-15 ANNEX B / Tous les tests applicables qui doivent être menés tous les ans sur les appareils élévateurs pour personnes handicapées ont été effectués conformément à la norme CSAB355-15, ANNEXE B. ☐ Yes / Oui ☐ No / Non

Licensed Mechanic testing unit / Mécanicien agréé testant l'appareil	**Licence No. / N° de permis**	67773

Shane Dorey	Shane	Mar 11/24
(Print Name / Nom en lettres moulées)	**(Signature)**	**(Date)**

Public Safety
Telephone: (506) 856-3080
Fax: (506) 856-3078
Email: keith.steeves@gnb.ca

New Nouveau Brunswick

Ministère de la Sécurité publique
Téléphone : 506-856-3080
Télécopieur : 506-856-3078
Courriel : keith.steeves@gnb.ca

Testing and Inspection Report

Double Check Valve Assembly / Pressure Vacuum Breaker / Reduced Pressure Principle
06/21

Distribution Copies	Regional Plumbing Inspector (Photocopy) Occupant or Owner (Original) Licensed Tester (Photocopy)	OFFICE USE ONLY Site No.		Permit No.		Device No.	

PLEASE PRINT CLEARLY

Site Name / Occupancy	Keswick Valley Memorial						
Civic Number	#20	Street	Route 617	City	~~Kesw~~ Burtts Corner		
Postal Code		Prov.	NB	Telephone		Site Usage	School
Site Owner				Site Owner's email			
Civic Number		Street		City			
Postal Code		Prov.		Telephone			
Certified Tester	Roy Barton	Company Name	Jay's Fire	Licence No.	71583	Telephone	8579224
Make of Test Kit	Mako	Model No.	MK3	Serial No.	02MB21010061	Calibration Due Date	Year 2024 Month 09 Day 26

☐ Double Check Valve Assembly	☑ Reduced Pressure Principle	☐ Pressure Vacuum Breaker (Spill Resistant ☐ Yes)

Make of Assembly	Watts	Model No.	009	Serial No.	105565	Size	2"
Location of Assembly in Building	Tank Room in Basement						
Level of Protection	☐ Premise	☐ Area	☑ Zone	☐ Individual			
Type of Test	☐ Initial ☐ Repair ☑ Annual	Date of Test	Year 2024 Month 08 Day 07	Line Pressure at Time of Test	48 kPa ☐ psi ☑	Initial Test ☑ Pass ☐ Fail	Final Test ☐ Pass ☐ Fail

Tests	Step Component	Test		Requirement	Initial Test	Final Test
REDUCED PRESSURE	1: Relief Valve	Differential pressure relief valve opened at		(2 PSID minimum)	3.7	
	2: Shut Off Valve # 2	☐ Leaked	☐ Closed Tight			
	3: Check Valve # 2	Reverse flow ☐ Leaked	☐ Closed Tight			
	4: Check Valve # 1	☐ Leaked	☐ Closed Tight			
	5: Check Valve # 1	Pressure differential across 1st check			8.1	
	6: Buffer	(Pressure drop across 1st check minus opening point of relief valve) (min. 3 psi)			4.4	
DOUBLE CHECK VALVE ASSEMBLY	1: Check Valve # 1	Differential pressure in direction of flow		1.0 PSID min		
	2: Check Valve # 2	Differential pressure in direction of flow		1.0 PSID min		
PRESSURE VACUUM BREAKER	1: Air Inlet Valve	Opening Differential		1.0 PSID min		
	2: Check Valve	Closes tight in direction of flow		1.0 PSID min		

If the assembly fails the initial test for any reason, complete this section and note repair below

Comments - Reason for failure (if apparent)

E-MAILED AUG 06 2024

NOTE: PLEASE CONTACT YOUR MUNICIPALITY TO DETERMINE WHETHER THEY ALSO REQUIRE A COPY OF THIS REPORT

REDUCED PRESSURE PRINCIPLE — REPAIRS

Differential Pressure Relief Valve			Check Valve No. 1		Check Valve No. 2		Shut Off Valve No. 2	
☐ Cleaned	Replaced		☐ Cleaned	Replaced	☐ Cleaned	Replaced	☐ Cleaned	Replaced
☐ Disc Upper	☐ Diaphragm Sm	☐ Diaphragm Lg	☐ Disc	☐ Pin Retainer	☐ Disc	☐ Pin Retainer	☐ Disc	
☐ Disc Lower	☐ Upper	☐ Upper	☐ Spring	☐ Hinged Pin	☐ Spring	☐ Hinged Pin	☐ Seat	
☐ Spring	☐ Spacer	☐ Lower	☐ Guide	☐ Diaphragm	☐ Guide	☐ Diaphragm	☐ Other ____	
☐ Seat	☐ Other ____		☐ Seat	☐ Other ____	☐ Seat	☐ Other		

DOUBLE CHECK VALVE ASSEMBLY / PRESSURE VACUUM BREAKER — REPAIRS

Check Valve No. 1			Check Valve No. 2			Pressure Vacuum Breaker		
☐ Cleaned	Replaced		☐ Cleaned	Replaced		☐ Cleaned	Replaced	
☐ Spring	☐ Guide	☐ Pin Retainer	☐ Spring	☐ Guide	☐ Pin Retainer	☐ Vent Spring	☐ Poppet	☐ Retainer
☐ Hinged Pin	☐ Seat	☐ Diaphragm	☐ Hinged Pin	☐ Seat	☐ Diaphragm	☐ Spring	☐ Disc	☐ Guide
	☐ Disc	☐ Other		☐ Disc	☐ Other		☐ Vent Disc	☐ Other

I certify that I have tested the above device in accordance with New Brunswick Regulation 84-187 under the Plumbing Installation and Inspection Act.

Signature of Tester	[signature]	Year 2024	Month 08	Day 07

Department of Justice & Public Safety
Technical Inspection Services

New Brunswick

PO Box 6000
Fredericton, NB E3B 5H1