Report of Inspection / Test
Frequency: Annual ITM

07-16-2025
Property
KESWICK VALLEY MEMORIAL - D14
20 ROUTE 617
BURTT'S CORNER NB E6L 2X3

WO Ref #: 6578530

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
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)?	No
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			
Are all check valves externally inspected, operating properly, and are in good condition?	Yes	Are the gauges in good condition and showing normal air and water pressure?	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
All control valves operated through full range and returned to normal position?	Yes	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?	No	In last 5 years, have strainers, filters, restricted orifices and diaphragm chambers on valves and trim passed internal inspection?	No
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
Are valve enclosures maintaining a minimum of 4 degrees C or more?	Yes		
BACKFLOW PREVENTERS			
Is relief port on RPZ device not discharging?	N/A	Have backflow devices passed forward flow test?	N/A

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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			
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		
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
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?	No
SPRINKLER HEADS			
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

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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	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	Were all areas accessible for visual sprinkler inspection?	Yes
MAINTENANCE			
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
Have sprinklers and spray nozzles protecting commercial cooking equipment and ventilating systems been replaced annually?	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?	No
Mechanical waterflow alarm devices passed tests (alarms actuated and flow observed)?	Yes		
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?	No		
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		
INSPECTION			
Is the excess pressure pump free of damage and operational?	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?	N/A	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

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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		
MAINTENANCE			
In the last 5 years, have the dry valve(s), strainers, filters and restricted orifices pass internal inspection?	No	Is interior of dry-pipe valves cleaned and in good condition?	Yes
PIPES			
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		

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Report of Inspection / Test for System - WET 1

WET SYSTEM MAIN DRAIN FLOW TEST

Record initial static pressure	105	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		

Report of Inspection / Test
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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?	No

DRY VALVE PARTIAL TRIP TEST

Dry Valve Make	Tyco	Dry Valve Model	DPV-1
Dry Valve Serial No.	1074	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	105	Without Accelerator: Air Pressure	35
Without Accelerator: Trip Point Air Pressure	8	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?	Due 2026

DRY SYSTEM MAIN DRAIN FLOW TEST

Record initial static pressure	105	Record residual pressure (psi)	Tanks
Record static pressure (psi)	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		

INSPECTORS TEST CONNECTION

Report of Inspection / Test
Frequency: Annual ITM

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WET 1 (Wet)

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

DRY 1 (Dry)

Location	Description	Time to Alarm (seconds)	Reported?	Smooth Orifice	Easily Accessible	Signs?	Pass?
Quiet room end of hall second floor	Attic	na	N/A	Yes	Yes	Yes	Yes

VALVES

WET 1 (Wet)

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

DRY 1 (Dry)

Description	Location	Valve Type	Size	Secured	Open	Easily Accessible	Signs	Exercised	Stems Lubricated	Flow Pass	Tamper Pass
Attic	Sprinkler Room	Butterfly	4 "	Monitored	Yes	Yes	Yes	Yes	N/A	N/A	Pass
Tyco	Sprinkler Room	Dry Pipe Valve	4 "	Monitored	N/A	Yes	Yes	Yes	N/A	Pass	N/A

DRAIN VALVES

DRY 1 (Dry)

Report of Inspection / Test

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

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Deficiencies - General Questions

Deficiency #1

In last 5 years, have alarm valves and associated strainers, filters, and restricted orifices passed an internal inspection? - 13.4.1.2: No
Status: Critical

Notes:

Deficiency #2

In last 5 years, have the check valves been internally inspected? - 13.4.2.1: No
Status: Critical

Notes:

Deficiency #3

In last 5 years, have strainers, filters, restricted orifices and diaphragm chambers on valves and trim passed internal inspection? - 13.4.1.2: No
Status: Critical

Notes:

Deficiency #4

In the last 5 years, has an internal pipe inspection been performed? - 14.2.1: No
Status: Critical

Notes:

Deficiency #5

Has the piping from the fire department connection to the fire department check valve been hydrostatically tested within the last 5 years?: No
Status: Critical

Notes:

Deficiencies - General Wet System Questions

None

Deficiencies - General Dry System Questions

Deficiency #6

In the last 5 years, have the dry valve(s), strainers, filters and restricted orifices pass internal inspection? - 13.4.5.1.5: No
Status: Critical

Notes:

Deficiencies - WET 1

None

Deficiencies - DRY 1

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Deficiency #7

Sprinkler Type: Dry
For oil-filled air compressors, has the oil been replaced or changed? - 13.10.4:
No
Status: Critical

Notes:

Deficiencies - Inspectors Test Connection

None

Deficiencies - Valves

None

Deficiencies - Drain Valves

None

Report of Inspection / Test

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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		2025-07-16

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	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 Fire & Safety	Licence No.	71583	Telephone	8579224

Make of Test Kit	Mako	Model No.	MK3	Serial No.	02RB21010011	Calibration Due Date	Year 2025	Month 10	Day 22

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

Make of Assembly	Watts	Model No.	909	Serial No.	105565	Size	2"
Location of Assembly in Building	Junk Room						
Level of Protection	☐ Premise	☐ Area	☑ Zone	☐ Individual			
Type of Test	☐ Initial ☐ Repair ☑ Annual	Date of Test	Year 2025	Month 07	Day 16	Line Pressure at Time of Test	47 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)	2.7	
	2: Shut Off Valve # 2	☐ Leaked ☑ Closed Tight			
	3: Check Valve # 2	Reverse flow ☐ Leaked ☑ Closed Tight			
	4: Check Valve # 1	☐ Leaked ☑ Closed Tight		E-MAILED JUL 22 2025	
	5: Check Valve # 1	Pressure differential across 1st check		6.1	
	6: Buffer	(Pressure drop across 1st check minus opening point of relief valve) (min. 3 psi)		3.4	
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)

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

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		Year	Month	Day
		2025	07	16

Report/Rapport: 560964-ML-W1
Date: 30-Jul-25
Date Received/Reçu: 29-Jul-25

CERTIFICATE OF ANALYSIS / CERTIFICAT D'ANALYSE

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

921 ch College Hill Rd
Fredericton NB
Canada E3B 6Z9
☎ 506.452.1212
506.452.1395
www.rpc.ca

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:				560964-1
Client Sample ID/ID d'échantillon du client:				22855 Keswick Valley School
Date collected/Date du prélèvement				29-Jul-25
Time sampled/Heure du prélèvement				2:05:00 PM
Analytes/Paramètre(s)	**Method/Méthode**	**Date Analyzed Date Analysé**	**Units Unités**	
Coliforms/Coliformes	MICRO10	29-Jul-25	P-A/100mL	a
E. coli	MICRO10	29-Jul-25	P-A/100mL	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

Cathy Hay
Microbiology Supervisor
Applied and Experimental Bioscience

Josie Michaud
Microbiology Technician
Applied and Experimental Bioscience

FIRE ALARM SYSTEM ANNUAL TEST AND INSPECTION REPORT

CAN/ULC-S536:2019

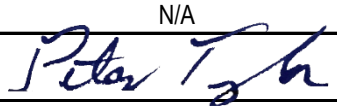
20.1 Fire Alarm System Annual Test and Inspection Report

NOTE: Refer to 7.1

Inspection Date (DD/MMM/YYYY):	8/11/25					
Report Revision Date (DD/MMM/YYYY)						
Building Name:	KESWICK VALLEY MEMORIAL SCHOOL - ASDW					
Address:	20 ROUTE 617					
City, Province, Postal Code:	BURTTS CORNER, NB					
Building Owner or Representatives Name:	MARK REID					
System Manufacturer:	NOTIFIER	Model:	NSF320C			
System Provides:		Single Stage Operation	✓			
		Two Stage Operation				
NOTES:		Other				
		Describe Special Operation:				

The *fire alarm system* is connected to a *fire signal receiving centre* :	Yes	✓	No		
Name, if applicable: ARMSTRONGS					
The Report Comprises of:	18	pages			

The entire *fire alarm system* has been inspected and tested in accordance with CAN/ULC-S536:2019, Inspection and Testing of Fire Alarm Systems.	Yes	✓	No		
The *fire alarm system* is fully functional:	Yes	✓	No		
During the Annual Inspection and Test were any Recommendations Identified? See Page 4 if Applicable	Yes		No	✓	

The following person is responsible for ensuring that the information contained in this Test and Inspection Report is correct and complete:	
Printed Name:	PETER TAYLOR
Certificate/ID Number (short formed):	N/A
Signature: (This certifies that the information contained in this Fire Alarm System Annual Test and Inspection Report is correct and complete)	
Company Conducting Test:	QUALITY SOUND ALARM
Company Phone Number:	506-452-0161

Was there a secondary person who conducted the Test and Inspection?	Yes		No	✓	
Printed Name:					

PROVINCE WIDE SALES AND SERVICE
35 Avonlea Court – Fredericton, NB E3C 1N8
Telephone (506) 452-0161 Fax (506) 457-4127

Certificate/ID Number (short formed)	N/A
Signature (This certifies that the information contained in this Fire Alarm System Annual Test and Inspection Report is correct and complete)	
Company Conducting Test:	QUALITY SOUND ALARM
Company Phone Number:	506-452-0161

20.1 Deficiencies

20.2.1

For the purposes of this Standard, *deficiency* refers to a device or function that:

a) Does not operate as intended;

b) Due to alteration in the *building* layout or contents, is installed in a location which is not readily accessible for service, testing, maintenance purposes due to safety considerations, and was not tested in the last 24 months;

c) Is installed in an environment which is not compatible with the documented operating conditions of the specific device; or

1

NOTE: System and device installation locations may differ from this described in CAN/ULC-S524 if a performance based *design* and alternate solution documents were submitted and approved by the authority having jurisdiction for the system under test

Item #	Device Type	Device Location	Deficiency	CAN/ULC-S536 Standard Reference Clause	Date Corrected (M/D/Y)	Work Order or Reference #	Company which corrected deficiency	Technician name & certificate no.

I understand that all Deficiencies noted in the table above have been corrected:	
Building Owner/Owner's Representative Name:	
Building Owner/Owner's Representative Signature:	
Date of Signature	

NOTE: Only the above table needs to be updated on correction of deficiencies. The entire report does not have to be reissued.

PROVINCE WIDE SALES AND SERVICE
35 Avonlea Court – Fredericton, NB E3C 1N8
Telephone (506) 452-0161 Fax (506) 457-4127

20.3 Recommendations

20.3.1 For the purpose of this standard, *Recommendation* is a proposal or suggestion as to the best course of action for improvement of system components or system operation/installation, including safety considerations, such as:

a) Identifying antiquated or obsolete equipment:

b) Availability of new cost effective technology; or

c) Alternate methods of detection

Recommendations:

20.4 Technician Attendance Log

NOTE: See 7.4

Date (MM/DD/YY)	Time In / Time Out	Notes (for the day)	Primary technician printed name	Primary technician certificate no.
8/11/25	1:00 PM - 2:00 PM		PETER TAYLOR	

21 Documentation

NOTE: See Section 7, Documentation.

21.1 Documentation for the *fire alarm system* is available or accessible on site and includes the following description of the *fire alarm system:*

A	Instructions for resetting the system and silencing *alarm signals.*	Yes	✓	No				
B	Instructions for silencing the *trouble signal* and action to be taken with the *trouble signal* sounds.	Yes	✓	No				
C	Description of the function of each operating control and indicator on the fire alarm unit.	Yes	✓	No				
D	Description of the area or fire zone protected by each alarm detection circuit (this may be in the form of a list or	Yes	✓	No				
E	Description of *alarm signal* operation.	Yes	✓	No				
F	Description of ancillary equipment controlled by the f*ire alarm* system.	Yes	✓	No				
G	In systems that provide logical control of a smoke control system, documentation is on site and includes a sequence of operation of the smoke control system.	Yes		No	✓			
H	Building diagrams are on site that clearly indicate the type and location of all smoke-control equipment (fans, dampers, etc.)	Yes		No	✓			
I	Description of fire alarm system:							
	i) Sequence of operation (See Annex D)	Yes	✓	No				
	ii) Operating instructions (See Annex D)	Yes	✓	No				
	iii) Description of each type of *field device*	Yes	✓	No				
	iv) Details of input to programmed output functions for programmed systems	Yes	✓	No				
	v) Connection to a fire signal receiving centre, if required by applicable codes and regulations	Yes	✓	No				
	vi) Previous verification report(s) and all documentation related to any modification showing approval of such modifications by the AHJ, if applicable.	Yes		No	✓	N/A		
	vii) The as-built drawings of the building fire alarm system (See Annex D)	Yes		No	✓			
	vii) Copy of the site specific software (if applicable)	Yes		No	✓	N/A		

J	Indicate location(s) and media type(s) of documentation:

22 Control Unit or Transponder Test Record

YES ☑ = Operated Correctly	NO ☐ = Did no operate correctly	N/A ☐ = Not applicable
	(Refer to Deficiencies 20.2)	Function or feature not provided on this fire alarm system

22.1 Control Unit or Transponder Inspection

NOTE 1: See 8.2

NOTE 2: Complete section for each control until or transponder

Control Unit or transponder Location:	MAIN OFFICE							
Control Unit or 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	(i) Record the date, revision and version of firmware	Date:						
		Rev:		Ver:				
	(ii) Record the date, revision and version of software program	Date:						
		Rev:		Ver:				
G	Clean and free of dust and dirt	Yes	✓	No		N/A		
H	Fuses in accordance with manufacture's 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		

22.2 Control Unit or Transponder Test Record

NOTE 1: See 8.3

NOTE 2: Complete section for each control until or transponder

Control unit or transponder location	MAIN OFFICE							
Control unit of transponder identification								
A	Power 'ON' visual indicator operates	Yes	✓	No				
B	Time and date indication corresponds with local time and date	Yes	✓	No		N/A		
C	Common visual trouble signal operates	Yes	✓	No				
D	Common audible trouble signal operates	Yes	✓	No				
E	Trouble signal silence switch operates	Yes	✓	No				
F	Main power supply failure trouble signal operates	Yes	✓	No		N/A		

G	Trouble signal operates during positive and negative ground fault tests	Yes	✓	No		N/A	
H	Alert signal operates	Yes		No		N/A	✓
I	Alarm signal operates	Yes	✓	No		N/A	
J	Automatic transfer from alert signal to alarm signal operates	Yes		No		N/A	✓
	Time: _____	Yes		No		N/A	✓
K	Manual transfer from alert signal to alarm signal operates	Yes		No		N/A	✓
L	Automatic transfer from alert signal to alarm signal cancel (acknowledge) feature operates on a two-stage system.	Yes		No		N/A	✓
M	Alarm signal silence inhibit function operates	Yes	✓	No		N/A	
N	Alarm signal manual silence operates.	Yes	✓	No		N/A	
O	Alarm signal silence visual indication operates	Yes	✓	No		N/A	
P	Alarm signals when silenced, automatically reinitiate only upon subsequent alarm from another NBC required fire alarm zone.	Yes	✓	No		N/A	
Q	Duration of alarm signal prior to automatic silence	Time		No		N/A	✓
R	Audible and visual alert signals and alarm signals programmed and operate per design and specification; mor documentation as provided in Section 21.	Time:_____				N/A	✓
S	Input circuit, alarm and supervisory operation, including audible and visual indication operates	Yes	✓	No			
T	Input circuit supervision fault causes a trouble indication	Yes	✓	No		N/A	
U	Output circuit alarm indicators operate	Yes	✓	No		N/A	
V	Output circuit supervision fault causes a trouble indication	Yes	✓	No		N/A	
W	Visual indicator test (lamp test) operates	Yes		No		N/A	✓
X	Coded signal sequences operate not less than the required number of times and the correct alarm signal operates thereafter	Yes		No		N/A	✓
Y	Coded signal sequences are not interrupted by subsequent alarm	Yes		No		N/A	✓
Z	Ancillary device by pass will result in a trouble signal	Yes		No		N/A	✓
AA	Input circuit to output circuit operation, including ancillary device circuits, for correct program operation, as per design and specification, or documentation as detailed in D. Description of Fire Alarm System for Inspection and Test Procedures.	Yes		No		N/A	✓
BB	System Reset Operates	Yes	✓	No			
CC	Main power supply to emergency power supply transfer operates.	Yes	✓	No		N/A	
DD	Smoke detector alarm verification (status change confirmation) verified. [Refer to 14.4.3, Smoke Detector Alarm Verification (Status Change Confirmation)]	Yes		No		N/A	✓

22.3 Voice Communication Test

NOTE: See Subsection 8.5

There are no Voice Communication Capabilities on this system. ☑							
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 operator, 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	Where systems use back-up amplifiers, the automatic transfer feature operates	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 telephones for operation, including two-way voice communication 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	
Q	In standby mode, a short, or open on a paging alert, alarm, or emergency telephone voice communication buss results in a buss specific trouble condition.	Yes		No		N/A	

22.4 Power Supply Inspection

NOTE: See 9. Power Supplies

Control unit or transponder location	MAIN OFFICE						
Control unit of transponder identification							
Circuit disconnect means or breaker location:	PANEL DP2 ELECTRICAL ROOM						
Circuit disconnect means or breaker identification:	BREAKER #18						
A	Fused in accordance with the manufacturer's marked rating of the system.	Yes	✓	No		N/A	
B	The primary supply is equipped with the identified disconnect means.	Yes	✓	No		N/A	
C	Adequate to meet the requirements of the system.	Yes	✓	No		N/A	
D	A short on the isolated side of each power isolation module results in a trouble condition	Yes		No		N/A	✓
E	Operation of a device on the source side of each shorted power isolation module is confirmed.	Yes		No		N/A	✓
F	Power for ancillary devices is taken form a source separate from the fire alarm system control unit or transponder power supply.	Yes		No		N/A	✓
G	Power for ancillary devices is taken from the control unit or transponder that is designed to provide such power.	Yes		No		N/A	✓
H	Ancillary devices, which are powered from control unit or transponder, are recorded	Yes		No		N/A	✓

22.5 Emergency Power Supply Test and Inspection

NOTE 1: SEE 9.2, 9.3, 9.4 AND Annex C, Battery Tests

NOTE 2: Complete section for each emergency power supply.

Emergency power supply location:	MAIN PANEL
Emergency power supply identification:	
Emergency power supply provided by:	BATTERIES

Batteries ☑		Generator: ☐		UPS: ☐			Combination: ☐						
NBC required full load operation time		2 Hour ☑		1 Hour ☐		30 min ☐		5 min ☐					
Installed batteries		Quantity:		2	V dc:	12	A-h:	18					
BATTERY TESTS (Reference 9.2)													
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	
D	Battery voltage with main power supply 'ON':							Voltage:	27	V dc			
								Current:	2.08	A			
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:	25.1	V dc			
								Current:	1.53	A			
F	Battery free of physical damage							Yes	✓	No		N/A	
G	Battery terminals cleaned and lubricated							Yes		No		N/A	✓
H	Battery terminals clamped tightly							Yes	✓	No		N/A	
I	Correct electrolyte levels							Yes		No		N/A	✓
J	Specific gravity of electrolyte is within manufacturer's specifications							Yes		No		N/A	✓
K	Battery free of electrolyte leakage							Yes		No		N/A	✓
L	Battery adequately ventilated							Yes	✓	No		N/A	
M	Battery manufacturer's date code:							Date:	Aug-25				
N	Disconnection of battery causes trouble signal at the fire alarm control unit.							Yes	✓	No		N/A	
O	Indicate type of battery tests performed:												
	(i) required supervisory load for 24 h followed by the required full load operation or							Yes		No			
	(ii) Silent accelerated test. (Refer to Annex C1, New Silent Accelerated Test Method); or							Yes		No			
	(iii) Battery manufacturer's method. Specify: BATTERY TESTER							Yes	✓	No			
P	Record calculated battery capacity (Refer to Annex C2)									A.h.			
Q	Record battery terminal voltage after completion of tests.							25.1		V dc			
R	Confirm battery voltage not less than 85% omits rating after the tests.							Yes	✓	No		N/A	
S	Battery Charging Current							2.08		A			
EMERGENCY POWER GENERATOR TESTS (Reference: 9.3)													
A	Generator provides power to AC circuit serving the fire alarm system.							Yes		No		N/A	✓
B	Trouble condition at the emergency generator shall result in an audible common trouble signal and a visual indication at the required annunciator:							Yes		No		N/A	✓
C	Generator run condition at the emergency generator shall result in an audible common trouble signal and a visual indication at the required annunciator:							Yes		No		N/A	✓

22.6 Annunciator, Remote Trouble Signal Unit, Display and Contr4ol Centre Test and Inspection

NOTE 1: See Section 10

NOTE 2: Complete section for each device.

There are no annunciators or sequential displays on this system. ☑								
Annunciator or sequential display location:								
Annunciator or sequential display identification:								
A	Power "on" indicator operates	Yes		No		N/A		
B	Individual alarm, and supervisory input zone designation labels are properly identify	Yes		No		N/A		
C	Where individual devices are annunciated confirm the individual alarm and supervisory indication are property identified	Yes		No		N/A		
D	Where active and supporting field devices are utilized, the device location and programming device label/descriptor shall be confirmed.	Yes		No		N/A		
E	Common trouble signal operates	Yes		No		N/A		
F	Visual indicator test (lamp test) operates	Yes		No		N/A		
G	Input wiring from control unit or transponder is supervised	Yes		No		N/A		
H	Alarm signal silence visual indicator operates	Yes		No		N/A		
I	Switches for ancillary functions operate as per design and specification, or in accordance with documentation in Annex D. Description of Fire Alarm Systems for Inspection and Test Procedures	Yes		No		N/A		
J	Other ancillary function visual indicators operate	Yes		No		N/A		
K	Manual activation of alarm signal and indication operates	Yes		No		N/A		
L	Displays are visible in installed location	Yes		No		N/A		
M	Operates on emergency power	Yes		No		N/A		

22.7 Annunciator or Sequential Display

NOTE 1: See Section 10.2

NOTE 2: If the fire alarm system DOES utilize remove annunciators complete 22.7 for each annunciator or sequential display

There are no annunciators or sequential displays on this system. ☐								
Annunciator or sequential display location	MAIN ENTRANCE							
Annunciator or sequential display identification								
A	Power 'on' indicator operates	Yes	✓	No		N/A		
B	Individual alarm and supervisory zone designation labels are properly identified	Yes		No		N/A	✓	
C	Where individual devices are also annunciated confirm the individual alarm and supervisory identifications are properly identified.	Yes	✓	No		N/A		
D	Where active and supporting field devices are utilized the device location and programmed device label/descriptor shall be confirmed.	Yes		No		N/A	✓	
E	Common trouble signal operates	Yes	✓	No				
F	Visual indicator test (lamp test) operates	Yes		No		N/A	✓	
G	Input wiring from control until or transponder is supervised	Yes	✓	No		N/A		

H	Alarm signal silence visual indicator operates	Yes	✓	No		N/A	
I	Switches for ancillary functions operate as per design and specification, or in accordance with documentation as detailed in section 21 (See section 7)	Yes		No		N/A	✓
J	Ancillary function visual indicators operate	Yes		No		N/A	✓
K	Manual activation of alarm signal and indication operates	Yes		No		N/A	✓
L	Displays are visible in installed location	Yes	✓	No		N/A	
M	Multi-line sequential display operates as per 10.2, where utilized.	Yes	✓	No		N/A	

22.8 Remote Trouble Signal Unit Test and Inspection

NOTE 2: If the fire alarm system DOES utilize remote trouble signal unit, complete 22.8 for each remote trouble unit

There are no remote trouble signal units on this system. ☑							
Remote trouble signal unit location							
Remote trouble signal unit identification							
A	Input wiring from control unit or transponder is 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	

22.9 Printer Test

NOTE: If the fire alarm system DOES utilize printers, complete 22.9 for each printer unit

There are no printers on this system. ☑							
Printer location							
Printer identification							
A	Operates as per design and specification, or in accordance with documentation as detailed in Annex D. 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	

22.10 Ancillary Device Circuit Test

Specify type of ancillary circuit	Ancillary circuit powered by:		Operation of ancillary circuit confirmed			Method of Confirmation See Annex A A22.10
	FACU* Check if Applicable	Others Specify:				
DOOR HOLDERS	☑		Yes ☑		No ☐	ACTUAL ALARM
	☐		Yes ☐		No ☐	
*FCAU - Fire Alarm Control Unit						

NOTE: The tests reported on this Form may not include the actual operational test of ancillary devices, except when noted in the Method of Confirmation column. See Annex A A22.10

22.11 Interconnection to the Fire Signal Receiving Centre

NOTE: If the fire alarm system DOES have an interconnection to the fire signal receiving centre, complete 22.11 for each transmitter

There are no interconnections to a Fire Signal Receiving Centre on this system. ☐								
A	The fire signal receiving centre transmitter is integral to the fire alarm control unit.	Yes		No	✓			
B	Receipt of the alarm transmission to the fire signal receiving centre	Yes	✓	No				
C	Receipt of the supervisory transmission to the fire signal receiving centre	Yes	✓	No		N/A		
D	Receipt of the trouble transmission to the fire signal receiving centre	Yes	✓	No				
E	Disabling or disconnecting the fire signal receiving centre transmitter results in a specific trouble signal at the control unit or transmitter and also transmits a trouble signal to the fire signal receiving centre	Yes	✓	No				
F	Disabling or disconnecting the fire signal receiving centre transmitter transmits a trouble signal to the fire signal receiving centre	Yes	✓	No				
G	Record the company name and telephone number of the fire signal receiving centre: Monitoring Account Number: 03010167	Name:		ARMSTRONGS				
		Telephone:		1-800-561-5433				
H	Operation of the fire signal receiving centre disconnect means transmits trouble to the fire signal receiving centre.	Yes	✓	No				

23 Field Device Records

23.1 Field Device Testing - Legend and Notes

NOTE: Add additional line items for each additional type and/or model number of devices forming part of the fire alarm system as necessary

Device Type	Description	Type	Model No.
M	Manual pull station	NOTIFIER	N6 B121X
RHT	Heat detector, restorable		
HT	Heat detector, non restorable		
S	Smoke detector	Not applicable	Not applicable
	Sensitivity Test Method or Test Equipment: Model/Method:		
	Manufacturer Sensitivity Range:		
	Note: CAN/ULC-SS29 required range is 0.5 to 4.0 %/ft obscuration. Recorded sensitivity measurement units may not be in %/ft depend upon the testing method		
SB	Sounder base		
RI	Remote indicator unit		
DS	Duct smoke detector	SYSTEM SENSOR	
-	Other type of detector		
SFD	Supporting field device (monitor)		
FS	Sprinkler flow switch		
SS	Sprinkler supervisory device		
-	Other supervisory devices (low pressure, low water, low temperature, power loss, etc.)		
EM	Fault isolator		
B	Bell		
H	Horn	SYSTEM SENSOR	HRA
HSP	Horn/Strobe		
V	Visible signal device		
SP	Cone type speaker		
HSP	Horn type speaker		
SSS	Suite Silencing Switch		
SSAD	Suite Silencing Audible Device		
AD	Ancillary Device		
ET	Emergency Telephone		
EOL	End-of-Line Device		

NOTE: Refer to Section 14. Field Devices

23.1.1 The following notes apply to 23.2. Individual Device Record:

Note 1	Smoke detector sensitivity reading confirmed by the control panel or measurement obtained through testing to be recorded in the measurements column.
Note 2	Smoke detector cleaning or replacement date to also be recorded in the measurements column
Note 3	Status Change, including time delay, to be recorded in the measurements column. Refer to Annex A3.73 and Annex F
Note 4	Duct smoke detectors pressure differential to be confirmed and recorded in the measurement column.
Note 5	Transport time of air sampling type detector to be confirmed and recorded in the measurements column
Note 6	Time delay setting of water flow device to be recorded in the measurements column
Note 7	Sprinkler supervisory switches cause trouble conditions to be annunciated but not an alarm condition
Note 8	Upper and Lower pressure setting of supervisory devices to be recorded in the measurements column
Note 9	Low temperature setting to be recorded in the measurements column
Note 10	Identify the specific ancillary devices in the comments column
Note 11	The date and any field devices is changed should be recorded in the comments column
Note 12	Identify correct field device operation (e.g. alarm, trouble, supervisory, annunciation indication)
Note 13	Identify zone, circuit number or address
Note 14	Identify conventional field device locations.
Note 15	Identify active field device and supporting field device, data communication link (DCL) address and location.
Note 16	Confirm field device free of damage
Note 17	Confirm field device free of foreign substance
Note 18	Confirm field device mechanically supported independently of the wiring
Note 19	Confirm field device protection dust shields or covers removed
Note 20	"Correctly installed" refers to the version of CAN/ULC-S524, Standard for Installation of Fire Alarm Systems, applicable at
Note 21	Smoke detectors that employ sounder bases or activate local audible signaling device(s) used in lieu or smoke alarms, to be tested to confirm the local sounder operation and annunciation at the control panel, including visible device operation, as applicable, and individually recorded.
Note 22	When batteries are replaced in the short-range radio frequency (wireless) devices, battery replacement date to be identified in the common section.

23.3 Circuit Fault Tolerance Test Sheet

NOTE 1: Refer to Section 12 and 13

NOTE 2: Refer to Annex A A3.96 for an explanation regarding the National Building Code (NBC) Fire Alarm (FA) Zone.

Circuit Fault Tolerance Test Sheet

Building Name:	Date:	Page __ of __

Circuit fault test location	Type of fault (Record response time or indicate N/A.)			Isolation Results	Non-faulted circuit location	
Identify Device Location where circuit fault was introduced and description of affected NBC Fire Alarm zone or area.	Short	Open	Ground	Identify NBC Fire Alarm Zone or area location where devices failed due to fault condition.	Identify Individual device tested for operation located in Non Faulted NBC Fire Alarm zone or area.	Pass/Fail

MONTHLY FIRE ALARM SYSTEM TEST AND INSPECTION REPORT

24 MONTHLY FIRE ALARM SYSTEM TEST AND INSPECTION REPORT

23.2 Individual Device Record

Device Location	Annunciated Device Label/LCD Text (if applicable)	Device Type (Or Abbreviation)	Requires Service or Missing	Circuit Number or Device Address	Annunciated FIRE ZONE	Correctly Installed	Measurements	Alarm/Activation Confirmed	Annunciator Indication	Supervised Circuit Trouble Signal	General Alarm Circuit (if Applicable)	Comments
MAIN ENTRANCE		PULL		2	✓	✓		✓		✓		
EXIT REAR		PULL		2	✓	✓		✓		✓		
FIRST FLOOR CORRIDOR		HSP		1		✓		✓		✓		
GYM		HSP		1		✓		✓		✓		
GYM EXIT		PULL		2	✓	✓		✓		✓		
1ST FLOOR CORRIDOR		SMOKE		2	✓	✓		✓		✓		
LOCKER AREA		HSP		1		✓		✓		✓		
REAR EXIT		SMOKE		2	✓	✓		✓		✓		
REAR EXIT		PULL		2	✓	✓		✓		✓		
CAFETERIA EXIT		PULL		3	✓	✓		✓		✓		
KITCHEN EXIT		PULL		3	✓	✓		✓		✓		
CAFETERIA		HSP		1		✓		✓		✓		
1ST FLOOR CORRIDOR		HSP		1		✓		✓		✓		
1ST FLOOR CORRIDOR		SMOKE		2	✓	✓		✓		✓		
FIRST FLOOR EXIT		PULL		2	✓	✓		✓		✓		
1ST FLOOR CORRIDOR		SMOKE		3	✓	✓		✓		✓		
MECHANICAL ROOM		DUCT		7	✓	✓		✓		✓		
MECHANICAL ROOM		PULL		2	✓	✓		✓		✓		
1ST FLOOR CORRIDOR		HSP		1		✓		✓		✓		
1ST FLOOR CORRIDOR		HSP		1		✓		✓		✓		
1ST FLOOR CORRIDOR		SMOKE		2	✓	✓		✓		✓		
1ST FLOOR EXIT		PULL		2	✓	✓		✓		✓		
2ND FLOOR EXIT		SMOKE		5	✓	✓		✓		✓		

Device Location	Annunciated Device Label/LCD Text (if applicable)	Device Type (Or Abbreviation)	Requires Service or Missing	Circuit Number or Device Address	Annunciated FIRE ZONE	Correctly Installed	Measurements	Alarm/Activation Confirmed	Annunciator Indication	Supervised Circuit Trouble Signal	General Alarm Circuit (if Applicable)	Comments
2ND FLOOR CORRIDOR		PULL		5	✓	✓		✓		✓		
2ND FLOOR CORRIDOR		HSP		2		✓		✓		✓		
2ND FLOOR EXIT		PULL		5	✓	✓		✓		✓		
2ND FLOOR CORRIDOR		SMOKE		5	✓	✓		✓		✓		
2ND FLOOR CORRIDOR		SMOKE		5	✓	✓		✓		✓		
2ND FLOOR CORRIDOR		HSP		2		✓		✓		✓		
2ND FLOOR MECHANICAL ROOM		DUCT		5	✓	✓		✓		✓		
2ND FLOOR CORRIDOR		HSP		2		✓		✓		✓		
2ND FLOOR EXIT		PULL		5	✓	✓		✓		✓		
2ND FLOOR EXIT		SMOKE		5	✓	✓		✓		✓		
SPRINKLER ROOM		PULL		5	✓	✓		✓		✓		
SPRINKLER ROOM		HSP		2		✓		✓		✓		
STAIRWELL EAST		SMOKE			✓	✓		✓		✓		
STAIRWELL WEST		SMOKE			✓	✓		✓		✓		
STAIRWELL NORTH		SMOKE			✓	✓		✓		✓		
BOYS CHANGE ROOM		HSP		1		✓		✓		✓		
GIRLS CHANGE ROOM		HSP		1		✓		✓		✓		
ATTIC / BASEMENT		FLOW		6								TESTED BY OTHERS
2ND FLOOR CLASSROOMS		FLOW		5								TESTED BY OTHERS
ELEVATOR BOTTOM		TAMPER		6								TESTED BY OTHERS
WET SYSTEM BASEMENT		TAMPER		6								TESTED BY OTHERS
DRY SYSTEM BASEMENT		TAMPER										TESTED BY OTHERS
LOW AIR DRY		LOW AIR		6								TESTED BY OTHERS
LOW WATER WET		LOW WTR										TESTED BY OTHERS
2ND FLOOR CLASSROOMS		TAMPER		5								TESTED BY OTHERS

Device Location	Annunciated Device Label/LCD Text (if applicable)	Device Type (Or Abbreviation)	Requires Service or Missing	Circuit Number or Device Address	Annunciated FIRE ZONE	Correctly Installed	Measurements	Alarm/Activation Confirmed	Annunciator Indication	Supervised Circuit Trouble Signal	General Alarm Circuit (if Applicable)	Comments
VALVE BASEMENT		TAMPER		1								TESTED BY OTHERS
LOW WATER PRESSURE TANK 1		CONTACT		11								TESTED BY OTHERS
LOW WATER PRESSURE TANK 2		CONTACT		11								TESTED BY OTHERS
VALVE 2		TAMPER										TESTED BY OTHERS
SPRINKLER ZONE 1		FLOW		1								TESTED BY OTHERS

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Report ID: 562933-IAS
Report Date: 09-Sep-25
Date Received: 25-Aug-25

CERTIFICATE OF ANALYSIS

for
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Attention: Contacts Education
Project #: Not Available

Analysis of Potable Water

RPC Sample ID:					562933-1
Client Sample ID:					23223 Harvey Elementary School DWS #2
Date Sampled:					25-Aug-25
Analytes	**Units**	**RL**	MAC	AO	
Alkalinity (as $CaCO_3$)	mg/L	2	-	-	150
Chloride	mg/L	0.5	-	250	53.2
Colour	TCU	5	-	15	< 5
Conductivity	µS/cm	1	-	-	475
Fluoride	mg/L	0.05	1.5	-	1.7
Nitrate + Nitrite (as N)	mg/L	0.05	10	-	1.57
Nitrate (as N)	mg/L	0.05	10	-	1.57
Nitrite (as N)	mg/L	0.05	1	-	< 0.05
pH	units	-	-	-	7.4
Phosphorus	mg/L	0.02	-	-	< 0.02
Sulfate	mg/L	1	-	500	9
Turbidity	NTU	0.1	-	-	0.3
Calculated Parameters					
Hardness (as $CaCO_3$)	mg/L	0.2	-	-	170
TDS (calc)	mg/L	-	-	500	266
Saturation pH (5°C)	units	-	-	-	7.7
Langelier Index (5°C)	-	-	-	-	-0.29

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

RL = Reporting Limit; MAC = Maximum Acceptable Concentration; AO = Aesthetic Objective

Guidelines are from Guidelines for Canadian Drinking Water Quality (February 2017).

Troy Smith
Supervisor
Inorganic Analytical Services

Krista Skinner
Senior Chemical Technician
Inorganic Analytical Services

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Project #: Not Available

Analysis of Potable Water

RPC Sample ID:					562933-2
Client Sample ID:					23234 Keswick Ridge School DWS
Date Sampled:					25-Aug-25
Analytes	**Units**	**RL**	MAC	AO	
Alkalinity (as $CaCO_3$)	mg/L	2	-	-	170
Chloride	mg/L	0.5	-	250	1.5
Colour	TCU	5	-	15	< 5
Conductivity	µS/cm	1	-	-	367
Fluoride	mg/L	0.05	1.5	-	0.12
Nitrate + Nitrite (as N)	mg/L	0.05	10	-	< 0.05
Nitrate (as N)	mg/L	0.05	10	-	< 0.05
Nitrite (as N)	mg/L	0.05	1	-	< 0.05
pH	units	-	-	-	7.6
Phosphorus	mg/L	0.02	-	-	< 0.02
Sulfate	mg/L	1	-	500	13
Turbidity	NTU	0.1	-	-	0.2
Calculated Parameters					
Hardness (as $CaCO_3$)	mg/L	0.2	-	-	189
TDS (calc)	mg/L	-	-	500	195
Saturation pH (5°C)	units	-	-	-	7.6
Langelier Index (5°C)	-	-	-	-	0.04

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Project #: Not Available

Analysis of Potable Water

RPC Sample ID:					562933-3
Client Sample ID:					23245 Harvey High School DWS
Date Sampled:					25-Aug-25
Analytes	**Units**	**RL**	MAC	AO	
Alkalinity (as $CaCO_3$)	mg/L	2	-	-	170
Chloride	mg/L	0.5	-	250	342
Colour	TCU	5	-	15	< 5
Conductivity	µS/cm	1	-	-	1480
Fluoride	mg/L	0.05	1.5	-	0.33
Nitrate + Nitrite (as N)	mg/L	0.05	10	-	0.55
Nitrate (as N)	mg/L	0.05	10	-	0.55
Nitrite (as N)	mg/L	0.05	1	-	< 0.05
pH	units	-	-	-	7.3
Phosphorus	mg/L	0.02	-	-	< 0.04
Sulfate	mg/L	1	-	500	17
Turbidity	NTU	0.1	-	-	< 0.1
Calculated Parameters					
Hardness (as $CaCO_3$)	mg/L	0.2	-	-	495
TDS (calc)	mg/L	-	-	500	733
Saturation pH (5°C)	units	-	-	-	7.3
Langelier Index (5°C)	-	-	-	-	0.03

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Attention: Contacts Education
Project #: Not Available

Analysis of Potable Water

RPC Sample ID:					562933-4
Client Sample ID:					22855 Keswick Valley School
Date Sampled:					25-Aug-25
Analytes	**Units**	**RL**	MAC	AO	
Alkalinity (as $CaCO_3$)	mg/L	2	-	-	140
Chloride	mg/L	0.5	-	250	10
Colour	TCU	5	-	15	< 5
Conductivity	µS/cm	1	-	-	296
Fluoride	mg/L	0.05	1.5	-	0.80
Nitrate + Nitrite (as N)	mg/L	0.05	10	-	< 0.05
Nitrate (as N)	mg/L	0.05	10	-	< 0.05
Nitrite (as N)	mg/L	0.05	1	-	< 0.05
pH	units	-	-	-	8.0
Phosphorus	mg/L	0.02	-	-	< 0.02
Sulfate	mg/L	1	-	500	7
Turbidity	NTU	0.1	-	-	0.2
Calculated Parameters					
Hardness (as $CaCO_3$)	mg/L	0.2	-	-	77.0
TDS (calc)	mg/L	-	-	500	166
Saturation pH (5°C)	units	-	-	-	8.1
Langelier Index (5°C)	-	-	-	-	-0.11

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Attention: Contacts Education
Project #: Not Available

Analysis of Potable Water

RPC Sample ID:					562933-5
Client Sample ID:					26539 Hanwell Park Academy
Date Sampled:					25-Aug-25
Analytes	**Units**	**RL**	MAC	AO	
Alkalinity (as $CaCO_3$)	mg/L	2	-	-	100
Chloride	mg/L	0.5	-	250	2.6
Colour	TCU	5	-	15	< 5
Conductivity	µS/cm	1	-	-	210
Fluoride	mg/L	0.05	1.5	-	0.22
Nitrate + Nitrite (as N)	mg/L	0.05	10	-	< 0.05
Nitrate (as N)	mg/L	0.05	10	-	< 0.05
Nitrite (as N)	mg/L	0.05	1	-	< 0.05
pH	units	-	-	-	8.0
Phosphorus	mg/L	0.02	-	-	< 0.02
Sulfate	mg/L	1	-	500	8
Turbidity	NTU	0.1	-	-	0.3
Calculated Parameters					
Hardness (as $CaCO_3$)	mg/L	0.2	-	-	83.2
TDS (calc)	mg/L	-	-	500	115
Saturation pH (5°C)	units	-	-	-	8.1
Langelier Index (5°C)	-	-	-	-	-0.12

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Attention: Contacts Education
Project #: Not Available

Analysis of Metals in Potable Water

RPC Sample ID:					562933-1
Client Sample ID:					23223 Harvey Elementary School DWS #2
Date Sampled:					25-Aug-25
Analytes	**Units**	**RL**	MAC	AO	
Aluminum	mg/L	0.001	-	-	0.005
Antimony	mg/L	0.0001	0.006	-	0.0029
Arsenic	mg/L	0.001	0.01	-	0.323
Barium	mg/L	0.001	1	-	< 0.001
Beryllium	mg/L	0.0001	-	-	0.0006
Bismuth	mg/L	0.001	-	-	< 0.001
Boron	mg/L	0.001	5	-	0.018
Cadmium	mg/L	0.00001	0.005	-	0.00007
Calcium	mg/L	0.05	-	-	59.1
Chromium	mg/L	0.001	0.05	-	< 0.001
Cobalt	mg/L	0.0001	-	-	< 0.0001
Copper	mg/L	0.001	-	1	0.027
Iron	mg/L	0.02	-	0.3	< 0.02
Lead	mg/L	0.0001	0.01	-	0.0005
Lithium	mg/L	0.0001	-	-	0.415
Magnesium	mg/L	0.01	-	-	5.46
Manganese	mg/L	0.001	-	0.05	< 0.001
Mercury	mg/L	0.000025	0.001	-	< 0.000025
Molybdenum	mg/L	0.0001	-	-	0.0062
Nickel	mg/L	0.001	-	-	< 0.001
Potassium	mg/L	0.02	-	-	1.03
Rubidium	mg/L	0.0001	-	-	0.0061
Selenium	mg/L	0.001	0.05	-	< 0.001
Silver	mg/L	0.0001	-	-	< 0.0001
Sodium	mg/L	0.05	-	200	37.9
Strontium	mg/L	0.001	-	-	0.627
Tellurium	mg/L	0.0001	-	-	< 0.0001
Thallium	mg/L	0.0001	-	-	< 0.0001
Tin	mg/L	0.0001	-	-	< 0.0001
Uranium	mg/L	0.0001	0.02	-	0.0765
Vanadium	mg/L	0.001	-	-	< 0.001
Zinc	mg/L	0.001	-	5	0.013

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Attention: Contacts Education
Project #: Not Available

Analysis of Metals in Potable Water

RPC Sample ID:					562933-2
Client Sample ID:					23234 Keswick Ridge School DWS
Date Sampled:					25-Aug-25
Analytes	**Units**	**RL**	MAC	AO	
Aluminum	mg/L	0.001	-	-	< 0.001
Antimony	mg/L	0.0001	0.006	-	0.0002
Arsenic	mg/L	0.001	0.01	-	< 0.001
Barium	mg/L	0.001	1	-	0.232
Beryllium	mg/L	0.0001	-	-	< 0.0001
Bismuth	mg/L	0.001	-	-	< 0.001
Boron	mg/L	0.001	5	-	0.005
Cadmium	mg/L	0.00001	0.005	-	< 0.00001
Calcium	mg/L	0.05	-	-	69.4
Chromium	mg/L	0.001	0.05	-	< 0.001
Cobalt	mg/L	0.0001	-	-	0.0002
Copper	mg/L	0.001	-	1	0.026
Iron	mg/L	0.02	-	0.3	< 0.02
Lead	mg/L	0.0001	0.01	-	0.0004
Lithium	mg/L	0.0001	-	-	0.0025
Magnesium	mg/L	0.01	-	-	3.84
Manganese	mg/L	0.001	-	0.05	0.019
Mercury	mg/L	0.000025	0.001	-	< 0.000025
Molybdenum	mg/L	0.0001	-	-	0.0004
Nickel	mg/L	0.001	-	-	< 0.001
Potassium	mg/L	0.02	-	-	0.58
Rubidium	mg/L	0.0001	-	-	0.0007
Selenium	mg/L	0.001	0.05	-	< 0.001
Silver	mg/L	0.0001	-	-	< 0.0001
Sodium	mg/L	0.05	-	200	2.64
Strontium	mg/L	0.001	-	-	0.368
Tellurium	mg/L	0.0001	-	-	< 0.0001
Thallium	mg/L	0.0001	-	-	< 0.0001
Tin	mg/L	0.0001	-	-	< 0.0001
Uranium	mg/L	0.0001	0.02	-	0.0008
Vanadium	mg/L	0.001	-	-	< 0.001
Zinc	mg/L	0.001	-	5	0.011

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Attention: Contacts Education
Project #: Not Available

Analysis of Metals in Potable Water

RPC Sample ID:					562933-3
Client Sample ID:					23245 Harvey High School DWS
Date Sampled:					25-Aug-25
Analytes	**Units**	**RL**	MAC	AO	
Aluminum	mg/L	0.001	-	-	< 0.002
Antimony	mg/L	0.0001	0.006	-	< 0.0002
Arsenic	mg/L	0.001	0.01	-	< 0.002
Barium	mg/L	0.001	1	-	0.387
Beryllium	mg/L	0.0001	-	-	< 0.0002
Bismuth	mg/L	0.001	-	-	< 0.002
Boron	mg/L	0.001	5	-	0.017
Cadmium	mg/L	0.00001	0.005	-	< 0.00002
Calcium	mg/L	0.05	-	-	169.
Chromium	mg/L	0.001	0.05	-	< 0.002
Cobalt	mg/L	0.0001	-	-	< 0.0002
Copper	mg/L	0.001	-	1	0.036
Iron	mg/L	0.02	-	0.3	< 0.04
Lead	mg/L	0.0001	0.01	-	0.0018
Lithium	mg/L	0.0001	-	-	0.0555
Magnesium	mg/L	0.01	-	-	17.8
Manganese	mg/L	0.001	-	0.05	0.004
Mercury	mg/L	0.000025	0.001	-	< 0.000025
Molybdenum	mg/L	0.0001	-	-	0.0019
Nickel	mg/L	0.001	-	-	< 0.002
Potassium	mg/L	0.02	-	-	3.02
Rubidium	mg/L	0.0001	-	-	0.0131
Selenium	mg/L	0.001	0.05	-	< 0.002
Silver	mg/L	0.0001	-	-	< 0.0002
Sodium	mg/L	0.05	-	200	77.9
Strontium	mg/L	0.001	-	-	1.64
Tellurium	mg/L	0.0001	-	-	< 0.0002
Thallium	mg/L	0.0001	-	-	< 0.0002
Tin	mg/L	0.0001	-	-	< 0.0002
Uranium	mg/L	0.0001	0.02	-	0.0002
Vanadium	mg/L	0.001	-	-	< 0.002
Zinc	mg/L	0.001	-	5	0.098

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Attention: Contacts Education
Project #: Not Available

Analysis of Metals in Potable Water

RPC Sample ID:					562933-4
Client Sample ID:					22855 Keswick Valley School
Date Sampled:					25-Aug-25
Analytes	**Units**	**RL**	MAC	AO	
Aluminum	mg/L	0.001	-	-	< 0.001
Antimony	mg/L	0.0001	0.006	-	< 0.0001
Arsenic	mg/L	0.001	0.01	-	< 0.001
Barium	mg/L	0.001	1	-	0.045
Beryllium	mg/L	0.0001	-	-	< 0.0001
Bismuth	mg/L	0.001	-	-	< 0.001
Boron	mg/L	0.001	5	-	0.015
Cadmium	mg/L	0.00001	0.005	-	< 0.00001
Calcium	mg/L	0.05	-	-	22.4
Chromium	mg/L	0.001	0.05	-	< 0.001
Cobalt	mg/L	0.0001	-	-	< 0.0001
Copper	mg/L	0.001	-	1	0.006
Iron	mg/L	0.02	-	0.3	0.10
Lead	mg/L	0.0001	0.01	-	0.0006
Lithium	mg/L	0.0001	-	-	0.0032
Magnesium	mg/L	0.01	-	-	5.12
Manganese	mg/L	0.001	-	0.05	0.133
Mercury	mg/L	0.000025	0.001	-	< 0.000025
Molybdenum	mg/L	0.0001	-	-	0.0092
Nickel	mg/L	0.001	-	-	< 0.001
Potassium	mg/L	0.02	-	-	1.19
Rubidium	mg/L	0.0001	-	-	0.0002
Selenium	mg/L	0.001	0.05	-	< 0.001
Silver	mg/L	0.0001	-	-	< 0.0001
Sodium	mg/L	0.05	-	200	33.4
Strontium	mg/L	0.001	-	-	0.211
Tellurium	mg/L	0.0001	-	-	< 0.0001
Thallium	mg/L	0.0001	-	-	< 0.0001
Tin	mg/L	0.0001	-	-	< 0.0001
Uranium	mg/L	0.0001	0.02	-	0.0019
Vanadium	mg/L	0.001	-	-	< 0.001
Zinc	mg/L	0.001	-	5	0.055

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Project #: Not Available

Analysis of Metals in Potable Water

RPC Sample ID:					562933-5
Client Sample ID:					26539 Hanwell Park Academy
Date Sampled:					25-Aug-25
Analytes	**Units**	**RL**	MAC	AO	
Aluminum	mg/L	0.001	-	-	0.013
Antimony	mg/L	0.0001	0.006	-	< 0.0001
Arsenic	mg/L	0.001	0.01	-	0.003
Barium	mg/L	0.001	1	-	0.034
Beryllium	mg/L	0.0001	-	-	< 0.0001
Bismuth	mg/L	0.001	-	-	< 0.001
Boron	mg/L	0.001	5	-	0.012
Cadmium	mg/L	0.00001	0.005	-	< 0.00001
Calcium	mg/L	0.05	-	-	29.3
Chromium	mg/L	0.001	0.05	-	< 0.001
Cobalt	mg/L	0.0001	-	-	0.0002
Copper	mg/L	0.001	-	1	0.099
Iron	mg/L	0.02	-	0.3	< 0.02
Lead	mg/L	0.0001	0.01	-	< 0.0001
Lithium	mg/L	0.0001	-	-	0.0069
Magnesium	mg/L	0.01	-	-	2.43
Manganese	mg/L	0.001	-	0.05	< 0.001
Mercury	mg/L	0.000025	0.001	-	< 0.000025
Molybdenum	mg/L	0.0001	-	-	0.0014
Nickel	mg/L	0.001	-	-	< 0.001
Potassium	mg/L	0.02	-	-	0.94
Rubidium	mg/L	0.0001	-	-	0.0019
Selenium	mg/L	0.001	0.05	-	< 0.001
Silver	mg/L	0.0001	-	-	< 0.0001
Sodium	mg/L	0.05	-	200	10.7
Strontium	mg/L	0.001	-	-	0.654
Tellurium	mg/L	0.0001	-	-	< 0.0001
Thallium	mg/L	0.0001	-	-	< 0.0001
Tin	mg/L	0.0001	-	-	< 0.0001
Uranium	mg/L	0.0001	0.02	-	0.0012
Vanadium	mg/L	0.001	-	-	0.002
Zinc	mg/L	0.001	-	5	0.007

Report ID: 562933-IAS
Report Date: 09-Sep-25
Date Received: 25-Aug-25

CERTIFICATE OF ANALYSIS
for
ASD-W (HZ3)
Department of Education
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Fredericton NB
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Fax: 506.452.0594
www.rpc.ca

Methods

Analyte	RPC SOP #	Method Reference	Method Principle
pH	IAS-M03	APHA 4500-H^+ B	pH Electrode - Electrometric
Alkalinity (as $CaCO_3$)	IAS-M43	EPA 310.2	Methyl Orange Colourimetry
Chloride	IAS-M44	APHA 4500-CL E	Ferricyanide Colourimetry
Fluoride	IAS-M30	APHA 4500-F- D	SPADNS Colourimetry
Sulfate	IAS-M45	APHA 4500-SO_4 E	Turbidimetry
Nitrate + Nitrite (as N)	IAS-M48	APHA 4500-NO_3 H	Hydrazine Red., Derivitization, Colourimetry
Nitrite (as N)	IAS-M49	APHA 4500-NO2- B	NED/sulfanilamide Colourimetry
Turbidity	IAS-M06	APHA 2130 B	Nephelometry
Colour	IAS-M55	APHA 2120 Color (A,C)	Single Wavelength Spectrophotometry
Conductivity	IAS-M04	APHA 2510 B	Conductivity Meter - Electrode
Trace Metals	IAS-M01/IAS-M29	EPA 200.8/EPA 200.7	ICP-MS/ICP-ES
Mercury	IAS-M52	EPA 245.1	Cold Vapor AAS

Report/Rapport: 562933-ML-W1
Date: 27-Aug-25
Date Received/Reçu: 25-Aug-25

CERTIFICATE OF ANALYSIS / CERTIFICAT D'ANALYSE

for/pour
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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:				562933-1	562933-2	562933-3	562933-4
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 School
Date collected/Date du prélèvement				25-Aug-25	25-Aug-25	25-Aug-25	25-Aug-25
Time sampled/Heure du prélèvement				7:39:00 AM	9:48:00 AM	7:26:00 AM	10:20:00 AM
Analytes/Paramètre(s)	**Method/Méthode**	**Date Analyzed Date Analysé**	**Units Unités**				
Heterotrophic Plate Count	MICRO58	25-Aug-25	MPN/mL	8	4	<2	<2
Coliforms/Coliformes	MICRO10	25-Aug-25	P-A/100mL	a	a	a	a
E. coli	MICRO10	25-Aug-25	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

Cathy Hay
Microbiology Supervisor
Applied and Experimental Bioscience

Gillian Travis
Microbiology Technician
Applied and Experimental Bioscience

Report/Rapport: 562933-ML-W1
Date: 27-Aug-25
Date Received/Reçu: 25-Aug-25

CERTIFICATE OF ANALYSIS / CERTIFICAT D'ANALYSE

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Central Public Health

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

RPC Sample ID/No. d'échantillon de RPC:				562933-5
Client Sample ID/ID d'échantillon du client:				26539 Hanwell Park Academy
Date collected/Date du prélèvement				25-Aug-25
Time sampled/Heure du prélèvement				8:58:00 AM
Analytes/Paramètre(s)	**Method/Méthode**	**Date Analyzed Date Analysé**	**Units Unités**	
Heterotrophic Plate Count	MICRO58	25-Aug-25	MPN/mL	299
Coliforms/Coliformes	MICRO10	25-Aug-25	P-A/100mL	a
E. coli	MICRO10	25-Aug-25	P-A/100mL	a

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

Permit Date: 2026/04/11
Date:
School Name: Kennedy Kelly Memorial School
Date: September 22nd 2025

Unit Number: 1170
Unit Manufacturer: Dover Elevator
Unit Type: Hydraulic Passenger
Date Testing Completed:

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

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

Patty Yuppa
School Signature

Mechanic Signature

Report ID: 565068-OAS
Report Date: 08-Oct-25
Date Received: 23-Sep-25

CERTIFICATE OF ANALYSIS

for
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www.rpc.ca

Attention: Contacts Education
Project #: Not Available

Semi-Volatile Organic Compounds in Water

RPC Sample ID:				565068-1	565068-1 Dup	565068-2	565068-3	565068-4
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:				23-Sep-25	23-Sep-25	23-Sep-25	23-Sep-25	23-Sep-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	%			90	94	93	93	94
2,4,6-tribromophenol	%			97	100	95	94	98

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RL = Reporting Limit

Angela Colford
Lab Supervisor
Organic Analytical Services

Steven Davenport
Senior Technician
Organic Analytical Services

Report ID: 565068-OAS
Report Date: 08-Oct-25
Date Received: 23-Sep-25

CERTIFICATE OF ANALYSIS

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www.rpc.ca

Attention: Contacts Education
Project #: Not Available

Semi-Volatile Organic Compounds in Water

RPC Sample ID:				565068-5
Client Sample ID:				26539 Hanwell Park
Date Sampled:				23-Sep-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	%			92
2,4,6-tribromophenol	%			94

Report ID: 565068-OAS
Report Date: 08-Oct-25
Date Received: 23-Sep-25

CERTIFICATE OF ANALYSIS

for
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Attention: Contacts Education
Project #: Not Available

Volatile Organic Compounds in Water

RPC Sample ID:				565068-1	565068-2	565068-3	565068-4	565068-5
Client Sample ID:				23223 Harvey Elementary School DWS #2	23234 Keswick Ridge School DWS	23245 Harvey High Schoo DWS	22855 Keswick Valley	26539 Hanwell Park
Date Sampled:				23-Sep-25	23-Sep-25	23-Sep-25	23-Sep-25	23-Sep-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	< 0.0005	< 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	%			102	101	101	104	103
Toluene-d8	%			101	101	101	99	102
4-Bromofluorobenzene	%			101	103	103	101	102

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RL = Reporting Limit

Angela Colford
Lab Supervisor
Organic Analytical Services

Steven Davenport
Senior Technician
Organic Analytical Services

CERTIFICATE OF ANALYSIS
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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: 565068-OAS
Report Date: 08-Oct-25
Date Received: 23-Sep-25

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Project #: Not Available

QA/QC Report

RPC Sample ID:			BLANKE3709	SPIKEE3709
Matrix:			water	water
Analytes	Units	RL		% Recovery
Benzo(a)pyrene	mg/L	0.00001	< 0.00001	100%
Pentachlorophenol	mg/L	0.0002	< 0.0002	88%

RL = Reporting Limit

Report ID: 565068-OAS
Report Date: 08-Oct-25
Date Received: 23-Sep-25

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Project #: Not Available

QA/QC Report

RPC Sample ID:			BLANKE3601	SPIKEE3601
Matrix:			water	water
Analytes	Units	RL		% Recovery
Benzene	mg/L	0.0005	< 0.0005	106%
Bromodichloromethane	mg/L	0.0005	< 0.0005	102%
Bromoform	mg/L	0.0005	< 0.0005	93%
Carbon Tetrachloride	mg/L	0.0005	< 0.0005	101%
Chloroform	mg/L	0.0005	< 0.0005	104%
Dibromochloromethane	mg/L	0.0005	< 0.0005	98%
1,2-dichlorobenzene	mg/L	0.0005	< 0.0005	109%
1,4-dichlorobenzene	mg/L	0.0005	< 0.0005	110%
1,2-dichloroethane	mg/L	0.0005	< 0.0005	106%
Dichloromethane	mg/L	0.0010	< 0.0010	105%
Ethylbenzene	mg/L	0.0005	< 0.0005	102%
Tetrachloroethylene	mg/L	0.0005	< 0.0005	105%
Toluene	mg/L	0.0005	< 0.0005	108%
Trichloroethylene	mg/L	0.0005	< 0.0005	102%
Vinyl Chloride	mg/L	0.0020	< 0.0020	110%
Xylenes	mg/L	0.0005	< 0.0005	102%

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Report Date: 08-Oct-25
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Project #: Not Available

Summary of Date Analyzed

	SVOC		VOC	
RPC Sample ID	**Extracted**	**Analyzed**	**Extracted**	**Analyzed**
565068-1	3-Oct-25	7-Oct-25	23-Sep-25	23-Sep-25
565068-1 Dup	3-Oct-25	7-Oct-25	-	-
565068-2	3-Oct-25	7-Oct-25	23-Sep-25	23-Sep-25
565068-3	3-Oct-25	7-Oct-25	23-Sep-25	23-Sep-25
565068-4	3-Oct-25	7-Oct-25	23-Sep-25	23-Sep-25
565068-5	3-Oct-25	7-Oct-25	24-Sep-25	24-Sep-25

Report/Rapport: 565068-ML-W1
Date: 25-Sep-25
Date Received/Reçu: 23-Sep-25

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Central Public Health

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

RPC Sample ID/No. d'échantillon de RPC:				565068-1	565068-2	565068-3	565068-4
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				23-Sep-25	23-Sep-25	23-Sep-25	23-Sep-25
Time sampled/Heure du prélèvement				7:33:00 AM	8:22:00 AM	7:20:00 AM	9:03:00 AM
Analytes/Paramètre(s)	**Method/Méthode**	**Date Analyzed Date Analysé**	**Units Unités**				
Heterotrophic Plate Count	MICRO58	23-Sep-25	MPN/mL	<2	4	4	<2
Coliforms/Coliformes	MICRO10	23-Sep-25	P-A/100mL	a	a	a	a
E. coli	MICRO10	23-Sep-25	P-A/100mL	a	a	a	a

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

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a = absent/absentes

Cathy Hay
Microbiology Supervisor
Applied and Experimental Bioscience

Adrienne Fortin
Microbiology Technician
Applied and Experimental Bioscience

Report/Rapport: 565068-ML-W1
Date: 25-Sep-25
Date Received/Reçu: 23-Sep-25

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

RPC Sample ID/No. d'échantillon de RPC:				565068-5
Client Sample ID/ID d'échantillon du client:				26539 Hanwell Park
Date collected/Date du prélèvement				23-Sep-25
Time sampled/Heure du prélèvement				10:02:00 AM
Analytes/Paramètre(s)	**Method/Méthode**	**Date Analyzed Date Analysé**	**Units Unités**	
Heterotrophic Plate Count	MICRO58	23-Sep-25	MPN/mL	35
Coliforms/Coliformes	MICRO10	23-Sep-25	P-A/100mL	a
E. coli	MICRO10	23-Sep-25	P-A/100mL	a

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 contractor 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	
Device No/No de l'appareil	#1170	Manufacturer / Fabricant	Dover Elevator	Number of Floors/Nombre d' etages	#2

Type

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

☑ Hydraulic / Ascenseur hydraulique
☐ Traction / Ascenseur à traction
☐ Escalator/ Escaliers mécaniques
☐ 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	Oil & Grease / 5

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

Carla Countway	Carla Countway	January 28, 2025
(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**	67766

Brad Thomas		January 15th / 2025
(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

Report ID: 567368-ML-W1
Report Date: 28-Oct-25
Date Received: 27-Oct-25

CERTIFICATE OF ANALYSIS

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

rpc
921 ch College Hill Rd
Fredericton NB
Canada E3B 6Z9
☎ 506.452.1212
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:				27-Oct-25	27-Oct-25
RPC Sample ID	**Client Sample ID**	**Date Sampled**	**Time Sampled**		
567368-1	23223 Harvey Elementary School DWS #2	27-Oct-25	7:20:00 AM	a	a
567368-2	23234 Keswick Ridge School DWS	27-Oct-25	8:18:00 AM	a	a
567368-3	23245 Harvey High School DWS	27-Oct-25	7:10:00 AM	a	a
567368-4	22855 Keswick Valley	27-Oct-25	8:46:00 AM	a	a
567368-5	26539 Hanwell Park	27-Oct-25	9:42:00 AM	a	a

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

a = absent

Cathy Hay
Microbiology Supervisor
Applied and Experimental Bioscience

Adrienne Fortin
Microbiology Technician
Applied and Experimental Bioscience

Report of Inspection / Test

Frequency: Quarterly ITM

11-17-2025
Property
KESWICK VALLEY MEMORIAL - D14
20 ROUTE 617
BURTT'S CORNER NB E6L 2X3

WO Ref #: 6620563

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

Inspection Summary

The system(s) listed below have been inspected and tested by qualified personnel. This summary is only valid together with the enclosed inspection report.
The noted inspection(s) and tests(s) do not address the adequacy of design criteria or capability of the fire protection system(s), but rather address the operating condition at time of inspection only and in accordance with the Fire Code. Impairments and deficiencies are required to be corrected by the Customer and/or Owner.

SPRINKLER SUMMARY

SYSTEM	TECHNICIAN	QTY INSPECTED	QTY FAILED	DATE INSPECTED
General	Roy Barton	1	0	11-17-2025
General Wet	Roy Barton	1	0	11-17-2025
General Dry	Roy Barton	1	0	11-17-2025
Wet	Roy Barton	1	0	11-17-2025
Dry	Roy Barton	1	1	11-17-2025
Butterfly	Roy Barton	10	0	11-17-2025
Dry Pipe Valve	Roy Barton	1	0	11-17-2025
Alarm Valve	Roy Barton	1	0	11-17-2025
Drain Valve	Roy Barton	1	0	11-17-2025
ITV	Roy Barton	3	0	11-17-2025

Report of Inspection / Test
Frequency: Quarterly ITM

11-17-2025
Property
KESWICK VALLEY MEMORIAL - D14
20 ROUTE 617
BURTT'S CORNER NB E6L 2X3

WO Ref #: 6620563

Conducted by: Roy Barton
NB Sprinkler System Installer 10072972

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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?	Patty
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
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			
Are all check valves externally inspected, operating properly, and are in good condition?	Yes	Are the gauges in good condition and showing normal air and water pressure?	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	The electrical waterflow alarm devices passed test by opening inspector's test connection/bypass connection with alarms actuating and flow observed?	Yes
Are valve enclosures maintaining a minimum of 4 degrees C or more?	Yes		
BACKFLOW PREVENTERS			
Is relief port on RPZ device not discharging?	Yes		
ALARMS			
Have low temperature alarms passed test?	N/A	Are alarms and supervisory devices not damaged?	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
Are the fire department connections visible and accessible?	Yes	Are gaskets in place and in good condition?	Yes

Report of Inspection / Test
Frequency: Quarterly ITM

11-17-2025
Property
KESWICK VALLEY MEMORIAL - D14
20 ROUTE 617
BURTT'S CORNER NB E6L 2X3

WO Ref #: 6620563

Conducted by: Roy Barton
NB Sprinkler System Installer 10072972

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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		
PIPES			
Do visible pipe and fittings have no mechanical damage or leaks?	Yes		
MAINTENANCE			
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		
TESTING			
Mechanical waterflow alarm devices passed tests (alarms actuated and flow observed)?	Yes		
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		
INSPECTION			
Is the excess pressure pump free of damage and operational?	Yes		
DRY VALVE			
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?	N/A
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 quick opening device passed the test?	N/A	Have the strainers, filters and orifices been inspected?	Yes

Report of Inspection / Test
Frequency: Quarterly ITM

11-17-2025
Property
KESWICK VALLEY MEMORIAL - D14
20 ROUTE 617
BURTT'S CORNER NB E6L 2X3

WO Ref #: 6620563

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Report of Inspection / Test for System - WET 1

WET SYSTEM MAIN DRAIN FLOW TEST

Record initial static pressure	85	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		

Report of Inspection / Test
Frequency: Quarterly ITM

11-17-2025
Property
KESWICK VALLEY MEMORIAL - D14
20 ROUTE 617
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WO Ref #: 6620563

Conducted by: Roy Barton
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Report of Inspection / Test for System - DRY 1

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?	No

DRY SYSTEM MAIN DRAIN FLOW TEST

Record initial static pressure	85	Record residual pressure (psi)	Tanks
Record static pressure (psi)	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		

INSPECTORS TEST CONNECTION

WET 1 (Wet)

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

DRY 1 (Dry)

Location	Description	Time to Alarm (seconds)	Reported?	Smooth Orifice	Easily Accessible	Signs?	Pass?
Quiet room end of hall second floor	Attic	ns	N/A	Yes	Yes	Yes	Yes

VALVES

WET 1 (Wet)

Description	Location	Valve Type	Size	Secured	Open	Easily Accessible	Signs	Exercised	Stems Lubricated	Flow Pass	Tamper Pass
System Riser	Tank Room	Butterfly	4 "	Monitored	Yes	Yes	Yes	Yes	N/A	N/A	Pass
Bulk feed second	Sprinkler Room	Butterfly	4 "	Monitored	Yes	Yes	Yes	Yes	N/A	N/A	Pass
Gem	Sprinkler Room	Alarm Valve	4 "	Monitored	N/A	Yes	Yes	Yes		Pass	Pass

Report of Inspection / Test
Frequency: Quarterly ITM

11-17-2025
Property
KESWICK VALLEY MEMORIAL - D14
20 ROUTE 617
BURTT'S CORNER NB E6L 2X3

WO Ref #: 6620563

Conducted by: Roy Barton
NB Sprinkler System Installer 10072972

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Description	Location	Valve Type	Size	Secured	Open	Easily Accessible	Signs	Exercised	Stems Lubricated	Flow Pass	Tamper Pass
Tank 1	Sprinkler Room	Butterfly	4 "	Monitored	Yes	Yes	Yes	Yes	N/A	N/A	Pass
Tank 2	Sprinkler Room	Butterfly	4 "	Monitored	Yes	Yes	Yes	Yes	N/A	N/A	Pass
Tank room	Sprinkler Room	Butterfly	2 "	Monitored	Yes	Yes	Yes	Yes	N/A	N/A	Pass
Elevator machine room	Above ceiling outside library	Butterfly	1 "	Monitored	Yes	Yes	Yes	Yes	N/A	N/A	Pass
Elevator shaft	Top of stairs before library	Butterfly	1 "	Monitored	Yes	Yes	Yes	Yes	N/A	N/A	Pass
Second floor	Above ceiling in library	Butterfly	3 "	Monitored	Yes	Yes	Yes	Yes	N/A	N/A	Pass
Elevator pit	Tank room	Butterfly	1 "	Monitored	Yes	Yes	Yes	Yes		N/A	Pass

DRY 1 (Dry)

Description	Location	Valve Type	Size	Secured	Open	Easily Accessible	Signs	Exercised	Stems Lubricated	Flow Pass	Tamper Pass
Attic	Sprinkler Room	Butterfly	4 "	Monitored	Yes	Yes	Yes	Yes	N/A	N/A	Pass
Tyco	Sprinkler Room	Dry Pipe Valve	4 "	Monitored	N/A	Yes	Yes	N/A	N/A	Pass	Pass

DRAIN VALVES

DRY 1 (Dry)

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

Report of Inspection / Test
Frequency: Quarterly ITM

11-17-2025
Property
KESWICK VALLEY MEMORIAL - D14
20 ROUTE 617
BURTT'S CORNER NB E6L 2X3

WO Ref #: 6620563

Conducted by: Roy Barton
NB Sprinkler System Installer 10072972

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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

Deficiency #1

Sprinkler Type: Dry
For oil-filled air compressors, has the oil been replaced or changed? - 13.10.4:
No
Status: Critical

Notes:

Deficiencies - Inspectors Test Connection

None

Deficiencies - Valves

None

Deficiencies - Drain Valves

None

Report of Inspection / Test

Frequency: Quarterly ITM

11-17-2025
Property
KESWICK VALLEY MEMORIAL - D14
20 ROUTE 617
BURTT'S CORNER NB E6L 2X3

WO Ref #: 6620563

Conducted by: Roy Barton
NB Sprinkler System Installer 10072972

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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		2025-11-17

Report/Rapport: 569107-ML-W1
Date: 26-Nov-25
Date Received/Reçu: 24-Nov-25

CERTIFICATE OF ANALYSIS / CERTIFICAT D'ANALYSE

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

rpc
921 ch College Hill Rd
Fredericton NB
Canada E3B 6Z9
☎ 506.452.1212
506.452.1395
www.rpc.ca

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:				569107-1	569107-2	569107-3	569107-4
Client Sample ID/ID d'échantillon du client:				23223 Harvey Elementary School DWS	23234 Keswick Ridge Schoo DWS	23245 Harvey High School DWS	22855 Keswick Valley
Date collected/Date du prélèvement				24-Nov-25	24-Nov-25	24-Nov-25	24-Nov-25
Time sampled/Heure du prélèvement				7:23:00 AM	8:06:00 AM	7:10:00 AM	8:35:00 AM
Analytes/Paramètre(s)	**Method/Méthode**	**Date Analyzed Date Analysé**	**Units Unités**				
Heterotrophic Plate Count	MICRO58	24-Nov-25	MPN/mL	10	12	23	<2
Coliforms/Coliformes	MICRO10	24-Nov-25	P-A/100mL	a	a	a	a
E. coli	MICRO10	24-Nov-25	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

Cathy Hay
Microbiology Supervisor
Applied and Experimental Bioscience

Gillian Travis
Microbiology Technician
Applied and Experimental Bioscience

Report/Rapport: 569107-ML-W1
Date: 26-Nov-25
Date Received/Reçu: 24-Nov-25

CERTIFICATE OF ANALYSIS / CERTIFICAT D'ANALYSE

for/pour
ASD-W (HZ3)
Department of Education
250 King Street, Place 2000
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921 ch College Hill Rd
Fredericton NB
Canada E3B 6Z9
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www.rpc.ca

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:				569107-5
Client Sample ID/ID d'échantillon du client:				26539 Hanwell Park
Date collected/Date du prélèvement				24-Nov-25
Time sampled/Heure du prélèvement				9:26:00 AM
Analytes/Paramètre(s)	**Method/Méthode**	**Date Analyzed Date Analysé**	**Units Unités**	
Heterotrophic Plate Count	MICRO58	24-Nov-25	MPN/mL	65
Coliforms/Coliformes	MICRO10	24-Nov-25	P-A/100mL	a
E. coli	MICRO10	24-Nov-25	P-A/100mL	a

Report ID: 570347-ML-W1
Report Date: 16-Dec-25
Date Received: 15-Dec-25

CERTIFICATE OF ANALYSIS

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

rpc
921 ch College Hill Rd
Fredericton NB
Canada E3B 6Z9
☎ 506.452.1212
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:				15-Dec-25	15-Dec-25
RPC Sample ID	**Client Sample ID**	**Date Sampled**	**Time Sampled**		
570347-1	23223 Harvey Elementary School DWS #2	15-Dec-25	7:40:00 AM	a	a
570347-2	23234 Keswick Ridge School DWS	15-Dec-25	8:19:00 AM	a	a
570347-3	23245 Harvey High School DWS	15-Dec-25	7:20:00 AM	a	a
570347-4	22855 Keswick Valley	15-Dec-25	8:45:00 AM	a	a
570347-5	26539 Hanwell Park	15-Dec-25	9:40:00 AM	a	a

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

a = absent

Cathy Hay
Microbiology Supervisor
Applied and Experimental Bioscience

Morgan Armour
Microbiology Technician
Applied and Experimental Bioscience

Report of Inspection / Test

Frequency: Semi-Annual ITM

01-07-2026
Property
KESWICK VALLEY MEMORIAL - D14
20 ROUTE 617
BURTT'S CORNER NB E6L 2X3

WO Ref #: 6646172

Conducted by: Roy Barton
NB Sprinkler System Installer 10072972

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Inspection Summary

The system(s) listed below have been inspected and tested by qualified personnel. This summary is only valid together with the enclosed inspection report.
The noted inspection(s) and tests(s) do not address the adequacy of design criteria or capability of the fire protection system(s), but rather address the operating condition at time of inspection only and in accordance with the Fire Code. Impairments and deficiencies are required to be corrected by the Customer and/or Owner.

SPRINKLER SUMMARY

SYSTEM	TECHNICIAN	QTY INSPECTED	QTY FAILED	DATE INSPECTED
General	Roy Barton	1	0	01-07-2026
General Wet	Roy Barton	1	0	01-07-2026
General Dry	Roy Barton	1	0	01-07-2026
Wet	Roy Barton	1	0	01-07-2026
Dry	Roy Barton	1	0	01-07-2026
Butterfly	Roy Barton	10	0	01-07-2026
Dry Pipe Valve	Roy Barton	1	0	01-07-2026
Alarm Valve	Roy Barton	1	0	01-07-2026
Drain Valve	Roy Barton	1	0	01-07-2026
ITV	Roy Barton	3	0	01-07-2026

Report of Inspection / Test
Frequency: Semi-Annual ITM

01-07-2026
Property
KESWICK VALLEY MEMORIAL - D14
20 ROUTE 617
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WO Ref #: 6646172

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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?	Neil
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
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			
Are all check valves externally inspected, operating properly, and are in good condition?	Yes	Are the gauges in good condition and showing normal air and water pressure?	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	Are valve enclosures maintaining a minimum of 4 degrees C or more?	Yes
BACKFLOW PREVENTERS			
Is relief port on RPZ device not discharging?	Yes		
ALARMS			
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		
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

Report of Inspection / Test
Frequency: Semi-Annual ITM

01-07-2026
Property
KESWICK VALLEY MEMORIAL - D14
20 ROUTE 617
BURTT'S CORNER NB E6L 2X3

WO Ref #: 6646172

Conducted by: Roy Barton
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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
PIPES			
Do visible pipe and fittings have no mechanical damage or leaks?	Yes		
MAINTENANCE			
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		
TESTING			
Mechanical waterflow alarm devices passed tests (alarms actuated and flow observed)?	Yes		
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		
INSPECTION			
Is the excess pressure pump free of damage and operational?	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?	N/A	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 quick opening device passed the test?	N/A
Have the strainers, filters and orifices been inspected?	Yes		

Report of Inspection / Test
Frequency: Semi-Annual ITM

01-07-2026
Property
KESWICK VALLEY MEMORIAL - D14
20 ROUTE 617
BURTT'S CORNER NB E6L 2X3

WO Ref #: 6646172

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 for System - WET 1

WET SYSTEM MAIN DRAIN FLOW TEST

Record initial static pressure	105	Record residual pressure	Tanks
Record static pressure	N/A	Seconds to return to initial static	ns
Is flow observed?	Yes	Are results comparable to previous test	Yes
Did waterflow alarm operate?	N/A		

Report of Inspection / Test
Frequency: Semi-Annual ITM

01-07-2026
Property
KESWICK VALLEY MEMORIAL - D14
20 ROUTE 617
BURTT'S CORNER NB E6L 2X3

WO Ref #: 6646172

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Report of Inspection / Test for System - DRY 1

DRY VALVE

Have automatic air maintenance devices passed test?	Yes		

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 SYSTEM MAIN DRAIN FLOW TEST

Record initial static pressure	105	Record residual pressure (psi)	tanks
Record static pressure (psi)	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		

INSPECTORS TEST CONNECTION

WET 1 (Wet)

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

DRY 1 (Dry)

Location	Description	Time to Alarm (seconds)	Reported?	Smooth Orifice	Easily Accessible	Signs?	Pass?
Quiet room end of hall second floor	Attic	na	N/A	Yes	Yes	Yes	Yes

VALVES

WET 1 (Wet)

Description	Location	Valve Type	Size	Secured	Open	Easily Accessible	Signs	Exercised	Stems Lubricated	Flow Pass	Tamper Pass
System Riser	Tank Room	Butterfly	4 "	Monitored	Yes	Yes	Yes	Yes	N/A	N/A	Pass

Report of Inspection / Test
Frequency: Semi-Annual ITM

01-07-2026
Property
KESWICK VALLEY MEMORIAL - D14
20 ROUTE 617
BURTT'S CORNER NB E6L 2X3

WO Ref #: 6646172

Conducted by: Roy Barton
NB Sprinkler System Installer 10072972

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troylfs.com

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

DRY 1 (Dry)

Description	Location	Valve Type	Size	Secured	Open	Easily Accessible	Signs	Exercised	Stems Lubricated	Flow Pass	Tamper Pass
Attic	Sprinkler Room	Butterfly	4 "	Monitored	Yes	Yes	Yes	Yes	N/A	N/A	Pass
Tyco	Sprinkler Room	Dry Pipe Valve	4 "	Monitored	N/A	Yes	Yes	N/A	N/A	Pass	N/A

DRAIN VALVES

DRY 1 (Dry)

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

Report of Inspection / Test

Frequency: Semi-Annual ITM

01-07-2026
Property
KESWICK VALLEY MEMORIAL - D14
20 ROUTE 617
BURTT'S CORNER NB E6L 2X3

WO Ref #: 6646172

Conducted by: Roy Barton
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troylfs.com

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

Report of Inspection / Test

Frequency: Semi-Annual ITM

01-07-2026
Property
KESWICK VALLEY MEMORIAL - D14
20 ROUTE 617
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troylfs.com

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		2026-01-07

New Nouveau Brunswick

Food Premises Inspection Summary Report

Name of Premise:	Compass Group - Keswick Valley Memorial School	**Licence #:**	03-040087
Address:	20 NB-617 Burtts Corner NB E6L 2X3	**Type:**	Class/Classe 4
Water Supply:	Municipal	**Category:**	Routine Compliance
		Date of Inspection:	January 16, 2026

MI - Minor infraction; MA - Major infraction; CR - Critical infraction; CDI - Corrected During Inspection; N/A - Not Applicable

OBSERVATIONS AND CORRECTIVE ACTIONS

Item	MI /MA/ CR	Remarks	Date for Correction
7.3	MI	If a chemical feed dishwasher is used, a suitable (food grade) sanitizer shall be available and at the recommended concentration. **Observations: Chemical-feed dishwasher concentration was at about 25ppm of free available chlorine. The food handler was already aware of this issue and a work order has been submitted.** ***Comment: Where the dishwasher is malfunctioning, continue using single-use/disposable glasses or the three-compartment manual dishwashing method until the dishwasher has been repaired.***	Immediately

CLOSING COMMENTS

All outstanding infractions are to be corrected at the next routine inspection.

Rating colour: Green

New Nouveau Brunswick

Food Premises Inspection Report

Name of Premise:	Compass Group - Keswick Valley Memorial School	**Licence #:**	03-040087
Operator:	Vickie Morehouse	**Type:**	Class/Classe 4
Address:	20 NB-617 Burtts Corner NB E6L 2X3	**Category:**	Routine Compliance
Water Supply:	Municipal	**Date of Inspection:**	January 16, 2026

Item no.		Description	CDI	R
1.0 FOOD				
1.1	S	Approved Source	☐	☐
1.2	S	Purchasing and Receiving	☐	☐
1.3	S	Acceptable Containers and Labeling	☐	☐
2.0 FOOD STORAGE				
2.1	S	Storage of Potentially Hazardous Foods	☐	☐
2.2	S	Frozen Storage	☐	☐
2.3	S	Refrigerated Storage (Temperature)	☐	☐
2.4	S	Refrigerated Storage (Methods)	☐	☐
2.5	S	Refrigerated Storage (Space)	☐	☐
2.6	S	Dry Storage	☐	☐
2.7	S	Storage of Food for Staff	☐	☐
3.0 FOOD PREPARATION AND HANDLING				
3.1	N.O.	Thawing Methods	☐	☐
3.2	N.O.	Cooking Methods	☐	☐
3.3	N.O.	Holding Methods	☐	☐
3.4	N.O.	Cooling Methods	☐	☐
3.5	N.O.	Re-heating Methods	☐	☐
3.6	N.O.	Handling Methods	☐	☐
4.0 FOOD DISPLAY AND SERVICE				
4.1	S	Display Methods	☐	☐
4.2	S	Advance Preparation	☐	☐
5.0 RECORD KEEPING AND RECALLS				
5.1	N.O.	Record Keeping	☐	☐
5.2	N.O.	Recall of Food	☐	☐
6.0 PERSONNEL				
6.1	S	Demonstrating Knowledge	☐	☐
6.2	S	Employee Health	☐	☐
6.3	S	Personal Hygiene Practices	☐	☐
7.0 FOOD EQUIPMENT AND UTENSILS				
7.1	S	Food Equipment (Design, Construction, Installation and Maintenance)	☐	☐
7.2	S	Food Contact Surfaces	☐	☐
7.3	U	Mechanical Dishwashing	☐	☑
7.4	S	Manual Dishwashing	☐	☐
7.5	S	Eating Utensils and Dishes	☐	☐

New Nouveau Brunswick

Food Premises Inspection Report

Name of Premise:	Compass Group - Keswick Valley Memorial School	Licence#	03-040087

8.0 CLEANING AND SANITIZING

8.1	S	Cleaning and Sanitizing	☐	☐
8.2	S	Detergents and Chemical Use and Storage	☐	☐

9.0 SANITARY FACILITIES

9.1	S	Washroom(s)	☐	☐
9.2	S	Hand Washing Station(s)	☐	☐

10.0 FLOORS, WALLS AND CEILINGS

10.1	S	Floors (Construction and Maintenance)	☐	☐
10.2	S	Walls (Construction and Maintenance)	☐	☐
10.3	S	Ceilings (Constructions and Maintenance)	☐	☐

11.0 WATER SUPPLY AND WASTE DISPOSAL

11.1	S	Water (Quality and Quantity)	☐	☐
11.2	S	Sewage Disposal	☐	☐
11.3	S	Solid Waste Handling	☐	☐

12.0 LIGHTING AND VENTILATION

12.1	S	Lighting	☐	☐
12.2	S	Ventilation	☐	☐

13.0 GENERAL

13.1	S	Licence	☐	☐
13.2	S	Rodent and Insect Control	☐	☐
13.3	S	Other Infractions/Hazards	☐	☐

N.O. - Not Observed; S - Satisfactory ; U - Unsatisfactory MI - Minor infraction; MA - Major infraction; CR - Critical infraction, CDI - Corrected During Inspection, R - Repeated infraction

OBSERVATIONS AND CORRECTIVE ACTIONS

Item	MI /MA/ CR	Remarks	Date for Correction
7.3	MI	If a chemical feed dishwasher is used, a suitable (food grade) sanitizer shall be available and at the recommended concentration. **Observations: Chemical-feed dishwasher concentration was at about 25ppm of free available chlorine. The food handler was already aware of this issue and a work order has been submitted.** ***Comment: Where the dishwasher is malfunctioning, continue using single-use/disposable glasses or the three-compartment manual dishwashing method until the dishwasher has been repaired.***	Immediately

CLOSING COMMENTS

All outstanding infractions are to be corrected at the next routine inspection.

Rating color: **Green**

Received By: Sharon

Erin Lamey, Public Health Inspector

921 College Hill Road
Fredericton, NB E3B 6Z9
Canada
Tel: 506.452.1212
www.rpc.ca

Certificate of Analysis

ASD-W (HZ3)
250 King Street
Fredericton, NB E3B 9M9

Report ID: *26-004067-MICRO*
Report Date: *2026-02-25*

Attention: Contacts Education
Project: 26-004067
Location: n/a

Sample Received: 2026-02-23
Client Job Number: n/a
PO No.: n/a

Microbiological Examination of Water

Analyte	Units	RL	RPC Sample ID	26-004067-1-1	26-004067-2-1	26-004067-3-1
			Client Sample ID	23223- Harvey Elementary School DWS #2	23234- Keswick Ridge School DWS	23245- Harvey High School DWS
			Matrix	Drinking Water	Drinking Water	Drinking Water
			Date/Time Sampled	2026-02-23 07:17:00	2026-02-23 07:54:00	2026-02-23 07:05:00
Total Coliforms	P-A/100mL	-		A	A	A
E. coli	P-A/100mL	-		A	A	A
Heterotrophic Plate Count	MPN/mL	-		2	< 2	12

Cathy Hay
Microbiology

921 College Hill Road
Fredericton, NB E3B 6Z9
Canada
Tel: 506.452.1212
www.rpc.ca

Certificate of Analysis

ASD-W (HZ3)
250 King Street
Fredericton, NB E3B 9M9

Report ID: *26-004067-MICRO*
Report Date: *2026-02-25*

Attention: Contacts Education
Project: 26-004067
Location: n/a

Sample Received: 2026-02-23
Client Job Number: n/a
PO No.: n/a

Microbiological Examination of Water

Analyte	Units	RL	RPC Sample ID	26-004067-4-1	26-004067-5-1
			Client Sample ID	22855- Keswick Valley	26539- Hanwell Park
			Matrix	Drinking Water	Drinking Water
			Date/Time Sampled	2026-02-23 08:22:00	2026-02-23 09:13:00
Total Coliforms	P-A/100mL	-		A	A
E. coli	P-A/100mL	-		A	A
Heterotrophic Plate Count	MPN/mL	-		12	112

921 College Hill Road
Fredericton, NB E3B 6Z9
Canada
Tel: 506.452.1212
www.rpc.ca

Certificate of Analysis

ASD-W (HZ3)
250 King Street
Fredericton, NB E3B 9M9

Report ID: *26-004067-MICRO*
Report Date: *2026-02-25*

Attention: Contacts Education
Project: 26-004067
Location: n/a

Sample Received: 2026-02-23
Client Job Number: n/a
PO No.: n/a

Methods

Test	RPC SOP
Heterotrophic Plate Count	MICRO58
Total Coliforms and E. coli - Presence/Absence	MICRO10

Report Information

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

Reported results are expressed on an as-received basis.

Legend:
RL = Reporting Limit; MAC = Maximum Allowable Concentration; MPN = Most Probable Number; cfu = Colony-Forming Unit; gc/mL = genomic copies/mL; ug/L = micrograms per liter; P = present; A = absent; pp = presumptive positive; E = Estimate; ND = Not Detected; OG = Overgrown; TNTC = Too Numerous to Count

Summary of Date Analyzed:

RPC Sample ID	Test / Analysis	Date Extracted	Date Analyzed
26-004067-1-1	Heterotrophic Plate Count	-	2026-02-23
26-004067-1-1	Total Coliforms and E. coli - Presence/Absence	-	2026-02-23
26-004067-2-1	Heterotrophic Plate Count	-	2026-02-23
26-004067-2-1	Total Coliforms and E. coli - Presence/Absence	-	2026-02-23
26-004067-3-1	Heterotrophic Plate Count	-	2026-02-23
26-004067-3-1	Total Coliforms and E. coli - Presence/Absence	-	2026-02-23
26-004067-4-1	Heterotrophic Plate Count	-	2026-02-23
26-004067-4-1	Total Coliforms and E. coli - Presence/Absence	-	2026-02-23
26-004067-5-1	Heterotrophic Plate Count	-	2026-02-23
26-004067-5-1	Total Coliforms and E. coli - Presence/Absence	-	2026-02-23

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: **1500** or **9** Persons
Capacité: ou Personnes

Description:
Description:

Keith R Steeves

Chief Elevator Inspector/Inspecteur en chef des élévateurs

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.: **7100901**
N° d'inspection:

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

Completed Date: **2025/09/18**
Date complet:

Date Scheduled: **2025/11/06**
Date fixée:

Site Id: **1559-01** PID#: **N/A / S/O**
Site:

Location: **20 617 Hwy**
Emplacement: **Burtts Corner NB**

Building: **Keswick Valley Memorial School**
Bâtiment:

Bldg Equiv: ☐

Usage: **School, elementary & middle**
Utilisation: **École primaire et intermédiaire**
Occupancy: **N/A / S/O**
Occupation:

Owner/Tenant: **Anglophone West School District**
Propriétaire/Locataire:

Client No: **166434**
N° de client:

Mailing Address: **20 Knowledge Park Dr**
Adresse d'envoi: **Fredericton NB E3C 2P5**

Tel/Télé: **(506) 453-5454**

Contact:
Personne-ressource:
Tel/Télé:

Installation No.: **162187**
N° d'installation:

Occupant Load: **211**
Nombre de personnes:

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

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	U
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	U	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	U	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

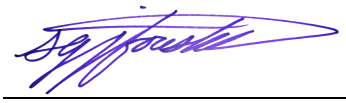
VIOLATIONS/ORDERS/COMMENTS - INFRACTIONS/ORDERS/COMMENTAIRES

COMPLIANCE DATE:
DATE DE CONFORMITÉ:

No storage in exits.
Quiet room door shall have a self-closing device installed and must fully close and latch after each use.
Recycling/garbage cans shall be non-combustible.
No storage in sprinkler room.
Comply by 16 Nov 2025.

Received By/Reçu par: _____
Position/Poste:

Orders Issued/Ordres émis: _____
Signature:



Inspected By/Inspecté par: **Forestell, Samuel (506) 440-6042**

Date: **2025/09/18**

Keswick Valley - Asbestos Reassessment 2026

Name: **Date:**

LOCATION #	LOCATION DESCRIPTION	SYSTEM	SYSTEM COMPONENT	COMPONENT MATERIAL	COMPONENT ITEM	Quantity	Access	Good	Fair	Poor	Actions	Units	2024 Comments	2025 Comments	2026 Comments
3	**Office Room 17**	Ceiling		Texture Coat									Good	Good	Good
4	**Stairwell 191**	Wall		Plaster	Surface								Minor Cracking	Minor Cracking	Good
5	**Class/Office 216 (Right of Mech)**	Ceiling		Texture Coat									Good	Good	Good
		Wall		Plaster	Surface								Good	Good	Good
	Storage / Mechanical Room 217	Wall		Plaster	Surface								Many holes	Many holes	Good
6	**Class / Office 218**	Ceiling		Texture Coat									Good	Good	Fair
		Wall		Plaster	Surface								Good	Good	Fair
7	**Class/ Office 219 (Opposite bathroom)**	Ceiling		Texture Coat									Good	Good	Good
		Wall		Plaster	Surface								Good	Good	Good
8	**Hallway 220**	Wall		Plaster	Surface								Flaking on walls	Flaking on walls	Fair
9	**Boys Washroom 221**	Ceiling		Plaster									Cracks & holes over T bar	Cracks & holes over T bar	Fair
	Girls Washroom 222	Ceiling		Plaster	Surface								small cracks	small cracks	small cracks
		Wall		Plaster	Surface								small cracks	small cracks	small cracks
10	**Class / Office 223 (beside girls washroom)**	Ceiling		Texture Coat	Surface								Good	Good	Good
		Wall		Texture Coat	Surface								Good	Good	Good
	Class / Office 224	Ceiling		Plaster	Surface								crack	crack	Good
		Wall		Plaster	Surface								Good	Good	Fair
11	**Ramp 226**	Wall		Plaster	Surface								Good	Good	Good
12	**Stairwell 226A**	Wall		Plaster	Surface								Good	Good	Good
13	**Stairwell 226B**	Wall		Plaster	Surface								Good	Good	Good

14	**Classroom 7 (left after ramp)**	Wall	Plaster	Surface					Good	Good	Fair bulge/crack over door
15	**Classroom 6 (right below ramp)**	Wall	Plaster	Surface					Good	Good	Good
16	**Classroom 8 (right mid)**	Wall	Plaster	Surface					Good	Good	Good (bulge over closet)
17	**Classroom 9 (left mid)**	Wall	Plaster	Surface					Good	Good	good
18	**Classroom 11 (left end)**	Wall	Plaster	Surface					Good	Good	Good (spalled by router wire)
	Classroom 10 (right end)	Wall	Plaster	Surface					Good	Good	Good
19	**Office 235 (Quiet Room)**	Wall	Plaster	Surface					Good	Good	Fair
20	**Washroom 235A (Quiet Room)**	Wall	Plaster	Surface					Good	Good	Good
21	**Hallway 236**	Wall	Plaster	Surface					Good	Good	Good
22	**Ramp 215**	Wall	Plaster	Surface					crack close to washroom	crack close to washroom	Good
	Room 169								Good	Good	Good
	Room 170								Good	Good	Good
	Room 179								Floor replaced	Floor replaced	Floor replaced

PLAYSPACE MAINTENANCE / REPAIRS REPORT (ASD-W)

School / Playground: Keswick Valley

Maintenance Foreperson: Brian Stewart. Date: August. 26, 2025

Inspected by: Mike Barrieau Date: 8:30 - 10:00 a.m

Attention Required Item Number	Category	Equipment	Action Required (details)	Corrective Action Complete (Y or N)	Reviewed by Management
1	Cement	Swings.	Cement at swings by lift pump need covered		
2	Pea Gravel	under Swings	Pea Gravel needs tilled and raked under Swing path		
3	Pea Gravel		Pea Gravel needs tilled everywhere		
4	Handles	Digger	Need plastic caps for both digger handles		
5	Hangers	Playstructure	Replace hangers on elevated Step/poles on Big Playstructure (5 units)		
6	Height.	Straight Slide	Exit height is 22" (1.54m high) *Should be 7"-15" *		
7		Spiral Slide	*Condemed/compromised in every way *		
8	Chains	Swing	One chain needs replaced 3rd swing in on 3 Bay set (shorter)		
9		Swing Sets	Both sets to close to Fence.		